A practical treatise on urethritis and syphilis, including observations on the power of the menstruous fluid, and of the discharge from leucorrhoea and sores, to produce urethritis ... a new nosological classification of the various venereal eruptions ... and a proposal of a substitute for mercury / by William Henry Judd.

Contributors

Judd, William Henry, 1795-1868.
University of Glasgow. Library

Publication/Creation

London : Printed for S. Highley, 1836.

Persistent URL

https://wellcomecollection.org/works/umt3sw54

Provider

University of Glasgow

License and attribution

This material has been provided by This material has been provided by The University of Glasgow Library. The original may be consulted at The University of Glasgow Library. where the originals may be consulted.
This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

G114 — h. 12

STORE



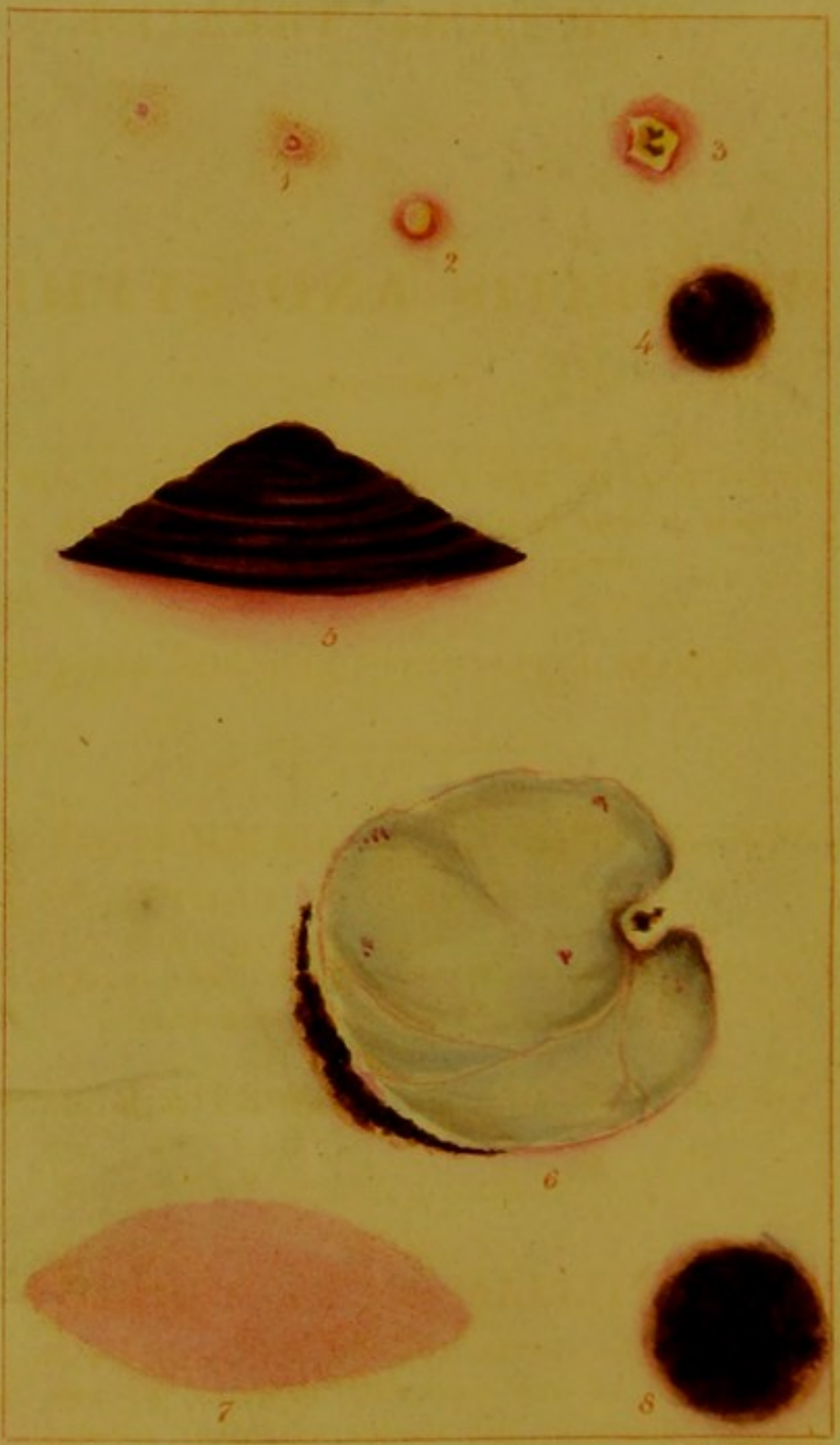
Bibliotheca Universitatis Glasguensis

K. 7. 9.

Order III.

VESICULÆ.

Rupia prominens ven.



Drawn from the Skin of John Campbell Sept.r 1816

A

PRACTICAL TREATISE

ON

URETHRITIS AND SYPHILIS:

INCLUDING

OBSERVATIONS ON THE POWER OF THE MENSTRUOUS FLUID, AND OF THE DISCHARGE FROM LEUCORRHŒA AND SORES, TO PRODUCE URETHRITIS:

WITH A VARIETY OF
EXAMPLES, EXPERIMENTS, REMEDIES, AND CURES.

A NEW NOSOLOGICAL CLASSIFICATION OF THE VARIOUS VENEREAL ERUPTIONS;

EACH ORDER ILLUSTRATED BY COLOURED PLATES, AND EXEMPLIFIED BY NUMEROUS CASES;

AND

A PROPOSAL OF A SUBSTITUTE FOR MERCURY.

BY

WILLIAM HENRY JUDD,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS IN LONDON, SURGEON IN HIS MAJESTY'S FUSILIER GUARDS, AND FELLOW OF THE MEDICO-BOTANICAL SOCIETY.

LONDON:
PRINTED FOR S. HIGHLEY, 32 FLEET STREET.
1836.

Printed by A. J. Valpy, Red Lion Court, Fleet Street.

TO

SIR BENJAMIN COLLINS BRODIE, BART.

SERJEANT SURGEON TO OUR MOST GRACIOUS

MAJESTY KING WILLIAM THE FOURTH,

ETC. ETC. ETC.

FROM A LIVELY RECOLLECTION OF KINDNESS

EXPERIENCED AT HIS HANDS IN EARLY LIFE,

AND ADMIRATION OF HIS

HIGH PROFESSIONAL AND SCIENTIFIC ACQUIREMENTS,

THIS WORK IS INSCRIBED

(WITH PERMISSION)

AS A TESTIMONY

OF THE GREATEST RESPECT AND ESTEEM,

BY HIS FRIEND

THE AUTHOR.

PREFACE.

No work having hitherto issued from the press, so arranging and classifying the various symptoms and numerous eruptions produced by *Urethritis* and *Syphilis*, that the physiological student, or medical attendant, might at once refer to it in order to ascertain the Order, Genus, and species to which any particular venereal affection of the skin belongs;—to learn what has been the general effect of the many curative modes of treatment hitherto employed in each stage;—to enable himself to premise, *à priori*, the probable duration of the affection, and to ascertain what usually have been the suffering and disorganization caused by it, and the termination of the disease in such cases; and the want of such assistance, as also of a nomenclature on the same subject having been frequently experienced by myself during

my early studies; I was induced to collect (during the last twenty years) the various notes and cases that form the principal basis of the following pages. That the present classification arranged and partly made for this work may prove intelligible and easy of remembrance to the reader, I have, for the most part, employed the popular terms in daily use from the publications of Cullen, Willan, and Bateman; and, in many instances wherein these works afforded no name that correctly described particular venereal eruptions, I have invented new ones, and such as I trust will be found appropriate and corresponding titles, expressive of the appearance presented by the structure, form, or colouration of these cutaneous affections, having also borrowed from, and am therefore indebted to, Doctor Young's "Medical Literature."

I have to regret that physiological considerations of the changes worked in the various invaded structures, prevented my placing the Orders exactly in that succession hitherto followed by writers; but close examinations, and occasional dissections, during the existence of these affec-

tions, would not admit of my so doing with propriety.

The Sketches for the Plates have been copied from life by my own hand, and represent the Orders into which the eruptions have been classed; though the Plates, indeed, are but lithographs,* as engravings in copper would have rendered the expense so great, as to have placed the work beyond the means of many. When we reflect on the multitudes of the human race that are exposed to the influence of the venereal disease, and the sufferings and restraints occasioned thereby, I need say nothing of the usefulness of its study; for the mind of every medical practitioner, in the very commencement of his career, must be strongly excited to enquire into the nature of the disease, and the most

* I must apologise for the printer having made the Plates representing puniceous patch, and some others of the eruptions too black; that of incipient corona veneris too red; and also for the artist's colouring in some of the eyes: indeed, it is so impossible to get Plates of eruptions truly to resemble nature, that I almost regret having gone to the trouble and expense.

rational methods that time, ingenuity, and experiment, have suggested for its removal. I may venture to assert, that in spite of very strenuous exertions on the part of nearly the whole profession, and though many years have been spent in pursuit of these desirable ends by persons of the most acute minds, aided by the experience and improvements of the last four centuries, there yet remains much to be explained as to the nature of the virus, and still more as to the most rational methods of treatment.

Feeling the highest respect for the very learned and ingenious theories and opinions that have been formed on this subject by various talented members of the profession, it is with considerable diffidence that I send forth this collection of cases, observations, and experiments; well knowing how much less imperfect the Work might have been, had time permitted me to employ several years in its revision: but, "Ars longa, vita brevis." I am therefore induced to print it, such as it is, in the hope of contributing, at least, a mite towards the general good. Lest the thinking

portion of my readers should imagine that I have met with a greater number of vesicles, pustules, etc. on the penis in their early progress, than any other surgeon, I deem it useful to explain that, during years in succession, it frequently fell to my lot to see several hundred persons in a single morning, for the express purpose of ascertaining the presence or absence of venereal disease. Now with this extensive field for observation, and an ardent desire to see the very commencement and nature of the disease, and from the multiplicity of syphilitic cases I have had under treatment, and many of those contracted in the filthiest places, in the vilest suburbs of the three largest cities of these kingdoms, in addition to many of the secondary cases, purposely sought and drawn up from the inmates of *workhouses*, infirmaries, and other places, where poverty and want of cleanliness gave their eruptions and diseases the deepest dye of characteristic intensity;—after such copious opportunities and long-continued toil, I trust it will not be thought presumptuous in me to have laid before the public

a few out of the many cases and results selected. How far I have succeeded in the execution of this difficult task, it will be for an indulgent public to decide.

W. H. JUDD.

42, Piccadilly, April 20th, 1834.

CONTENTS.

PART I.

ON URETHRITIS VENEREA.

PAGE

As to the term Urethritis 1
Urethritis, or elytritis venerea, causing discharge of pus 2
——————————— ulceration within the urethra, or vagina . . . . . ib.
——————————— caused by the pus of a venereal pustule . . . . . ib.
——————————— its time of appearing after connexion . . . . . ib.
——————— the period is similar to that of the areola of the venereal pustule . . . . ib.
——————— and venereal pustule are often caused by the same infection 3
——————— at times commences as a pustule . ib.
Pustules and abscesses within the urethra, or vagina, from urethritis, at times produce secondary venereal symptoms . . . . . ib.
A sore in the vagina from this virus produces venereal pustule in one party, and urethritis in another; but at times both in the same individual . ib.
On the identity of the two poisons 4

ILLUSTRATIVE CASES.

Thomas B——t; Urethritis cured in three days by a new preparation 5
Edward M'Donnald; Urethritis cured by caustic injection 6
D—— A——io; Urethritis produced in twelve hours after contamination 7

PAGE

Aaron H——e; Urethritis cured by scarlatina . 8
C—— M——y ———————— erysipelas . ib.
A—— N——n———————— mercurial ointment 10
Joseph C——ls; ——— and pain in the hypogastric region, cured in six days by Tinct. Ferri injection 11
Mr. George R——e; Urethritis, injection, suppression, fever 12
P—— K——e; ———————————————— fever and headache 13
Thomas H——er; ———— metastasis and suppression of urine 14
A tabular view, showing the effect of various injections 16
Charles E——ds; Urethritis, effusion beneath the integuments of the penis 17
Richard L——e; Œdema of the scrotum and penis . 18
J—— J——s; Urethritis, during which he had connexion with a healthy female without contaminating her 20
F——, and D——; two gentlemen exposed to the same contagion; one escaped, the other was contaminated 21
Mr. W——; Pustules after connexion, intercourse with a clean person who escaped contamination, yet she conveyed the virus, and by it gave urethritis, and diseased a third person . . 22
For an instance of pustule producing urethritis vide Case 1st, Part II.
Mr. S——f; Urethritis caused by menstruation . 24
Mr. ——— ———————————————— 25
Mr. D——; ———————————————— 27
Discharge resembling Urethritis in children . . 29
James G——ll; An unusual case of suppression of urine caused by connexion 30
Mr. ———, irritation in the penis and perinæum from travelling 31
Thomas R——w; Urethritis, sores and paraphymosis 33
George Bays; Urethritis, and suppuration of a lacuna in the urethra 36

PAGE

William W——te; Urethritis and abscess of the body of the penis, which broke internally . . 37
Samuel K— -a; Urethritis, and abscess of the body of the penis, which broke externally . . 38
Stephen P——ps; Urethritis, followed by abscesses of the penis opening at the scrotum . . 39
William M——n; Urethritis producing abscesses opening in perinæo 41
George W——l; Urethritis, followed by secondary pains 43
James O——e; ——— Erethema of the whole person 44
Charles M——; ——— Puniceous patches 46
Samuel C——n; ——— from copaiba, followed by papulæ 47
W—— G——e; ———, followed by lichen . 50
P—— C——s ——— sore throat, lichen and psoriasis 51
Charles P——n; Urethritis followed by enlarged testicle, abscess that broke into the urethra, lichen, sore throat and impetigo 52
C—— C——k; Urethritis, followed by ecthyma . 57
Thomas Fisher; ——— inflamed synovial membrane 58
Thomas B——a; a cicatrix, causing stricture of the orifice of the urethra 59
S—— G——m; Urethritis, followed by stricture . 60
John G——en; ——— stricture and stillicidium 62
John P——t; ——— and retention . 64
John Bell; ——— enlarged prostate, retention, puncture of the bladder above the pules . 65
—— S——ll; ——— stricture, extravasation, mortification, death 67
James D—— K——; Stricture, abscess and sinuses in perinæo,—destruction of the urethra by ulceration,—death: the bladder found to be curiously maculated 69

PAGE

Charles B——er; Stricture, extravasation, sloughing, mortifications, recovery 75
J—— M——l; Enlarged testicle: the disease commenced at its upper part 87
Henry H——ll; ——————— the disease commenced at its upper part 89
William H——bt; A considerably enlarged testicle, with fever, pain, and diarrhœa, cured by mercury 92
James S——ds; Two tumours within the tunica albugenia and an enlarged testicle 94
William Everett; A testicle as large as a man's head; its rapid cure 97
William H——t; Sores on the penis, buboes, and enlarged testicle 98

OBSERVATIONS ON THE DERMOID COVERINGS: AS CONNECTED WITH VENEREAL CUTANEOUS AFFECTIONS.

Introductory matter—on the manner in which eruptions appear to be formed 101
A further knowledge of the structure of the skins yet desirable, as it may lead to quicker modes of curing their diseases . . . . ib.

ON THE CUTICULA EXTERNA.

The cuticle an organized living covering . . 102
——————— its edges unite after division . . ib.
——————— its vessels at times may be injected . ib.
——————— its growth, and other proofs of vitality . 103
——————— its vessels carry colourless serum . 104
The changes it undergoes during disease . . ib.
Blistering causes the cuticle to thicken . . ib.
Formation of a new cuticle . . . . ib.
Its asperities twice as large as the original ones . ib.
Modified re-productions of cuticle by pressure, etc. . ib.
Changes that take place in the secretions from a wound, from pus to albumen, as it approaches cicatrization 105
Formation of the scab or crust . . . . ib.
——————— false membrane . . . ib.

PAGE

Formation of the permanent cuticle . . . 105
Regeneration of cuticle by deposition . . ib.
———————— secretion . . . ib.
———————— the papillæ of touch, in a few days, which in a fortnight were raised to the height of the original 107
Example of re-union of the cuticle . . . ib.
Where the rete mucosum has been destroyed, the regenerated cuticle remains imperfect . . ib.
Qualities of the cuticle,—its transparency . . ib
Colour in people of various nations, etc. etc. . . ib.
Change produced in it by death . . . 108
———————— intoxication, stoppage of its secretion, effect on the hair, eyes, and nails . ib.
On its smooth outer surface, and glossy inner one . ib.
The cuticular lines and sulci . . . . ib.
Of the depressions in the rete mucosum and cutis . ib.
The lozenge patterns formed by the depressions; their measurement in the human subject . . 109
Asperities of the cuticle . . . . ib.
Scales plating; each lozenge pattern . . . ib.
The down and sudatory tubes, their foramina . . ib.
Hair, (*genuine*,) its roots beneath the cutis . . 110
———————— its mode of passing through the cuticle . . . . . ib.
Sudatory pores, the rows of . . . . ib.
Desquamation, method of . . . . ib.
Perforations in each scale 111
Vessels in the cuticle . . . . ib.
Down from the apices of the papulæ; their vaginæ . 112
Water will not pass through the perforations left by it . ib.
Of the joints and branches of the down . . 113
Blistering does not usually detach the down, though macerating does . . . . ib.
Cuticular lines, and minute down exist in all kinds of animals, but with long hair or wool superadded: situation of their roots . . . 114
Microscopic appearance of cuticle, optic delusions, etc. ib.

PAGE

The Cuticle a laminated structure 115
Inflammation causes portions of cuticle to be cast off by the cutis, and how . . . . . ib.
On the changes the cuticle undergoes in disease . ib.
———— Erysipelas . ib.
———— Scarlatina . ib.
———— Rupia . 116
———— Tubercles . ib.
Of the false membrane, a covering to wounds . 117
True cuticle as formed under it . . . . ib.
ON THE RETE MUCOSUM, and on the difficulty of finding it . . . . . ib.
Its various shades and colours 118
Rete not wanting in the albino, etc. . . . . ib.
Sympathetic connexion between the rete mucosum, hair, and eyes; changes of colour worked in all of them by disease 119
The effect of small-pox on the rete mucosum . . ib.
———— a blister on the rete mucosum . . ib.
———— in the African, and the reverse in the Foulah, or coffee-coloured race . . 120
The different effect of small-pox on the skins of the Black, and on the European . . . . ib.
Structure of the pustule of small-pox . . ib.
Difference of confluent pustules . . . . ib.
The pustule may be stripped off perfect, leaving the cutis entire 122
Cause of the red stain left in the skin of the European after small-pox . . . . . ib.
———— black stain left in the Ethiopian after small-pox . . . . . ib.
Redness of skin left by scarlatina . . . . ib.
Method of regeneration when both cuticle and rete are destroyed 123
In the Negro injury to the rete causes the new-formed part to be blacker . . . . . ib.
In the Foulah injury to the rete causes the new-formed part to be whiter . . . . . ib.

PAGE

The Negro's skin is blacker in youth than in age,—marks of the lash, etc. 123

Best method of finding the rete mucosum, in *its natural* state it is a transparent mucus; but on coagulation becomes a dense solid. It is darkest in colour next the cutis 124

The rete mucosum six times as thick as the cuticle . 125

Full of perforations and depressed lines; *its structure* appears in the microscope to be of numerous plates ib.

ON THE RETE VASCULOSUM, or a set of vessels best seen during eruptions, etc. 126

ON THE CUTIS VERA, which is a compact white dense covering in the whole human race, and in most animals . . 127

——————— *its exquisite sensitiveness* . ib.

——————— *its exterior a soft*, bibulous, semi-transparent, secreting surface: made up of small glandular bodies, badly named papillæ . ib.

——————— its exterior surface is divided by sulci into lozenge patterns . ib.

——————— indented by minute pits and follicles . . . . ib.

——————— its pulvini, or cushions. As to the terminal points of nerves, etc. . ib.

Microscopic appearance, probable mould of the rete and cuticle 128

Of the bulbs, or down roots . . . . ib.

Of the follicles or pits . . . . ib.

Destruction of the cutis causes a slough to be thrown off, etc. 129

Cutis, re-production of by granulation, then probably without rete, hair, or glands . . . ib.

Hair seldom grows upon cicatrices, why— . . ib.

Regenerated cutis remains unlike the originally formed portions 130

Loss of cuticular functions a cause of death, after extensive burns, flaying, etc. . . . ib.

Conclusion . . . . . ib.

PART II.—CHAP. I.

ON THE ORIGIN AND NATURE OF THE VENEREAL DISEASE.

	PAGE
Mistaken views as to it: prejudices still guiding the writers on this subject, venereal disease did exist in the earliest times	132
The disease erroneously said to have appeared about 1492, or 1495	134
An Act of Parliament made so far back as 1162, *as to persons having the disease*	ib.
Celsus described ulcers on the organs of generation about A.D. 20	135
Circumcision used as a prophylactic measure amongst the early Jews	ib.
Sexual diseases recorded 1450 years before Christ	ib.
Contagious sexual disease described in Leviticus	ib.
On the probable true origin of the venereal disease	ib.
As to the (likely) mode of its first propagation	139
As to the numerous diseases of the neck of the womb	ib.
Animal poisons arising spontaneously, and being followed by sores, pains, eruptions, etc.	140
On inoculation with the various secretions	141
Of the disease formerly called Pseudo-syphilis arising without contamination; yet capable of producing disease in others	142
Animals without contamination produce secretions that are poisonous to themselves and others	143
Spontaneous ophthalmia, diseasing the opposite eye in its producer	144
The great likelihood of the venereal disease being a spontaneous product	147
The venereal disease not originally the compound virus met with at this period	ib.
As to the changes worked in it	148
Ideas as to how the venereal virus may have originated	ib.
A (perhaps) almost similar artificial, compound virus	149
The probable results from imbibing it, and their resemblance to venereal secondary symptoms	ib.
	ib.

PAGE

Vesicles and pustules at times exist together, as primary venereal symptoms 151
Venereal eruptions the produce of several poisons . ib.
If a single poison, how does it produce so many kinds of eruptions . . . . . ib.
If it was a single poison, it probably would always produce a similar sore, and but one kind of eruption ib.
A single venereal poison sometimes is secreted . 152
The absorbents at times make an elective attraction . ib.
The same woman may impart one virus to one individual, and another to another, and within the same hour . . . . . ib.
Some persons' absorbents always take up a similar kind of virus, however many may have been presented to them . . . . . ib.
The same patient may be observed always to have a similar set of symptoms produced by various contaminations 153
On the connexion between the kind of sore and the eruption following it; the reciprocal influence the eruption and the sore exert over each other: the cicatrix, at times, re-ulcerating and assuming the shape, etc. of the eruption . . ib.
Many examples of the above fact . . . ib.
Of vesicles forming in the cicatrix . . . 154
A cicatrix re-ulcerating by pustules, and followed by ecthyma 155
Vesicles on the penis producing vesicles on the body . 156
A similar virus always makes its impression in a similar way; instances . . . . . ib.
The varieties of venereal eruptions, the produce of several vira, and of several kinds of sores . . 157
An instance wherein one virus (probably) had been absorbed 158
——————— two vira (probably) . . 159
——————— three — (probably) . . 160
Of the varied forms of venereal eruptions—comparisons ib.
Conclusion . . . . . ib.

CHAPTER II.

ON THE VARIETY OF PRIMITIVE SORES AND ABSORBENT SURFACES.

PAGE

The mode by which the poison enters by the absorbents, which is not always through a gland . . 161
On absorption taking place long after infection . 162
——— without any sore, breach of surface, or bubo, yet followed by secondary symptoms . ib.
Suppurations in the absorbent trunks in various situations ib.
Bubo of the penis, etc. . . . . ib.
A red line at times may be traced running along the course of the contaminated absorbent . . 164
Buboes formed long before the venereal sore . . 165
——— without any venereal sore . . ib.
Contamination through venereal warts, without a sore . 166
The diseased gland sloughing out, at times, prevents contamination . . . . . ib.
Will pus from a suppurating bubo produce the disease? 167
Venereal pus modified by passing through a gland . ib.
Bubo at times forms amongst the abdominal muscles . ib.
Chancre on the left side of the penis frequently produces a bubo in the right groin . . 168
Trifling sores more frequently cause bubo than larger ones 169
On the sore healing and induration ceasing, bubo is most apt to appear . . . . ib.
Excoriated surfaces more quickly produce bubo than sores . . . . . ib.
If bubo is not produced in the first gland the virus passes into, generally none is formed in the second that it may enter . . . ib.
The cervical, axillary, and crural glands at times suppurate from general venereal irritation, on the absorbent system . . . . ib.
The variety of primary sores; their number . . 170
Venereal disease not more prevalent at one season of the year, (from season alone) than at another . ib.

PAGE

A Tabular view of the primary venereal sores . . 170
A blush of inflammation on the surface is the first effect produced by the venereal virus . . 171
——— Effusion is the next; and lastly, a pimple, vesicle, pustule, or ulcer . . . ib.
An ulcer appears to be the most prevalent form of venereal disease, and why . . . 172
Vesicles, pustules, and ulcers on the penis are produced by discharge from the like of their kind . ib.
That they produce a similar form of eruption to themselves . . . . . ib.
Instances of a vesicle producing a vesicular eruption . ib.
——— Pimple producing a lichenous eruption . ib.
Pimples, vesicles, and pustules on the penis become ulcers by friction and breaking . . ib.
The commencement of the venereal sore is seldom seen even by the patient himself . . . 173
The probable reason that several vira often produce but one effect; a pimple, vesicle, or pustule, as their primitive attack on the penis . . 174
The un-scientific opinion, that an ulcer is capable of producing all the varieties of eruptions . ib.
On a second indication arising, to mark the entry of a second poison, in the primitive sore . . ib.
On their attempts to produce others, and why a vesicle, pustule, etc. cannot always be so formed in the primitive sore 175
The bases of sores do at times throw out a second indication of the receipt of a second poison, as a pustule, etc. . . . . ib.
Of one virus modifying another;—instances . . ib.
The most predominant virus probably produces its effect at the point of contact . . . 176
On the succession of the eruptions . . . ib.
Vesicular and pustular eruptions differ less from each other than is commonly imagined . . . 177
Lymph taken late from advanced vesicles produces pustules . . . .

PAGE

A simple poultice will change vesicles to pustules, etc. 178
Lymph and pus differ little in their constituents . ib.
Ecthyma and lichen are occasionally blended; these varieties are most frequent in the deuteropathic eruptions 179
Similar causes (in some few instances) seem to produce dissimilar effects . . . . . ib.
Papulæ, vesiculæ, and pustulæ at times are thrown out during one eruptive process . . . ib.
It does not certainly follow that constitutional symptoms will be produced because the party get primitive ones from one diseased . . . 180
An example,—local effect only produced . . ib.
After inoculation for scarlatina but one in three hath the disease 183
The time that elapses between syphilitic inoculation and constitutional impression differs much, and seems to depend much on the degree of induration . 184
One poison, probably, produces but one form of eruption ib.
Several kinds of eruption may follow one contamination ib.
The varieties of primitive sores and eruptions appear to correspond in number 185
Various cases illustrative of the foregoing and primitive venereal sores, and numerous syphilitic symptoms . . . . . ib.

CASES.

John B——n; Discharge from the urethra produced by chancre 186
James C——ke; Peculiar vesicles from connexion, that were very difficult to heal . . . 187
S—— T——pe; A sore that formed on the penis more than a month after connexion . . . 190
John B——e; A venereal sore, followed by abscess in the foreskin 192
John Mills; Phagedenic bleeding ulcer of the penis . 193

PAGE

Samuel K——y; Abscess in the body of the penis . 196
W—— F——r; Case of Portuguese syphilis . 197
C—— K——by; Bubo on the penis . . 199
Edward W——on; Bubo after connexion from absorption through warts . . . 200
John B——tl; Bubo following connexion without any sore 202
John C——h; Bubo from connexion not preceded by any sore 203
——— Several similar instances . . . 204
Charles S——ll; An inflamed absorbent clearly traced from the sore to the bubo . . . 206
Daniel B——h; Sphacelating inguinal bubo . . 207
Daniel S——s; Sore and bubo treated with nitro-muriatic acid 208
John Stow; A pimple, followed by phagedenic bubo of the penis and pubes 210
Thomas H——d; Bubo amongst the abdominal muscles 215
Richard B——er; Buboes in both groins, and one amongst the abdominal muscles, that made its way down the cord, and broke in the scrotum . 216
Charles E——h; Venereal sores,—ulcerated tonsils . 219

CHAPTER III.

Introductory Observations as to the various forms of syphilitic eruptions . . . 221
Showing that roseola, exema, pustulæ, etc. are produced by various poisons besides the venereal . ib.
Puniceous eruption excited by copaiba (Plate p. 47)
Ecthyma by a leech-bite or by urethritis . . ib.
Roseola from the poison of muscles . . . 223
Comparison between the puniceous eruption occasioned by copaiba, and that occasioned by syphilis . 224
Comparison between eruptions produced by the irritation of animal and vegetable poisons, and those produced by simple friction: followed by ecthyma, vesication, etc. 225

PAGE

Classification of the various venereal eruptions, and a table of their Orders 226
Introductory matter to 227

ORDER I.—EXANTHEMATA; containing exanthema roseolum and exanthema puniceum . . 228
Description of these rashes . . . . ib.

1.—EXANTHEMA ROSEOLUM, cause, time of appearing, place of commencement, etc. etc. . . 229

CASES.

Charles Sharpe; A sore, followed by exanthema-puniceum, papulæ, and ecthyma-venereum . 230

2.—EXANTHEMA-PUNICEUM; structure in which it 235
is situated, fever induced, redness of fauces or
sore throat: it ushers in other eruptions; de- 237
scription, distinctions, etc. . . . 239
William B——le; Vesicle on the penis, followed by
puniceous patches 241
John W——g; A sore, followed by puniceous patches
set with enlarged papillæ . . . 242
J—— C——s; A vesicle, followed by sore throat,
cough, pleuritis and puniceous patches . 244
Robert K——l; A sore followed by puniceous patches 247
John M——s; A sore followed by lichen and puni-
ceous patches 249
John W——ds; A sore, followed by cough and puni-
ceous patches, pains, lichen, and inflamed throat 252
Isaac I——le; An abrasion and a wart, bubo, phage-
denic ulcer, hospital gangrene, ecthyma, puni-
ceous patches, vesicles; and secondly ecthyma 257
P—— L——in; Urethritis and bubo, followed a cough,
by a slough on the penis, pains, puniceous patches,
redness of the fauces, anasarca, and death . 260
R——d T——s; Urethritis, and a vesicle, lichenous
puniceous eruption, which became beset with

PAGE

enlarged papillæ, and minute vesicles on the scrotum; the cicatrix of the primary sore raised and corresponded with the eruption . . 271

ORDER II.—Papulæ.—Introductory matter . 276
Of the links of connexion between puniceous patch and lichen . . . . . ib.
Inoculation from papules 280

1.—Papulæ Elongatæ 279
Description . . . . . ib.

CASES.

Charles S——d; A sore, enlarged glands, nocturnal pains, sore throat, papillæ elongatæ, conjunctivitis and lichen solitarius . . . 281
William S——on; Bubo preceding the sore; papillæ elongatæ, and large lichen . . . 283

2.—Lichen-solitarius: average time of appearing; the produce of a pimple; their structure; dissections of them,—their decline . . 287
Distinctions between lichen communis and lichen syphiliticus 291
Of secondary or deuteropathic lichen,—more likely to become pustular and run into ecthyma . 292

CASES.

Richard B——tt; A pimple on the dorsum, followed by lichen solitarius: cured without mercury . 294
Charles C——l; A pustule, followed by lichenous bands 295
Alexander L——e; A sore, enlarged glands, lichen solitarius, sore throat, muscular pains, effusion into the synovial membrane, nocturnal perspirations, and ulcerated legs . . . 297
James W——d; Four pimples, pains, lichen solitarius, tumour on the os frontis and epilepsy . . 298

PAGE

John Murray; A sore on the prepuce, (urethritis,) bubo, and lichen solitarius . . . 302

George S——th; A pustule, an abscess within the urethra, followed by lichen solitarius, and lastly by lichen circumscriptus 304

N—— W——d; A sore, bubo, lichen circumscriptus, vesicles, maculæ, and ultimately, lichen solitarius 308

Thomas C——k; A sore, lichen circumscriptus, inflamed synovial membrane, and lichen solitarius 312

William P——y; Sores and enlarged glands, pains, vesicular lichen, suppurating glands in the face and axilla, and a collection of fluid over the scapula 313

ORDER III.—Introductory matter to . . 317

VESICULÆ:—Their mode of formation . . ib.
———— their mode of declining . . ib.
———— their usual time of appearing . . 320
———— their various genera . . . ib.

1. HERPES SOLITARIUS 321

CASES.

Thomas D——ge; Semicircular radiated sore surfaces, followed by an eruption of vesicles . . ib.

Joseph H——on; A sore, followed by an eruption of vesicles on the dorsum penis, and scalp, recurring for years 323

Robert D——d; A vesicle, followed by ulceration in the throat, *pains, and an eruption* of vesicles: the disease was produced by the same woman who diseased the following patient . . 324

PAGE

Joseph M——ge; A sore and bubo that appeared five days after connexion with the same woman that produced the disease in the preceding case . 328

2.—Herpes confertus 329

C—— C——e; Syphilis, as it appeared in Ireland, by a peculiar cluster of vesicles, that produced an Herpetic eruption, and an enlarged testicle . ib.

Herpes Preputialis; a frequent disease after gleet, alternating with it, situate on the penis, buttocks, body, lips, etc.; its cause . . 331

CASES.

Samuel S——e; Connexion, followed by enlarged glands, Herpes, and lastly by a sore . . 333

3.—Herpes circinatus 334

John C——y; Circles of Herpes on the penis from connexion in Ireland, that produced sore throat, cleft tongue, nocturnal pains, puniceous patches, and a concrete vesicular eruption . . ib.

Rupia Venerea, and Rupia-prominens-venerea; description,—not named as a venereal symptom by Bateman; common Rupia not described as accompanied by sore throat:—they are the produce of a vesicle, preceded by enlarged glands, disturbed health, fever, ulcerated tonsils, diagnostic symptoms: spurious Rupia,—cause of the laminated scab,—pains, pleuritis, and inflamed synovial membrane 340 344

CASES.

John H——g; Vesicles on the scrotum, followed by sore throat and Rupia-simplex-venerea . 345

PAGE

S—— J ——; Urethritis, bubo, vesicles on the prepuce, fever, cough, pains, nocturnal perspirations and enlarged glands, sore throat, and an eruption of vesicles 346

G—— J—— R——e; Vesicles (probably), buboes, ulcerated throat, destruction of uvula, pains, and rupia simplex 353

William P——r; A sore, enlarged glands, followed after two years by ulcer in the tonsil, pains, rupia, erethismus, nodes and vesicles . . 357

Daniel B——n; A sore on the scrotum, bubo, enlargement of the left testicle and wasting of the right, ulcerated throat, suppurations in glands in the legs, rupia, and modified small-pox . 359

John H——k; Urethritis, abrasion, bubo, pains, ulcerated throat, effusion into the synovial membranes, pains, rupia, node on the ulna, corona veneris, ulcerated nares, and exfoliation of bone 365

Robert Smith; A sore on the glans, and Urethritis; mercury taken for years, causing fissured and ulcerated tongue, eruptions, rupia, and nodes . 371

Thomas L——y; Sores and enlarged glands, fever, sore throat, ulcerated uvula and nares, cough, rupia prominens, and emaciation . . 373

John Campbell; Vesicles and bubo, ulcerated tonsils, rupia prominens, tubercles, and pleuritis . 377

ORDER IV.—Introductory matter to . . 383

PUSTULÆ VENEREÆ.

ECTHYMA VENEREUM, constitutional disturbance, mode of formation,—maceration, etc.; the eruption a produce of a pustule; varieties; time of appearing; —fever, pains, sore throat, areolæ, efflorescence, desquamation, incrustation, ulceration, stains, etc. 385

PAGE

Inflammation of tarsi, iritis 388
Ulcerated tonsils . . . . . ib.
Suppurations, abscesses, inflamed synovial membrane, thickened periosteum, nodes, *swelled ankles or legs* . . . . . ib.
Of the secondary or deuteropathic eruption . . 389
Inflamed alæ nasi, enlarged testicle . . . ib.

CASES.

Joseph A——h; A sore; lichen solitarius, and iritis; ecthyma, iritis, and nodes . . . 390
Daniel R——s; Pustules on the penis, and bubo, cough, nocturnal pains, stiffness in the neck, ecthyma, ulcer of the cornea, and iritis . 394
James B——s; The Black Lion of Portugal, a sore, bubo, and œdematose leg, nocturnal pains along the vertebral column, puniceous patches, ecthyma, and tenderness of the periosteum . 396
John D——on; A sore, sore throat, ecthyma, and an ulcerated leg 400
William P——en; A sore and bubo, ecthyma and iritis 401
C—— E——h; Three sores, induration, ecthyma, suppurations in the cervical and axillary glands, and ulcerated legs 402
C—— R——y; A sore and bubo, ecthyma, sore throat, deuteropathic ecthyma, and nodes . 403
Henry B——r; A sore and bubo, mercury used, yet ecthyma supervened 404
William A——g; A sore, a mercurial course, followed by pains and ecthyma 405
C—— B——n; A suppurating pimple, and urethritis venerea, followed by ecthyma, lichen racemosus, secondary ecthyma, and œdema . . ib.
Robert S——t; A sore and bubo; ecthyma and secondary ecthyma 409

PAGE

Samuel C——in; A sore, ecthyma, a mercurial course, followed by a second eruption of ecthyma . 410
Joshua F——er; Sores, phymosis, and enlarged glands; a mercurial course, followed by ecthyma . 411
M—— G——t; A pustule and bubo; followed by large ecthyma, and crimson maculæ . . 413
Charles P——h; A sore and bubo; ecthyma, nocturnal pains, nodes, lichen, iritis, and abscesses in the legs 416

ORDER V.—Introductory matter to . . 421

MACULÆ VENEREÆ.

1.—SPILI COCCINEI, SPILI CRUENTATI, and SPILI CUPREI, the three varieties constituting this Order: the two first are preceded by febrile excitement,—occurring about twelve weeks after contamination,—follows a red abrasion, etc.; mode of formation, — time of duration, — becoming copper-coloured, etc. 422
Diagnostic distinction from puniceous patches, commonly the only syphilitic symptom experienced by the patient 423
Similar stains observed in other mucous membranes of the viscera . . . . . ib.

2.—SPILI CRUENTATI . . . . . ib.

3.—SPILI CUPREI,—distinction from spili coccinei—become confluent,—the size they attain,—structures they are formed in,—time of duration, etc. 424

CASES.

Henry D——k; Two sores and urethritis, followed by spili coccinei . . . . . ib.
Andrew S——h; Sore and bubo, followed by spili coccinei and axillary abscess . . . 426
William S——d; A sore, followed by spili coccinei . 429

PAGE

Smith T——r; A sore, and enlarged glands, followed by spili coccinei 431

James G——y; Bubo preceded a sore on the penis, followed by spili cuprei . . . . ib.

ORDER VI.

TUBERCULA;—On their classification, etc. . . 435

1st Var.—PHYMATOSIS OVATA,—time of appearing,—their structure,—blood inflamed whilst they are producing,—the asperities or papillæ of the cuticle become enlarged,—decline,—exfoliation,—often accompanied by cynanche and iritis . . 436

2nd Var.—PHYMATOSIS ANNULATA,—a very scarce form of venereal eruption,—arising like long or oval lichen,—forming annuli,—time of duration,—usual method of its decline . . . 437 ib.

3rd Var.—PHYMATOSIS VERRUCOSA.—A communicable wart,—situation,—often leading to venereal contamination, and eruptions . . ib.

On the treatment of venereal warts . . . 438

CASES.

Y—— D—— s; A sore, followed by puniceous patch eruption, enlarged asperities, pains, iritis, and phymatosis ovata 440

Sarah Matthews; Enlarged excoriated labia, followed by phymatosis ovata 449

Henry H——ll; A sore, bubo, and urethritis, followed by tubercles . . . . . ib.

Thomas H——s; A sore and bubo, followed by tubercles, lichen, ecthyma, and suppuration in the cervical glands 453

Martha Morghan; An eruption of phymatosis annulata 454

James F——y; Phymatosis verrucosa, and bubo, followed by ulcerated tonsils and rupia, sloughing pharynx, nocturnal pains, effusion, etc. . 457

ORDER VII.

PAGE

SQUAMÆ.—Introductory matter . . . 459

1.—LEPRA VENEREA,—its varieties,—the sort of primary affection producing it, and copper-blotch, etc. ib.
2.—PSORIASIS VENEREA,—the produce of a vesicle, forming true chancre 460
The length of time before it produces its secondary effects or vesicular psoriasis, etc. . . ib.
The cuticle loses its transparency,—dies, and is thrown off as scales . . . . . ib.
Fissures, sores, and ulcerations, occur about the anus, and thick incrustations in parts where there is hair . . . . . ib.

3.—PSORIASIS-PALMARIA-VENEREA, ushered in by fever, often by sloughing palate, etc.—situation,—exudation beneath the cuticle,—scales,—reparation, etc. 461

CASES.

Robert A——n; A vesicle on the glans, and an enlarged inguinal gland, followed by psoriasis and tenea venerea 462
P—— C——, Esq.; A sore and enlarged glands, followed by psoriasis palmaria, and sloughing of the palate 465
Henry J——on; A sore, and enlarged glands, followed by rupia and psoriasis palmaria, that lasted thirteen years 469
Concluding remarks as to this new classification of the various venereal eruptions . . . 471
The relative frequency of their occurrence, and method of seeking the most delicate ones . . 472

PAGE

Various eruptions confounded together by the profession 473
The scarcity of tubercular eruptions 474
Of other secondary symptoms and of poisons that do not produce eruptions . . . . . ib.
The results of one hundred primary cases in the middle class of life, compared with one hundred from amongst the very lowest class; and the relative increased number of secondary cases in the latter 475
Iritis, and its effects,—its being known but of late years 478
S——l Cox; Case of very unusual and curious black spots in the iris and cornea 479
Affections of the tongue and taste as in herpes-circinatus 481
Venereal affections of the throat divided into two classes. The redness of throat accompanying exanthematose rashes, lichen, etc. . . 482
Round superficial ulcers, as in psoriasis, etc. . . ib.
Ash-coloured sloughs, with superficial ulcerations . ib.
Conical projecting granulations . . . 483
Case of F—— S——y, Esq.; Pustules and bubo, followed by pustular sore throat . . . . ib.
Of the throat, deep ulceration in rupia, etc., and destruction of uvula, os nasi, vomer, velum, etc. . 486

CHAPTER IV.

On the most inveterate secondary symptoms,—a small primitive ulcer,—bubo,—sore throat,—diseased bones, *corona veneris, etc.* 488
On the more advanced inveterate forms of secondary symptoms . . . . . ib.
A virus producing disease of the nares, palate, tonsils, throat, periosteum, and bones . . . . ib.

PAGE

debility and hectic therefrom, the produce of a small superficial sore or true chancre . . 489

Pains in the head and limbs, as after poisons and exanthemata 490

Loss of sleep, tertiary eruptions,—incrustations,—tubercles,—enlarged testes,—destruction of vomer,—exfoliation of the ossa palati,—enlargement of various bones . . . . . ib.

The most usual ingress of the advanced secondary symptoms; some appearing years after infection: they seldom lie quite latent from year to year . 491

Reasons for considering these symptoms venereal ones; such as rigors,—sore throat,—ulcerations perforating the palate, uvula, and pharynx,—passing along the Eustachian tube,—floor of the nares,—pains at the backs of the ears, otitis, deafness,—pains at the sides of the nose,—ulcers over the ossa nasi,—exfoliation from that bone or the os palati 494

Perforation of, or destruction of, the vomer, falling in of the bridge and turning up of the tip of the nose,—substances passing out at the nostrils,—snuffling,—impeded articulation, and deglutition,—loss of smell,—ulceration of the alæ nasi,—fœtor of the breath,—soreness of the scalp,—corona veneris . . . . . ib.

Tubercular or pustular eruptions,—incrustations of the brows, etc. 495

Stiffness,—pains in the articulations,—enlarged testes,—cough,—difficulty of breathing,—loss of flesh,—weakness,—emaciation,—nocturnal pains,—nodes,—enlarged clavicles, spinous processes, phalanges,—effusion into the capsules, etc.—loss of sleep,—night perspirations and morning hectic, debility, loathsomeness, and death . . 497

CASES.

PAGE

John L——r; A sore, pains in the ulna and tibia, with enlargement of the clavicles and knee; the symptoms endured three years . . 498

David R——e; Nocturnal pains, nodes, diseased testicle and emaciation; the venereal disease lay dormant seven years 499

William Turner; A sore and bubo, followed three years afterwards by pains, and enlargement of the shaft of the tibia 501

W—— A——r; Sore throat, pains, enlargement of the articulating extremities of the bones, effusion into the synovial membranes, a node with enlarged phalanges, and spinous processes . 503

George U——h; A sore and bubo, urethritis, pains in his arms, nocturnal pains in his wrists, with nodes on the shins, ulcer in the tonsils, and an inflamed synovial membrane . . . 505

B—— G——, Esq.; Inflammation of the palate and uvula; malignant pustules; sloughs through the palate. A curious effect produced on the teeth by a remedy employed . . . 506

Thomas M——g; Ulceration of the tonsils and nares, pains in his head, increased secretion of saliva. The venereal disease appeared to lie dormant eight years 511

William N——x; Chancre, ulceration perforating the vomer, paralysis of one half of the tongue, pains about the os nasi, and apoplexy . . 512

William M- —k; Chancre and bubo, followed by pains in the head, discharge from the nose, sore throat, and pains in the tibiæ; exfoliation of the os palati and vomer; pustules, tubercles, ulcers, and mercurial erethismus . . . 515

Henry H——r; Chancre, sore throat, pains, lichen

PAGE

circumscriptus, thickened periosteum: the symptoms ran a course of four years . . 520

John F——r; A chancre and sore; he underwent a mercurial course; six months after he had an eruption and pains in his face and knees: he went through a second mercurial course: this was in 1817, followed by an eruption and sore throat; and in 1818 he had ulcerated tonsils and enlarged testicle; and finally, in 1824, an eruption and nodes cured by mercury . . 521

D—— N——l; A small sore, followed by enlarged glands, fever, sore throat, pains in his shoulders, thickened periosteum, nocturnal pains, exfoliation of the vomer, debility, corona veneris, etc. The symptoms ran a course of more than a year . 523

CHAPTER V.

On the power and influence of mercury in controlling the peculiar morbific actions excited by the venereal virus: also *on a new remedy* that has lately been successfully employed as a substitute in several cases wherein mercury had failed . 535

The injurious effects of excessive quantities of mercury; and the danger of promoting absorption by too little 536

Exp. 1st.—Patients treated without mercury; the number of secondary cases resulting . . 537

Exp. 2nd.—Patients treated with mercury during nine days; the vast increase of secondary symptoms . ib.

Exp. 3rd.—Patient's mouth kept sore a fortnight; decrease of secondary cases to the proportion, in the first experiment 538

Exp. 4th.—Patients kept three weeks under mercurial influence, the few secondary symptoms resulting . ib.

Exp. 5th.—Patients kept a month under the mercurial influence, still the same proportion of secondary cases resulted . . . . . ib.

PAGE

Nine men subjected to the same venereal poison of the same women, the excessive number of secondary symptoms, and their great smilarity . . 539
Probably but few sores are followed by absorption . ib.
Tabular view of the above cases . . . ib.
Deductions from the preceding experiments, etc. . 540
The system being under mercurial influence does not prevent venereal contamination; instances . 541
Robert W——s; A case, wherein a sore, puniceous eruption, and lichen, appeared when he was fully under mercurial influence . . 542
Other instances 544
Immediate saturation of the system by mercury, after constitutional venereal contamination, does not prevent the secondary symptoms . . ib.
How can mercury, that acts through the blood, cure venereal disease before its poison has entered that fluid? 545
It is probable that mercury only promotes the healing of a sore, by causing the absorption of the virus from it . . . . . ib.
It appears worse than useless to administer mercury in the early stage of chancre and bubo . . ib.
It is by no means certain that any virus will be absorbed from them 546
We do not attempt to cure itch, measles, or small-pox, before they exist . . . . ib.
Mercury often causes absorption and secondary symptoms . . . . . ib.
On the proper administration of mercury . . 547
The action of the venereal virus cannot always be superseded by the mercurial one . . ib.
If venereal virus is first in action, mercury does not stay its course . . . . ib.
Mercury moderates venereal symptoms by raising a new action in the system . . . . ib.

PAGE

Venereal symptoms pursue a less destructive course, when mercury is in action on the system . . 547

The extreme use of bleeding, purgatives, etc. in this disease, as in the other exanthemata, to save the total exhausture of the system's excitability . 548

Some of the symptoms disappear more quickly if mercury be used 549

At times it is observed rather to aggravate the complaint, and yet later in the disease to cure it . ib.

Case of venereal lichen cured without mercury . ib.

——— ecthyma phlyzacium, followed by lichen and deuteropathic ecthyma cured without mercury . 550

Symptoms that show the disease lies dormant, and that it will return . . . . . ib.

Mercury is capable of postponing the appearance of venereal eruptions, etc. . . . 551

Some animal poisons (in a similar manner) render the actions of others slower in being produced, from *mercury and the poisons* having altered the state of the constitution . . . ib.

Mercury modifies the character of eruptions . ib.

Mercury does not act as a specific . . . 552

Mercury does not mollify the venereal virus; reasoning thereupon . . . . . ib.

Two actions can go on in the living body at one time 553

Mercurial courses never cure venereal disease, unless, etc. . . . . ib.

Of the quantity of mercury required in different individuals to produce its effect . . . ib.

Case of Miss G——n; Ptyalism caused by three grains of mercury 554

The proper length of the mercurial course . . 555

The caution necessary where there is any scrofulous or consumptive disposition in the party . . ib.

PAGE

Scrofulous joint from mercury . . . 555
Suppuration of glands even within the chest, from the action of mercury . . . . . ib.
Carious teeth and old fractures set aching by mercury 557
Mercury when it disturbs the health causes a peculiar eruption, or blotch, as described . . ib.
Never produces symptoms similar to venereal disease . ib.
Eczema mercuriale.—Cases.—sometimes attended with conjunctivitis 559
As quickly as the body recovers its excitability, fresh venereal eruptions come out . . . 561
What syphilitic cases require mercury, and which do not ib.
Many cases might be cured without it . . 562
The number of sores, out of every ten, that produce secondary symptoms . . . . ib.
Epilepsy, apoplexy, palsy, enteritis, and death, from mercury 563
On the use of a new remedy as a substitute for mercury ib.
Cases of cure in venereal disease where mercury had failed 564
An Experiment made to ascertain if Hydriodate of Potash, given after a mercurial course, forms an Hydriodate of Mercury in the living blood . 565
Destruction of the nose prevented . . . . ib.
Farther exemplification . . . . . ib.
Conclusion . . . . . ib.

LIST OF THE PLATES.

Plate of Rupia to be placed as a Frontispiece

Puniceous mottled skin	*to face page*	47
Bubo		216
Exanthemata roseolum		229
Puniceous patch		235
——— with papula		271
Papulæ elongatæ		279
Lichen venereus		287
——— circumscriptus		309
Vesicular Lichen		313
Herpes venereus		321
——— circinatus		334
Ecthyma		385
Pustula with clustered lichen		405
Large ecthyma		413
Coccinea Macula		421
Crimson spot		429
Spili or copper stains		433
Phymatosis ovata		435
——— annulata		455
Lepra venerea		459
Psoriasis		463
Black spots		479
Incipient corona veneris		529

TABLES.

A Tabular view of the several primary sores	170
A Tabular view of nine peculiar cases	539

PART I.

ON URETHRITIS VENEREA.

ITS PRIMARY AND SECONDARY EFFECTS;

WITH CASES.

PART I.

ON URETHRITIS VENEREA;

WITH CASES.

CHAPTER I.

ON URETHRITIS VENEREA, COMMONLY CALLED GONORRHŒA.

The term Urethritis * has been preferred to Gonorrhœa, being one that more clearly conveys an idea both of the local seat and of the true nature of the malady which it is intended to express; and also because it well corresponds with the other scientific terms—Phrenitis, Iritis, Pulmonitis, already employed by Cullen and our most able nosologists, to distinguish properly the genera in the order Phlegmasiæ.

Urethritis, or inflammation of the mucous membrane lining the urethra, is the disease commonly, though most improperly, called Gonorrhœa; † for,

* Urethritis, from οὐρήθρα, the urinary passage.

† Gonorrhœa, from γόνος, the semen, and ῥέω, to flow; an ancient term, that does not mean a discharge of pus.

strictly speaking, it is not a flow of semen, but a primary syphilitic affection, and is tantamount, except as to the structure it invades, to a venereal sore, and even becomes one when it causes, which it occasionally does, ulceration of the lining membrane within the urethra.

Urethritis is an inflammatory affection caused by the irritation of the syphilitic virus from a pustule on the delicate mucous membrane lining the urinary canal, or vagina. Generally its specific action produces a discharge of pus only: but, at other times, it also produces a pustule, or abscess, within the urethra, similar to what it more usually does on the surface, * and just like the discharge from a pustule on the glans penis; for the pustule is caused by the same secretion as the urethritis, having its origin with it in common from a venereal pustule, † sore, or discharge, in the vagina; and it is the product of pus from either of these ailments.

Urethritis Venerea generally appears about the third or fifth day after connexion, and so does the areola of the external pustule: and it is very common for the same person to be attacked by urethritis venerea, and by a pustule,‡ or syphilitic

---

* Vide Case of William W——te, p. 37, Charles P——n, p. 52, &c.

† Vide Case of Mr. W——, p. 22.

‡ Vide Case of George S——th, p. 305.

sore, about the time the discharge appears from the urethra, and both caused by one and the same connexion.

The external disease often commences by a pustule, and so situated in the male that at times it may have been seen to break, to ulcerate, and to reach the lips of the urethra, and there by its specific discharge to produce puriform secretion from the mucous membrane;* in fact, constituting urethritis.

When the virus produces urethritis, and pustules or abscesses, in the membranous lining of the urethra, the breach of surface at times leads to secondary venereal symptoms, as venereal pustules or sores on the surface more commonly do.

I am aware that some still believe the matter of syphilis and that of gonorrhœa (as they call it) to be distinct poisons: but I cannot overlook the well-known fact, that a woman, having a pustule or sore in the vagina, can cause urethritis in one man, and a venereal pustule or sore in a second, that also has connexion with her, and this within a few minutes of each other; although, upon examination, she is found to have a pustule or sore only,

---

* Vide Case of John B——n, p. 186.

Pustules within the urethra of course look whiter than elsewhere from being covered by its mucous membrane.

or simply an elytritis, and perhaps no perceptible discharge at the moment from either. When, again, a pustule on the penis,* and an attack of urethritis in the male, are common results from one connexion, — and with a female, who on examination is seen to have elytritis only ;—when a man who has connexion with her, on the third or fifth day, suffers an attack of urethritis, and has within the week a pustule or sore within his urethra, and in some instances, after a lapse of about six weeks, followed by pains, sore throat, eruptions, and confirmed secondary symptoms, bearing exact similitude to the product of the true venereal pustule : — these peculiar coincidences are, I take it, proof enough and quite sufficient for the identity of the poisons.

I know that by a few I shall be censured, and accused of leading my readers to disbelieve what by some have been considered orthodox facts. To them I would reply by presenting for their consideration such cases as those of G—— W——l, William G——e, and Charles P——n ; and there drawing their attention to the suppurating sores formed by abscesses or pustules within the urethra ; to the enlarged glands ; to the nocturnal pains, inflamed synovial membranes, lichen, ecthyma, and psoriasis, that every now and then follow the infection through the urethra.

---

* Vide Case of C—— B——n, p. 405, etc.

The following cases are intended to illustrate the preceding remarks, and also to exhibit a great variety of the most uncommon symptoms and causes of urethritis venerea.

CASE I.

URETHRITIS CURED IN THREE DAYS BY A NEW PREPARATION.

THOMAS B——T.

February 4th, 1834.—He has a profuse discharge from urethritis, and has suffered from it during six weeks.

Pilul. Colocyn. Comp. et Hydr. Submur.

5th.—He has, prior to applying for advice, been living a most irregular life. His bowels have been cleared.

Capiat Extr. Cubeb. * gr. xv. ter die.

6th.—The discharge is diminishing; his urine has received a peculiar odour from the medicine.

7th.—There is still less discharge, and no scalding.

8th.—He has had no discharge since yesterday.

---

* This Extract has recently been prepared by Mr. Toller, and sent to me to try its effects.

CASE II.

VIRULENT URETHRITIS, CURED IN FIVE DAYS BY CAUSTIC INJECTION.

EDWARD M'DONALD, ÆT. 28.

Aug. 23rd, 1816.—He was a patient in the St. James's Infirmary with virulent urethritis. The lips of the urethra are pouting and red, and there is itching of the glans, and an abundant discharge occasioning much scalding after voiding his urine,—the running is mixed with blood. He has suffered from the disease during the last fortnight.

℞ Argenti Nitratis ℈j.
Aquæ Distillatæ ℥j.
M. ft. injectio.

Capiat Magn. Sulphatis ℥j.

He experienced a burning sensation in the urethra for some minutes after the fluid was injected, and also some pain.

Aug. 26th.—The running has materially diminished since the injection; the scalding is almost gone and his bowels are open.

Repr. inject.

28th.—The discharge from the urethra has ceased, and he is quite well.

CASE III.

URETHRITIS, RAPID CONTAMINATION, CURED IN NINE DAYS BY A PREPARATION OF CUBEBS.

D—— A——10, ÆT. 19.

November 11th, 1819.—This black boy had connexion at seven o'clock on Wednesday night, and, on waking next morning, he found discharge had actually commenced. The pus was very thick and glutinous, and accompanied by excessive ardor urinæ, and frequent desire to empty the bladder.

℞ Hydr. Submur. gr. v.
Pulv. Jalap. C. ʒj statim.

Lotio Acetat. Plumbi dil.

15th.—The discharge continues, and his medicine has produced but two stools.

Capiat. Tinct. Cubeb. ʒjji.
Ex Mucil. Acaciæ, etc., ter die.

17th.—The discharge is diminishing; his bowels are active.

19th.—He has much less discharge than on the 17th.

20th.—There is neither discharge nor scalding;

---

* When the kind of injection prescribed in Case II., is used, it should not be thrown in with a metallic syringe, (as it decomposes the solution,) but a glass or ivory one should be employed.

the Cubebs have kept his bowels open; he has had three stools daily.

24th.—He remains quite well.

CASE IV.

URETHRITIS REMOVED BY AN ATTACK OF SCARLATINA.

AARON H——NE.

April 13th, 1825.—He has urethritis of four days' continuance, and also crescent-shaped excoriations on the glans penis.

Magn. Sulphatis ʒij bis die.

15th.—His bowels are open, and the sores are healing, but the discharge still continues.

19th.—A violent attack of scarlatina has come on, with a sore throat and a vivid rash over the whole skin.

20th.—He has had no discharge from the urethra since the rash appeared upon the skin, although nothing has been taken to suppress it.

27th.—On the decline of the scarlatina, no return of the discharge took place.

CASE V.

URETHRITIS CURED BY ERYSIPELAS, CAUSING ŒDEMA OF THE PENIS AND SCROTUM, FOLLOWED BY FEVER AND ECTHYMA.

C—— M——Y.

December 8th, 1819.—Urethritis accompanied

by scalding and all the common symptoms; but he had neither sore nor excoriation.

January 7th, 1820.—Œdema came on to a great extent; it commenced at the frænum, and caused swelling of the whole penis and scrotum. The latter especially is twice as large as natural. The inguinal glands of both groins are enlarged. Erysipelas has extended over the whole of these parts; the urethritis has ceased, but the prepuce could not be retracted.

19th.—His health was disturbed; he lost a good deal of flesh; he had a feverish night, which ushered in a copious eruption of ecthyma, having all the appearance of the eruption when excited by venereal virus, except that he hitherto has had no pains in his limbs.

February 6th.—The prepuce has recovered its elasticity; it can be retracted, and there are some sores exposed that appear to have formed from acrid secretions of the urethritis during the time the former could not be got back.

10th.—The integuments of the groin are near an inch in thickness, and the penis remains much enlarged from the erysipelas.

It is useless following this case to its termination, as it is merely inserted as an instance in which urethritis appeared, contrary to the general opinion, to be followed by a venereal eruption.

CASE VI.

URETHRITIS CURED BY ONE APPLICATION OF MERCURIAL OINTMENT.

A—— N——N.

March, 1819.—This patient had considerable discharge and scalding, from virulent urethritis. After he had been put to bed, it was discovered that he had pediculi pubis. To destroy these loathsome insects, I directed that his pubes and perinæum should be well smeared with strong mercurial ointment. The next morning, on visiting the patient, to my great astonishment, he had seen no discharge since he woke, nor had he any; for, on squeezing the penis, not a drop of pus could be found, and from that time he remained cured of the disease. Another similar case, that occurred in August, 1823, has already been described, in which scarlatina put an end to discharge from the urethra, as related in Case IV.; and erysipelas, as stated in Case V.: mercurial ointment in the present instance, and typhus in others, have at times produced a similar effect; showing that powerful sympathies exist between the skin covering the surface of the body and the mucous membranes: it also reminded me of another curious fact, almost forgotten, that I was at

the time at a loss to account for, related in the adjoining case.

CASE VII.

URETHRITIS, WITH SEVERE PAIN IN THE HYPOGASTRIC REGION, CURED IN SIX DAYS BY TINCTURA FERRI INJECTION.

JOSEPH C——LS.

May 7th, 1818.—He has urethritis, with much scalding, and frequent desire to make water; and he has pain in the region of the bladder, just above the pubes and along the perinæum.

Hydr. Submur. c̄. Pulv. Jalap. C.
Fever diet. To lie quiet in bed.

8th.—He has much discharge, and has had four stools.

℞ Tinct. Ferri Mur. ℈ij.
Aquæ Fontis ℥ij.
M. ft. Injectio 4tis horis utenda.

9th.—The scalding continues the same, but the discharge is diminished.

10th.—He has less scalding, pain, and discharge.

11th.—There is scarcely any running to-day.

12th.—He has had no discharge since yesterday.

13th.—He remains well.

CASE VIII.

URETHRITIS; INJECTION: ITS SUPPRESSION, PRODUCING FEVER AND PAINS.

MR. GEORGE R——E.

April, 1828.—He had a violent attack of urethritis; the discharge was very profuse, and lasted during three weeks, in spite of powerful antiphlogistic treatment, followed by copaiba, cubebs, etc.

When the discharge had ceased, except an occasional drop or two in the day, an astringent injection was used, which in eighteen hours put a final stop to it: the injection was thrown in but twice the first day, and it was remarked, when going to bed, his discharge had ceased: he had headach, but the next morning it had become intense: he was feverish, and felt pains in his limbs, especially in the loins, abdomen, and hips.

He at last fell asleep, and awoke in a copious perspiration, which removed the pains, except some little in his legs, and these subsided in a day or two. His clap was cured from the moment he injected the second time; and these febrile symptoms, no doubt, arose from this sudden suppression of the discharge.

CASE IX.

URETHRITIS; INJECTION: ITS SUPPRESSION IN ONE DAY; HEADACH AND FEVER FROM THE REVULSION.

Mr. P—— K——E.

April 24th.—He contracted urethritis, and, in spite of every remonstrance, required that it should be stopped at once. On his agreeing to take all responsibility upon himself, the following powerful astringent injection was ordered, and a purge, with low diet, to guard, as far as possible, against the revulsion.

R Zinc. sulph. ℈j.
Pulv. Opii,
Gum. Camph. $\overline{aa}$ gr. v.
Mucil. Acac. ℥iss.
Aquæ Rosæ ʒiv.
Plumb. Superacet. gr. viii.

Mft. injectio.

The next morning all discharge had ceased; but he had a headach, and felt feverish and not well during some days afterwards, although he took saline aperients, etc.

No doubt these unpleasant symptoms were produced by restraining the secretory action that nature had established in the urethra.

I possess notes of many other cases of a similar kind, but it would be superfluous to relate them, especially as they are only interesting from showing the result of various metastases.

CASE X.

URETHRITIS, WITH METASTASIS TO THE BLADDER, AND CONSEQUENT SUPPRESSION OF URINE.

THOMAS H——ER, ÆT. 20.

September 1st, 1833.—He has virulent urethritis, and a large portion of very thick discharge and tenderness, extending about an inch along the anterior portion of his urethra; but without much scalding.

Pulv. Jalapæ Comp. ʒj.

3rd.—He has had eight stools: there is extreme irritation of the urethra with spasm, much discharge, and increased scalding as often as he voids his urine.

℞ Magn. Sulph. ʒij.
Mist. Ammon. Acet. ℥vj.
Liq. Antim. Tart. ʒij.

M. Cochlearia tria magna ter die capienda.

4th.—The irritation is diminishing, and the discharge is becoming thinner.

6th.—The discharge is much diminished in quantity, and he has three stools daily.

9th.—There is still less discharge, and the scalding has ceased.

℞ Ess. Cubebæ,
Bals. Copaibæ $\overline{aa}$ ʒij.
Mucil. Acaciæ ʒvi.
Mist. Camphoræ ℥viss.
Liq^{r}. Potassæ ʒj.

Mft. mistura, cujus capiat cochlearia tria magna ter die.

10th.—He has a very white tongue, and some increase of temperature, but yet he says that nothing ails him.

Omitt^r. Essen. Cubebæ c̄. Copaibâ.

Olei Ricini ʒij. statim sumend.

11th.—He feels sick, his skin is hot, and the tongue continues furred as before.

Pulv. Ipecacuanhæ ℈j. statim deglutiend.

Hydr. Submur. c̄. Extr. Col. Comp. vespere.

Mane 12th.—He brought up some green bile, and is now free from sickness, but his tongue continues white, and he perspires.

℞ Mag. Sulph. ʒiv.
Aquæ Font. ℥iv.
Mist. Ammon. Acet. ℥ij.
Mft. Cochlear. iij. magna ter die capienda.

Nocte.—He has some pain in his perinæum, and feels as if he had, as he says, "a lump there;" he has much ardor at that part of the urethra in making water.

Fotus papaveris, etc.

13th.—He was in great pain from retention of urine, which has come on since last night. A large silver catheter was passed, and about a pint and a half of dark brown urine drawn off.

Tepidarium.

Nocte.—He has had two stools, but passed no

urine with them. He feels as if he wanted to make water, his belly is tender in the hypogastric region. A catheter was introduced, but only about four ounces of urine were found in the bladder.

Hirudines xx regioni Hypogastricæ.

℞ Pulv. Doveri gr. viij.
Aq. Menthæ ℥iss.
Mft. haustus statim sumendus.

Enema aquæ tepidæ.

Mane 14th.—He became uneasy this morning and passed some drops of pus and blood, and he has a sense of soreness along the whole tract of the urethra.

℞ Mist. Amygdalarum ℥viij.
Acidi Hydrocyanici ♏. v.
M. Capiat cochlearia tria magna, octavâ quâque horâ.

Nocte.—He is still very uneasy in the hypogastric region, and has passed no urine all day; there is tenderness about the lower part of the abdomen, and a little pus came from the urethra after the catheter drew off some very high-coloured turbid urine. He has had no stool to-day.

℞ Mag. Sulph. ʒij.
Aquæ Fœniculi ℥ij.
Mft. haustus statim sumendus.

Hirudines xxv regioni Hypogastricæ.

15th.—The leech-bites bleed well, and at four

o'clock this morning he passed his urine naturally and without scalding, and the discharge per urethram is lessened; the tenderness of the hypogastric region is gone, and he has had two stools.

16th.—The discharge is thinner, but it is increased, and he has a little scalding.

Omitt^{r}. Mist^{a}.

17th.—Some discharge continues, but he is nearly free from irritation.

25th.—On account of the discharge, he was ordered the following medicine.

℞. Essen. Cubebæ.
Mucil. Acaciæ.
Bals. Copaibæ āā. ʒij.
Aq. Distillatæ ℥viij.
M. Cochlearia ij. magna mane nocteque capienda.

29th.—The discharge has gradually ceased.

October 5th.—He is now quite well.

A Tabular View, showing the effects of various kinds of injection in urethritis.

DATES AND NAMES.	COMPOSITION OF THE INJECTION.	NO. OF DAYS IN CURING.
May 12, 1834. A——g.	Sol. Liqr. Plumbi c. Extr. Belladonæ	two
— 9. S——s.	ditto	five
Feb. 28. G——e.	ditto	three
March 2. S——d.	ditto	five
— 12. G——t.	Tinct. Ferri c. Aquâ	five
May 7. C——s.	ditto	four
— 16. H——s.	ditto	seven
— — W——l.	Tinct. Ferri c. Aquâ Spir. Cubebæ et Copaibæ . . .	six
Aug. 23. M'D——ld.	Sol. Argent. Nitratis	five
April 24. F——r.	ditto ditto, et Copaib.	seven
Feb. 1834. B——t.	Extracti Cubebæ	three
April, 1828. R——e.	Ess. Cubebæ c. Bals. Copaibæ. Injo. Zinci Sulphatis	by twice using it, one evening.
April 24. K——e.	ditto	one.

Note.—All of these patients were cured in unusually short periods, of from one to seven days, and the last two only appeared to suffer from the sudden suppression.

CASE XI.

URETHRITIS, AND EFFUSION BENEATH THE INTEGUMENT OF THE PENIS.

CHARLES E——DS.

January 1st, 1833.—Urethritis, with a very considerable discharge of thick pus, and scalding.

Pulv. Jalap. Comp. ʒj.

2nd.—The foreskin has begun to swell at its edge, the discharge about the time rather lessened, but the scalding continues. He has had twelve stools.

℞ Liqr. Ammon. Acet.
Aquæ Font. p. æq. pro lotione.

3rd.—The swelling is running along the whole length of the penis, almost to the pubes, so as to cause an uniform thickening of the skin and cellular membrane, yet the loose end of the prepuce is not more enlarged than the rest of the skin (which is contrary to what usually happens). The running is more diminished, but the scalding is unabated.

℞ Potassæ Nitratis ℈ss.
Sodæ Sulphatis ʒss.
M. ft. Pulvis ter die sumendus.

5th.—The scalding is lessened, and the general swelling is diminishing.

℞ Ess. Cubebæ,
Bals. Copaibæ, āā. ℥j.
M. Capiat ♏ xxx. ter in die.

7th.—He has but little discharge, and that has become thinner.

10th.—The urethritis has ceased, but the effusion beneath the skin is not yet quite absorbed.

CASE XII.

ŒDEMA OF THE PENIS AND SCROTUM, WITHOUT SORE OR URETHRITIS.

RICHARD L——E, ÆT. 27.

July 10th, 1830.—He has a swelling of the scrotum, body of the penis and prepuce, to nearly twice their natural size, and the skin is of a deep blueish rose colour. He states that he has neither had sore nor clap, nor any other known cause to produce the ailment, nor does he suffer any pain from it.

Pil. Hydr. Submur. c. Extr. Col. C., statim.
Haustus purgans, vespere.
Liq. Plumbi Acetat. dilut. pro lotione.

11th.—The medicines have caused him to have nine stools, but there is no diminution in the bulk of the swelling.

℞ Magn. Sulph. ʒiv.
Aq. Menthæ ℥vfs.
M. Capiat cochl. iij magna 4tis horis.

12th.—The œdema and redness are much in-

creased, and extending, and the disease looks like erysipelas of the part. He has had three stools.

℞ Decoct. Cinchonæ ℥jſs.
Pulv. ejusdem ʒj.
M. ft. Haustus octavâ quâque horâ sumend.

13th.—The skin of the scrotum and its cellular membrane have become five times thicker than natural, yet the testicles within it are felt to be no larger than usual; and the tunicæ albugeniæ are loose and healthy.

℞ Liq. Ammon. Acet. ℥iv.
Aq. Font. ℥ij.
M. ft. lotio.

17th.—The skin over the œdema of the penis and cellular membrane is of a rose colour; and the scrotum is now full twice its natural size.

Omittr. Decoct. Cinchonæ.
℞ Mist. Ammon. Acet. ℥vj.
Liq. Ant. Tart. ʒiiſs.
Magn. Sulph. ʒiv.
M. Cochlearia tria magna quartâ quâque horâ sumenda.
Hirudines x. scroto applicand.

22nd.—The swelling of the penis is somewhat less, that of the scrotum remains the same.

℞ Ammon. Muriatis ʒiv.
Aceti Communis ℔j.
M. pro lotione.

24th.—He is free from pain; the penis is as yesterday; the scrotum is less swollen.

26th.—The œdema of the prepuce is less; the

scrotum is reassuming its former folds, in consequence of the swelling having diminished.

28th.—The whole of the swelling is rapidly declining.

August 4th.—The swelling is still less, but the scrotum is much thickened.

8th.—The swelling has almost subsided.

11th.—The scrotum, etc. are well; the skin and parts have now resumed their ordinary size, the lymph having been absorbed.

CASE XIII.

URETHRITIS—CONNEXION WITH A HEALTHY FEMALE WITHOUT CONTAMINATING HER.

J—— J——s.

May 17th, 1820.—He had connexion with a kept woman. On the evening of the second day after it, he felt a tickling sensation just within the urethra, and on the third day regular urethritis commenced.

21st.—On this day he very unadvisedly had connexion with a clean woman, who, however, fortunately escaped infection.

30th.—By this period his urethritis had become much worse; he again visited this last-named female, and a second time had connexion with

her. Few men ever suffered more intensely from this disease than he at that moment; yet I am credibly informed that this unsuspecting female had neither discharge nor ailment produced by this imprudence. This case is merely related to prove a fact I have always felt persuaded of, viz. that the vagina of the female is far less susceptible of venereal impressions than the urethra of the male.

CASE XIV.

TWO GENTLEMEN EXPOSED TO THE SAME CONTAGION, THE ONE ESCAPED, THE OTHER WAS CONTAMINATED.

MESSRS. F—— and D——.

Both these gentlemen, quite unknown to each other, cohabited with the same woman. About that time they imagined she was menstruating; but as she is a woman on the town, I suppose it might have been elytritis. Mr. F. was attacked shortly afterwards by virulent urethritis, scalding, &c., whilst Mr. D. wholly escaped the contagion. Mr. F. appears to be a much more sensitive person than the other, and never had this disease before. Mr. D. is a strong healthy young man, apparently with less irritability, and he formerly had suffered, and much from urethritis.

CASE XV.

PUSTULES AFTER CONNEXION; WHEN INTERCOURSE WAS HAD WITH ANOTHER FEMALE, SHE ESCAPED CONTAMINATION, AND YET DISEASED A THIRD PERSON, CAUSING ENLARGEMENT OF THE INGUINAL GLANDS AND URETHRITIS.

Mr. W——.

May 20th, 1825.—Three days after a suspicious connexion, a small round pustule, about the size of a pin's head, with much surrounding hardness, was observed upon the penis, just below the glans.

Three or four days afterwards, a second pustule formed near the first, and they were very similar both in size and appearance.

Mr. W. now learned that this woman's first paramour was laid up with venereal sores.

Whilst the two ulcers were healing, Mr. W. was visited by another female, an old acquaintance; and, in the course of her visit at his lodgings, he had not sufficient command to resist her importunities, and actually removed the lint, and had connexion with this second woman. The last-named female had no ailings (that she ever knew of) produced by the above impure connexion, and therefore she some days afterwards had connexion with another gentleman, an acquaintance of mine.

June 15th.—The latter gentleman has applied for advice (in a fright), having pains in both groins, and some enlarged glands in one of them. As he had no sore, it was very doubtful what source of irritation had caused his inguinal glands to enlarge. Leeches and cold lotion were applied, and he was purged.

18th.—The enlarged glands had no sooner been put back than he was attacked by urethritis; hence it is probable that irritation in the urethra had caused the previous pains and enlargement of glands.

There are several inexplicable circumstances attending these occurrences, which led me to keep an account of them. In the first place, no secondary symptoms followed Mr. W——'s sores; and this unfortunately leaves us uncertain as to their nature being strictly venereal, although he obtained them from a woman whose associate was at the very moment laid up with what the medical attendant considered to be venereal sores, and for them he put him under mercurialization. In the next place, how did the second female, so improperly had connexion with, escape, when he had the two open sores upon him? Lastly, is it possible that the discharge from Mr. W——'s sores was conveyed through the second woman without affecting her; and yet, that the virus from them produced enlarged glands and urethritis in

the third person ?* The facts lead to the following query:—Can a discharge from venereal sores, when applied to the urethra of another person, produce a discharge resembling, or actually being, urethritis? I have ample reason to believe that it can, and could offer many cases in proof. And, be it observed, a sore on the verge of the urethra produced discharge, resembling gonorrhœa, in the case herein related of John Brown, he being at the time confined to bed, and certainly he had had no connexion for many preceding weeks; and this is by no means a solitary case.

Menstruation occasionally produces a discharge from susceptible urethræ in the male after connexion with a female in that state, as is shown in the case of Mr. S——f.

CASE XVI.

EXCITEMENT OF THE URETHRA BY MENSTRUAL IRRITATION.

Mr. S——f.

This gentleman had connexion twice in one night with a respectable female; and, during the following three or four days, he experienced a

---

* A contamination as singular is recorded in the case of William P——r.

troublesome tickling sensation, as if a worm was crawling up the urethra—an irritation, he says, that he "invariably experiences when a clap is about to commence." He had also a redness of the glans penis, and he grew uneasy, and feared he had got infected; and, having seen nobody else, he questioned the woman as to her being well, &c. She declared she had no ailing, and even submitted to a medical examination; and certainly neither discharge nor sore could be found on her person.

On waking the following morning, however, she became aware that she was menstruating.

The redness of the glans subsided in a few days, and, to the parties' satisfaction, no discharge from the urethra was produced.

This case is curious, as marking out the irritation excited in the urethra, if connexion be had just as menstruation is commencing: but I have reason to believe that no similar urethral excitement is ever produced, on exposure to the same cause, as menstruation declines.

CASE XVII.

URETHRITIS, OR A DISCHARGE RESEMBLING IT, PRODUCED BY MENSTRUOUS FLUID.

—— —— ÆT. 24.

February 7th, 1816.—A friend of mine passed

the night with a genteel woman, who, from peculiar circumstances, could not have had any other communication during some weeks. The third day after connexion, he had an attack of the most potent and thick discharge from the urethra I ever saw, with scalding and pain in the region of the bladder, and a constant desire to make water. The woman menstruated the next day after this contamination, and, being requested, I examined her, and could discover no ailment. He was so convinced from circumstances that she could not have disease, that he would take no remedy but let it run on.

March 1st.—The discharge was less, but continued, and he again passed a night with the same woman. This increased the discharge, and produced Chordée in addition to his other ailment.

In spite of repeated connexion the lady had no discharge, even from this urethritis that she had undoubtedly herself produced in the gentleman.

12th.—He again repeated the experiment, and this before he was quite well. It brought back a little running, which lasted some time; but it did not materially aggravate his former symptoms, though it left a gleet that glued together the lips of the urethra. He subsequently kept this same woman, yet she never afterwards gave him a running when menstruating, not that he failed (being

but little particular) to put himself in the way of being contaminated.

In this instance it is well exemplified, that menstruation of the female at times produces discharge in the male, and, if not urethritis, something quite as troublesome; and that the discharge so produced is innoxious to the female producer of it even for a long time afterwards; and also that subsequent menstruations in the same female will not, after the first contamination, again produce discharge in the same male.

Query.—Is his excitability to its impression, for a time exhausted by the recent disease?

CASE XVIII.

A DISCHARGE OF MUCOUS BLOOD AND SERUM, PRODUCED BY CONNEXION WITH A MENSTRUATING FEMALE.

MR. D——.

July 20th.—He lived three weeks with a very respectable woman in her way, who was in perfect health. He had some time before been drinking freely of wine and spirituous liquors, but had been abstemious as to women. The lady menstruated, and, three days after the occurrence,

he had a discharge of mucous blood and serum from his urethra, attended by some scalding and symptoms almost resembling urethritis, except that he had no pus in the secretion. The female ceased to menstruate, and, being watched during a month, was found free from ailment, and her linen was not even soiled. I prescribed for the gentleman—

Mist. Ammon. Acet. dil. c̄. Magn. Sulphate.

26th.—His discharge continues; the scalding is less, and the bowels are open.

Pulv. Piper. e Cubâ ʒfs, ter die.

30th. Pulv. Piper. e Cubâ ℈ij, ter die.

August 6th.—He has scarcely any weeping, though he drinks freely. He has slept with the same woman every night, and yet she remains perfectly well.

9th.—He is now free from discharge.

September.—I learned that this gentleman went to a neighbouring town, and, after a time, was there laid up with hernia humoralis; which is not surprising, as he would neither live alone nor without wine, during the time of the urethritis.

I have met with many cases in practice, in which an urethritis and great anxiety of mind, even amongst married people, were produced by fluor albus, or whites.

For urethritis produced by a chancre, vide Case I. Part II.

CASE XIX.

DISCHARGES RESEMBLING URETHRITIS, AND AT TIMES WITH SORE THROAT, IN MALE AND FEMALE CHILDREN.

M'N——BS, child, ÆT. 4½.

May 10th.—This child has enlarged tonsils, ulcerous throat, and its tongue covered by aphthous eruptions, and a discharge from urethritis, and a heat and itching about the anus; its bowels are confined.

On inquiry I found this child had by choice fed almost on meat alone.

℞ Hydr. Submur. gr. iij.
Pulv. Jalap. C. gr. xx.
M. ft. Pulvis statim diglutiendus.

Mist. Ammon. Acet. c̄. Magn. Sulphate c̄. Liq^r. Antimonii T. 3tiâ quâque horâ.

11th.—The bowels have been well cleared; the throat is less swollen, and the heat of the skin is diminished.

13th.—The throat bleeds when washed with the gargle; all the other symptoms are diminished.

21st.—The continued purgation and cooling salines have completely removed the discharge

from the penis, as well as the febrile symptoms and the sore throat.

This case might have been by some readily mistaken for a venereal one. I remember to have often seen female children with discharge resembling urethritis, and am now attending a Miss ——, æt. 6, with a similar secretion from the vagina.

CASE XX.

SPASMODIC DIFFICULTY OF MICTURITION, ACCOMPANIED BY SCALDING AND SUPPRESSION, CAUSED BY A FIRST CONNEXION.

JAMES G——LL, ÆT. 20.

August, 1825.—He was in perfect health; had connexion; and afterwards, on the same night, passed his urine as usual; but, on the following morning, he found it impossible to empty the bladder. The viscus being full, frequent efforts to evacuate were made, attended by violent straining; and subsequently the urethra was so irritable and contractile, that considerable difficulty was experienced in introducing a catheter; and, during some days afterwards, he was unable to empty his bladder without assistance. He had scalding without discharge, and a tenderness in

perinæo, which was most felt in walking. This is the fifth day since the connexion, yet he is but little better.

Catheter, Purgatives, and Opium.

He ultimately got rid of the scalding excitation and spasm, and at last could empty the bladder naturally, as before the derangement of its function.

CASE XXI.

IRRITATION IN THE PENIS, URETHRA, AND PERINÆUM, A CONSEQUENCE OF LONG CONTINUED TRAVELLING IN A ROUGH CARRIAGE.

—— ——, ÆT. 40.

1832.—This gentleman is a very stout, short person with a large abdomen. He travelled from Geneva to England during fourteen successive days and two nights, in a rough German carriage with bad springs, and on a very thin cushion. During this long journey he felt much inconvenienced by the jolting, shaking, and *pounding* upon his perinæum; in addition to the excitement occasioned by long abstinence—he was a married man. At the end of the first week his sensations had become almost insupportable; so much so, that he was obliged to thrust his back into a corner, and plant one leg up against the front of

the carriage, to keep upon one nates, and alternately in the reverse way, to rest himself upon the opposite one, or in any position that would prevent pressure upon his now irritated penis and perinæum. As time ran on, his malady daily increased, until he thought he should have been driven mad by his incessant sufferings. He had not been, be it remembered, in the way of infection. On his reaching the Dutch coast, he found his penis absolutely blue from stagnated blood, etc., and therefore took a warm bath.

On his arrival in England, he put himself under treatment for pain in the loins, sacrum, and hips; and he had excessive tenderness, sensitiveness, echymosis, and irritation of the perinæum, urethra, and genitals; they would not bear the slightest pressure, and were swollen, tender, and somewhat discoloured. The inside of the lips of the urethra were of a deeper crimson than natural, and the inguinal glands were slightly enlarged. He had pains running down the insides of both thighs and pubes, with ardor urinæ.

Leeches, aperients, quiet, warm baths, calomel, and opium, and ultimately cold lotions and copaiba, were prescribed.

After a fortnight's attendance, his ailments were almost removed; when, after exercise, he again relapsed, but shortly afterwards got permanently well.

I have often known irritation of the urethra,

and even thick discharge, almost resembling that of urethritis, produced by long travelling,—the body becoming heated and feverish during two or three nights and days passed in a stage-coach: and, in another instance I am acquainted with, it was the case of a healthy stout gentleman, and this state was twice in him produced by journeying from Edinburgh to London. Spontaneous discharge from the urethra occurs occasionally, and more rarely alternates with arthritic paroxysms. Discharge at times is also caused by stricture, and occasionally, on ceasing, it is followed by, or produces, pain and swelling about the knees and legs of some few individuals. In the former of these cases, unlike to common urethritis, the discharge invariably ceased in a day or two; in short, as soon as the febrile state caused by travelling had subsided, after medicine and rest.

CASE XXII.

URETHRITIS SORES AND PARAPHYMOSIS.

T—— R——W.

May 22nd.—He has sores on the penis, about an inch and a half from the edge of the foreskin: the latter has been seven days retracted,

and cannot be got forward, for it now forms a tight band round the middle of the penis; and much swelling has come on, and the glans is half-buried by the œdematose state of the prepuce that surrounds it; but the skin is not discoloured.

Lotio Plumbi Acet. dil.

Pil. Cal. c̄. Col. C. ij. statim.

Mist. Sennæ meridie.

Vespere.—Steady pressure was made on the glans, and long continued, in order to squeeze the blood and fluid of the œdema into other parts.

In a few more minutes the stricture was encircled by the thumb and forefinger of the left hand, so as to form a noose; then, firmly pressing the thumb of the right hand down upon the point of the glans, it slid back, and the foreskin came forward over it; and both parts, repassing each other, immediately gained their proper situations, and thus at once were removed the paraphymosis and the stricture.

The change of surfaces was so great, that the sores this morning were situated externally on the body of the penis, and this evening they were found inside the foreskin.

Mist. Ammon. Acet. c̄. Magn. Sulphate.

24th.—The skin remains considerably swollen, and but part of the sores can now be seen for it. There is much discharge from under the prepuce.

Some glands in the right groin have enlarged and are painful.

Hirudines x. inguini. Fotus.

27th.—The glands are more inflamed, swollen, and prominent.

29th.—The groin is very painful, and about to suppurate.

Cataplas. Lini seminis.

31st.—The skin over one of the glands is redder than the rest; it probably is the seat of pus.

June 2nd.—A puncture let out about ʒiij of matter from under the most inflamed portion of skin.

6th.—The groin is quiet and easy; the sores on the penis are clean, and the discharge is less from beneath the foreskin: the latter remains swollen, and is so long, and (as yet) so inelastic, that it cannot be got back.

7th.—The discharge from under the prepuce has ceased. The sores were dressed with cerat. calaminæ.

11th.—The sores are less, but the skin cannot be retracted.

18th.—The groin is sloughy, and the sores on the penis are healed.

Pilul. Hydrarg. gr. v. omni nocte.

22nd.—His mouth has been slightly sore these two days.

26th.—The bubo is less sloughy; the foreskin can be got back.

This case was inserted merely to give a description of paraphymosis, and that no stage, the effects of urethritis, should be omitted: the rest of its details are not given, there already being so many venereal ones in the volume.

CASE XXIII.

URETHRITIS, AND SUPPURATION OF A LACUNA WITHIN THE URETHRA.

George Bays, æt. 21.

September 4th, 1816.—A patient in the St. James's Infirmary. He has suffered from urethritis ever since the 1st of July, and it commenced about a week after connexion. He has considerable discharge with but little scalding, and chordée; and a swelling in the corpora spongiosa, occasioned by suppuration in the mucous follicle, from the inflammation running within and along the continuous surface of the membrane lining the urethra—

Injectio Argenti Nitratis.

This injection caused great smarting when I threw it in (for none of the patients were trusted to use this solution themselves): on its introduc-

tion the urethra became of a white colour, showing the action of the caustic by its combining with the secretions.

September 6th.—The discharge has lessened, but the scalding remained unaltered.

Rep^{r}. Inject.

9th.—The scalding is gone, and there is but little discharge since the last injection.

This patient immediately got well, or ceased to attend, as I saw nothing more of him.

CASE XXIV.

URETHRITIS, AND ABSCESS OF THE BODY OF THE PENIS, THAT BROKE INTERNALLY.

WILLIAM W——TE.

August 26th, 1818.—Urethritis, which commenced three days after contamination, and also a large swelling situated just under the integument of the body of the penis, and about one-third of its length from the glans.

Pil. Extr. Col. C. c̄. Calomalane.

27th.—The swelling filled with pus, made its way through the corpora cavernosa, and broke internally into the urethra, where it gave out four ounces of blood. Since the abscess burst, the swelling has much diminished, and there is less

tenderness on pressure; but pain is felt as the urine flows.

℞ Spirit. Cubebæ ʒſs.
Mist. Camphoræ ℥iſs.
M. ft. Haustus ter die adhibendus.

29th.—There is much less discharge and scalding.

September.—This man got quite well without the abscess forming an external opening.

A similar case is detailed in this volume that was punctured per urethram.

CASE XXV.

URETHRITIS, PRODUCING ABSCESS, OR BUBO, OF THE BODY OF THE PENIS, THAT BROKE EXTERNALLY.

SAMUEL K——A.

December 13th, 1826.—He has some sores on the internal surface of the prepuce, and they appeared three days after connexion. He also has urethritis, irritation, and scalding, when evacuating the contents of his bladder.

Hydr. Submur. c̄. Extr. Col. Comp.
Mist. Ammon. Acet. c̄. Liqr. Antim. T.

19th.—The sores healed, and the discharge from the urethra ceased.

January 2nd, 1827.—He has been drinking and

heating himself, and it has brought back the discharge from the urethra. He now has a scalding, and an œdematose swelling of a rose colour, and two abscesses forming under the integument on each side the brown line or raphe, which passes along the under-surface of the body of the penis.

Mist. Ammon. Acet. c̄. Magn. Sulph.

4th.—The integument was punctured in two places, and almost ʒiifs of pus was let out from beneath the skin of the middle of the body of the penis.

Cataplas. Lini.

13th. There is less swelling and less erysipelatous appearance.

20th.—Both abscesses have healed, and the inflammation has subsided.

CASE XXVI.

URETHRITIS FOLLOWED BY PHYMOSIS AND TWO ABSCESSES, OR BUBOES, OF THE BODY OF THE PENIS, OPENING EXTERNALLY AT ITS JUNCTION WITH THE SCROTUM.

STEPHEN P——PS, ÆT. 22.

November 18th, 1834.—He has urethritis, with scalding of some days' duration, and phymosis.

Pulv. Jalap. Comp. ʒj. statim.

Lotio Plumbi Acetat. diluta.

19th.—The patient has had eight stools, and the penis is not so much swollen.

℞ Mist. Salin. ℥vj.
Magn. Sulph. ʒiij.
Spir. Æth. Nitr. ʒfs.
M. cochlear. tria magna ter die capienda.

23rd.—There is less discharge from the urethra, and the foreskin has resumed its usual bulk.

Capiat Bals. Copaib. ♏ xv. ter die.

25th.—Some little discharge continues from the urethra.

Capiat Bals. Copaib. ♏ xx. ter die.

27th.—The urethritis has ceased, and the patient has gone from under treatment.

December 4th.—He has returned with a slight degree of swelling approaching to phymosis, but there is no discharge from the urethra.

Hydrarg. Subm. c̄. Extr. Colocynth.
Lotio Plumbi Acet. dilut.

5th.—Last night the penis became swollen and painful at its junction with the scrotum.

6th.—The swelling has increased, and now forms two abscesses, one on either side of the brown line, or raphe, which runs along the scrotum and under-surface of the body of the penis.

8th.—One of the abscesses has opened itself by ulceration, and about three drachms of thick pus have escaped from it.

9th.—The other abscess has emptied itself by a communication with the former one.

10th.—The discharge has become less puriform, and now resembles straw-coloured lymph: the tumefaction is subsiding.

11th.—The penis has almost resumed its natural bulk, but some little lymph is still discharging from the abscesses.

13th.—The abscesses have almost filled up.

15th.—The part has healed soundly.

CASE XXVII.

URETHRITIS, PRODUCING ABSCESS OPENING IN PERINÆO.

WILLIAM M——N.

May 13th.—He has urethritis of some days' standing, but is without any ardor urinæ.

Hydr. Submur. c. Extr. Col. C.

14th.—He has had eight stools, and is much the same.

Mist. Acetatis Ammoniæ.

15th.—He experienced a rigor, and fever is just setting in: its cause was sought for, and, on examination, an abscess has been found just commencing in the perinæum, which the patient says he "knew nothing of." *

---

* I have a similar case under treatment, in a gentleman who did not perceive that he had any ailment until he felt a stiffness in perinæo, and even that occurred only three days before pus was let out.

Cataplas. Lini c. Fotu.

℞ Mist. Ammon. Acet. ℥vj.
Magn. Sulph. ℥fs.
Liq. Ant. Tart. ʒij.
Capiat æger cochlearia tria magna 3tiâ quâque horâ.

16th.—There is but little pain or fever.

18th.—The abscess was punctured, and about three drachms of thin discharge were evacuated, without any urinous smell, as it does not communicate with the urethra.

Lotio Plumbi Acet. dil.

19th.—He has no pain, and less discharge: the urethritis has almost ceased.

27th.—He has but little discharge from the abscess or urethra.

June 2nd.—There is no discharge from either the abscess or the urethra.

14th.—The opening in the perinæum has healed soundly.

17th.—He remains well.

INFERENCES.

The above case and similar ones prove that urethral irritation leads at times to abscess in the perinæum, and abscess by the side of or near to the rectum: but in their progress they are true phlegmons, and, consequently, always are a more tractable ailment than fistula in perinæo, which in appearance they so much resemble.

CASE XXVIII.

URETHRITIS FOLLOWED BY SECONDARY PAINS.

GEORGE W——L.

January, 1826.—He had urethritis which lasted an unusual length of time, in spite of all remedies.

The discharge at last ceased, but was followed immediately by pains resembling rheumatism both in his knees and legs, and so severe as to produce lameness.

This is the third urethritis he has had, and in all three instances followed by similar pains; and in each attack they continued during several months after the discharge had ceased.

In several other persons I have especially noticed pains in the knees following the suppression of urethral discharge. Such symptoms as the above described are so common an occurrence after urethritis in Venezuela, (vide an excellent paper on Sarsaparilla in the Medico-Botanical Trans. by John Hancock, M.D.,) that they usually take the name of "galico" (i. e. which they understand to mean, venereal):—the attack is upon the periosteum of the bones; soon after the discharge disappears, followed by tophi upon the tibia, os frontis, and ulna; and the patient, if not timely relieved, becomes quite emaciated and crippled for life.

CASE XXIX.

ERYTHEMA OF THE WHOLE PERSON FROM URETHRITIS.

JAMES O——E.

January, 1833.—After living more freely than usual in Scotland, and drinking whisky toddy, he contracted urethritis; some time afterwards he had sickness, a diurnal disposition to vomit, and looseness of the bowels.

He then went on board a packet, where he remained several days, and took a mixture containing copaiba. The sickness was much increased by the action of the sea and the medicine combined; he vomited all the passage, and brought up green bile and mucus; has pains in his head and limbs. The fourth day after going on board, and on the sixth after his sickness commenced, there came out over his breast and arms small red patches, which coalesced and formed large red surfaces. He had headach, and the redness increased so as to cover him in large and almost continuous patches of erythema.

The cutaneous coloration grew more intense, and the remaining parts of the skin came out in small patches of a similar description, so that the whole body and limbs are now covered by the rash.

Hydr. Submur. c̄. Extr. Col. Comp.
Inf. Sennæ c̄. Magn. Sulphate.

13th.—The eruption is less florid; the patches

scarcely feel elevated on passing the hand over the skin; and the smaller distinct ones are situate chiefly at the roots of the hairs of the thighs. His bowels have been well cleared, and his stools are natural-coloured.

14th.—The eruption is lessened in extent, and has become of a dark rose colour.

15th.—Many parts of the skin have recovered the natural whiteness, but there remain continued and dark red annuli round the legs, just over the ligamentum carpi, reaching a third of the way towards the knees.

His stomach is now settled, his appetite has returned, and he has nothing to complain of, except some redness of the skin continuing, and a little discharge from the urethra.

17th.—The eruption is gone, and there is but little discharge.

Capiat Pulv. Piper. e Cubâ ʒj. ter die.

19th.—There is less discharge to-day.

20th.—He is quite well.

Note.—It would have been bad policy to have given him copaiba again: the Piper e Cubâ was in this case indicated, as it also acted as a stomachic.

CASE XXX.

URETHRITIS, AND SMALL PUNICEOUS PATCH ERUPTION, FROM COPAIBA.

CHARLES M——.

March, 1826.—On sailing from Scotland he was ordered copaiba in small doses for urethritis. When he had taken the remedy about a week, his stomach became deranged; and this was accompanied by much itching, tingling, and irritation, and by pains in his limbs. A very vivid mottled state of skin almost immediately followed the latter symptom, and covered his whole person à capite ad calcem.

On the 5th day after the attack, the puniceous eruption remained bright and prominent, (vide the upper division of the Plate,) but the patches on the skin declined, and disappeared in about five days more; for puniceous eruption from copaiba seldom lasts beyond the ninth day.

The urethritis ran the common course, and was cured; therefore the rest of this case is thought unworthy of further detail, it being merely introduced to show that eruptions follow vegetable as well as animal products, when they act noxiously, or as poisons, in the system.

Puniceous Mottled Skin from Copaiba.



Drawn from the Skin of C. M.–March 1826.



Enlarged Papillæ from Gonorrhœa

W. H. Bond del. Engrav. by Sc.

Drawn from the Skin of S. C——n. April 6, 1817.

CASE XXXI.

URETHRITIS, AND AN ERUPTION OF PAPULÆ FROM COPAIBA, OR GONORRHŒA.

S—— C——N.

March 28th, 1827.—He came under treatment with urethritis. For this ailment the balsam of copaiba was administered in doses of xv. drops, and it was gradually increased up to ℥ xxxv. and given three times a day.

April 5th.—Yesterday he suffered anorexia, and afterwards felt nauseated.

Capiat Bals. Copaibæ ℥ xx. sing. dosis.

6th.—This morning on waking he found his head, face, body, arms, hands, legs, feet, and even the palms and soles, thickly studded by a bright crimson papular eruption. On the finer portions of the skin it is slightly elevated into little prominences, that each cone can be distinctly felt on passing the hand over it. They appear to be numerous, and so thickly set on inflamed bases, as to render him quite crimson, and they tingle excessively.

7th.—The interior of the fauces is much redder than natural, though he feels no soreness of throat.

8th.—The cutaneous inflammation having less-

ened round the bases, the papulæ have become the more distinct to the eye.

11th.—There is still an effloresence in the skin. The secretion from the urethra is increased since the dose of the remedy has been reduced.

15th.—There yet remain some small traces of the eruption in the skin.

17th.—The urethritis and eruption are gone. The drawing for the lower division of the Plate appended, was taken at the time of the report, and is very like. This cutaneous affection, from the time at which it appeared, could not have arisen from the urethritis, as from that poison it does not commonly follow under three weeks: there is little doubt but that it was produced by the balsam acting as a poison to the system, from some peculiar idiosyncrasy, which happens every now and then, as in the two preceding cases. This eruption exactly resembled others I have seen from a similar cause, except that it is rather more intense in colour and elevation. As to treatment, on the appearance of the eruption the dose of the copaiba was immediately lessened, from ♏ xxxv. ad ♏ xx.; the object being to add to the derangement of the stomach as little as possible, and yet to avoid altogether laying aside the remedy, as it had partly put a stop to the secretion of discharge.

Continuing the use of the copaiba, in these in-

stances, did not appear to aggravate the eruption, probably from the poison having already produced all its effect through the system on the skin; nor did it further derange the stomach. A similar fact has been observed in respect to mercury and several other remedial poisons, when they act as such to the person; but lichen produced by the latter is of much longer continuance. I regret that want of leisure and other accidental circumstances have, in these cases, hitherto prevented my keeping notes of the length of its duration; but, to avoid repetition on this subject, I shall content myself by referring my readers, for further explanation as to the cause and method of formation of these three very interesting eruptions, viz. of erythema, puniceous patch, and lichen, to the pages introductory to the venereal eruptions in general; only begging they will fix in their minds, from the plate and descriptions, the extreme similarity in figure, colour, accompanying pains, redness of the fauces, &c., produced by the poison of copaiba, and by the secretion of urethritis, to that following venereal virus, as described in this volume.

CASE XXXII.

URETHRITIS FOLLOWED BY LICHEN.

W—— G——E.

May 22nd.—Three months since he had urethritis, which continued a fortnight. He is now thickly studded over with lichen upon his forearms, thighs, and legs: some are just desquamating. A few of them appear to contain lymph, but have little inflammation round their base. He states positively that he has "not had a sore these five years," nor is there any mark as if he had.

Hydr. Submur. c̄. Pulv. Jalapæ.
Ung. Hydr. ʒj. omni nocte illinendâ.

June 23rd.—His mouth is sore; he has used twenty-four drachms of mercurial ointment, and the eruption is quickly disappearing. He went into the country for change of air and recovery of strength.

July.—He returned well at the end of three weeks.

CASE XXXIII.

URETHRITIS, IN SOME MONTHS FOLLOWED BY CONJUNCTIVITIS, SORE THROAT, LICHEN, DANDRIFF, FISSURES ABOUT THE ANUS, AND PSORĪASIS.

P—— C——s.

January 14th, 1819.—Four months since this gentleman had urethritis, and, as he positively states, without either sore or excoriation.

Lichen has now come out all over his head, face, arms, and body. It is accompanied by inflammation of the conjunctiva and a sore throat. All the above symptoms were ushered in by a smart attack of fever. As the lichen disappeared, the skin and scalp became very full of scales, and the greater part of his hair fell off.

Capiat Pilul. Hydr. et Decoct. Sarsapar.

February 1st.—This second eruption resembles (and yet is not quite in its character) psoriasis. Each patch is throwing off branny scales. The throat, though better, is still tender. He now has fissures about the verge of the anus, and these parts are in a red and half-secreting state.

2nd.—His mouth is just tender; his ailment is daily lessening.

9th.—The eruptions and fissures are nearly well. His throat is troublesome, but only after he has

been exposed to cold or air. His health is much improved. It was still thought needful to continue his remedies.

26th.—He is as well as if he never had been attacked, except that he has a scanty head of hair instead of a very full one.

CASE XXXIV.

URETHRITIS; FEVER: ABSCESS THAT BROKE WITHIN THE URETHRA, FOLLOWED BY LICHEN, ENLARGED TESTICLE, ENLARGED GLANDS, COUGH, AND PAINS; VESICULAR LICHEN, IMPETIGO, AND ULCERS ON THE LEGS: SORE THROAT AND SECONDARY LICHEN.

CHARLES P——N.

April 2nd, 1827.—He had urethritis all last week; on its suddenly ceasing, the testicle quickly inflamed, and enlarged to three times its ordinary bulk, with pain in the chord, iliac, and lumber regions, accompanied by sympathetic fever.

Hirudines xx. testi.

Lotio Plumbi Acet. dil.

Hydr. Submur. c̄. Extr. Col. C.

Mist. Purgans vespere.

25th.—He has had seven stools; the leech-bites bleed well; since which he has had no pain.

Mist. Ammon. Acet. c̄. Magn. Sulph. et Liq^{r}. Acet. T.

26th.—He has less tenderness in the testicle on pressure; there is some little discharge from the urethra: he has had four loose stools.

28th.—The testicle is larger, it is more tender, and it is re-inflaming.

Hirudines xv.

30th.—He has a good deal of swelling and pain in the part, although the leech-bites bled until he fainted.

Cataplas. Lini. Rep^{r}. Mist.

May 1st.—He has less pain and less swelling.

8th.—The swelling has almost subsided, and he appears to be just well.

13th.—The prepuce has now become swollen and œdematose, although he has no sore upon it.

Fotus.

14th. ℞ Liq^{r}. Ammon. Acet. ℥ij.
Aquæ Font. ℥iv.
M. pro lotione.

19th.—He has some discharge from the urethra, and hardness within on its lower part, about half an inch from the orifice; and the œdema of the foreskin continues.

June 1st.—An abscess is seen pouting through the lips of the urethra.

2nd.—The abscess has broken into the urethra, and is still discharging.

Inj°. Solut. Argenti Nitratis.

4th.—He has some fever, and a very thick crop of small lichen has come out over his forehead, face, body, and limbs; the membranous lining of his throat is redder than natural, though it has not felt sore in swallowing. A gland has enlarged in his neck, near the Sterno cleido mastoideus, showing that some irritation is affecting the absorbents. He has had pains in his shoulders and chest, and a little cough.

Hirudines vj. ad nucham.

Mist. Ammon. Acetatis c̄. Mist. Camphoræ.

19th.—Many of the lichen have become the size of pins' heads, and some of the largest contain a minute portion of transparent lymph; but in others it has dried on their apices, forming a hard semi-transparent crust; yet the small ones do not contain any fluid.

The gland at the side of the neck is less, but remains indurated.

Emplast. Hydrarg. ad nucham.

20th.—The abscess in the urethra has continued to discharge until now, but the hardness and swelling are gone.

25th.—Many of the apices of the lichen have

desquamated, and others have dried off, and the whole of the eruption is declining.

28th.—He has had another attack of pain in his limbs, and some pain and return of swelling in the testicle.

Hydr. Submur. c. Extr. Col. Comp.
Lotio Plumbi Acet.

Low diet.

July 3rd.—A few fresh vesicular lichen have come out upon the chin, and thrown out a little lymph from their apices.

The enlarged gland in the neck has almost subsided, but may still be felt.

6th.—The lymph in the lichen has concreted.

10th.—The eruption, etc. is quite well, and all treatment has been left off.

September 6th.—He has a fresh eruption of impetigo over both legs; they are incrusted here and there by thick brown scabs, and he has much desquamation of the skin.

Hydr. Submur. c. Extr. Col. C.

Thermæ.

Lotio Plumbi Acet. dil.

7th.—He has had seven stools, and there is far less oozing from the legs.

Pil. Hydrarg. Submur. Comp. gr. v. bis die.

Decoct. Sarsapar. lbj. bibat quotidie.

8th.—There is scarce any discharge from the sores.

9th.—Fresh lichen and papulæ have been thrown out, intermixed with recent impetigo on the thighs. The submaxillary glands on the right side are enlarged. The impetigo discharges but little.

Hirudines ad nucham.
Ceratum Calaminæ.

11th.—The eruption on his body is less florid.

Omitt^{r}. Pil. Hydr. Submur. Comp.

Rep^{r}. Decoct. et adde Tinct. Iodini ♏ xx.

13th.—The submaxillary glands are less on both sides, but they contain fluid.

16th.—His circulation is weak, and the spots are purplish in consequence.

18th.—Another gland is enlarging in the neck. Some incrustations still form at times on the legs.

Ung. : Hydr. Nitratis dilut.

Decoct. Cinchonæ c̄. Sodæ Carbonate.

Cataplas. Lini ad nucham.

21st.—The small ulcerations on the legs have healed. The fluid in the abscess in the neck has increased in quantity.

October 1st.—The abscess in the neck was opened by

Potassa Fusa.

5th. Lotio Rubra ad nucham.

8th.—The openings are granulating and filling up.

18th.—A fresh crop of lichen has come out all over him; he has neither pains in his limbs, nor soreness of the throat accompanying it. He still declares he never has had a sore on the penis.

21st.—Several fresh papulæ have appeared, and others are declining.

November 5th.—Some fresh swelling has commenced in a gland above a sinus left in the neck by the former abscess.

Omitt^{r}. Decoct. Cinchon. etc.

Capiat Liq^{r}. Potassæ ʒfs bis die.

11th.—One sinus is skinned over, the other is nearly so.

January 14th.—His eruption is gone; and the abscess and sinus caused by the suppurating glands, and the ulcers on the legs are all well.

CASE XXXV.

UHETHRITIS, FOLLOWED IN THREE MONTHS BY PAINS, ECTHYMA, AND ULCERATED LEGS.

C—— C——K.

He had urethritis, which, being neglected, ran on for three months, but without any sore or excoriation; yet it was followed by an eruption of

ecthyma, pains in the limbs, and loss of flesh. Each large pustule on his legs ulcerated, and the cellular membrane formed sloughs and tedious ulcers that healed slowly. This man was by trade a tailor.

CASE XXXVI.

URETHRITIS, FOLLOWED BY INFLAMMATION OF THE SYNOVIAL MEMBRANE OF THE ARTICULATION OF THE KNEE.

THOMAS FISHER, ÆT. 28.

April 24th, 1816.—He was a patient in the St. James's Infirmary, with an attack of urethritis, and considerable discharge and scalding: he had been suffering during a fortnight from the disease: and when he last had urethritis, it continued three months.

Injº. Argenti Nitrat. gr. xv. ad unciam.

26th.—He felt a hot sensation during three hours after the injection was thrown up, and he now has a great deal of scalding.

Sodæ Sulphatis ℥j. statim.

27th.—He has some running, but far less scalding.

Bals. Copaibæ ♏ xxx. ter die.

30th.—He is much better to-day.

May 4th.—He is quite well of the clap.

A week after this period he had an attack of inflammation of the synovial membrane in the left knee-joint. I have seen a similar effect often follow a sudden metastasis in this disease.

It would appear that nitrate of silver injection does not succeed, unless used of the strength before named. It is surprising what powerful stimuli the delicate membrane of the urethra will bear. A patient of mine the other night (who laboured under sore throat and urethritis) threw up his urethra, by mistake, part of a strong capsicum gargle, which was followed by no further bad effects than violent smarting for a time, and a very slight attack of fever next morning. The discharge was rendered thicker by it of course, but it got well as quickly as if he had not met with the accident.

CASE XXXVII.

A CICATRIX, CAUSING STRICTURE OF THE ORIFICE OF THE URETHRA.

THOMAS B——A.

February 1st.—He has a stricture blocking up the external orifice of the urethra, extending about half an inch down the canal; the meatus is so

small, that a very fine probe would scarcely enter. He suffers from scalding and dribbling of urine. The above contraction was caused by the cicatrix of an old chancre upon the glans at the end of the urethra.

3rd.—A larger silver probe was passed.

5th.—The point of a very fine bougie was introduced to-day. The stillicidium of urine is a little diminished.

8th.—The bougie passes a little further, and is left in during a quarter of an hour: when taken out, it is half cut through by the grasping of the stricture.

14th.—The bougie has been gradually enlarged by three sizes. The stillicidium has ceased.

20th.—From this time a fair-sized bougie was passed: the occasional use of a bougie has kept off all further contraction. So soon as a free passage was procured for the contents of the bladder, his health improved, and ultimately became quite good.

CASE XXXVIII.

URETHRITIS, FOLLOWED BY TWO STRICTURES.

S—— G——M.

October 2nd.—He has a stricture about three

inches and a half from the orifice of the urethra, which he attributes to urethritis he had two years ago, and for which he had no advice. His stream of urine is very small, and it occasions scalding. The bougie will not pass beyond three inches down the passage. The caustic bougie was applied, and the next day he fancied he could make a larger stream of water. About the fourth day the slough separated, and was followed by a little blood: this circumstance rendered it imprudent to pass a larger instrument during some days.

6th.—A middle-sized silver catheter, a little more curved than usual, passed into the bladder: but on its way a second narrowing was discovered near the membranous part of the urethra.

10th.—A large bougie passed on through the whole course of the passage, and it was kept in an hour.

14th.—The second stricture is still perceptible.

17th.—A larger bougie now passes through the second stricture.

20th.—All the narrowings have dilated, and he appears to be cured.

CASE XXXIX.

URETHRITIS, STRICTURE, STILLICIDIUM.

JOHN G——EN.

September 7th.—He came under care from inability to hold his urine; it is constantly dribbling away from him. He states, this stillicidium was produced by his "having had a bad clap" eight years ago, which I learnt was treated with strong astringent injection; and during the cure he was drinking hard. As the discharge lessened, he observed a gradual diminution in his stream of urine, which came away in a twisted stream. Shortly after this, he found he could not retain his water, for it constantly dribbled away from him as fast as it was secreted: and this symptom has continued to the present time. His health appears perfect: he is a tall handsome fellow. An endeavour was this day made to introduce a catheter; but it failed. The patient passed some blood, and had a scalding after it.

Haustus Sennæ ℥ifs.

9th.—His bowels were cleansed, and a catheter passed, though with difficulty, on to the bladder.

10th.—He took a dose of tinctura opii, and, while under its influence, I passed another catheter, to examine the urethra; and when it had

reached the membranous part, it stopped for some time. Here I evidently felt a rough, contracted, and hard portion, which formed the obstruction. The instrument was a small one. I passed my finger up the rectum, but could not feel any enlargement of the prostrate gland.

He had but just made water, yet I drew off three pints of pale urine, which deposited a sediment. The catheter was left in the urethra, but it slipped out at five o'clock this morning, having kept him awake all night.

In a few hours after the instrument had been in the urethra, a thick discharge commenced, and escaped by its side; but ceased soon after the instrument was withdrawn.

11th.—To-day he has had no stillicidium, but has some scalding; and the irritation induced me to omit introducing the catheter for the present.

12th.—Last night he had a rigour, but this morning he is easy, and free from fever; and states that no urine has dribbled away since, but that he suffers from scalding when it is voided.

13th.—An instrument was passed three-quarters of an hour after he had made water, and it was then found that the bladder had already recovered the power of emptying itself, and had become capable of naturally retaining its contents.

A few drops of urine are observed to pass from

him on jolting and walking. From this time the cure went on favourably, and to its completion. It is an inexplicable fact, worthy of remark, that his bladder in three days recovered the ability of retaining its contents,—a power that had been lost, or lay dormant, during the last five years.

CASE XL.

URETHRITIS, STRICTURE, AND RETENTION OF URINE.

JOHN P——T, ÆT. 35.

September, 1818.—About four years ago he had urethritis, for which he took nothing. From that time his stream of urine diminished, until at last he could pass it only in drops. He had agonizing pain in the region of the pubes and in the glans penis, and he had made no water for twenty-four hours.

I attempted to pass an instrument into his bladder, but could not get it further than the membranous part of the urethra; and this attempt produced some hæmorrhage. I sent him to bed, and gave him a large dose of opium (to remove spasm), but without success. A quart of blood was then taken by a large orifice. When he was faint, I got a small bougie into the stricture, where it was grasped for some minutes. On with-

drawing it, a portion of urine followed; but his bladder evidently did not empty itself, though enough flowed to put an end to the patient's suffering at the moment from over-detention.

Shortly afterwards, instruments passed better. On further examination, I found a narrowing of the urethra at seven inches down the canal; it was gradually dilated by metallic sounds, introduced every third day during the following two months. Since the above period he has not been subject to "straining," as he termed it, to expel the contents of his bladder; nor is he compelled to rise during the night to void small portions of urine as he used to be. The stream now is as large as natural.

December 10th.—He has remained free from pain and retentions ever since the former report.

CASE XLI.

STRICTURE; ENLARGED PROSTATE GLAND; RETENTION OF URINE; THE BLADDER PUNCTURED ABOVE THE PUBES.

JOHN BELL, ÆT. 60.

September 18th, 1820.—He stated that for some years he had suffered from a difficulty in voiding his urine, and from some obstruction in the passage. He had a retention of urine, which took

place forty-eight hours back; and since he has suffered agonies.

The smallest catheter could not pass above an inch down his urethra. The bladder was distinctly felt extending far above the pubes, and the prostate was enlarged. It was deemed advisable to puncture it.

An incision was carefully made, dividing the rectus abdominis, and so onward into the bladder. A cannula was introduced, through which the urine spirted out some yards from the bed; from that moment the patient was perfectly easy.

A tube was kept in the bladder during the first two days, and all the water passed through it.

Capiat Pulvis Doveri gr. x. hora somni.

23rd.—The urine has begun to pass the natural way. The wound is granulating healthily.

28th —He is just well, and the incision healed. In all cases, when the bladder cannot be distinctly felt from the rectum, this is a safe and good operation; and in no instance has it been followed by sloughing nor extravasation, although the patients were advanced in life: this one was a poorly fed pauper.

CASE XLII.

URETHRITIS; STRICTURE; EXTRAVASATION; MORTIFICATION, AND DEATH.

—— S——LL, ÆT. 50.

About twenty years since, this gentleman had urethritis, and a chancre around the meatus urethræ; and the sore in healing so contracted the orifice, that it was scarce large enough to admit a probe: but he neglected the ailment to the present time.

April 19th.—He now has been attacked by violent rigors, (resembling ague,) followed by retching without vomiting. He has a small pulse of 120, a white tongue, and no appetite. He has frequent desire to void urine, and can scarce retain it. He states, on being questioned, that he has long been in the habit of voiding blood and mucus from the penis. No abscess can be found.

Olei Ricini ℥ss.

20th.—After a long examination, an induration in perinæo has been discovered near the anus, but very deep situated.

Cataplas. c. Fotu.

22nd.—A puncture made into the induration, and about four drachms of pus and blood escaped, having a very ammoniacal stench: this gave him

great relief. He has some pain in the head, but no delirium.

24th.—A fulness was observed about the crura penis, behind the scrotum.

25th.—There is less fulness about the crura, but some œdema has taken place at the end of the penis; and his health is failing.

26th.—A livid vesicle has formed upon the under-surface of the penis, the size of half-a-crown. There is a peculiar dark red inflammation, resembling dusky erysipelas, upon, and extending above the pubes.

The skin is hot,—the pulse 100,—the tongue is white, and his bowels are open.

℞ Spir. Vini Camphorat. ℥j.
Aquæ Ammon. Acet. lbj.
M. ft. lotio.

Decoct. Cinchonæ ℥ifs ter die.
Tinct. Opii, ♏ xx. h. s. s.

Wine and nutriment.

27th.—He is much the same, but he slept and feels easy. Another puncture let out two ounces of pus from under the skin above the pubes.

The sloughs and discharge are increasing, and running down the thigh. The secretion of urine is ceasing; all strength is failing, and there is much fœtor.

29th.—He had hiccup, retching, flagging, and rattling; and he died after suffering much pain.

I was not permitted to examine the gentleman's body after his death, but, no doubt, extravasated urine from a rupture in some part of the urethra (behind a stricture) was the immediate cause of the abscesses, rigors, and sloughing; erysipelas and mortification.

CASE XLIII.

URETHRITIS; STRICTURE; ABSCESS IN PERINÆO; SINUSES; DESTRUCTION OF THE URETHRA BY ULCERATION; DELIRIUM; AND CURIOUS MACULÆ FOUND IN THE BLADDER.

JAMES D——K, ÆT. 30.

February, 1823. He had urethritis during three days; it stopped suddenly, and immediately after this he had difficulty in voiding his urine, which came away in a diminished stream. He had a bougie introduced, and it enabled him to make water more easily.

April 8th. — He has a swelling in perinæo; there appears to be an abscess forming, and he owns having felt tender in that spot a week before.

Hirudines x. perinæo.

Hydr. Submur. c̄. Extr. Col. C.

Inf. Sennæ c̄. Mag. Sulph. vespere.

9th.—He complains of his urine scalding him as it passes.

12th.—A suppuration is now evident in the perinæum.

Cataplas. Lini c̄. Fotu.

14th.—Punctured, and pus and blood let out.

16th.—Another abscess in the scrotum was punctured, and it communicates with the urethra. A catheter was kept in the passage.

May 13th.—The urine passes through the abscess in perinæo, although the catheter is still kept in the bladder.

17th.—All the urine now passes through the catheter.

The sinuses remain unhealed.

September.—The urine deposits mucous sediment.

December.—He was attacked by urgencies, loose stools, and diarrhœa; and he took

Mixtures of Kino, Creta, Opium, etc.

February, 1824.—There is no improvement in his symptoms.

June.—Incisions were made to induce the sinuses to heal, and also to facilitate the introduction of the catheter. He has hitherto passed some of his urine by the lower sinus, which runs from the urethra up by the rectum: this part has been dressed with red wash, and is granulating and looking healthy, and yet urine may be smelt

in its discharge. The scrotum is excoriated by the discharge, and he looks weak and emaciated.

18th.—The opening in the upper ulcer exposes the urethra, which is observed running across its base; and half the tube of the urethra is seen to have been destroyed to the extent of an inch or more in length.

26th.—The deepest sinus has filled up; a new one has been found running across the perinæum, leading to the glutei muscles: though but just discovered, it may have long existed.

The sinus injected with Lotio Rubra.

July 1st.—The last-described sinus appears to be filling up.

7th.—He complained of pain in his head, and talked and muttered incoherently; and he is very restless, and in danger; and his bowels are very much relaxed. His urgencies and looseness, no doubt, were occasioned from the irritation of the urine so frequently getting through the sinus into the rectum, as the symptoms never resembled common diarrhœa.

8th.—He is more rational and collected; his eyes are red; he passes evacuations involuntarily.

9th.—To-day he is quite sensible; his abdomen is fuller than natural, and bowels still loose.

10th.—He died.

EXAMINATION.

A blush of inflammation commenced near the orifice of the urethra, and ran along this membrane, gradually becoming more intense up to a narrowing in the urinary passage, which formed a stricture. From thence the inflammation ran on to a second narrowing in the passage. This was situated about an inch and a half behind the latter, but before the prostate: a third and more considerable narrowing and thickening had taken place; and just behind this, there were three small ulcerations, by which the urine had made its escape into the cellular membrane. One sinus from this abscess traversed between the bladder and rectum by the inside of the os ilium into the pelvis, and making its way by two small oval openings through the peritoneum into the abdomen, where the membrane is reflected from the rectum over part of the bladder. Another sinus perforated the coats of the gut, and had caused ulceration and deposits of urine just above the sphinctor ani. A sinus had made its way externally, and been opened through the perinæum, just before the anus, by which urine had also escaped.

The three transverse sinuses that ran across to the nates were of a blackish-blue colour, and through them urine and pus got into that sinus which is before described as entering the abdo-

men. Strange to say, these fluids had not caused inflammation of the peritoneum.

One small abscess had no communication with the urinous sinuses; it was situated in the body of the penis, and its exterior was red and healthy.

The prostate gland had undergone some enlargement and considerable induration, and the most considerable narrowing of the urethra was situated just when it passed through this gland: but its lobes did not project so as to block up the passage, or much impede the introduction of a small catheter. Just within the prostate were situate three or four small ulcers, of an oval form, which had made their way through the inner, or mucous, coat of the bladder.

The upper part of the vesica urinaria had a mulberry-coloured blush of inflammation spread over its interior.

The whole inside of this viscus was curiously studded over with greenish crimson oval spots, well defined, about the size of split peas: but their dark colour did not reach through the second coat, as it remained quite natural.

There were many granulations, seemingly from repair, projecting within the viscus, and loss of substance from several smaller ulcers.

REFLECTIONS.

Urethritis from its inflammation had caused the stricture; the latter, no doubt, caused the formation of others; and irritation from their obstruction to the urine's passage caused abscesses in perinæo. The ulcers in the bladder probably gave rise to the deposit in the urine. The irritation of a catheter, that was kept in the bladder, probably caused one new abscess to be formed.

The patient's health appeared to suffer but little from the disease, except during the time instruments were passed, nor until near the last, when he was pulled down by anorexia, urgencies, and discharge. Thus merely contracting a clap, as it often has done in others, cost the patient his life. From the examination, I am of opinion, that had the extreme sufferings of this patient been disregarded; had the use of instruments been persevered in, in spite of the entreaties of the patient, and of difficulty of introducing them through such holes and sinuses, the strictures might still have been dilated, and one more life might have been preserved by the invaluable assistance of surgery; and that too without any further attention to the sinuses, than just letting out their contents. This case I kept as a lesson and guide for future proceedings.

CASE XLIV.

URETHRITIS; STRICTURE; EXTRAVASATION OF URINE INTO THE PENIS, SCROTUM, PERINÆUM, AND NATES; SLOUGHING; MORTIFICATIONS, AND RECOVERY.

CHARLES B—ER, ÆT. 34.

Fourteen years since he had urethritis cured by injection, and from that time he has felt that there was "something wrong" about the urethra, and an obstruction to the passage of the urine, especially if he drank much liquor: latterly, indeed, the urine had come away in the narrowest stream, and at times only by drops. He had a discharge like a gleet, and a scalding after making water.

May 6th, 1829.—He generally has a burning heat and thirst upon him, and frequent chills. He looks sallow, though fleshy, and has pain in perinæo, and had a rigor this morning, yet nothing can be felt to account for it.

A catheter would not pass.

Bled, purged, and had salines with Antimony.

7th.—He still has pain in perinæo; four stools.

Hirudines xx. ad perinæum. Fotus.

8th.—The pain is less, but yet he can scarce void his urine. A catheter passed down to the membranous part of the urethra, but the smallest will go no farther.

9th.—Another rigor : the discharge is lessened.

Cataplas. Lini. c̄. Fotu ad perinæum.

11th.—During the day he passed but half a pint of urine ; and that came away in drops, with much straining and a constant desire to void more. The bladder can be felt above the pubes, but is not exceedingly distended. Attempts were made to pass various small-sized catheters and bougies, but in vain.

12th, 1 o' clock A.M.—After much straining, a little urine passed in the bath.

Tinct. Opii ʒj.

Thermæ.

6 A.M.—He has passed, by drops, about a pint of urine in the bath, yet he has as urgent a desire to empty the bladder as ever. Cold water dashed over the pubes, but without effect.

Hirudines xv. perinæo.

℞ Hydr. Submur. gr. vj.
Extr. Opii gr. iſs.
M. ft. Pilula statim sumenda.
Repr. Tinct. Ferri Mur.

Meridie.—The opium lessens his straining, but has not relieved the spasm.

Nocte.—The straining has ceased ; the urine passes by drops. A swelling has been observed on the anterior part of the right nates.

The whole course of the urethra is harder than

natural, perhaps from long-continued irritation. A small bougie was passed some way down the urethra, and left in during four hours.

Rep^{r}. Hirudines et Extr. Opii.

Mane, 13th.—He slept, and is tolerably comfortable. The urine has been running away drop by drop all night, and it is acrid and dark, with sediment. The bladder is more full and projecting, and the swelling in the nates is increased.

Fotus et Cataplas. Lini ad nates.

Meridie.—He voided about a pint of urine in a stream, and is more easy since.

Extr. Opii gr. iſs. statim et hora somni adhibend.

Nocte.—The distended bladder has again risen above the pubes; he has not passed any water during some hours, and is once more suffering considerable torment.

As the tumour is situate on the right side of the passage, an attempt to pass a catheter was made, inclining it to the left, and gentle pressure was kept upon it during three quarters of an hour. He then fainted from pain, and from being so long upright; and the moment the instrument passed into the bladder, it drew off about a pint of urine; and it was left in.

Omitt^{r}. Tinct. Ferri Mur.

14th.—The urine passed away all night by the side of the catheter, which slipped out; and, on re-

introduction, about half a pint more water flowed. A tighter jugum put on.

15th.—He passed five pints of urine, part in a stream, but not without pressure on the abdomen, for the bladder does not appear to be capable of contracting itself.

He slept badly, and was hot; his bowels are very lax from the tinctura ferri.

Mane, 16th.—He states, "on turning in his bed," at 2 P.M., that "the catheter slipped out," in spite of the jugum. Some time after this, he was seized with a violent desire to make water: without saying a word, he went to the close-stool, and strained, and at the moment he felt something give way, and a sensation as if voiding his urine, when suddenly he saw the penis and scrotum enlarge to three times their proper dimensions, and at the same time he felt a violent burning sensation in them. On inspection, it was quite evident that extravasation had taken place into the cellular membrane; even the foreskin became œdematose, and concealed the glans and orifice of the urethra so completely, that the latter could not be seen or come in contact with to introduce a fresh catheter. A puncture or two were immediately made into the foreskin, and some urine evacuated; and, even then, it was only by stretching the prepuce with the ends of two pair of for-

ceps at once, and with the aid of the light of a candle, that part of the orifice of the urethra was brought into view, and the catheter returned to prevent further mischief. Six or eight ounces of urine immediately flowed through the instrument; hence the extravasation had not drained the bladder.

The abscess in the nates was next laid open with a scalpel, and a gush of pus, followed by some ounces of urine, came away.

An opening was made into the scrotum, where urine was most distinctly perceived, and also into the penis, to drain them; and the fluid began to trickle out in quantity.*

By seven o' clock A.M., it was observed, that part of the scrotum and penis were becoming of a yellowish green colour from mortification commencing; the urine was still oozing from them.

16th.—The penis and scrotum are less distended, the pulse small, the skin hot, the face pale, and the countenance anxious.

Capiat Decoct. Cinchonæ c̄. Tinct. Opii.

17th.—Parts of the penis and scrotum are darker

---

* For the very successful termination of this dangerous stage of the case, I feel myself highly indebted to a consultation with Surgeon-Major Salmon, who fully agreed as to the propriety of the free incisions.

coloured and disposed to slough. From the lower abscess, pus, sloughs, and urine come out. A catheter passes by this opening, about seven inches onwards to near the bladder, without any force; and pus with urine escape through it. There is some vesication on the skin of the scrotum, and three dark places: incisions into them have just been made. His bowels continue too lax.

Omittr. Decoct. Cinchonæ.

℞ Pulv. Kino. C. ℈ifs.
Conf. Aromatic. q. s.
Ft. bolus 3tiâ quâque horâ diglutiendus.

Nocte.—Since 4 o'clock his bowels have become quiet; he feels comfortable, and eats with appetite.

Cataplas. Fermenti c̄. Fotu.
Omittr. Pulv. Kino.

18th.—All the urine comes away by the posterior opening; he has had one stool.

℞ Quininæ Sulphatis gr. iv.
Aquæ Fontis ℥vj.
Acidi Sulph. dil. ʒfs.
M. Cochlear. iij. magna 3tiâ quâque horâ capienda.

19th.—As the urine all comes away by the posterior incision, the catheter was withdrawn as useless.

Cerat. Resinæ c̄. Oleo Terebinthinæ sinibus.

20th.—The lower part of the scrotum, and all

the openings have become dark, and have sloughs hanging out of them. The urine again passes through the urethra, and also through the first-made incisions; and as he now is obliged to strain on these occasions more than he used, a catheter has been left in the bladder: he has one stool daily.

21st.—The quinine excites so much thirst, he complains of the dryness of his tongue.

Omitt^r. Mist.

23rd.—The tongue is slightly furred, but he has less thirst, and he does not feel so low-spirited and sinking.

24th.—The penis and scrotum have become more flaccid; the lower part of the latter is now one large sloughy bag; and several sloughs, formed of the dead cellular membrane, were taken away from most of the openings, and from that near the nates in particular; and through it most urine passes; and a little from the opening made under the penis in the anterior part of the scrotum: both urine and pus come through the catheter, but still larger quantities by its side.

The instrument having partly slipped out was withdrawn.

Meat diet and jelly.

26th.—The change of food has caused di-

arrhœa, which comes on every evening after meals.

Mist. Cretæ c̄. Tinct. Opii.

Enema Amyli.

27th.—He has had but three stools, and he feels better.

Port Wine.

28th.—A large slough has come away, exposing the tunica vaginalis testis: he has had five stools without griping.

℞ Decoct. Cinchonæ ℥vfs.
Tinct. Opii ʒfs.
Tinct. Cardam. C. ʒiv.
M. Cochl. iij. magna 2dis horis sumenda.

29th.—A second slough was taken away, which comprised all the lower part of the scrotum, and some of the cellular membrane of the perinæum; it has left a deep cavity, and exposed the anterior opening into the urethra near the accelerator urinæ muscles, from whence, no doubt, some of the extravasation took place: the cavity is continued into the posterior part of the scrotum, laying bare the whole body of the left testicle.

April 2nd.—The greater part of the urine comes away by the opening in the perinæum when he lies on his left side, for then a gush of it takes place. From the above opening a catheter passed about six inches, and entered a deep sinus, that does not run in the direction of the urethra.

Urine also passes by the anterior opening; some, though less, by the side of the catheter. The sloughing communicates with the opening made in the body of the penis, and also with the one made behind the scrotum. He states he first feels a disposition to make water, and then a straining and urgency, and this ends by a purging.

Mist. Cretæ c̄. Tinct. Opii et Extr. Hæmatoxyli.

3rd.—He had seven stools, but without pain.

Arrow-root and Wine.

Repr. Mist. c̄. Cretâ, etc.

Enema Amyli c̄. Opio, mane nocteque injiciendum.

5th.—He has had no stools, and feels better than he has done during some time past.

6th.—The anterior opening has become much larger: all the urine comes away by the abscess in the nates. He has had one stool.

A catheter was left in the sinus.

Repr. Mist. bis die.

8th.—All the raw surfaces have recovered their natural susceptibility, are granulating and becoming healthy, and are more tender when touched.

11th.—A large catheter passed down to the membranous part of the urethra, and almost all the urine now comes away by it, as none gets out at the lower opening as before, nor by the sides of the instrument. The former one was as

large as could be got through the narrowed portion of the passage.

This morning, for the first time since the extravasation, urine was passed naturally by the penis, without the aid of a catheter.

12th.—A pint of water came away on introducing the catheter; he could not keep one in during the night in consequence of pain.

27th.—A little urine comes away by the opening behind the scrotum; none by the abscess in the nates, for it is filling up by granulation, as are all the ulcers. The skin of the scrotum is drawing in, so as to almost envelope the testicle again.

Argent. Nitras, et Linteum.

May 2nd.—Since yesterday all his urine has passed by the catheter. He gains flesh.

18th.—During sleep the urine passes through a sinus, but never if he is awake: * and the former circumstance only occurs at night, when he has neglected to empty the bladder.

June 1st.—A cork compress and roller put on, to try and bring the sides of the fistula together.

Argenti Nitras applied.

12th.—An induration, found in the penis, has

* Probably the urethra is then more contractile.

obliged us to leave out the catheter, for fear of abscess.

Ung. Hydr. applied.

July 1st.—The induration is gone, and he is growing fat.

8th.—The urine is yet passing by the opening in perinæo.

Compress and Roller.
A catheter constantly kept in.

10th.—No apparent improvement; the sides of the sinus are cicatrizing within, and becoming callous.

Potassæ fusa passed into the fistula, until it reached the catheter that was in the urethra. The parts touched smarted during three hours: a portion of the new skin and sinus have become black.

13th.—The slough has come away, leaving an opening larger than ever, and it is irritated by the urine passing through it.

15th.—All the urine now comes away by the sinus, and none by the penis.

17th.—Some portion of urine passes again along the natural passage; and the edges of the fistula are somewhat closer, clean, and granulating.

Argenti Nitras.

18th.—A piece of cork and a cotton roller applied, so as to compress the urethra and side of the

scrotum, and so close the fistulous sinus. It is to be tightened once in two days, without moving his legs.

19th.—But little urine passes when the compress is on, yet enough to wet the roller through.

A catheter is always kept in.

22nd.—The catheter got injured, and has been left out. His legs were tied together, and he was ordered to lie with them crossed.

24th.—No urine whatever has passed by the sinus during the last eight-and-forty hours. I always find him lying as directed.

27th.—The sides of the fistula are red and healthy; all the urine passes through the urethra.

Sol. Argenti Nitrat.

August 3rd.—The opposite sides of the sinus firmly adhere together, and the exterior is cicatrizing healthily.

Thus both the strictures and fistulæ were cured, though it cost him much pain and nearly destroyed his life.

February, 1834.—He is well, possesses all usual power, passes a very large stream of urine, and remains fat and healthy to this day.

CASE XLV.

ENLARGED TESTICLE, WHEREIN THE DISEASE COMMENCED IN THE UPPER PART.

J—— M——L, ÆT. 37.

December 28th, 1832.—A pale and not very healthy-looking person. He is married, and has not had urethritis, gleet, or discharge, for many years. His left testicle enlarged rather quickly to three times its natural size;—he states "the increase commenced at the upper part of the gland." The part is redder, and the disease is more active than in the case of H—— H——LL, and it is more painful and indurated.

Hirudines xij.

Pulv. Jalap. Comp.

Mist. Sennæ.

Lotio Plumbi Acet. dil.

29th.—The swelling is somewhat less; he has not so much redness or pain, and has had many stools.

January 1st, 1833.—The testicle is a little more swollen, but he has no pain in it.

Hirudines x. Cataplas. Lini.

Pilul. Cal. c̄. Col. ij.

2nd.—The leech-bites bleed much; little change in the tumour.

Hydrarg. Submur. gr. ij. bis die.

5th.—His mouth has become sore; the gland is diminishing slowly.

Omitt^r. Pilul. Cal.

6th. Ung. Hydrarg. c̄. Cataplas. Lini.

9th.—His mouth is so sore, the ointment was omitted.

℞ Tinct. Iodini ♏ viij.
Hydriodat. Potassæ gr. iv.
Aquæ Menthæ Vir. ℥ij.
M. ft. Haustus ter die sumendus.

11th.—The gland daily becomes smaller.

16th.—He is still going on favourably.

26th.—The gland remains hard at the upper part of its body.

28th.—The swelling is much softer and smaller, yet it is scarcely to be called well. He soon completely recovered.

1834.—The disease has not returned in the testicle, but he looks very scrofulous, and has just recovered from a violent attack of pleuritis.

CASE XLVI.

ENLARGED TESTICLE; THE DISEASE COMMENCED AT ITS UPPER PART, AND SPREAD TO THE CHORD.

HENRY H——LL, ÆT. 26.

He has a thick upper lip, but otherwise is a healthy-looking man. An induration commenced in the left testicle, and proceeded three weeks before any considerable increase of its bulk was evident.

October 27th.—The testicle is now seven times its natural size, and has not been very painful. The disease began at the upper part of the body of the gland, and thence spread through its entire structure, and lastly along the chord; the whole mass is very pear-shaped. He is a married man, and has had neither injury nor urethritis to account for it.

Hirudines xij. Fotus.

Pilul. Calom. c̄. Extr. Col. C.

Infus. Sennæ c̄. Magn. Sulph.

Cataplas. Lini.

28th.—He has had seven stools; the leech-bites bleed well.

Rep^r. Hirudines c̄. Fotu.

Hydr. Submur. gr. ij. ter die.

30th.—From the time of the former report the testicle has remained very hard.

Rep^{r}. Hirudines, etc.

31st.—He has got a cough, and expectorates mucous fluid.

Mist. Salin. c̄. Tinct. Scillæ et Liq^{r}. Antim. Tart.

November 3rd.—His cough is much better; and his bowels are open.

Rep^{r}. Hydr. Submur. bis die.

Ung. Hydr. in Catapl. Lini.

9th.—His mouth is very sore; the testicle is softer, but he has been a little griped.

Omitt^{r}. Pilul. Hydr. Sub.

14th.—The mouth continues very sore.

Garg.: Sol. Sodæ Chlorat. dil.
Omitt^{r}. Ung. Hydr.

20th.—His mouth is still tender; the testicle is much softer.

℞ Iodini ʒfs.
Cerat. Cetacei, ℥ifs.
M. ft. Unguentum testiculo applicandum.

29th.—The testicle remains almost as bulky, but it has become softer at the upper part and middle, and feels as if some fluid was contained within it.

Solut. Aceti Communis c̄ Ammoniæ Muriate.

December 7th.—The testicle is much smaller,

but now feels harder than ever, and he still has some cough.

11th.—The cough lessens, and he is better.

Pulv. Doveri gr. v. h. s. s.

Repr. Ceratum c. Iodino.

22nd.—The testicle is now not only less, but softer.

Hirudines x. parti.

27th. Pil. Hydr. gr. v. h. s. s.

Lotio Plumbi Acet. dil.

January 3rd, 1833.—The testicle is not more than half the bulk it was lately; the upper part of it is soft, but at the lower part induration continues.

℞ Tinct. Iodini ♏ viij.
Aquæ Menthæ ℥ifs, ter die.

9th. Capiat ♏ x. Tincturæ Iodini sing. dosis.

20th.—Still the testicle remains half as large again as natural; its lowermost part is the hardest: the chord is almost natural. His mouth is now well.

29th.—The testicle is at last nearly reduced, except that the epididymus remains indurated.

September, 1834.—This man has since become consumptive, has the right side of his chest en-

larged, and he is not likely to live. These affections of the testicle in married men appear to be scrofulous; and their cure, as may be observed from this and the preceding case, is almost always followed by an attack of inflammation or mischief in the lungs.

CASE XLVII.

THE TESTICLE CONSIDERABLY ENLARGED, ACCOMPANIED BY FEVER, PAINS, AND DIARRHŒA; CURED BY SALIVATION.

WILLIAM H——BT.

January 14th, 1817.—He was admitted with an enlarged testicle, pain in his hip, a hot skin, dry tongue, and diarrhœa. To reduce the testicle many remedies were tried in vain, as were blisters, stimulating lotions, mercurial poultices, salts and antimony, pil. hydrarg., etc. etc. At the end of five months the testicle was as large as a turkey's egg, and as hard as it could be, but in one spot it felt as if it contained a fluid; the chord continued to increase in size; and its fellow-testicle was wasting. He has been attacked by pains in all his bones; he looks yellow, and is dark under the eyes; he loses flesh, and is so feeble he is scarce able to walk. As a dernier resort I put him through a severe course of mercury, thinking, after

so many remedies had been tried, that nothing would relieve him.

May 22nd.—His mouth became tender after using six drachms of ointment. At the end of fourteen days he was under complete ptyalism, and lost two-thirds of a pint of saliva daily; indeed his tongue and gums were slightly ulcerated.

June 4th.—The diseased testicle is now about one-third of the size it was, and far softer. This is the more surprising as his mouth was sore a month ago from the ointment applied to the part, and yet the gland remained unaffected. The pilula hydrargyri did no more good at that time than the ointment. Hence I am warranted in believing that mercurial inunction to the absorbents of the thighs acts on the diseases of the testicle in some very different way from the mere constitutional effect, and probably sets the absorbent system into more powerful action.

10th.—His strength and general health are much improved. He now has a colour, can take powerful exercise, and daily recovers flesh. It is curious to observe, that whilst the diseased testicle is diminishing to one-fourth its late size, the fellow-gland is gradually enlarging,* so that both now are approaching to their natural dimensions.

---

* This must happen from sympathy.

July 20th.—He was sent into the country for a time, to complete his recovery.

December 18th.—He is now as strong and healthy as ever he was, and is moreover truly grateful for his cure; which gratitude medical men find a rare virtue to meet with now-a-days.

CASE XLVIII.

URETHRITIS; TWO TUMOURS WITHIN THE TUNICA ALBUGINIA, AND AN ENLARGED TESTICLE.

JAMES SANDS.

A pale, puffy, scrofulous-looking man, subject, at times, to a little discharge from the urethra.

February 14th, 1831.—He has a thickening of the left spermatic chord, and two separate hard bodies within the tunica albuginia, situated some way above the testicle: they are oviform, and not quite so large as that gland.

The testicle on the same side is enlarged to about twice its natural size, and slightly tender if pressed; and there is some little effusion within the cellular membrane of the scrotum. The history of the disease, given by the patient, is very imperfect, for he states that "the enlargement commenced at the groin, and only yesterday; and that it gradually spread down the

chord:" but the chord being natural at the ring, and the tumours not being continuous, go clearly to indicate that the ailment never originated as he describes.

Hirudines xij. tumoribus.

Hydr. Submur. c̄. Extr. Col. Comp.

Lotio Plumbi Acet. dil.

15th.—The tunica albuginia has enlarged, and acquired twice the bulk it had yesterday, so much so that all the rugæ of the scrotum have disappeared; there is a blush of inflammation in the skin covering it, and there feels to be effusion into the tunic; it has become very painful.

V. S. ad ℥ xviii. (A film of white lymph spread over its coagulum.)

Hirudines xij. testiculo.

Iced Lotion.

℞ Hydr. Submur. gr. ij.
Extr. Opii gr. fs.
M. ft. Pilula ter die diglutienda.

16th.—The testicle is easier, and the tunics more flaccid. The distinction into three bodies cannot be felt since the increased swelling, for the two bodies appear to have coalesced with the testicle; and now it is in shape like a large flattened pear. He has less tenderness on pressure, and scarce any pain.

17th.—The testicle and effused fluid are now four times the size of the opposite one, and like

an uniform body; the lowermost part is the hardest. He suffers no pain from it.

18th.—There is less redness of the scrotum; the testicle is a little less, but measures three inches and a half in length; is flattish, with a projecting edge, which faces upwards and inwards; it appears to be formed by the edge of the upper of the before-described tumours: he still has but little pain.

Hirudines xij. scroto app^{d}.

20th.—He is weak: the testicle is quiet and free from pain.

22nd.—The body of the testicle remains large and flat, but is less indurated: the scrotum over it is corrugating again, and it is scarcely painful when pressed.

Hirudines x.

28th.—The absorption has proceeded until the upper indurated substance can again be felt: it is distinct from the body of the testicle, as before the last attack of inflammation.

March 3rd.—The testicle becomes smaller daily.

6th.—The gland has almost assumed its natural size: he gets up.

Empl. Hydrargyri.

10th.—The ailment is just well.

CASE XLIX.

THE LEFT TESTICLE ENLARGED TO THE SIZE OF A MAN'S HEAD, PARTLY SOLID; ALSO CONTAINING CAVITIES FILLED BY FLUID: ITS RAPID CURE.

WILLIAM EVERETT, ÆT. 67.

July 24th, 1826.—He daily attends as an out-patient for a disease of the left testicle, which had become as large as his head, so that he could scarce walk from its size and weight, even suspended as it was in his breeches. He stated, that during a long period it had been bigger than the other, and that two months back it had suddenly enlarged more quickly, and then reached its present magnitude. It feels for the most part solid, but in one portion a fluctuation is very perceptible; and on a puncture having been made into the tunica vaginalis, upwards of a pint of coffee-like fluid, composed of dark-coloured blood and serum, escaped, which on standing became a brown gelatinous mass, with a little serum on its surface. He is subject to vertigo and cephallagia, for which, at times, he has lost large quantities of blood: he has also a rupture on this side, causing the case to be more complicated.

Lotio Plumbi Acet. dil.
Haustus purgans.

26th.—The tumour is proportionally decreased: some fluid being felt, a second puncture let out about three ounces; it was of serum. This last opening was covered with adhesive plaster, as before.

27th.—A great deal of swelling and thickening still remains.

℞ Ung. Hydrarg. ʒj.
Gum. Camphor. ϑj.
M. ft. Unguentum testi illinendum.

August 1st.—The enlargement of the testicle and scrotum is rapidly becoming absorbed.

7th.—The gland is remarkably diminished.

12th.—This side testicle is not a great deal larger than natural, which scarcely could have been anticipated from its unusual bulk, which had been increased during two years. This case of unusual enlargement, however, is small compared to the one I saw in poor Hoo Loo the Chinese,—for I measured and found that his was forty-two inches in circumference.

CASE L.

SORES ON THE PENIS, BUBOES, NOCTURNAL PAINS, AND ENLARGED TESTICLE.

WILLIAM H——T.

July 11th, 1815.—He put himself under treat-

ment for two buboes: he lately had a couple of sores, but they are healed. I learn thirty-six drachms of mercurial ointment were rubbed in to cure them.

May 22nd, 1817. — He has severe nocturnal pains in his bones, and one testicle (that before had been diseased) is as large as a good sized orange.

Cataplas. Lini. c̄. Ung. Hydrarg.

July 20th. — Forty-six drachms of mercurial ointment have been rubbed in, besides that absorbed from the poultice: he has been salivated. The testicle has become soft, and reduced to near its natural size, but nothing short of complete ptyalism had any effect upon it. His health now appears perfect.

Having detailed so many cases illustrative of the least common symptoms produced by urethritis, I shall conclude the First Part as to the effects of the syphilitic virus when applied to mucous membranes, and shall commence the second, the more highly interesting and at the same time more voluminous portion of my subject; viz. the nature and the effects of syphilitic virus.

OBSERVATIONS ON THE DERMOID COVERINGS.

I THINK a brief account of the structures in which the venereal cutaneous affections, after numerous dissections and examinations, appear to be situated, is absolutely requisite, in order that their descriptions in the following part of the work may be the better understood. Even at this late period, a further knowledge of this subject is one of the greatest desiderata in physiology, as it would enable us more fully to understand the manner in which nature creates, constitutes, and forms eruptions in the textures in which they arise, subsist, and fade,—the changes, injury, or destruction they occasion in their locality,—and it might also put us into possession of quicker, easier, and better modes of cure. I am well aware that we are recently indebted to the pens of Mr. Chevalier and Mr. Wood,* for both have written excellent little volumes (as far as they go in describing healthy structure), and too much praise cannot well be bestowed upon their valuable statements, as the information they contain has evidently emanated from minute and able inquiry into the various structures and complicated functions of these parts of the human body.

---

* Vide Lectures by Thomas Chevalier, Esq., F.R.S., etc., and by —— Wood, M.D., M.R.C.S., etc.

The labour and almost insurmountable difficulties of such attempts none can duly appreciate, except those that have made similar exertions for the advancement of science.

ON THE CUTICULA EXTERNA.

I MUST venture to differ in toto from some very able and respectable anatomists of the present day, who consider the cuticula externa as a mere unorganized secretion from the rete mucosum, being, as they assert, like an uniform coat of varnish spread over the surface for the preservation of the cutis vera; and I am fully borne out in rejecting this opinion by the very intimate union of the epidermis with the living part beneath it—by its edges uniting after being divided—by its power of inflaming and exfoliating—by its vessels being visible with the aid of the microscope,* and at times becoming evident by circulating red blood, as in Nevi araneus, and by successful injections proving their existence by their accidental distention with colouring matter. I need only refer those who doubt this fact to a beautiful preparation, numbered 343, in the museum of St. Thomas's Hospital; where its delicate, minute, injected vessels

---

* Through the magnifying power No. 2.

may clearly be distinguished, separated, and reflected with the cuticula externa, having left the rete mucosum intire and undisturbed. As it would be useless to multiply examples on this point, which I deem settled, I shall only remind the reader of a few other marks of its vitality. The skin's very growth and reparation, keeping pace with the increase and exigencies of the body, proves its vascularity. When the cuticula externa is attacked by chronic inflammation it becomes red and granular, as in Acne rosacea; and, although in all probability, endowed with a smaller portion of vitality than the teeth and hair, yet under disease and irritation it smarts, and becomes stiff and rough, and afterwards even changes colour, and becomes yellow and brown in patches, as in Pityriasis rubra:* hence we cannot reasonably doubt its being possessed both of nerves and vessels, notwithstanding that in the healthy state we are unable by the naked eye to detect them, any more than we can in the membrane lining the urethra, or in the muscles of white fish, both of which structures on examination are found to contain fibrine. But let inflammation invade these textures, and who then will fail to perceive their vascularity? By the assistance of a strong magnifying power, I have seen what I believe to be the vessels of the cuticle; and being colourless, I

* Vide Bateman's Synopsis, p. 46.

conceive they carry albuminous serum only, out of which material, according to the best chemical analysis, it appears that this membrane is formed,* supported and thickened during pressure, blistering, warts, corns, eruptions, &c. That portions of cuticle do undergo such change may be readily seen in skin taken from over large venereal tubercles. At such periods the asperities enlarge and project; and thickening of the cuticula externa also takes place. These bodies, on the disease declining, assume a red brown tint, and become very evident in the cuticle, looking like clusters of coloured dots.

Blistering by cantharis causes layers of albuminous membrane to be thrown out upon the under surface of the cuticle, so as to increase its thickness to double that of the original state, and to form a new skin prior to the desquamation of the old one. If a second blister be raised on the part lately vesicated and denuded, a third skin will be produced, and the second one, lately formed, may be turned off, and will be found three times as thick, much more pulpy, and the new asperities about twice as large as those in the original skin of the part. During the above process, some

* It is worthy of remark that the elements of albumen, of which the skin is formed, are the ultimate ones of our food, and also the very same gases in which the cuticle is constantly immersed in the atmosphere.

additional layers are formed on the rete mucosum, and thus any positive breach in the membranes is prevented, and the cutis vera always kept moist and defended exteriorly from the desiccating effects of the atmosphere. But the method of regenerating cuticle is modified in some measure according to the nature of the injury or the irritation rendering such reparation requisite, as blisters, cuts, burns, ulcerations, etc. This process immediately becomes evident from lymph being thrown out by the vessels, between the scales, or layers, of the rete mucosum, or through its imperfect surfaces, or by the granulations of ulcers, etc. So soon as the wound is nearly filled up and about to heal, the secretion of pus becomes modified and more albuminous, causing from its new drying and adhesive qualities a disposition to scab or encrust; and on the change of secretion being further perfected, fewer globules of pus but more albuminous lymph is given out: the latter dries in a glossy layer, and by agglutination appears to form a false membrane, and under which, in almost a similar way, the permanent cuticle is deposited. Thus cicatrization is constantly preceded by the formation of a false membrane, which is always formed of greater extent than the sore, and detached on the cuticle being perfected. The regeneration of cuticle is a very curious process, and appears to be effected in two ways, from deposition within a blister or secre-

tion upon a sore, merely depending upon its being performed within a covered surface or on an open ulcer. I thought the first method well shown by the following circumstance. I was injecting the vessels of an amputated leg, and the syringe became very hot; nevertheless I kept my hold until I had finished, by which the finger and thumb of my left hand had their cuticle slightly burned, and next morning those portions had separated, and had risen in large blisters fully distended by a clear watery fluid. The raised cuticle was then cut off the bleb, and a red surface exposed beneath it, which was found almost covered by a coating of what appeared to be whitish flocculi, of coagulated lymph or albumen, deposited, as I imagine, from the secreted lymph: they did not at first occupy the whole raw surface, and consequently here and there were interspaces of exposed rete mucosum. A very sharp and accurate cast was then taken of it in thin plaster of Paris, which with the aid of a powerful lens conspicuously showed the features produced. Soon after this, two or three dry albuminous plates were thrown off from the new surface, which I conclude consisted of part of the above deposit, and that they were precisely similar to the gray membrane or false skin that separates from all fresh healed wounds. Three days later a second cast was taken, and by that time the new deposit had been perfected into raised lines, or

papillæ of touch, (being on the finger and thumb,) with intermediate depressed grooves exactly matching those of the portion destroyed, and accurately joining the concentric lines in the surrounding sound cuticle, except being a little below the original level; the bending of the thumb caused or tore three small transverse fissures through it and the rete mucosum down to the cutis vera, and very sore and sensitive they were, but no discharge came out of them. After the lapse of a fortnight, a third cast was made of both the thumb and finger, when all the new concentric lines had become on a level with and joined those in the original skin, and were as perfect as before the accident. An unexpected rise was also observed across the upper part of the cast, which marked out and reminded me of the end of the same thumb having been cut off and reunited twenty years before. In cases where the rete mucosum has been destroyed, the new-formed cuticle never assumes its former pink colour in the European, nor is it possessed of cuticular lines, its mould being the surface of the first-named membrane.

The cuticula externa is thin, transparent, and slightly gray in the European, but its colour is several shades darker in the African; and the inner surface is a little darker than the outer in persons of all countries: in the Negro probably it could not well be

otherwise, as it is formed next the black rete mucosum.

Soon after death taking place, and within a few hours after febrile heat from intoxication, etc. this transparency is considerably diminished, and the skin becomes parched, dull, rough, and stubborn: the conjunctivæ of the eyes, the hair of the head, and even the nails of the fingers partake more or less of this change; and the cuticle, so impressed, contracts dust, and becomes dirty within one-third of the usual time after washing, probably from being rendered rough by extreme desiccation, as it does not resume its pristine appearance until perspiration and secretion recommence.

The cuticula externa has a glossy smooth outer surface, and a more glazed rougher inner one: it has thick lines, or sulci, acting as ligaments that appear to secure it, crossing transversely; and these are recrossed by similar ones at more uncertain angles; and both sets dip down into corresponding depressions in the rete mucosum and cutis vera,* on which they seem to have been originally modelled: they run in very varied directions, according to the folds and flexions of the part, being chiefly longitudinal on the thigh and

* This circumstance is well shown by the marks in the leather formed by the cutis of the hog, used for covering saddles.

leg, and on the arm and fore-arm, whilst they are concentric on the fingers and toes. Although these lines in many parts cut each other at various inclinations, they form most of the interspaces into patterns of small lozenges, rhombs, and triangles. Measurement shows that, in human skin, these patterns vary in size from one-tenth to one-sixtieth of an inch. By these marks the exterior of the cuticle may easily be distinguished from the interior; for, in the former, they are depressed creases, whilst in the latter the lines project out in basso-relievo; and, although the asperities are seen through the transparent cuticle, they likewise are prominent on the outside only. Just at the angle where these lines cross each other, small depressions may be seen; these are the mouths of the follicles of sebacious and hair glands in the cutis:—in swine they are placed in two's and three's where the bristles come out. Each lozenge-shaped and other division, as seen through the microscope, is plated by scales, varying in size and shape, all a little convex, thicker in their centre; and they have a small projection with a slight depression on their summits, surrounded by collars of thicker material, through this the down (or perspiration tube), or, at times, a coloured hair passes;* and if they are torn out,

* The down is a colourless hair, and the hair a tinted tube.

a perforation remains. The genuine hairs have their roots beneath the cutis, and do not all perforate the centre of the scales, as some of them pass out near the edges, close to the angles formed by the cuticular lines. The latter circumstance is most evident in the goose-skin (as it has been termed) on the thighs and arms. Each scale terminates in a thin edge, near the before-described lines: altogether, they forcibly remind me of the various portions and patterns on the shell of the tortoise and other testudines. The shape and magnitude of the scales vary; and this appears to be regulated according to the finer or coarser use the part has been designed for on which they are situated; and this consequently governs the direction of the cuticular lines. On the outside of the leg the shapes are large and oviform, whilst on the inside of the hands and fingers they are minute squares, and form raised and concentric lines with rows of pores, through which perspiration escapes. This fact may be seen by squeezing the ends of the fingers during that process, as drops of the watery fluid immediately become evident on the ridges.

When the cuticle undergoes extensive desquamation from disease, each scale is cast, or rubbed off, and the thick projecting portion, but lately described as forming the centre of each scale, comes away with it, and then leaves a deep round pit almost resembling that left by concrete lymph

quitting the heads of lichen. This is exhibited in the largest grade, and best seen on the outside of the leg. When a scale has been carefully removed from the above situation, one, two, or three small perforations will universally be found passing through it.

Vessels carrying red blood run so very near the surface, that on scratching off a single scale, and holding a compound magnifying lens over the breach, the abraded vessel may, by candle-light, be seen close to the surface, giving out perhaps a drop of blood; and the neighbouring ones at the time become red from over-distention, occasioned by the stimulus of the friction.

Every here and there, by the aid of the microscope, in recent cuticle, rows of double parallel lines may be observed, having a more transparent portion between them. They run and branch in various directions, in some parts into three's; these I believe to be its vessels, as light passing through semi-transparent tubes would occasion precisely such an appearance.

At various distances may be seen thick, oval, round, and irregularly shaped projecting bodies, with corresponding pits in the rete mucosum and cutis vera. I have traced some of these lines that resemble vessels, to run to the above bodies; and to the thick depositions of albuminous matter which takes place by the sides of them.

The whole exterior of the cuticle is covered

with millions of exceedingly fine pile or down, (not hair properly so called,) that passes through it: this, at night, may be well seen in the living body, by the party placing a lighted candle on the floor, near the feet, and then looking close along the chest and abdomen, or other cutaneous surface. The down rises from the numerous apices of the papulæ in the cutis vera, and passes by perforations through the rete mucosum and cuticula externa: from the asperities of the latter, each piece of down receives an albuminous sheath, or vagina, which encloses it some way before it perforates that membrane, and envelopes it above the surface.

These vaginæ may at times be observed lying in various directions on both sides of the skin, some having been inverted by drawing the cuticle from the down, like the finger of a glove. In their original state the smaller enclosed the pile or down, the larger lined the cutaneous follicles. These are best exhibited in the microscope by cutting a piece of cuticle in a line with its asperities, and placing it edgeways for inspection. The perforations left where the down passed look almost as numerous as the sands of the sea. As no fluid can be got to pass through these vaginæ or apparent perforations after death, it is highly probable the pressure of the water collapses them, and that they act as valves, almost similar to the peculiar structure met with where the ureters

obliquely enter the coats of the bladder. I have frequently stretched recent pieces of human cuticle over the mouths of cupping-glasses containing water, oil, and quicksilver, and have kept them inverted during days, over blotting paper, but never could observe any trace of these fluids having diminished, passed, or exuded through the cuticle.

The down would be better named, if termed sudatory tubes, as they are transparent cylinders with closed extremities, and joints here and there, wherever they give off branches, formed of precisely similar material to the cuticle; and, like it, they and their branches are full of pores. In shape they much resemble the Lancashire rush, which is a species of equisetum. These parts are so small, they can only be well seen with a good microscope, and then only by a clever adjustment with the powers No. 1 or 2. When the skin has been blistered in the living body, or scalded in the dead, to obtain cuticle for examination, the latter, by the process, is invariably detached without pile or down, which may frequently be observed remaining on the raw and lately vesicated surface: but if the epidermis be separated by long maceration, the down frequently comes away with it, having been detached from its bulbs in the cutis. These facts are best observed on a larger scale by macerating hides of creatures

covered with wool or hair in a solution of caustic potash, which alkali changes them to a thick transparent jelly, pierced by white wool or dark hair. Minute down and lines in the skin exist in animals as in man, but with long and coloured hair superadded, that has its roots in the cellular tissue below the cutis.

Cuticle detached by maceration placed flat in the microscope, and viewed by transmitted sunshine, appears to consist of millions of small scales or laminæ, their interspaces being, or giving the appearance of thousands of minute pores or holes, of every variety of form, each, as before mentioned, surrounded by a denser frame, collar, or rim. These numerous perforations are, I take it, an optical delusion; as fluids will not pass through them, they probably are thinner interspaces left between thicker masses of scales, but not real vacancies. Very similar circular lights, with dark frames, are frequently seen between the shadows on the earth, under the leaves of trees, during sunshine.

The cuticula externa consists of only one, but may be separated, or torn, into two or more laminæ, by gumming a piece of card-board to each surface, and, when dry, tearing them apart; but the appearance of the breach is always such as to indicate that it is not two membranes, but rather one structure forced into two parts; though most

undoubtedly it is throughout a laminated structure, and hence, when dead, its fragments fall off in these shaped particles, that of laminæ or scales.

The cuticula externa is so like to the rete mucosum in structure, except as to thickness, that the only difference appears to be, that it is a dry and coagulated albumen, whilst the latter is a moist and uncoagulated one.

After inflammation portions of the cuticle die, and being then no longer capable of adhering to the living surface are by it cast off in scales, or large pieces: this separation is performed by the cutis detaching the connecting media, viz. the numerous vaginæ that enclosed the down, enveloped the hairs, and lined the follicles.

The changes worked by disease on the cuticle are very numerous, and the following ones, amongst many others, may be seen by aid of the microscope.

During erysipelas the cuticle becomes browner than natural,—very brittle,—much thickened,—numerous new deposits take place in the course of its vessels,—the latter appear in many parts to be tortuous, and its opacity is much increased,—the joints and texture of its down darker and stronger marked, and the vaginal sheaths and asperities rougher and much thickened, and the parts resembling pores become smaller and less distinct.

During scarlatina the cuticle becomes more

wrinkled,—less smooth and flexible,—dry and harsh,—loses its gloss,—the edges of the plates or scales of which it is composed are thicker and more evident than in healthy skin,—its lines more raised and strong,—the vessels (if vessels they be) are larger and seem to have depositions along their course; and dried lymph here and there lies in irregular patches.

During rupia, the cuticle over the vesicles becomes brownish and nearly opaque from increased deposition,—its glossiness is diminished,—the depth of its sulci is increased,—the rings round the pores more thick and distinct, and the asperities seemed to be formed of flakes upon flakes, and to act as valves,—the vessels, numerous and dark, deposit thick masses of secretion, approaching to scabs,—and the hairs in many parts are detached from their glands and come away with the cuticle.

During venereal tubercles, the cuticle over them has every feature thickened and exaggerated; its gloss and flexibility are increased,—it becomes sticky from albumen, and its colour remains long unimpaired,—the asperities first are much enlarged, and various very small depositions take place. The vaginæ remain natural; the vessels and their branches (or what I believe to be so) become very distinct, may be seen running in almost straight lines, and flakes of deposition are very evident about the termination of their

branches. In the piece of cuticle now under examination, lines much resembling vessels trifurcating, are seen; and the enlarged asperities have become quite brown.

In one piece I examined of hastily formed covering to a recently healed wound, and compared it with original cuticle, I found, where the rete mucosum remained entire, that it was impressed by exactly the same lines and divisions,—indeed, differing little, except that it was rough, whiter, and about twice as thick as the new-formed permanent skin.

Newly produced skin varies in appearance from that originally formed, by being more glazed on its surface,—by having a less even texture,—by often being without cuticular lines, or follicles,—being flakey, and having on its under surface numerous thickenings, or plates, like lymph deposited upon it, but otherwise possessing the pores and proper structure, though the former appear to be squarer and more irregular; but it does not always (at first, at least) possess the usual asperities; nor is down seen upon it, as may be well observed after small-pox, as the new-formed cuticle is reproduced without it, and seldom or ever does hair perforate it; so that new cuticle cannot with propriety be said to precisely resemble that originally formed.

OF THE RETE MUCOSUM.

I was lately almost daily occupied for three months amongst the dead and the living, endeavouring by the aid of steaming, scalding, macerating, putrefying, tawing, tanning, blistering, and dissecting, to find the rete mucosum in the European, and at that time, in every instance, without success. But, ultimately, I succeeded—and latterly accomplished it, with a degree of certainty equal to my failures in the first attempts. The mucous composition of this covering, and its invariably dissolving in aqueous menstrua, as well as by putrefaction, before the separation of the cuticle, readily accounts for all the difficulties experienced in finding it. Of course I am aware there are preparations in several of our Museums, showing the existence of the rete mucosum, but of coarser structure, they being, for the most part, from the mulatto and the black. This part it is, with something superadded by the grey, or dark, cuticule, that gives the several colours, distinguishing the many varieties of the human race; the rete mucosum being black, copper-coloured, or yellow, and of several shades of red and olive. By some it is supposed to be partly wanting in the pied negro, and totally absent in the white albino, as the latter has no pigmentum nigrum: yet, in these instances, I conceive that

it does exist, but more colourless than in ourselves; as I find a rete mucosum in the spotted coach-dog, and also under white maculæ in the mouth of the black ox. Very extraordinary sympathetic connexions have been observed between the skin, the eyes, and the hair; thus, if the skin be fair, the iris will be blue or light, and the hair sandy or brown; whilst, if the skin be dark, we always find the iris hazle, and the hair brown or black. Very recently, in the Small-Pox Hospital, there occurred a case well calculated to prove the influence of these sympathies; for, at the time of admission, the party had red hair and blue eyes, but the attack of variola shortly worked such conversions, that this blue-eyed, red-haired maiden was dismissed with black hair and jet black eyes.* The influence of this form of eruption on the rete mucosum is admirably shown in a skilfully injected preparation, made by R. B. Walker, Esq. of St. George's Hospital.† If a blister be applied to the cuticula externa in the Mandingo race of Africans in early life, the rete mucosum becomes blackened and thickened, and still thicker and blacker the oftener the vesication is repeated; and new layers of this dark-

* Vide the "Lancet," January, 1834; and I have ascertained from authority that the report was correct.

† This preparation is now in the Museum of Dr. Wilson and Mr. Lane, and to the latter gentleman I am much obliged for several opportunities of inspecting it.

coloured material are also thrown out under its surface. But the reverse of this is the case in the Foulah (or coffee-coloured) race of negroes.* As an instance, I may mention having blistered the chest of one of the latter, named John Baptist, (who was born in Guadaloupe,) and to this day that portion of him is lighter than before the vesication: a white one also existed in Joseph Murray, who originally was from Jamaica, but afterwards became a black drummer in the Kerry militia.

When small-pox pustules form in the first-named race, the cuticle becomes thicker and blackened at the part diseased; indeed, to me it appears that an additional layer of the membrane is thrown out beneath the eruption to protect the cutis vera, and preserve it from the contact of pus. I have also bestowed pains in examining the dermoid coverings of Europeans whilst impressed with the worst form of this disease.† In these cases circles of vessels enlarge and project from the cutis vera, and they secrete a thin serum, which gradually raises a ring of the cuticula externa from the rete mucosum, and, distending it, forms a vesicle without, except in some violent confluent cases, breaking up the attachment in

* This race probably is the white Ethiopian mentioned by Ptolemy, and also by Pliny.

† I am highly indebted to Dr. Gregory for an opportunity of investigating this circumstance, in a recent case of variola.

the centre, between the cutis rete and cuticle. Hence the vesicle is bound down at that spot, and hence it has a depressed summit.* The degree of inflammation suddenly increases, and a thick coagulable lymph is then thrown out, that at once consolidates and forms a thin flat plate, shaped like a cymbal,† but with a small hole left through its centre, from the coagulation of the lymph taking place around the before-named thread-like attachment of the cuticle. Now about, the fever and inflammation are again increased (called the secondary fever); and pus being secreted, it elevates the lately described cymbal, or plate, and causes it to divide the pustule horizontally into an upper and lower cell; and the progressive distention, at times, breaks up the remaining attachment between the cuticle and cutis. The pustules become opaque, for the pus below passes through the hole in the plate, or septum, and blends with the serum, or lymph, above. The lower part of the pustule is completed by an extremely thickened state of the rete mucosum, which forms a raised lip or cup round, constituting the base of the pustule passing under it, so as to shut off and protect the

* In some cases, at least, the pustules retain their depressions all through the eruption.

† How astonishing it is that gravity does not cause the lymph to sink to the dependent part of the pustule, as in fluids uncontrolled by life.

cutis from pus and ulceration; and hence, in most cases, the pustule may be stripped off with the cuticle and rete, still leaving the cutis entire. But the cutis vera has frequently a slight depression left from ulceration at the base of the cup, and occasionally a small papule of the cutis projects into its centre, to which the band of attachment from the cuticle still adheres.

After the incrustation has separated, and the eruption is gone, a stain, with a depression, is commonly left in the rete mucosum, occasioned by a zone of red vessels, remaining long distended both in the Ethiopian and European: in the former it is black and permanent, except when the cutis vera has been penetrated. This fact is well shown in the negro Argua, (one of the hundred sons of an African chief,) now at the Colosseum, in whom jet marks remain in the rete mucosum, and close to them white ones, where the cutis vera has been destroyed by the same eruption: whilst in the latter the marks are red and transitory, unless indeed where ulceration has penetrated the cutis, in which case, in them also, the pits are white and permanent in the European, and a similar mark may be observed for weeks after vesicles and rashes in the white person: even scarlatina in some instances leaves a mottled turgid state of the rete mucosum, shades of which may at times be traced on the covered parts of the skin for near two years afterwards.

When both cuticula externa and rete mucosum are destroyed, I am led to believe that, in a few hours, the cutis vera, by secretion, forms a new layer, and then a second or more perfect one is thrown out beneath it. When the last is just perfected, the first, or false membrane, peels off the surface of the recently healed wound or ulcer, leaving the second secreted membrane to be the permanent cuticle; and a third layer, produced in a similar way, becomes the permanent rete mucosum.

In negroes, when part of the rete mucosum has been injured, the new-formed portion in the Mandingo race is of a still more jet colour than the original part; whilst in the Foulah race the part remains much whiter than the rest of the surface, and proves a permanent blemish. But should the cut or injury cause a slough or deep ulceration that destroys the cutis vera and its secreting surface, then that part in both races remains lighter-coloured than the surrounding surface for life: and a knowledge of the above fact led a black man to reply to me, saying, "Nay, massa; deep cut; him come white:" and at the same time, suiting the action to the word, he showed me an extensive light-coloured scar upon his shin.

In early life the skin of the negro race is far more intensely black than in age; and the jetty stripes, left upon them by the lash, at last become white, as their possessor gets into years.

Perhaps it might have been better for the order

of my subject had I described the best method of finding the rete mucosum in the European, before I had related so much of its pathology in disease. Numerous failures to obtain it isolated from the other skins led me to conclude that if I meant to gain but a transient sight of this coat in the white, that I must first, by some chemical agent, coagulate the transparent mucus of which it is composed; which may be accomplished by steeping the fresh skins in a weak solution of nitrous acid, or in a strong one of Peruvian bark, galls, or alum; or simply by scalding it, and then macerating from ten days to a fortnight, or to the degree that will just assist in the delicate manipulation of separating the cuticle: all the above methods I found efficient for the purpose, and yet each has some imperfection; the acid destroys the scalpels,—the tan discolours the rete,—the alum causes it to be covered with gelatine,—the heat shrinks and hardens the cutis; which also happens with spirit of wine.

In its natural state the rete mucosum appears as a transparent mucus; but, on coagulation, it becomes so much more dense as to form an opaque solid, of a pinkish white colour in the European, and in others of the shades described as marking the several varieties of the human race; its outer side being of a brown black in the Ethiops, and its inner one next the cutis by far the darkest; which is also the case in the maculated palate of

the bull-terrier, although the cutis beneath the black spot is fair as alabaster in all living creatures. The rete mucosum is about six times as thick as the cuticula externa, with a tolerably smooth absorbent surface, full of perforations, that admit the cuticular vaginæ that lined the follicles, and of depressed lines that received those of the cuticle. Its inner surface is more rough by irregularities that fit into the cutis. In the microscope the rete mucosum, except as to greater thickness and consequent density, much resembles the cuticle. But its structure appears to be that of more numerous plates than the cuticle, which may be shelved off; yet there is not the slightest fibrous appearance, and it breaks rather than tears: and when a diaphanic flake occasionally is separated from the rest on the stage glass, its structure and appearance so much resemble the cuticle, that it can scarcely be known from it. Even with the assistance of sunshine, the rete is so dense, that the light can but partially penetrate; and it then seems to be formed of thousands of flat pieces, to possess numerous pores, and many reticulated lines, perhaps vessels. I could not show its figure better than by laying rows of shillings close together, and then covering the interstices by other shillings: and if it be formed by separate depositions from the round mouths of the vessels of the rete vasculosum, what other shape is so likely to be the radical form of its particles? The great

opacity has hitherto prevented my making out more of its structure, though it seems to be a mucous secretion from the surface of the cutis that afterwards becomes organized; and, in short, to differ little from the face of the cuticle except in being uncoagulated.

ON THE RETE VASCULOSUM.

Immediately beneath the rete mucosum situated in the outer surface of the cutis vera, there is a delicate vascular layer, which becomes enlarged and more evident during pustular and other eruptions, and then its terminal branches resemble the cryptæ of the kidney. Doubtless this is the set of vessels that supply the cutis, rete, and cuticle in health. The existence of this rete vasculosum has been denied by Messrs. Gordon and Lawrence; but let them inject and dissect the skin of one who died of small-pox, where the vessels are enlarged and active, and, like Bischat, they will not fail to become convinced of its existence.

ON THE CUTIS VERA.

This very compact tough, dense, elastic, white covering (in the whole human race) lies imme-

diately beneath the part just described; and being of great importance to the animal economy, it is not only protected by both cuticula externa and rete mucosum, but it is also endowed with an exquisite sensitiveness. The whole of its exterior appears to be a soft, bibulous, semi-transparent, secreting surface, made up of numerous small glandular projecting bodies, commonly called papillæ, but which I believe to be small white granular glands, that secrete albuminous fluid for the formation and regeneration of the rete mucosum. This exterior surface of the cutis is divided by sulci into patterns of similar shape to the lines already described in the cuticle and rete; and indented at about every tenth of an inch by rows of minute pits, which are the follicles of sebaceous and hair glands. These, in its undisturbed state, are lined by some of the largest of the beforementioned vaginæ sent down from the cuticle; every two or three of these pits or adhesions tucking down portions of the surface of the cutis, which between them rises up into, what I call, pulvini or cushions, which are well seen when the skin is under the excitement of eruptions. Whether these small bodies contain the termination of nerves in the true papules, or papillæ, as by some imagined, I must leave to be decided by the French physiologists who have seized, much to their credit, very recent splendid opportunities of dissecting them

on the largest scale in the elephant and whale. As to the more intimate texture of the cutis vera, if the thinnest possible slice be removed from its outer surface, and placed in the microscope, such parts as are transparent enough will forcibly remind the observer of the appearances of the cuticle and rete; for its exterior bears the stamp, and apparently the same texture as the latter membrane, as flakes, pores and lines; but it is far more tough and fibrous.

The down make their way out from the bulbs in the substance of, and through the centre of, the papules in the cutis; from thence they stand up erect, at about the tenth of an inch from each other, and may be observed on the living body after blistering and stripping off the cuticle. At those parts there are deep pits or follicles, out of which one, or more rarely two, large hairs pass through from their bulbs or glands, which are situated in rows in the cellular membrane beneath the cutis. It might be here mentioned that the hair and down differ little in structure, both being like the cuticle full of similar round pores, and are evidently excretory tubes, intended to conduct fluids or gases from the body. In the former this process, when exercised, may be observed and smelt, in the quantity of brown dirt that accumulates on the skin of the face and on the linen, immediately after having had the hair cut; and also

in the small down during the exhalation of sensible perspiration, which amounts to much more than two pounds daily. When a portion of the cutis has been destroyed, ulceration or sloughing always follows, and a totally new surface is produced,—not by the process of secretion, as after destruction of the cuticle and rete, but by deposition and granulation, as after loss of substance in a muscle; and it is more than probable, under the above circumstances, that the rete never is reproduced, and hence the white scar that remains both in the African and European, if the injury destroys the secreting surface of the cutis: the result invariably being a flat, glossy-white regenerated cuticle, without either follicles, down, hair, or cuticular lines, in the people of all countries, there neither being pulvini sulci nor glands left to mould the new cuticle upon.

The reason why hair (next to) never grows upon the cicatrices of deep wounds and ulcers may be deduced from the foregone facts; for in the parts the injuries destroy their roots or bulbs; and moreover, if they remained, the new-formed cutis leaves no perforations through which they might pass. Hence you have no down on cicatrices after small-pox; nor in rupia, for hair, bulbs, and all come away, and generally after cuts and ulcers that penetrate below the cutis vera: but after porrigo, the hair over the part frequently grows again, because

there is but little cutis destroyed, and the rete is only inflamed and pours out fluid, the parts beneath being left entire.

After diseases, the skin regenerated is next to never like the originally formed one. Hence it is long before these recent membranes are endowed with all the properties connecting them with the processes of perspiration, respiration, etc.: the numerous deaths that so quickly follow extensive burns, scalds, and eruptions, where more than half the rete and cutis are destroyed, fully prove how extremely necessary the exercise of their functions are to the continuance of vitality.

Such then are a few of the highly interesting changes observed during health and disease in this wondrous structure, which even in its normal state is complex and difficult to understand, from performing so many offices; the utility of some of which perhaps may be more duly appreciated, when we reflect that it prevents poisoning by absorption of noxious substances from the exterior,—desiccation by atmospheric evaporation, and putrefaction by chemical decomposition of the juices on the surface; in short, that it is our only envelope and barrier between life and dissolution.

PART II.

ON THE VENEREAL VIRUS,

ITS PRIMARY AND SECONDARY EFFECTS:

WITH CASES.

PART II.

ON THE VENEREAL VIRUS.

CHAPTER I.

ON THE ORIGIN AND NATURE OF THE VENEREAL VIRUS.

The origin of the venereal disease is said to be involved in total obscurity; perhaps it is, but scarcely more so than that of small-pox or any other infectious or contagious disease with which we are acquainted. There has been a great deal indeed both said and written on the subject of syphilis, and, *perhaps*, more mistaken and absurd deductions drawn from the various views taken by the numerous persons who have engaged in this enquiry, than from any other I am acquainted with. This diversity of opinion has arisen chiefly from prejudiced writers going about the enquiry too theoretically, and from their being above profiting by the simple lesson that nature daily lays before

them: for, instead of observing the plain facts presented to them by the disease, they have ransacked ancient authors, and sought for written descriptions of this disease, that in all probability never were in existence; and, after an unsuccessful search, because they have not met with writings of antiquity on the subject, they have come to the hasty conclusion that venereal disease was not in the olden time. Now, that it did exist, I have not a shadow of a doubt: but that it did exist, constituted in the very compound form that it exhibits in our day, I think I am warranted in saying that it did not,—and, pray, is it not highly probable that amongst the numerous works of Arabic, Greek, and Latin authors, that were destroyed at the burning of the Alexandrian Library, in the year A. D. 640, that the accounts of this disease, with much other important matter, may have perished?

In the absence of better information, one party say that the venereal disease was brought to England from America by some of the followers of Christopher Columbus in the year 1492: another party state that it made its first appearance amongst the French army at the siege of Naples in the year 1495,* and that it was borne by some of them to this country; whilst Mr. Carmichael,

* The date of this siege is taken from "Hume's History."

with better reason, thinks he finds descriptions of it in some of the very early Roman writers. Cornelius Celsus describes ulcers on the organs of generation,* soon after the birth of Christ, and so early as the time of Augustus.

It is clear that this disease existed long before either the return of Columbus or the siege of Naples, for above three centuries previous to those events there was an act made so far back as the year 1162, by Henry II., containing these remarkable words—that "no stew-holder shall keep a woman that has the infirmity of burning."

If no such ailment troubled the old world in the earlier ages,—I say if no venereal ulcer committed its devastation on the prepuce of the Jews, why should that salutary law of circumcision have been so strictly observed as a Jewish ritual? Now that sexual diseases existed as early as the year 1450 B. C., is clearly proved by the writings of Moses, for in the Book of Leviticus many very interesting facts are detailed, (as I imagine,) relating to these diseases and their ancient management in both sexes. In the thirteenth chapter of the above Book, a very peculiar contagious disease is described under the term plague, or, "like to leprosy;" and it is well known to us that the term leprosy was not employed by the Arabians

---

* De Medicinâ Liber.

in its present acceptation, but that their translators indiscriminately applied the term to every sort of foul cutaneous disease.* Now the λεπρα of our time is purely a scaly disease of the cuticle, as it probably was with the Greeks; but that clearly is not the disease intended to be described in the above chapter, for it there expressly says, "When a man shall have in the skin of his flesh a rising, a scab or bright spot," etc., "and the plague in sight be deeper than the skin,"—the priest shall look upon him and pronounce him unclean. But the disease known in our day, under the term leprosy, seldom or ever is "deeper than the skin," and any thing that is deeper than the skin must be an ulcer. Again, in the 23rd verse of the same chapter, it says, "But if the bright spot stay in its place and spread not, it is a burning,"—"quick flesh that burneth," etc.—"it is a leprosy broken out of the burning, wherefore the priest shall pronounce him unclean," etc.: and to prove that this description was intended to be applied to a contagious disease they separate him from others, as is well expressed in the sentence—"He shall dwell alone; without the camp shall his habitation be." There the word burning, as applied to a disease, appears to be a very ancient term; and be it remembered, that the

* Vide "Bateman's Synopsis."

expression of being "burnt" by a harlot is in common use from the time of Moses to the present day. The description of symptoms from the thirteenth chapter quite as much resemble some forms of secondary venereal disease as they do the lepra of our day; and the words—"broken out of the burning," might well be taken to mean the cutaneous contamination by venereal disease. And why indeed should not the above description be intended to depict lepra venerea, for the very change there spoken of actually occurs in hair that chances to have its roots situated in a patch of Lepra venerea and also in Rupia venerea. This secondary symptom changes it at once to "yellow," or to "white," as the Scripture states. And, as if in further confirmation that the disease intended was venereal disease, the fifteenth chapter of the same Book, at the sixteenth verse, next very clearly describes gonorrhœa under the term, "an issue of the seed of copulation." *—"And if any man's seed of copulation go out of him, then he shall wash all his flesh;" and even the saddle he "rideth upon" is deemed unclean; and further the chance of his contaminating a woman is evidently referred to, for at the sixteenth verse it says, "The woman also with whom the man shall

* Gonorrhœa, from γονος, the semen, and ρεω, to flow: it has also been called spermorrhœa, as the ancients really believed this disease to be a flow of semen.

lie with seed of copulation, they shall both bathe themselves in water, and be unclean until the even:" and again at the nineteenth verse,— "And if a woman have an issue, she is to be put apart seven days," etc. Thus it appears to me that both syphilis and gonorrhœa are mentioned by the most ancient authors, and first of any, perhaps, by Moses.* It seems quite useless to enter into further discussion as to whether the ancients were or were not acquainted with this disease; but all described symptoms of the past, that we can still trace in the records of the present, indicate that they *certainly* were. I shall next proceed to consider the origin of that form of syphilis now met with in Europe.

Without entering into the theories of that great man, Mr. Hunter (so many observations and discoveries having been made since his day, by numerous able and zealous labourers in the field of physiology), I shall proceed to state merely the opinions and conclusions my mind has arrived at, from the numerous facts nature has presented to my view, they being the result of a long and anxious scrutiny amongst the ravages produced by this peculiar poison. But first, for a moment, let us fancy an insulated colony, peopled by clean, healthy, and undefiled persons, and let us consider whether, in their social intercourse, such

---

* Moses evidently was acquainted with contagion.

a disease could arise, and without any contagion being brought amongst them by new comers. It will, I take it, be readily allowed that all animal bodies are at times prone to take on some morbific action or other; and it may be observed, that but few persons are exempt from a pimple every now and then, or some little breaking out (as it is termed) on the face, breasts, shoulders, etc.: and, believe me, the penis and vagina are liable to a similar eruption, in common with other parts: * indeed, a vesicle, or pustule, or an occasional abrasion, will often form on the corona glandis, labia, etc., or even ulceration take place, from friction, or from acrid secretions, especially if they are permitted to remain and become putrid, within the foreskin or labium. Now, we will suppose a man gets a tear during sexual intercourse; well, if his constitution is not in possession of health, is it not likely enough that a sore with unhealthy discharge will take place, and form such an ulcerated surface? And this is more apt to happen from the acrid nature of the pus formed about the sebaceous lacunæ. Then again, the female vagina, on the very next night, may become the depository of this discharge; and should this woman have intercourse

* May 1st, 1835. I examined about six hundred persons, and in three instances found vesicles on the parts of generation, in individuals that also had vesicles at the time on their faces: and some of these were among married men.

with a variety of other men, one of them may come to her with a pimple on his glans, and on the succeeding day another with a vesicle or pustule,—each act of connexion probably not only breaking this minute vesicle or pustule, but also squeezing out its contents into the vagina. Well, when these retained discharges become rancid, they excoriate the parts of the woman in whom they have lodged, and a breach of surface, or probably an ulcer, will then be formed from the irritation of the lining membrane; and a sore, or a discharge, will of course be produced in the next person who may chance to have intercourse with her. Besides, it is well known that secretions from the vagina (and of a kind, we have no right, in the common view of the subject, to consider venereal) often produce sore-throat, ulcers in the palate, and eruptions. (Vide case of Charles P——n, etc.)

Nor can we be surprised at the varieties of disease arising from sexual intercourse, when eighteen women out of every twenty, examined after death, are found, if of advanced life, to have diseases of the neck of the womb, such as ulcers, pustules, excrescences, scirrhi, and discharge.—Vide a paper by Mons. Lisfranc, whereon the Reviewers very properly remark: "We cannot conclude these reflections without inviting practitioners to examine closely the neck of the uterus in all women who die of old age alone;

and we defy them to find two in a healthy state out of twenty women taken at hazard. In the bodies of the old females in the Saltpétrière, we find them almost all altered in form, in their connexions, with ulcerations, various growths, turgescence, and aphthæ; lastly, with all the different changes, which we confound under the name of scirrhus, or cancer; and, nevertheless, these women have lived for a very long time with these alterations of structure." From this short extract, it will be readily observed, there exists in nature another copious field (as pointed out by the French practitioners) from whence we may receive contaminations from pustules, aphthæ, etc.; in short, there is no saying where this enquiry, if further prosecuted, might end. Besides, that animal poisons arise spontaneously at times in various individuals is so completely established, as not even to admit of a doubt; and from the youth and other circumstances of the party, without sexual intercourse ever having taken place, yet sores have been known to break out at sea, followed by sore-throat, pains, and eruptions, when they had, during months preceding the primary attack, constantly been afloat on their way to distant parts of the world, without intercourse, and in ships that had not a female on board. And why should we be surprised at these facts, when we see that by such simple means,

a virus can be formed, and one capable of producing symptoms now termed venereal disease. When we consider the number of pimples, vesicles, pustules, and sores that may contaminate the persons of the common women of populous cities during each successive night—and especially in instances where there exists an utter inattention to cleanliness—the only part that excites one's surprise is, that, under such circumstances, they ever are free from poisonous secretions or venereal contaminations.

Next, let me ask, in the midst of this vast mixture of lymph, of pus, and of animal secretions, what should we anticipate would be the consequence of a man getting an abrasion, or excoriation, whilst cohabiting with such a party? Why, almost as a matter of course, he becomes inoculated with the lymph out of some lately broken vesicle, lodged in the vagina; and perhaps with the contents of some broken pustule of another person, left on the preceding night: and this, again, mixed with the sanies of some open sore of a third; and all these mixed and blended, in addition with the various secretions of the woman herself, or perhaps with that from some phagedenic ulcer in progress of formation in her depository. Under such circumstances, can it astonish any reflecting individual, that ailments of a like kind should be engendered

in those that have the misfortune to cohabit with her? Do we not, almost daily, see similar effects follow the insertion of the lymph from vaccine vesicle? or of the pus from a small-pox pustule? and it follows, as a matter of course, that the unfortunate individual who has the most active absorbents, when exposed, is most liable to have such poisons taken into the system, and the most vivid effects produced.

And has not Mr. Abernethy, as well as others, written of a disease they term pseudo-syphilis? and related many well-authenticated instances, wherein a disease, strictly resembling venereal disease, broke out upon persons that had been long at sea, (as before stated,) and far beyond the possibility of contamination? We one and all have treated diseases precisely resembling venereal ones, wherein contamination was utterly out of the question, if the words of the most conscientious and respectable men are to be taken!—persons whose word would have been relied upon in every other statement! and why not in this? When indeed their own cure, future happiness, and comfort, are at stake, should they deceive their medical attendant? Surely these are reasons cogent enough to extract the truth from men unmarried, and who can have under the circumstances no reasonable object to gain by concealment; and who, too, are duly informed that they

have every chance of undergoing erroneous treatment, of enduring long suffering, and perhaps of having ultimate destruction brought upon them by the deception.

Is it not then far more rational for the profession to do away with the name of, and belief in pseudo-syphilis? and to take the following view of the question: viz. that every animal body commonly has the power of forming at times healthy secretions, but at some other times unhealthy ones; and knowing, as we do, that this power exists, does it require any great stretch of imagination to conceive that in a bad habit of body (and such are your pseudo-syphilitic subjects!) the glandules around the glans penis in the male, and labia in the female, form at times a more acrid secretion than usual? and it is well known that excoriations, pustules, warts, sores, and buboes, are frequently and actually produced by its absorption alone,—and that at these particular periods those parts secrete a fluid that is a poison to the whole body! Why then should there be the least surprise excited that these secretions, when mixed with pus, as they often are, and lying long in contact, in persons who do not wash within the foreskin, contaminate any individual that has the misfortune to have connexion with them when in the state described? Why, the skin, or delicate membrane, in the clean person, being totally unac-

customed to such an irritant, is the more likely to be fretted into ulceration by such unusual contact. I would ask any unprejudiced mind, is this not enough to cause in them the formation of vesicles, pustules, or such sores as are, when situated on these parts, usually called chancres?

Why should not pus, or virus, when absorbed from such a source, contaminate the system of the person by whom the morbific secretion is first produced? or that of another to whom it is communicated? especially when it is applied to a part so likely to be effected by it, and under circumstances the most favourable of all for the production of contamination from the lymph, pus, or secretion, lying during the night, or even days in continuance, upon a part highly endowed with absorbents and sensibility; and one too of the thinnest and most vascular organs of the body, and at a time when it is already abraded, or even torn open, ready for the admission of the poison. Can any person unbiassed by our old venereal doctrines, and acquainted with the power possessed by secreting surfaces of changing the nature of their secretion, doubt this being the true origin of what was, until very lately, termed Pseudo-syphilis in the first person, and genuine Syphilis in a second person (when preceded by a sore) although produced by contamination from the first? Will not these views of the subject

clear away the many difficulties we are involved in, and prove the poison, called venereal, to have existed during ages, producing its train of symptoms both with and without connexion?—in short, complete Syphilis in its primitive and secondary forms. Does not this theory best correspond with all other better known facts in pathology, viz. that animals under the influence of disease form secretions of pus, saliva,* etc. (as in the rabies canina,) that are poisonous both to themselves and to other animals, and even to man? This also is the case in the glanders of the horse, in the mange of the hound, and in the vaccine of the cow! and from one and all of these poisons secondary eruptions frequently follow contamination from them, as in venereal disease. And what is more common than absorption from an abraded surface, or ulcer, to cause enlargement of the glands, paramount to bubo in the tracts of these absorbents, with concomitant fever, eruptions, and mischief to the system, after these poisons are absorbed?—is it not the nature of such virus to produce them?

Poisons spontaneously arising in animal bodies, of other kinds, are also common enough. When a person gets a cold in the eye, does not the conjunctiva often inflame and produce pus? And

---

* Inoculation with saliva of a small-pox patient is said to produce variola.

who then doubts this disease to have arisen in this person without contamination from an ophthalmic patient? And will not this pus, if applied accidentally to the sound eye of this same person, produce a similar disease in it, although the latter organ previously ailed nothing? Here you have a familiar instance of altered secretion arising in one part, and contaminating another part of the person: and this is a fact frequently occurring under our sight, and no doubt is then ever expressed as to this virus having sprung up in the person suffering from its effects. Fortunately we have no disease, produced by morbific poison, that is followed by sufficiently numerous symptoms to be perfectly analagous and bear throughout comparison with syphilis,—if we had, the mind of man would no longer doubt that venereal disease sprang up of itself, like the pus in the eye of the party described. In what other way, let me ask, could it possibly have had its origin, but by being formed in some one person at first? and thence being disseminated amongst mankind in general? At the present time I have a healthy country lad under treatment, occasioned by the following accident. He was sitting by the fire, a spark flew out and burnt a minute spot of skin covering the upper part of the lower eyelid. It was followed by swelling and inflammation, that were quickly subdued by cold applications and purga-

tives: but in the mean time the inflammation had spread over the edge of the lid to the conjunctiva, and in three days it caused as complete puriform ophthalmia as if he had been contaminated when serving with the troops in Egypt; and doubtless the virus from this eye would, if applied to another, cause as perfect a contamination of its kind, as the morbific secretion of a venereal sore would do in its way. Surely this is a very clear instance of a poison being generated in a few hours in a very healthy and clean individual; and as we see that one poison can be produced, why not another?

The venereal disease that probably existed from the earliest period of the world, can scarcely be expected to have been the complicated compound form of virus we meet with in the present day: for it may fairly be presumed, the more early the period, the more simple was the form of disease; as it had not then been varied and modified by the climates and temperatures, nor by the animal changes worked in it during so many thousand years, in its passage through the systems of so many millions of victims. But in contemplating the virus and its proceeds in our time, it will be needful that we pause and consider what would be the produce (if the first view of its origin, as stated in the preceding pages, be correct): this I shall endeavour still better to illustrate by a tangible and more

familiar example. First, let us suppose a person with a pimple on the glans has connexion with a prostitute; secondly, that another with a vesicle has commerce with her, and likewise a third with a pustule or an open sore.* Now we will suppose there lies a collection of poisonous fluids in her vagina, each capable of producing its own peculiar form of disease so soon as it is placed in the living body; and this is that sort of mixture that we are in the habit, from prejudice, and from its being generally inoculated through one sore, of considering as consisting of but one poison; whereas in reality it is a mixture of poisons, or a compound amalgam of modified ones.

Next let us take vaccine lymph and mix it with varioloid pus, and both with herpetic fluid, and then I think you may imagine you are approaching to (though wanting many ingredients of) the compound venereal virus of the present day. Now place a little of this fluid on a crack in the skin, or on a tear in the penis, or an abrasion in the vagina, or even upon their surfaces, and if the absorbents take but the smallest portion of it into the system, what will be the result? Probably at the end of three days a small pimple will be just discernible, set on a diminutive red

* Three men are by no means so many as I believe some of these women see in a night.

base, and in three more, the vaccine vesicle will have considerably extended, and about the ninth day it will have attained its full size and encrust, like the vesicles that sprang from syphilitic virus in the case of I—— C——dy. About the same period I conclude a fever will arise, and on the twelfth day an eruption of pimples on the person, which in twenty-four hours will form vesicles, that afterwards become pustules; and at this stage, I conclude, it would be found that the vaccine had so modified the varioloid virus that all the pustules would decline on the eighth day. The herpes perhaps would not be distinguished in the primary sore; but from what I have seen of this eruption in Ireland, I should say it would long afterwards appear upon the skin of the person, and probably some form of it would add sore throat to the before enumerated symptoms, with clefts in the tongue and pains in the limbs. Now take a review of the effects produced by this mixture of virus, and it will be observed to present a train of symptoms not very unlike the succession that so constantly follows a vesicle on the penis, which at first produces a vesicular or a lichenous eruption, which is, after a time, generally followed by a pustular one;—syphilitic lichen being commonly followed by ecthyma, and as above by sore throat and pains.

It should be remembered that you have vesicu-

lar and pustular eruptions on the body, and in many instances primitive sores formed from vesicles or pustules; and I have occasionally seen both vesicle and pustule exist at once as a primary affection on the penis of the same individual. That the venereal virus is composed of a plurality of poisons, is self-evident from the above fact, from the variety of primitive sores, and the number of eruptions they produce. I know this to be the opinion of most of those that have made the disease their exclusive study during a long series of years; and until lately it was the opinion of Mr. Wallace, a very able writer on this subject; indeed he publicly delivered it in his lectures when I was in Dublin.

If the venereal were a simple and not a compound virus, i.e. consisting of many poisons, why should it produce a greater number or variety of eruptions from one source than any other virus that we are hitherto acquainted with? The pure lymph from cow-pock produces the vaccine vesicle only; and pure pus from small pox the variola vesicle only; and their compound or mixed virus produces modified small-pox only, and so with all other poisons from every known source. If the venereal consisted of a single virus, it should invariably arise from a similar sore, and always produce one effect, as lichen only, or rupia only; or ecthyma only, and not papular

eruption followed by vesicular, and those by pustular, and all arising out of the same virus. If I believed in this opinion, that all these varied symptoms were the produce of one virus, I might with equal propriety expect to produce peas and beans on the same peduncle,* and from one seed pea. Yet I do not mean to deny that a single poison is not at times secreted, or that a single virus is not at times imbibed; and the latter circumstance probably does occasionally take place even when several are presented to the absorbents, for they are known to possess an elective attraction, (or at least they take up alkalies and refuse acids,) which is well illustrated by several of the cases herein related, that occurred in my own practice. Doubtless two persons may be infected by various secondary symptoms by the same woman, even on the same evening; for the one may imbibe a different poison to the other: indeed there are considerable grounds for believing that the absorbents of certain individuals will always take up one peculiar kind of virus in preference to another; and thus some have one peculiar form of ulcer or eruption produced, however often they may contract venereal disease, and however many poisons they may be exposed to. Hence, you may observe the same patient applying for advice with a

* A term used in Botany for a stem.

similar set of symptoms during a series of years, although produced by many fresh contaminations, and from association with fresh individuals from distant districts.

Yet that the primary sore is only the proximate or secondary cause of the eruption is clear, for does not the sore always, or next to always, follow inoculation by the poisonous virus, and precede the venereal eruption? That the sore and the effects following it are very intimately connected,—and more, that the eruption produced, and the sore producing it, bear a reciprocal influence over each other,—is demonstrated by such facts as the following:—A patient, now under my care, had, some weeks before, excoriated margins of the mouths of the sebaceous lacunæ around the corona glandis; and, after the usual lapse of time, they were followed by the puniceous patch eruption, which took place by the time the sore had healed without mercury. Shortly after this, he was attacked by pains in his limbs, and a considerable aggravation of all his secondary symptoms. The sympathizing cicatrix of the sore immediately re-ulcerated, and in so doing it assumed exactly the lozenge shape, and even the size of the puniceous patches, that were at the time declining from his skin. On the 30th of October, 1833, I examined the above-described sore; it had re-cicatrized, but it had left an eleva-

ted square surface, with a flat summit, standing up more than a line above the level of the surrounding integuments of the glans and foreskin, but still bearing its full resemblance to the puniceous patch eruption; for the remains of it being still visible upon his skin readily enabled me to compare them. In the case of James T——s, after the primitive sore had healed, lichenous puniceous patches broke out all over his person; and no sooner did the eruption commence, than the original cicatrix of the sore, sympathizing with the general inflammatory state of the cuticle, reulcerated, and formed one of those well-marked, elevated, lozenge-shaped, crimson surfaces, very similar indeed to the vivid patches of the eruption existing on his skin.

In a third case of puniceous patch eruption that I have at present under care, in T. J——th, the primitive sore left an immense elevated lump of induration, which felt like a piece of cartilage in the surrounding cellular membrane; yet the figure even of this induration was also a squarish oblong, much resembling in its shape and elevation the patches that formed his eruption.

(December.)—About two months afterwards, this person had another eruption of vesicular lichen; the indurated surface left by the sore was attacked by three small vesicles or ulcerations, and, on healing, they left three projections

of the cuticle, not exactly like, to be sure, but yet little different from lichen in their height, colour, and shape.

This reciprocal influence of the eruption over the sore, and vice versâ, is by no means confined to the puniceous patch eruption; for, in the case of Rd. B——tt, the primitive sore broke out afresh on the appearance of lichen: nor is this sympathy confined to the papular eruptions, but it extends to those of the other orders, as may be gathered from the following instances.

In George S——h: he had a pustule on the penis after connexion; it healed soundly; yet a month afterwards, when an eruption of lichen invaded his skin, the cicatrix of the primitive sore reulcerated by small pustules.

In the case of S——n: the original sore in this gentleman was formed by the ulceration of a pustule, and afterwards, when ecthyma appeared over him, the cicatrix of the primitive sore reulcerated by forming three pustules; a very interesting marked fact, showing how much the eruption and sore are linked in sympathy. Amongst other extraordinary sores, I might mention, that I this day saw two elevated thick scabs on the glans exactly resembling rupia prominens, and need scarcely add, that I shall anxiously watch for the form of eruption they may produce.

In the case of Robert D——d, it will be ob-

served, that the tubercle-like projection on the glans made little or no progress from the 1st of August to the 15th of October; but no sooner had the general eruption appeared, than lymph was thrown out in the tubercle-like projection, and then, and not before, did this part become distended, and it reinflamed and almost immediately threw off a scale, and became half excoriated on its apex. By the 6th, it had been covered by unhealthy yellow lymph, and the vesicles forming the eruption on his body had broken, and became covered by a similar unhealthy yellow lymph.* On the 10th of the same month, some of the vesicles also ran into slight ulceration, and then very much indeed resembled the sore on the glans. Lastly, vesicles on the penis, some weeks afterwards, produced an exactly similar eruption over the skin of the body; and this again happened under my own immediate observation, when I was daily attending the patient for the original vesicles, and the dotted sore they had formed.

That a similar virus makes its first impression in a similar way, may, I think, be proved by the case of Robert D——d and Joseph M——ge; for both got their sores by cohabitation with the same woman—both their sores commenced on the 5th

---

* Query—Is not this yellow substance a membrane thrown out on the granulations? I believe that it is.

day after connexion—and both of them were similar in appearance. In two other cases, John B——th and John C——h, on both being subjected to the venereal poison of another woman close upon the same time, each had a bubo produced in these instances without any primary sore. I treated the first of these patients, and watched the other case for another practitioner. Now, surely the effect and progress in these cases is marked by sufficient identity to satisfy the most scrupulous.

Such instances, and many others that I could relate, strongly point out the powerful links and sympathies that exist between the poisons producing the various primitive sores, and also between the latter and the eruptions they give rise to, not only before, but even long after they have appeared; in addition to the curious fact that the sore and its product, the eruption, frequently undergo similar changes at exactly the same period. However, it must not be expected that all primitive sores perceptibly exhibit on their surface the various changes that correspond with their eruptions, as such effects are only well marked at times, and not in all cases; probably from the original surface generally sloughing away, or being destroyed by caustic, and other applications, used to expedite the healing of the sore.

That the numerous eruptions produced by so

great a variety of sores are formed by several poisons, is next to certain. I, for instance, cannot believe, but that the virus that produces the phagedenic sloughy ulcer is very different to that which produces the small vesicular ulcer, and so on; and, as some proof that it is distinct in its nature, the former kind of sore, I may state, is much oftener followed by secondary symptoms than the latter.

The succession of eruptions produced by the different sores would probably prove another important guide in this part of our inquiry, and the instances that follow a distinction of this sort may be clearly established. In the case of William B——le, and in that of William W——d, the former had a vesicle produced two days after connexion, and followed by puniceous patches only; whilst the latter had a sore produced seven days *post coitum*, followed by an eruption of crimson patches, and then by an eruption of lichen. In a third instance, a chancre appeared two days after connexion; and it was first followed by an eruption of tubercles; secondly, by one of lichen; and lastly, by sore throat, iritis and ecthyma. In the first case we have an instance of a vesicle producing an eruption of puniceous patches only; and hence we may fairly conclude that but one poison had been absorbed (and that from a vesicle), for no other ailment followed the

contamination, and here no mercury was used to prevent it; and in the second case, we have an instance of a sore producing puniceous patch eruption first, and lichenous eruption afterwards: here we may as fairly conclude that in the latter case two viruses were absorbed from the sore; and, in the third instance, a chancre was followed first by tubercle, next by lichen, and lastly by ecthyma; and in the latter instance, surely, we may as reasonably conceive three poisons to have been taken into the system from these numerous products; and, I believe, a still larger number of them often compose the venereal disease of our day. Take any stage of this protean disease you please, is there not a sufficient variety in its appearance, to justify the foregone conclusions? Surely distinctions could not be more clearly marked out, than in the various figures of the numerous eruptions, for they consist of seven out of the eight orders of all known cutaneous diseases,—you have the exanthemata,—the papular,—the vesicular,—the pustular,—the tubercular,—the maculæ, and the squamæ, all produced by it. These are, indeed, an unprecedented number of effects, and more than are produced by any one other virus, or poison, with which we have been hitherto acquainted, even so late as the eighteenth century. What possibly can be so varied as the numerous tribe of syphilitic eruptions? Nothing,

I should say, except the primitive sores that produced them. Look at the contrast between the mere elongated papillæ and the round and risen lichen; at the transparent vesicle and the opaque pustule; the flat macula and the elevated tubercle; and finish by observing the pink and delicate blush of mottled skin, and the strong crimson red of puniceous patch, or the copper-like tint of spili, and the deep chocolate stain left on the legs by common ecthyma.

Surely enough has now been said to convince every mind above the prejudice of common opinion, that from one to several poisons are absorbed from the very same sore to produce a variety of eruptions, symptoms, and effects, equal to the united classifications of Alibert, Plenk, Willan, and Bateman.

CHAPTER II.

ON THE VARIETY OF ABSORBENT SURFACES AND PRIMARY SORES, AND ON THE VARIOUS MODES BY WHICH THE POISON ENTERS THE SYSTEM; WITH CASES ILLUSTRATIVE OF THE EARLY SYMPTOMS.

Before proceeding further with this highly interesting inquiry, it appears to be needful that we should observe the effects produced upon the various parts by the virus, as it passes through them, on its route from the surface, or sore, into the system: and in making this survey, it may be noticed, that the only mode of admission of the poison is by the trunk of an absorbent, and generally, though not always, through its gland.

First then I have to remark, that (long after the party has been in the way of infection) at times virus is absorbed from the surface, and often without perceptible redness, ulceration, or any breach of surface; and that bubo occurs only in some of

these cases, and yet that secondary symptoms frequently follow such contamination, as, for instance, in the cases of Charles C——e, and in Robert D——d, etc. Accordingly we see that it should only be regarded as a rare, but not as an impossible, occurrence for venereal virus to be thus quietly taken up from the glans, prepuce, body of the penis, scrotum, labia or pubes, by an absorbent, and thence conveyed into the system; and every now and then undoubtedly it is so, and without the suffering party being aware that they are infected, until the secret is revealed by the appearance of fever, sore throat, and secondary eruption, which silently, but too surely pronounce their fate. This effect occurs at times without even the mouth of the absorbent being sufficiently irritated to mark out on the skin its situation: but at other times the enemy is descried in *his covered way*,—the absorbent trunk becomes so inflamed, that it suppurates in the substance of the prepuce, as in the case of B——ke; or under the integument near the middle of the body of the penis, as in the case of K——y; or at the pubes, as in the case of K——by; or between the abdominal muscles, as in the case of Stow; or even within the urethra, as in the case of W——te; indeed in the latter instance, abscess, or what is called bubo of the penis, was the result. This affection of the penis, especially on its upper

part, was more common than usual during 1818, (vide urethritis cases,) as also were collections of pus in the prepuce; and in some of these cases there was a sore, situated on the under part of the glans; and probably in these instances, from thence the absorbent wound its course towards the upper part of the penis. But bubo of the latter organ, when a sore has existed, is not much more extraordinary than the case of bubo that occurs in the same situation during urethritis, where no sore had been formed, as both probably arise from one cause of irritation. Yet bubo alone is not a certain sign that it is venereal virus that has entered the system, for do buboes not occur in the sibbens of Scotland, in the yaws of Africa, and in the plague of Turkey?

From the memoranda I have kept of the former kind of abscess, or bubo, as it has been called, I believe the varied and curious modes just described, of the poison displaying itself, to be fortunate cases; for in several such instances no secondary symptoms resulted: and I am further led to believe that in these patients the escape arose from the inflammation being of a kind that caused adhesion and obliteration of the absorbent trunks, rendering them impervious; in which case, unless the vasa efferentia (or, according to *recent experiments on absorption*, the veins,) be very active, the inoculated party in most instances seems to escape

contamination.* The march of the poison into the system is at times even still more insidious: and unless the patient be under scientific medical care for other ailments, its inroad is unobserved, and the fact often positively denied. But by long watching for such circumstances, I have met with a few instances, wherein the entry of the venereal poison could be traced by a red line running in the subcutaneous tract of the slightly inflamed absorbent, that had imbibed venereal virus, although the party had neither abrasion, sore, nor bubo; as in the case of Charles S——ll, at page 206. In some few persons the poison passes at once into the groin, and its progress is there shown, and is at times arrested by inflammation in an inguinal gland: but the most common course (as every tyro knows!) is that a sore first forms, and then a gland enlarges from the irritation caused in the absorbent carrying the virus, unperceived, from the primitive sore to the inguinal gland. Yet this process was detected, as before remarked, in Charles S——ll: in him the red line was distinctly seen running from the spot of contagion along the penis. In a few very, very rare instances,

---

* It has before been proved, that when other poisons have been prevented from immediately entering the system, that they have lost their power to contaminate. Vide Exps. by Sir B. C. Brodie.

and some such are related in this work, the inguinal bubo formed days, or even weeks, before the sore; and this was the case (even whilst under mercurial influence) in Samuel S——e, and also in William S——on: there the bubo preceded the sore by a space of three weeks or more, yet secondary eruption followed it. I have even known buboes to form in both groins, and advance to the point of suppuration, before the irritation on the mouth of the absorbent produced the vesicle, sore, or chancre; occasionally the skin and absorbent seem for a long time to resist ulceration, and yet ultimately bubo forms, and the patient is contaminated, as is shown by the secondary symptoms occurring, without his ever having had the usual warning, a primary sore.

In the month of June, 1818, I saw and made notes of three cases of buboes which took place from ten days to three weeks after connexion, without the parties having had any sore, by which it would be observed or suspected that the virus had entered their systems; but in one of them a deep sore, of a kind that would be termed chancre, appeared a fortnight after the bubo had formed, and at that very time too when the patient had a sore mouth from his gums and system being fully under the influence of mercury.

Another case of primary sore, forming more than two months after the bubo, will be seen in the

case of James G——y, followed by maculæ cupreæ. Another, and a much more frequent source of contamination, though one still less suspected, is through red and half excoriated warts, which form under the foreskin, as in the case of I—— I——le. In women they are extremely numerous and common; so much so, indeed, that by some this wart is believed to be the primary venereal symptom, and I have several times observed it to be followed by puniceous-patch eruption, and this probably occurs through their acting as absorbent surfaces. In his case it appeared that the whole sore, and part of the gland, sloughing out, did not prevent contamination by the venereal poison, though at times I conclude it does, especially if but one of the vasa efferentia chances to go out of the gland, and if that one has had its trunk previously obliterated. That the virus still circulated in the system after the sloughing in the above patient, may readily be demonstrated by the eruptions of puniceous patches, lichen, ecthyma, and vesicles, that followed it; added to which he also had ulcerated tonsils, sore throat, and enlarged submaxillary glands.

When hospital gangrene attacks the sore and enlarged glands, as related in Chapter III. of this work, and destroys both the sore and glands, (if the party is not cut off by hæmorrhage from the vessels in the groin) they slough out so extensively,

that there is not more than one in five or six such cases in which any venereal contamination takes place; so that we may set it down as a maxim, that it is but occasionally that bubo which sloughs from the above formidable disease, is followed by secondary symptoms. Then comes another very interesting point for discussion. Was Mr. Hunter right when he stated that pus from a suppurating bubo will not produce syphilitic disease? if so, how do secondary symptoms ever arise after suppurating inguinal bubo? Surely it cannot follow, that because a child drank pus from a bubo, and had no secondary symptoms produced by it, that indigested pus, from a similar source, will not produce secondary symptoms. We daily see the reverse; or how does the system become affected by venereal disease? I believe the virus is indeed modified, and rendered less irritating by having passed through a gland; so much so, that it is but seldom observed to cause bubo in a second deep-seated gland, after having excited the formation of pus in the first; otherwise the iliac and mesenteric glands would take on the disease, and the result would be internal buboes, followed by suppurations, and probably death. Yet occasionally the contaminated absorbent does not enter a superficial gland; it runs to a deep-seated one, or irritates others amongst the abdominal muscles (vide plate 3rd), forms buboes, and even in some

glands that are situated behind the peritoneum: but, in two or three thousand cases, I have met with but a few of such instances. However, without any disrespect to the opinions of Mr. Hunter, I may safely affirm that secondary symptoms would follow the entry of the pus from a bubo, either into the system of its producer, or into that of any other person.

I may next remark, that the seat of bubo in venereal disease is not always confined to the groin, the elbow, the axilla or submaxilla, (as I need not inform the midwife or the experienced reader,) for the locality of the ailment must vary with the seat of its cause; and I shall now leave this matter as one too well established to require further illustration from me.

There still remain many facts connected with sore and bubo that are interesting, and that never have been thoroughly explained; and in causes from which we should expect *a priori* to see produced the very reverse effect, as in the following instance.—A chancre on the left side of the penis often produces a bubo in the right side groin, that afterwards contaminates the system by its absorption from the opposite side.—(Vide case of P——en.) This is exactly the contrary to what we reasonably might expect, especially, knowing, as we do, that the body is originally formed in separate halves: nevertheless, so it is, and, no

doubt, generally arises from the absorbent trunks crossing each other; and at other times through their inosculating.

The trifling sores more often produce buboes than larger ones,—as do warts: bubo generally forms through absorption of venereal virus, before any considerable condensation has taken place in the base, or around the primitive sore; but, in some other cases, bubo does not take place until the primitive sore has existed during months, and has all but healed; nor until the induration has been lessened by absorption: this probably explains the circumstance of bubo so often forming just when the sore heals. For when there is a mass of condensed parts beneath primitive sores, it seems to prevent absorption.

Therefore excoriated surfaces may generally be said to lead to bubo more quickly than venereal ulcerations; and absorbent glands, that some time before had enlarged and been put back, on the sore healing, often suddenly become active, enlarge again, and suppurate.—(Vide cases of William S—on, and very many others detailed in this work.) If the virus does not produce inflammation in the first gland it enters, on passing out again, it produces no effect upon the vasa efferentia.

The cervical, the axillary, the inguinal, and even the crural glands, often suppurate, forming a

sort of secondary bubo, from the irritation occasioned in the general absorbent system by their carrying venereal virus; and this happens at times, even when there is no eruption to create cutaneous irritation, but still oftener where there is.

In the following page I have endeavoured to give a classified tabular view of all the varieties of venereal sores met with in practice, embracing those primary sores that preceded the numerous eruptions and secondary symptoms described in this work; which were very attentively watched, and of many of which accurate accounts were kept, and correct drawings and casts made, in order thereby to deduce the peculiar eruptions and effects that may hereafter be expected to result from any similarly featured sore, on its being presented to the experienced eye.

The various descriptions given in the following table were selected from memoranda drawn up from what were considered the best marked amongst a vast number of sores that were produced by impure connexion, and led to the secondary symptoms that furnish the chief part of the materials for this volume.

Numerous accounts of other sores, of which drawings, etc. were also kept, at an expense of much time and labour, but that afterwards led to no secondary results, are, of course, omitted.

A TABULAR VIEW

OF THE SEVERAL PRIMARY SORES AND APPEARANCES ON THE PENIS THAT FOLLOWED VARIOUS VENEREAL CONTAMINATIONS.

1.—A SUPERFICIAL REDNESS * on the surface of the penis, either surrounding the contaminated mouths of the sebaceous lacunæ, or encircling the corona glandis, followed by absorption of various poisons, and by various eruptions.

2.—A HALF-EXCORIATED CRIMSON SURFACE on the glans, at times surrounded by semicircular radiated lines (and there may be traced occasionally an inflamed absorbent from it) followed by small vesicles on the brow and chin.—(Vide case of H. D—ge, and C— S—ll.)

VAR.—Excoriations, fissures, and abrasions, most common between the glans and prepuce, forming absorbent surfaces, giving rise to abscesses in the body of the penis, and a great variety of secondary symptoms, as puniceous patch eruptions, sore throat, nodes, and inflamed synovial membranes.—(Vide case of C. K—y.)

3.—A PIMPLE, or pimples, more or less risen; or an oviform red surface on the glans, well corresponding with, and frequently followed by lichen.—(Vide case of J. W—d.)

VAR.—At times a pimple becomes vesicular, or suppurates, or breaks and ulcerates. It generally produces bubo, pains, sore throat, lichen, ecthyma, iritis, opacities of the cornea, and thickened periosteum.—(Vide case of R— B—tt, and C— B—n.)

4.—A VESICLE on the glans or prepuce that appears about the third day after connexion, and leads to pains, pleurisis, puniceous and vesicular eruptions, rupia, ulcerated tonsils and pharynx, nocturnal pains, inflamed synovial membranes, corona veneris, tubercles, and psoriasis.—Vide case of J. Campbell, G. J. R—, J. H—i, and J. C—s.)

VAR.—Small vesicles that concrete or incrust, followed by pains in the shoulders; by sore throat; vesicles on the face and scalp; and also by psoriasis; and swelled legs and ancles.—(Vide cases of R— D—d, and R. A—n.)

VAR.—A circle of small vesicles on the glans and dorsum, producing pains, sore throat, clefts in the tongue, and general concentric vesicular eruptions.—(Vide case of J— C—y, and C. C—e.)

VAR.—Herpes præputialis, or a cluster of small vesicles, set on risen inflamed bases, situated on the glans, prepuce, or body of the penis; or thigh, pubes, scrotum, or buttocks; followed by sore throat, pains in the knees and ancles, all respectively recurring for years in succession.—(Vide case of J— H—o, and S. I—.)

5.—A PUSTULE, or more, various in size, appearing from the third to the seventh day after connexion on the glans, or between it and the foreskin; on the body of the penis, pubes, or scrotum, and sometimes forming an indurated annulus, and followed by urethritis, pustular sore throat, pains, ecthyma, and suppurations in the submaxillary glands, and crural absorbents and iritis, or ulcerated cornea.—(Vide case of John B—n, and M. G—t.)

VAR.—Several smaller and less opaque pustules on the dorsum, about the fifth day after connexion, followed by pains, ecthyma, iritis, and ulcerated cornea, as it is with syphilitic urethritis and pustule; or abscess, or ulcers produced by it, within the urethra, come properly under this head, producing pustular eruptions and secondary symptoms.—(Vide case of D. R—s.)

6.—A CHANCRE or small deep round ulcer, with hardened edges. It generally appears about the third day after connexion; often healing by the tenth; is at times situated on the mouth of an absorbent; at times followed by nocturnal pains; at times, by effusion into the synovial membranes, with, sometimes, nodes and corona veneris, enlarged bones and testicles, boils, tubercles, lepra, and psoriasis.—(Vide case of I. H—k and D. N—l.)

7.—AN ULCER with a raised and glassy-looking level surface, spreading by a dark film at its edges, running perhaps half-way round the prepuce; and followed by bubo, puniceous patch eruption, or tubercles.—(Vide case of Henry Hall.)

8.—A CLEAN SMALL ULCER, with a level base, situated on the glans a little deeper than the skin, followed by bubo and maculæ.—(Vide case of H. D.—k.)

9.—A PHAGEDÆNIC BLEEDING ULCER,† beginning with a black spot on the penis, or cellular membrane, eating through the prepuce, or into the glans and corpora cavernosa, followed by puniceous patch eruption, pains, ulcerated tonsils, tubercles, and lepra.—(Vide cases of John Stow, John Mills, and John How.

VAR.—Healthy sores, changing their state; which at times increase by white sloughs, and often run into hostal gangrene.

---

* *Every abrasion, pimple, herpes, pustule, wart, or slough, is capable of causing enlarged glands or buboes, in addition to the above symptoms.*
In rare instances absorption of virus takes place without breach of surface or any visible mark.

† *Black and white phagedæna.*
Both vesicles and pustules generally appear to the eye to commence as pimples, but soon either assume their proper form, or ulcerate.
At times, a peculiar half-excoriated red wart leads to bubo, contamination, and puniceous patch eruption.—(Vide cases of E. W—on, J— J—le, E. Wilkinson, and C. W—n.)

It must be perfectly familiar to the observer of physiological facts, that as soon as an animal poison irritates any part of the external cuticular surface, a blush of inflammation is the first and most simple product; and that when the vessels of the skin are sufficiently excited and distended, they will by a little effusion, or other hidden means, form either a pimple, a vesicle, or a pustule, or through a crack or excoriation they form an ulcer, and make an effort to get rid of their surcharge of blood by throwing out lymph, serum, or pus, or by hæmorrhage: hence redness or excoriations of various kinds are first set down; and in the tabular view, I have endeavoured to show the form of the sores produced by and producing syphilis. The second step after the excitement (and absorption) is the formation of a pimple, vesicle or pustule, caused by the lymph, the sanies, or the pus of their like, or by discharge from ulcers that were originally formed by a similar suppurating pimple, broken vesicle, or ulcerating pustule, and so on. Is there, I would ask, any other method in nature's universal plan but formation and reproduction by the like of its kind? and I am therefore of opinion that the primitive pimple, vesicle, pustule or sore (if it contaminates) invariably leads to and produces an eruption of a similar kind to the one from whence it sprang, and no other; and that this sort of virus, after connexion, again produces

eruptions in others of a like sort, and so on ad infinitum. Did not a pimple in B——t produce lichen? Did not a vesicle in D——d produce an eruption of vesicles? And let me ask, what other view of this subject would be rational? What other design, as to this very interesting point, can be borne out by the analogy of other eruptive diseases, or by the way in which they are propagated? Is not the vesicle of cow-pock produced by the lymph of its vesicle? and the pustule of small-pox by the pus of its pustule? And an intermediate eruption is produced when the two poisons are in action at one time in the system.* It may be argued against this view of the action and nature of the venereal virus, that by far the greater number of primary affections following venereal contamination are ulcers or chancres, and yet that they produce the very same varieties of papular, vesicular, and pustular eruptions, sore throats, nodes, and pains, as commonly follow the primary vesicle, or pustule, on the penis;—granted: but still I see no reason to object to my theory on that account, for a moment's reflection will convince the reader that when a pimple has formed on the penis, the movement of the foreskin, the continually altering size of the organ, the motion in walking, and friction of the clothes, soon hurry

* Vide "Adams on Poisons."

the pimple by irritation into secretion of lymph, or a state of suppuration.* If a vesicle be formed, in like manner it is sure to become opaque by friction, or to be broken before it comes to maturity; and then it forms a scab or an abraded surface: lastly, if a pustule is the result of the venereal irritation, though so much thicker in its coats, it only lasts two or three days longer, and ultimately breaks, and also forms an ulcer. Now it is clear that under such circumstances, and especially as the beginning of the disease seldom is seen, even by the patient himself, and as an ulcer is more generally found, it ever must appear, both to the patient and practitioner, to be the most prevalent primary affection, whatever the original source that produced it may have been; whether a pimple, a vesicle, or a pustule: and hence arises this most common, though erroneous and unscientific opinion, that the prevalent primitive venereal symptom is an ulcer; and hence too the puzzling and all-confusing belief, that one form of ulcer is capable of producing every variety of venereal affection, from sore throat to iritis, and from the common node, or enlarged clavicle, to the true corona veneris.

Next it may be argued, if this theory be correct, and the primitive affection commence as a vesicle

---

* And the same thing happens with a tubercle on the penis.

that breaks and forms the ulcer, and if two or more poisons have inoculated the part, that we then ought to see a pustule or second indication: indeed every now and then we do see the entry of the second poison thus manifested by two, or more, products; for a vesicle and a pustule sometimes appear as the primary venereal affection; and this would still more frequently happen, but for one circumstance that commonly renders it impossible; and which circumstance will be mentioned in the next sentence. This pustule, or second indication, will afterwards rise in the ulcer, or upon its cicatrix: and this certainly might very reasonably be expected, if we believe the venereal virus to consist (as I do) of several poisons; and that sometimes one kind, and at other times perhaps half a dozen other kinds, may have been absorbed from the same sore.

But if we come to the above conclusion, we lose sight of a most important fact, viz. that it is impossible that a vesicle or pustule can be formed on the ulcerated and contaminated part where the cuticle and rete mucosum have been destroyed and are wanting, as they constitute the chief structure of both; but still we frequently see the nearest approach Nature can, under the circumstances, make to this process, actually take place: for do not the cicatrices of primitive sores often throw out vesicles or pustules upon their healed

and apparently sound surface so soon as these skins have been reproduced, and so lead to reulceration? This consequence probably would oftener follow, were it not that several viruses blended in most instances produce but one effect; and were it not that one virus possesses the power to modify, limit, or even at times altogether to prevent the action of another; as is seen after inoculation, and also after vaccination, where a vesicle is formed on the part even without an areola;* and still further exemplified in the following well-authenticated fact (mentioned in the Medical and Physical Journal). A Miss Allington was vaccinated on the 1st day of the month, and inoculated on the 8th day afterwards. The small-pox pustule rose during five days, and then declined, but was not followed by the usual general eruption.†

Whenever mercurial ointment is conjoined with iodine, or with antimonium tartarizatum, and applied to the surface, an eruption will be produced intermediate between vesicles and pustules: here are instances of chemical poisons modi-

---

* A similar thing occurs if the system is, at the time, affected by some other contagious disease.

† Vide a letter to Sir J. Barrington in the 5th volume of the Medical and Physical Journal.

Even the influence of typhus and influenza has been observed to produce a similar interruption to the progress of the vaccine vesicle.

fying the effects of each other on the system, precisely in a similar way to what has for some years past been observed as to combined animal ones.

Take the eruption of modified small-pox as another instance, and how its severity is mitigated; its pustules almost changed to vesicles reduced to a diminutive size; and even the duration allotted by nature to the disease curtailed to one-third; but, nevertheless, it is still more than problematic, that the most active or predominant virus amongst several that form the poison, displays itself at the point of contact, and, assimilating with the rest, modifies the resulting infection of the various conjoined poisons with which it is amalgamated, and consequently alters the appearance of the sores produced; and also the state of constitution acted upon; and even the very mode of succession in the eruptions; and then the latter, indeed, are occasionally seen to occur in reversed order. Commonly we see puniceous patch succeeded by a crop of lichen, and that generally followed by modified vesicular lichen, or by lichen circumscriptus; and the latter eruptions then seem inclined to form pus in their apices, until they are actually blended with pustulæ (psydracia, ψυδράκια, of old), and this happens about two or three months, or even so long as four, after the first eruption, especially in cases where some mercury

has been used; and hence "it frequently happens that the characteristic forms of eruptions are not pure and unmixed, but, with the more predominant appearance, there is combined a partial eruption of another kind."

Venereal papulæ are not unfrequently followed by ecthyma, or even by tubercles, or lepra, although the first mentioned is observed to be by far the most usual order of succession; yet, at times, we see this course deviated from and reversed or inverted; for, in some instances, the pustular or vesicular eruption precedes the papular. Here I ought to call the reader's attention to the fact, that vesicles and pustules are not so widely different in their nature as they at first sight appear to be; for sometimes vaccination by unhealthy or modified lymph from a vesicle will produce a pustule, at other times only an efflorescence; and to cause the former curious result, you have only to abstract the contents of the vesicle a little later than common: and it is known that vaccine lymph taken after the twelfth day, in some, suddenly excites a pustule, or ulceration; in others, an irregular vesicle; and in another, erysipelas.* Further, this pustule, when generated by opaque lymph from a

* Vide Bateman's Synopsis, p. 221.

cow-pock vesicle, does not work on the system in the same way as it would if taken earlier; for it does not then prevent another (at first a vesicular) eruption, viz. that of small-pox; nor does it modify it, or hinder its becoming pustular,—an effect this very same lymph would have had if taken but four days earlier. A vesicle simply irritated by the rubbing of a brace, or by the clothing, soon becomes a pustule. And still further to show that vesicles and pustules are not so widely different in their constitution and cause, you only have to put a poultice upon vesicles to convert them into pustules; and this metamorphosis I myself have produced by this very simple application in the vaccine vesicle, and also in those of herpes zoster. Astringents and many other agents will work very curious changes upon them. Dry oxide of zinc, for example, induces the vesicle of rupia to contract itself, and to squeeze out its lymph; and it even causes some kinds of vesicles to disappear and dry off altogether, without even running their course.

It is well known, both to the scientific inquirer and to the animal chemist, that the variation in composition between lymph and pus is but very slight; and, above all, it should not be forgotten, that they are often secreted out of the same mass of blood, when there exists in the system a disposi-

tion to throw out papules, vesicles, and pustules at the same period. All three of these forms I have seen existing at once during the same eruption, the produce of the same vital fluid: this, it may be observed, occurred in the case of Charles Sharpe,* as in him vesicles existed upon the cornea, a mixture of papules and pustules upon his body, and lichen (only) upon his legs.

Ecthyma is occasionally blended with lichen, as is well shown in the case of C —— P——h; whilst his body was covered by ecthyma, large lichen came out upon his legs; and exactly the reverse of this occurred, as may be observed in the case of C—— B——n; but all such deviations more commonly happen in the deuteropathic than in the primary, which are generally the purer and more strongly marked eruptions. Yet rupia, which is an intermediate form between vesicular and pustular disease, is seldom either preceded or followed by ecthyma, although it evidently is a form very slightly removed from it.

Similar exciting causes will now and then produce, in certain constitutions, dissimilar cutaneous affections to those they commonly are known to generate: thus the excitant that will give rise to the vesicle of eczema in one individual, will lead

---

* Vide Case.

to the pustule of impetigo in another. And does not the vesicle of small-pox and rupia become a pustule before our eyes during its progress?—The cause of these and other changes, that take place from vesicles to pustules, appears to be on the very verge of discovery.

But perhaps I ought to have premised that, because a party has a pimple, a vesicle, a pustule, or a sore, produced by intercourse with a diseased person, that it is by no means certain that constitutional contamination will be produced, or that the sore will be followed by secondary symptoms; quite the contrary, as may be shown from the following and many similar memoranda.

Thursday, November 14th, 1833.—W. S——on had connexion with a prostitute.

17th.—One small and three large pustules formed in the depression between the glans and prepuce.

20th.—The small pustule remains intire, but the three larger ones have broken and formed irregular ulcerations, and two of them have coalesced.

22nd.—The pustule on the glans is surrounded by a larger areola, and has become fully distended with thick yellow pus; a small breach has taken place in the cuticle covering it, a little to the right of its true centre, about as big as if made by a needle point.

The two ulcers left by the others are deeper, and their interior appears to be lined by a tenacious yellow membrane: they are acquiring prominent risen edges, and secreting a thick pus.

24th.—Since part of the fluid evacuated itself from the remaining pustule, the thin cuticle that covered it has fallen in, and the risen edge and areola have almost disappeared; so that it is not more than half the size it was on the 22nd. The two ulcers left by the other broken pustules are quieter; their yellow membrane appears lessened; their edges are flatter, and their bases are of a darker red colour, and look inclined to granulate.

26th.—Several granulations are perceptible.

28th.—The granulations are larger; the ulcers less deep; and a new-formed yellow membrane (commonly, though erroneously, called, sloughy cellular membrane) covers only a part of them.

December 1st.—The granulations are so large that there seem to be but four or five of them in each sore; and two near the outer edge have a little portion of yellow membrane extending from the top of one granulation to the one next to it. The parts surrounding the two ulcers are projecting and hard, almost like risen rings. The cuticle that once formed the head of the pustule lies flat upon the red surface that once was the

interior of its cup, but which is now nearly level with the rest of the surface; it is partly detached at the outer edge, and two minute granules can just be seen, by the help of a lens, projecting from under its edge; yet the interior space looks so slightly abraded, that it can scarce be deemed a sore so long as the original portion of cuticle remains, though but slightly attached to it.

3rd.—The yellow membrane has disappeared from the granulations, and they present a deep red healthy aspect, and are contracting in circumference. The small pustule is drying off without having formed an open sore.

5th.—The pustule has disappeared, leaving a slight depression, or red-coloured mark, with a little induration on the prepuce: the small ulcer has almost cicatrized, and the larger one has become level with the skin.

7th. — The induration has diminished; the largest ulcer is healing.

9th. — Several prominent granulations have formed a ridge dividing the remaining ulcer into two; and this reminds me, that the sore was originally formed by that number of pustules that became confluent; and this bridge runs exactly across what was the boundary between them.

12th.—The ulcers are reduced to one half their original size.

15th.—They are healed, and have left but little induration.

Five weeks after the above reports, he was under treatment for a large bubo: it went back; and although the symptoms appeared so threatening as to induce this minute account to be kept of them, yet, after a lapse of twelve months, no secondary symptoms have been produced by the venereal inoculation.

This is also well exemplified in the cases of D——d, who had secondary symptoms produced, whilst M——ge, although inoculated by the very same woman, escaped.

Again:—in the recent experiment of inoculating several for scarlatina, it was but in one in three that it took and produced constitutional effects.*

And this is perfectly analogous to what takes place in other exanthemata, wherein what has been termed "local affection" only takes place. Parties at times have the vaccine vesicle raised upon them, and their constitution does not receive any impression, yet the lymph taken from that same vesicle has produced the vaccine disease, and secured the constitution of others, whilst the

---

* Vide a Memoir presented to the Royal Academy by M. Miguel, M.D., detailed in the "Lancet."

party first vaccinated took small-pox on inoculation:* and so it is with syphilis, for many are inoculated and yet escape with the local affection, without any constitutional impression being produced.

The time that elapses between the formation of the primitive pustule, chancre, etc., on the penis; and the appearance of the secondary symptoms, when any are produced by it, (such as pains, sore throat, cough, and eruptions,) differ very considerably in various cases; in part depending on the indurated stratum beneath and around the sores, as it prevents absorption during a longer or shorter period, and thus offers a fine contrast to excoriated surfaces, that so readily admit the passage of poisons: however, we may say that the secondary symptoms appear, on an average, within from six to twelve weeks after contamination, especially if the system has not been put under the influence of mercury.

When a venereal sore produces but one form of eruption, I conclude that but one sort of virus has been taken up by the absorbents; but, as before hinted, it is always uncertain whether one, two, or half-a-dozen different poisons have been imbibed; and when they have, of course as many

---

* Vide Letter of Dr. Harrison, p. 108, vol. v. of the Medical and Physical Journal.

different eruptions may follow a single contamination.

In limiting the number of sores and primary affections to about nine, (but without including their modifications,) I do imagine that I have come very near to the true number met with in England, Scotland, and Ireland: for, from the numerous drawings I had made of sores, and sketches of various venereal eruptions, and from the many manuscript accounts I have collected during a period of near twenty years, I can assert with truth, that on summing up all the various appearances of the sores, and comparing them and the number of the eruptions, I actually found their numbers exactly corresponded. At this I rejoiced, and hailed it as a happy criterion, showing that I had approached as near to the true number as the difficulty of the subject, the features of sores, and the variety of cutaneous affections probably admit of.

In the early part of this chapter the numerous excoriated surfaces and irritations upon the lacunæ, absorbent trunks and glands, from the venereal virus have been considered. Therefore I shall next detail cases as examples of the early effects of the syphilitic virus, alluded to in the preceding chapter; in which, accounts will appear of sores that produced urethritis, inflamed absorbents—abscesses in the prepuce—sores ulcer-

ating into the urethra, and producing bubo of the penis—warts producing bubo—pimples producing bubo among the abdominal muscles—sloughing bubo—ulcerated tonsils, etc., etc.

CASE I.

A DISCHARGE FROM THE URETHRA, PRODUCED BY CHANCRE, RESEMBLING GONORRHŒA.

JOHN B——N.

July 9th, 1832.—A few days after connexion, he found a deep clean sore between the glans and prepuce. His bowels were cleared by purgatives, and he then underwent a mercurial course. His mouth was kept tender from the 14th of July to the 13th of August. The sore gradually healed at its posterior edge, and extended at its anterior one, until it reached the lips of the urethra, and there it is causing some inflammation.

15th.—A thin discharge has commenced from the urethra, accompanied by scalding, and sensations exactly similar to that of gonorrhœa.

Capiat Bals. Copaibæ ℥ xvj. ter die.
Lotio Plumbi Acet. dilut.

18th.—He has less scalding, but the running continues, and it has become thicker. The sore was dressed within the lips of the urethra with dry lint.

25th.—The orifice of the urethra is swollen and red, and both the discharge and scalding are increased, so as exactly to resemble the symptoms of common urethritis.

Low diet, quiet in bed.
Lotio Plumbi Acet. dilut.

30th.—The iritation has lessened, and both the sore and the urethra are less inflamed.

Solut. Cupri Sulph. comp.
Bals. Copaibæ ♏ xx. ter die.

October 4th.—The sore has healed, but there still is some discharge from the urethra.

8th.—The urethritis has ceased, and he is quite well.

CASE II.

PECULIAR VESICLES AND SORES PRODUCED BY CONNEXION, AND WHICH WERE EXTREMELY DIFFICULT TO HEAL.

THOMAS C——KE.

August, 1826.—He has sores on the penis and some enlarged glands in the left groin: the disease commenced after a suspicious connexion in July.

The sores remained obstinate, and did not improve, and the bubo suppurated and formed an ulcer that was very slow in healing. Many remedies were tried, and mercury was had recourse to,

but it only injured his general health, without curing his ailments.

March 1st, 1827.—At last, the sore on the penis and the ulcer in the groin are well.

22nd.—The former ailments were no sooner gone, than four fresh sores formed, and commenced, like ring-worms, on the side of the penis, and on the pubes and scrotum.

Amongst other things, Solutio Opii, Ung. Hydr. Nitrat. dil., Ung. Hydr. Oxymuriat., Lotio Nigra, Lotio flava, etc., etc., were tried, after all the more common applications, as cold wash, poultice, and caustic had failed; when at last, Ung. Æruginis healed two of the sores, and appeared to benefit the others.

April 2nd.—The sores are again at a stand, and not healing.

Pilulæ Hydrarg. submur. C. et Decoct. Sarsap.

20th.—The sores are growing deeper and spreading; the patient looks pale and flabby from long confinement to bed.

24th.—The application seemed to cause too much irritation.

Ung. Æruginis c̄. Cerat. Cetacei p. æq.

29th.—One sore appears to be healing; another of them has skinned over, and there is little discharge from the two remaining ones. He frequently suffers from violent itching about the parts that lately had sores upon them.

May 10th.—The sores have made but little progress since the last report.

Sol. Sodæ chlorat.

24th.—The sores have become cleaner, and a portion in the centre of one of them has begun to cicatrize, yet discharge continues to form at its edge.

June 6th.—The sores look quite healthy.

16th.—The sore at the base of the penis has almost healed; but a new one, that has but recently formed, smarts during three hours together.

Aqua calcis c̄. Hydr. Oxymuriate.

29th.—The last formed sore has begun to spread by small vesications at its edge.

Capiat Decoct. Cinchonæ ter die.

July 2nd.—The discharge from the vesicating sore, it appears, has caused another new one to form.

The treatment was most assiduously continued from July, 1826, to November, 1827, and every cerate, lotion, etc. that experience or ingenuity could suggest, were tried to relieve the maladies of this care-worn man; and so fast as one sore healed, another broke out. After exhibiting the patience of a stoic, this poor fellow suffered such tædium vitæ, that he attempted to jump out of the window, but was prevented. At length, after much consideration, I ordered the following pre-

paration to be applied quite hot,—bits of linen, the size of each sore, being dipped in it and immediately placed upon the raw surfaces.

℞ Picis Aridæ ʒj.
Empl. Plumbi ʒij.
Extr. Opii ʒfs.
Ft. mistura, quæ liquefacta mane nocteque adhibeatur.

November 15th.—A slight but dry crust has formed over each sore.

December 10th.—I had the great satisfaction and happiness of seeing all the remaining sores heal under this new form of application; and moreover to know that, from the above period, he had no return of this peculiar and very intractable vesicular disease.

CASE III.

OF A SORE THAT FORMED ON THE PENIS MORE THAN A MONTH AFTER CONNEXION.

S—— T——PE.

December 27th.—This person was of a very inflammatory habit, and had been confined to his bed during a month with pneumonitis, and its consequences; yet, without evident cause, a small scab was found on the glans penis, close to the orifice of the urethra.

29th.—The scab has separated, and the sore is becoming very painful; is sloughy; there is much loss of substance, and it has all the appearance of chancre, although he cannot lately have been in the way of infection, having been four weeks confined to his bed by disease of the chest, and, since he was shut up, having been during the whole time waited upon by a man-nurse,—in fact, there is not a woman in the house.

Cataplas. Lini Seminis.

January 3rd.—His health continues very bad, and he often experiences rigors and pain; and one of his testicles, that four months ago was enlarged from urethritis, has lately reinflamed. He had not the sore at the time of the gonorrhœa, for I then attended him daily, and must have seen it.

Lotio Spirituosa.

6th.—The sore has become clean under the above-named application.

February 10th.—The sore has but just healed, and it has left a considerable depression from loss of substance of the glans, and edge of the urethra. This ulcer was very long open, being situated on the verge of the urethra; and, from the slowness of granulation of the glans, added to the irritation produced by the urine, as often as the patient makes water; likewise the continued change of bulk in the part, and the extreme

difficulty of keeping dressings closely applied;—which are hinderances to cicatrization in every sore similarly situated.

CASE IV.

A VENEREAL SORE FOLLOWED BY ABSCESS IN THE FORESKIN.

JOHN B——E.

April 26th, 1830.—He has two small sores on the penis, that appeared to commence as ulcers, five days after connexion. The prepuce is exceedingly œdematose, itches, and is of a deep rose colour.

Extr. Col. C. c̄. Hydr. Submur.

Infus. Sennæ c̄. Mag. Sulph.

Lotio Plumbi Acet. Dilut.

May 27th.—Many other small sores have formed. The swelling is increased, and the two original sores remain foul and unhealed.

Cerat. Resinæ c̄. Oleo Terebinthinæ.

29th.—The sores have become deeper and are worse.

Ung. Hydrarg. ʒj. omni nocte illinend.

June 3rd.—An abscess has taken place in the

swelling of the foreskin, and pus has just been let out of it; his mouth is tender.

5th.—A bubo has formed of a deep rose colour in the right groin. The sores have become cleaner.

7th.—Pus has been let out of a second abscess in the prepuce, and also from the groin.

8th.—The œdema is much diminished, and the groin is quieter.

Lotio Liquor. Plumbi Acet. dilut.

24th.—The two abscesses are just filled up; the groin is healing; his mouth continues sore.

He ultimately got quite well.

CASE V.

PHAGEDÆNIC BLEEDING ULCER OF THE PENIS.

JOHN MILLS.

May 20th, 1817.—He was admitted into the St. James's Infirmary with a general tumefaction of the penis, with discolouration of its integuments; with phymosis, and discharge. A very large portion of the under part of the prepuce is in a complete state of sphacelus, and a large mass

of coagulated blood fills up the interior of the foreskin. He says, "the ulcer began a day or two after suspicious connexion." It has bled during several days, and lately very profusely; indeed more than a pint to-day. He has thirst and headach from loss of blood. His pulse is 120 and small. From his account, the phymosis began but five days since.

The prepuce was slit up; almost the whole glans had sloughed, and the inner lining of the foreskin, with all the surrounding surface, is still mortifying. He is a poor fellow,—has been sadly neglected, and has had no stool during a space of five days.

Oleum Terebinthinæ parti affectæ.

Lotio Plumbi Acet. dil.

V. S. ad ℥xij. inflamed.

Sol. Mag. Sulph.

Pil. Antimonii.

Fever Diet.

Nocte.—The slough is still extending; his pulse is 100; the surface of the blood is very much inflamed.

Repr. Ol. Terebinth.

21st.—He has been well purged, and his pulse has fallen to 84.

22nd.—The slough is now separating; the

pulse is 78. He has had one stool, but has anorexia, and is restless.

℞ Bals. Sulph. ʒij.
Ol. Terebinth. ʒj.
M. ft. Unguentum Ulceri applicandum.

Vespere.—The slough is detached from one side, and there is very little appearance of pus; his pulse is soft and natural.

Pulv. Ipecac. Comp. ℈fs. h. s. s.

23rd.—Some granulations are appearing; his health is better. The glands of his groin are now enlarging from the irritation of the sore on the penis.

24th.—The sore has become clean, except the upper part of the edge of the integument, where a portion the size of a shilling remains irritable. It now appears that a small part of the glans has been saved.

Ceratum Cetacei cum Balsamo.

25th.—The sore is clean; the pulse is 80; the buboes are suppurating.

Cataplas. Lini Seminis.

Haustus purgans statim.

Pulv. Doveri vespere.

26th.—The sore is healing rapidly; the buboes are improving.

June 8th.—The sore is healed, and the entrance to the urethra can just be seen at the lower part

of the surface that once supported the glans; it is red and irritable; and he says, his "urine scalds it."

12th.—The bubo in the left groin is healed, and that in the right is healing.

30th.—The bubo is well; the urethra is no longer irritable; and his health is quite restored.

CASE VI.

ABSCESS IN THE BODY OF THE PENIS.

SAMUEL K——Y.

February 17th, 1832.—About a week after connexion, he observed a small swelling, that is an abscess formed in the body of the penis.

Catapl. Lini Seminis.

Pulv. Jalap. Comp. ʒj.

18th.—The abscess was opened, and about a drachm of pus was let out.

20th.—The abscess is healing and contracting.

22nd.—The ailment is quite removed.

CASE VII.

PORTUGUESE SYPHILIS, OR THE BLACK LION, AS IT HAS BEEN CALLED.—CASE OF CHANCRE ULCERATING INTO THE URETHRA AT THE PUBES.

WILLIAM F——R.

June 13th, 1828.—He observed a sore ten days after a connexion in Portugal; and it is large and deep, burrowing under the foreskin, and dissecting between the integument and the body of the penis. A gland is enlarged in the groin, and, although his mouth has been kept sore eleven weeks, his ailments continue.

Pulv. Jalapæ Comp.

Lotio Plumbi Acet. dil.

24th.—The sore has occasioned more pain and swelling in the penis,—he cannot sleep for it.

Cataplas. Lini Seminis.

Extr. Opii gr. i. h. s. s.

July 1st.—The ulceration has passed under the integument, from the glans along the whole penis to its base at the pubes, and there it has actually made its way into the urethra, so that the urine passes under the integument at the pubes, and makes its exit under the foreskin on the right side, and by the urethra at the same time, occa-

sioning much pain in micturition. The swelling and inflammation of the penis are far less than before this opening took place.

4th.—A second abscess is forming under the integument on the opposite side of the penis; the skin over which is red and tender, and exactly resembling the former abscess.

14th.—A third abscess is forming in the penis at its junction with the pubes.

Lotio Plumbi Acet. dil.

15th.—The redness is extending upwards under the hair of the pubes. No urine ever passes by the urethra, for of late it all comes along the sinus, and out from under the foreskin.

Mist. Ammon. Acetatis c̄. Mag. Sulph.

17th.—A catheter was kept in the bladder to prevent the urine passing through the sinuses and sores.

18th.—The urine passes through the instrument only.

22nd.—The sores are more easy, and do not smart from urinous irritation. A roller was passed round the body of the penis to keep the sides of the ulcers in contact.

August 2nd.—The catheter causes discharge from the urethra, though it is duly withdrawn and cleaned, and the pus is removed from the sinus by means of a syringe and water.

8th.—The ablution with the syringe was dis-

continued, from apprehension that it might prevent union by distending and separating the parts. The sore and penis are quite easy, and no urine passes by the artificial opening.

September 28th.—He had a rigor, followed by pains in his limbs, and the latter lasted, more or less, during three weeks. Afterwards the urine again found its way through the fistulous sinuses, and, although he continued three months under treatment and got quite well in health, the sinuses never closed, and I conclude that he passes a part of his urine through them to this day.

CASE VIII.

BUBO OF THE PENIS AND PUBES.

C—— K——BY.

January, 1819.—He has a number of sores that look like tears, situated between the glans and body of the penis, and around the foreskin: he states, that they commenced a few days after connexion. Some days afterwards, an abscess formed beneath the skin and hair of the pubes, and in a little more time a second abscess formed under the skin in the centre of the body of the penis, looking almost like a large boil, only deeper; and a third abscess then formed in the penis,

about an inch from the glans; and all three are in a line, in the course of the dorsum penis. The one on the pubes was opened by the lancet; the second was opened by ulceration; and the third spread itself out into a long sinus, running in the length of the penis, and has all the appearance of being caused by an inflamed absorbent, that was, in all probability, at the time conveying virus into the system; but its interior became filled up by adhesive inflammation.

March.—The three abscesses, though small, formed very sloughy sores, and remained open a month. He was kept under mercurial influence some time, but I cannot say that it appeared to accelerate the healing of the sores.

This is the most complete specimen of bubo of the penis (as it has been called) that could well be.

CASE IX.

BUBO AFTER CONNEXION FROM ABSORPTION BY WARTS.

EDWARD W——ON.

September 28th, 1832.—He has considerable enlargement of the glands in both groins, threatening to become buboes: he had suspicious connexion

upwards of a week before. He has no sore, but has some red and raw-looking warts just at the junction of the glans and the foreskin. On the right side of the penis the largest wart is situated, and in the right groin the most enlarged glands are found. A ligature was put round the above-named wart.

Pulv. Jalap. C., Inf. Sennæ c̄. Mag. Sulph.

Hirudines xv. ad inguen.

Lotio Plumbi Acet. dilut.

October 3rd.—Both the groins have become more swollen, and they are now threatening to suppurate.

Hydrargyri Submur. gr. ij bis die.

Cataplas. Lini Seminis.

11th.—The left groin has become more painful than the right.

Pil. Cal. c̄. Col. C. Hirudines.

14th.—The swelling in the right groin is somewhat decreased, but the left continues painful.

Catapl. Lini c̄. Ung. Hydrarg.

16th.—The remaining warts are looking red and irritable.

Potassa Fusa.

20th.—The warts sloughed out after the above application, and left rather deep sores.

26th.—Since the warts were destroyed, the remaining bubo has begun to decrease.

29th.—The bubo has completely subsided, and the sore, left at the base of the late largest wart, is healing.

November 6th.—The sore is well, and the groins as flat as before the ailment.

In this instance there can be no doubt but the wart, or its absorption, was the irritating cause producing the bubo; for it was no sooner removed than the bubo began to subside.

The glands in this case not totally subsiding until the third wart had been destroyed, is a further corroboration, showing that the enlargement and irritation were not only caused, but kept up, by them.

CASE X.

A BUBO FOLLOWING CONNEXION, BUT WITHOUT ANY SORE.

JOHN B——TL.

November 16th, 1818.—He was taken under treatment with a large bubo in the groin, but without any sore or chancre to account for its origin. The gland did not begin to enlarge until about three weeks after connexion; and, curious

enough, a friend of his, who cohabited with the same woman, was also attacked in precisely the same way, and he sought advice a few days later with a bubo, but also without any sore. (The latter case will be next related.)

This bubo was put back by purgatives, quiet, and leeches only, to see if secondary symptoms would follow it. I watched the patient during five months, and saw him long afterwards, and I learnt that no syphilitic symptoms ever were produced by the bubo.

CASE XI.

A BUBO FROM CONNEXION NOT PRECEDED BY A SORE.

JOHN C——H.

November 22nd, 1818.—He came under the care of a medical friend of mine with a bubo, but has had neither sore nor excoriation; and he states most positively that he got this ailment from the same woman who, six days before, had diseased his friend, John B——tl, whose case is related in the preceding page.

He has endeavoured to ascertain if she had venereal disease, but could not make out the fact.

Ung. Hydrarg. ʒj omni nocte illinend.

He used thirty-seven drachms of the ointment, and his bubo went back. His mouth was kept affected during twenty-nine days. He then became well, and has remained so.

M——n had a bubo in the right groin, and, like those just detailed, it was not preceded by chancre, ulcer, or excoriation: this bubo, like B——h's and C——h's, arose three weeks after impure connexion. I ascertained that both these buboes came on after a similar lapse of time, even to a day, serving admirably well to show, that the same virus is always constant in its effects on the human frame.

The following singular and anomalous occurrences very lately took place in three unmarried persons, who were daily under my own eye.

T——h was attacked by a bubo in his right groin, which was not preceded by a primary sore, but it occurred after connexion, and had all the appearance of being venereal.

A——d had a bubo in one groin that was not preceded by any sore; it also came on a short time after connexion.

W——n had buboes in both groins, unpreceded by primary sore; they were observed a week after connexion. Several others, under similar circumstances, I saw in my vocation about 1819, but of the rest, unfortunately, I kept no accounts. The number of those, rather unusual, cases, that

came under treatment this year, from August to November 1832, have been uncommonly great, for fifty venereal cases presented at least six, who clearly had not any primary sore, from the commencement of their buboes to the termination of their cures. In three other cases detailed in this volume, very small warts were the only source that could be found, or even suspected, to give origin to this affection, but still after impure connexions. In another case, (as far as two very careful inspections enabled me to make out,) the minute sore formed, days after the bubo had advanced to the very verge of suppuration, and yet have I ample reason to believe that these buboes had a decided venereal origin, for they almost all occurred in single men, and all from one to three weeks after connexion. None of the parties selected had had blistered feet, sores, scrofulous glands, deranged health, or any other deviation from health to account for their buboes; no—nothing except connexion, and that with common prostitutes. In the case of William S—— on, that follows, there cannot be a doubt as to the infection being a venereal one, for it was followed exactly at the usual period by nocturnal pains, and a true syphilitic eruption of mottled skin or exanthema roseolum.

CASE XII.

A CASE IN WHICH AN INFLAMED ABSORBENT WAS CLEARLY TRACED FROM THE SORE TO THE BUBO.

CHARLES S——LL.

April 25th, 1823.—A sore formed on what appeared to be the orifice of one of the lacunæ of a sebaceous gland, (or the mouth of an absorbent,) in the depression between the glans and body on the right side of the penis. A defined red line was clearly traced from the sore, running under the skin, across the body of the penis, from its right side towards the left groin,* and in a few more days a gland on that side formed bubo, which suppurated, and was followed by vesicles on the forehead. Having related the interesting peculiarity as to the absorbent, it is not worth while troubling the reader with the more commonplace particulars of this case, and therefore I shall merely state, that the patient got well, and went from under treatment on the 26th of May.

---

* I believe a line of inflamed absorbent may often be found in similar cases, running from the sore to an enlarged gland.

CASE XIII.

SPHACELATING INGUINAL BUBO.

DANIEL B——H, ÆT. 30.

In this case a bubo had followed a venereal sore upon the penis, and after common suppuration the part was suddenly attacked with violent pain and inflammation, the latter rapidly increasing so as imminently to threaten to slough; for, when the discharge ceased, the lips of the ulcer retracted, the neighbouring parts became tumefied, and the surrounding integuments discoloured; the patient's face became flushed, his respiration hurried, his pulse quick and wiry, his tongue coated with a whitish-brown fur, and his skin hot and dry; in short, there existed a state that would have induced the ancient practitioner to exhibit bark with opium and wine; and these remedies, in all likelihood, would, in this state of system, have induced sloughing and mortification, if not death. The patient was bled to ℥xxx, and treated on a strict antiphlogistic plan.

The next morning the state of his face, skin, and pulse, became perfectly natural; the pain in the groin had ceased; the discharge re-commenced; and, by the second day, the ulcer had actually begun to granulate, and from that time it re-

mained healthy, and healed soundly. What does nature generally do when this purplish colour and tumefaction announce hospital gangrene? Why, vessels are opened into by sphacelation, the patient has hæmorrhage, and, after a pint or two of blood have been lost, the parts lose their purple hue, and appear much relieved by this spontaneous effort.

These facts I take to be a sufficient proof of the extreme utility of bleeding combined with the antiphlogistic treatment, and they show how much more scientific and successful this mode of treatment is, than the increasing of the existing inflammatory excitement by bark, wine, and stimuli, on the old system of practice.

CASE XIV.

A VENEREAL SORE AND BUBO TREATED BY NITRO-MURIATIC ACID.

DANIEL S——S.

May 10th.—He has a small deep sore with a foul surface upon the penis, between the glans and frænum, nearly upon the part where the ducts of the sebaceous glands open, and it has all the appearance of a chancre. A gland in the right

groin has enlarged, and is near suppurating, and evidently contains fluid. He has a white tongue, and is very feverish.

Hydrarg. Submur.
Pulv. Jalap. Comp.

11th.—His bowels have been well cleared, he is otherwise much the same.

Inf. Sennæ c̄. Mag. Sulphate.
Lotio Plumbi Acet. dilut.

13th.— Balnea Acidi Nitro-muriatici bis die.

17th.—The sore on the penis is looking much clearer to-day, the bubo is advancing.

19th.—The sore has healed, but the mouth is, as yet, scarcely sore from the use of the bath.

26th.—The bubo has suppurated, and is going on well.

June 1st.—His gums have become tender from the nitro-muriatic bath, and look almost as if he had taken mercury.

August 20th.—His mouth is less sore than it has been during the last month, but the membrane lining the cheeks is indented by the teeth, and so sore that it seems likely to ulcerate on both sides.

30th.—The bubo has cicatrised, and remains well.

December.—His health is good, and his ailment appears as well cured as if mercury had been

given, and he has been very actively employed during some time past.

We are all averse to making frequent experiments, and, therefore, it is an unfortunate fact, that this single experiment (although it succeeded so well) cannot be deemed decisive as to the power of the acid in preventing secondary symptoms, as only about two cases of eruption occur in every ten cases where no mercury or other preventive is taken: however, I know of no remedy so capable as chlorine, of destroying and decomposing animal poisons.

CASE XV.

A PIMPLE THAT PRODUCED PHAGEDÆNIC ULCER AND BUBOES OF THE PENIS AND PUBES.

JOHN STOW, ÆT. 40.

July 18th, 1829.—This servant had a large dark slough occupying nearly half the left side of the glans penis, and extending from the urethra to the junction of the corona glandis with the corpora cavernosa. The slough is black, hard, and dry, and the glans is swollen and turgid, and of a deep rose colour, with a bluish shade here and there, as if threatening further mortification. There is also great hardness of the body of the

penis. He states that the ailment commenced as a pimple only seven days ago, and being a married man he reluctantly admits having had an impure connexion a fortnight before.

Some practitioner, under whose care he had been, erroneously gave him a quantity of bark to arrest the mortification.

He now has tremors, a frequent weak pulse, sense of sinking, tightness across the præcordia, great anxiety, loss of sleep; and he looks pale and cadaverous.

Ceratum Resinæ c̄. Oleo Terebinthinæ.
Hydrargyri Submurias.
Infus. Sennæ c̄. Magnes. Sulph.

19th.—His bowels have been freely evacuated; the slough is moister, the distressing sensation about the præcordia is gone, and he has slept.

Rep^{r}. Mistur. purgans, etc.

August 20th.—The slough has increased, and now extends towards the foreskin, and there is more pain and sensitiveness in the surrounding parts.

Hydrarg. Submur. c̄. Extr. Opii, 3tia quâque horâ.

21st.—The slough has not increased; there is a dark blush on the other side of the glans, and in that part there is loss of sensitiveness, for, when pressed by the probe, it does not feel.

His gums have become slightly affected by the mercury.

22nd.—The mouth is sore, the slough is no larger, and his bowels are confined.

Pilulæ Hydrargyri gr. v. mane et nocte.

23rd.—There is discharge from beneath the slough, which appears to be very deep; the sensitiveness has returned in some parts, and the discoloured spot is disappearing. The inflammation of the penis is not so rose-coloured as heretofore.

26th.—The whole slough came away in one mass, and exposed a deep ulcer, that had destroyed a part of the glans, and orifice of the urethra. His symptomatic fever has abated; the sore is painful.

Rep^{r}. Ceratum Resinæ.

28th.—There now is an excess of thin discharge from beneath the foreskin, and the latter cannot be got back. The unhealthy colour of the penis has subsided, and his face looks more healthy.

30th.—The ulcer itself is less foul; the swelling at the anterior part of the penis has lessened.

Lotio Plumbi Acet. dil.

August 4th.—A new phlegmon has arisen on the dorsum of the penis, close to the pubes; it

resembles an abscess, and two more of them have appeared on the lower part of the abdomen.

Hirudines et Fotus.

Lotio Plumbi Acetat. dilutæ.

10th.—The original sore on the glans is healing very rapidly; the abscess on the dorsum feels to contain fluid; it was punctured, and a quantity of blood followed the lancet, and during some minutes it ran down the penis in a stream, probably from the vena dorsalis penis; but no pus flowed out at first: he became faint, and a dossil of lint was placed on the orifice, which immediately arrested the hæmorrhage. He has become thinner, and perspires. The puncture has closed, but the swelling remains as large as ever. The ulcer on the glans has healed, except a small portion that is covered by the prepuce, that cannot be got at at present.

Ung. Hydr. c̄. Cataplas. Lini dorso penis.

Injectio Solutionis Argenti Nitratis.

Inf. Gent. Comp. ter die.

17th.—The swelling is softer; the mouth is tender, and he is to go for a few days into the country.

23rd.—He came up to be seen: the abscess that so long had been indolent, at last burst under the foreskin, and so formed a channel through which the discharge drains out under

the prepuce, just where a portion of the other ulcer remained unhealed; this phlegmonoid line probably was the tract of an inflamed absorbent, that ran from the original contaminating ulcer, the whole length of the penis.

Aqua tepida pro injectione.

Fotus.

Omitt^{r}. Pilulæ Hydrargyri.

30th.—The penis has diminished almost to its former size and appearance; the quantity of discharge is still great, and the patient's health is good; the mouth is a little sore.

Injectio Solut. Cupri Sulphatis.

A Roller applied.

September 10th.—The discharge ceased, and the swelled integument on the body of the penis has subsided; but the recent tract of inflammation can still be traced along its dorsum.

20th.—He came to town to complain, that, whenever he has an erection, the penis is forcibly twisted in a curved line towards the left groin, but without pain. I concluded that the deep tract of the late abscess had not recovered its elasticity, and that until it does the corpora cavernosa cannot expand equally.

Ung. Hydrargyri c̄. Camphorâ.

February, 1830.—When he has erections, the

penis is still curved; but his health is perfectly re-established; and altogether the case terminated very favourably considering the active mortification of the penis, and his bad health. This disease in Portugal would have been called the "black lion."

CASE XVI.

BUBO FORMED AMONGST THE ABDOMINAL MUSCLES.

THOMAS H——D.

December 16th, 1818.—Three months since he had a chancre and bubo, for which the usual quantity of mercury was administered, and he apparently got well.

The glands situated half-way between Poupart's ligament and the umbilicus, afterwards took on the inflammatory action, and sinuses formed between the abdominal muscles. Erysipelas attacked the skin over this part, and an abscess about the size of a large orange was the result. I punctured the swelling by a deep incision, and let out a large quantity of sanious discharge, from which time the ailment went on favourably, and soon healed by compression, and the administration of decoctum cinchonæ; and he became as strong and well as before the attack.

CASE XVII.

A SORE, FOLLOWED BY BUBOES IN BOTH GROINS AND ON THE ABDOMEN, WHICH MADE ITS WAY ALONG THE CHORD AND BROKE BEHIND THE TESTICLE.

RICHARD B——ER, ÆT. 25.

June 22nd, 1830.—He had a suppurating bubo in the right groin, caused by the contamination of a venereal sore.

24th.—Two glands in the left groin have become inflamed and are suppurating.

26th.—The bubo in the right groin was punctured, and pus let out of it.

30th.—There is another gland enlarging, or abscess forming some way up on the abdomen, a little to the right of the linea semilunaris; it has become a tumour as large as a chesnut.

July 4th.—The chancre is well, and the abscess in the left groin has healed.

22nd.—The abscess amongst the abdominal muscles is increased, and is making its way down behind the chord; and, except as to situation, it looks like hernia, though it is not so; the contents, in its tract, feel to be fluid. (Vide Plate.)*

---

* No. 1. The original bubo or abscess.
2. The testicle of that side.
3. The tract of the fluid and its pouch.

BUBO.

Among the abdominal Muscles.



From Life by W. H. Judd. *On Stone by G. Rooke.*

Drawn from R.t B—er, July, 1830.

27th.—The abscess, after inducing much pain, made its way down into the scrotum, and now resembles an encysted hydrocele of the chord. It is so unusual and curious in its appearance, that I was led to subjoin a sketch of it.

30th.—The abscess burst through an opening at the lower and back part of the scrotum; all pain immediately subsided, and the tumour has almost disappeared, leaving a red thickened tract, and also a very long sinus to heal.

The above very remarkable instance is related to show, that venereal irritation and bubo are by no means necessarily confined to the inguinal absorbents, though it is commonly, or generally, so. I have now, in several instances, seen glandular suppurations so produced between the abdominal muscles; and even behind them upon the peritoneum, afterwards making their way down into the thigh, and there pointing, and so much resembling psoas-abscess, as to be mistaken for it by eminent surgeons. Indeed, I once had the honour of being thought to have cured psoas-abscess, when, to the best of my belief, it was but a large abscess, followed by a tedious and long-continued suppuration from one of these deep-seated pelvic glands, which induced such severe symptoms as nearly rent the thread of life.

I have met with many abscesses under the integument in the substance of the penis that arose

from similar causes (some of them have been related). It matters not (it would seem) where the gland is situated, so that an absorbent trunk from the contaminated part courses into it, as it is always capable of producing this result; but, fortunately, these absorbent trunks generally enter some more superficial gland before they reach deeper parts. But at times they are long and course far before they enter a gland, and then it may either be a superficial, or a deep-seated, or an internal one. They generally, however, enter the nearest, or at least some superficial gland, before the internal cavities; and I have reason to believe it is only the first gland they enter (in their way from a contaminated part) that suppurates, from the irritation occasioned by the reception of the acrid virus,—and not the second or third gland, that the vasa efferentia may afterwards pass into, as they do not carry virus so acrid as to occasion irritation after suppuration has been induced in the first entered gland. If this were not the case, we should daily find strings of buboes in the course of the spine, and under the abdominal peritoneum; and death would frequently result from such internal buboes.

It appears that nature has thus purposely broken the continuous surface of the absorbent in the gland, or safety gates, or endowed this latter wonderful body (the gland) with power

to render the venereal, and other viruses, less irritative before they pass on to a second gland, or onward into the frame; and, although I admit you may at times see two, or even three, suppurating at one time from a single sore, yet I think it an effect that arises from the absorbent branching as a tripod before it has entered a gland, or from more than one absorbent taking up virus from the chancre; and then, of course, each separate gland entered may form abscess, but no suppuration is produced by their vasa efferentia. Mr. Hunter, as before stated, believed he had proved that pus from a bubo would not produce venereal contamination.

CASE XVIII.

ULCERATED TONSILS ALONE PRODUCED FROM VENEREAL SORES.

CHARLES E——H.

July 28, 1818.—Some time ago he had venereal sores, and he now has two more on the penis, and that organ is much inflamed. He had a bubo also accompanying the former ones. He rubbed in about fifteen drachms of mercurial ointment; his mouth was only sore six days from it, but the bubo subsided and the sores healed.

January 4th, 1819.—He came under care with a sore throat, hoarseness, and ulceration of both tonsils. He then rubbed in forty-two drachms of mercurial ointment. His symptoms have all disappeared, and his mouth has been sore upwards of thirty days; after which he remained well.

The last case has merely been inserted because it seems to form a link between primary sores and cases of secondary symptoms; and for a continuation of the latter, the reader is referred to the next chapter.

CHAPTER III.

INTRODUCTORY OBSERVATIONS AS TO THE VARIOUS FORMS OF THE SYPHILITIC ERUPTIONS, THEIR ORDERS, AND DESCRIPTIONS, ILLUSTRATED BY NUMEROUS CASES AND PLATES.

WERE it needful to prove, for the satisfaction of the scientific, that venereal poisons produce numerous forms of roseola, ecthyma, etc. I should only have to draw their attention to the many strict analogies that daily present themselves amongst the several classes of eruptions, and especially to those arising in the animal kingdom from inoculations from the exterior, or to those produced by the poisons of the vegetable and mineral ones, by absorptions from the interior, as roseola, eczema, and ecthyma; and I might instance puniceous eruption from copaiba or euphorbium, and notice the effects on the cuticle from tartarized antimony, or from an experiment with arsenic.

In Guiana there is an indigenous species of euphorbium, bearing purple leaves, by the Caribbees called "couna buru," of which a full dose, in two or three hours, invariably produces an eruption of puniceous patches over the whole person.*

The present July, to my surprise, a patient became covered with puniceous eruption that appeared to be caused by taking the decoctum

* For this information I am indebted to Dr. J. Hancock.

cinchonæ only; and preparations of strychnine at times have been observed to excite a prickling sensation and "an anomalous eruption" * on the paralysed side, whilst the healthy one remained free.

Let then Copaiba, in large doses, be taken into the stomach; or let arsenic be applied to the skin; and if thence there be an absorption into the system, the effects will immediately become manifest, by the irritated viscus rejecting its contents.† Should the sufferer die at the time, the mucous lining of the stomach will be found, like the skin, to have a rose-coloured blush spread over it, or a redness in patches, or it will even be found spotted with crimson maculæ;‡ and to carry the analogy still further, coloured lymph, in some instances, is thrown out under the mucous membrane, as under the cuticle in prominent roseola, or puniceous eruption from vegetable poisons. Deposits of pus, or even ulceration, may take place, which are sufficiently analogous to that of animal poisons, shown in the papulæ and pustulæ of syphilis, glanders, etc.

When a student, I once produced, by administering a few eight minim doses of liquor arsenicalis in the irritable frame of an old wine-merchant, a

---

* Vide Formulaire of M. Magendie.

† Vomiting is not unusual at the time the venereal poison produces eruptions. Vide case of Robert T——s.

‡ This state on the surface of the body ends at times by producing pustules.

pustular eruption much resembling ecthyma; an opposite form to the eruptions produced by copaiba, euphorbia, strichnia, almonds, and indigestible vegetable aliments: for they, through idiosyncracies and sympathies, lead to roseola, puniceous-patch, or urticaria; and, to render the simile still more complete, sometimes these eruptions are formed continuous, but at other times in patches, or raised as in lichen. In like manner the poison of a leech-bite, or the pus of urethritis, * will at times excite erythema in the part they lodge upon, and thence it will spread over the surface of the whole body. Now enough has been brought to mind, to show the reader that roseola is often both the produce of unwholesome chyme, and also of animal poisons from muscles, pus, etc.; and why should not venereal roseola be the produce of that particular poison? and occupy portions of cuticle in the form of puniceous patch, etc., as after other poisons? or, when more intense, why should it not rise into papulæ, like erythema papulatum? Though, I confess, from our too limited knowledge of the relations existing between cause and effect, I know not why venereal mottled skin is at times but a delicate exanthematous rash over the whole body, and at others grouped into strongly marked puniceous patches,—or why, in instances, it is bounded into

* Vide Case, Part I.

circular ones, as in maculæ coccineæ. But the facts and appearances are such that we might reasonably infer by analogy, that nature had formed these strong resemblances as a link of connexion, to bind together what appear to be the most distant with the most intimate forms of eruption, and yet without destroying their beauty, symmetry and variety, by jumbling them together as one cutaneous affection. It is quite curious to observe how much eruptions occasioned by copaiba* (probably from causing the chyme to be poisonous to the system) resemble the puniceous patches occasioned by venereal virus, as also those produced by urethritis: indeed they cannot be said to differ, except in the more diminutive size of the patches of the former. If I wished to define nature's method of producing the puniceous patch of mottled skin, the papulæ of lichen, the vesicle of rupia, or the pustulæ of ecthyma, I would take as a simile, the blushes arising by simple friction upon the skin, and compare them with the irritation produced by animal poisons: and what, let me ask, would be the effect of the farmer's labourer lacing his boot too tight? or the soldier blistering his foot by a march? why a small degree of friction from either cause would induce redness, or erythema; and if carried a degree or two further, it would, by inflammatory

* Vide Plate of the eruption from Copaiba, in Part I.

action, occasion lymph to be thrown out, and generate a blister or vesicle; and a degree of friction a little beyond this would lead to the formation of pus, and make the latter a pustule: and thus all the intermediate stages will have been gone through, from the erythema or puniceous patch, to the throwing out of clear lymph as in the vesicle; or to the secretion, so produced, becoming opaque lymph, or genuine pus as in ecthyma: these are but similar changes to those we observe in the vaccine vesicle, or in a vesicle that becomes a pustule by the mere friction of the clothes. After taking these few simple and familiar examples into consideration, surely no one will say, that the changes in eruptions from mere cuticular redness to enlarged papillæ and tubercles, or even from vesicles to pustules, are so wide, or so great, that they surpass our comprehension! Nor will any one be surprised at the curious, and almost endless variety of papulæ, vesiculæ, and pustulæ, so frequently exhibited during an almost continued eruption; or, that one form should be changed into another, like a metamorphosis in Ovid!

Without further reasoning upon these hidden and secret workings of nature, the intricate causes of which are, and probably will, remain far beyond the reach of human understanding, I shall now classify and endeavour to describe the various eruptions produced by the venereal virus.

THE SEVEN ORDERS
OF
VENEREAL ERUPTIONS.

ORDER I.
EXANTHEMATA.

1. Exanthema roseolum.
2. ——— puniceum.

ORDER II.
PAPULÆ.

1. Papulæ elongatæ.
2. Lichen exanthematicus.
3. ——— racemosus.
4. ——— solitarius.
5. ——— circumscriptus.
6. ——— vesicularis.

ORDER III.
VESICULÆ.

1. Herpes solitarius.
2. ——— confertus.
3. ——— circinatus.
4. Rupia simplex.
5. ——— prominens.

ORDER IV.
PUSTULÆ.

1. Ecthyma phlyzacium.
2. ——— psydracium.
3. ——— magnum.

ORDER V.
MACULÆ.

1. Spili coccinei.
2. —— cruentati.
3. —— cuprei.

ORDER VI.
TUBERCULA.

1. Phymatosis ovata.
2. ——— annulata.
3. ——— verrucosa.*

ORDER VII.
SQUAMÆ.

1. Lepra venerea.
2. Psoriasis.
3. ——— palmaria.

The word venereus may be added after each genus, to distinguish them from others in the arrangement of Cullen, etc.

A

PRACTICAL SYNOPSIS

OF

VENEREAL CUTANEOUS DISEASES.

ON THE FIRST ORDER.

The exanthemata, or rashes, have been placed first in this classification, as the most simple of all the orders of cutaneous disease, appearing as one of the earliest of the secondary effects of the venereal virus, and because they frequently usher in other eruptions, and are almost the first intimation we receive of the increased cutaneous circulation; an action that reddens the skin, distends the papulæ, fills the vesicle, maturates the pustule, projects the tubercle, and finally detaches the scale, having formed a lamina of new cuticle to supply its place.

This arrangement includes general erythema with exanthema and puniceous patch eruptions. The first appears as a continuous redness;—the second as blushes with intermediate spaces;—the last commonly as deeper red stains and more defined patches than the mottled skin: but, as if nature intended to link the puniceous with the papular

eruption, each patch is at times observed to be set with minute papillæ, or they even usher in, or are succeeded by lichen, appearing in some inexplicable way, to be intimately connected with it; and now and then the two are co-existent: which facts will prove sufficient reasons to the scientific for placing them next to each other in the order of this classification.

ORDER I.

EXANTHEMATA VENEREA.

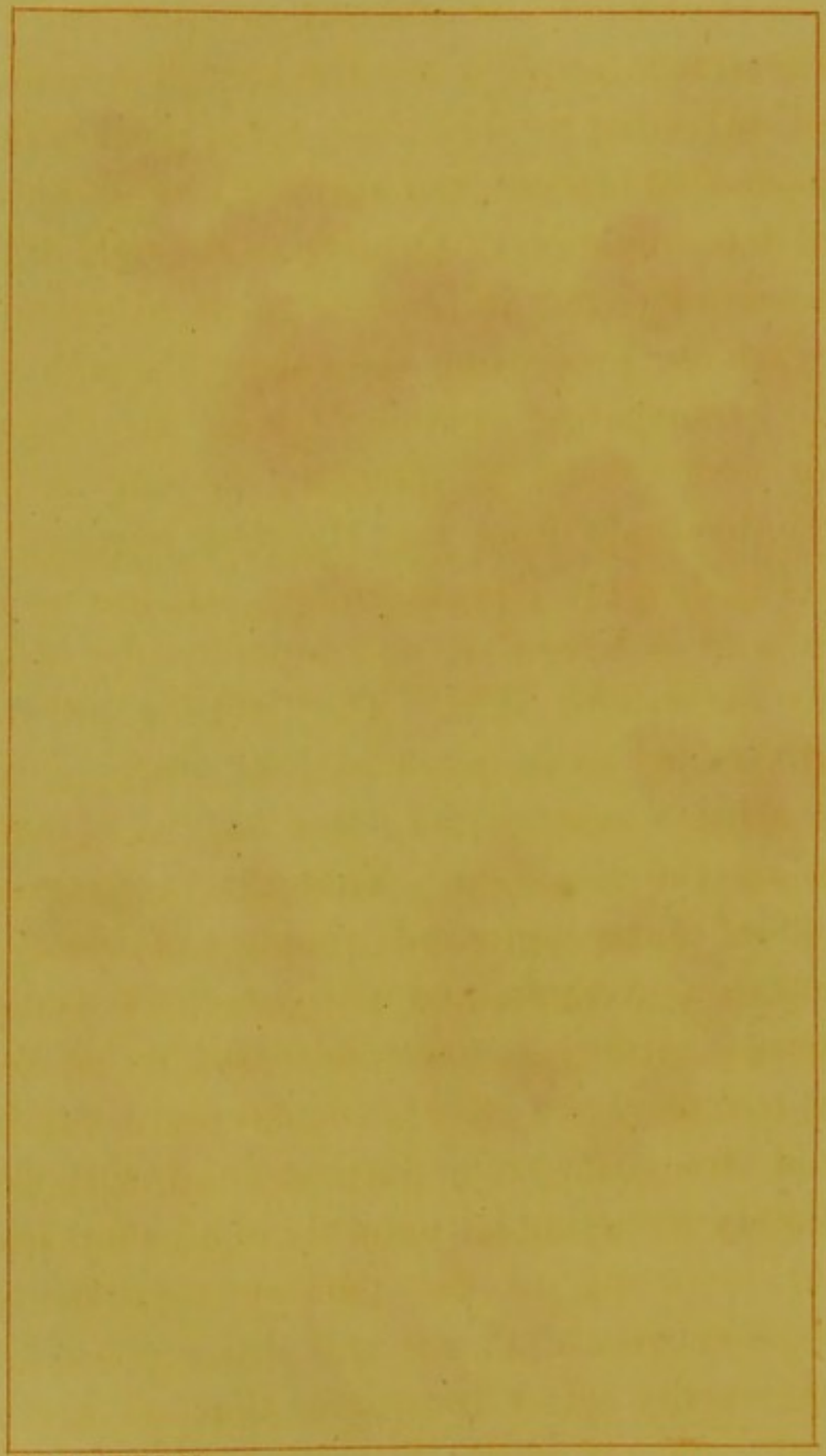
Rashes, of various extent and intensity, formed in patches, differently figured, and of every shade from delicate pink to rose red, or deep crimson, at times a little risen, and now and then accompanied by fever and redness of the fauces; various in duration, and in most instances followed by slight cutaneous desquamation, but not to the extent usual after scarlatina. Caused by a morbific poison circulating in the system, they generally appear about nine weeks after contamination, occur both with and without bubo, and are non-contagious.

This order contains two genera,—1, Exanthema roseolum; and, 2, Exanthema puniceum.

Order I.

EXANTHEMATA.

Exanthisma roseolum.



Printed by W. E. Judd.

From the Skin of Charles Sharpe. Dec.r 4, 1817.

1. EXANTHEMA ROSEOLUM.

Exanthema Roseolum is a diffused efflorescence, or rash, preceded by slight fever and pains in the limbs, situated beneath the cuticle, formed by increased determination of blood to the vessels of the rete mucosum; and at times with slight extravasation, which, presenting its colour through the partially transparent cuticle, gives an elegant pink or rose colour, its intensity varying in different individuals, from the slightest perceptible tint, to the deepest roseate colour. It has no set pattern, and is irregular, and separated by larger portions of natural skin. The papillæ are not generally raised as in scarlatina, or rubeola; and unlike other exanthemata, this eruption commences on the abdomen. That this appearance is the effect of an increased quantity of blood in the cutaneous vessels, and a slight extravasation of coloured serum, at times, is tolerably proved, by the circumstance of a little pressure driving the fluid from the red portions and the skin immediately resuming its natural colour, and from the tint recurring in the part so soon as the pressure is removed.

It is worthy of observation that a similar appearance not unfrequently precedes gout, rheumatism, and other disturbances of the system, though most commonly it marks out the first

excitation of the venereal virus, and precedes, or accompanies, its eruptions, as a like redness does at times miliaria, vaccina, and variola.

This eruption follows venereal contamination, and is frequently preceded by pains (as may be observed in the following case), and especially in the legs below the calf.

CASE XIX.

A VENEREAL SORE FOLLOWED BY EXANTHEMA ROSEOLUM, PAPULÆ, AND ECTHYMA VENEREUM.

CHARLES SHARPE, ÆT. 20.

Nov. 29th, 1817.—A patient in the St. James's Infirmary. He has a clean sore in the fold of the prepuce, burrowing some way towards the corpora cavernosa, and surrounded by a great deal of hardness. It appeared some time since, and he states that "it came four weeks after impure connexion." A gland is considerably enlarged in the right groin: this began three weeks subsequently, and may indicate the passage of virus into his system.

After he came into the Infirmary, he said that he had had a sore several times upon the same place, during the last three months, and that occasionally "it had dried up and broken out again."

Pulv. Jalap. Comp. ʒj.
Lotio Cupri sulph. ulceri.
Lotio Plumbi acetat. dil.

December 1st.—His bowels have been cleared by the powder; the swelling in the groin is stationary.

Repr. Sol. Mag. Sulph. c̄. Ant. T.

3rd.—He complains of wandering pains in his arms, loins, and legs.

4th.—A pink rash, of the kind which I have named exanthema roseolum, has come out over the skin covering his body, *as seen in the plate.* His tongue is furred, and he is feverish. He now remembers having had a sore breaking out at times, on the same place, during two years past; his account of the malady is a confused one.

℞ Sol. Mag. Sulph. ℥xifs.
Liqr. Ant. Tart. ʒiv.
M. Capiat cochlear. iij magna 3tiâ quâque horâ.

5th.—The patient is very feverish,—his tongue is extremely furred,—his skin is dry, but beautifully tinted,—his pulse is full and soft,—his bowels are open.

℞ Extract. Jalapæ.
——— Colocy. C. āā gr. x. M. fiant pilulæ duæ horâ somni sumendæ.
Contr. Mistura.

6th.—The exanthema, or rash, over the skin of his body and arms, is faint but general; he has had only two stools; his tongue is furred, his

pulse 88,—he perspired, slept badly, and has headache.

V. S. ad ℥xvi. { The colouring matter was precipitated, exhibiting the buffy coat.

Rep.r Sol. Mag. Sulph. c̄. Ant. T.

8th.—His bowels have been freely opened, his pulse is softer.

V. S. ad ℥xvi. (cupped and inflamed.)

Perstet in usu misturæ et pilularum.

9th.—He has giddiness in his head, his tongue is coated with a brown fur, his pulse is soft and about one hundred; his skin is a little hotter than natural, it has less general redness, but that of his body is now covered with minute papulæ, about the size of a pin's head. He experienced much thirst, and has had two stools.

Capiat Mist. Salin. ℥ifs. 4tis horis.
Pil. Calom. c̄. Antim. ter die.

11th.—His tongue is cleaner, his skin is less hot; he has not so much pain in his head, and is better.

Perstet in usu medicamenti.

12th.—The papulæ have become general over his face, body, arms, and legs; they feel like millet seeds. His tongue is less furred, the pulse is one hundred; he has had but one stool since yesterday.

Haustus aperiens.
Repr. Mist. Salin. etc.

13th.—He is much better since the eruption came out fully, and his skin is becoming cool.

℞ Infus. Quassiæ ℥iv.
Aquæ Menthæ ℥viij.
Magn. Sulphatis ʒiv.
M. Capiat cochlear. iij. magna 4tis horis.

17th.—The eruption seems stationary, as no fresh portion appears.

22nd.—The eruption on the face had the character of common lichen, and it is fading both there and on the body, going off by slight desquamation. That on the trunk is still prominent, and of a light brown colour; his tongue is cleaner, and his health is improved.

Rep^{r}. Medicamentum.

26th.—The sore is almost well, the eruption is paler.

January 1st, 1818.—The sore has healed, and left a great deal of hardness; the induration is as hard as cartilage. The stains left by the lichen are very distinct; the patient's general health is good.

℞ Infus. Quassiæ ℥vj.
Magn. Sulphatis ʒij.
M. cujus misturæ capiat cochl. iij. magna ter vel quater indies.

5th.—The stains remain in the skin, and on the body there are little shining elevations of cuticle, causing a rough feel to the hand. The hardness of the cicatrix still remains.

Ung. Hydr. $\bar{c}$. Camphorâ cicatrici.

10th.—An eruption of large papulæ, few in number, have come out over his arms, body, and

legs; the earliest have become almost pustular, and covered by a thin dry scab. There are some red vesicles round the cornea, and iritis has commenced within the left eye.

Solut. Mag. Sulph. omni mane.

15th.—The zone of vessels is more marked round the iris, and he has pain in the globe of the eye and above the brow; the pupil is not quite regular.

Rep^{r}. Medicamentum.

Hirudines iv. palpebris quotidie.

17th.—The eruption is more numerous, and it has become mixed with pustulæ. The eye is much the same, but the zone is not so deep-coloured as it was yesterday.

Rep^{r}. Hirudines.

Pulv. Jalapæ C.

Balneum tepidum.

20th.—The eye is more inflamed, and its pupil is much more irregular. (Vide plate.) The eruption has become of a larger size, but flatter; and it has completely lost its primitive character.

February 11th.—He now has another crop of a similar eruption. The eye is quite well.

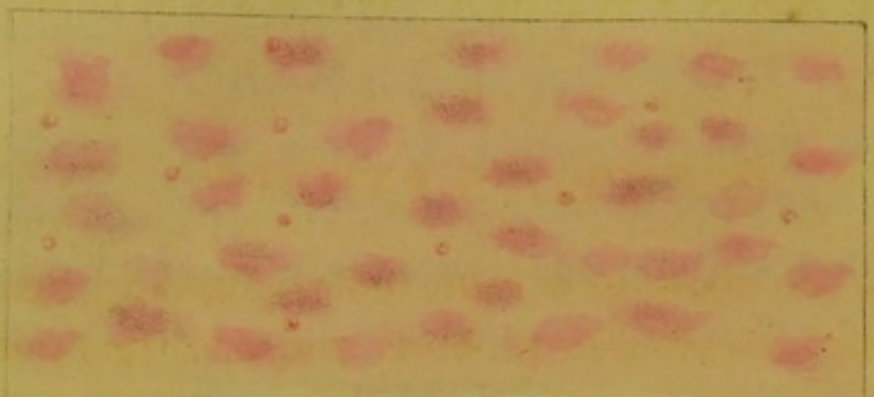
20th.—The eruption is declining, and his health is daily improving.

March.—This patient completely recovered his usual health and flesh, and without going through a mercurial course.

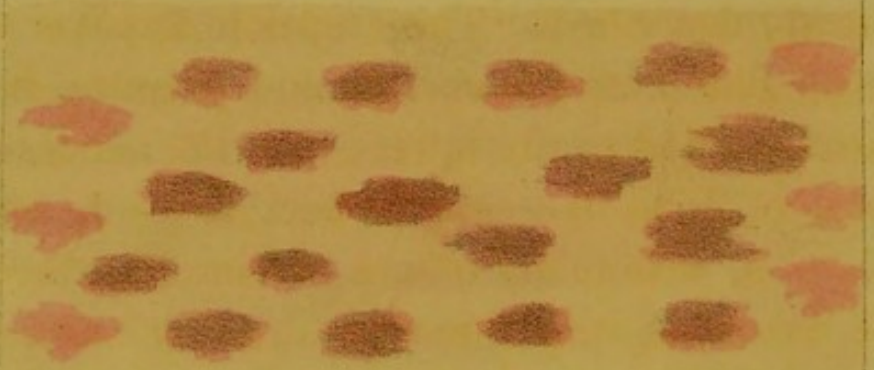
Order I.

EXANTHEMATA.

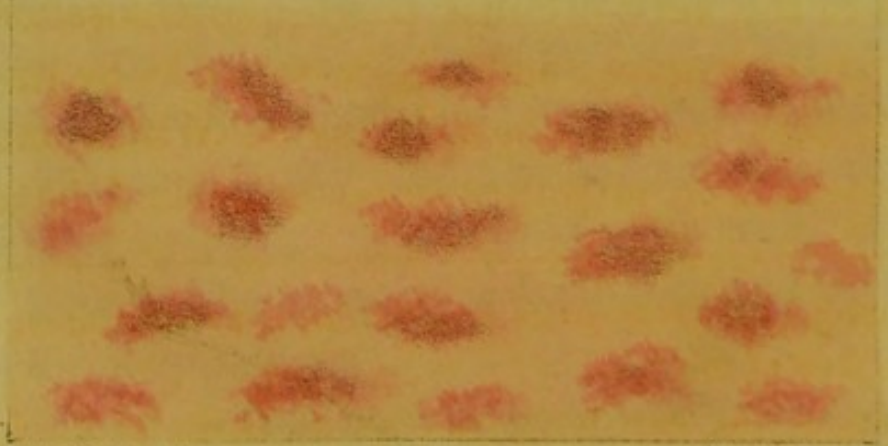
Puniceous Patch.



Drawn from the skin of J. M—s May 16, 1824.



Drawn from the skin of R. K—l, Aug. 14, 1825.



W. H. Judd. del. *Maguire lith. edit.*

Drawn from the skin of J. C— s, Feb 17, 1826.

2. EXANTHEMA PUNICEUM,

OR

PUNICEOUS PATCH.*

I use the above new term to designate a prevalent crimson-coloured venereal eruption, that consists of very numerous and distinct patches, of much more intense colour and set pattern than that already described. The eruption appears to be intermediate between roseola and purpura, but most nearly allied to the latter; and the succeeding cases, of John M——s, Robert K——l, and John C——s, with many others herein described, may be taken as very fine and strongly marked specimens of its somewhat varied forms and appearances.

I believe no name has hitherto been given by authors to this very peculiar patch-like coloration of the rete mucosum: indeed, it seems to be unnoticed, both in the able writings of Willan and Bateman, and in all other works wherein I have

---

* I have used the term *patch* by preference, as it best designates the form of this rash.

It is astonishing how much the form of puniceous patch, caused by copaiba, euphorbium, etc., (Vide plate p. 46), resembles that in this plate, induced by venereal poison.

sought it. In the learned day in which we live, it has become positively needful to be able to distinguish, describe, and classify the venereal eruptions; and this object is the more especially desirable, as no writer, with whom I am acquainted, has made any attempt to accomplish this task.

As far as I can make out this intricate point, the sores producing exanthema puniceum arise as vesicles.

The puniceous eruption commences almost like roseola, by making its attack with febrile symptoms; and, by its almost scarlet colour, it most resembles the fourth genus of the order exanthemata of Bateman; and frequently is accompanied by redness of the fauces, or sore throat. This eruption likewise resembles it in often preceding, by a week or ten days, or in attending on, or ushering in, other eruptions, as those of venereal lichen, herpes, and ecthyma, as common roseola may be observed to do, when the vaccine or varioline poisons are coming into action; and also in being at times present in disturbed stomach from poisons, almonds, lobsters, muscles, copaiba, valerian, etc.; in short, all aliments that produce a poisonous chyme. The puniceous patch constitutes a prevalent form of venereal eruption, and varies much in size, in elevation, and character, from any eruption that I find described. Vaccine and Varioline roseola commence at or around the inocu-

lated spot in the arm, and from thence spread over the person: but it is not so with the venereal inoculation, for who ever saw puniceous patches commence from a chancre, or sore, on the penis, and thence spread continuously over the body?

Next, it differs from roseola in the texture it invades, and from that eruption (as described by nosologists) in the small figure of its patches, and from erythema; which is almost a continuous redness, little or not at all risen above the surrounding surface: but in the puniceous patch I am describing, it is in both respects the reverse, for it but seldom is a continuous eruption: usually it is set in irregular lozenge and hexagonal patches, and at times it also is studded with enlarged, though still minute, papillæ. The common roseola is generally flat, without wheals or patches, or at most only risen at the edge;* but in puniceous eruption, particularly in the strongly marked cases, it is considerably risen in the centre of each patch; and although the greater number of patterns are lozenge-shaped, yet the most raised part of these patches often, in their centre, forms an approach to an oval, but still set upon lozenge-shaped bases.

On sliding the hand over the cuticle it detects a raised irregularity of surface, corresponding to

---

* Vide Bateman's Synopsis.

the irregularity of the shapes of the patches, which are also perceptible to the eye, as being distinctly raised above its less elevated crimson base. Each patch both feels and looks as if lymph had been thrown out upon the face of the absorbent rete mucosum; and I am next to certain that this effusion is given out between the rows of what are called papillæ, from the following accidental experiment. Whilst modelling an eruption, I cut a slice of cuticle off the end of my ring-finger, and very accurately laid bare the cutis vera, when a watery serum slowly issued in minute drops upon the newly exposed surface. These I frequently dried off by touching them with bibulous paper, and saw, through a powerful lens, fresh drops issue from between the rows of papillæ in the cutis, and lodge in lines correspondent to the natural folds in the cuticle and cutis; and whenever their surfaces became overloaded to confluence, the minute drops of fluid invariably closed inwards from the circumference, and the red liquid formed lozenge-shaped patches on the rete mucosum, and only required the cuticular covering to complete their exact resemblance in shape and shade to puniceous patches. This squarish, or lozenge-like, form is much indulged in by nature, for the bundles of fibres composing many of the muscles are of this form, as may be seen in those of the round of beef,

where a cross section of its flesh shews the fact on a large scale. And such is the true cause of the form of these red patches, their shape being in some measure determined by the deep sulci that divide the cuticle and its adjoining membrane into triangular, lozenge-shaped, and polygonal eminences.

In its degree of elevation puniceous eruption most resembles roseola; in its effusion, and in its duration purpura; yet, in the latter respect, it is intermediate between the two: for, like to purpura, the patches change their colour; not by fading, as in roseola, but by the fluid being gradually absorbed. The more severe forms leave a yellowish brown stain, and but rarely undergo desquamation. But puniceous patches never are attended with long or irregular extravasations, as petechiæ or stigmata, and purpura hæmorrhagica are; nor is it, like that disorder, alternated with external or internal hæmorrhages; and, in laxity of system, it seems neither allied to purpura nor scorbutus; on the contrary, the tonicity is too great, and the vessels in it are prone to inflammatory action, and the glands to enlargement: the eruption runs a shorter course than either the former or the latter. Puniceous patch eruption seldom commences later than about nine weeks after infection (absorption), and disappears at various periods in different individuals. Its stains

rarely last beyond four weeks; and it is almost always preceded by, or attended with, pains in the shoulders and hips, and frequently accompanied with redness of the fauces, hoarseness, pains in the chest, dry cough, and pleurisy; or, at times, only with a petuitary expectoration, from the sympathy that exists between the skin and the serous membranes. It occasionally ends in consumption or ascites. The cough, recurring with an increase of nocturnal pains, is another proof that this is a symptom arising from a syphilitic cause. I might add, by way of distinguishing the puniceous patch eruption when seen by the practitioner only in its decline, that it leaves a feel like thickened, raised portions of skin, whilst spili coccinei, the only eruption it could well be mistaken for, leave a pit, or a feel resembling loss of substance.

The following illustrative cases will be observed to commence with the most simple, and then gradually to proceed to the most complicated form of the disease described in this portion of our subject.

CASE XX.

A VESICLE ON THE PENIS, FOLLOWED BY PUNICEOUS PATCH ERUPTION.

WILLIAM B——LE, ÆT. 30.

June 3rd, 1825.—A vesicle has formed on the penis, which looks venereal. He states that he had connexion with a woman of the town about three weeks since, but not later. His bowels are confined.

Hydr. Submur. c̄. Extr. Colocynth. C.

6th.—The vesicle is ulcerating, and forming a minute sore. It much resembled that in John C——s, (vide Case,) and likely enough, for he associated with the same women.

10th.—The sore is looking more healthy; the patient's bowels are regular.

21st.—A gland in the right groin is enlarging.

July 11th.—About an ounce of pus has been let out of the suppuration in the groin.

August 25th.—He is feverish; feels ill; and has a sore throat, with pain in his head.

V. S. ad ℥xx. Mist. Ammon. acet. c̄. Antimonio.

September 11th.—The skin is risen into red, lozenge-shaped patches, and this eruption resembles John C——s's and Isaac I——le's, but he is

without pains in his limbs, and in this particular unlike the case of Robert K——l.

18th.—The puniceous patches consist of elevated portions with flat surfaces; and they are easily felt on sliding the hand along the skin.

20th.—The red patches are fast declining, but they leave purplish red marks under the skin, that appear to be in the rete mucosum.

24th.—The marks of the eruption are fading, and the disease is getting well without mercury.

December.—He has remained quite well.

CASE XXI.

A SORE FOLLOWED BY PUNICEOUS PATCH ERUPTION.

JOHN W——G.

October 23rd, 1827.—He had a single round sore upon the glans penis, and it appeared three days after connexion; but I did not see it early enough to know whether it was a vesicle or not.

November 14th.—He has had an enlarged gland, which has suppurated, and is discharging.

December 1st.—The groin at first healed over unsoundly, but now it appears to have healed again.

January 6th, 1828.—Hardened edges were left by the cicatrix, and, the groin having re-ulcerated, mercury was (after a consultation) thought needful and given, and he was ordered

Pilulæ Hydrargyri gr. v. omni nocte.

21st.—His mouth is sore, and the granulations have become more healthy.

Omitt^{r}. Pilul. Hydrarg.

28th.—The gums still continue sore, and his health is much the same.

March 21st.—A new sore has formed, and without any fresh contamination, reaching one-third of the way round the glans penis, and looking very ragged and foul.

Ceratum resinæ.

24th.—The sore looks irritable, and is spreading.

April 19th.—There are pains in his hips and shoulders; he has some sore throat, and an eruption of puniceous patches over his chest and body, and which is raised above the surrounding skin. Did the mercury render the eruption so unusually late in appearing?

Mist. Liq. Ammon. Acet. c̄. Magnes. Sulphate.

20th.—He complains of a soreness about the region of the stomach and body. There is considerable hardness round the sore.

Omitt^{r}. Medicament.

23rd.—The pains and stiffness in his limbs are but little better.

Pilul. Hydrargyri gr. v. mane et nocte.

27th.—His mouth is slightly affected, the eruption is still florid, his pains have diminished.

May 3rd.—The crimson eruption is still evident; he has slight pains, but now in the shoulders only. There is less induration round the cicatrix. His mouth is very sore.

14th.—On this day the pill was omitted, his system appearing so fully under mercurial influence.

16th.—The ailments have all disappeared, and his health is good.

20th.—He remains well.

CASE XXII.

A VESICLE ON THE PENIS, FOLLOWED BY SORE THROAT, COUGH, PLEURITIS, AND PUNICEOUS ERUPTION.

JOHN C——S.

January 19th, 1825.—Seven days after impure connexion a vesicle formed on the outside of the foreskin. It broke, and the lymph soon concreted into a small dark scab; which, on being detached, a flat superficial sore was found under

it; and, about the same time, a gland had enlarged in the left groin.

Pilulæ Colocynthid. c̄. Calomelane.

Lotio Plumbi Acet. dil. ulceri.

22nd.—The sore has thrown off a slight slough, but it is not deep.

Ung. Hydrargyri ʒj. omni nocte illinend.

27th.—He has ulceration of the throat, which occurred after the third inunction, therefore the mercury was omitted and the following medicines ordered:

Olei Ricini ʒiv. statim.

Inf. Rosæ c̄. Acido et melle pro gargarismate.

29th.—He has been attacked by acute pleuritis, cough, and hoarseness, accompanied by quickened pulse, fever, and pain in the head.

V. S. ad ℥xxx. (inflamed.)

Mist. Ammon. Acet. c̄. Mag. Sulph. et Ant. T.

30th.—He has received little relief from the bleeding and purging. His cough is peculiar, and without expectoration; a state that, of late years, I have frequently observed to precede venereal eruptions, and, not unlike cough in rubeola, from sympathy between the skin and pleura.

Hirudines xv. lateri.

Pilul. Scillæ c̄. Pilul. Hydrargyri.

Rep. mist. c̄. Antimon. T.

February 5th.—The cough has been very troublesome, and he has but little pain; but the parched skin and disturbed health still continue.

V. S. ad ℥xv. (inflamed.)

9th.—No very material relief has been produced by the last bleeding, yet it appeared the safer plan to prevent mischief in the chest.

17th.—An eruption has come out in his skin, and it is one of the varieties of puniceous patch, as large as melon-seeds, of a yellowish red colour, looking and feeling to the hand as if the papillæ over them were much raised above those of the surrounding healthy skin. (Vide plate, fig. 3.) This eruption seems to have been produced unusually early after contamination; but that will not be considered to be quite so much the case, if we add the seven days that elapsed before the vesicle appeared, and during which period absorption probably might have been going on.

23rd.—The patches can still be felt above the surrounding skin, but they are gradually becoming paler.

26th.—Most of the patches have disappeared, and without leaving any stain.

March 3rd.—From some febrile cause, the puniceous eruption again became so vivid, that it looked as if it was about to return; and this, at times, does occur in scarlatina maligna.

10th.—The patches have again disappeared, and he went from under treatment, and remained well.

CASE XXIII.

A SORE, FOLLOWED BY PUNICEOUS PATCH ERUPTION SET WITH ENLARGED PAPILLÆ.

ROBERT K——L.

July 16th, 1825.—A large excavated ugly sore occupies a portion of the external prepuce: it came a few days after connexion; and it healed in about three weeks, leaving a hard cicatrix and a dull red stain, which latter still remains on the penis. On the 18th day after the intercourse a bubo appeared. He had the ulcer some time before he applied for medical aid.

August 12th.—He is now suffering from pains about his head, hips, and hams; and from stiffness in the latter. A puniceous eruption, or reddening of the whole skin, took place almost similar to mottled skin.

14th.—The eruption is more intense in colour, and numerous raised minute papillæ are evident upon each patch, which are elevated so as to be perceptible to the touch; yet no heads are to be seen upon them by the naked eye, as in

lichen simplex (and the drawing was made accordingly). The patches are close set with natural skin between them; in shape they approach more to long lozenge-shapes than to circles, and they are of a florid red colour, more intense than either of the others. (Vide Plate, fig. 2.) In this instance there is neither sore throat, nor inflamed eyes. The patient's tongue is furred; his skin is hot; his pulse is quick, and the thirst urgent.

V. S. ad ℥xx. Syncopen. { The blood is not inflamed.

Capiat Pilulæ Hydrargyri gr. v. bis die.

21st. — His mouth has become tender; the bright colour of the eruption has declined; yet the patches remain visible both to the eye and touch; his pains and fever have gradually abated.

29th.—The eruption is fading, and has become brown. Of late he has been taking the

Decoctum Sarsaparillæ Comp.

September 20th.—His skin is clear, and his cure complete.

CASE XXIV.

A SORE FOLLOWED BY LICHEN, AND PUNICEOUS PATCH ERUPTION.

JOHN M——S.

December 13th, 1823.—A sloughy sore appeared on the body of the penis, three days after connexion. He has some enlarged inguinal glands, and for them he has rubbed in twelve drachms of mercurial ointment, and his mouth was sore fourteen days.

January 4th, 1824.—The sore healed, and left on induration; and the swelling of the inguinal glands has subsided.

March 17th.—He has pains about the shoulders and in his knees; his legs and ancles become so stiff in the latter part of the day, that by evening he is quite lame in consequence.

Mist. Ammon. Acet. c̄. Vin. Colchici.

12th.—The colchicum removed the pains and stiffness, as it would do in rheumatism.

25th.—An effusion has taken place into the capsule of the knee-joint, attended by pain.

Hirudines xij. ad genu.

Decoct. Guaiaci, Cinchonæ, etc.

27th.—The pain has ceased, and the swelling of the articulation of the knee is subsiding.

30th.—The stiffness and pains have returned, and he is feverish and worse.

Thermæ.

Pulv. Doveri h. s. s.

Liniment. Volat.

31st.—He perspired much, and feels relieved by the bath and guaiacum.

May 7th.—A slight crop of lichen has come out gradually, attended by febrile excitement.

Mist. Ammon. Acet. c̄. Mag. Sulphate et Antimonio Tart.

10th.—His febrile symptoms continue, which is unusual after the whole eruption has appeared.

14th. — During the night puniceous patches have come out upon his skin, almost a capite ad calcem; they are of a rose-red colour, and in irregular forms approaching to rhombs: they are slightly elevated, but not near so much so as in K——l's case, though they can be distinctly felt on passing your hand over the skin; (Vide Plate, fig. 1.) and they are more strongly marked than any I have hitherto seen, though I have been near twenty years attending to the various forms of eruptions produced by the syphilitic virus, and had the picking of the best cases that occurred in three public institutions. The patient's throat does not feel sore, but on inspection it has a diffused redness over its mucous membrane, not unlike the colour of the

patches in the skin. He has had no pain in his limbs since the eruption came out, and this I observe is usually the case, for the system is always relieved so soon as this kind of cutaneous affection appears.

15th.—The colour of the patches is extremely vivid.

20th.—The lichen that came out is still prominent upon the skin between the red patches. I lately have observed a similar circumstance in three cases from the same bagnio that this contamination was got in.

Ung. Hydr. ʒi. omni nocte infricandum.

27th.—The motly patches are exactly similar to H——s's and I——le's. The lichen declines but slowly, although his mouth has been kept tender by the mercury.

June.—In this case the eruptions followed a sore that left no induration, but they occur both with and without it. He is getting quite well.

July.—The mercurial course was continued, and his mouth kept sore during two months, when all the venereal symptoms disappeared.

November 7th.—He afterwards was thin, and at times had pains about him during the following six months, but has been free from eruption, or venereal symptoms.

1826.—He remains well, and has not had a return of any form of the disease.

CASE XXV.

A SORE FOLLOWED BY COUGH, PUNICEOUS PATCH ERUPTION, PAINS, LICHEN, AND INFLAMED THROAT.

JOHN W——DS, ÆT. 27.

January 28th, 1828.—He had promiscuous intercourse.

February 11th.—A suspicious-looking sloughy little sore formed on the inner surface of the prepuce. He first saw it seven days after connexion, and it is now surrounded by induration. He feels some tenderness amongst the glands in the left groin.

Hydr. Submur. c̄. Extract. Col. Comp. statim.

Mist. purgans vespere.

Inguini raso, Lotio Plumbi Acet. dil. applicanda.

Ceratum Resinæ ulceri.

12th.—He has been well purged; the sore is much as it was yesterday.

14th.—The surface of the ulcer has become clean.

16th.—The sore is so much better, it scarcely discharges.

17th.—The ulcer on the prepuce has healed.

March 24th.—He has a cough and hoarseness without any expectoration or defluxion. The

frequent coughing has caused a soreness within the chest, under the sternum. For the above ailings he took purgatives, diaphoretics, expectorants, sedatives, and was bled and blistered with little benefit.

April 4th.—His cough ceased suddenly, and he felt better.

5th.—Puniceous patch eruption has come out upon him so elevated as to be distinctly felt on passing the hand along the skin; in character it is precisely similar to P— L—n's.

6th.—Each patch daily becomes of a deeper crimson colour; and they are in the form of irregular lozenge-shapes and ovals, about the size of the little finger-nail. The patient's health is otherwise quite restored.

Mist. Ammon. Acet. c̄. Liquore Antimonii.

7th.—To-day he is free from cough. The eruption is not so bright-coloured, and less continuous; and the general erythema not so intense between the bases of the various patches.

10th.—The spots can still be perceived, but he feels quite well, and has left off his medicine.

May 6th.—He came again under treatment for pains that have come on in his shoulders and arms; the cough has returned; his pulse is quickened, and the skin is hot.

Pulv. Jalap. Comp. statim.

Haustus Sennæ vespere.

Mist. Ammon. Acet. c̄. Liq^{r}. Antim. T. nocte.

7th.—He had eight stools and coughed a little less.

℞ Extr. Papaveris Albi,
Et Pilul. Scillæ, āā. gr. iv. ter die.

12th.—He expectorates only a thin watery fluid; the hoarseness is gone.

13th.—He at times suffers slight chills, and his health is poor.

14th.—He expectorates little, and with difficulty.

Oxymel Scillæ.

17th.—He has still less watery expectoration.

19th.—The cough is more troublesome, and he is nauseated.

Omitt^{r}. Medicament.

Capiat Pulverem Emeticum.

20th.—He brought up nothing but food, and still feels sick; he has had several stools.

Haustus effervescens 3tiâ quâque horâ.

23rd.—The sickness is gone, but the cough continues.

Omitt^{r}. Haustus.

Capiat Pilul. Benzöes gr. i. ter die.

May 5th.—The cough and expectoration varies daily.

Adde singulis pilulis Extract. Papav. Alb. gr. v.

Una quarum bis die diglutienda.

12th.—His health seems a little improved.

27th.—He expectorates watery pituitous fluid only.

June 6th.—He feels weakened, but otherwise his health has suffered but little, considering the length of illness.

Capiat. Inf. Gent. Comp. ℥ifs. ter die.

7th.—He has had five stools, and is griped, and uncomfortable.

8th.—He has had five stools, and experiences some griping at times.

Omitt^{r}. Infus. Gent.

Capiat Mag. Sulph. ʒiij. ex Aquâ Menthæ.

9th.—He has had several stools, and still has some griping.

Pilul. Hydrarg. gr. iv. omni nocte.

Mag. Sulph. ʒij. singulis auroris.

10th.—The griping has ceased, and he feels weakened.

14th.—His bowels had become quiet, and he was sent into the country for change of air.

August 10th.—He returned with an eruption of lichen upon his legs ; the throat slightly inflamed, and his cough worse.

Pil. Cal. c̄. Col. gr. ij. statim.

Mist. Purgans meridie.

Balneum Tepidum vespere.

17th.—The eruption is florid ; he has had seven stools, and perspired.

21st.—The cough is still troublesome, but without expectoration.

Mist. Olei Amygd. c. Tinct. Opii.

24th.—He has coughed far less since he took the mixture.

31st.—His health is so much improved, and he felt so well, that he went from under treatment.

October 21st.—He returned for further advice, with quick pulse, pain under the left breast, difficulty in breathing, and with hoarseness, sore throat, and some expectoration. He was bled, purged, etc. etc.

22nd.—Mist. Ammon. Acetatis c̄. Tinct. Digitalis.

24th.—The expectoration has become puriform, and his health is much more impaired.

Mist. Amygdalæ, urgente tussi.

26th.—He perspired all night, and was griped.

27th.—His appearance became so consumptive, that he was sent to his native country air; and I have not heard how his disease terminated.

CASE XXVI.

AN ABRASION AND RED WART, PRODUCING BUBO AND PHAGEDÆNIC ULCER, FOLLOWED BY HOSPITAL GANGRENE, ECTHYMA, PUNICEOUS ERUPTION, VESICLES, AND SECONDARY ECTHYMA.

ISAAC I——LE.

March 13, 1825.—An abrasion and a tender red syphilitic wart, situate just at the angle between the frænum and glans penis. He also has a mass of indurated glands suppurating in the groin. In consequence of this raw wart, which he has long had, it is impossible to say when he became contaminated.*

The Pus was let out.

Pilul. Hydr. Submur. c̄. Extr. Col. C. etc.

17th.—The discharge is thin and unhealthy, the groin looks very threatening, painful and inflamed. The abrasion has become a foul sloughy sore.

Lotio Sedativa, etc.

20th.—The sore is now ulcerating causing the prepuce to be œdematose; it has lost its elasticity and cannot be drawn back,—the penis is swelled

* Here were evidently two surfaces by which contamination might have happened.

and of a dark rose-colour,—he has a hot skin with a quick pulse.

V. S. ad ℥xx, inflamed.

Mist. Ammon. Acet. c̄. Liq. Antim. T.

30th.—A dark slough has formed a hole in the foreskin, and through it the glans penis has protruded. The separation of the slough caused a copious hæmorrhage; after about a pint of blood had been lost, a coagulum formed and stopped the bleeding orifices.

31st.—The slough opened into the corpora cavernosa and destroyed the wart, the excoriation, and the parts around them.

The unhealthy dark hue left the penis after the great loss of blood.

May 4th.—The extensive ulcer on the penis healed kindly; the open groin was attacked by hospital gangrene, and sloughed frightfully.

12th.—An eruption of Ecthyma * has come out over his whole person, and the chasm in the groin is very large.

June 1st.—A puniceous eruption* in bright patches appeared and covered his skin a capite ad calcem; and so prominent is it that it can be felt as the hand is passed along the skin—it is attended by fever.

---

* Two eruptions, probably following the two contaminations.

7th.—The eruption is declining; the patches are not so bright-coloured as they were.

18th.—A number of vesicles have come out over his forehead and face, and his body has become covered with a deuteropathic eruption of Ecthyma, almost similar to the first, only they are fewer in number and of larger dimensions. His throat is very red within, and the tonsils, parotids, and submaxillary glands, have enlarged to an immense extent.

℞ Tinct. Iodin. ℥ vj.*
—— Cinnam. ʒj.
Aquæ Distil. ʒxi.
Mft. haustus bis die sumendus.

℞ Ung. Hydr. fort. ʒj.
Camphoræ ℈ss.
Omni nocte illinenda.

July 19th.—The glands are resuming their natural size. The eruption is declining.

Sept.—His mouth was kept sore by mercury from the 20th of June to the 20th of August: his ailments got well; and soon after that period he went to live in the north of England, and I lost sight of him.

---

* The Hydriodate of Mercury was not then commonly in use.

CASE XXVII.

URETHRITIS, SUPPURATING BUBO; A SLOUGH ON THE PENIS, FOLLOWED BY PAINS, VESICLES, PUNICEOUS ERUPTION, REDNESS OF THE FAUCES, ANASARCA, AND DEATH.

P. L——IN, ÆT. 26.

January 9th, 1828.—He has urethritis, and a suppurating bubo in the right groin, and a sinus is formed by it: he has neglected his disease to the present time.

30th.—A slough * has commenced just at the junction of the glans with the penis: no sore was observed there before; yet I cannot help thinking one must have existed.

February 20th.—He has pains about the head of the radius, a cough, and an eruption of vesicles over his forehead and face.

27th.—He passed a hot and feverish night; the eruption having now come out over his scalp, chin, and shoulders.

28th.—He has a general increased redness in patches, on the skin, with a vesicle here and there; and a blush over the interior of the fauces.

Ung. Hydrargyri ʒi. omni nocte infricanda.

---

* I believe when the virus is acrid enough, it kills the part before there is time to form either vesicle or pustule.

29th.—He has nocturnal pains in both elbows and knees: he coughs and expectorates. The redness has now formed the true puniceous patch-eruption.

April 1st.—His mouth has become tender from the mercury.

5th.—All the red patches have disappeared from the skin.

May 2nd.—He has sore throat, and loss of voice, from a thickened state of the membrane lining the glottis, which commenced in the general cutaneous redness described on the 28th; and there are seen in the throat red and yellowish lozenge-raised surfaces, but without any breach in the lining membrane. He has a slight cough with expectoration of thin white mucus, and his ancles have swelled below the tie of his drawers.

Pilul. Hydrarg. Submur. c̄. Extr. Col. C. ij.

Mist. Ammon. Acet. c̄. Liq. Ant. Tart. ter die.

Infus. Rosæ et Tinct. Capsici, pro gargarismate.

3rd.—He has coughed much, and expectorated about three ounces of fluid tinged with blood; he is very restless; his pulse is quick, and his skin is dry.

V. S. ad ℥xx. Cupped and buffed.

Acidi Hydrocyanici ♏iij. ex aquâ, ter die.

4th.—He has coughed less; but his expectoration contains some dark blood, probably what yesterday lodged in the bronchial tubes: his skin is moist, and he feels better.

Extr. Papaver. gr. v. h. s. s.

Ung. Hydrargyri ʒj. omni nocte illinenda.

9th.—His mouth is sore, and his voice is a sort of whisper, from the state of the membrane lining the throat.

10th.—He did not cough during the night, but was so thirsty, he could not sleep: the mercury disagrees with him.

Omittr. Ung. Hydr. et Acidum Hydrocyanicum.

11th.—Last night he felt sick, and made an effort to vomit, and he has expectorated two-thirds of a pint of thin watery fluid.

Adde Misturæ Tinct. Cinnamomi ʒj.

12th.—There is some blood in the discharge that comes from the nose and throat.

℞ Hydrarg. Oxymuriat. gr. iij.
Tinct. Myrrhæ ʒij.
Aquæ fontis ℥vj.
M. fiat lotio frequenter adhibenda.

14th.—He snuffs the lotion up his nose out of the palm of his hand: he coughs less; he is cooler, and has had three stools.

16th.—He has an uneasy sensation across his stomach.

Omittr. haustus Salin.

18th.—The natural tone of voice is returning.

20th.—His mouth is now sorer than on the third day after his rubbing in :* he has a dry skin, and looks pale and unhealthy.

21st.—This morning his abdomen enlarged suddenly, as if effusion had been completed in a few hours; and he has pain across the umbilicus: his bowels have hitherto been regular: his venereal symptoms here end, but those of dropsy begin.

℞ Tinct. Rhæi ʒij.
Aquæ Menthæ sat. ℥ifs.
Mag. Sulph. ʒiij.
M. fiat haustus statim sumendus.

22nd.—Four fluid stools were produced by the draught: he passed no wind; the abdomen is softer.

Enema purgans.

℞ Spir. Ætheris Nitr. ʒifs.
Mist. Ammon. Acetat. ℥vj.
Tinct. Scillæ ʒj.
M. Capiat Cochlear. iij. magna secundis horis.

23rd.—He passed but little urine, and his abdomen is as large as ever.

℞ Extr. Aloes gr. x.
Hydr. Submur. gr. v.
Olei Juniperi ♏ i.
M. fiant pilulæ duæ statim sumendæ.

24th.—He has had twelve loose stools, but

---

* An effect hydrocyanic acid is now known to produce.

there is no diminution in the abdomen; and la evening he had some pain across his belly.

℞ Pulv. Digitalis gr. i.
Hydr. Submur. gr. iſs.
Pulv. Scillæ rec. gr. iv.
M. fiat pilula tertiâ quâque horâ deglutienda.

℞ Mist. Ammon. Acet. ℥iv.
—— Camphoræ ℥ij.
Spir. Æth. Nitr. ʒij.
M. Capiat æger cochlear. iij. magna omni trihorio.

25th.—The secretion of urine is still scanty the belly is larger, although he has had seve stools: he passed a more restless night, and hi mouth is sore.

℞ Olei Terebinthinæ ʒiv.
Mucilag. Acaciæ ʒv.
Aquæ Distillatæ ℥vſs.
Spir. Ætheris Nitrici ʒiſs.
Fiat mistura, cujus sumantur cochlearia tria magna quartâ quâque horâ.

26th.—He feels more distended, and has had no stool.

Enema purgans.

28th.—He made more urine; has had four stools, and is easier.

29th.—The turpentine has acted but slightly upon his kidneys; the abdomen is as large as ever.

R. Extract. Elaterii gr. $\frac{1}{8}$.
—— Gentianæ gr. iv.
M. fiat pilula omnibus horis capienda, donec adsit catharsis.

Mane, 30th.—He has taken thirteen pills, and has had but one loose stool.

Omitt^r. Pilul. Elaterii.
℞. Potassæ Tartratis ʒij.
Infusi Sennæ ℥ifs.
Fiat haustus secundis horis deglutiendus.

Meridie.—He has had but two large light-coloured stools; the liver is not performing its function.

℞. Pulv. Scammonii gr. v.
—— Jalapæ ℈j.
Gum. Cambogiæ gr. ij.
Mft. Pulvis ex cyatho aquæ menthæ sumendus.

Nocte.—He has had but two stools: he passed much flatus, and his belly is more flaccid.

℞ Aceti Colchici ʒj.
Misturæ Camphoræ ℥xij.
Olei Juniperi ♏iij.
Fiat haustus secundis horis sumendus.

31st.—He has had one stool; his breath is short, and he feels tight and stuffed about the chest.

Oleum Camphorat. abdomini illinend.

℞ Extr. Elaterii gr. ½.
Gum. Cambogiæ gr. i.
Pulv. Jalap. gr. viij.
Olei Juniperi, q. s.
Fiant pilulæ duæ statim sumendæ, et tertiâ quâque horâ repetendæ donec alvus dejecerit.

June 1st.—He has vomited, and had six loose stools, and the abdomen is less swollen.

℞ Gum. Ammoniac. gr. x.
Pulv. Scillæ gr. iſs.
Scammonii gr. v.
Olei Menthæ vir. ♏ i.
Mft. Pilulæ duæ cras mane, et secundis horis sumendæ.

3rd.—He has had pain across the stomachic region, and four liquid stools.

℞. Potassæ Supertart. ʒiv.
Aquæ Menthæ ℥xij.
M. Cochlearia tria magna tertiis horis sumenda.

4th.—He has made more urine, and had four stools: his abdomen measures less.

Pilul. Extr. Col. C. c̄. Hydr. Subm. ij.

5th.—His belly is far less, although he has had but two stools.

℞. Olei Tiglii ♏ij.
Micæ panis q. s. Ft. pilula nocte deglutienda.

6th.—Five large liquid stools have been produced by aid of the medicine.

Repr. haustus Sennæ c̄. Potassæ Tart.

7th.—He has had six stools: the abdomen is diminishing.

8th.—He passes more urine: it is thick, and has lymphy sediment in it.

10th. Capiat Olei Tiglii ♏ iv. primo mane.

11th.—He has had three stools, and some pain across the belly.

Repr. haustus cum Potassæ Tartrate.

12th.—He has passed flatus, and five stools.

13th.—The medicine nauseates him.

Omitt^{r}. haustus Potass. Tart.

14th.—He has had one stool, and is quite easy.

15th. Rep^{r}. haustus Potass. Tartrat. etc.

16th.—He has had nine stools.

Omitt^{r}. Medicament.

17th.—He feels rather sick, and has had four more stools, and made more urine.

Omitt^{r}. Pilulæ.

Potus Supertartratis Potassæ.

19th.—He has coughed and expectorated about three ounces of fluid, and his skin is hot and dry.

Mist. Ammon. Acet. ter die.

Note.—His cough has become very troublesome at night.

Pulv. Doveri gr. vj. h. s. s.

21st.—He has perspired, and has not coughed since the powder was taken, but the abdomen is fuller.

23rd.—He again perspired, and passed but little urine, and his belly is bigger.

24th. Rep^{r}. Pilul. Elaterii c̄. Cambogiâ.

26th.—He had five watery stools, and the belly is far less.

Infus. Sennæ c̄. Potassæ Tartrate.

27th.—There has been more urine secreted: he perspired, and the abdomen is less.

July 2nd.—To-day the belly is far more flaccid.

℞ Potassæ Subcarbon. ʒj.
Infus. Gent. C. ℥vj.
Tinct. Scillæ ʒj.
Fiat mistura cujus sumat æger Cochlear. iij. magna tertiâ quâque horâ.

Extr. Elaterii gr. i. nocte.

3rd.—He had four stools with some griping.

4th.—He has had a dozen stools, and some vomiting; his abdomen is less tense.

To take Schiedam Hollands and water.

6th.—He has from two to eight stools daily.

10th.—He had an attack of pain in his right side, passing across his belly, which lasted an hour; followed by an extreme difficulty of breathing; and he could not lie down for dyspnœa. The cough is more frequent and troublesome.

℞ Spir. Æth. Nitr. ʒfs.
Mist. Camphoræ ℥ifs.

Mft. haustus statim sumendus, et urgente paroxismo repetendus.

Mane, 11th.—He experienced some relief from the draught, but cannot lie down, owing to tightness across his chest: his expectoration is in lumps; his pulse is small and weak; he is worn to a skeleton, and one ancle is a little œdematose: this latter symptom I have commonly seen precede death by a few days.

℞ Mist. Oleosæ ℥vj.
Tinct. Opii ʒj.
—— Scillæ
Liq^{r}. Ant. T. $\overline{aa}$ ʒj.

M. Capiat Cochlearia ij. magna secundis horis.

12th.—He is becoming worse, and his teeth are covered by sordes.

Note.—His features have sharpened, and his expectoration has almost ceased.

Wine and extra support.

13th.—His hands have become purple: he is restless, and has not slept, and he is muttering incoherently.

25th.—He wore on until to-day: never having lain down, he became very restless last night, and died early this morning.

SECTIO CADAVERIS.

The abdomen contained two gallons of lymph; the liver was indurated and pale, and not more than one-third its natural size: it adhered to the surrounding parts by coagulable lymph. The lungs were covered by a thick coat of coagulated albumen, and compressed by fluid in the chest. The air cells were nearly filled by frothy blood and mucus: there were no vomicæ, or ulceration

in the Trachea, nor any morbid appearance that explained whence the pus in the expectoration came, unless we conclude it was secreted from the mucous membrane lining the Trachea, as is the case with that from the urethra in gonorrhœa.

I esteem the first part of this last described case to be invaluable; for it almost as completely links together the vesicular with the puniceous-patch eruptions, as the following does the lichenous with the puniceous; fortunately also including the vesicular.

EXAN.ª *with* PAPULÆ.

Pruriens Patches set with Papulæ & solitary Lichen.



Drawn from the skin of R—d T—s Oct. 16. 1833.

CASE XXVIII.

A URETHRITIS, AND A VESICLE, FOLLOWED BY LICHENOUS PUNICEOUS PATCH, THE LATTER OF WHICH BECAME SET WITH ENLARGED PAPILLÆ ON THE SKIN, AND WITH MINUTE PAPILLÆ AND VESICLES ON THE SCROTUM; AND THE CICATRIX OF THE PRIMARY SORE WAS RAISED, AND CORRESPONDED WITH THE ERUPTION.

R——d T——s.

May 4, 1833.—On the fourth day after connexion, he was attacked by Urethritis. Seven weeks after the intercourse, an opaque vesicle, about the size of a small pin's head, formed on the glans penis, (for which he came under treatment:) it broke on the 10th day, and discharged a little lymph. In a few more days it threw off a thin scale. Yesterday he had pain and some swelling in the inguinal glands.

8th.—The sore has healed: it is fourteen days since it commenced: he has less pain in the groin, and the Urethritis is diminished.

12th.—He lost his appetite, and felt unwell.

15th.—He has had an attack of fever, with a white tongue, and pains in his head and stomach: he has fainted several times, and feels sick and has vomited.

Pulv. Ipecac. ℈j. statim.

Hydrargyri Submur. Mag. Sulph.

Mist. Ammon. Acet. dilut.

19th.—His skin has become much redder than natural, and it looks as if lichenous eruption were coming out all over him.

25th.—The eruption has appeared and is one of distinct Lichen, but surrounded by much redness at their base.

July 4th.—The Lichen chiefly occupies his shoulders and body: they are not very large, but tolerably numerous, and a few of the largest have some lymph in their apices.

Thermæ.

6th.—The eruption is increasing, and has come out more over his body, and upon the glans penis, and is very bright coloured.

8th.—The Lichen has become paler, and the inflammation round their bases has lessened.

Decoct. Sarsaparillæ.

14th.—The eruption is fading, declining, and desquamating in parts. He continues the warm bath and sarsaparilla.

20th.—The Lichen have become nearly flat; the desquamation continues, he having lost little or no flesh, and his health is quite good.

Omitt^{r}. Medicina.

August 10th.—His skin is nearly as clear as before the eruption, except a round stain here and there, where the largest Lichen were situated.

Mane, October 1st.—At three o'clock this morn-

ing he vomited up the food he had taken at supper on the preceding night, and he has violent pain in his bowels, cannot bear pressure on the abdomen, and has had three loose stools, attended with cramp* in his legs.

Pulv. Ipecac. ℈j. statim.

Meridie.——V. S. ad ℥xx (un-inflamed.)

Hydr. submur. c. Extr. Col. Comp.

Haustus purgans vespere.

Mane, 2nd.—He brought up green bile, and the pain continues in his stomach, though not so violently; and his abdomen is so tender, he cannot bear pressure to be made upon it: his bowels have been well cleared.

Vespere.—He has had several more stools, and the abdominal tenderness is diminished in proportion; but his pulse is still quick, he remains feverish, and his health much disturbed.

3rd.—He has a general redness of skin, and raised puniceous patches can just be felt (though not distinguished by the eye from the general redness) all over him.

6th.—The patches have become more determinate in figure, they are considerably raised, and

---

* A symptom not confined to cholera, but common in disordered bowels.

are set with enlarged papillæ of the skin, giving a rough feel, though they are too small to be seen by the naked eye.

8th.—With the aid of a compound magnifying lens, it is quite evident that the surface of each raised red patch is thickly studded with enlarged papillæ, and the scrotum also is covered with the eruption; a very unusual circumstance, which I have seldom met with in venereal eruptions. (Vide Plate.)

9th.—The puniceous patches on the scrotum are considerably raised above the rest of its skin; and the papillæ, though very minute, have become larger upon this part than on the rest of his body.

11th.—The perspiration and friction of the clothes have caused the skin of the scrotum over each patch to become half excoriated.

Lotio liq^ris. Plumbi dilut.

13th.—With the help of the lens, it is observed that the moisture excoriating the scrotum is occasioned by a little lymph or fluid, that is given out by the apices of minute vesicles or papillæ, on the surfaces of the raised puniceous patches: those on the body are dry, have become brown, and are declining.

14th.—The small eminences and papillæ on the scrotum remain excoriated, and some of them, that appear to be vesicles, have excessively minute apices, rendered evident by their yellow

discharge; each being a mere dot, the size perhaps of a small pin point.

16th.—A drawing was made from the skin and scrotum.

20th.—The puniceous eruption on the scrotum has become less red; and the enlarged papillæ and minute vesicles on each patch can be counted: since the confusion occasioned by the intense redness is diminished, they consist of groups of from eight to ten, or thirteen, and some are distinctly seen through the compound lens throwing minute scales off their apices.

November 1st.—There still remain on the skin, covering the scrotum, lozenge-shaped and hexagonal raised surfaces with flat summits, darker and redder than the rest of the scrotum; and a pachydermatose portion, or thickened state of skin, marks out the late site of each patch.

On examining the glans, I found a large reddish raised surface, formed by the cicatrix of the primitive sore, which looked as if red lymph had been thrown out into the cells, so as to form an elevated lozenge, under the blueish skin of the glans; and it was just of the shape and figure, and being raised, bore an exact resemblance of the late puniceous patches on the skin.

I shall here terminate my description and examples, flattering myself that cases enough have been given to exhibit this kind of eruption in a clear point of view.

ON THE SECOND ORDER.

This Order, it will be observed, commences with enlarged papulæ, and these, as before shown, are occasionally found set on puniceous patches as their base. Lichen is classed with raised papillæ, as a matter of course, from their universally admitted similitude: and indeed its racemous form will immediately (with the exception of size) remind the observer of its strong resemblance to the puniceous patch, when set with papulæ; whilst lichen circumscriptus, and solitarius differ only in being larger, and further set apart: lichen vesicularis is exactly similar in appearance to the former, except as to its magnitude, and after a time having a vesicular apex; which peculiarity is well calculated to link it in with Order III.

I have now arrived at that stage of our enquiry, where so much difference exists in the form of the eruption, when compared with those that preceded, that nosologists, at this point, in their arrangements have always commenced a new Order: and truly the mutation from the flat exanthematose skin, in the first order, to the highly raised lichen forming the second, appears exceedingly great; so much so indeed, that the human mind cannot immediately reconcile, or adjust, the wide discrepancy: but on a little consideration,

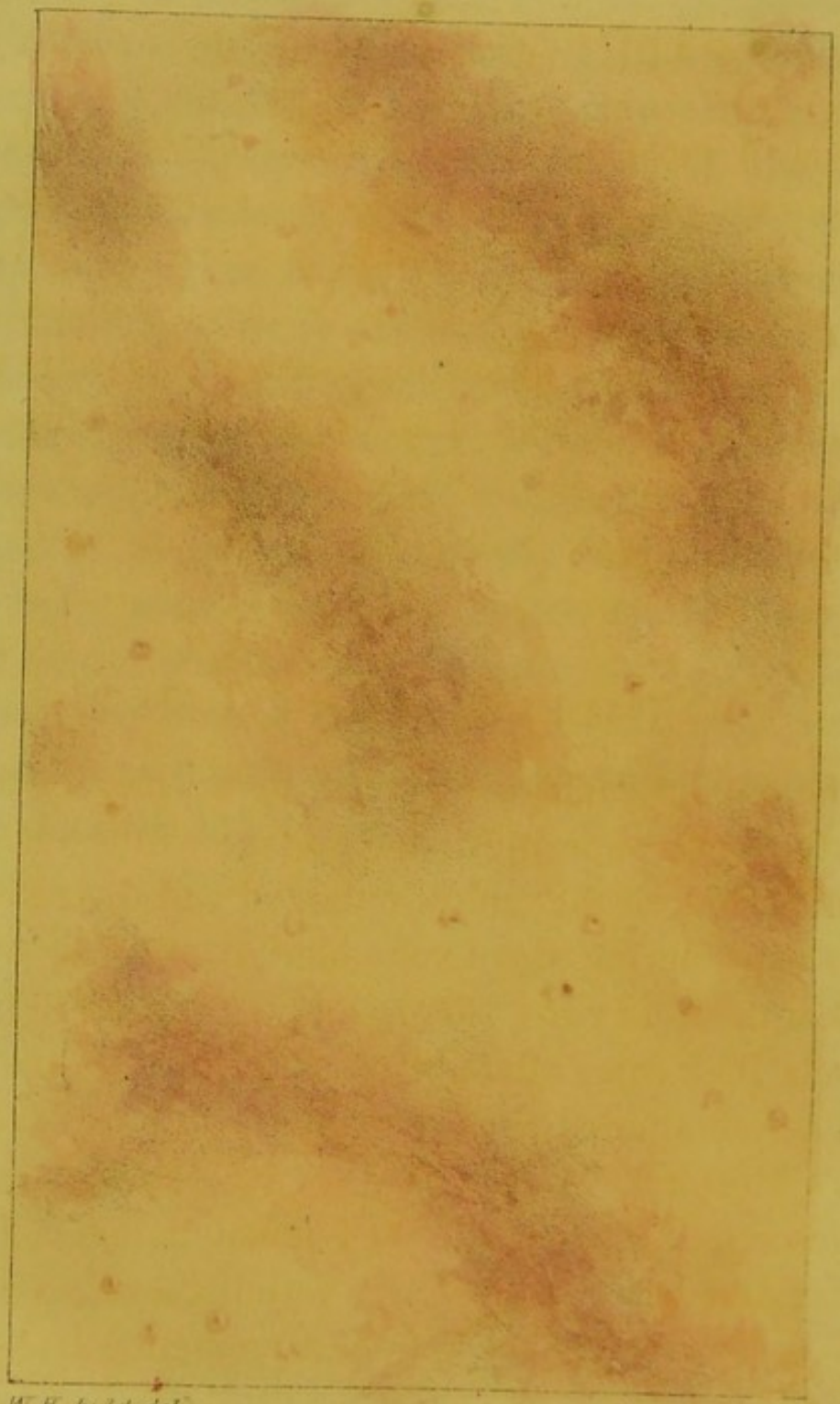
it will only be found needful to bring before the eye each varied shade, each intermediate grade, to locate each specimen between those it most resembles, so as to blend in one view the two extremes, and thereby reconcile the difficulty. Take, for instance, the delicate exanthismous skin; place next it the slightly marked puniceous patch; let that be followed by an instance of the more intense and higher raised variety of the same eruption, and lastly by puniceous patch set with enlarged papulæ, and we have then, from a flat surface, absolutely arrived gradatim at a miniature representation of clustered lichen, which is going a step beyond what we aimed at, viz. simple lichen. The gradations we have just traced is like to those of a traveller starting upon a plane, rising by a gentle ascent, and arriving at the summit of a mountain: and as if nature were more than ordinarily anxious to connect all the various shades and varieties in links, I have of late discovered, (and I believe I am the first that has done so) that puniceous patches on the scrotum (a case of which kind has just been given) at times actually have minute papulæ set on them, and even, though less frequently, vesicles upon the lozenge-like puniceous bases; a circumstance analogous to the appearance of miliary vesicles amongst rashes of rubeola. To remove all doubt as to their existing together, they have been seen

on the scrotum of persons whose skin was at the very same time full of puniceous patches: thus clearly establishing a fact hitherto unknown, viz. that these are not accidental varieties, nor always separate eruptions, but that they are, in some instances, truly part and parcel of the same general cutaneous disease, and probably caused by two viruses acting at one time, and fortunately exhibiting a strong connecting link between exanthema, puniceous-patch and lichen; and thereby identifying, almost as one, eruptions which at first view appeared as widely different and as unconnected as the Zenith with the Nadir. Having so clearly established that nature forms these two orders of eruption next to each other, or at times, even together, I rest assured I have placed them rightly in the classification, and shall now proceed to describe this Order.

Order II.

PAPULÆ.

Papulæ longatæ.



W. H. Weld del. *Mason sc.*

Drawn from the skin of C. S— a seaman aged 18.

ORDER II.

PAPULÆ VENEREÆ.

First, I must divide the papular forms (though authors usually have not) into two varieties; and, for distinction sake, call one papulæ elongatæ, and the other lichen and its genera; because I believe (and after dissecting them) the former to be a mere enlargement of an originally formed part of the skin, and the latter to be altogether a new production.

---

1. PAPULÆ ELONGATÆ.

The papulæ elongatæ appear to be merely the natural rough asperities, or papillæ, as they have been termed, of the cuticle enlarged and distended in wheals during the excitement caused by one kind of venereal virus, (for doubtless the cuticle has vessels that carry albuminous fluid, vide preparation before alluded to in the museum of St. Thomas's Hospital) attended by partial fulness, from turgescence of the cuticle, and inflammation of the parts immediately beneath it; forming a sort of red cutis anserina. These little red projecting bodies, I might mention, can occasionally be traced over the tunica conjunctiva, as in the case of C——

S——d. A few solitary lichen frequently come out about the same time, and have afforded a good opportunity for comparison. This venereal eruption is accompanied by sore throat, and terminates in furfuration, but is a very scarce form of cutaneous affection.*

My belief, as to papulæ elongatæ being the produce of venereal inoculation, is most happily strengthened and borne out, not only by the cases given, but by the new method just discovered in France, of causing enlargement of the papulæ by inoculation (*with lymph taken from a scarlatina papule*); at all events proving that the secretion from papules has power to engender crops of enlarged papules.

It is well worthy of remark, that if the wheals (represented in the plate) of papulæ elongatæ were less in extent, how much they would resemble the variety (represented in the plate) of exanthema with papulæ.

---

* Genuine lichen will be described in page 287.

CASE XXIX.

C—— S——d, ÆT. 28.

A SORE AFTER CONNEXION AND ENLARGED GLANDS, FOLLOWED BY NOCTURNAL PAINS, SORE THROAT, ERUPTION OF PAPULÆ ELONGATÆ, CONJUNCTIVITIS, AND LICHEN SOLITARIUS.

Some time ago this person had a sore upon the prepuce and corona glandis, but does not remember the precise date, which has caused the part to adhere to the glans. The groins then became swollen, and still remain indurated.

January 5th, 1818.—At this time he is under treatment with a full crop of enlarged red papulæ, covering him in wheals. (Vide plate Order II. papulæ elongatæ.) The throat is sore, and he is hoarse. The conjunctiva is inflamed and covered by the eruption, and there is slight opacity of the transparent cornea, consequently he has "rather dim vision." I learn the raised papulæ have been out some days: a few of them have become less red, or even yellowish, and are desquamating, but the eruption is still very intense. He has a white tongue, a quick pulse, a hot skin, and is tormented with nocturnal pains in his limbs.

Hydr. Submur. c̄. Pulv. Jalap. Comp.

Mist. Ammon. Acet. c̄. Antim. T.

9th.—The bowels have been well cleaned, and he has less febrile irritation.

Instilletur Vini Opii ℥i. in oculum.

11th.—The state of the eruption and eye is but little changed since the former report.

13th.—The skin has become moist, the cornea is more transparent, and the patient's health is improving.

Liquoris Plumbi ℥i. instil. in oculum.

18th.—All the febrile excitement has ceased.

Decoct. Cinchonæ c. Acido Nitrico.

20th.—Now that the eruption of papulæ has become less florid, middle size solitary lichen* can be distinguished here and there between the wheals.

Capiat Pilulæ Hydrargyri gr. v. omni nocte.

28th.—The eruption is desquamating generally.

Perstet in usu guttæ et pilulæ quotidie.

February 1st.—He has been griped, and has had four stools. The eruption is brown and declining, and a single scale is observed on the apex of some of the distinct lichen.

℞ Pulv. Rhæi ʒfs.
Aquæ Menth. pp. ℥ifs.
M.ft. haustus statim sumendus.

Extr. Opii gr. i. hâc nocte sumendum.

---

* Vide Plate, p. 279.

3rd.—He has been free from griping these two days. A part of his hair falls off.

Rep^{r}. Pilul. Hydrargyri omni nocte.

4th.—The eye is more clear and bright; the opacity of the cornea has been absorbed; the iris remains perfect, and the late eruption of raised papulæ is gone.

9th.—His mouth has been kept slightly tender up to this time, and his health is quite restored. His hair is thin, a great part of it having come off during the eruption.

11th.—He went from under treatment, and remained well.

CASE XXX.

A BUBO PRECEDING THE SORE, WHICH WAS FOLLOWED BY PAPILLÆ ELONGATÆ AND LARGE LICHEN.

WILLIAM S——ON.

April 6th, 1829.—On the first day of the month he had connexion with a woman of the town, and three days afterwards there came on a swelling in the right groin. I examined the glans penis, etc. minutely, and no sore, however small, nor any discharge from the urethra then existed.

15th.—Several more inguinal glands have enlarged in the opposite groin, and threaten to form abscess.

Hirudines et Lotio Plumbi Acet. Dil.

26th.—A small ulcer commenced last night (or only then became visible) on the glans penis, by the side of the urethra, and is not yet the size of a millet-seed, but has a little sanious discharge, and is disposed to bleed when touched.

Ceratum Resinæ.

29th.—The groins are more painful, and the left one still threatens to suppurate.

May 1st.—The small sore, that commenced as a mere speck, is rapidly extending.

4th.—The sore now surrounds the whole of the orifice of the urethra.

6th.—The sore has formed a cup-like cavity, and is very sloughy and foul.

Oleum Terebinthinæ c. Cerato Resinæ.

7th.—The sore is a little cleaner; the groins are still enlarging.

Sol. Argent. Nitratis.

12th.—The sore has ceased to spread; it has become clean; and the enlarged glands are diminishing.

16th.—The sore on the glans is contracting and healing.

20th.—The irritation on the absorbents, around the sore, has caused both groins to become painful; and their swelling is again returning, although they had subsided.

Rep^r. Hirudines inguinibus.

Cataplas. Lini seminis.

23rd.—The groins are both suppurating, notwithstanding the chancre is well.

26th.—The right groin was punctured, and pus let out, and another gland above it is enlarging.

28th.—He suffers much from nocturnal pains in his shoulders.

31st.—Last night an eruption came out upon the face, body, and limbs, which consists in a general redness from enlarged and raised papillæ, set pretty closely together, with an eruption of either larger ones, or smaller lichen here and there. He has a diffused redness within the fauces, but it does not amount to sore throat.

Mist. Ammon. Acet. dil. c̄. Antim. T.

June 2nd.—The mixed eruption of papillæ and lichen are more florid and prominent; he still has pains in his shoulders.

Pus was let out of the other groin, and his bowels are open.

5th.—Last night the nocturnal pains were so troublesome, he could not sleep for them.

Pulv. Doveri gr. viij. horâ somni.

8th.—The eruption is less bright, but his pains are as severe as on the fifth.

11th.—The eruption has all the true syphilitic character; his nocturnal pains are worse than ever; the groins are both discharging, and it is deemed prudent to put him through a mercurial course.

Ung. Hydrarg. ʒj. omni nocte illinenda.

15th.—He rubbed in on the 11th, 12th, 13th, and 14th, and his gums were made sore, and saliva increased.

17th.—He had pain in his stomach, and some griping.

Pulv. Rhæi ex Aquâ Menthæ.

18th.—The bowels have been cleared, and the griping is gone.

24th.—The eruption is less florid since his mouth became tender, and the nocturnal pains have diminished.

26th.—The crimson colour is now fading to a light brown, for the eruption is declining.

28th.—The eruption can but just be discerned with the eye, and with the hand can scarcely be felt on the skin. His pains have ceased, and the buboes in the groins have both healed.

July 6th.—No traces of the eruption remain.

August 5th.—His mouth has been kept under the influence of mercury from the 14th of June to the 4th of August.

Omittr. Ung. Hydrargyri.

31st.—He complains of pains in his elbows at night: he is otherwise well.

Pulv. Doveri. Liniment. Volatil.

September.—The pains were cured by the above remedies.

July, 1833.—He has remained healthy and strong from the time of the last report.

Order II.

PAPULÆ.

1, Lichen Venereus.



W. H. Judd del. *Magnire Lith.*

Drawn from the Skin of John Murray. May, 1817

2.—LICHEN VENEREUS.

The average time at which venereal lichen usually appears, seems, from numerous cases, to be between the 12th and 14th week after contamination; and in all probability it is the produce of a pimple, which may, by suppuration of its apex, assume the appearance of a vesicle, pustule, or ulcer: indeed, pimples on the penis were seen to follow connexion in cases herein detailed, and they were particularly observed in those of Richard B——tt, and J—— W——d.

The structure of this eruption is very difficult to make out by any of our present modes of investigation; and no author, as far as I can learn, has either made, or related, any dissection of it. After anxiously watching, I have at distant periods obtained and examined various portions of skin affected at the time of death with this eruption; and the following facts presented themselves.

After previous maceration, on turning off the cuticle-covering lichen, a red stain of lymph only remained on the rete mucosum; for the part that formed the projection comes away with the cuticle; and if the eruption has long existed, a depressed white mark, surrounded by a red zone, is found on the surface of the cutis vera: but both skins are commonly so blended and adherent, from inflammation, that expert dissections,

made even by skilful hands, present but a very confused view of the subject.

I took an amputated leg, with lichen circumscriptus upon it, and after trying to inject the patch with fine injection, I macerated the cuticle, which loosened, and was readily turned off, with the rete mucosum, until I arrived at the lichenous part: there they adhered so firmly, that after a longer maceration they tore, and required the utmost care and delicacy to separate them; and the concrete lymph that was in the apices of some of the lichen fell out into the water during the process, leaving a cavity; and it clearly appeared to have been lodged between two membranes, the cuticle and rete. The cuticle that covered each apex of the lichen that contained concrete lymph had a minute slit in it, and through that aperture the little crust escapes, when vesicular lichen are said to dry off. The albuminous lymph that had formed the chief bulk or body of each lichen dissolved away, the red colour had forsaken the part, and the cutis vera had its pulvini,* or cushions, enlarged; and between them were marks, depressions, and indentations, without loss of substance by ulceration, but its folds were puckered and

---

* A term I apply to the projections of the cutis vera between its follicles, vide p. 127.

drawn together around the seat of each patch, almost resembling a cicatrix.

In another case, I examined the skin of a patient that died in August, 1817, who had had large lichen; and although upwards of a year had elapsed since the eruption, it still had left white depressed surfaces, almost resembling cicatrices, from destruction of the cutis: but this appearance, I know from further experience, to be very deceptive; and in these cases there seldom is destruction, I believe, of the substance of the cutis by ulceration: no; not even in the most virulent pustular eruptions; and the pit that is left under where the stain was situated appears to me to be but the effect of absorption from the pressure of the lichenous body, perhaps somewhat promoted by the mercury employed in its cure.

In 1819 I examined another piece of skin from the thorax of a party who died with recent large lichen upon him, and then I found dark red stains under each base, and they appeared (as I see by my notes) to be the effects of red lymph on the cutis.

After many microscopic examinations, and dissections of this product of disease, I come to the conclusion that during febrile excitement, and increased cutaneous plethora, small portions of coagulable lymph are *deposited* here and there by vessels immediately upon the rete mucosum,

but under the cuticula externa, which increase and form lichen; (and thus far vessels carrying red blood have already been traced.) The semi-transparent cuticle admits of the red mark caused by these deposits being seen through it; ultimately the lichen advance and project, and a little red *effusion* taking place, stains the rete mucosum, and forms the areola surrounding its base.

This new body or lichen is soon endowed with sufficient vitality to inflame by external friction or constitutional irritation, and becomes capable of vesicating or even suppurating. When the former process takes place, a straw-coloured lymph is given out at its apex, between the coagulated lymph of which the lichen is formed, and the delicate thin cuticle by which it is covered.

The purest forms of lichen seem to decline by merely losing their vascularity; the over-distended cuticle at the summit throws off a dead scale; and in some cases the small portion of concrete lymph escapes through a little breach in that membrane; the absorbents gradually remove the coagulated lymph that constituted the greater part of its bulk; the rete mucosum forms a new portion of skin; and after a time there only remains a red stain; and before the latter disappears, it becomes white in its centre; and lastly, leaves a pit or depression, that may be both felt and seen in the cutis vera, through the epidermis, marking out the place where the eruption had been situated.

Much as syphilitic lichen appears to resemble the common forms of that eruption, yet they differ, and in so marked a degree, as to enable some practitioners, well acquainted with lichenous peculiarities, to select lichen communis, from lichen syphiliticus; however small the character of the eruption may be. On minute inspection, usually there will be found amongst the latter a far larger number of papulæ, containing lymph, and which more often become vesicular, or even pustular, wherever they are subject to a little friction from the clothing, and especially upon parts covered by hair,—there indeed they appear to be naturally inclined to have lymph thrown out into their apices, which incrusts the hair-roots. This vesicular variety in a part of the eruption, going on in the same individual, is oftenest observed upon the scalp, forehead, brows, and chin: hence the form of the eruption appears clearly to be influenced by the particular texture of the part, for in the above situations they oftenest are filled by opaque lymph, or even by pus. Venereal lichen is more apt to scab and incrust than common lichen, although the general character of other parts of the same eruption on the body and limbs is that of true lichen. In parts that undergo still more friction and irritation, they really become small vesicles or pustules, and this most frequently occurs on the legs, under the tie of the drawers, or

lacing of the boot. This act of throwing out lymph and pus in particular parts, seems to be from some peculiar action of the vessels; and I imagined I was enabled to make out this by examining portions of skin in the unfortunate case of N—— W——d, he having caught cold and died of peritonitis when under the mercurial influence, and with lichen upon him. I am induced to refer to this additional instance as very few opportunities present themselves during the lives of medical practitioners of examining these structures during syphilitic eruptions. In the above case I observed that each lichen had a thoroughly well defined circular red patch beneath it, on the cutis: and curious as it may appear, I traced by a circular tint that each of these numerous red ovals had evidently become less in diameter, after their supply of blood had been cut off by death.

In four or five months a second set of lichen not unusually follows the first, (the latter I denominate secondary or deuteropathic lichen,) and if it is of the solitary form, it is almost always of larger character than the primary or first eruption is,—fewer in number, disposed to be vesicular, often contains opaque lymph, forms incrustations, and frequently is blended with favi. The eruption is often set upon the skin generally in the form of triangles in rows of threes or fours, and only a cluster here and there; and lastly, these secondary

eruptions decline more slowly, but yet more completely than primary lichen, but they leave the party more subject to pains in the limbs. The various grouping of lichen, etc. seems to depend upon some modification from the constitution having just previously produced lichen, and still being under the influence of part of the same exciting virus; for I frequently observe that a person that has before had a set of lichen solitarius is very apt to have it followed by lichen circumscriptus,* or lichen racemosus. The first eruption is always attended by most febrile disturbance, and comes out quickly: the latter form is almost unaccompanied by increased heat, and comes out slowly.

Lichen syphiliticus often runs into pustular forms of eruption, and indeed it is not unfrequently followed by genuine ecthyma, as in the detailed cases of Thomas H——s, Order VI.; and there is an exquisite (recent) wax model, illustrating this kind of change, in the Museum of Guy's Hospital, No. 2691, labelled, "Part of the arm sprinkled with lichen, having a good deal the character of ecthyma:" and also another, No. 2717, representing "the face of an adult male, affected with venereal lichen, passing into ecthyma."

---

* Vide case of George S——th, p. 304, and two following cases.

It may be remarked, that, very unusually, one case of lichen, detailed in this volume, degenerated into tubercles.

CASE XXXI.

A PIMPLE ON THE DORSUM OF THE PENIS, FOLLOWED BY LICHEN SOLITARIUS.

RICHARD B——TT, ÆT. 21.

December 24th, 1817.—A pimple came out on the dorsum of the penis after connexion, soon formed an opaque head, broke on the sixth day, discharged pus, became an ulcer, and spread at the edges to the size of a sixpence.

Hydr. Submur. c̄. Extr. Col. Comp.

Infus. Sennæ c̄. Mag. Sulph.

Ceratum Resinæ.

27th.—The sore is cleaner, but a gland is slightly enlarged in the right groin. He has had many stools from his medicine.

Lotio Hydr. Submur. c̄. Aqua Calcis.

Lotio Plumbi Acet. diluta inguini.

January 1st, 1818.—He has had a cough, but it soon ceased.

---

* For lichen racemosus, vide plate of C—— B——, Order IV.

13th.—The sore on the penis healed, and the enlarged gland subsided.

February 12th.—He has suffered much from pains across both shoulders, and down the arms; he is hot and feverish, and an eruption of lichen solitarius has come out all over him.

Mist. Ammon. Acet. c̄. Liq^{r}. Ant. T.

14th.—Since the eruption came out on the skin the sore on the penis is re-ulcerating.

Ung. Hydrargyri Nitrat. dil.

15th.—No fresh lichen have come out; the eruption appears to be stationary.

19th.—The lichen are all desquamating,—his pains have ceased,—the sore is healing again.

22nd.—Some of the stains remain, but he is so well in health, he does not require further treatment.

February, 1829.—I have just seen the above patient, and find his health has remained good ever since the eruption left him, although no mercury was given to him.

CASE XXXII.

A PRIMARY AFFECTION, FOLLOWED BY LICHENOUS BANDS.

CHARLES C——L.

May 9th, 1818.—About nine weeks since he

had "a pustule" (as he denominates it) on the dorsum of the penis. He now has a venereal eruption, situated on the backs of his hands, reaching nearly to the wrists, crossing them like a broad red belt, about two inches and a half in width, studded here and there pretty thickly with raised lichen. There are other patches over his arms and legs, about the size of shillings, similarly studded. He states he has had three or four such crops in succession, on the same bases. I have twice before seen similar ailments, that followed venereal sores.

Ung. Hydrargyri ʒj omni nocte illinenda.

13th.—He has pains in his shins, which were relieved by bleeding, although the blood was uninflamed.

June 8th.—As his mouth became sore, the eruption gradually disappeared.

17th.—His mouth and gums are very tender.

28th.—His health is re-established, and his skin is now perfectly clear of the eruption.

CASE XXXIII.

A SORE, CAUSING ENLARGED GLANDS, LICHEN SOLITARIUS, SORE THROAT, MUSCULAR PAINS, EFFUSION INTO THE SYNOVIAL MEMBRANES, NOCTURNAL PERSPIRATIONS, AND ULCERATED LEGS.

ALEXANDER L——E.

October 24th, 1824.—He has a sore upon the external prepuce, which appeared four days after connexion, and is covered by a scab: the glands in the groin have enlarged.

Mist. Purgans. Lotio Plumbi Acetatis diluta.

25th.— Ung. Hydrargyri ʒj omni nocte.

November 19th.—His mouth has been kept tender a fortnight, the sore has healed, and the enlargement of the inguinal glands has subsided.

May 7th, 1825.—An eruption of lichen solitarius has come out all over him, he has a sore throat, pains and stiffness in his neck, shoulders, and knees.

Infus. Rosæ c̄. acido Sulph. d. pro gargarismate. Pulv. Jalap. C.

10th.—He has some effusion into the capsules of the knee-joints, and suffers from nocturnal perspirations.

11th.—The eruption is desquamating, but his pains continue.

Ung. Hydrargyri ʒj omni nocte.

16th.—All his symptoms lessened directly his mouth became tender from the mercury.

July 15th.—His mouth is still sore, his pains have ceased, and he appears to be well.

Omitt^r. Ung. Hydrargyri.

January, 1826.—From the former report to the present time, he has been subject to ulcerated legs; the last has but just healed, and a gland has suppurated beneath his chin: his health, otherwise, appears good, and he has plenty of flesh.

September 24th.—He has remained well during the last eight months in continuance.

CASE XXXIV.

A SORE, FOLLOWED BY PAINS, LICHEN SOLITARIUS, TUMOUR ON THE OS FRONTIS, AND EPILEPSY.

JAMES W——D, ÆT. 21.

April, 1826.—He perceived four "pimples" on the upper part of the corona glandis, accompanied by inflammation and swelling. They came about nine days after connexion, and having ulcerated deeply, caused much destruction of the glans, and an hæmorrhage. He applied to an apothecary for advice, who gave him mercurial pills; and of them he took five in the twenty-four hours; and, after

a time, so many as eight daily, during a month: his mouth remaining unaffected, this practitioner was induced to order him to rub in every night during a week, and to inject cold wash under the swollen prepuce. The sore healed, and then he left off his medicine. From the above period he has been unable to draw back the prepuce, and there is a considerable loss of substance in the glans. The patient states his mouth never was affected by the above long course of mercury; but that he remained well during the ten following months, when he was attacked by pains in various parts.

May 24th, 1828.—He came under treatment for pains in his shoulders and left knee; he had a sore throat, a cough, and a pain in his right side.

V. S. ad ℥xij ad Syncopen, blood infl^{a}.

Haustus purgans.

Mist. Ammon. Acetatis c̄. Vino Colchici.

27th.—He fainted when twelve ounces of blood had flowed, although there was just before increased action in his circulatory system.

30th.—He became free from the pains, and soon resumed his usual employment.

June 23rd.—He came again for advice, having pains in the same shoulder, and in both hams; and he feels tenderness on pressing his shins; his

legs and feet are swollen, and a set of lichen has come out all over him.

Decoctum Sarsapar. c. Hydrarg. Oxymur.

July 1st.—A tumour about the size of a walnut, and containing fluid, has formed on the upper and anterior angle of the *os parietale*, and at night he is kept awake by nocturnal pains: he is hot, perspiring, and feverish,—his throat feels sore, he has a diffused redness over it, with swollen uvula and tonsils.

℞ Inf. Rosæ ℥vj.
Tinct. Capsici ʒij.
Mft. gargarisma.

Lotio Plumbi Acetatis dilutæ capiti.

4th.—He complains of pain and soreness just above the elbow; but he is less feverish.

6th.—He suffered from pain running from the tumour down the forehead, causing the eye on that side to lacrymate: all the other pains are diminished.

8th.—The tumour on the forehead appears to be less.

10th.—His gums are a little sore, and now there is more pain and swelling in the tumour.

Omittr. Hydrargyri Oxymur.
Capiat Pilulæ Hydrargyri gr. iv. nocte.

13th.—The sore throat is well, yet his other ailments continue.

17th.—The tumour is less, but it feels *more* solid: his gums are *more* tender.

18th.—He had a fit in the night, which resembled epilepsy; and he states that formerly he had a similar one, after having been in a violent passion.

31st.—Some serum and blood were let out of the tumour by a puncture.

August 5th.—The lichen are desquamating, and the orifice over the tumour is disposed to close.

Argenti Nitras applied.

7th.—There has been some discharge, but the swelling of the tumour on the head has so much diminished, that it has almost become flat.

8th.—Last night he had another fit; the pupils remain natural and active.

25th.—He had a fit that lasted twenty minutes; and I thoroughly divided the tumour, but found no diseased bone: his pains became worse.

Omitt^{r}. usus Pilulæ Hydrargyri.

27th.—Notwithstanding the division of the tumour, he had a fourth attack of epilepsy.

September the 3rd, 10th, and 16th; he had fits on each of these days.

Argenti Nitratis gr. i. ter die.

24th.—His mouth is still tender; his epilepsy continues.

28th.—To-day he had another attack, but his pupils were not dilated.

October 4th; 10th; 16th; 22nd; and 28th: November 2nd; 4th; and 15th: on each of the above days he had several fits.

November 15th.—The divided tumour is healing without any exfoliation from the os-parietale, and the bone appears sound.

27th.—On the 23rd and 27th he had fits.

December 3rd.—The head has healed, and no internal cause can be traced to account for his numerous fits. Of late zinc and tonics have been administered, but they seem to produce no amendment. His venereal symptoms were cured long since.

CASE XXXV.

A SORE ON THE PREPUCE AND BUBO, WITH URETHRITIS, FOLLOWED BY LICHEN SOLITARIUS.

JOHN MURRAY, ÆT. 24.

May 24th, 1817.—This healthy young Irishman, a patient in the Infirmary, had a sore on the outside of the skin of the prepuce immediately below the frænum, and a bubo in the groin: he states they came on about three months since, for which he took thirty mercurial pills. The sore was seven or eight weeks before it healed, and has left a depression, but no hardness. The

bubo is still tender, and several glands remain enlarged: he had also urethritis.

Four weeks since he had an attack of fever, followed by an eruption of extremely large lichen (vide plate, p. 287), a capite ad calcem, which formed scaly patches. He now has pains in his elbow and shoulders, but they do not increase at night. He is hoarse, and complains of thirst,—his bowels act regularly.

℞ Liq^{r}. Ammoniæ Acetatis ℥iſs.
Magnes. Sulphatis ℥ij.
Aquæ Menthæ ℥x.
Fiat mistura cujus capiat æger cochlearia tria magna 4tis horis.

25th.—He has vomited twice since he began to take the medicine.

Capiat cochlearia duo ter die.

28th.—The eruption has begun to fade, going off in thick scurf, which renders it certain it was not pustular; however, some few of them contained yellowish lymph. His pulse is rather quick, and his tongue rough and white.

℞ Infus. Quassiæ ℥iij.
Magnes. Sulphatis ℥j.
Aquæ Menthæ pip. ℥v.
Acidi Sulph. dil. ♏ xxv.
Fiat mistura cujus sumat cochl. iij. magna ter die.

31st.—He experiences less pain, and his pulse is no longer accelerated.

Repetatur Mistura.

June 2nd.—The bases of many of the papulæ, on the arms near the elbow, have spread out into flat circular stains or patches; yet they did not incrust, (vide plate, fig. 2nd.) Still he has slight pains like rheumatism in his shoulders and elbow, but nevertheless his health is much improved.

Perstet in usu novissimi præscripti.

Capiat pilulam Colocynthidæ C, alternis noctibus.

4th.—A few fresh lichen appear occasionally: his tongue is still rough and rather white, otherwise he is almost in health.

℞ Infus. Quassæ ℥v.
—— Rhæi ℥j.
Aquæ Menthæ ℥vj.
Liquoris Potassæ ʒifs.
M. Cochlearia tria tertiâ vel quartâ horâ sumantur.

In a month after the above report his health became perfect, and he then returned to his native country.

CASE XXXVI.

A PUSTULE AND AN ABSCESS IN THE URETHRA, FOLLOWED BY LICHEN SOLITARIUS, AND LASTLY BY LICHEN CIRCUMSCRIPTUS.

GEORGE S——TH.

September 1st, 1821.—He has urethritis, with

thick discharge and scalding. A pustule formed three days after connexion on the dorsum of the penis: it was about the size of a mustard seed, and caused trivial enlargement of the inguinal glands. After the urethritis, he suffered from a swelled testicle: the latter was removed by

Hirudines, Cataplasm, etc.

10th.—A few more pustules are forming on the under-surface of the penis. He complains of a pain and smarting as the water passes along the urethra, but nothing can at present be seen to account for it.

16th.—His symptoms, as yet, remain unalleviated.

24th.—The pain in the urethra became more troublesome. On inspection to-day, a round flesh-like tumour was evident, projecting from the sides of the urethra some way down, and partly filling up that tube; and the body of the penis is a little swelled directly over the tumour, apparently from irritation.

Cataplas. Lini seminis c̄. Fotu.

25th.—On passing a probe into the urethra, and pressing upon the tumour, it felt to contain fluid, therefore it was punctured through the meatus urinarius, and a quantity of pus escaped by the urethra.*

---

* Similar cases are recited in Part I. on Urethritis, p. 37, etc.

27th.—Another abscess, similar to the former, was punctured, and a quantity of pus came from it.

28th.—He has no pain on making water now, for the obstruction to its flow lessens as the tumour subsides.

30th.—The punctures have healed, the sides of the abscesses have disappeared by emerging into the surrounding parts, and he has no pain in micturition. It will be remembered that the original sore was stated to have been a pustule on the dorsum of the penis, which caused slight enlargement of the inguinal glands. Afterwards a few more pustules formed a second sore on the under-surface of the body of the penis; and shortly a third set formed another sore on the pubes, which were soon covered with thick scabs; and on the latter being detached, they each left ulcers as large as a shilling.

October 10.—The sores remain near the groin unhealed.

23rd.—The sores lately formed by the pustules are increasing, and spreading by ulceration.

November 6th.—The sores are beginning to heal.

December 5th.—The sores are just well.

March 6th, 1822.—An eruption of lichen has come out gradually over his whole body. The cicatrix of the primitive sore on the penis has broken out again; and, curious enough, it re-

ulcerated by small pustules, and it was at first formed by them. He has had no fresh connexion.

Ung. Hydrargyri ʒj omni nocte.

15th.—He appears to be going on favourably.

June 24th.—His mouth is still kept gently sore.

February 25th, 1823. — His ailments are all gone,—his health appeared to be good, and he went from under treatment.

May 8th.—A second eruption has come out upon him, which is lichen circumscriptus.

Purgatives, salines, and warm baths.

June 28th. — The whole of the eruption is desquamating. He has had no other venereal symptom, nor has he lost flesh, or suffered from not having mercury used in the cure of his more early symptoms, though doubtless they were caused by the pustule on the penis, which arose from the venereal contamination.

CASE XXXVII.

A SORE AND BUBO, FOLLOWED BY LICHEN CIRCUMSCRIPTUS, VESICLES, MACULÆ, AND ULTIMATELY LICHEN SOLITARIUS.

N—— W——D, ÆT. 25.

January 1st, 1818.—He had a suspicious-looking sore on the prepuce after connexion, and a bubo in the groin, and is feverish. His bowels were cleared, and he was directed to use mercury.

Ung. Hydr. ʒj omni nocte illinenda.

3rd.—His tongue was furred, his skin hot, his pulse quick,—he has nausea, and has had three stools.

Pulv. Ipecac. ℈j c̄. Ant. Tart. gr. i.

Pulv. Jacobi ver. gr. v. h. s. s.

4th.—He passed a good night, his health is improving, and he has had five stools.

Mist. Ammon. Acetatis.

8th.—The bubo that had suppurated is filling up; the sore is better, and his febrile symptoms have disappeared.

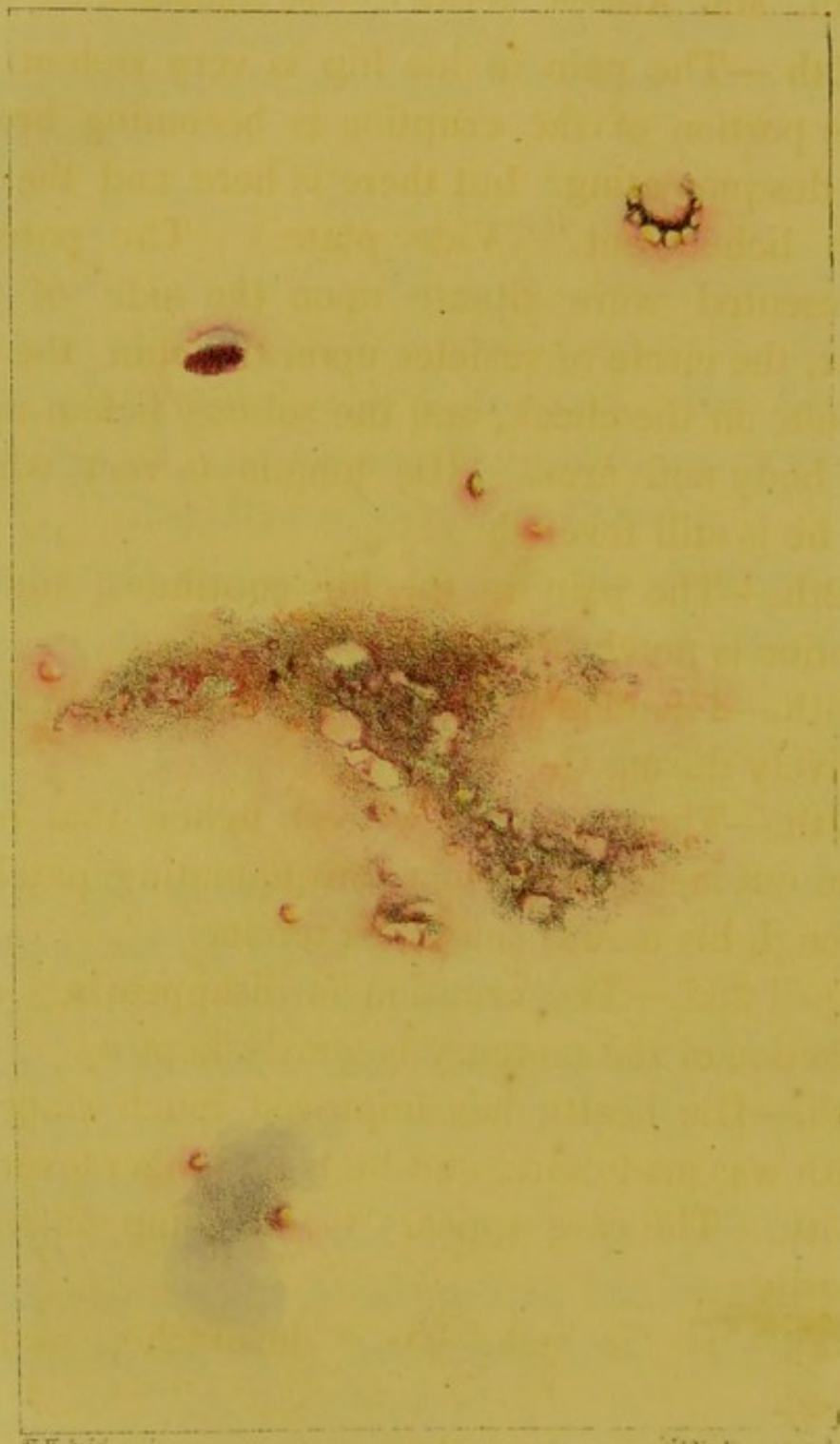
14th.—The sore and bubo have both healed: the former left much induration, but he otherwise seemed to be well, and went from under treatment.

March 2nd.—He now has an eruption of lichen

Order II.

PAPULÆ.

2. Lichen circumscriptus.



Drawn from the skin of N. W—d. March 18,8

circumscriptus, and a pain in his right hip; his tongue is white, and his pulse is quick.

Inf. Sennæ c̄. Mag. Sulphate.

4th. Mist. Ammon. acetatis c̄. Vino Antimonii.

10th.—The pain in his hip is very violent. A large portion of the eruption is becoming brown and desquamating: but there is here and there a fresh lichen out. (Vide plate.) The patches represented were situate upon the side of the chest, the circle of vesicles upon the chin, the red maculæ on the cheek, and the solitary lichen upon the body and arms. His tongue is very white, and he is still feverish.

12th.—The pain in the hip continues, and his eruption is much the same.

18th.—His mouth is sore, and he perspires excessively during the night.

27th.—There are a few fresh lichen that have come out near the former desquamating patches, although his mouth continues tender.

April 2nd.—The eruption is disappearing, and the action of the mercury is gently kept up.

9th.—His health has improved much since his mouth was made sore, and he is no longer feverish.

15th.—The case appears to be going on satisfactorily.

20th.—He is sick, has a headache, and is purged.

Omitt^r. Ung. Hydrargyri.

Capiat Ol. Ricini ʒiij. statim.

22nd.—His bowels became quiet, and the sickness ceased after the oil.

27th.—He has continued the mercury with the exception of two days, when he was unwell, and took a purge.

28th.—He has again become giddy, and is much purged.

Omitt^{r}. Ung. Hydrargyri.

Olei Ricini ʒiij. statim sumendæ.

Mane, 29th. — He complains of pain in the lower part of the abdomen, and cannot bear pressure. The purging ceased after the oil. I learn he has been sitting in his shirt in a cold privy in the night, although under the influence of mercury.

V. S. ad. ℥ xxv.

Olei Ricini ʒiv.

Enema purgans.

Vespere.—He has had three stools, and there is much tenderness above the pubes, and he suffers from constant tenesmus.

Hirudines xxv. abdomini.

Mane, 30th.—He is easier, and can bear pressure, and yet from his appearance he is sinking.

Meridie. — He has singultus, his abdomen is swollen and soft; he has had no stool since yesterday.

℞ Mist. Camphoræ ℥ifs.

Spir. Æth. Nitrici ʒj.

Mft. haustus statim sumendus.

Nocte.—There is no improvement; the case is hopeless.

May 1st.—He is in a cold perspiration, which lasted until he died.

EXAMINATION.

The peritoneum was found highly inflamed, secreting pus and serum in large quantity. The omentum, stomach, and intestines, were glued together by coagulated lymph, and flakes of it were found floating in the fluid contained in the abdomen.

The eruption remained visible, though a little paler, and its bases left well-defined stains of red lymph in the rete mucosum and upon the cutis vera.

There are some very interesting facts exhibited in the plate of the above described eruption: the upper circle of vesicles accurately copied from near the angle of the mouth, links it well in with the Order Vesiculæ,—nay, it is even a perfect representation of herpes circinatus: and the red spot that was drawn from one on the cheek is precisely similar to maculæ cruentatæ (being formed of pure blood poured out on the rete mucosum); and the very counterpart of the spot of blood effused into the rete mucosum during G. D——'s eruption of phymatosis ovata. (Vide plate.) These curious and interesting links prove that the same process,

but slightly modified, is capable of producing several apparently widely different orders of eruption.

CASE XXXVIII.

A SORE AFTER CONNEXION THAT CAUSED LICHEN CIRCUMSCRIPTUS; AND AN INFLAMED SYNOVIAL MEMBRANE, FOLLOWED BY LICHEN SOLITARIUS.

THOMAS C——K.

July 20th, 1820.—Had a sore upon the penis, which he did not observe until eight days after connexion. He then took blue pill for a short time, by which his mouth was made sore, and remained affected for a few days.

November 2nd.—An eruption of lichen circumscriptus has come out all over him; he has nocturnal pains in the tibiæ, and inflammation of the synovial membrane.

Pulv. Jalapæ Comp. c̄. Hydr. Submur.

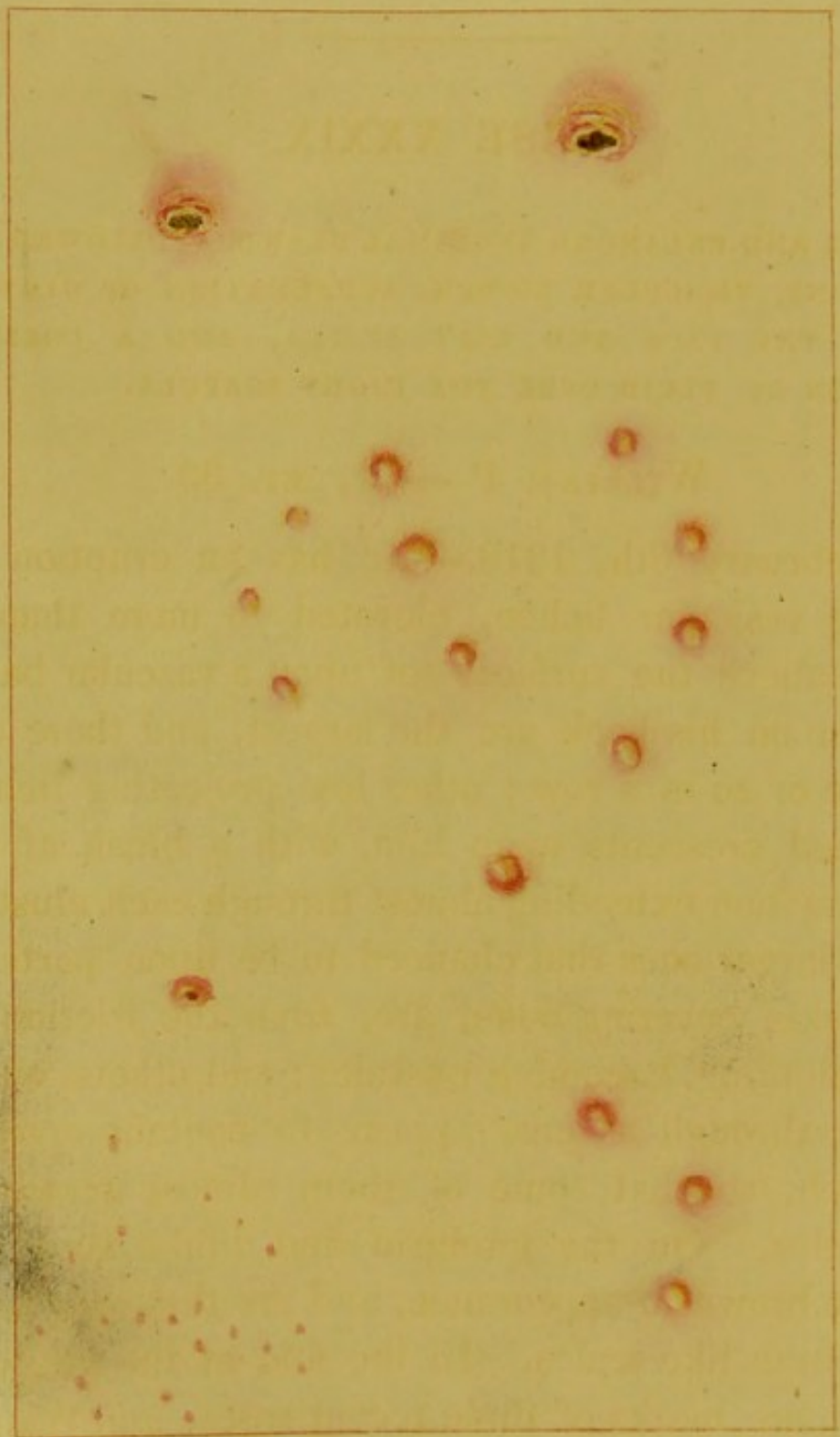
Balnea Acidi Nitrico-muriatici pedibus.

December 7th.—His pains are gone, and the eruption is declining: the portion that remains is desquamating. A little time after this, several

Order II.

PAPULÆ.

Large vesicular Lichen.



W.H. Judd del. *Maguire Lith.*

Drawn from the Skin of W. P——y. Feb.y 6. 1818.

fresh lichen came out, when mercury was had recourse to, and he afterwards remained well.

CASE XXXIX.

SORES AND ENLARGED INGUINAL GLANDS, FOLLOWED BY PAINS, VESICULAR LICHEN, SUPPURATION OF GLANDS IN THE FACE AND LEFT AXILLA, AND A COLLECTION OF FLUID OVER THE RIGHT SCAPULA.

WILLIAM P——Y, ÆT. 33.

February 6th, 1818.—He has an eruption of large vesicular lichen, elevated to more than a line above the surface, set upon a vascular base. Those on his back are the largest, and there are three or so in a row: other less projecting lichen formed crescents upon him, with a blush of inflammation extending almost through each cluster. The larger ones that chanced to be upon parts of the skin covering bone, are, from the friction of his clothing, becoming pustular; and others, when seen through a lens, appear to contain opaque lymph, so that some of them almost resemble vesicles. On the forehead and limbs they are more brown in appearance, and are throwing off a few bran-like scales. In the fold of the prepuce there are marks of three recent sores, and the remains of a fourth with much hardening, which

make it appear probable that the eruption has been produced by the old sore. The inguinal glands are enlarged; and, by his statement, "they came about three weeks since;" but this is clearly under-rating the lapse of time.

Pulv. Jalap. Comp.
Sol. Mag. Sulph. c̄. Liquore Antimonii T.

Therma vespere.

8th.—He perspired much after the bath, and remained in but ten minutes, as he became giddy: he has had four stools.

10th. Repr. Therma et mistura.

12th.—A gland in the left axilla is enlarging. He perspired much after the bath; had five stools, and slept well.

Embrocatio Camphoræ.

14th.—There is much desquamation from the skin: he remained ten minutes in the bath, and perspired during an hour and a half.

18th.—His skin was moist all night, and the eruption is disappearing. A collection of pus was let out of a suppurating gland in the side of the face, probably showing the irritation produced by the venereal virus upon the absorbent system.

19th.—He complains of a pain in the knee resembling rheumatism.

Pulveris Jacobi veri gr. iv. ter die.

20th.—A collection of fluid has formed over the right scapula. The knee is much less painful.

Ung. Hydrargyri ʒj. omni nocte illinenda.

25th.—His mouth has become tender, and his symptoms are less severe.

Gargarisma Aluminis.

March 6th.—The late abscesses at the side of his face are healed. His mouth is quite sore.

Omitt^{r}. Ung. Hydrargyri.

7th.—The eruption is disappearing, and leaves a slightly depressed stain, the size of each base, of a deep red colour; they are best seen on the forehead. Since he commenced the mercury, the collection of fluid over the scapula has been absorbed. He feels better and stronger as the skin clears.

25th.—The red depressions upon the forehead have contracted, each to the size of a pin's head, and are represented in the lower left-hand corner of the plate; but the marks of lichen are always of long duration, especially upon the legs.

Omitt^{r}. Ung. Hydrargyri.

April 1st. ℞ Decoct. Sarsaparillæ lbj.
Extract. ejusdem ʒjjj.
Hydr. Oxymuriatis gr. fs.
M. Capiat cochl. iij. magna ter die.

27th.—The stains left by the eruption have become brown; the skin first resumes its natural

appearance in the centre of these stains, and thence gradually to their circumference.

30th.—His health having become perfect, he had no further advice.

I fear the cases of lichen will be considered very numerous, but I believe they are not without interest, and I have not given more of them than served to exemplify their many shades of difference.

ON THE THIRD ORDER.

This order contains the vesicular venereal eruptions; and I imagine that I am right in placing these immediately after lichen, as the latter are frequently vesicular themselves, and by friction all their forms have the power of becoming so; besides being, at times, from the first intermixed with them: I have, in the same case, seen vesicles on the cornea, with lichen on the body, and also pustules on the legs,* and all the product of one eruption. Vesicles are not unfrequently the sequel, both of lichen and ecthyma cacheticum from morbific poisons; and known to degenerate into psoriasis guttata and diffusa.†

Vesicles appear to be raised by a peculiar low degree of inflammatory action taking place in small clusters of the arteries, that have already been traced as far as, if not actually through, the rete mucosum;‡ and by their increased action and turgescence is produced the minute

---

* Vide case of Charles Sharpe.

† Vide Bateman's Synopsis, p. 38, &c.

‡ Vide Lectures on the Skin, by Mr. Chevalier.

circumscribed colouring on the last-named membrane that forms the areola: seen through the epidermis, they soon become red protuberances, and in their centre is secreted a clear watery serum, which, making its way towards the surface, distends and gradually elevates portions of the transparent cuticle from the more stationary rete mucosum; the two last-named coverings become agglutinated together, confining the serum at its edge, and so forming vesicles.*

When the inflammatory process runs on in a higher degree, opaque lymph is thrown out, and if the arterial action is still more intense, pus, of course, is formed; and the product is no longer denominated a vesicle. These changes are particularly well exemplified by a blister on the foot, occasioned by a tight boot, as before stated: at first it is transparent, and appears to contain water; but after subjecting it to more friction, it becomes distended by opaque lymph; and lastly will be found to have pus thrown into it, from in-

---

* The healthy cuticle is so thin that when removed from a blistered surface and doubled on itself, it still possesses so much transparency, that I cannot possibly distinguish the duplex portion from the single.

When a drop of port-wine was placed upon a piece of cuticle, its convexity looked so equal through the transparency, that I could not tell which side of the skin it lay upon.

creased irritation and inflammatory action in the cutaneous arteries that supply its contents.

The general character of all herpetic eruptions is purely vesicular; yet, as it advances in its progress the enclosed lymph of the vesicles acquires a considerable degree of opacity, and might almost be deemed purulent.* "Thus in the commencement of scabies papuli-formis and lymphatica, the eruption is of a vesicular character, although its final tendency is to the pustular."

The layer of numerous vessels, that carry on this change and the eruptive process, as before stated, lie at the very surface of,† but are not covered by the cutis vera: this layer is properly termed the rete vasculosum, being situated just under the rete mucosum.

Having stated the way in which vesicles appear to form, I shall next say a few words as to what I have seen, and the conclusions I have drawn from dissections made about the period of their decline. The larger vesicles, that contain much fluid when fully distended, generally burst at their apices; and the lymph is discharged, or it then concretes, and ultimately falls out in a flake, through the small aperture or slit in the

---

* Bateman's Synopsis.

† These vessels are best seen after injecting one who dies with variola upon his skin.

cuticle that gives way: I have also seen this happen during maceration. Those vesicles that are smaller, and contain less lymph, desiccate, throwing off scales. This order of eruptions is not always confined to the coverings of the surface of the body, for they occasionally attack the conjunctiva within the eyelids, the Schneiderian membrane lining the nose, and the mucous membrane of the throat and trachea.

Order III

VESICULÆ

1 Herpes Venereus.



Drawn from the skin of W. P *-r. July 1817*

ORDER III.

VESICULÆ VENEREÆ.

VESICULÆ venereæ generally appear from two to three months after contamination, but it is almost impossible to make out the precise time required, from our not knowing the exact moment of absorption. The eruptions seem to consist of these varieties; viz. herpes solitarius, confertus, circinatus, rupia, and rupia prominens venerea.

Of the above genus the following very select and interesting cases may be taken as specimens.

---

1. HERPES SOLITARIUS.

CASE XL.

A SORE, BUBOES, AND CURIOUS SEMICIRCULAR EXCORIATED RADIATED SURFACES, FOLLOWED BY AN ERUPTION OF VESICLES.

THOMAS D——GE.

August 30th, 1819.—A small sore on the inside of the prepuce, which came a few days after connexion; its margin is a little elevated; of a deep red colour, and fissured.

September 8th.—There are two other sores, like common pimples, on the lower part of the glans: the sore has been there ten days, and there is a bubo in both groins.

Pilul. Hydrarg. gr. v. nocte maneque.

Lotio Plumbi Acetatis dilutæ.

15th.—His gums are tender, and the sores are nearly healed; the buboes are suppurating slowly.

October 17th.—The side of the urethra and glans are ulcerated in a semi-circular form, radiated in lines, and becoming very hard. There is another fresh small sore, with elevated edges on the glans inside the prepuce; and around it, a red half-excoriated surface that looks as if it was formed of straight, crimson, radiant lines, leaving a healthy light surface between the inner edge of the red semicircle and the sore.

Lotio Sedativa.

November 4th.—These sores have been followed by a numerous vesicular eruption over the face and nose; all containing lymph, and which dried off at the end of ten days; after that the patient became well.

It is this peculiar kind of sore that is numbered 2 in the Table, p. 170; and the above Case may be taken in addition to those there referred to, as exemplifying the eruption produced by it.

CASE XLI.

A SORE ON THE PENIS, FOLLOWED BY AN ERUPTION OF VESICLES ON THE DORSUM, PENIS, AND SCALP, RECURRING FREQUENTLY DURING FOUR YEARS.

JOSEPH H——ON.

May 8th, 1818.—There is an eruption of a circular form, situated at the roots of his hair. It appears to be composed of vesiculæ, that allow their fluid to exude, which on concreting becomes hard and forms dry yellow scabs. (He has imperfect vision from amaurotic affection of both eyes.) This eruption followed a sore upon the penis, a consequence of connexion that at the time was accompanied by an eruption on the dorsum of the penis and scrotum: the latter still continues. The eruption is of a peculiar character, consisting of a sort of chain-pattern, formed by portions of elevated red, shining cuticle, that here and there ulcerate, and then disappear, but recur in about a fortnight, ushered in with a smart attack of fever. The eruption has been at times out in this way during four years and a half. It does not appear to be contagious, for he is a married man; and notwithstanding his having so much cutaneous disease over the whole scrotum, his wife remains perfectly well. Since the early part of this statement, he has frequently been

under medical treatment for returns of the complaint.

CASE XLII.

A VESICLE ON THE PENIS, FIVE DAYS AFTER CONNEXION, FOLLOWED BY ULCERATED SORE THROAT, PAINS, AND AN ERUPTION OF VESICLES: THE DISEASE WAS COMMUNICATED BY THE SAME WOMAN THAT COMMUNICATED THE DISEASE IN THE SUCCEEDING CASE.

ROBERT D——D, ÆT. 32.

August 1st, 1832.—He has a circumscribed, round, elevated surface, or red pimple, with a flat summit, on the glans penis: it does not contain any fluid. This raised spot was first observed five days after connexion, and it seems to make very slow progress, if any. He has Urethritis, and got the ailments from a prostitute in —— Street, who also gave the disease to his friend M——ge (Vide the next case), and to four or five other individuals that also came under my care.

The slightly raised pimple flattened down, and appeared to subside without any breach of skin: but still there remained a crimson stain of about this shape and size—O; which is brownish in its centre, and looks as if it would throw off a cuticular scale.

September 28th.—The red stain appears to remain much in the same state as last described, but his health has begun to suffer, for he is feverish, and has an ulcerated sore throat, with pains in his shoulder and elbow.

Infus. Rosæ c̄. Acido pro gargarism.
Mist. Purgans; Mist. Ammon. Acet. etc.

30th.—Two slightly elevated oval vesicles have been observed upon him, which feel raised above the level of the surrounding skin; one is situate upon the thigh, the other upon the side of his body: they are suspicious, and look to me very similar to the primary pimple on the penis. His throat is better.

October 1st.—Flattish, oval, slightly elevated red patches have appeared on various parts of his body and limbs. Each of them seems to be formed of three or four cellules, filled with a brownish lymph. He also has several papulæ and incrustations amongst the hair of the scalp, which were not noticed until yesterday. He suffers pains about the biceps flexor cubiti, and elbow.

4th.—Some fresh red papulæ frequently rise here and there on his skin, and in a day or two afterwards lymph is secreted in them. Some that came out first, have become full of opaque lymph, but still they are very flat, having much the character of the original pimple on the penis, and

are increasing slowly in circumference. He has a pain in the left side of his head, and in the skin just below the tuberosity of the left tibia.

5th.—The flattened red round surface, that had formed on the penis, after connexion, has now begun to throw out a little lymph from beneath the small dry-looking scale, that has covered it during some time past. This latter circumstance (as I think) thoroughly establishes the fact that the poison entered his system by this indolent pimple, that now has been near three months upon his penis, although, as far as the eye could detect, there was no breach in the surface of the cuticle.

Decoct. Sarsapar. c. Acido Muriatico.

6th.—The place on the penis is now moist, and covered by yellow unhealthy secretion. The parts of the eruption that contained lymph are all drying into transparent brown scabs; the incrustations are increasing on the other sores that were the bases of some of the more opaque papulæ.

His sore throat is just well, but his arm continues painful.

10th.—Several of the ulcerated bases are covered with yellowish cellular membrane.

14th.—There are some granulations visible, here and there, in the centre of the worst sores left by the eruption: those on the scalp are

spreading, and encrusting, and the arm is more troublesome.

Lotio Cupri Sulph. dil.

The pimple on the penis has, at last, formed a head, and broke, and is becoming a clean sore; and the eruption upon the body and head, although they came out later, have progressed just in the same ratio.

19th.—There are three or four other red protuberances, that are still throwing off thin scales and a little serum, and are likely to ulcerate just in the same way as some of the larger ones have done.

21st.—The ulcers left by the vesicles (if I may so call them) are about twenty in number; they are all granulating, and have become nearly level with the surface.

23rd.—His health is improved, the spots on his head are healed.

26th.—Five or six of the ulcers have cicatrized, and the rest are healing.

28th.—Half the ulcers have healed; they all cicatrize from their edges.

November 3rd.—There are but three of the ulcers that are not well, and they are fast skinning over. He has a little stiffness where the pain was in the arm.

Liniment. Saponis.

7th.—The sores and the stiffness are just well.

9th.—His health is re-established.

CASE XLIII.

A SORE, AND BUBO, THAT APPEARED FIVE DAYS AFTER CONNEXION WITH THE SAME WOMAN THAT COMMUNICATED THE DISEASE IN THE PRECEDING CASE.

JOSEPH M——GE.

August 31st, 1832.—He has a sore that came as a pimple five days after connexion, and he also has a bubo. These ailments were got within twenty-four hours of the same period, and from the same woman that gave disease to Robert D— -d: but he neglected them until now.

Pulv. Jalapæ Comp.

Hirudines x. ad ing.

Lotio Plumbi Acetatis dil.
Inf. Sennæ c. Mag. Sulph.

September 1st.—He has had many stools, and the groin is less inflamed.

6th.—The groin feels as if fluid had formed in one of its glands.

Empl. Lyttæ ad inguen.

12th.—The fluid appears to have been absorbed, and the sore on the penis has healed.

15th.—He remains well. This case would not have been deemed worthy of detail, had it not arisen from connexion with the very same woman that caused all the disease in the preceding rare and curious case: but how are we to account for Robert

D——d having secondary symptoms? and Joseph M——ge, who really was contaminated from the same source, escaping with sore and bubo only? I conclude he had but a local effect produced by the poison. There is another very curious coincidence exhibited by these cases: *e. g.* M——ge's pimple commenced on the fifth day after connexion, and so did D——d's; the former got gonorrhœa, but the latter escaped; and M——ge had an enlarged gland, whilst D——d had none. These latter circumstances must depend upon some peculiarity, as to absorption, or of constitution in the party inoculated.

---

2. HERPES CONFERTUS.

The chief difference between this and the former genus seems to be, that the vesicles come out in groups.

CASE XLIV.

OF SYPHILIS, THAT OCCURRED IN IRELAND, WITH CIRCULAR CLUSTERS OF VESICLES ON THE PENIS AFTER CONNEXION, FOLLOWED BY THREE HERPETIC ERUPTIONS, AND ENLARGED TESTICLE.

C—— C——E, ÆT. 24.

November 1st, 1830.—He had connexion with a woman living in Barrack-street. Nine days

afterwards, he was observed to have two circular clusters of vesicles, (each the size of a sixpence,) one on the prepuce near the glans, and another on the body of the penis.

Hydr. Submur. c̄. Extr. Col. Comp.

4th.—The clusters of vesicles are gradually ulcerating into sores, and they clearly arose from the connexion.

Pilulæ Hydrarg. gr. v. omni nocte.

25th.—The sores healed, and his mouth was kept under the influence of mercury during three weeks.

December 6th.—The sores have left indurations.

February 1st, 1831.—An eruption of numerous small vesicles has come out over his whole body.

12th.—The vesicles are all drying off, and his health appears to be little the worse.

March 2nd.—He has pains in his shoulders and hips, and a sore throat, and is feverish.

Mist. Ammon. Acet. dil. c̄. Liquor. Ant.

Pulv. Doveri. Garg. Rosæ c̄. Acido.

6th.—His skin is moist; and the pains and sore throat are relieved, though he still feels something of them.

14th.—Another eruption of curious vesicles has come out all over his body, greatly resembling Herpes confertus, and there is a general erythema on the skin.

21st.—The eruption is declining; the skin is but little injured.

May 10th.—A third eruption came out on both legs, about midway between the knees and the ancles, which consists of minute vesicles, set upon circular pale crimson bases. He has much itching and tingling, and he suffers from pains extending along the clavicles and spines of the scapulæ to the points of the shoulders. He has also pains at the insertion of the deltoid muscles, and pains in the hips and shins, which become worse when he is warm in bed. The fauces are now slightly red, and the epididymus of the right side is enlarged and indurated. The cicatrices of the primary sores still remain indurated.

Hydr. Submur. c̄. Extr. Col. C.
Infus. Sennæ c̄. Mag. Sulph.

14th.—He has had eleven stools; the nocturnal pains are worse; he cannot sleep for them, but he has less itching and tingling in his legs.

℞ Decoct. Sarsaparillæ,
—— Guaiaci āā. ℥iv.
Vini Colchici ʒij.
M. Cochlear. iij. magna tertiâ quâque horâ sumantur.

16th.—He has less pain now, and therefore sleeps well; the lymph of the vesicles is concreting.

19th.—He is free from pain, and the eruption is almost gone.

June 20th.—His very troublesome ailments have left him, and he remains well.

Persons that long have been subject to gleet, on the discharge ceasing, frequently at these intervals become affected with herpes præputialis, or labialis, at times, and returns of the discharge, or of the eruption, alternate with each other during years; of the former I have now seen many instances; one that has lasted a dozen years, and without any sufficiently evident reason. Catching cold seems to be a common exciting cause (though not perhaps the proximate one) of a similarly formed eruption upon the lips. The too long use of the same pocket-handkerchief certainly produces the latter in some; whilst others imagine that they trace the former to deranged bowels. This is almost as frequently met with on the body of the penis, or on the scrotum or thighs, as any where else; indeed, after its raised base and itching vesicles have once attacked the prepuce, or penis, it as frequently afterwards comes out on the thighs, or buttocks, or other parts, without recurring to the penis also; and, in a few rare cases, numerous patches appear over the whole body; such things happen, and, as they are scarce, some such cases have been placed in the following pages.

CASE XLV.

CONNEXION FOLLOWED BY ENLARGED GLANDS, HERPES, AND LASTLY BY A SORE.

SAMUEL S——E.

May 2d, 1826.—He has several enlarged glands in the left groin, which were first observed to be inflaming some weeks after a suspicious connexion (but he has had no sore on the penis). Subsequently he had (i. e. since he came under treatment) about twenty small vesicles, set upon a raised red base, in the under part of the skin of the penis, which contain transparent lymph, and seem to resemble common herpes.

24th.—The lymph in the vesicles has become hard and dry, from concreting. With a view to remove the induration of the inguinal glands by absorption, he has been put under mercurial inunction. A fortnight after his mouth had been kept tender, a large sore, having all the appearance of chancre, broke out near the frænum.

29th.—His gums are still tender. The sore upon the penis has become much larger and more indurated, and the prepuce is considerably swollen.

June 20th.—The sore has healed, and left extreme induration, although his mouth has been kept very sore the whole time. During his cure, he has used thirty-three drachms of the ointment.

July 2nd.— Electuarii sulphuris ʒj. quotidie.

11th.—He went from under treatment apparently well.

Sept.—He returned with a set of opaque vesicles almost like ecthyma, and afterwards finally recovered.

---

3. HERPES CIRCINATUS.

This is a very marked form of eruption, for in it the vesicles come out in rings.

CASE XLVI.

A PECULIAR CASE, CONTRACTED IN IRELAND. CIRCLES OF HERPES ON THE PENIS FROM CONNEXION, PRODUCING SORE THROAT, CLEFT TONGUE, NOCTURNAL PAINS, PUNICEOUS PATCHES, AND A CONCENTRIC VESICULAR ERUPTION.

JOHN C——Y.

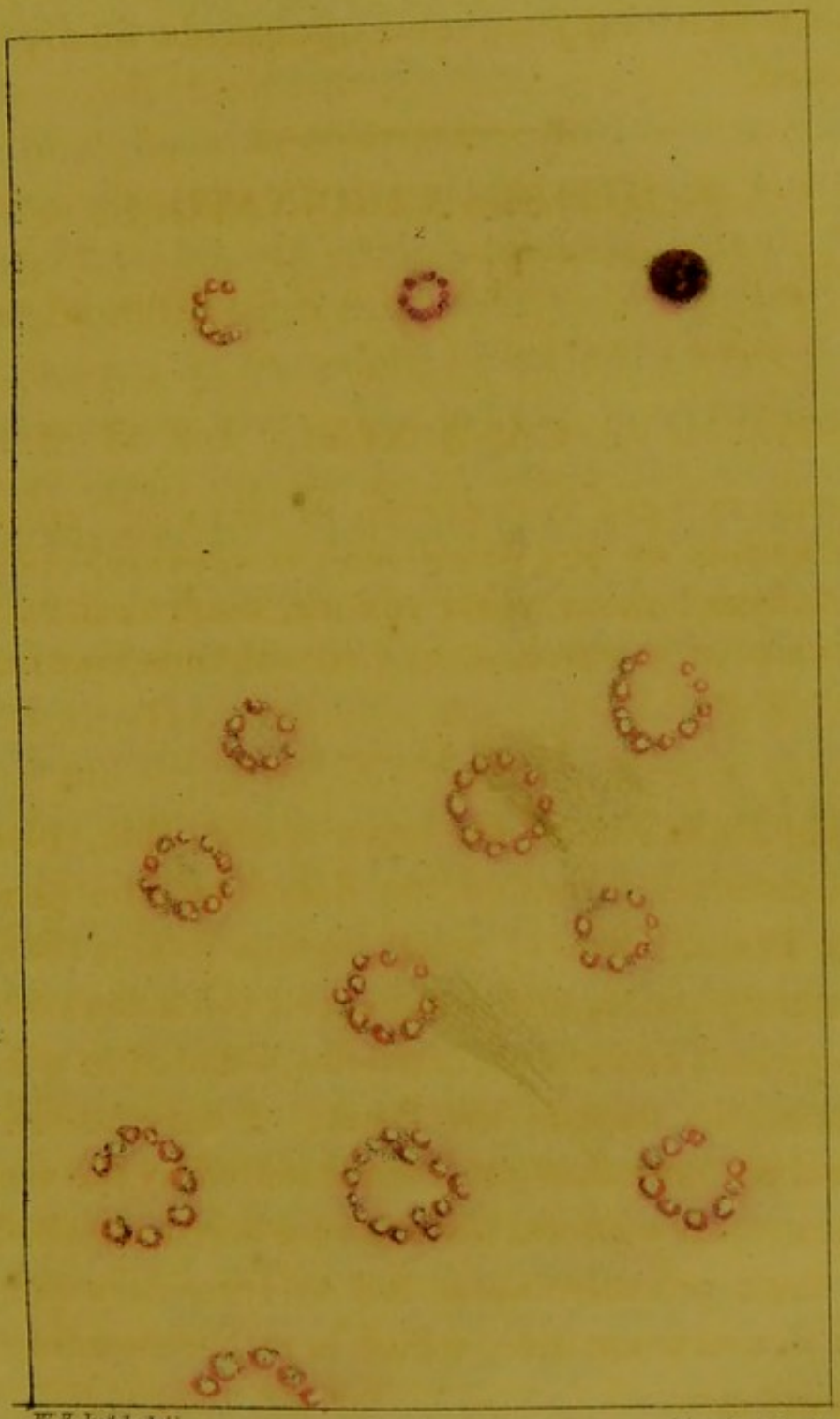
July 20th, 1825.—He has a round, thin, black scab, covering a sore on the dorsum of the penis, (Vide Plate, figure 1) which is less in size than a five-penny piece, and commenced three days after a suspicious connexion, in a house situated in a low street at the back of the Bank. I have attended several patients that got contaminated by the same women (their venereal histories are herein detailed), and their primitive sores led to secondary eruptions in every instance, which is rather an unusual circumstance.

Cataplas. Lini seminis.
Pulv. Jalapæ Comp.

Order III.

VESICULÆ.

? Herpes circinatus Ven.



W. B. Judd. del. Kuguère Ltho. Bath

Drawn from the skin of J. C—y, July 20, & Dec. 29, 1825.

21st.—The scab has separated, and the sore is exposed; it consists of small raw red dots, about nine in number, in a ring, which evidently were the base of a circle of vesicles, or spots.

Ceratum Calaminæ.

23rd.—A cluster of herpetic vesicles have come out on the skin of the penis, near the former, (Vide Plate, figure 2) which, in circle, extent, and shape, exactly correspond with the dots observed on removing the incrustation from the first red dots, or sore, on the 21st. The patient, on seeing them, spontaneously remarked, "That is like the commencement of my other sore, before it scabbed."

26th.—The lymph in the vesicles has become opaque and more brown. Another cluster has appeared. (Vide Plate, figure 3).

29th.—The first sore has formed a small ulcer.

August 9th.—The primitive sores (or red dots) are healing fast; the lymph in the vesicles of the others is concreting and drying off.

Sept. 29th.—He has had a troublesome roughness and tenderness of the tongue; it has been followed by a sore throat, that consists of a diffused rose-coloured redness of the whole fauces.

Three small vesicles have been observed upon his body, and one upon his shoulder.

Infus. Rosæ c̄. Acido pro gargaris.
Infus. Sennæ c̄. Sodæ Sulph.

October 3rd.—A mottled redness has come out

in the skin, a capite ad calcem; it germinated in the night, during which he tossed about in his bed, restless and feverish.

Hydr. Submur. gr. v.

Mist. Ammon. Acetatis c. Mag. Sulph.

7th.—The red patches are very florid, and raised above the surrounding skin, like puniceous patch. He complains much of the roughness and soreness of his tongue, and of the distressing dryness of his throat on waking, and also of a very disagreeable taste in his mouth whenever he sits by the fire, which is not experienced at other times. The glands at the back of his tongue appear enlarged. There are superficial circular ulcerations in his throat and fauces. He has stiffness in the right leg, and pains in the left ancle.

Mist. Ammon. Acet. c. Vino Colchici.

18th.—Although the season is extremely cold, the mottled appearance in the patient's skin is still very evident.

Nov. 5th.—The ulcerations in his throat have become more painful and troublesome. The mottled marks remain in the skin, and his tongue is cleft and sore.

Inf. Rosæ c. Melle pro linctu.

December 1st.—The skin has become almost natural, and yet the throat continues tender.

14th.—The cutaneous affection has almost left

him, and he is now free from nocturnal pains, but the throat is not well.

29th.—A concentric eruption of small vesicles has come out generally over his body and limbs. These vesicles are very numerous; their bases are not excessively red, nor much elevated; they exactly resemble the original circles of vesicles on the penis that he had in July last. (Vide the lower part of the plate.) It is not in the least like shingles, but almost similar to Herpes circinatus; hence, Herpes circinatus venereus is an appropriate term for it. I cannot possibly make out whether these vesicles are set upon the site of the former red patches, they having disappeared; the puniceous streaks link it well in with the other venereal eruptions. His sore throat is worse, but he is without pains in the limbs. I purposely abstained from the use of mercury, that I might be enabled to watch the progress of this very curious and rare disease uninterruptedly through its course; nor is there any precedent to prove that that remedy would have quickened the cure.

Mist. Ammon. Acet. c̄. Liquor. Antimonii Tartarizati.

January 1st.—The small vesicles have now become more opaque, and their bases are less red.

6th.—The secretion in the vesicles is almost as thick as pus, and his tongue is very much better.

9th.—The vesicles are drying off in particles of transparent concrete lymph.

15th.—The eruption has all dried away, leaving little red stains, or rather marks; but the throat still remains sore and troublesome.

Garg. c. Linimento Æruginis.

29th.—His throat is well, nor has his health been much pulled down by this long continued malady, and he now is in strength and comfort.

It is probable that the sulphur fumigating bath would prove the most effectual and quickest remedy in all similar eruptions.

No question need arise in the minds of the experienced of the profession, as to this affection having been common ring-worm, as it differed most materially from Herpes circinatus—from all forms of it as met with in England, Ireland, and the West Indies. This I venture to assert, from having treated inveterate cases of all these varieties. A distinction was also marked out by its arising from connexion, by its being accompanied by cleft tongue, sore throat, nocturnal pains, and by the bases of the vesicles keeping their precise situation; by the central areas throwing off no scales; and by its being, like other venereal eruptions, preceded by puniceous patches.

Since the foregoing cases occurred, another gentleman has been under my care with a crop of very obstinate secondary vesicular eruptions and pains, following Herpes on the penis and sore throat.

Soon after writing the above note, I was credibly informed that in the East Indies a similar eruption on the thighs is at times produced, by contact, during connexion with the native women, and that it thence traverses to the axillæ, and from them to the temples, etc., becoming a general eruption over the whole person.

With such a body of evidence before me, am I not fully entitled to believe these forms of Herpes to be contagious, caught by connexion, and themselves capable of producing peculiar secondary symptoms? although Dr. Bateman (an author we are all much indebted to) has considered Herpes generally as non-contagious.

RUPIA VENEREA.*

Two varieties of this eruption occur as consequences of the syphilitic virus:—1. Rupia-simplex-venerea; and 2. Rupia-prominens-venerea.

1. RUPIA-SIMPLEX-VENEREA is generally preceded, like the other variety, by deranged health and anorexia. It commences by red patches, scarcely elevated, almost like stigmata, (Vide plate, figure 1st.) which gradually come out over the limbs and shoulders, seldom over the body. They extend in size, from a pink serum being thrown out into them, but advance so slowly that only a few of the earliest have taken on vesication by the end of the third week after their appearance. The cuticle over the red spots thickens, and becomes marked by white lines, as if about to desquamate, and gradually it becomes elevated, by a thinner secretion taking place under it. So soon as the cuticle covering these parts is thus raised into a large flat, it becomes of a brownish, or even white hue; for, having lost its transparency, it no longer transmits the reflected crimson colour of its base: and, shortly after this period, the portions of cuticle

---

* For the plate of this genus, vide Frontispiece.

covering the various vesicles is every where detached, except just at its edge, and may be wiped off. On removing the thick sanies immediately it may be seen that the secretion is thrown out, not generally by one large raw surface of exposed rete-mucosum, but that it issues from two or three smaller irregular surfaces, previously concealed by the elevated portions of cuticula-externa, lately forming the cap of the flat vesicles. The sanious lymph now dries upon the exposed surface, and forms a dark brown, or almost black, thin plate or scab, often at first lying in a pit below the general level of the surrounding skin; the sore still increasing by vesication at its edge, in the course of twenty-four hours its secretion forms another more extensive thin plate, or scab, under the former; and similar processes are repeated, until it may be observed that each crust is evidently formed by successive layers of dried discharge, each of greater extent than that of the preceding day, so as always to keep the increased size of the scab equal to the increasing diameter of the sore (Vide plate, Order III, figure 8), but in this first variety it never becomes so thick as in the second, or rupia-prominens. The bases are not surrounded by very extensive inflammations, or areolæ. About this stage of the disease, soreness and tenderness are experienced and complained of in the ulcers; and the scabs become softer and are easily detached from the

secretion being more puriform; and, ultimately, very foul ulcers are left by them to be filled up by granulations.

Every patch of venereal rupia leaves a large crimson stain. This increased redness and vascularity of the rete-mucosum, after vesication of the cuticula-externa, by disease, in the European, forcibly reminds me of the increased blackness and vascularity of the correspondent structure, after vesication of the cuticula-externa, by blistering, in the African.

The crimson stain left by this genus almost resembles macula cruentata.

2. RUPIA-PROMINENS-VENEREA commences by smaller red bases,—by conical vesicles, leading to a more prominent scab, and a brighter surrounding areola, than in the former variety of this disease.

It appears quite unnecessary for me to enter into any further description of the forms of venereal rupia, as they do not, in other respects, differ materially from that already before the public. In the work of Dr. Bateman, page 243, I was surprised to observe that the above-named author does not even hint that rupia is at times a secondary venereal symptom, although, most undoubtedly, it is so; nor does he, strange as it may appear, describe any of the varieties of this eruption as being accompanied by an affection of the throat. Rupia, and

rupia-prominens-venerea, are the produce of a primary vesicle on the penis; and, in several of the cases about to be detailed, their commencement was observed, fortunately, early enough to trace it clearly to its primitive vesicular-venereal origin. In every instance of either variety of venereal rupia, enlarged glands, or bubo, preceded. The health was generally much disturbed, the patient being chilly, or even having rigors and night perspirations; or he not unfrequently became hectic; and this is often followed by sore throat and ulcerated tonsils, or uvula, before the eruption appears. If Bateman is right, in describing common rupia without this concomitant symptom (as before mentioned) then is sore throat an excellent diagnostic mark, enabling us, in all cases, to distinguish between common rupia and rupia-venerea. I have not, in any well marked instance, known rupia of either kind to appear in a less time than five weeks after the primitive vesicle on the penis; and generally it is later. This eruption, as in the others of this Order, at times may be seen upon the conjunctival lining of the lower eyelid, (Vide Case of John Campbell) and at times upon the mucous membrane lining the septum narium and lips. Vide Case of Henry J——on.

The lymph or albumen in rupia is much more thick and tenacious than in the varieties of Herpes just described, which accounts for its much thicker

incrustation, and the prominent laminated and conical scab.

There is a spurious kind of eruption, as seen in the Case of John H——k. This eruption, from the incrustations, almost resembles crusta lactea in the commencement; but it leaves thinner scabs in its termination, and appears more worthy (as the rest of its symptoms correspond) of being classed with vesicles rather than with mercurial incrustations, inasmuch as the former may often be seen to arise in cases where no mercury has been given, and cannot, therefore, be with propriety classed with the latter.

Genuine rupia is at times accompanied with cough, as in puniceous patches and pleuritis (Vide Case of John Campbell); and ulcerated legs and swelled ancles are met with in this disease. Wandering pains in the head of the tibiæ and in the ulnæ are not uncommon in the prominent form. Inflamed synovial membrane at times exists in these cases. Chronic enlargement of both testicles is usual, even in patients who never had urethritis. Occasionally the eruption is preceded or followed by tubercles (Vide Case of Campbell), and in the worst cases by nodes and corona veneris, with exfoliation from the cranium, as in the above instance of John H——k.

The commencement of rupia being vesicular, and its final tendency to become pustular, fully

authorise my placing it between vesicular lichen and pustular ecthyma.

CASE XLVII.

VESICLES ON THE SCROTUM, FOLLOWED BY SORE THROAT, AND RUPIA-SIMPLEX-VENEREA.

JOHN H——G.

January 2nd, 1826.—His scrotum is covered by a number of circular sores, which appear to have been large vesicles when they first came out, expanding to the size of a sixpence. This man is a dirty fellow, and, by neglecting the sores, his scrotum is much excoriated from their discharge.

Lotio Plumbi Acet. dil.

Lotio Zinci, etc. etc.

Feb. 20th.—The sores have been very troublesome, but are now healed.

April 17th.—He came for advice with a curious sore throat, which consists of various patches of circular ulcerations, and looks like an eruption, but it has white edges (making allowance for their being situated on a moist surface) which are exactly similar in shape and size to the eruption I treated on his scrotum, three months ago.

Garg. Aquæ Hordei c. Sodæ Borace.

The above-described throat was long in healing. I find that I have mislaid the other notes of the Case. However, I learned that his wife was upon the town, and afterwards I saw a large patch of eruption on his back, and another on his right hip, resembling rupia simplex—a further confirmation of the former suppositions being correct. (Vide plate, Order III, the flat crust in the right hand lower corner.)

CASE XLVIII.

URETHRITIS, BUBO, VESICLES ON THE PREPUCE, FOLLOWED BY FEVER, COUGH, PAINS, NOCTURNAL PERSPIRATIONS, AND ENLARGED GLANDS: ALSO BY A VESICLE INSIDE THE LIP, AND, ULTIMATELY, A SORE THROAT, AND AN ERUPTION INTERMEDIATE BETWEEN VESICLES AND RUPIA.

S—— J——, ÆT. 22.

August, 1823.—He had virulent Urethritis, and the irritation from it caused an inguinal gland to form bubo in the left groin.

Finding himself tormented with pediculi pubis, as well as the Urethritis, he obtained some mercurial ointment, and anointed the lower part of the abdomen, pubes, and perinæum. The discharge that previously was extremely copious ceased that very evening: and no bad symptom

supervened from the sudden revulsion. (This fact is similar to one before detailed, p. 10.) Three weeks subsequently the groin suppurated, and soon healed.

September.—A week after the Urethritis had ceased, he observed two vesicles upon the prepuce, which healed but slowly. Three weeks after this he became chilly, and was in a state of rigor nightly: this was succeeded by a dry cough and morning perspiration, and he felt wandering pains like rheumatism. There was much disturbance in his health, and some enlargement in the glandular system, and the cervical glands became slightly enlarged (but not as in scrofula).

October.—Five weeks after these symptoms of disturbed health, a sore formed on the mucous membrane within his under lip, which bore at first the appearance of a vesicle, and was dreadfully painful: it healed very slowly, and had scarcely cicatrised, when a similar one took place inside the nose; and in two days a small vesicle appeared on the left cheek, which cracked on its summit, and a thin sticky lymph exuding, formed a thick scab of a light brown colour.

October 29th.—On the following morning the incrustation on the cheek was surrounded by several vesicles, set upon slightly inflamed bases, accompanied by intense itching, that occasioned some others which were amongst the whiskers to

be scratched off. They left a peculiar red surface (i. e., the inflamed rete mucosum) exposed, but in a very few hours the part was again covered by a laminated scab. Another vesicle formed beneath the former. In three days more a vesicle appeared on the opposite cheek, and a slight sore throat was felt on waking.

The vesicles and incrustation have a character something intermediate between large flat vesicles and rupia: were it not for their size I should have called them psydracia.

Decoct. Sarsaparillæ quotidie.

Ceratum Ceræ flavæ.

No sooner had the sore throat and irritable eruption appeared, than the cough, perspirations, and pains left him.

The vesicles kept spreading at their edges, and another formed upon his chin. The largest vesicle became clean in its centre, and some of the smaller ones have healed, but none of them have been covered by so dark and thick a scab, as is common to all rupiæ.

November 1st.—The vesicles have become more irritable, and are spreading at their edges, and have thrown out much lymph, so as to leave a thick white coating, like sizy blood; several are as large as a farthing in circumference, and one is the size of a halfpenny.

2nd.—Some are healing rapidly, both from their outer edges and centres.

3rd.—To-day less discharge has been formed, but there is the more heat and irritation in the parts.

4th.—The vesications have been throbbing and painful all night, and some of them are spreading at their edges: their secretion at first was of lymph, but now it more resembles pus, and he has dyspepsia and green stools.

Hydrarg. Submur. gr. ij. alternis noctibus.

5th.—The scabs are dry, amber-coloured, and brittle. The more open the bowels are kept, the less burning and smarting are experienced in the sores; it has at times been almost as bad as the application of a hot iron, and was, by the patient, compared to it.

6th.—A fresh vesicle has formed on the alæ nasi, and another on the chin—both were punctured.

Liquor Aluminis pro lotione.

8th.—When the scabs have been removed for experiment-sake, they have been regenerated in nine hours. The lotion affords much relief.

10th.—The scabs have been thrown off from some of them, and new vesicles have appeared on the skin around the largest one. Two upon the neck have scabs almost resembling rupia, yet

all those on the face differ from it in being clustered. They exude a thin lymph which is transparent, until it dries into a crust, which is again raised, and another lamina formed under it by a fresh exudation, thus completing a thick scab.

11th.—Several smaller vesicles have come out during the night, one upon the chin, two upon the forehead, one on the neck, and another on the back of the thumb. The earlier formed ones are healing, the patient's dyspepsia has ceased, and his stools have become natural.

12th.—A vesicle has formed on the right eyelid, and the quantity of discharge is so great, that, at times, it jets out through fissures that take place in the scabs. A fresh vesicle has appeared on the back of the right hand, and another upon the thigh: his gums became slightly affected by the few doses of calomel.

Decoct. Cinchonæ.

Pil. Hydr. gr. v. bis die.

13th.—The incrustations on the face are almost like a mask of two or three lines thick. Some of the rupia upon the neck and forehead are healing.

14th.—His mouth is sore. He had much less fever during the night, and a fresh vesicle has come out near the mouth.

17th.—One of the scabs is more than three inches in circumference.

℞ Ceræ Flavæ ʒiij.
Cerati Cetacei ʒij.

Fiat ceratum liquidum et tepidum superponendum vesiculis.

19th.—The cerate was plastered on in a mass, whilst hot; and it acted like a charm, partly, I suppose, by excluding air; it altered the nature, and even the odour of the discharge, and suddenly the vesicles, one and all, began to heal under it.

21st.—The largest ulcer has healed over, leaving red rings in its stain, marking out the exact number of vesicles of which it was composed. Two others on the neck are cicatrized, and have left deep claret-coloured stains. Those on the forehead are healing, and the edges of the fissured scabs are lapping over each other, from their contracting base.

23rd.—One vesicle lately coming forward, suddenly became stationary, and appeared to possess the power to go back.* Many of the bases, or ulcers, have completely healed. The hair on the chin was formerly of a black colour; but now it is produced perfectly white on each place, that had been the base of a vesicle. Some of the submental

---

* This is a very unusual circumstance amongst vesiculæ; but it is common in papulæ.

glands have enlarged from pain and irritation in the substance of the lip, and beneath the chin.

26th.—The edges of the red stains are much raised, and are puckered, showing the surrounding skin to have been drawn in, in a radiated form, during contraction, by the process of cicatrization.

February 2nd, 1824.—The claret colour of the stains has changed to brown.

14th.—Now and then a few small vesicles come out, but do not spread : all those that were lately amongst the beard and whiskers have healed. When the lymph was secreted thickest, it formed the thinnest incrustations. The patient is to this day feverish at night, and cannot take much wine, or stimuli, without a threat of the eruption recurring ; and intercourse with women causes an increase in the inflammation and redness left in the face.

March.—The stains, that were brown, have become yellow.

June.—About ten weeks elapse, before the skin over the stains resumes its healthy colour. The patient got quite well, and had but one slight pit left, although his face at times was covered like a mask with ulcerations and incrustations of the eruption.

CASE XLIX.

VESICLES PROBABLY, FOLLOWED BY BUBOES, ULCERATED THROAT, DESTRUCTION OF UVULA, PAINS, AND RUPIA SIMPLEX.

G. J. R——E, ÆT. 27.

September, 1819.—On Thursday, in the last week in May, after dining with some friends, and taking rather free libations of wine, he slept with a young woman with whom he had intercourse three times. In the morning he observed (in his own words) "three heads" on the skin of his penis (probably vesicles), and felt a soreness of the prepuce. He imagined them to be a trifling ailment, and applied goulard wash, and cold-cream. On the Saturday following he left Town with some friends, still indulging in full living. On his return, the vesicles (or whatever they were,) had become sores, and were extending. On the Saturday following, he went to an eminent surgeon, who pronounced the sores to be chancres. Doubts existed in his mind, and the two women he had been with, and known during the preceding three months, underwent a medical examination, and were both found to be free from disease: § but this was not considered conclusive.

June 1st, 1820.—The sores had begun to throw

off sloughs, and two others had broken out. On the fourth day their appearance improved, but they still continued irritable, and had a disposition to spread.

Lotio Nigra.

10th.—They have begun to heal under the use of the wash.

14th.—The sores were healing fast, when a bubo as large as an egg appeared in the left groin.

Lotio Plumb. Acet. dil. ad ing.

Ung. Hydr. ʒj. omni nocte infricanda.

26th.—Another swelling commenced in the glands of the right groin. The mercury was continued, but his mouth was only a little sore, and scarce an approach to salivation ensued. He had an attack of urticaria, and was then ordered

Pilul. Hydr. gr. iv. bis die.

July 1st.—A sore throat commenced, and soon became so painful he could scarce swallow.

Omittr. Pilul. Hydrargyri.

Infus Rosæ c̄. Acido pro gargarismate.

7th.—The throat is so sore that even liquids cannot be swallowed, and the buboes continue.

Aperients.

12th.—He has, by recommendation, been some days using warm salt-water baths at Brighton. He continued the mercurial ointment three weeks.

15th.—The baths produced so much lassitude that they have been abandoned. The throat is no better, and a pimple that had formed before he left London, ulcerated, and spread to the size of sixpence.

20th.—A surgeon at the watering-place ordered sarsaparilla, but, as it afterwards appeared, in too small quantity. The sore did not heal until cupri sulphas was applied to it.

Shortly after this a vesicle appeared on the forehead, and soon ulcerated to the size of half-a-crown; and others came out upon the neck, shoulder, side, and back. The throat continued ulcerated, and sloughy. Pains then began in the temples, forehead, and joints, and his weakness was so great, that he experienced a constant lethargic sensation.

At this stage of his ailments, this gentleman came up to London, and consulted me, though, being an acquaintance, I watched his suffering before that. He appeared in a state of exhaustion, like one worn from the excessive use of mercury, §—he was so reduced, that holding a common dialogue put him into a perspiration, and his voice had become nasal and snuffling, and he had patches of rupia in different parts of his body (similar to one in the lower right-hand corner of the plate); his throat was sloughy and irritable, with a vast secretion of mucus and saliva; he had

enlarged inguinal glands, anorexia, and could scarcely walk: in short, he was in a deplorable state for so elegant a young man.

Decoct. Sarsaparillæ c̄. extracto ejusdem.

Gargarisma c̄. Oxymelle Scillæ.

Country air, and quiet.

He went down to his father's country mansion.

September.—He writes word that the throat had healed, his rupia was gone, and his general health daily improving.

November 2nd.—After becoming nearly re-instated in health, he most imprudently went out coursing,—in the midst of a perspiration got very wet, and, moreover, he remained in his damp clothes. In a day or two his throat re-inflamed; and in a week it was covered over with a large slough, and all his sufferings re-commenced.

December 20th.—I once more got him well, but with the loss of the uvula, which was totally destroyed by ulceration.

In the following year, I learn from his medical attendant, he went into the country, and there got fresh venereal ailments, followed by such very severe secondary symptoms, that he did not live quite through the twelvemonth.

Some constitutions suffer far more acutely than others from secondary symptoms: most people could bear one set to run their course, almost

with impunity; but a second set, induced by a fresh infection, before the constitution has rallied from the effects of the first, at times proves fatal.

CASE L.

A SORE, PRODUCING ENLARGED GLANDS, FOLLOWED AFTER TWO YEARS BY ULCER IN THE TONSIL, PAINS, RUPIA, NODES, VESICLES, AND ERETHISMUS.

WILLIAM P——R.

February, 1815.—He had a sore upon the penis, and a bubo in the groin: the latter did not suppurate.

He had no fresh sore, or ailment.

May 27th, 1817.—He has an ulcer in the left tonsil, pains in his head, and limbs, and a set of large rupia: the latter he has had some little time, and it has caused ulcers, that are now open beneath his chin, and on his legs.

28th.—He appears to be losing health and strength fast; the ulcers are extending, and he has frequent pain in his head, and debility.

Ung. Hydrarg. 3j. omni nocte infricanda.

29th.—To-day his throat is so much worse, that he can neither swallow his saliva, nor articulate audibly. The pain has been so violent in his

head, and has made his scalp so tender, that he cannot bear the hand to be laid upon it. He has much restlessness and irritability.

June 4th.—He remains much in the same state.

14th.—The pain in his head is increased, and he can get no rest for it.

21st.—His mouth is just sore from the effect of mercury, and all his pains and symptoms are much relieved, but rupiæ continue to come out upon his skin.

25th.—Some of the submaxillary and axillary glands are enlarging.

Decoct. Sarsapar. lbj. quotidie.

July 4th.—He is attacked by erethismus mercurialis, his heart is palpitating, his pulse irregular, his breathing interrupted, and he has much thirst, with extreme depression of strength and spirits.

Cordials, Ammonia, Æther, Wine, and fresh air.

6th.—The most urgent symptoms are gradually subsiding.

12th.—Since he left off mercury, his health has materially improved.

14th.—He remains still liable to sudden attacks of faintness, attended by pains in the stomach; and a node has made its appearance upon the ulna.

16th.—All his symptoms of disease are diminishing.

26th.—Since last month, his ulcers, his throat, and the node have become all but well; he has regained flesh, strength, and colour.

29th.—No sooner was his health a little recruited, than he had an attack of fever, followed by a curious vesicular eruption (Vide drawing, page 321, Order iii.), that lasted near a fortnight, and was afterwards followed by an eruption of similar vesicles over the scalp: but they were most numerous at the roots of the hair above the forehead.

August 20th.—When the last eruption had subsided, he regained perfect health.

September, 1819.—He has not had any return of disease during the last twelve months.

CASE LI.

A SORE ON THE SCROTUM THAT PRODUCED BUBO, FOLLOWED BY ENLARGEMENT OF THE LEFT TESTICLE, WASTING OF THE RIGHT, ULCERATED THROAT, INDURATION AND SUPPURATION OF GLANDS IN THE LEGS, RUPIA, AND LASTLY HE HAD MODIFIED SMALL-POX.

DANIEL B——N.

July 6th, 1829.—A superficial sore formed on the left side of the scrotum, near its junction with

the penis. The sore appeared a month after connexion with a suspicious person; it proved very difficult to heal, and broke out again and again, but ultimately healed, and left no induration.

He next experienced a severe febrile attack, with pain in his head, that returned every evening, and he has general disturbed health.

August 5th.—Five weeks after the commencement of the sore, a bubo formed in the groin, that suppurated and healed.

21st.—The left testicle swelled, and became painful: it increased to about five times its natural bulk, whilst the right one wasted to half its original size. He has an extremely bad ulcerated throat, that commenced two months after the sore on the scrotum.

26th.—Three or four glands are enlarging and indurating in the legs.

30th.—The enlarged crural glands are advancing to suppuration.

September 10th.—The glands formed abscesses, and at last contained four or five ounces of pus; the skin over them is a little inflamed, and very mobile,—a very unusual occurrence in venereal affections.

20th.—Six or eight large spots of rupiæ have formed on the eye-brow, arm, legs, and thighs; and he has pains in his shoulders.

October 1st.—The scabs have separated from the rupiæ, leaving ulcers; the abscesses have become harder than last week; his throat is quite well, and his health is improved.

12th.—The original sore on the scrotum has broken out a fourth time, and is looking unhealthy with peculiar white edges.

14th.—The sore has assumed a healthy appearance, but he has had head-aches and rigors, and the abscesses are very painful.

16th.—An opening was made into the most forward abscess in the gastrochnemius, and about three ounces of ill-conditioned pus escaped. The mercurial poultice that was applied to them has made his mouth tender. He has a general redness over the fauces, and an ulcer in the soft palate.

20th.—His sore throat is much better,—he has pains all over him, his cheeks have a hectic flush, and he is in very delicate health.

26th.—Another abscess in the leg was opened, and pus, with flakes of lymph, and brown serum with cheesy matter, was let out, showing it was a gland that had suppurated. The former abscess is half healed; the ulcers of the rupia on the forehead, and eye-brow, remain open. The sore has broken out a fifth time on the scrotum, and he gets but little sleep at night.

30th.—His state of health is vacillating: when he is worse the discharge is decreased, and the

reverse is observed so often, as his head-ache ceases, and he feels better.

November 1st.—By some accident, the pressure of the straps caused pain and irritation, and set the peronei muscles sloughing to an extent of five inches, where the abscess was situated in the right leg: the one first opened in the left leg healed soundly. His skin is so tender he cannot even bear the pressure of a slack roller on the tibia; there is thickening of the periosteum of the left ulna, and pain in the elbow-joint. Several of the ulcers, left by the rupia, are unclean, and remain open. He has gained a little flesh, but still is emaciated.

4th.—The sloughing has ceased, and the leg is healing.

9th.—Several fresh rupia have formed on his cheeks, near the whiskers, and one on the forehead. None of the remaining sores left by the rupia are clean, yet three more of them have healed from their centre.

Jan 19th, 1830.—He is again suffering from pain in his head, and from sickness. After sloughing three times, the ulcer in the right leg has almost healed up. The pains have left his arm a little stiff, but he can use it. All the spots of rupia are well, but have left marks and claret stains, especially upon his face.

Lin^{m} Saponis.

24th.—The sores on his legs have healed, but the cicatrices are of an unhealthy purplish colour, not likely to be durable. He is frequently troubled with pain in his head and stomach ; but of late he has gained strength, and is in spirits.

February 4th.—A pustule has formed upon the upper part of the new cicatrix ; and this, with the lower portion of new formed skin, is threatening to ulcerate.

10th.—A pustule has appeared on his right heel.

18th.—This morning he was seized by pain in his head and limbs, deafness, chills, and marks of general febrile disturbance.

19th.—Several small papulæ have appeared on his face, instep, and ancle ; and their coming out has, I conclude, relieved his deafness, as the ears are perfect, for now he can hear again.

21st.—The papulæ are enlarging, and filling rapidly, forming vesicles like small-pox, but they are not attended by much fever.

22nd.—The body and limbs are becoming covered by red areolæ; the eruption is very numerous on the face, and the conjunctiva is inflamed, from part of the eruption on the eye-lid. Long ago, he was vaccinated by a tradesman, and it has left tolerable marks in both arms. Some of the vesicles have become opaque and confluent upon the face, having the peculiar dark depressions in

their centre; and there now remains no doubt of the eruption really being small-pox.

Mist. Ammon. Acet. c. Mag. Sulphate.

Nocte 24th.—The pain in his head, the flushing of his face, and heat of body, are all increased, the effects of the eruptive fever setting in.

29th.—The eruption has not been so thoroughly puriform, nor were the pustules so elevated as in common small-pox: many of them are oval; their progress was well seen on the membrane lining his throat.

March 1st.—The old ulcers became foul and sloughy, during the febrile disturbance in the system.

10th.—The eruption was, to a certainty, modified small-pox, though not unlike swine-pock: it declined on the 9th day, and was not attended by secondary fever.

29th.—The variolæ are over, and the ulcers on his legs became clean, as soon as the febrile irritation ceased; and, with the exception of feeling weak, he is as well as ever.

He finally recovered from the small and great pox, but in the following year suffered, during several months, from ulcerated legs, which broke out again as fast as they were healed.

CASE LII.

URETHRITIS, ABRASION, AND BUBO; PAINS, FEVER, AND ULCERATED THROAT; EFFUSION INTO THE SYNOVIAL MEMBRANES, PAINS, RUPIA, NODES ON THE ULNA; CORONA VENERIS, ULCERATED NARES, EXFOLIATION, ETC.

JOHN H——K, ÆT. 24.

In January, 1826, he caught Urethritis from a low woman at Paddington; and, some days afterwards, he observed a small sore (what he considered an abrasion) on the left side of the penis. It healed in a fortnight, and left no induration, but the discharge from the urethra continued some time longer. The right inguinal glands enlarged considerably, and were at last dispersed by mercurial ointment, which he applied to them without medical advice: his mouth was not affected by the remedy.

March.—He was attacked with pains in his forehead, in both sides of the cranium, and in his shoulders, and he had a furred tongue, a quick pulse, and a heavy look about his eyes.

24th.—A sore throat came on, and was followed by chills, and a numerous succession of febrile attacks.

April 1st.—There is some discharge, like gleet, from the urethra.

3rd.—An ulcer has just been observed in his throat.

10th.—His health is very poor, and he is thin.

22nd.—A tumour has formed over the right brow on the os frontis, and another on the left os malæ: each of them is larger than a walnut, and the former has a feel similar to fluctuation.

28th.—The ulcer remains in the throat, and it does not fill up.

About this time I was absent, but, on returning, found his malady running its course.

January 14th, 1827.—Inflammation has commenced in the synovial membrane of the right knee, and a fresh slough is forming in the throat.

Hirudines xx ad genu.

Lotio Plumbi Acetatis dilutæ.

20th.—The swelling and distention are diminishing, and the knee is easy.

Pilul. Hydrargyri gr. v. omni nocte.

25th.—The tumours vary in size, and the throat is still troublesome.

28th.—The ulceration at the back of the throat has spread to a very considerable size: it interrupts his articulation, and he snuffles: his swallowing is rendered difficult; blood and pus are discharged through the nose, and he is much emaciated.

Sept. 2nd.—Ung. Hydrargyri ʒj. omni nocte illinenda.

Gargarisma Linim. Æruginis.

8th.—His gums are just tender.

17th.—His throat is not at all improved by the mercury.

Solut. Argenti : Nitrat. pro gargarismate.

21st.—The gargle makes his throat smart, though it does good. The slough is separating from the ulcer in it, and the part beneath looks red, granulating, and healthy.

27th.—The ulcer is healing and contracting, and his voice is more natural.

30th.—The ulcer healed, leaving cone-like projecting masses standing out into the throat, formed by granulations, in shape resembling the scabs of rupia prominens.

October 4th.—Tough yellowish green phlegm comes from the posteriores nares. There is probably some ulceration going on in parts out of sight, which still causes him to snuffle. The granular masses in the throat have become flat, and the ulcer has skinned over.

Insufflet^{r}. Infus. Rosæ per nasum.

6th.—His mouth has been kept tender during three months, and a new crust has formed on the left eyebrow, much resembling rupia, or a mercurial incrustation.

Decoct. Sarsapar. Comp. lbj. bibat quotidie.

10th.—The left shin has become swollen just above the ancle, lower down than the usual situ-

ation of nodes, and both legs are painful at night.

Adde Acidi Nitrici ♏ v, Decocto Sarsæ.

Pulv. Doveri gr. v, horâ somni sumenda.

11th.—He slept ten hours, and says he has not done so before since his illness commenced. The skin covering the swelling on the leg is inflamed.

Balneum tepidum.

12th.—He has less inflammation in the shins, since he used the bath, and his pains are less. The quantity of fluid diminishes in the tumours, both of the cheek and forehead.

15th.—The tumour on the forehead has burst, and discharged thin yellow serum, with shreds of lymph.

18th.—The scab is detached from the eyebrow, and has exposed a sloughy irritable ulcer.

19th.—The ulcer has become larger, but a granulation or two has appeared in it. The upper eyelid has become painful, swollen, and indurated, and the tumour on the os frontis has flattened, and become easy.

Ceratum Resinæ.

24th.—Nodes have formed on the ulna, just above the wrist,—not on the olecranon, as is more usual. The discharges from the tumour and from the nose increase and decrease simultaneously, as if they were connected with each other.

November 2nd.—The os frontis, felt by the probe, is rough and bare at the corona veneris. The sore on the eyebrow is healing.

3rd.—He has pain like headache, and several spots, almost similar to rupia, have appeared on his scalp, forehead, and face: the discharge continues from his nose; his voice is worse than ever, but there is no pain in the tumour. His mouth is still tender.

15th.—He walked a distance in a very frosty morning, and caught cold, which was followed by fever, and a fresh eruption on the face and forehead: both are covered by incrustations, and their bases are irritable and much inflamed.

17th.—A new ulceration has taken place on each side of the arch of the palate, and on the velum pendulum palati; the latter is swollen. He has lost much flesh this week, and can take but little food, from anorexia.

Mist. Camphoræ c̄. Confectione Aromaticâ.

Linim. Æruginis gulæ.

19th.—Many incrustations are seen upon the scalp. A sinus is forming under the brow, from the ulcer caused by the base of the corona veneris, and he has a hollow cough, but yet his health appears a shade better.

Decoct. Sarsaparillæ c̄. Antimonio Tart.

Ung. Hydrargyri Nitratis mit.

22nd.—The various ulcers left by the incrustations are cicatrising.

24th.—The throat is healing again, and the forehead discharges grumous blood.

26th.—The sinus not appearing likely to heal, was laid open with a bistoury.

30th.—The ulcers in the throat are well.

December 7th.—Now he has a discharge commencing from the ear.

January, 1828.—He continues very chilly and weak.

During three months, his health has been very poor, and his ailments have varied but little.

April 1st.—A piece of bone, the size of a half-penny, has exfoliated from the outer table of the os frontis. The eruption and ulcers left by it are well.

10th.—The elbow-joint, that had its ligaments inflamed, is partially stiff, and cannot be fully flexed: his health is materially improved, and he gains strength.

May 1st.—The ulcer on the os frontis has healed over, and the exfoliation has caused but little disfiguration.

Empl. Lyttæ cubito.

July 6th.—After being laid up two years and a half, having suffered a martyrdom, and been all but worn into a consumption, he has completely

recovered his colour, strength, and health, with the exception of a little stiffness in his elbow.

CASE LIII.

A SORE ON THE GLANS AND URETHRITIS; MERCURY, TAKEN FOR YEARS, CAUSING FISSURED AND ULCERATED TONGUE, ERUPTIONS, RUPIA, AND NODES.

ROBERT SMITH, ÆT. 40.

A patient in the St. James's Infirmary. Twenty-four years since, he had what he calls a chancre, which came shortly after urethritis. To cure it, he took mercury for fourteen months, and a dose of salts occasionally. At the time of this long unnecessary course (to use his own expression) "his feet and legs broke out." He then came up to London, and worked at an iron foundry in the Borough, and got a fresh venereal sore upon the glans penis. For the latter infection he took, of his own accord, calomel with conserve of roses, and continued it through a space of twelve months. Whilst he was under the full influence of this preparation one of his testicles began to inflame, and both its body and epididymis enlarged. To remedy this, he merely supported the swollen gland in a sling, and the swelling decreased; but yet it remains far bigger than natural.

During a space of three years, he was constantly taking mercury; because, as he states, he was, from his dissolute habits of life, always renewing the disease. He then remained well a space of three quarters of a year, having had no connexion. Yet, about that period, sores broke out upon the corona glandis, and his throat ulcerated, without any fresh infection. For the latter ulcerations, he was put under the influence of mercury in the Marylebone Infirmary; but, in the midst of his treatment, he left that institution,—I do not recollect why.

About nine months after leaving the infirmary, the angles of his mouth, and the parts around his anus, broke out, and so badly, that at times he could not sit down; but at last they healed.

In 1815, his tongue swelled, and became fissured, and an ulcer formed upon it as large as a shilling; this was cured at the Gerrard Street Dispensary. Four weeks afterwards, he had "lumps" that came out, as he calls them, all over him: they broke, and disappeared again.

March 1st.—About this time he came under my care at the St. James's Infirmary. He was a well-formed, good-looking fellow, though his face and frame were evidently thin to what they formerly had been. His tongue was covered with a thickened cuticle, and fissures ran along it, both longitudinally and transversely: his occiput was

thickly incrusted with prominent scabs of rupia: they had beneath them ulcers that coalesced, and he had a node upon each tibia. His general health seemed a little worn, by his long-continued mercurial saturations.

Raso capillo Catapl. Lini seminis occipiti.

Pulv. Jalap. C. ʒj.

Decoct. Sarsap. C. c̄. Extracto ejusdem quotidie.

3rd.—The poultice has removed the scabs: there is a circle of large ulcers exposed, and to them he keeps the cataplasm.

10th.— Solut. Argenti nitratis ulceri.
Rep^{r}. Decoct. Sarsapar. etc.

He went on some months with the treatment: the ulcers healed, his symptoms improved, the tongue became healthy, and he was ultimately discharged well, as I believe he remained.

CASE LIV.

SORES AND ENLARGED GLANDS, TEN DAYS AFTER CONNEXION, FOLLOWED BY FEVER, SORE THROAT, ULCERATED UVULA AND NARES, COUGH, RUPIA PROMINENS, AND EMACIATION.

THOMAS L——Y.

May 19th, 1819.—He has three sores situated behind the corona glandis, which were first seen

ten days after connexion. He has a long prepuce, which is much swollen, and forms phymosis, and a quantity of discharge comes away from beneath it: the glands in both groins are enlarged: he is febrile, and his pulse is much accelerated.

Pulv. Jalapæ C. ʒj.

Lotio Plumbi Acet. diluta.

22nd.—The tumefaction is diminished, the bowels have been well cleared, and his temperature is lower.

26th.—There is less œdema of the prepuce, and he can expose more of the glans penis.

29th.—There is more swelling, which was occasioned by injecting fluid under the prepuce, to clear the frænum, etc. from pus.

Ung. Hydrargyri ʒj. omni nocte illinenda.

June 6th.—His mouth has just become affected by the mercury.

10th.— Catapl. Lini. c̄. Lotione Batianâ.

13th.— Injectio Zinci Sulphatis.

July 7th.—The secretion of saliva is increased.

9th.—He has become very feverish, and his throat is slightly sore.

Mag. Sulph.

Gargarisma Aluminis.

10th.—The throat feels a little better than it was.

Mag. Sulph. ʒij. bis die.

13th.—The prepuce was slit up, and a large

foul slough exposed, where the frænum formerly was, but which has been destroyed by ulceration.

Mist. Ammon. Acet. ℥iss 4tis horis.

15th.—His throat is now ulcerating, and his health bad.

Inf. Rosæ c̄. acido pro gargarismate.

24th.—The throat is so painful, he cannot sleep, and the ptyalism has become profuse.

Empl. Canthar. gulæ.

25th.—There is a dark spot, the size of a shilling, upon his uvula, threatening ulceration : the whole fauces are highly inflamed, and he has lost flesh, and is emaciated. The incision in the prepuce is clean, but the original sores are sloughy. He has rubbed in twenty-eight drachms of mercurial ointment ; but, in the present state of his ailments, it is deemed prudent to discontinue the use of it.

℞ Decoct. Sarsapar. C. lbj.
Extract. ejusdem ʒj.
Acidi Muriatici ♏ xxx.
M. bibat quotidie.

26th.—Four large vesicles, covered by incrusting exudations, have formed on his face, and look like commencing rupia.

30th.—His bowels are confined ; his fauces are ulcerating.

Mag. Sulph. ʒij. primo mane.
Lotio Spirituosa præputio.

31st.—About one half the fluids he attempts to

take return by the nose, and of solid food he can swallow none. There are sloughs upon the velum, tonsils, and back of the pharynx: blood and mucus run from his nose and throat: he has pains behind the ears, especially whilst swallowing, which are occasioned by the ulcers and irritation in his throat. The ptyalism continues, and he has a troublesome cough.

August 1st.—Three large patches of rupia prominens have formed on his cheeks, and a vesicle is beginning to form a fourth. He has eight other incrustations, chiefly on his legs and thighs, which are covered by thick, conical, laminated scabs, about an inch and a half broad, and three quarters of an inch thick: his state is very miserable.

Fumigatio Cinnabaris.

3rd. — His throat is greatly improved: six of the scabs are elevating, and about to separate, each leaving foul, deep, sloughy ulcers beneath them. One half of the glans penis has been destroyed by ulceration; but its further progress was stopped by the lotion. He has anorexia, and is very weak; yet his health is not worse.

6th.—The ulcers in the throat are better: he swallows a little solid food, and his general health is improving.

Liniment. Æruginis gulæ.

7th.— ℞ Extracti Gentianæ gr. iv.
Pulv. Aromatici gr. ij.
Mft. pilula bis die deglutienda.

11th.—The throat is healing fast, and his voice is more natural. An ulcer on his leg, and those on the face, are dressed with

Sol. Cupri Sulph. dilut.

12th.—The scabs have all separated from the ulcers, leaving sores covered by yellow sloughy membrane.

14th.—The ulcers left by the rupia are now clean, red, and granulating.

23rd.—The ulcers are healing, and his health and strength are improved.

27th.—His throat is well, and his voice has resumed its former intonation; his strength is returning, but the ulcers are not healed.

September 6th.—The ulcers are healed, but have left frightful red stains and puckered cicatrices. His health is quite re-established.

January, 1833.—His face remains disfigured for life by the rugated cicatrices.

CASE LV.

VESICLES AFTER CONNEXION, FOLLOWED BY BUBO, ULCERATED TONSILS, RUPIA PROMINENS, AN ERUPTION OF TUBERCLES, AND PLEURITIS.

JOHN CAMPBELL, ÆT. 32.

July 23rd, 1816.—A strong, healthy, good-

looking man. He some days before had connexion with a woman of the town, and now applies for advice, having vesicles on the dorsum of the penis.

Pulv. Jalap. C. ʒj.

℞. Extr. Opii,
—— Conii aa. gr. xij.
Aquæ Distillat. ℥iij.
Mft. lotio.

August 9th.—The vesicles gradually extended, and formed a foul sore: some of the inguinal glands are enlarging.

Hirudines xij. ad inguen.

Lotio Plumbi Acetat. dilutæ.

14th.—The slough separated from the sore, and it is about the size of half-a-crown; the groin is still enlarging.

Lotio Rubra ulceri.

Catapl. Conii.

16th.—The sore is granulating, and pus has been let out of the groin.

20th.— Lotio Nigra.

22nd.—The suppurating groin is nearly healed, and the sore looks quite healthy.

September 5th.—The ulcer on the penis has contracted to half its former size. He has been attacked by inflammation and superficial ulce-

ration of the left tonsil, tumefaction of the uvula, and sloughing of the posteriores nares.

Haustus aperiens statim.
Emplast. Lyttæ gulæ.

℞ Decoct. Cinchonæ ℥iss.
Acidi Sulph. dil. ♏xv.
Mft. haustus 4tis horis sumendus.

℞ Infus. Rosæ ℥viii.
Acidi Muriatic. ♏xij.
Syrupi Mori ʒj.
Mft. gargarisma.

11th.—The under eyelid is inflamed and tumefied: he may have conveyed matter to it by his fingers.

13th.—The sore on the penis has skinned over. There are several ulcers on the tonsils as large as a silver penny, with deep ash-coloured sloughs. He has hoarseness of voice; his body and limbs are covered by straw-coloured vesicles, very similar to his primary sore; Vide (plate) the frontispiece; and he has become very feverish.

16th.—The vesicles have all the characters of rupia, (figs. 1, 2, 3).

18th.—His legs and thighs are covered over with dark conical scabs as large as sixpences, and these scabs are still increasing in size;—it was the formation of a new vesicle, that caused the swelling in the lower eyelid.

21st.—These have become the finest specimens

of rupia prominens, with extremely elevated limpid shell-scabs, that ever were seen; (fig. 5.) When any of these crusts separate, they expose large foul ulcers, the size of half-a-crown, that begin to granulate from their centre, (fig 6.) some of the smaller scabs leaving a sound base, marked by a deep rose-coloured stain. (Fig. 7.) On the edge of the lower eyelid, and its conjunctival lining, near the outer canthus, a rupia vesicle formed an ulcer, the size of a split pea, covered with a whitish slough, which has caused the eye to inflame.

Collyrium Zinci Sulphatis.

Catapl. Lini Seminis cruribus.

23rd.—The ulceration in both the tonsils and posteriores fauces is extensive, but not deep. The sores are all cleaner, and some of them are an inch and a half in circumference. He is less feverish, and his health is improving.

℞ Decoct. Cinchonæ,
Aquæ Menthæ $\overline{aa}$ ℥vj.
Acidi Sulph. dil. ʒss.
M. Capiat Cochl. iij. magna 4tis horis.

26th.—The ulceration in the throat is beginning to heal.

29th.—The throat is much improved, the large ulcers on his legs are granulating healthily, and he gains flesh.

Lotio Rubra dil.

Cerat. Calaminæ.

October 10th.—Most of the sores have skinned over, leaving large red claret stains; his health is quite good.

28th.—Now an eruption of tubercles has appeared on his face and forehead.

℞ Decoct. Dulcamaræ ℥ij.
Acidi Muriatici ♏x.
Mft. haustus ter die sumendus.

November 14th.—The tubercles are subsiding again.

December 27th.—This patient has perfectly recovered, after having had a second eruption of tubercles and an attack of pleuritis; for the latter he was bled, purged, and blistered. He now performs the most laborious work, having got well of this inveterate venereal affection, without a grain of mercury having been administered to him.

I trust it will not be considered a cruel experiment, that this drug was not had recourse to, when the reader is reminded, how highly requisite and important it was to medical science, at that period, to ascertain which venereal ailments could, and which could not, be cured without the use of mercury. At and prior to that year, I was assisting my friend, the late Mr.

Rose, in trying (perhaps for the first time in England) if the use of mercury could not be dispensed with amongst persons of scrofulous constitutions, who might have the misfortune to get venereal disease.

ON THE FOURTH ORDER.

Ecthyma venereum, though a pustular disease, probably is not so far removed from the vesicular form as its *primâ facie* appearance would lead us to imagine, inasmuch as it arises from the excitement occasioned in the vessels of the dermoid coverings by a venereal virus, and is preceded by more action than would suffice to throw out serum, and form vesicles. It always appears to be attended with more constitutional disturbance, fever, and irritation, than Ecthyma vulgare. The inflammatory action in this disease runs high ; the turgid vessels project out from the cutis, in numerous minute red dots of circles, and round patches, situated between the cutis-vera and rete-mucosum ; and then (when viewed through a compound magnifying lens) look like the terminal points of vessels much resembling the cryptæ of the kidney, but are undoubtedly a zone of secretory vessels, from which depositions of red lymph take place into the rete mucosum, which becomes thickened to some extent round the part, protects the cutis, and forms a raised lip, or cup, encircling the edge of each deposit. About the same time that pus is secreted in their centre, the cuticle is gradually separated as the distention in-

creases, and is raised into a conical form. The pustule, at a particular stage, bursts by a small aperture in its apex, gives out its contents, and afterwards lymph, which drying forms its scab.

When such a part has been long macerated, the pustules, with their contents, may be stripped off entire with the cuticula-externa and rete-mucosum, the cuticle being its exterior capsule, and the rete its base and under part; leaving the cutis perfect, except that there is a circular blush of redness upon it, and at times a depression, where the largest pustules had been situated.

Ecthyma venereum differs but little from Ecthyma cachecticum, except in being (as before described) attended by more fever, and, in the end, from the mischief to the system, assuming the hectic type. Ecthyma symptomaticum is known to follow other poisonous virus, for it occasionally occurs after Rubeola, Variola, and Scarlatina.

Order IV.

PUSTULÆ.

Ecthyma.



Drawn from the Skin of J. A—b. April 8, 1817.

ORDER IV.

PUSTULÆ VENEREÆ.

Venereal Ecthyma commences by a primitive small pustule (rarely as a suppurating pimple) on the penis. I was fortunate and early enough to see the pustule, and watched the progress in some instances herein detailed, especially in the case of Daniel R——s, who had three primitive pustules on the penis the seventh day after impure connexion, followed by a suppurating bubo, and, in fourteen weeks afterwards, by ecthyma, iritis, and ulceration of the cornea. M. G——t had a large pustule on the penis, seen on the fifth day after connexion, that was also followed by the very large form of ecthyma, from which I made the drawing for one of the plates.

I am well aware the patient more generally presents a deep round sore to your notice; but that is only the remains, or ulcer, left on the base by the original pustule, and it seldom can be otherwise; for the pustule, being covered by the thin and delicate skin of the prepuce and glans, in most cases is soon broken up by the patient's clothes, even before he is aware he has a sore; and it probably is the sensation from the raw surface, occasioned by the torn skin, that first draws his attention to the part.

The fever ushering in ecthyma commonly arises about fourteen weeks after impure connexion has produced the primitive sore. The eruption is preceded by some days of lassitude, especially when it is about to break out, and also by pains in the side of the neck, and about the situation of the levator scapulæ and scalenei muscles; likewise at the points of the shoulders, and in the hips and hams, and over the tibiales antici muscles, and down the flat surfaces of both tibiæ. They are most troublesome in the night; and, not unfrequently, this state is preceded or accompanied by a low chronic redness, or inflammation of the mucous membrane; or even by ash-coloured spots (perhaps of ecthyma) in the throat, by cough without expectoration, and a pain in the side, a little before the eruption appears. Areolæ then form gradually in various number, and of a small size, over the forehead, body, and limbs: the face frequently escapes. The red bases have pus secreted in them, and continue to increase during the first few days, until the skin is covered by pustulæ, almost as thickly as in small-pox.

Ecthyma are seen, at the same moment, in various stages of progress, rising, maturating, incrusting, and scabbing. In the commencement, their bases only are surrounded by an areola, or circle, not very extensive; yet, where the eruption is numerous, the whole skin becomes reddened.

As they decline, the rings of inflammation around their bases become of a crimson or plum colour; or incrust, or even ulcerate, especially the larger ones, when declining on the legs. Some fresh pustules keep coming out during several weeks; and, even at this late period, the disease may be seen in all its various stages of progress.

The smallest pustules desquamate; the next in size dry off in brown dry scabs; the larger discharge, and have thick incrustations formed upon them that lead to superficial ulcerations, especially on prominent parts, as about the shoulders, scapulæ, and legs: on the latter, some pustules become confluent, and, late in the disease, form ulcers. In persons with slow circulations, very large portions of skin are frequently seen of a deep crimson or chocolate-brown colour: and when the first eruption of ecthyma is gone, it is not unusual to see almost the entire skin of the leg and shin covered with these frightful dusky red stains, marked by numerous dots, depressions, and loss of substance, even down to the cutis, and its cup filled by yellow sloughy cellular membrane, with indented edges, and forming, ultimately, deep ulcers. The head, during the eruption, becomes scurfy, or thickly incrusted under the hair from the lodgment of dry pus with exudation, and the hair's growth is materially interrupted, or it falls off and becomes thin.

Inflammations of the tarsi, conjunctivæ, and irides, are frequent accompanying symptoms. Three cases of the latter affection occurred in eighteen cases of venereal ecthyma, and came on from the twelfth to the twentieth week after connexion, almost always later than the ecthyma: but ulceration of the tarsi and corneæ more frequently occurs about the time of the eruptive diathesis.

Ulceration of the tonsils is liable to come on later than the sore throat, before spoken of,* and exfoliation of bone from the nose, with discharge of pus and blood.

Suppurations of the submaxillary, cervical, axillary, and other glands, are not unusual from the irritation upon the skin, but perhaps as often from the passage of virus through their absorbent trunks.

Abscesses are apt to form in the calves of the legs, and in one instance they were conjoined with very large boils.

Inflammation of the synovial membrane occurs at times in this eruption; and periostitis, and nodes, often follow ecthyma. Ulceration above the maleoli, and in women about the toes, is not unfrequent about this period, as the larger

* Ulcerated throat appeared in two months after contagion,—swelled testicle in five weeks. (Vide Case of D—— B——.

incrustations separate ; and swelling of the ancles, or of one of them, or of the leg, even without ulceration, is very constant : this occurred in three cases out of eighteen.

After the more extensive eruption has declined, very small flat pustules, few in number, generally keep coming out near the papillæ that the hairs of the legs pass through. About this period the health of the patient materially improves, but he is still liable to a secondary eruption, and this is described as the second variety in the classification ; they are fewer in number, with psydracious pustules, and therefore called ecthyma psydracium.

Inflammation of the skin of the alæ nasi, or eyebrows, and enlarged testicle, are occasional accompanying affections ; and, curious enough, the latter occurs even in parties that have not had urethritis. In one instance, herein related, intense crimson maculæ followed large ecthyma ; and mottled skin, or puniceous patches, at times, though rarely, precede ecthyma, as in the case of J—— B——s. These very extraordinary and interesting circumstances serve as links to join this venereal eruption with the rest, although Mr. Carmichael will not allow that it is a true syphilitic production.

That ecthyma is by no means far removed from the rupia of the Order last described, is the belief of most practitioners, as may be shown by merely

copying the explanation placed in the Museum of Guy's Hospital, upon No. 2720, "A wax model of ecthyma cachecticum, with some of the spots approaching to rupia."

I must conclude the section, by mentioning that cases and plates to illustrate this order are placed in the adjoined pages: of the former, one represents the ecthyma most commonly met with as a primary venereal eruption; the next, that variety with small flat psydracia, which at times occurs after lichen racemosus; and lastly, an unusually large specimen, which I have named ecthyma magnum.

CASE LVI.

A SORE, FOLLOWED BY LICHEN SOLITARIUS AND IRITIS; AND AFTERWARDS BY ECTHYMA PHLYZACIUM VENEREUM, WITH IRITIS, AND NODES.

JOSEPH A——H, ÆT. 32.

October 7th, 1816.—He has a large sore encircling the penis and prepuce. This patient states it commenced like an excoriated surface, and that he has had it sixteen days; but little reliance, however, can be placed on his description of its appearance at the commencement.

Cataplas. Lini c̄. Fotu.

Hydr. Submur. c̄. Pulv. Jalap. Comp.

8th.—His bowels are well opened; the sore looks cleaner.

Lotio Aquæ Bateanæ dil.

Pilulæ Hydrargyri gr. iv. omni nocte.

14th.—The mouth is affected, and he has a slight cough.

23rd.—The pills have kept his mouth sore during a week.

30th.—A gland has enlarged in the right groin, and it is attended by much inflammation.

Hirudines x. inguini.

Lotio Plumbi Acetatis diluta.

Mist. Ammon. Acet. c̄. Mag. Sulphate.

November 6th.—He has fever;—the bowels are active.

17th.—He passed a very hot and feverish night, and an eruption of lichen came out upon his face, body, and limbs; some on the brow contain lymph.

21st.—His conjunctivæ are highly inflamed, and the eyes are affected by iritis; the eruption on the body has begun to desquamate.

V. S. ad ℥xxx, inflamed.

Hirudines xv. temporibus.

Mistur. Sennæ.

Lotio Plumbi Acetatis diluta.

29th.—The skin is desquamating, and the cutaneous affection is declining.

December 15th.—There is some turbidness in the anterior chamber, and pain in the right eye. The eruption has in a great measure disappeared.

Pilulæ Hydrargyri gr. iv. bis die.

18th.—The bubo was punctured, and much pus let out.

19th.—The eye is recovering,—the eruption is gone,—the bubo is healing.

28th.—Feeling well enough, he would lay aside his remedies and go about his usual employment.

April 8th, 1817.—He came back suffering from an eruption of ecthyma, (Vide plate,) which is distinct, and contains pus; some parts of the eruption are desquamating, and their whole number does not exceed seventy: they are situated upon the chest, arms, and legs. He has also conjunctivitis and iriditis of the left eye.

Sectio arteriæ temporalis.

Hydr. Submur. c̄. Pulv. Jalapæ Comp.

Fotus papaveris.

Magnes. Sulphas c̄. Infusione Sennæ.

10th.—There is less inflammation of the eyes, and he has had ten stools.

Instilletur vini opii ♏ i, in oculum mane nocteque.

℞ Zinci Sulph. gr. v.
Aquæ Rosæ ℥iv.
Mft. collyrium.

12th.— Capiat Magnes. Vitriolat. ℥ss.

14th.—His symptoms have all but disappeared.

May 31st.—As a further security it was thought advisable that mercury should be used, and so he rubbed in thirty-two drachms of the ointment.

July 11th.—His eruption having left him, and his eyes being well, it was hoped and believed that his health was permanently re-established.

October 2nd, 1818.—After this lapse of time, he returned, without having had any fresh sore, with a node upon his left tibia, and a large swelling on the os frontis; he suffered from pain in his head, had lost much flesh, and felt nocturnal pains in his limbs.

Ung. Hydr. fort. ʒj. omni nocte.

12th.—As his mouth became sore, the pains gradually subsided.

25th.—He then experienced another attack of iritis, even whilst he was under the mercurial influence.

November 18th.—His face became covered with an eruption of lichen. The mercury was persevered in, until he had used fifty-one drachms of the ointment. Both nodes disappeared, and he was finally cured by this longer continued course.

July, 1819.—He has remained in health ever since.

CASE LVII.

PUSTULES ON THE PENIS, BUBO, PAINS IN THE CHEST, A COUGH, NOCTURNAL PAINS, STIFFNESS IN THE NECK, ECTHYMA PHLYZACIUM VENEREUM, ULCER OF THE CORNEA, AND IRITIS.

DANIEL R——S.

March 17th, 1825.—He has a few small pustules on the penis, at present not bigger than pins' heads, which appeared, as well as can be remembered, on the seventh day after connexion. Only one of them ulcerated, and formed a small sore.

May 21st.—The sore healed, and left no induration: yet it was followed by a bubo, that suppurated badly.

June 22nd.—He has pain in the sternum, and a slight cough; he has also a stiffness in his neck, and looks pale and thin.

25th.—He has had nocturnal pains during the last three nights, and a crop of ecthyma phlyzacium has come out on his body.

V. S. ad ℥xv. inflamed.

Mist. Ammon. Acetat. dil. c̄. Antimonio.

August 2nd.—An attack of iritis has followed the sore,—the humours are turbid, the conjunctiva is

vascular, and there exists superficial ulceration of the cornea.

V. S. ad. ℥xx, inflamed.

Hirudines x. palpebris.

Hydr. Submur. gr. ij. bis die.

5th.—A round portion of coagulable brown lymph has been deposited in front of the iris, and near that spot the pupil has become irregular. His mouth has been kept tender all the time.

15th.—The ulcer on the cornea is healing, and it has left a slight white opacity, where it was situate.

22nd.—The opacity has been absorbed from the transparent cornea; the lymph, that was thrown out in front of the iris, has been removed; and the pupil has resumed its circular form, without the aid of belladonna.

31st.—The eye, so lately impaired by inflammation, has become just as perfect as its fellow. The nocturnal pains have ceased, the patient is free from cough, his skin has recovered its natural state, and he is now in good health.

CASE LVIII.

THE SYPHILIS OF PORTUGAL, OR WHAT HAS BEEN CALLED "THE BLACK LION."

A SORE, AND BUBO, FOLLOWED BY ŒDEMATOSE LEG, NOCTURNAL PAINS ALONG THE VERTEBRAL COLUMN, AN ERUPTION OF PUNICEOUS PATCHES, ECTHYMA, AND TENDERNESS OF THE PERIOSTEUM.

J—— B——s.

March 5th, 1828.—A small superficial sore formed on the inner surface of the prepuce, which was observed on the third day after connexion with a native in Portugal.

8th.—A gland enlarged in the left groin, in consequence of which he applied for advice.

Hydr. Submur. c̄. Pulv. Jalap. C.

Hirudines.

Lotio Plumbi Acet. dil.

15th.—The sore is cleaner, and his bowels are active.

April 9th.— Hydrargyri Submur. gr. ij. mane nocteque.

13th.—His mouth is sore; the ulcer on the penis is spreading, but his groin is much the same.

Argenti Nitras.

Pulv. Jalap. Comp.

15th.—The sore is cleaner; his bowels are active.

16th.—The groin is worse and more swollen.

18th.—To-day a fluctuation was felt in the part.

24th.—The swelling was punctured, and pus let out.

Catapl. Lini Seminis.

27th.—The sore is healing; an inguinal gland is protruding; his mouth is kept tender.

29th.—The sore is again spreading, and is covered by a black slough.

Catapl. Lini.

Extr. Opii gr. i. bis die.

May 13th.—The sloughing of the penis has ceased, the chasm is very deep, but the bubo is healing.

17th.—The sore on the penis is rather large since the sloughing; the granulations in the groin are healthy; his mouth has been kept constantly tender.

20th.—The groin is so near well, that it has ceased to discharge.

22nd.—The sore has almost healed, but the groin is again discharging, and he has less tenderness in the gums.

Pilul. Hydrarg. gr. iv. mane nocteque.

24th.—The sore on the penis has cicatrized.

June 1st.—The groin has healed, and he gets up.

15th.—He has inflammation in the skin of one

leg, extending from the ancle to the calf; formerly he had an ulcer upon it.

Pulv. Jalap. Comp.

Lotio Plumbi Acetat. dil.

18th.—There is less inflammation, but some œdema.

℞ Vini Colchici ʒss.
Mist. Camphoræ ℥j.
Mft. haustus ter die exhibendus.

20th.—The œdema is gone, and he has made more urine since he commenced the draught.

Lin. Saponis.

22nd.—His health is not good, though nothing in particular can be said to ail him.

Decoct. Cinchonæ ter die.

July 19th.—He has pains all down the vertebral column, from the neck to the loins; they are most severe at night, and he has a slight sore throat, with a full quick pulse.

Pulv. purgans.

Haustus Salin.

Inf. Rosæ c̄. Tinct. Capsici pro gargarism.

20th.—He has suffered less pain, and had six stools.

21st.—An eruption of puniceous patches have come out over the skin; they are raised, and exactly similar to those now met with as secondary symptoms in England.

23rd.—The eruption continues out, but it is not

very bright coloured : the pains have ceased, and his throat is better.

August 1st.—He suffers at night from pain round both shoulders, which keeps him awake. The raised red patches have become more numerous, and spots of ecthyma have risen on his nose and face : * larger ones are out on his arms and legs.

Decoct. Sarsapar. c̄. Hydrargyri oxymur.

Ung. Hydrargyri ʒj. nocte illinenda.

6th.—The eruption is declining : he has less pain in his shoulders, but complains of a soreness outside the ligamentum patellæ, and in the periostea of both tibiæ.

13th.—The ecthyma is disappearing ; his mouth is still sore.

29th.—The pains and eruption have left him.

October, 1829.—His health is not very good ; for although his venereal ailments are removed, he has had until lately a swelled leg.

February, 1830.—He has experienced no return of his venereal ailments, and at last appears to be cured.

---

* This eruption scarcely ever comes out on the face in the ecthyma of England.

November 29th, 1834.—I am acquainted with a case of sloughing, at this time, by which the whole penis was destroyed in a few days : it arose as a small sore, from connexion with an English woman.

CASE LIX.

A SORE, FOUR DAYS AFTER CONNEXION, FOLLOWED BY SORE THROAT, ECTHYMA, AND AN ULCERATED LEG.

JOHN D——ON.

September 9th, 1818.—A sore on the inner surface of the prepuce, which was first observed four days after connexion.

Ung. Hydrargyri ʒj. omni nocte illinenda.

28th.—The sore has healed, but it has left a slight induration.

October 10th. — He has used twenty-four drachms of ointment, which made his mouth sore during eight days ; and, from the fair quantity of mercury used, it was hoped he would remain well.

May 22nd, 1819.—He has had a sore throat, and now a numerous set of ecthyma has appeared. Thirty-five drachms of mercurial ointment were then rubbed in for about six weeks.

June 9th.—One of the pustules caused an ulcer to form on the leg.

July 24th.—The ulcer, after giving much trouble, has healed.

September.—He got rid of his ailments, and has grown excessively fat during the course ; so that we may fairly state that his health benefitted by the mercurial action.

CASE LX.

A SORE AND BUBO, FOLLOWED BY ECTHYMA, AND BY IRITIS OF BOTH EYES.

WILLIAM P——EN, ÆT. 25.

October 13th, 1819.—He has a suspicious sore on the left side of the penis, that was first observed ten days after connexion, and which caused enlargement of a gland in the right groin.

The gland suppurated and healed.

January, 1820.—His mouth was kept sore for thirty-two days, although he rubbed in but eighteen drachms of mercurial ointment; and he went from under treatment apparently well.

February 14th.—He suffers from a cough, and from pain in the shoulders and legs. In the night he became feverish, and an eruption of ecthyma came out all over him, but most thickly on the legs.

March 13th.—He has pain in his head, aversion to light, vascularity of the conjunctiva and iritis, with extreme irregularity of the pupil, which, in fact, is almost closed.

Bleeding, Purgatives, Leeches, Digitalis.

May 2nd.—The right eye has been cured, and the irregularity of the iris removed; but the iris of the left eye has just been attacked in a similar way.

Hirudines, Purgatives, Belladonna.

June.—This eye was restored also, and he got rid of the eruption.

September 4th.—He again came under care for some ulcers on the legs, which formed on parts that had been the bases of the eruption.

November.—All the ulcers are healed.

CASE LXI.

THREE SORES PRODUCING INDURATION, ECTHYMA, SUPPURATIONS IN THE CERVICAL AND AXILLARY GLANDS, AND ULCERATED LEGS.

C—— E——H.

He has an induration on the penis, which followed three small sores; for them he had not undergone any treatment. The thickening is excessive, amounting to near three lines.

January, 1825.—He is now covered by ecthyma on the face and chin, which is set so close as almost to form an uniform mass, with scarce a healthy intervening spot: it is most numerous over his shoulders, arms, and legs.

The glands at the side of his neck, and also in the left axilla, are suppurating, and there is much febrile irritation.

Ung. Hydr. ʒj. omni nocte.

February.—A fortnight after, his mouth became

sore, and almost the whole of the eruption, and its red marks, had disappeared.

April.—He underwent as short a mercurial course as was consistent; but his health remained poor, he had become very thin, and the glands continued to suppurate and to discharge.

Decoct. Sarsapar. Comp. etc.

For a long time afterwards he suffered from ulcerated legs, and it was with difficulty that his general health was at last restored.

CASE LXII.

A SORE AND BUBO, FOLLOWED BY ECTHYMA, SORE THROAT, ECTHYMA AND NODES.

C—— R——y.

August 15th, 1817.—Eight days after connexion a sore appeared on the penis, and it soon produced a bubo. For the above he rubbed in but eleven drachms of mercurial ointment.

May 3rd, 1818.—He was covered by venereal ecthyma; and to cure it he rubbed in thirty-two drachms of Ung. Hydr. fort.

His mouth was kept sore about twenty-eight days.

Sept. 25th.—He now has a deuteropathic eruption of ecthyma, fewer in number, and much larger

in size, but of precisely the same pustular character as the former eruption, and he has a sore throat, covered by ash-coloured sloughs.

He then rubbed in fifty-nine drachms of mercurial ointment, whereby his mouth was sore thirty days, and the ecthyma disappeared.

June, 1819.—He had nodes and nocturnal pains, but they were got rid of without the exhibition of any more mercury.

CASE LXIII.

A SORE AND BUBO; TWENTY DRACHMS OF MERCURIAL OINTMENT WERE RUBBED IN, BUT ECTHYMA SUPERVENED.

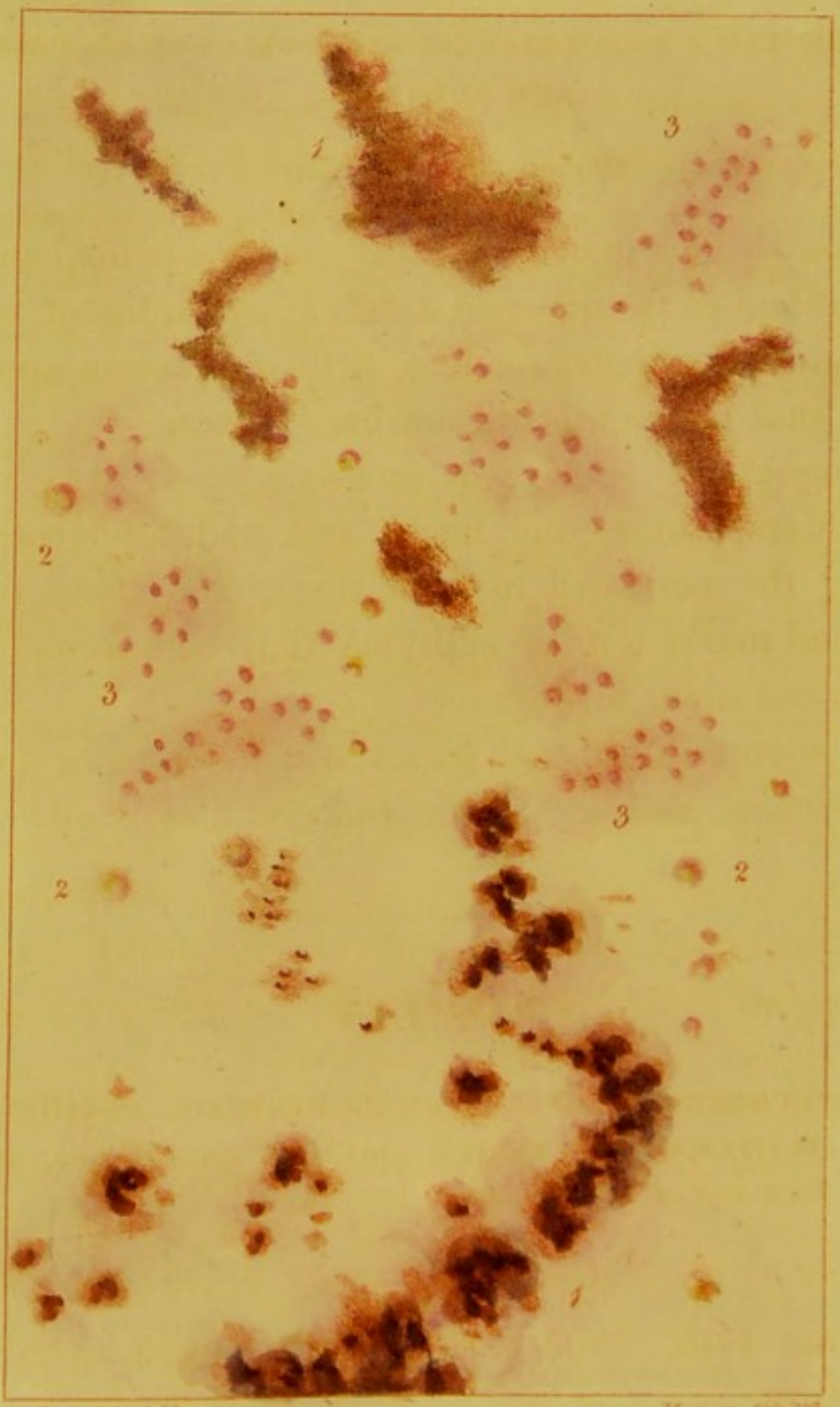
HENRY B——R.

August, 1828.—He had a sore after connexion, which was followed by a bubo. He rubbed in twenty drachms of mercurial ointment, and seemed to be cured.

November 30th.—He applied for advice covered with ecthyma, but without having had a fresh sore. Twenty-four drachms of mercurial ointment, taken out of the same jar, were then rubbed in.

January 2nd, 1829.—He soon got well and healthy, which scarcely could have been expected from this short course of mercury, considering that he was suffering from the secondary class of symptoms.

PUSTULÆ
& *Clustered Lichen.*



W.B. Judd del.ᵗ Maguire lith. 203

Drawn from the Skin of C. B——n, Novᵗ 1. 1833.

CASE LXIV.

A SORE AND A MERCURIAL COURSE, FOLLOWED BY PAINS AND ECTHYMA.

WILLIAM A——G.

June.—This man had a sore on the penis, and he rubbed in twenty-two drachms of ointment for it; but the mercury made so little impression upon him, that his mouth did not become sore.

August 26th.—He was attacked by pains in his shoulders, shins, and heels, and had tenderness along the periostea of both tibiæ, and there remained marks left by ecthyma that had formerly been out upon his legs.

A mercurial course removed all the pains and tenderness, and he became and remained well.

CASE LXV.

A SUPPURATING PIMPLE, AND URETHRITIS, FOLLOWED BY ECTHYMA PHLYZACIUM, LICHEN RACEMOSUS, ECTHYMA PSYDRACIUM, AND ŒDEMA.

C—— B——N.

June 17th, 1833.—He had connexion with a prostitute.

20th.—A pimple formed on the body of the

penis, near its junction with the pubes; it is only four days since he was in the way of infection, and urethritis has also commenced from the contagion.

21st.—The apex of the pimple appears to contain lymph; but to my eye it looks intermediate between a pimple and a pustule.*

22nd.—The pimple has ulcerated, and produced a slight sore.

30th.—The sore has healed, and the urethritis has ceased.

September 27th.—He has ecthyma phlyzacium covering him, a capite ad calcem. The pustules on his arms and legs are the largest; the eruption is as thick, and attended by almost as much general redness of skin, as small-pox commonly is: and some have produced ulceration over the lower part of the tibia. The eruption is accompanied by hoarseness, and by an ulcer at the back of the throat; now he has a gleet, and the discharge has slightly excoriated the glans penis.

Antimony, Warm Bath, etc.

30th.—Some of the smaller pustules are declining, others are healing, and the general erythema is diminishing.

October 6th.—The ulcer on his leg is almost healed.

---

* And it should have been of the latter character, as it has since generated ecthyma and lichen.

10th.—He looks pale and puffy in the face, and perspires copiously after the warm bath.

13th.—The eruption is declining, and very few fresh pustules come out. The ulcer on the leg has healed, and the cicatrix is marked by numerous chocolate-coloured circular depressions, lately the bases of ecthyma. A few large distinct lichen came out here and there upon his body.

20th.—He is paler, and rather weaker; and his legs, near the ancles, swell every evening.

Inf. Gent. Comp. ℥jss. ter die.

24th.—The numerous eruption of ecthyma has become quite flat and is fading away, leaving interstices of natural skin; but a third of his person is occupied by its dark red chocolate-coloured stains; (Vide Plate, fig. 1) his ancles still swell, and are œdematose.

28th.—Since the first eruption declined, a few small and very flat pustulæ of ecthyma psydracium venereum have come out on the natural portions of skin, between the marks of the former ecthyma. They have little or no areola, and are just as if a drop of straw-coloured pus was deposited immediately under and slightly raising the thin cuticle. (Vide Plate, fig. 2.) In some few of them a single hair is seen passing through the pustule, but not always in its centre,—though I may observe, pustules do not in this case form around the hairs in particular.

November 1st.—A fresh eruption of middle-sized lichen has appeared in groups of from about five to thirteen in each cluster; Vide Plate, figure 3. (Lichen racemosus, from its form, is an appropriate name for it:) they are all over his body, but there are few or none on his legs: the glans penis is covered by them, as happens at times in small-pox, and he has become hoarser. There may now be seen the chocolate-coloured stains of the first, the straw-coloured pustules of the second, and the red lichenous groups of the third eruption all at one time upon the skin.

4th.—A few of the lichen have small scales upon their apices, and are drying off.

6th.—A small portion of the lichen have assumed a pustular appearance, and they resemble favi, although the eruption he had in September was phlyzacious pustules. The edges of the depressions left by the first eruption are white and furfuraceous; some of the pustules are becoming brown, and the lichen is still desquamating.

14th.—The blush that surrounded the clusters of lichen has disappeared, and they have become brown with dry apices; the skin is more natural, the patient's health is improved, and he gains flesh: but the periosteum of his shins is tender.

December 12th.—He is subject to severe nocturnal pains in his shins, although he has grown bloated, pale, and fat.

Potassæ Hydriodat. gr. v. ter die.

15th.—His nocturnal pains have diminished, and his perspirations have ceased.

Rep^{r}. Potassæ Hydriod.

24th.—He is quite free from pains, and has had no return of perspiration; he is in good health, and has two stools daily.

February 20th, 1834.—He has not experienced any return of his venereal symptoms, but had during a fortnight effusion into the abdomen, which was removed by purgative diuretics.

July 12th.—His health remains perfect, although no mercury has been used during the cure of his severe disease; the Iodine proved so good a substitute.

CASE LXVI.

A SORE AND BUBO, FOLLOWED BY ECTHYMA, AND BY DEUTEROPATHIC ECTHYMA.

ROBERT S——T.

October 11th, 1815.—A sore on the glans penis, and a bubo in the groin.

He rubbed in twenty-eight drachms of mercurial ointment, his mouth was kept sore, and both the ailments got well in a month.

November, 1816.—He got fresh sores, and for them but eighteen drachms of ointment were used; his mouth was tender thirteen days.

A bubo then appeared, and it was put back by the help of quiet, purgatives, and cold lotion.

He soon felt feverish, lost flesh, and became emaciated; some little induration remained in the groin. After the disturbed health an immense crop of ecthyma came out all over him. He was again put under the influence of mercury, and both the eruption and induration disappeared.

June 2nd, 1818.—He has a pustular eruption set in patches out all over his arms, legs, and thighs; in form (except being pustular,) they much resemble the grouping of circumscribed lichen. His mouth was now kept sore forty-three days, and he used thirty-nine drachms of ointment.

September 2nd.—He has again come under treatment for a deuteropathic eruption, similar to the one he had in June, and also with a bubo in the right groin. He states he has had no fresh connexion since the last mercurial course. This time only fifteen drachms of mercurial ointment were used, but he got well.

CASE LXVII.

A SORE, FOLLOWED BY ECTHYMA, A MERCURIAL COURSE DURING THIRTY-NINE DAYS, SUCCEEDED BY A DEUTEROPATHIC ECTHYMA.

SAMUEL C——IN.

June 10th, 1817.—He had a sore that was

deemed a chancre, but would not undergo any mercurial treatment.

February, 1818.—He is now covered by ecthyma. He was rubbed in every night, in all with thirty-nine drachms of mercurial ointment; his mouth was slightly affected all the time, and during nine days in particular it was excessively sore.

All his symptoms disappeared at the time of the course.

October 23rd.—He has a deuteropathic eruption come out much resembling the former, and some enlarged cervical glands. He was then kept under the influence of mercury until December, having used forty-five drachms of mercurial ointment, and he remained well afterwards.

CASE LXVIII.

SORES, PHYMOSIS, AND ENLARGED GLANDS, A LONG MERCURIAL COURSE, FOLLOWED BY A COPIOUS ERUPTION OF ECTHYMA.

JOSHUA F——R.

November 9th, 1818.—Six days after connexion he had (as he states) some sores on the inside of the prepuce; they have caused phymosis, with great

swelling of the penis, and enlargement of two glands in each groin.

Pulv. Jalapæ Comp. ℈ij.

Lotio Plumbi Acetatis dil.

Ung. Hydr. ʒj. omni nocte illinenda.

16th.—The skin was got back, and much discharge was cleared away.

20th.—The sores healed and the buboes subsided.

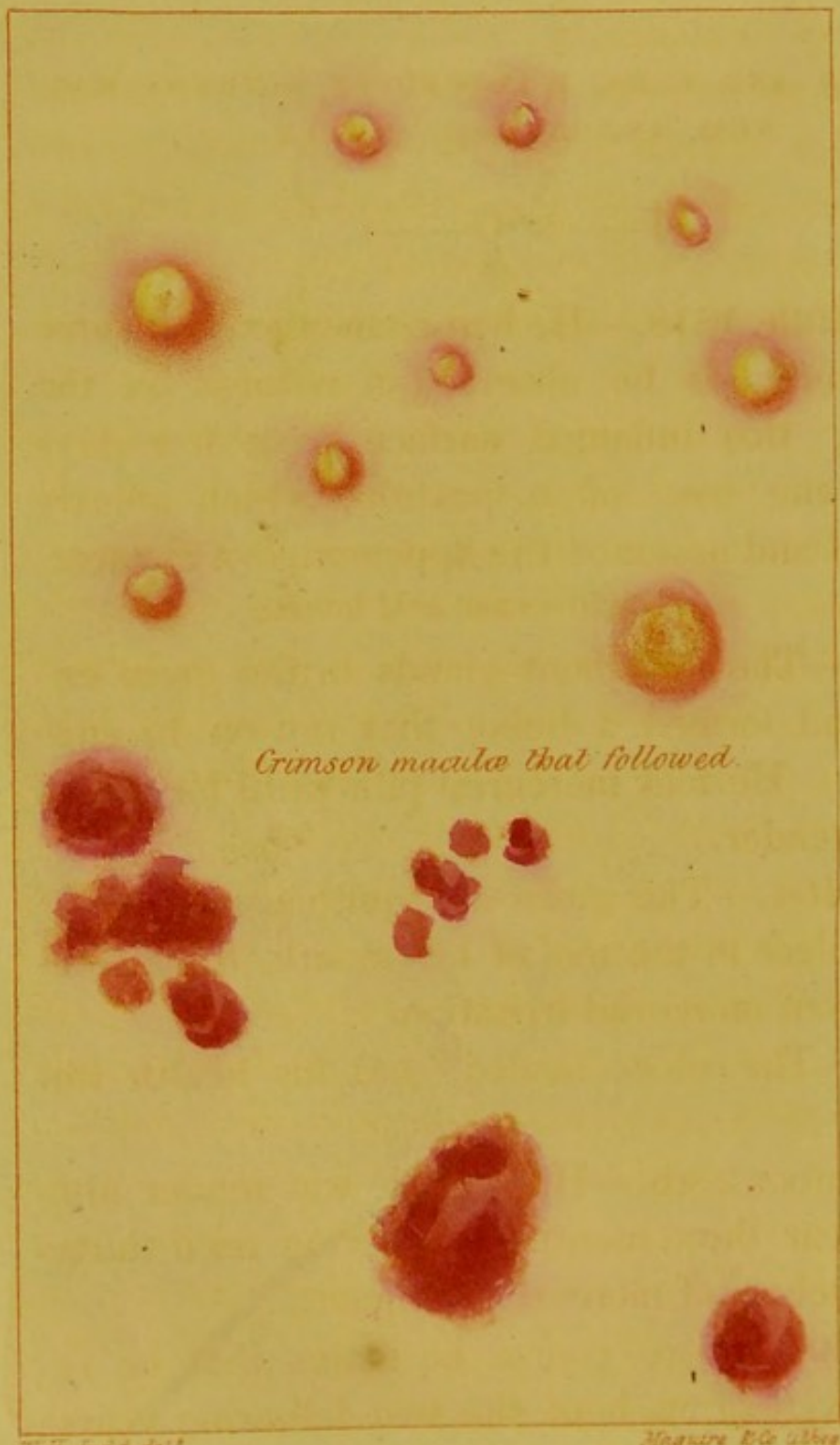
January, 1819.—He used forty-four drachms of mercurial ointment, his mouth was kept sore thirty-five days, and his treatment appeared to have completely removed all traces of the disease.

March 14th.—He was attacked by a very extensive crop of ecthyma, accompanied by a cough and pain in his side. He declares he has not had any fresh connexion or sore, nor are there any new traces of one.

He was put under a fresh course, and now used fifty drachms of good ointment, by which his mouth was kept constantly sore during upwards of two months.

May 31st.—The eruption gradually declined, and he remained well.

Large Ecthyma.



W. H. Judd del. Maguire & Co. Lithog.

Drawn from the Skin of M. G —— l, June. 10, 1832.

CASE LXIX.

A PUSTULE AND BUBO, FOLLOWED BY ECTHYMA MAGNUM, AND CRIMSON MACULÆ.

M——N G——T.

June 10th, 1818.—He had connexion, and three days afterwards he observed a redness on the foreskin; this inflamed surface in a few days became the base of a pustule, which shortly ulcerated and assumed the appearance of chancre.

16th.— Purgatives and cold lotion.

22nd.—The absorbent glands in the groin enlarged and formed a bubo, that ran on to suppuration. He took mercurial pills until his mouth became tender.

July 21st.—The gums are quite sore, and he has an ulcer in the roof of his mouth, it was presumed from mercurial irritation.

30th.—The ulcer healed, and his health improved.

September 28th.—His mouth was tender altogether near three months, he having used thirty-three drachms of mercurial ointment.

After the above course he states that he remained well throughout the two following years; and this I believe, having frequently seen him during that period.

February 10th, 1820.—He came for advice, having an ulcer in the right tonsil, an enlargement of the right submaxillary gland, and an eruption of large ecthyma,* which came out, as he states, slowly, first on the face, next on the scalp, then on the legs, and lastly over the body; he has not had pains in the limbs, or other venereal symptoms. He declares he has had no fresh connexion except with his wife, who is free from disease; that he has neither had sore nor abrasion; and that his health has been perfect ever since he had the venereal sore, and underwent the mercurial course described two years ago. Yet his present disease certainly has all the appearance of having been produced by the syphilitic virus.

26th.—The eruption gradually increases.

March 6th.—He has more disturbance of health, and febrile action has come on; he has a sore throat, and the ecthyma come out still quicker; many of them are very large and full of pus. Vide Plate.

15th.—An extensive slough has formed in the

---

* I regret that the date of this ecthyma was not introduced in the Plate, but when the reader is reminded of the two thousand cases from which these have been extracted, and that near twenty years have elapsed since the work was commenced, the author feels convinced he will experience all proper allowance, in consideration of a wandering military life.

throat, the pustules are so numerous they almost resemble small-pox, but are too large for it and are different in structure.

The eruption continued to come out during more than three weeks. Some pustules in the scalp, legs, and back, are ulcerating, and all this has happened without any fresh primitive sore.

19th.—A large slough has been thrown off from the tonsil, and the ulcer looks healthy. The various sores on his legs are healing, the eruption is declining.

April 2nd.—The ecthyma is gone, the ulcers are healed, and he is grown stout.

June 10th.—He has a fever, is worse; and a new eruption of crimson blotches, or spili cruentati, as large as sixpences, rather less circular than usual, have appeared all over him; they are very numerous, and they came out gradually. Vide Plate, fig. 2.

14th.—The crimson blotches are declining, and some have scales upon their most elevated edges, such as might be deemed slight desquamation.

18th.—The blotches, or spili, have all assumed a copperish hue, and are much diminished in size; his health has lately been disturbed, but now to all appearance is good.

As he has had no primitive sore for so long a period, mercury was not given to him, either for the ecthyma or the crimson spili.

June 28th.—He continues quite well.

It is very unusual for crimson blotches to follow ecthyma; for when they occur, they commonly precede it: this unusual occurrence may the better link this case in with the succeeding Order. Venereal virus seems, as this case shows, in some instances to produce effects on the skin two years or more after the original contamination.

CASE LXX.

A SORE AND BUBO, FOLLOWED BY ECTHYMA, NOCTURNAL PAINS, NODES, LICHEN, IRITIS, AND ABSCESSES IN THE LEGS.

CHARLES P——H, ÆT. 20.

July 15th, 1830.—He had a sore between the glans and the body of the penis; he thinks it commenced about a month after connexion with a woman in Westminster.

Four days after the sore appeared, he walked twenty miles, and that induced enlargement of the before-irritated glands in the groin, and they ultimately suppurated.

November.—During this month both the groin and the sore healed up soundly.

December 18th.—He had pains in his chest and

back, a sore throat and cough ; his skin is not hot, but his pulse is quick, and he is disposed to vomit.

Mist. Ammon. Acet. dil.
Infus. Rosæ c̄. Acido pro gargarismate.

22nd.—His chest is free from pain, his cough is much relieved, and his pulse has become quiet.

25th.—The cough has ceased, but he suffers pain in the back.

Vin. Colchici c̄. Mist. Camphoræ.

28th.—He says "the pains shift themselves to the calves of his legs."

29th.—The pains in his legs have ceased.

30th.—His pains fleet about and have returned to his side again.

January 5th, 1831.—He appeared convalescent

24th.—An eruption of ecthyma has come out on his whole body and limbs.

Mag. Sulph. c̄. Ant. Tart.

31st.—He experienced an attack of pain, and it has been followed by iritis in the right eye: the iris is altered in colour: the humours are turbid.

Hydr. Submur. c̄. Opio bis die.

Lotio Plumbi Acet. dil.

February 2nd.—The eye looks better: it is easier, and his mouth is tender.

4th.—The eye is less vascular, the humours clearer, and the pain has ceased.

Extr. Belladonnæ supercilio.

7th.—The increased vascularity of the eye has nearly subsided.

10th.—The pupillary margin of the iris is irregular, and it is sluggish and almost inactive.

Ung. Hydr. c̄. Extracto Belladonnæ.

12th.—His vision has become almost perfect.

March 6th.—Iritis has attacked the other eye; although his mouth is tender, the humours continue very turbid.

11th.—The pupil has become natural, the eye clear, and the mouth still continues tender.

21st.—A second or deuteropathic eruption of ecthyma has come out, and it is very thickly set over his body and limbs.

22nd.—He has nocturnal pains in both shins as soon as he gets warm in bed. Fresh large papulæ like lichen have appeared on his legs.

27th.—The periosteum of both shins are tender, and nightly he suffers from pains in them, and also in the calves of his legs.

30th.—He passes his nights restlessly, and the bases of some parts of the eruption are re-ulcerating around their edges.

An enlargement of the body of the right testicle has come on.

Lotio Plumbi Acet. dil.

May 3rd.—The swelling of the testicle has diminished, and all his pains are less.

June 8th.—Most of the ulcers, formed by the eruption, have healed, but last night both his legs swelled, and without any evident cause.

Pil. Extr. Col. Comp. c. Hydr. Submur.

Lotio liquoris plumbi acetatis diluti.

14th.—There is a hard swelling: it is like a lump formed in the calf of his right leg: it has made him so lame he can scarce step.

Decoct. Sarsapar. Comp.

19th.—Although his general health is much improved, yet every now and then an old sore re-ulcerates. This morning he cannot straighten his elbow, but there is neither pain nor swelling in it.

July 10th.—There has been some chronic inflammation about the elbow, and he has but just recovered the full use of it.

August 14th.—An abscess has formed and been punctured in his left shin, and grumous discharge came away.

September 2nd.—Another abscess has formed and been opened in the tibialis anticus of the right leg, and dark brown unhealthy discharge let out of it.

November 6th.—The sores are unhealthy and sloughy, and are forming sinuses.

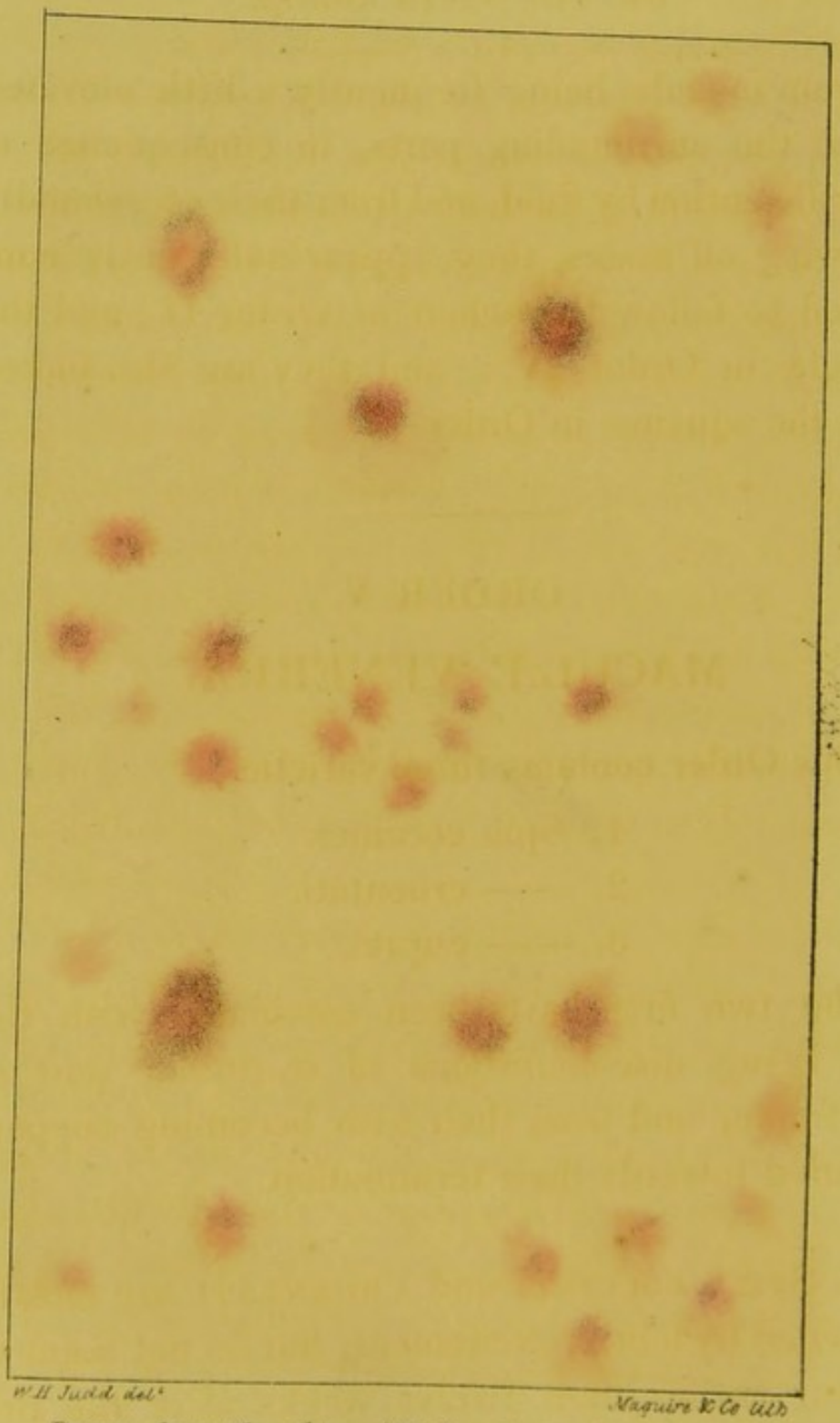
22nd. — The openings in both legs are now healthy, granulating, and healing.

January 16th, 1832.—His health at last has become good, and his sores are all healed, after a year and a half of the most attentive and persevering treatment.

Order V

MACULÆ.

Coccinea macula, or Copper spot.



W. H. Judd. del.

Maguire & Co. lith.

Drawn from the skin of H. D—k. Dec.r 9. 1829.

ON THE FIFTH ORDER.

From maculæ being frequently a little elevated above the surrounding parts, in consequence of their distention by fluid, and from their occasionally throwing off scales, they appear sufficiently connected to follow the lichen in Order II., and the pustulæ in Order IV.; and they are also linked with the squamæ in Order VII.

ORDER V.

MACULÆ VENEREÆ.

This Order contains three varieties.

1. Spili coccinei.
2. —— cruentati.
3. —— cuprei.

The two first have been associated with the last, being discolourations of a similar part of our frame, and from their also becoming copper-coloured towards their termination.

1. Spili coccinei and cruentati are mostly preceded by febrile excitement, but do not seem to appear earlier than twelve weeks after the primitive affection, which I believe to be a small abraded surface on the penis, as I have not been

able to trace it to any other contaminating form even so early as the fourth day after connexion. These maculæ are of a decided crimson colour, and the edge of each regularly defined. Their figure is oviform and constant,—varying in size from a pin's head to that of a Windsor bean, slightly raised above the surrounding level, and containing red lymph. In the most intense varieties of spili cruentati, almost pure blood is extravasated from the extremities of the cutaneous vessels, under the cuticle, into the absorbent rete mucosum, in which it spreads like fluid dropped on blotting-paper, or like rain fallen on dry flags. They are commonly numerous, formed in clusters, of irregular numbers, as threes and fives, with a solitary one occasionally; the surrounding skin being in the onset several shades redder than in health.

The very handsome painted-like appearance of the eruption remains bright about a week; it then gradually declines, each crimson macula gradually becoming copper-coloured, and somewhat diminished in circumference. As they recede, the stains in the rete mucosum become yellowish in colour, and much resemble fading purpura: in about a fortnight the cuticle generally begins to recover its natural hue; and a little prior to that period, a slight depression is generally evident, whilst puniceous patches, on the contrary, leave a

considerable rise. Some portions of cuticle, over the seat of the larger spots, desquamate, and at the end of three weeks all traces of the eruption have usually disappeared. As far as I have seen, this affection is unattended by cynanche;* iritis did not occur in any of these instances; and it was only occasionally followed by other syphilitic affections: indeed, it often constitutes the only secondary symptom the patient experiences.

2. True SPILI COCCINEI and CRUENTATI do not occur after syphilitic contamination near so often as puniceous patches; which is the only form of eruption Mr. Carmichael deems truly venereal.

A very short course of mercury seems to promote the absorption of the stains; but none is absolutely necessary, especially as other secondary symptoms but seldom follow this form of eruption.

The rete mucosum appears much to resemble the rest of the mucous membranes; for all of that class, when under irritation, appear liable to have extravasation of blood into their structure. I have seen crimson maculæ so produced even in the mucous lining of a diseased bladder, and very similar to those that occur as a venereal symptom in the rete mucosum.

---

* Maculæ Venereæ, being always unattended by sore throat, could not with propriety be classed with Exanthema Puniceum, the latter being always accompanied by that symptom; besides their differing in structure, etc.

3. SPILI CUPREI.—These maculæ differ very considerably from the former varieties being of a yellow colour from their commencement: nor do they come out at once like those just described; on the contrary, they appear slowly and singly, are very long in formation, more slightly raised, and frequently becoming confluent, form copper-coloured patches of the magnitude of the palm of the hand. They seem to be produced by some organic change in the rete mucosum, and are very permanent, at times lasting for years; appearing to be little or not at all affected by the longest mercurial course hitherto administered.

CASE LXXI.

TWO SORES, AND URETHRITIS, FOLLOWED BY SPILI COCCINEI.

HENRY D——K.

June 27th, 1829.—Two small level sores appeared on the penis, the first on the seventh day after connexion, the other somewhat later: and on the eighth day he found that he also had urethritis.

Ung. Hydrargyri 3j. omni nocte illinenda.

The sores healed, leaving no induration; the discharge from the urethra ceased; some of the inguinal glands are slightly enlarged.

July 24th.—He has a return of discharge from

the urethra, and an enlargement of the testicle has commenced.

Hirudines, Purgatives, etc.

28th.—His mouth has been kept sore some weeks: the swelling of the testicle is subsiding.

August 31st.—He sprained his knee, and whilst he was laid up by the effects of that accident, a bubo formed in the opposite groin, and suppurated. The glands in the other side are enlarged, and have been so ever since he first had the before-described sores.

December 8th.—An eruption of crimson maculæ, SPILI COCCINEI, have come out over his body and limbs, and each spot seems to have a red fluid on the bibulous surface of the rete mucosum, immediately under the cuticle, which gives to the hand when passed over them a perception of slight elevation. The eruption is very numerous, the maculæ mostly of a circular form, and some of them as large as sixpences. He has no sore throat nor disease of the eyes accompanying it, nor is his pulse accelerated.

Thus, it is proved, that having the mouth kept under mercurial influence, for primitive ailments, during a month, does not prevent the occurrence of secondary symptoms. (Vide Plate, p. 421.) The eruption is becoming fainter: his bowels are open.

14th.—He states he had another sore on the penis fifteen months before, but the time at which

the cutaneous disease occurred, clearly proves that it is the product of the last sore.

17th.—The late spili coccinei are becoming yellowish, and now resemble declining ecchymomata, a further proof that they are produced by the throwing out of blood : and hence, like some forms of purpura, they become yellowish green and discoloured as they decline.

19th.—All the most raised spots are desquamating.

28th.—The maculæ are gone, and he is quite free from marks. He this course rubbed in only eighteen drachms of mercurial ointment, and yet remained well.

CASE LXXII.

A SORE FOUR DAYS AFTER CONNEXION, AND A BUBO, FOLLOWED BY SPILI COCCINEI, AND AXILLARY ABSCESS.

ANDREW S——H.

April 2nd, 1833.—Nine days since he had connexion, and four days after it a sore was observed upon the foreskin. He has had two attacks of urethritis within a month, and an ulcer in his throat, although he had not previously had any venereal disease in his life.

Mag. Sulph. c. Ant. Tart.

Infus. Rosæ c. Acido pro gargarismate.

7th.—The sore is healing: the throat is improved.

16th.—The sore and the ulcer in the throat are well.

June 10th.—He has come for advice, having got a fresh sore on the inner side of the prepuce, and a bubo almost suppurating in the left groin.

Hirudines. Lotio Plumbi Acet. dil.

14th.—The bubo was punctured, and thick pus escaped.

16th.—He is pale and feverish at times, and some red spots are coming out upon his shoulders, —no doubt from the first contamination.

22nd.—An inguinal gland has become exposed by ulceration; it is projecting; and through the opening in the groin into its base were introduced troches.

Catapl. Lini ad inguen.

25th.—The glands in the right axilla are now swollen and inflamed, from the irritation of the poison on the absorbent system.

Catapl. Lini Axillæ.

28th.—A collection of pus let out of the axilla.

29th.—There is a regular eruption formed of red maculæ, spili coccinei; they are not very highly coloured, and are situated chiefly upon his back and shoulders.

July 1st.—Some more raised red maculæ have come out upon his sides: he neither has pains,

nor sore throat; but he appears pale and chilly, and his health is a little disturbed.

Ung. Hydr. 3j. omni nocte illinenda.

4th.—The spili coccinei are now of a brownish red colour, having no ariolæ around, or redness of skin between them; they are raised into prominent surfaces, with flat summits, easily perceived on running the hand over his skin. He has one pustule that has ulcerated on his right shoulder; the axilla has healed; the groin is closing; his health is much improved; his mouth has just become tender.

7th.—The last sore on the penis has healed; the pustule on the shoulder is almost well. The declining eruption now has become of a brownish colour.

10th.—The chasm in the groin has skinned over.

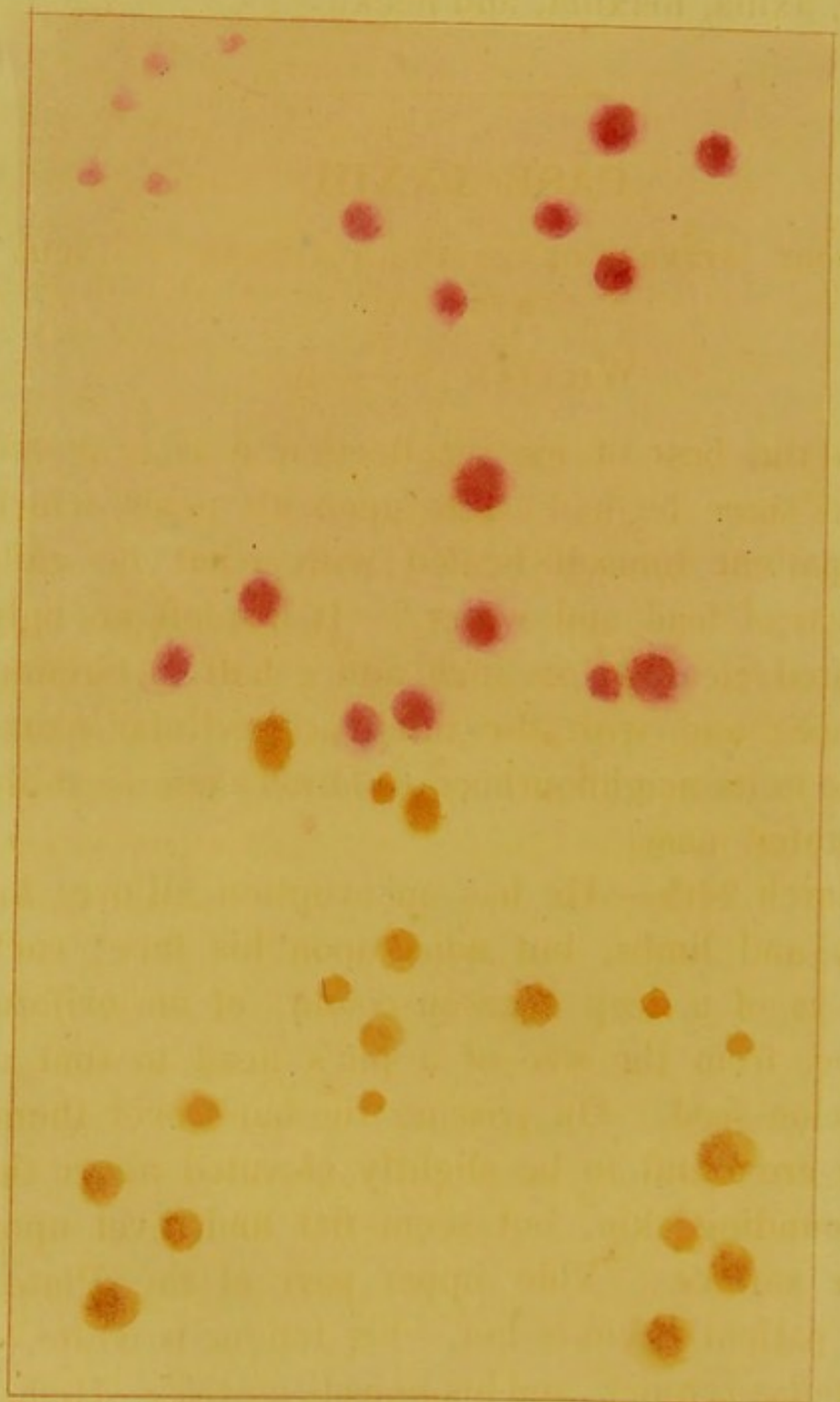
20th.—The eruption has disappeared; the last sore has left induration; his mouth is still tender, and the mercurial course has been continued to the present time.

In the above case there has been little irritation on the skin perceptible, nor any general erythema or roseola preceding or accompanying the crimson stains. The above case well exhibits the effects of the syphilitic virus passing through the absorbent system, for the cutaneous irritation alone in this case was too slight to be considered as

Order I

MACULÆ.

Venereal crimson Spot.



W.E Judd del.ª Maguire lith.

Drawn from the skin of W. S—d, March 24, 1819.

having caused the glandular disturbance; yet abscess and suppurations were produced in the groin, axilla, maxilla, and neck.

CASE LXXIII.

A SORE AFTER CONNEXION, FOLLOWED BY SPILI CRUENTATI.

WILLIAM S——D.

To the best of his recollection it is near ten weeks since he had a sore upon his penis, which the patient himself healed with what he calls "sugar of lead and water." It has left an ugly elevated cicatrix, an inch and a half in circumference; and with the thickened cellular membrane in its neighbourhood, it forms a considerably indurated mass.

March 24th.—He has an eruption all over his body and limbs, but none upon his face; each spot is of a deep crimson-colour, of an oviform shape, from the size of a pin's head to that of a melon-seed. On passing the hand over them, they are found to be slightly elevated above the surrounding skin, but seem flat and level upon their surface. (Vide upper part of the Plate.) The patient's skin is hot,—his tongue is white,—his pulse is quick, and his bowels costive. He has no affection of the eyes, throat, or bones.

Hydr. Submur. c. Pulv. Jalap. Comp.

25th.—He is still feverish, and the colour of the eruption is very intense.

Ung. Hydr. ʒj. omni nocte illinenda.

31st.—His mouth has become sore: the spili have assumed a copper-colour, but, at present, without desquamation from the cuticle. (Vide lower part of the Plate, which represents their second or declining stage.) His fever has ceased.

April 8th.—The stains are smaller in circumference.

11th.—As yet no healthy cuticle can be traced in the centre of the stains.

13th.—The spots are disappearing: the cuticle over the larger maculæ desquamates: the diseased stains appear to be in the rete mucosum: there is not in this instance any perceptible depression; but they now are all more contracted in circumference than the original crimson spot that formed them.

15th.—The skin resumed its natural appearance, first in the centre of the stains, and next in their circumference.

17th.—The mercury has been omitted, as the patient's skin is quite free from marks; which is all the benefit to be expected, in the cure of this eruption, from its use.

CASE LXXIV.

A SORE, AND ENLARGED INGUINAL GLANDS, FOLLOWED BY SPILI CRUENTATI.

SMITH T——R.

June 1st, 1818.—"Some time since," he states, he "had a sore on the penis, and some enlarged glands in the groin." The former healed, and left no induration.

He is now covered with spili cruentati, or true venereal crimson-spots, as large as sixpences.

Pulv. Jalap. C. ʒj. statim.

Decoct. Sarsapar. C. lbj. bibat quotidie.

7th.—In declining they become of a brownish copper-colour, like the remains of ecchymomata. He has some crusts upon the ancle left by sores.

20th.—The eruption has almost disappeared.

August.—He has had several rupia, but, in travelling, by some accident the date has been lost, and the rest of this case has been mislaid.

CASE LXXV.

BUBOES PRECEDED A SORE ON THE PENIS, AND YET THEY WERE FOLLOWED BY ECTHYMA AND SPILI CUPREI.

JAMES G——Y.

June 14th, 1819.—He had connexion, and three weeks after it the glands in both groins

began to enlarge; and getting irritated by his continuing to take his usual portion of exercise, they soon suppurated.

August 26th.—A small sore has but just made its appearance on the penis, although it is more than two months since the infection. The sore is situated on the mouth of a sebaceous lacuna, and looks merely as if he had rubbed the skin off. For a long time it resisted every attempt at cure, and after healing several times it broke out again. The part on which it was situate still looks irritable, and has much induration about it. His mouth was kept sore from the 17th of October to the 11th of the following month.

October 28th.—During the time his mouth was affected by mercury, a slight crop of ecthyma made its appearance, which came out in the night on his shoulders and back.

November 29th.—The eruption is gone; but the patient having been drinking, and leading an irregular life, his groin, that had healed, reinflamed and again suppurated, and he took himself from under treatment before he was well.

September, 1820.—He returned with five or six sinuses in the groins, discharging thin unhealthy pus. The lacuna, where the abrasion was, is red and pouting. He has not lost any flesh, and he looks in good health, but has some yellow marks on his skin.

Order V.

MACULÆ

Spili, or Copper Stains.



W. E. Judd del. Maguire & Co. lith.

Drawn from the skin of J. G y. Sept. 1820

October 1st.—A number of very peculiar copper-stains, SPILI CUPREI, made their appearance in the skin of the lower part of his neck, breast, and shoulders. These stains did not come out all at once, but by a few at a time, in various forms; some as single spots, others coalesced in groupes: vide Plate.

Fresh maculæ keep appearing every few days: those that came out first are desquamating, and throwing off branny scales, whilst fresh ones are appearing on other late healthy portions of skin, and there forming large patches of some inches in magnitude, especially upon the chest and axillæ. They are not ephelides.

8th.—Although more than twelve months have elapsed since the sore first appeared, still the induration of its base remains unabsorbed.

10th.—The copper-stains now occupy a far larger portion of the skin than ever, reaching down to the umbilicus: they feel as if the cuticle over them was slightly elevated, (another mark distinguishing them from Ephelis,) and when the patient exerts himself, they itch and tingle until he begins to perspire.

The eruption now may be seen in three stages at the same time—some spili coming out—others coalescing, and forming patches as large as the palm of the hand—and a third set desquamating.

The sinuses were all laid open: he is kept quiet in bed, and under the influence of mercury.

14th.—The yellow stains seem to fade a little, and many of them are desquamating.

20th.—No fresh spili come out.

November 22nd.—The sinuses are healing fast; the spili have not been absorbed, and they continue almost as fresh as at first, although he has been put through a long and steady course of mercury. His health is perfect.

During the two succeeding years I frequently saw this patient, as I visited at the house, and he never had any other secondary symptoms, but the spili cuprei still remained visible.

Order VI.

TUBERCULA.

Phymatosis Ovata.



From life by W.H. Judd. *On Stone by G. Rooke*

Drawn from the Skin of G. D—s, in Nov.r 1833, Jan.y & Feb.r 1834.

ON THE SIXTH ORDER.

As some of the varieties of Tubercles suppurate, they simulate with the order Pustulæ ; and as they more frequently throw off scales, they show a sufficient alliance to the last order, Squamæ.

ORDER VI.

TUBERCULÆ VENEREÆ.

This Order is appropriated to tubercular eruptions; and here they are distinguished according to their configurations ; the chief characteristics of the Syphilitic varieties being, that they consist of considerably raised and inflamed masses, of a crimson colour,—that they are permanent during weeks or months,—at times suppurate, though very slowly, or subside very gradually,—and that in venereal affections, they are not merely limited to the face, as in Sycosis, which they most resemble in appearance and texture, but not always in shape.

Under this head I have classed three varieties : the first—

1. PHYMATOSIS OVATA is an eruption of highly raised oviform bodies, of a crimson colour, about the size of split horse-beans,* generally appearing about five months after venereal contamination, and coming out for days in succession, thickly set over the person, the largest being commonly situated upon the back and the shoulders. Each tubercle appears to be the produce of a low but long-continued degree of inflammation, and consists of a deposition of red gelatinous albumen, brownish at its thin outer edge, but redder, denser, and thicker, towards its interior and base, evidently given out by secretion from the rete vasculosum, and situated in a depression, covered by a thickened and distended epidermis with its papillæ enlarged.

A few days after the tubercles have appeared, the cuticle covering the biggest here and there becomes so distended, by the deposition beneath, as to have its natural creases raised out, and to form a plain surface.

The blood during the eruption is always found inflamed, and after these tubercular semispheres have remained crimson and projecting about a month, they become brown. The cuticle covering

---

* I have dissected them, and raised off their cuticle by blisters, etc.

them loses its tension, and falls back into its natural lines—still later the cuticle over them gradually assumes a copper colour, as it does in all eruptions containing red lymph; the epidermis then falls into sulci, and the tubercles decline, leaving about the end of the second month flat copper-coloured patches, almost level with the surrounding skin. They ultimately lose their peculiar tint; and the cutaneous papillæ, that were situated over the tubercles, having become dark brown dead dots, by the end of the third month fall off with large exfoliations, leaving broad depressions.

This most highly raised and scarce form of all the venereal eruptions is often accompanied by iritis, by cynanche, and nocturnal pains: its cure is much accelerated by mercury.

I have now seen tubercles appear as a primitive eruption; and I have known them occasionally to follow lichen, ecthyma, rupia, or puniceous eruption.*

2. PHYMATOSIS ANNULATA is a very scarce form of venereal tubercles, as they arise almost like extremely large long and oval crimson lichen: some

---

* The maculæ, depicted in their first stage near the edge of the Plate, and in the second stage lower down, were situated on the back; one spot much resembled the one met with and represented in the Plate of N—— W——d's lichen circumscriptus: it evidently contained a coagulum of pure blood. Vide p. 435.

few of them are solitary, others are often grouped in circles, then forming a perfect resemblance to the shape of a very thick raised annulus. This variety of tubercle is also evidently distended by lymph, I believe in cells, and is very durable, suppurating slowly, and generally lasting near two years. Vide plate and case, in the adjoining pages, of Martha Morghan. Neither mercury, arsenic, nor any antisyphilitic remedy that I have tried, appears to exert any influence over it. The asclepias-gigantea has in India been found a valuable remedy in both tubercula and ephelis, and it is to be lamented that such remedies have not hitherto been imported into England.

3. Phymatosis Verrucosa, a peculiar red raw wart: when its cuticle is abraded, it is communicable by contact; it is frequently met with where venereal discharges exist, and is situated on the glans and foreskin in the male, on the nymphæ and clitoris in the female, offering a constant absorbent surface, which I have frequently seen lead to psoriasis and venereal secondary symptoms in individuals (possessing them), where neither sore nor any evident abrasion existed, and where the contamination must have been through the wart.

This kind of tubercle will be found noticed in the following words in Celsus's Treatise De Re Medicâ: "Tubercula etiam, quæ φύματα Græci vocant, circa glandem oriuntur." Hence these contagious

phymatoses verrucosæ were known even in the time of Caligula;* therefore I have thought it unnecessary to increase the size of the Work by reciting cases of this variety, especially as some occur at page 200 and at 257: nevertheless I may offer a few observations on their local treatment.

When the Pulvis Sabinæ Comp. is used for the destruction of phymatosis verrucosa, the powder should invariably be fresh made. After the part has been well sprinkled several mornings in succession, the indurated cuticle covering the verrucæ should be carefully removed with the flat eye of a silver probe; otherwise the escharotic will produce no further effect: and for want of such proceeding this very good remedy has frequently been thrown aside as useless, in cases where it would to a certainty have effected a cure.

The potassa fusa is a better and much more powerful application. When it has been applied and penetrated deep enough to destroy the verrucæ, it is good policy to put the penis into a large glass of cold water, to stop all further chemical decomposition by the caustic.

Next day, or next but one, it is needful to peel off the dead skin etc. over the verrucæ, especially where a second application of this remedy is found

---

* A very excellent paper on Venereal Condylomata has been published, since these observations were penned, by Mr. H. J. Johnson, late house-surgeon to the Lock Hospital.

requisite, and afterwards also to dip the penis in water as before directed. It is thus possible by dexterous management to destroy very large phymatosis verrucosa, leaving the greater part of the original skin, in fact separating to a nicety between the flattened head of the wart and level cuticle under it, until we come to where its root penetrates to reach the cutis: and that part of course should be utterly destroyed.

CASE LXXVI.

A SMALL SORE, FOLLOWED BY PUNICEOUS PATCH ERUPTION, ENLARGED ASPERITIES, PAINS, IRITIS AND VENEREAL TUBERCLES OF THE SPECIES PHYMATOSIS OVATA.

Y—— D——s, ÆT. 22.

June 10th, 1833.—He had connexion with a woman of the town in Edinburgh; and about the tenth day after it, he observed a small spot, not larger than a pin's head, on the inside of the foreskin, looking as if the cuticle had just been slightly abraded.

In a few days the sore appeared to have become deeper below the level of the surface; and matter then began to form upon it.

27th.—The sore is ulcerating and spreading, but none of the glands are enlarged.

Ung. Hydr. ʒj. omni nocte illinenda.

29th.—The sore has become very sloughy in its appearance.

Ceratum Resinæ.

30th.—The gums are tender from the mercury, and the sore looks cleaner.

August 7th.—The sore is quite healthy, and has begun to heal.

14th.—The sore is much diminished in size, and is going on favourably; the patient's mouth has been kept tender from the mercury.

19th.—The sore has cicatrized, and his mouth is still affected.

22nd.—There is no induration left by the ulcer.

24th.—Still as a precautionary measure, he has been kept to this time under the mercurial influence.

Omitt^{r} Ung. Hydr.

27th.—He now appears to be quite well, and has had his mouth uniformly sore upwards of four weeks.

October 28th.—At this period he became very feverish and hot, and he lost his appetite, and felt squeamish, and much inclined to be sick; and pains came on in his shins and in both shoulders, and he thinks his health has not been good since soon after he had the sore.

30th.—A puniceous patch eruption came out all

over him, accompanied by a sore throat and redness of the fauces.

November 3rd.—The colour of the lozenge-shaped patches is very intense.

6th.—The redness is lessening; and as the rash declines, enlarged asperities become evident in the skin, some of which are almost as large as small lichen.

9th.—His pains have ceased, and the skin is becoming natural.

14th.—During the last three days past, he has been attacked by additional pains in his limbs, and feels otherwise unwell.

16th.—In the night he was hot and feverish, and his sore throat became worse. In the morning his skin was almost covered by small flat red spots of a crimson colour, that had come out since the preceding day, quite unlike the first eruption.

18th.—Each spot has gradually increased in circumference, become more intense in colour, and now feels to be a little raised: the matter that colours them is evidently situated below the cuticle.

21st.—The eruption has fully developed itself, and consists of several hundred tubercles (phymatosis ovata), which are raised more than two lines above the general surface, of an oval-like form, almost semi-globular, a little flattened, and not level on their summits: each base is surrounded

by some inflammation, and in the interstices may be seen the remains of the former enlarged asperities, or lichen: some of the latter can be traced in the skin covering the larger flat tubercles, causing many of them to appear, on a close inspection, as if they had originally been almost made up of enlarged asperities. (Vide the upper part of the Plate, p. 435.)

28th.—The vessels of the conjunctiva, and schlerotic coats of the eye, are injected with blood, and he has pain over the brow, and complete iritis.

Hirudines. Lotio Plumbi Acet. dil. etc.

December 12th.—The raised tubercles are extremely full and distended by serum, and now have a brown-red hue, with white scales of cuticle on their summits. He has scarce the space of a continuous inch of skin free from eruption on any part of his body. The vessels of the eye may still be traced to terminate at the margin of the cornea, and the humours are milky.

V. S. ad ℥ xvi, (inflamed).

Haustus purgans.

13th.—He vomited during the bleeding, and has had nine stools. The eruption is somewhat paler since the loss of blood.

℞ Mist. Ammon. Acet.

—— Camphoræ aa ℥iv.

Liq^{r}. Ant. Tart. ʒiss.

Fiat Mistura cujus capiat cochlearia tria magna ter die.

15th.—The eye is less red: it is free from pain, and the eruption is browner and less distended.

Hydr. Submur. gr. ij. bis die.

Hirudines viij. tempori.

17th.— Empl. Cantharidis pone aurem.

18th.—The pains in his shoulders have been troublesome during the night.

19th.—His mouth is tender, and the cornea is less vascular.

Ceratum Sabinæ.

21st.—The eye has lost its increase of vascularity, and his pains have ceased.

25th.—His mouth has hitherto been kept sore by the pill. The eye is quite well.

Ung. Hydr. ʒj. omni nocte illinenda.

29th.—The eruption has become of a copper-colour, the phymatosis ovata are far less prominent, and the inflammation has ceased around their bases. One of the largest tubercles was carefully broken up with the flat end of a probe: it seemed to consist of scales, lymph, and cuticle, and had a red base on the cutis, that gave out diminutive drops of blood, like dots, from a circle of very minute vessels.

January 2nd, 1834.—The eruption is becoming flatter, and of a clear yellowish brown (what is called copper-coloured): their highest summits are

throwing off small scales, and the skin is slackening down into the original folds or lines crossing them, being less distended now that the mercury has caused absorption of their serum. I should have mentioned that when the redness of the skin had so far diminished, as to leave little chance of confusion, I seized the opportunity of this strongly marked eruption, to make the following experiment.

I blistered the cuticle that covered the strongest marked and most risen tubercles on his back, at a convenient height for observation. Next morning the serum in the vesicle was found to be of far larger quantity than is usual, when a healthy surface is vesicated. I then stripped off the distended cuticle and carefully spread it out, under water, on a card for examination. The outer surface contained many scales just separating, but the cuticle beneath each exfoliation was perfect, and the portion that covered each tubercle was more dense and yellow than any other part of it. Numerous were the enlarged asperities: one being situated in the centre of each thickened scale, but twice as large as in the natural state; in short the cuticle had evidently undergone thickening by the vessels depositing albumen. This piece of skin was so glutinous and sticky that it forcibly adhered to the fingers, even some days after its removal. Beneath it I came to a semispherical mass of red gelatinous lymph, that formed the chief

bulk of the tubercle and was clearly seen, being marked out by a reddish brown circle evidently formed by blood and serum on the cutis. Its colour was least intense at the circumference, and most deep as the thickness of this semi-gelatinous mass increased towards the centre. This disk of red matter lay in a slight depression on the cutis. The natural asperities of the cuticle had increased, were become red, and had formed small lichen-like projections, before described, as situated upon each raised crimson tubercle. Between the bases the cutis vera remained white and natural.

9th.—Most of the raw surface, left by the experiment, has become covered with red granulations, but few or none of them are seen on the red base, which remains depressed, having had its lymph, with the substance forming the rete mucosum, and the cuticula externa, removed from the part, during the late dissection of the tubercle.

11th.—On the following morning the surface was again examined with a strong magnifying compound lens, when all the circumstances noted on the preceding day were still more evident. The serum was dried off the cutis: it was seen to be quickly re-produced on the vascular bases of the tubercles; and when the drops accumulated sufficiently to run and become confluent, they always formed lozenge-shaped patches, before the whole raw space became flooded.

12th.—The late denuded surface of the cutis vera has assumed an uniform red colour, and now appears to have a thin layer of albumen, or lymph, upon it; the distinction between the red and copper-coloured bases, and the healthy part, can scarce be made out; and only one of the asperities can be distinguished, and it stands forth conspicuous with a dark-red apex.

13th.—The tubercles have become so flat they are almost level with the surrounding skin, and can only just be perceived to be raised in patches, when the hand is passed over the skin. The copper spots are losing their intensity of colour, and now show that originally from seven to ten enlarged raised asperities were situated on each, and they, from their apices, are giving off minute scales. The asperities of the natural skin, in the interstices, are also in a similar stage of desquamation as those on the stains, left by the tubercles, from the late inflammation, showing how the whole skin was affected by the disease.

17th.—There are flat copper-coloured stains, as large as shillings, left in the scalp, and the hair has come off these circular spots: they are smooth without asperities.

20th.—The cuticle over the parts that contained the eruption has not desquamated so much, considering its extreme distension occasioned by the large tubercles. The eruption is almost level with

the skin, and its stains are still of a copper colour: vide the second stage represented by the middle portion of the Plate, Order VI. Some of the oval stains are depressed in their centre: two or three are copper-coloured round their edge and of a dark chocolate colour in their middle, occasioned by the thickest part of the blood having left an oval, and all but black, coagulum; O, as may be seen on the right-hand side of the Plate.

25th.—The copper stains are smaller in circumference, and quite level with the surrounding surface.

February 4th.—The diseased asperities are of a dark brown colour, and, wherever the tubercles had been, the former remain as raised dots, in patches forming rounds and ovals.

22nd.—There are still very pale brownish tints in the skin, the remains of the copper stains, tudded by a few of the diseased asperities, that have not yet been thrown off, and a dent or two in the centre of each stain where the bases of the largest tubercles were situated. Vide the lower part of the Plate.

March 7th.—Very slight brownish yellow tints, from the stains of the late eruption, may still be perceived on his shoulders: the rest of his person is free from marks. His mouth has been tender about eleven weeks; he has gained flesh and colour, and appears in perfect health.

CASE LXXVII.

ENLARGED AND EXCORIATED LABIA, FOLLOWED BY PHYMATOSIS OVATA.

SARAH MATTHEWS.

November 22nd, 1820.—This woman is now under treatment with enlarged raw labia, from venereal sores of some continuance.

February 20th, 1821.—The raw labia have probably been the absorbent surface that has taken up the venereal virus, for she is covered by a set of phymatosis ovata. These tubercles occupy her face, body, and limbs; but they are not very thickly studded.

She is thin and febrile, and her health is a good deal pulled down.

I have unfortunately lost the rest of the notes of this case, but I nevertheless insert part, as it occurred under my own observation.

CASE LXXVIII.

A SORE, BUBO, AND URETHRITIS, FOLLOWED BY TUBERCLES.

HENRY H——LL.

March 22nd, 1825.—He has a large sore within the prepuce, extending over part of the glans

penis. It is sloughy, ragged, and deep; but creeps along, leaving the base of the ulcer as level as the surrounding skin: in this respect it is the exact opposite to phagedænic ulcer. He has a bubo in the groin, and urethritis of nine days' duration.

Hirudines x. ad inguen.

Lotio Plumbi Acet. dil. inguini.

Ceratum Resinæ c̄. Oleo Terebinth. ulceri.

Mag. Sulph. c̄. Inf. Sennæ statim.

23rd.—The sore is covered by a dark slough: he has had seven stools, and the leeches drew much blood.

24th.—The sore is a little cleaner; the groin is less inflamed, but it continues indurated.

28th.—Several glands remain enlarged; and the discharge from the urethra continues.

Capiat Bals. Copaibæ ℥. xv. ter die.

Cat. Lini c̄. Ung. Hydr. ad inguen.

31st.—His mouth has become sore from the application of the ointment, and the glands are larger.

Sol. Argent. Nitratis c̄. Extracto Opii ulceri.

April 8th.—The sore has gone on sloughing slowly, until it has destroyed two-thirds of the glans; and it has been very painful. The swelling in the groin is subsiding without suppuration.

Extr. Opii c̄. Liq^re Plumbi Acet. dil. pro lotione.

℞. Hydrarg. Submur. gr. iss.
Extr. Opii gr. ⅛.
Mft. pilula ter quotidie sumenda.

13th.—The sore is cleaner, although its discharge is increased: the urethritis is worse.

Rep^r. Bals. Copaibæ, etc.

17th.—The gums are tender: the mouth and throat have become aphthous, and the sore is much more healthy.

Inf. Rosæ c̄. Acido pro gargarismate.

Omitt^r. Pilul. Hydrargyri Sub.

18th.—The throat is better, the sore on the penis is very deep but cleaner, and this is the first morning on which he has been able to get back the foreskin.

20th.—The sore has become healthy, but it discharges much. The urethritis continues.

Bals. Copaibæ ʒss. ter die.

23rd.—The discharge from the urethra has ceased.

May 3rd.—The sore is still extensive, but it is healing.

Lotio Cupri Sulph. Comp.
Omitt^r. Bals. Copaibæ.

13th.—A set of tubercles has come out on the forehead, brow, cheek, and nose, which are considerably elevated above the surface, and resemble almost acne.

℞. Decoct. Sarsapar. lbj.
Hydr. Oxymur. gr. ⅛.
M. Bibat quotidie.

16th.—The tubercles that came out on the 13th continue to enlarge, but no fresh ones have appeared.

18th.—An imperfect suppuration has commenced in several of the tubercles.

20th.—Some crusts have formed on the tubercles, but they increase very slowly.

Capiat Hydrargyri Oxymur. gr. $\frac{1}{4}$. quotidie.

22nd.—The tubercles are becoming flatter, and no fresh incrustations form, except upon the eyebrows: some of the earliest have fallen off.

23rd.—The sore that was on the penis has healed.

27th.—The tubercles are now almost level with the skin, and many of their dry incrustations have been thrown off.

28th.—His mouth is very tender; his health is improved.

Omitt^{r}. Decoct. $\bar{c}$. Oxymuriate.

31st.—The tubercles have left deep red marks where they were situated.

The orifice of the urethra, having been surrounded by the sore, requires dilating. He is now otherwise well.

CASE LXXIX.

A SORE, AND BUBO, FOLLOWED BY TUBERCLES, LICHEN, ECTHYMA, AND SUPPURATING CERVICAL GLANDS.

THOMAS H——S.

February 1st, 1820.—He was under treatment for a sore on the frænum, and a bubo in the groin, which appeared some time since. It is twenty-one days since the infection.

22nd.—He observed three other glands to have enlarged; the bubo is suppurating.

Shortly after this he was attacked by erysipelas and deranged health, which prevented his having mercury administered.

March 22nd.—He has an eruption of tubercles upon his face and forehead.

April 10th.—The tubercles are subsiding, leaving red marks.

May 1st.—There is now a set of lichen come out all over him, and his health is so impaired he cannot take mercury.

June 15th.—The lichen are desquamating, and he is sent into the country for the benefit of change of air and quiet.

August 19th.—He has returned covered by ecthyma, and he states they were preceded by fever, thirst, and perspirations, accompanied with

sore throat of short duration, by conjunctivitis, and iritis. Nevertheless he has gained some flesh and strength, and benefited by the change of air.

Ung. Hydrargyri ʒj. nocte illinenda.

September 27th.—His mouth is sore, the eruption is disappearing, and he is becoming stout.

December 14th.—He now is well of his venereal disease, but has become thin since he has been under the influence of mercury; and a small glandular enlargement has taken place on the left side of his neck, which will require opening.

February, 1821.—He ultimately got quite well, and the abscess in the neck healed.

CASE LXXX.

A COPIOUS ERUPTION OF PHYMATOSIS ANNULATA, OR ANNULAR CRIMSON TUBERCLES.

MARTHA MORGHAN, ÆT. 43.

1816.—She has a peculiar eruption, which comes out over the eyebrows, round the mouth, and at the back of the neck close to the roots of her hair, with others on the shoulders and arms. This eruption commenced fifteen months since, then occupying the whole body, and accompanied with sore throat, abscess in the roof of the mouth, iritis, and a general inflammatory diathesis: but

Order VI.

TUBERCULA

Phymatosis annulata.



Drawn from the Skin of Martha Morgan, July 18, 1817.

the patient denies ever having had venereal infection, and has done so ever since she came under care; but this, from her mode of life, is a very doubtful point.

At that time she took small doses of mercury, which cured the iritis, but left a fixed pupil, and it somewhat lessened the eruption, but did not cure it.

July 18th, 1817.—The present tubercles are of the scarce variety I have named,—phymatosis annulata, and are of a dark red colour, considerably elevated, of a circular form, covered by a shining cuticle, and looking as if they contained a red brown fluid, each patch being about the size of a silver penny, and several of them grouped together on the same base; then in parts forming circles near an inch in diameter, and the fourth of an inch in height. Those represented and marked 1, were situated at the back of the neck; those marked 2, on the face and neck; and those marked 3, at the bend of the arm. How much fig. 2. resembles the external form (though not the internal structure) of herpes circinatus, I need scarcely remind the reader.

℞ Acidi Nitrici,

—— Muriatici āā. ℥j.

Aquæ tepidæ q. s.

Ft. pediluvium omni nocte adhibendum.

21st.—She complains of a pain in her right side; the eruption is much the same.

Solutio Mag. Sulph.

Empl. Lyttæ lateri.

August 1st.—Her health has been so much deranged, that she has been obliged to leave off the bath. The phymatosis annulata are fainter: deep red depressions have been left on the arms, where the late tubercles were.

September 1st.—The nitro-muriatic acid was tried internally, but it griped her, and was obliged to be discontinued.

Ung. Hydr. Nitr. mit. Tuberculis.

October 10th.—No benefit whatever was received from the external application.

Jan. 4th, 1818.— Liq^{ris} Arsenicalis ♏ vij. ter die.

The above remedy was taken during two months, but with no advantageous result.

March 10th.—The eruption has become brighter-coloured and larger than ever.

℞ Hydr. Oxymur. gr. $\frac{1}{8}$.
Decoct. Sarsapar. lbj.
M. Bibat quotidie.

June 6th.—After a long trial this remedy was left off, from its not appearing to do any good; and shortly after this, the whole eruption suddenly disappeared, without our being able to say what removed it.

Since the above notes were written, I have very readily removed tubercles by the Decoct. Dulcamaræ, and am sorry I did not think of trying it in this case, as it might have proved a very efficient remedy.

CASE LXXXI.

PHYMATOSIS VERRUCOSA CAUSING AN EXCORIATION, FOLLOWED BY BUBO, ULCERATED TONSILS, AND RUPIA; SLOUGHING PHARYNX, NOCTURNAL PAINS, AND EFFUSIONS INTO THE ARTICULATIONS.

JAMES F——Y.

May 30th, 1825.—He has had, during some time past, a red and raw-looking verruca on the edge of the glans: an excoriated surface now surrounds it; he has a bubo in a state of suppuration, and also ulcerated tonsils.

June 12th.—A large set of rupia have come out on his body and limbs. The pharynx has become sloughy from the ulceration spreading from the tonsils. He has much fever, with nocturnal pains in his arms and shins.

Pulv. Doveri gr. v. horâ somni sumenda.

Inf. Rosæ c̄. Acido pro gargarismate.

Ung. Hydr. ʒj. omni nocte infricanda.

July 1st.—His mouth has been kept constantly tender.

August 1st.—Both his ancles have become considerably swollen, and very painful; and fluid can be perceived over the external malleoli, and in the articulations: his health is very poor; the

tongue is white and loaded; there is a bad taste in his mouth; and he is tremulous and weak.

Omittr. Ung. Hydrargyri.
Capiat Decoct. Sarsapar. lbj. quotidie.

September.—He now has inflammation of the synovial membrane of the knee-joint; his ankles are better, but rather stiff; his health is a little improved.

Hirudines xij. articulo genu.

Lotio Plumbi Acetatis diluta.

26th.—The sores left by the rupia have all healed, leaving red stains; and the fluid that was effused into the capsules has been absorbed.

Infus. Gent. Comp. ℥iss. ter die.

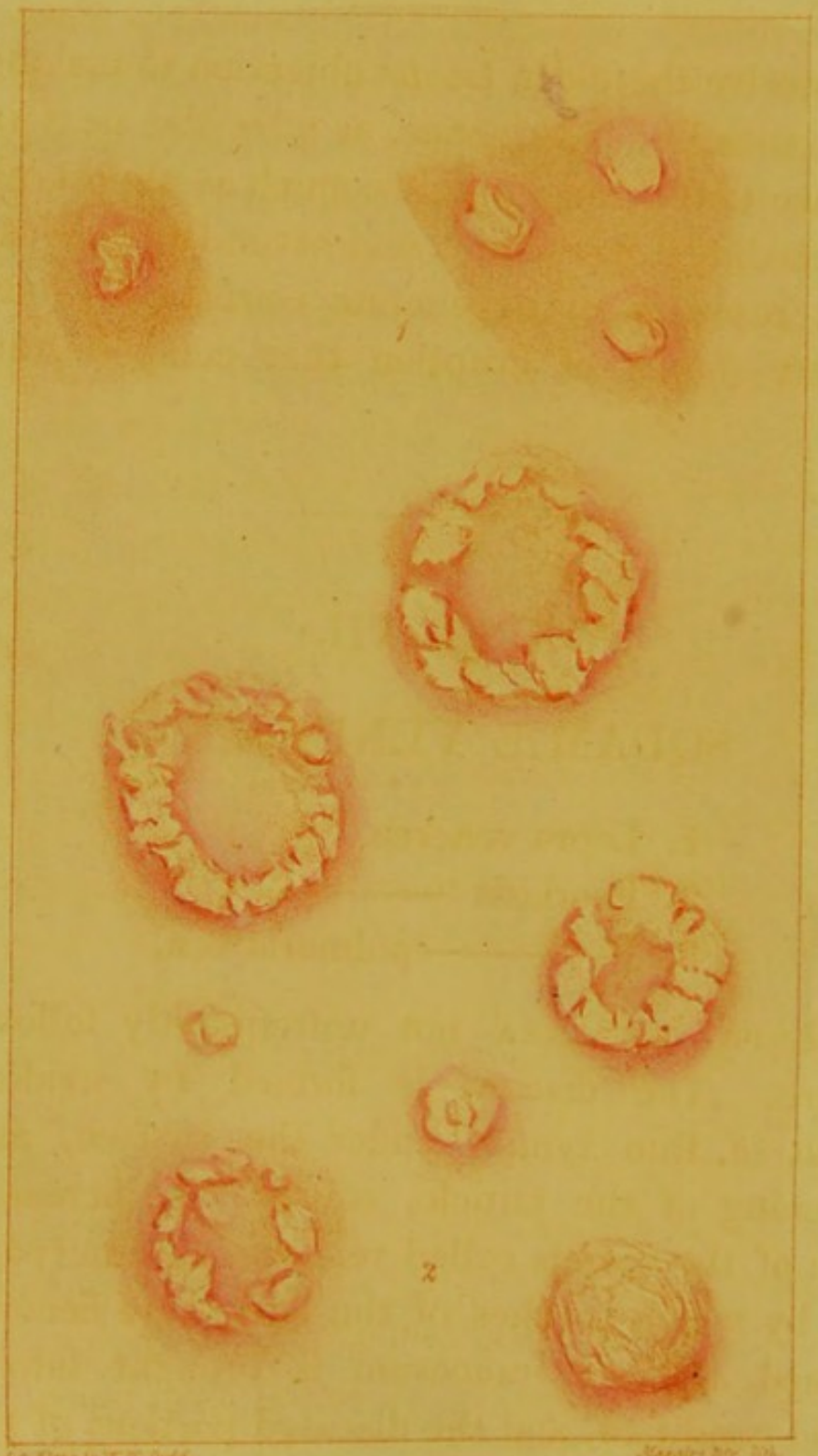
October 29th. — His health is quite re-established.

The number of cases given of this Order is rather limited; but they comprise all the varieties of venereal tubercle I have been able to collect out of some hundreds of eruptions, with the exception of phymatosis verrucosa.

Order VII.

SQUAMÆ.

1. Lepra venerea.



2. Psoriasis guttata ven.

ON THE SEVENTH ORDER.

I conceive there can be no objection to making the Seventh Order Squamæ, as *after* the next in sequence to the foregoing, inasmuch as almost all the preceding desquamate; and several of them, as lichen, rupia, etc., degenerate occasionally into the very forms of eruption that compose this Order.

ORDER VII.

SQUAMÆ VENEREÆ.

1. Lepra venerea.
2. Psoriasis ————.
3. P———— palmaria ven.

1. LEPRA VENEREA not unfrequently follows chancre. The disease is formed by evident deposit of thin lymph under the surface, and thickening of the cuticle, caused by increased action of the vessels called rete vasculosum (page 126), by which patches of the cutis vera become inflamed, the rete mucosum is brought into a morbid condition, and the diseased portions of the

cuticle are raised, die, and are ultimately cast off in quadrangular scales: and if the elevated parts be removed a little earlier, a half-secreting surface is exposed, and then thin lymph may be seen imbuing the exposed surface. This constitutes the kind of copper-coloured blotch, which Mr. Carmichael deems the only true venereal eruption.

2. Psoriasis venerea is the produce of a vesicle, and several months elapse before it is followed by its secondary vesicular psoriasis; and hence from the extreme length of time that transpires between the infection and the period when psoriasis venerea appears, it generally happens that both surgeon and patient have forgot the date and features of the early sore.

This is a rare form of primitive disease as a venereal product in England; for amongst all the multitudinous eruptions described in this volume, there appear to have been but four cases recorded of this disease.

It begins by excitement in the cutis and rete vasculosum, forming inflamed red surfaces, occasioning a succession of minute quantities of thin serum to be thrown out and deposited in patches and flakes upon the under surface of the cuticle, producing thickening. These portions of cuticle soon lose their transparency and elasticity,—become red, then opaque, die, and are thrown off in irre-

gular white and brownish scales from the epidermis of the body. If this diseased action chance to be carried on in a dry part, it forms long fissures,—if in a moist one, deep sores of the same shape, or even ulcerations, as about the anus. In the scalp, eyebrows, whiskers, etc., the exuded lymph collects under the successive layers of scales, and then produces incrustations almost similar to some forms of tinea, and especially to porrigo larvalis, as was well exemplified in the case of Robert A——n.

3. Psoriasis palmaria ven.—This eruption is preceded by fever, and often by sloughing of the palate and uvula; it is situated chiefly on the palms of the hands and soles of the feet, and after itching and tingling, and slight exudation beneath the cuticle, round scales of skin are detached, leaving a red fissured and half-secreting sore stiff surface, which throws out a little more lymph, that dries and forms another scale, which is projected above the level of the healthy surrounding cuticle to undergo a similar course of separation, desquamation, and reparation. This disease at times runs on for years.

Occasionally the process goes on more slowly, and then circular portions of cuticle are raised almost similar to urticaria, though not in wheals: they remain red for two or three weeks; the thin lymph appears then to be absorbed; the part sinks to a lower level; the cuticle cracks, and is ulti-

mately cast off as a round scale, leaving a depression, but with new cuticle regenerated and hard, from the inflammation and thickening occasioned by the disease.

CASE LXXXII.

A VESICLE FORMED ON THE GLANS PENIS, FOUR DAYS AFTER CONNEXION; WHICH PRODUCED ENLARGEMENT OF AN INGUINAL GLAND, A COPIOUS PSORIASIS, AND TINEA VENEREA.

ROBERT A——N.

November 17th, 1830.—He had connexion with a woman of the town, and did not wash after it.

21st.—This day, a vesicle appeared on the glans penis, which is about the size of a very small pin-head.

22nd.—The vesicle has become a little larger, and a drawing of it was made. (Vide Plate, figure 1.)

24th.—The vesicle broke, and has formed a trivial sore; the part around it is already indurating, and a gland has enlarged in the left groin.

Pulv. Jalap. C. ʒj. statim.

Lotio Plumbi Acet. dil.

27th.—The sore formed by the vesicle is deep, and has assumed all the appearance of chancre;

Order VII.

SQUAMÆ.

Psoriasis Venerea.



W. H. Judd. del.t Maguire & Co. lithog.

Drawn from the Skin of R. A—n. in Nov.r May & June.

and the induration, surrounding it, has become very considerable.

29th.—He rubbed in nightly, and his mouth was kept regularly tender.

December 3rd.—The chancre has just healed, and the bubo is subsiding.

January, 1831.—His ailments are gone; his mouth has been kept sore twenty-nine days.

May 11th.—The skin of the head, body, and limbs, is covered by erythismatic redness, and by an eruption of psoriasis, which is in large oval and round patches, from the size of a shilling to that of half-a-crown. Some of these patches consist but of single spots, others are throwing off scales, which with moisture so accumulated beneath the hair, as to form incrustations half an inch thick. The irritation in the scalp has been so great, that it caused suppuration of the submaxillary glands. He otherwise appears to be in good health.

Pil. Hydr. Submur. c̄. Extracto Col. C.

Catapl. Lini Farinæ capiti.

12th.—His bowels have been active; his skin is very red.

℞ Flor. Sulphur. ʒj.
Ung. Cetacei ℥iss.
Mft. Unguentum, toti capiti raso adhibendum.

℞ Potassæ Sulphuret. ʒj.
Lactis Vaccini ℥iss.
M. ft. haustus cras, et omni mane sumendus.

15th.—The patches or circles now vary from the size of a sixpence to that of the palm of the hand. All the hair and incrustations are removed from the scalp and the whiskers.

Ung. Sulphuris capiti illinend.

17th.—The spots are desquamating, and his sheets and floor are daily found strewed with hundreds of scales. There is less discharge from his head, and his health is good, and bowels regular.

19th.—The scalp is less diseased; but the centre of each patch still remains of a crimson colour.

21st.—The patches are becoming whiter and lighter-coloured in their centres.

23rd.—The skin in these patches of psoriasis becomes healthy in the centre first, leaving circles of scales and vesicles around the outer edges; the latter now almost resemble a large form of herpes circinatus. He said, when alluding to the small vesicles, "They resemble my first sore, but are bigger."

27th.—Larger portions of skin have become healthy, yet the circles continue to desquamate.

Pilul. Hydr. Submur. C. gr. v. omni nocte.

℞ Decoct. Guaiac.

——— Sarsapar. āā ℥iv.

Fiat Mistura quotidie capienda.

June 5th.—The eruption remains in concentric patches, and the skin within the circles becomes

daily more healthy. The patient's mouth is a little tender from the pill.

17th.—The separate vesicles that formed the circles are here and there disappearing, and his scalp has ceased to furfurate: scales are still thrown off his arms and legs, some of a white, others of a yellow colour.

July 15th.—Each patch has now assumed a circular form, and there are upon the apex of the vesicles round scales. The general erythism has left his skin, his health being good.

Repr. Pilul. Hydr. Subm. C.

19th.—The vesicles lately forming the circles are all disappearing.

August 10th.—His cutaneous affection is well.

A similar form of this singular venereal eruption, contracted in the same neighbourhood, has occurred in three other cases within my knowledge.

CASE LXXXIII.

A SORE, AND ENLARGED GLANDS, FOLLOWED BY PSORIASIS PALMARIA, AND SLOUGHING OF THE PALATE AND UVULA.

P—— C——, Esq.

June, 1819.—He had a sore on the glans penis near the frænum, which at first appeared to be a superficial loss of skin, like an abrasion, the size

of a sixpence, It was long in healing, which induced him to apply for advice.

By the time I saw him, two or three glands had become a little painful in each groin, and had enlarged to the size of small marbles.

Haustus Sennæ.

Lotio Nigra ulceri.

Lotio Plumbi Acet. dil. inguinibus.

At the expiration of three days, the sore had nearly healed, and the glands were becoming natural. The sore left a little induration where it was situated; the swelling of the glands subsided; he went into the country, and for a time I lost sight of him.

August 12th.—He returned with an eruption that had been preceded by a smart attack of fever, sore throat, ulcerated tonsils, and psoriasis palmaria, his hands and feet being covered with it. A medical attendant had put him under the influence of mercury before he came up to town.

16th.—The eruption is desquamating; the tonsils are running into ulceration; his mouth has been sore a fortnight, and he foolishly goes into company, and drinks *libations* of wine; he is careless as to diet, and is much griped.

Mag. Sulph. ex aqua menthæ.

Tinct. Opii ℥ xx vespere.

Liniment. Æruginis tonsillis.

18th.—The griping was gone, and he became more comfortable.

Decoct. Sarsapar. C. lbss. quotidie.

20th.—The ulceration in the throat has much increased, and sloughs have formed dark patches on the tonsils. The middle of the palate, and the velum pendulum palati, are one large slough, which is surrounded by a red line of separation. The Eustachian tubes are so painful, that they keep him awake all night. The throat is so tender and painful, that he can scarcely swallow liquids. He is hot, feverish, weak, irritable, and emaciated; and he can scarce speak above his breath. He is to be put into a state of ptyalism, as decided in a consultation with Sir Astley Cooper.

Mag. Sulph. ℥ss. statim.

Empl. Lyttæ pone aures.

24th.—The throat is much quieter; the saliva runs out of his mouth in such quantity that it keeps him awake hawking and spitting all night. The tongue is cleft, and encrusted with a white fur. There are white circles spread over the membrane lining his mouth, the effect of his mercury.

Inhalet Decoct. Papaveris.

27th.—The sloughs are separating from the palate and uvula, leaving a red granular surface in the centre of other sloughs; but the pain is more severe, especially in his ears, since the exposure of

the raw surface. His voice is improved, and he now can swallow both thin fluids and solid substances.

℞ Pulv. Sarsapar. ℥iij.
Syrupi q. s.
Ft. linctus, cujus cochlear. i. minimum omni horâ lingat.

Decoct. Papaveris tepidum faucibus applicandum.

29th.—The greater part of the slough that remained has been thrown off the throat; a healthy surface is exposed, and the loss of substance is not so great as it threatened to be; the voice is now returning to its former full tone. He is much reduced, from being so long unable to swallow solid food.

September 2nd. — His spirits are better; his mouth is still sore, though his ptyalism has lessened, and he is nauseated by the sarsaparilla.

Decoct. Cinchonæ ter die.

October 20th. — His throat and palate have healed, he has quite recovered his health, and is little the worse for the disease and extreme suffering he has just gone through.

CASE LXXXIV.

AN EXCORIATED SORE, AND ENLARGED GLANDS, FOLLOWED BY RUPIA, AND BY PSORIASIS PALMARIA, THAT LASTED THIRTEEN YEARS: A WOMAN HE KEPT HAD A SIMILAR CUTANEOUS DISEASE.

HENRY J——ON.

A few days after intercourse with a woman that frequented the Opera House in the year 1820, this gentleman found a very suspicious small sore, situated between the glans and prepuce. It soon became unhealthy, and had callous edges, and six or eight weeks elapsed before he could get it to heal; and this was not effected without the aid of caustic, etc., but no mercury was used. The sore left a mass of induration around its cicatrix.

Three months after the appearance of the sore, his face broke out in several places with small vesicles, which gradually enlarged, and displayed the commencement of rupia: about that time he had sore throat for some weeks, and every fresh exposure to night-air aggravated it, and caused a return of the malady, even after it appeared to have subsided. These symptoms disappeared in a month without his having recourse to mercury. I have thought it requisite to give this sketch of the acci-

dents of some part of the early portion of his life, to account for what follows.

Ever since the Opera adventure, that is to say, during a period of thirteen years, the palms of this gentleman's hands have at times been affected by itching and burning sensations, (about once in two months,) which are followed by desquamation of thickened cuticle, and constant accessions of psoriasis palmaria, so that he can scarcely ever say that he is quite free from the eruption or its marks. It leaves roughness, soreness, whiteness, and stiffness of the cuticle, with a want of insensible perspiration; and in him the eyes have also frequently been stiff from want of due aqueous secretion, and are apt to lachrymate on first exposure to light; and during this subfebrile state of system he has lost a portion of his hair.

From a short time after the above events, I learn that he has cohabited with a very respectable woman, (that sees no one else,) and by whom he has had some children. Three years after their acquaintance, I was consulted on account of this young woman having an attack of psoriasis palmaria, and it was just to the same limited extent as before described in the gentleman: yet their child is healthy, and has no cutaneous disease. Then arose in my mind the question of contagion, for Bateman does not deem this eruption

contagious. The parties both declared they never had, during their acquaintance, excoriation, sore, or discharge; in short, the whole circumstance was involved in so much obscurity, that I never made out why these clean, and apparently healthy, persons should have a similar psoriasis palmaria, or why their child should escape: and as they dined at different tables, I could not even refer it to their common mode of diet.

1827.—After a residence of some months by himself, in the country, the disease left the gentleman for a time, and his hair again grew thick.

The lady also got rid of her cutaneous ailment, and to this day in her it has not re-appeared.

1834.—The gentleman, after again residing in London, has had many returns of psoriasis palmaria, otherwise his health may be said to be pretty good.

During the occurrence of the diseases that are comprehended in this Order, the warm air sulphur-bath was scarcely in use in this country, or it undoubtedly is one of the best remedies for these squamose eruptions. In Guiana the purple-leaved species of euphorbium, called by the Caribs "Couna buru," is found a valuable remedy in lepra.

If any link should *now* seem wanting to bind this classification together, I would remind the reader that "diseases that commence with one

generic character are liable, occasionally, to assume another in the course of their progress;" and that I have availed myself both of this and the succession they are allowed to follow, in order to make it as complete as due regard to, and strict correspondence with, nature would admit of.

For thus endeavouring to follow the classification that to my mind seems best suited to the individual eruptions, I trust no apology will be thought needful, nor for deviating a little from those Orders most commonly adopted by the best authors on non-syphilitic, cutaneous diseases.

The relative frequency and the proportionate occurrence of the various kinds of venereal eruptions, are perhaps the next proper subject that claims our attention, and they appear to be from a minute division nearly as follows:—Of all the cutaneous affections, *true* venereal exanthismus, or *mottled skin*, seems most rarely to exist; for not more than two cases were detected after two hundred and fifty primitive sores: but it really is a slight and delicate form of rash, frequently overlooked, except, indeed, when it is daily sought after about the proper period.* What by some has commonly been termed venereal mottled skin, on minute inspection with a compound lens, magnifying

* I generally watch for it whilst applying rollers to buboes, some weeks after the sore.

fifty times, is not always found to be true exanthema, or rash, but a risen form of eruption somewhat resembling it; and this latter species is fully described under the term Puniceous Patch.

Puniceous patch and its varieties, or raised red patches on the skin, are of late years more prevalent: they have been observed to form almost one-third of the venereal eruptions.

Lichen, and enlarged papillæ, may be said to be a tolerably common form of syphilitic eruption, as they constituted more than one-third; and we may safely calculate upon every fourth case exhibiting some of the varieties of this Order, either simple, patched, grouped, or circumscribed.

Taking the varieties of vesicular eruptions into account, they will be found to be almost as common as the pustular ones; and that the former are of frequent occurrence is shown, by one-fifth of the cutaneous cases presenting various forms of herpes and rupia. It may here be remarked that venereal rupia prominens is rare, and that herpes circinatus venereus is so excessively scarce as hardly to be met with in England, though it is seen, at times, both in Ireland and in India.

Ecthyma is a very common form of venereal cutaneous affection, for somewhat above a third of all the eruptions that follow primitive sores is of this denomination.

Spili coccinei are rare, but oftener met with than

genuine tubercles; and when the former eruption appears, it often constitutes the only cutaneous attack that takes place during the train of symptoms arising from that contamination.

Tubercula seem very scarce, as but four instances were met with amongst all these venereal cases: and in searching through a hundred others, I found but one or two instances of well-marked tubercles had occurred; though there were cases of what is called Tubercle by some practitioners.

Squamous affections of the cuticle are not an over-frequent product of syphilitic virus; for out of this large number of cases there were but seven of psoriasis and lepra, although they were watched, and from two to six years were permitted to elapse, to give time for other forms of eruptions to degenerate into them;—some of the above were so produced, but occasionally they appear as the primitive eruption following the sore.

There yet remains to be detailed a strange mixture of severe symptoms, forming cases constituted by the most intractable, grievous, anomalous affections flesh is heir to,—such as thickened periosteum and bony deposit on the clavicles, olecrynons, and condyles of the ulna, on the trochantor of the femor, and anterior flat surface of the tibia; nocturnal pains, diseased testes, accompanied at times by ulcerated throat and tonsils; and by solitary large pustules, tubercles, ulcera-

tions, and scabs; likewise effusions into the capsule of the knee, ankle, articulations of the phalanges, and cellular membrane;—also swollen ankles, ulcerated legs, and exfoliations of the nasal, palatine, or orbiter bones, with thickened pericranium and corona Veneris.

Unfortunately for human nature, such effects can scarcely be said to be amongst the least common, for so many as twelve cases of this difficultly manageable form of disease were produced amongst the cases herein detailed.*

This uneven number of secondary cases proved very awkward to draw numerical conclusions from; and therefore one hundred others, which had been kept of persons in the middle class of life, were had recourse to. Every ten sores, taken promiscuously, and treated sine hydrargyro, produced an average of about two cases in ten of secondary symptoms; for exactly twenty-one eruptions followed this large number of sores; which also exactly corresponds with the results of the experiments related in this Work.

Another hundred of primary sores, of which I had kept an account between 1817 and 1819, occurred amongst the lowest of the people, who

---

* Since making the foregoing calculations, a few more interesting cases have been added to this collection, as they occurred.

consequently cohabited with the very lowest grades of women, and afterwards came into the Infirmary and Workhouse, diseased and half-starved, for medical aid and parochial support. This peculiar style of person presented so many as thirty-one per cent of secondary symptoms, (which is the largest average I have yet known,) but of similar affections to those before related.

The parts of the body attacked by this disease are very various,—the throat, the conjunctiva, the cornea, the iris. The skin and the hair appear to sympathise intimately during the inflammatory state of the surface accompanying the cutaneous eruptions; and hence conjunctivitis; and deposits of lymph upon it, especially in lichen with vesicles: and pustules and ulcers on the cornea in ecthyma; insterstitial deposits and opacities in elongated papillæ; and at times these affections were followed by ulceration. Vide p. 281 and 394. In most patients the above are tolerably frequent symptoms, a little after the onset of the eruption. Often there are pains almost resembling rheumatism; and the latter, conjoined with ulcerations of the cornea, in a few cases constitute the only secondary symptoms.

But iritis (or properly iriditis) is still more frequently met with about the time of the appearance of the eruption. In this venereal affection the pupil commonly changes its form; at times it is so pre-

ternaturally contracted as almost to exclude light from the retina: at others it is fully or irregularly dilated beyond its usual limits, as in C——on and others. In some instances the aperture in the pupil almost resembled a square with its angles cut off, or it became oval and irregularly puckered or jagged,* having lost the power of equally expanding. In part of its edge,† where the disease has been of longer duration, the fibres of the iris are found adhering together, or even united to the anterior capsule of the lens. In a short time the colour of the iris becomes altered. If it be naturally blue or gray, the pupilar edge assumes a lighter shade, and becomes greenish, yellowish brown, or even red, from coagula of blood being given out behind the iris, or upon it. Generally these coagula are irregular, but in others they are round brownish red bodies. I have seen them in the anterior chamber much resembling oviform tumours upon the iris, but differing in colour, and forming a marked contrast with the fine blue (and coloured) fibres beneath. This affection chiefly occurs in the eruptions of lichen and ecthyma,

---

* Vide Plate of Charles Sharpe's eye in the next page.

† The iris is not always regular in its original formation, for in September I saw an instance of the pupils being far out of the centre of the iris, leaving it broad on one side, and narrow on the other.

where the vessels are much increased in size and number; and it is often accompanied with the throwing out of lymph into the anterior or posterior chamber, blocking up the pupil without considerable care, very active depletions, mercurialisations, etc., blindness, and disfigurement for life frequently ensue. Vide p. 390, etc.

I cannot conclude this short description without remarking, (strange as it may appear,) that iritis is supposed to be but a very recent venereal symptom, and one that seems to have been unknown to the ancients. I really do not remember to have seen it as a secondary venereal symptom, when I commenced my professional education; although I have of late years been full well acquainted with it.

I have added the following very unusual case of another very scarce and peculiarly interesting affection of the iris, with lithographs from drawings of this and also of the eye of Sharpe during iritis. Vide Case, p. 230: the lower figure in the following Plate represents the irregular pupil that occurred just after his attack of exanthema roseolum.

BLACK SPOTS.

On the transparent Cornea.

Drawn from the Eye of S. Cox, April, 1817.





Drawn from the Eye of Charles Sharpe, June 20, 1818.

From life by W.H. Judd. On Stone by G. Hawkins.

CASE LXXXV.

A SORE FOLLOWED BY A PUSTULAR ERUPTION, BLACK SPOTS IN THE TRANSPARENT CORNEA, IRITIS, AND CATARACT.

SAMUEL COX, ÆT. 30.

April 1st, 1817.—He is a sailor in the merchant-service. When in the West Indies he suffered from yellow fever, and had during its progress black vomit and phrenitis. This fever so impaired the retinæ, and also the optic nerves, that he lay fourteen days without vision, and for some time he could only discern the light of a candle, or the rays of the sun. His eyes afterwards recovered, so that his vision became perfect on the right side, and partly so on the left.

About two months since, he had a venereal sore, that left an indurated cicatrix, and caused an eruption of pustulæ over his whole body, face, and limbs. The eyes then began to suffer sympathetically with the skin; the conjunctivæ became red, lashes of vessels formed, and the left iris inflamed and became irregular. Shortly, minute black spots, about sixty in number, were observed in the substance of the transparent cornea, looking just as if paint, on the point of a fine needle, had been employed to dot it over: some of the spots

appear to be upon the iris, and the others in the cornea; but as they do not move with the former part, I conclude they are not in actual contact with it.

The iris of the opposite eye is inflamed and irregular.

11th.—The iris of the right eye has now several of these very pecular dark spots formed upon it; and it continues irregular and sluggish: its pupil is strongly contracted, and it seems upon this side to adhere to the capsule of the crystalline lens. There is also an opacity from a deposit of lymph, that prevents the patient from distinguishing small objects.

20th.—The eye soon becomes fatigued, and its vision is very imperfect. He was quite ignorant of the black spots being there, until informed of them.

His mouth is now sore from mercury administered for his syphilitic disease.

June.—Having no occasion to go into Westminster during some weeks, I did not see this patient again until now. Cataract had commenced in both eyes; and the extraordinary black spots had disappeared,—I conclude, by absorption. Not having before met with similar circumstances as a symptom of venereal or other disease, I thought it worthy of notice from its great singularity.

Affections of the tongue are every now and then met with as a syphilitic symptom, such as elongation and exquisite tenderness of the papillæ, dryness, stiffness, deep clefts, and fissures* of its skin, with large patches of white lymph thrown out under the covering membrane, especially if a patient with this disease imprudently heats his stomach with wine. A peculiar bad taste on its surface accompanies some vesicular eruptions, as in herpes circinatus, etc. Vide Case of John C——y, page 334.

It appears to me that the venereal symptoms of the throat should be divided into two classes, the first containing those appearances that often accompany the earliest form of eruptions; and the other such as are only usually met with in tertiary or quaternary eruptions and diseased bone.

The earlier classes of affections of the throat do not appear to be very destructive, as they interrupt the comfort of the patient, rather than destroy by eating deep into the structure; and although they often last during weeks in continuance, yet they seldom are more than superficial maladies.

First of the above, I must mention a *general red-*

* With this state of tongue, at times, there also exist clefts and fissures around the anus, and a generally dry and inelastic state of the skin and eyes; and not unfrequently during this state there is a falling off of the hair.

ness of the whole fauces: this usually accompanies the exanthematose rashes, the puniceous and lichenous eruptions. But in the latter, often, it is conjoined with hoarseness and thickening of the lining membrane, and enlarged tonsils: this superficial ulceration materially differs from those deeper ones of the tonsils and throat that occur in the more advanced stages.

Regular round superficial ulcers in the lining membrane, about the size of sixpences, with risen edges, are mostly met with in lepra and psoriasis venerea. In some cases herein detailed they were similar in figure to the accompanying eruptions: other specimens of this fact existed in the cases of John H——g, p. 345; and of S—— J——, p. 346.

The sore throat with small ash-coloured sloughs, and superficial ulcerations, I believe generally to be pustular, their appearance being altered by the moist situation. This kind of sore throat often is seen in ecthyma venereum; vide Case of C—— R——y, p. 403, and W—— A——r, p. 503: and it is next to always present in ecthyma cachecticum, but in none of the other genera of this eruption, according to Bateman.

That sore throat never occurs in common rupia is an unusually curious fact; yet in venereal rupia, and in venereal rupia prominens, it is always present, and often with ulceration of the palate and

pharynx; and with this state of the throat, there generally is a crust or ulcer on the brow or scalp: and during the influence of the latter eruption, they frequently on healing leave large conical projecting granulations in the throat, thinly cicatrised over.

There is a train of secondary symptoms that generally escape observation; and therefore, as I think, are not familiarly enough linked, in our minds, together with their cause, although such examples are not very scarce. A few commence as follows:—some days after connexion a small ulcer forms on the penis, which frequently produces bubo in about a fortnight, and a peculiar sore throat within five weeks after contamination. This kind of sore is not followed by any cutaneous affection. A few notes were made of such diseases in 1818, and some may be seen forming part of the Case of Charles E——h, and also of the following one.

CASE LXXXVI.

PUSTULES AND BUBO, FOLLOWED BY A PECULIAR SORE THROAT.

F—— S——y, Esq.

Sept. 17th, 1823.—He has two pustules about the size of pin-heads,—one on the glans, the other on the foreskin; one of them is a little larger than

the other, and each is set upon an inflamed base, and filled with opaque lymph, or pus. They made their appearance five days after connexion, and I kept a drawing of them.

Pulv. Jalap. C. 3j.

Lotio Aluminis.

29th.—He went into the country, took a great deal of exercise on horseback, and returned with both pustules broken, their bases having assumed the form of ulcers. The smallest on the glans looks as if a bit had been torn out by some small pointed instrument: the other has assumed a different character, having a raised surface, some swelling surrounding it, and a good deal of induration. During the time he was so active, about seventeen days after infection, a gland enlarged in the left groin, on the same side with the largest sore. The swelling is tender to the touch, and he has darting pains in it, and stiffness.

Hydr. Submur. gr. vj.
Inf. Sennæ c̄. Mag. Sulph.

Hirudines xiv. ad inguen.

Lotio Plumbi Acet. dil.

October 6th.—The leech-bites bled until he almost fainted; his bowels are freely open, the skin is cool, and the gland less tender.

7th.— ℞ Pilulæ Hydrargyri gr. iij.
Extr. Opii gr. $\frac{1}{8}$. ter die.

Sol. Conii c̄. Opio pro lotione.

8th.—The bubo is smaller; one sore is deep, and discharges; the other is granulating.

12th.—The sores are more healthy, and seem likely to heal, and the bubo is smaller. The patient's flow of saliva is increased, and his mouth is becoming tender.

15th.—The gland in the groin remains indurated and stationary.

℞ Ammon. Muriat. ʒiij.
Aceti Distillat. ℥vj.
Mft. Lotio.

17th.—The skin of the groin is slightly irritated, and there is a feel as if fluid had formed in the enlarged gland.

19th.—The pus made its way out of the groin through one of the leech-bites. He complains of having a sore throat: the lining membrane is red, and a few spots, not unlike the primitive pustules, only whiter, have formed upon the uvula.

Gargarisma Inf. Rosæ c̄. Acido.
Decoct. Cascarillæ, etc.

20th. The sores have healed, but the throat is much the same.

24th.—A sinus opened by the action of
Potassa Fusa.
Catapl. Lini inguini.

December 4th.—His health is not very good; and he never exposes himself to a little cold air, but he feels to have a sore throat: the fauces and

uvula look relaxed and red; the sinus in the groin is granulating.

Decoct. Cinchonæ ter die.

14th.—The uvula is swollen, and thicker than natural: both it and the fauces are numerously beset within by spots, not dissimilar to the commencement of the primitive sore on the penis; but yet he has no pains nor other venereal symptoms.

Gargaris. Æruginis.

24th.—The groin has healed, the sore throat is well, and he has no ailment remaining.

March, 1825.—He continues in perfect health, and has not been visited by any other secondary symptom.

The second class of affections of this part are commonly met with only in the advanced stages of the disease, and are quite different from those related: they consist of red lymph being thrown out under the lining, of deep ulcerations in the tonsils and in the arches of the palate and uvula, often commencing in the throat or nose, and thence extending into the Eustachian tube, anterior and posterior nares, destroying the ossa nasi, vomer, os palati, etc., frequently occurring from that species of virus that produces rupia, as seen in F——y, p. 457; and D—— N——, p. 523. This symptom usually is present about the time of pains in the bones, periostitis, nodes, and corona Veneris.

Lastly, there is another kind of ulceration the less frequently met with, unattended by eruptions; in which whole masses of the *palate at times become dark, and suddenly slough out;* and when this action commences, it attacks a large portion of that extensive cavity lined by the Schneiderian membrane, and this is most frequent in cases where the synovial membranes of the joints have been affected by effusion, and the bones of the cranium by exfoliation, as in the Case of H——k, B—— G——, Esq., D—— N——, etc. In three different instances, in women, I have known this ulceration to creep down to the larynx and so prove fatal.

The effects of the peculiar venereal poison that attacks the bones are more particularly detailed in the next chapter.

CHAPTER IV.

ON THE MORE INVETERATE SECONDARY SYMPTOMS, DISEASED BONE, ETC., WITH CASES.

Notwithstanding the numerous secondary eruptions that have just been classified and described as the produce of papules, vesicles, pustules, etc., yet it must not be concluded that all primary sores are followed by cutaneous affections,—or that every sore (though caused by connexion) leads to constitutional contamination ; no, no more surely, than that vaccination for cow-pock, or inoculation for scarlatina, are always followed by constitutional impression, vide p. 180.

Indeed there appears to be as great a difference between the venereal pustule that is followed by a general eruption, and the pustule that produces none ; as there is between the pustule of small-pox (by inoculation) that is followed by a general eruption, and the vesicle of cow-pock that produces none.

The effects of a variety of sore slightly spoken of in the last chapter yet remain to be described ; it is followed by bubo, and in two or three months by periostitis, nodes on the os frontis, ulna, or tibia, as may be seen by

referring to the Cases of J——n and T——es; but no cutaneous eruption, as far as I have been able to make out, is ever produced by the virus of this, or the preceding kind of sore mentioned at p. 483. Having already given examples of the venereal eruptions, both in their earliest and later forms, I shall now conclude my description of the effects of the syphilitic virus, by detailing more obstinate cases wherein eruptions scarce occur, or only form occasionally, and then sparingly, and as one of the latest of this class of secondary symptoms.

The disease in these instances probably is produced by a more intractable form of virus, causing the very worst, most obstinate, and long-continued train of venereal sufferings, that the profession are called upon to treat.

The virus above alluded to appears to attack the nares, the palate, the tonsils, the throat, and synovial membranes, amongst the soft parts; and the periosteum, the cartilaginous and osseous structures amongst the hard ones; wearing the system by nocturnal pains, consequent restlessness at night, conjoined with debility and hectic fever. These symptoms appear slowly, and months, or even years, after this particular form of virus has entered the system, by producing a small superficial sore, which probably should be deemed the only true chancre. Vide instances in John L——r, in William Turner, in George U——h, in William N——x, etc., etc.

These peculiar cases are usually marked out by pains experienced on each side of the head, as after poisons taken up from wounds in the hands; or as in exanthemata and other disturbances to the brain through the system; pains in the neck, shoulders, chest, and limbs, followed by ulcerations of the tonsils, palate, velum, and nares; shortness of breath, cough, and expectoration, as in rubeola; loss of sleep and flesh, debility, swelling and ulceration of portions of the skin of the face, and the ala nasi; incrustations on the brow, nose, and roots of the hair; pustules, boils, tubercles or ulcers, diseased testicles, destruction of the vomer, exfoliation of the ossa palati, pain, and stiffness of the joints, with inflammation, and effusion into their synovial membranes; aching in the shafts of the bones, thickened periosteum, perichondrium, and nodes; enlargement of the spinous processes of the vertebræ, of the ends of the sternum, clavicle, ulna, and shaft of the tibia.

The secondary symptoms taken *en masse* are so various in their forms and appearances, as not always to follow in the same order or succession, and no patient suffering all of them: they vary, moreover, in each, and seem to create an almost unintelligible chaos, difficult to treat, and concerning which it is still more difficult to know which should be described first. I may state that

these venereal secondary symptoms are generally, though not necessarily, preceded by a sore: frequently they are produced by one that has healed in three days; by sores whose cure has required three months; by sores attended by induration, and by others unattended by any; by sores that have been followed by buboes, and by those that induced none;—all, all these varied stages appear in their turn to cause this wretched, and often intractable, train of evils; and to the account of these tertiary venereal symptoms, this division of the Work has been allotted.

Of the time at which these symptoms followed the original sore, or bubo, as before stated, we are equally uncertain: though this assertion cannot be said to hold as to the more early and prevalent, or the more easily curable common secondary eruptive forms of the preceding classification. In some of these indomitable cases, the symptoms arose after the parties appeared to be restored to perfect health, and after their primary symptoms had been removed from six to twelve months, or even three years; and in a few scarce instances, the period seemed to extend even to eight; in some other cases the patients really could not tell when the virus had entered their system. In fairness, however, it should be observed that in those that recurred after this extreme lapse of time, once in two or three years some symptom

appeared just sufficient to remind the party (had they understood the warning) that a poison seemed to be circulating, and that it did not, like a seed deeply buried in the earth, remain totally latent and inactive in the frame during this extraordinarily long period.

And, as if to prove that the symptoms herein detailed were strictly venereal, I may mention that, so often as their possessors had the mercurial action raised in their frame, (if only during a few days,) their symptoms, one and all, immediately lessened in severity; and the mitigation, as well as its duration, was exactly proportionate to the length of the mercurial course employed. Vide Case of John L——r.

When the constitution had not been so worn, but that it was able to bear a sufficiently extended course, the mercury, at times, was nearly as useful as it generally is in the less severe forms of this disease.

Nevertheless, I do not mean to state that a disease being cured by mercury, is a positive criterion that it was syphilitic; for mercury, it must be admitted, relieves many other disorders: I consider it, however, fair presumptive evidence, especially if taken conjointly with a train of previous marked symptoms, such as sore throat, pains, periostitis, etc.

The primary and secondary symptoms of ve-

nereal disease having been already sufficiently detailed as we have proceeded through the many valuable cases contained in this volume, I shall here endeavour to exhibit those only that I class and consider the tertiary, or more virulent and chronic form, such as fortunately occur but rarely, and only a few out of great numbers of infections; and such as every now and then having been for years latent in the system, break out, surprise their possessors, and at times set our best judgment at defiance, occasionally wearing out the patient, in spite of every effort to conquer them.

As one of the earlier and most frequent modes of attack of this tertiary class of symptoms, I may premise that it is by no means uncommon for a patient (who had a previous sore) to feel chilly, and have his health a little impaired, and to be feverish, and have pain in his head, and then to be assailed by sore throat (as will be collected from the accompanying cases). These symptoms occur at very uncertain periods,—from three or four months to six or seven years, and after the primary disease has been forgotten by the patient. These advanced tertiary affections generally tend to ulceration, loss of substance of the tonsils, and arches of the palate, uvula, or pharynx, and to sloughs frequently passing through the palatum molle, (as in the Case of B—— G——, Esq.,) and creeping along to the floor of the nares. Pus,

blood, and mucus, are then discharged by the nose and throat, and the patient is tormented by pains running up the sides of his head, and backs of his ears, and frequently cannot extend the neck, on account of stiffness and pains in its muscles. He is likewise subject to aching in his ears, and even to become deaf from inflammation passing along the Eustachian tubes; and pains at times are experienced on either side of the nose, and not unfrequently an ulcer commences over the os nasi, with elevated edges; and a shell of bone beneath it ultimately exfoliates, and escapes by this external opening, or often the os palati comes away in separate pieces. The vomer, at times, is eaten through by ulceration, and if destroyed, then the face becomes disfigured by the consequent falling in of the bridge, and the turning up of the tip of the nose. (Vide Case and Plate of D—— N——l.) Again, at times, the symptoms are so severe, that the patient snuffles, fails in his articulation, and in his deglutition even of his own saliva. When he attempts to swallow, be it fluids or solids introduced into the mouth, they are ejected through the nostrils, occasioning extreme suffering and distress, with loss of the sense of smell, redness of the sides of the nose, destruction of the alæ nasi by ulceration, and a powerful fœtid odour of the breath, general soreness of the scalp, and corona Veneris.

About the same period, vesicular or pustular

eruptions (few in number) are apt to occur about the head, face, and roots of the hair, forming by exudation incrustations upon the forehead, brows, and other parts of the body, as in the Case of William M——k.

At this period the patient is apt to experience stiffness of the muscles of the neck, pain in the shoulders, sternum, chest, arms, and elbows, and at times in the wrists and hips; also in the articulations of the knees and in the hams; and very frequently in the ankles: the fore-arm too is interrupted in its flexion and extension, and swelling also occurs about the elbow and ankle.

Now and then enlarged testicle (as before stated) is added to the former catalogue of symptoms, as may be observed in the Cases of David R——e, John F——r, etc.

The patient at this advanced stage is also frequently afflicted with a cough, attended with expectoration: the latter is uncommon, when cough, through cutaneous sympathy, precedes the earlier eruptions of puniceous patch, lichen, or ecthyma.

Difficulty of breathing, loss of flesh, great weakness and emaciation occur, and to such extent, that I have seen the illness end in consumption.

Pustules of a larger kind, and fewer in number than those in the earlier secondary symptoms, in some, at this late stage, make their appearance, as

in M——k, and are very difficult to heal, often forming large ulcers, leaving marks in the face, and disfigurements for life, or even wholly destroying the alæ nasi before their progress can be checked. The nocturnal pains are excessive, the periosteum is thickened, and the nodes occasionally ulcerate, forming cavities communicating with the bone, and very foul extensive ulcers. The whole shaft of the tibia at times enlarges, as do the ends of the clavicles, the spinous processes of the vertebræ, the body of the ulna, and even the phalanges of the fingers.* Vide Cases of W—— A——r.

Disease and enlargement of the articulation of the knee, or effusion into its capsule, or both ankles, are met with, and not unfrequently, as may be observed in four cases out of the twelve severe forms herein related. The last symptom occurs from four or five months, or even so late as three or more years after infection. Vide Cases of John L——r, William M——k, and George U——h.

Nocturnal pains, so severe as to destroy all chance of sleep, and abscesses of the scalp, from corona Veneris, are by no means uncommon about this period.

* In April 1825, I examined (in the Museum of the College of Surgeons in Dublin,) numerous specimens of (diseased) cylindrical bones, from patients that had died affected by lues; for

I have seen these symptoms combined with large pustules or boils, and often with tubercles, even seven years after the original contamination; as in the before-mentioned Case of M——k. Night perspirations and morning hectic now not unfrequently close the scene, and wind up a train of suffering, disfigurement, debility, and loathsomeness, that long before had rendered the sufferer tired of the vanities and endurance of life.

I must conclude this digression from the original intention I set out with, to avoid detailing symptoms at great length, lest these pages should be increased (which they might have been) to four times the present number, and thus have been rendered too voluminous and too expensive for general circulation.

---

the most part they did not exhibit what is known by the terms nodes or tophi, but were coated by rough osseous deposit (like the bark of a tree) of a brownish black colour; those that had been sawn through were found increased in thickness, their medullary cavities almost obliterated, and far more solid and heavy than natural, so as almost to resemble ivory. They were throwing off exfoliations from their surfaces.

CASE LXXXVII.

A SORE AFTER CONNEXION, PAINS IN THE ULNA AND TIBIA, WITH ENLARGEMENT OF THE CLAVICLES, AND OF THE ARTICULATION OF THE KNEE; SYMPTOMS WHICH ENDURED THREE YEARS.

JOHN L——R.

January 8th, 1825.—A small round sore formed on the foreskin, which appeared three days after connexion, and healed in six more without mercury.

July 5th.—He now is troubled with nocturnal pains in his right shoulder, and over his limbs; and his ankles swell at night. He is short of breath, and has general debility. His mouth was kept tender a week, and the symptoms disappeared.

June 10th, 1826.—He has pains in his head, in his chest, in the right deltoid muscle, extending along to the ulna, with consequent difficulty in bending and extending the fore-arm.

October 12th, 1827.—He has pain on the inner part of the right tibia, and an enlarged knee-joint; the sternal ends of the clavicles are painful and much enlarged.

Hydr. Submur. c. Extr. Opii bis die.

22nd.—His mouth is slightly affected by the calomel, and the pains have almost ceased.

November 7th.—Some large form of pustule, like a number of boils, came out all over him, and then his pains entirely ceased.

December 1st.—His health is greatly improved, but the articulation of the knee remains enlarged; his mouth continues tender.

Decoct. Sarsapar. c̄. Hydr. oxymuriate.

February, 1828.—The enlargement has subsided, and he is well.

CASE LXXXVIII.

NOCTURNAL PAINS, NODES, DISEASED TESTICLE, AND EMACIATION FROM VENEREAL DISEASE, THAT LAY DORMANT SEVEN YEARS.

David R——e.

December, 1817.—He is tormented with the following symptoms—pains in his bones, shoulders, arms, calves, and shins; he has also nodes on the tibiæ, and one testicle is become the size of the largest pear. There are incrustations from an eruption at the roots of his hair: he cannot sleep for nocturnal pains; he has lost much flesh, and has no appetite.

His debility alarmingly increased soon after the above note of his symptoms, so that he could not walk across the room.

He declares he has not had any venereal disease these eight years; and it is incredible that an unmarried man, without any motive for concealment, under such sufferings, should hide the truth; especially as he has been duly informed that his only chance of cure depends upon his telling it.

His symptoms all appeared so truly venereal, that I ventured to put him under the influence of mercury. The moment his mouth became affected, his health began to improve, and no amendment had before taken place under any remedy that was tried.

June 14th, 1818.—His mouth has been sore three weeks; the testicle has diminished to its natural size; the nocturnal pains have almost ceased; the nodes have become less, and are no longer tender; he sleeps, and is regaining flesh and strength. No one could feel more grateful than he does for the benefit he has derived, as he had fully made up his mind that the disease, he had so long laboured under, would cause his death.

15th.—The mercury is still continued by inunction.

Decoct. Sarsaparillæ lbj. bibat quotid e.

16th.—His mouth is very sore indeed, and his pains diminished in proportion.

25th.—He is totally free from pains; some thickened periosteum remains.

July 7th.— Empl. Ammoniaci c. Hydrargyro, Tibiæ imponendum.

12th.—He has used forty drachms of mercurial ointment, and been long kept under its beneficial influence. The nodes have been absorbed. His health is perfectly re-established.

CASE LXXXIX.

A SORE AND BUBO, FOLLOWED THREE YEARS AFTERWARDS BY PAINS, AND ENLARGEMENT OF THE SHAFT OF THE TIBIA.

WILLIAM TURNER.

In 1818, he got, as he believes, contaminated with venereal virus, which produced a sore on the penis, that, on healing, left an induration at its base. This was followed by a suppurating bubo in the left groin and by pains in his limbs, and for these ailments he took mercurial pills some time in continuance, but they did not produce soreness of his gums.

In 1822, about three years and a half after the bubo, etc., he had an attack of wandering pains

in various parts of him, and they at last appeared to concentrate in the left tibia, producing inflammation, pain, and enlargement of the whole shaft of that bone, from immediately below its upper apophysis, down to the ankle. The periosteum thickened, and the skin is most projecting where nodes are usually situated, and in the latter part the worst pain is felt.

He has been in a public hospital, and then had the soft parts laid open down to the bone, and his mouth kept sore during eleven weeks, but with little benefit.

November, 1824.—At this time the bone remains considerably enlarged; from the deposition and thickening, the tibia appears as if bent or bowed forwards: the veins of the skin on the affected limb are increased in size, and he cannot bear to have pressure made upon it; nor can he rest day or night from pain, unless it is when he stands with his whole weight upon the diseased bone, which, as he says, "lessens the agony." He has lost health and flesh, and can scarce do his work (as a footman) for it.

Hirudines. Catapl. Lini.

Lotio Plumbi Acet. dil.

Pulv. Doveri gr. viij. horâ somni.

The leg bled until he fainted,—the pain is considerably relieved; the swelling of the soft parts is less, and he got nine hours sleep, a comfort he

had long been a stranger to, but the pain was again on the increase, yet the disease appeared very manageable.

Soon after the above report, I lost sight of the patient, from the family he lived in going to reside at Brighton.

CASE XC.

SORE THROAT, PAINS, ENLARGEMENT OF THE ARTICULATING EXTREMITIES OF THE BONES, PHALANGES AND SPINOUS PROCESSES, WITH EFFUSION INTO THE SYNOVIAL MEMBRANES, AND A NODE.

W—— A——R.

1820.—He has a sore throat from the formation of small pustulæ in the posteriores fauces; and there are two or three similar pustules on the forehead, and many others on the scalp.

He has attacks of pains in his limbs and articulations, and he especially suffers from enlargement of the joints of his fingers and their phalanges, and the spinal processes of the dorsal vertebræ. The bones and articulations, where the synovial membranes are attached, appear enlarged from thickened periosteum and perichondrium, which is very evident in the sternum and clavicle.

1821.—He is now in a state of great debility and emaciation, from loss of exercise and appetite. He has effusion into the synovial membranes; and that of the knee was painful during several months; and there is a node upon the tibia.

This is a single gentleman of good moral character, who never knew that he had a venereal sore or ailment, and he took mercury but once, which was then given to him, conjoined with opium, for an attack of rheumatism. The effusion seems to be a fortunate circumstance, as it terminates the attack of inflammation in the joint.

In consequence of a peculiar jar in his pulse, it was feared that strengthening remedies and stimuli would cause inflammation in his lungs, or some other organ; and therefore he has been kept very temperately, taking

Extractum Sarsaparillæ c. Melle.

The debility during a month was so great, that he was too weak to think; nor could he even look upwards: but, latterly, his joints have become almost natural; and his health too is becoming good, and he is gaining strength.

1832.—His health has remained good, and he has been an active person during upwards of ten years that have elapsed since I wrote the first part of this Case.

CASE XCI.

A SORE AND BUBO, URETHRITIS, PAINS IN HIS ARMS, NOCTURNAL PAINS IN HIS WRISTS, NODES ON THE SHINS, ULCER IN THE TONSIL, AND AN INFLAMED SYNOVIAL MEMBRANE.

GEORGE U——H.

June 7th, 1815.—Had a sore and bubo, for which his medical attendant caused six drachms of mercurial ointment to be rubbed in, whereby his mouth became very sore.

The chancre healed in a month, and the bubo in three. He then appeared to be well, and underwent no further treatment.

In the same year he suffered during a fortnight from urethritis.

February, 1817.—He had pains in his arms, and for them he took

Pilul. Hydrargyri gr. iv. bis die.

They kept his mouth sore one month, and the pains ceased.

March 6th.—He came for advice, with an ulcer in the tonsil, nodes upon the shins, nocturnal pains in the legs and wrists, which pains are excessively troublesome whenever he is warm.

Mercury again removed his complaints.

September 2nd.—He has an inflamed synovial membrane.

October 9th.—Once more he required medical advice for nocturnal pains in his bones.

12th.— Ung. Hydr. et Pulv. Doveri omni nocte.

17th.—The articulation of his elbow is painful.

Ung. Antim. Tart. cubito illinend.

November 12th.—He has rubbed in forty-nine drachms of mercurial ointment. His gums have been tender ever since the third rubbing. His pains are quite gone, and his health appears to be permanently restored.

CASE XCII.

INFLAMMATION OF THE PALATE AND UVULA; MALIGNANT PUSTULES; SLOUGHS THROUGH THE PALATE; A CURIOUS EFFECT PRODUCED ON THE TEETH BY ONE OF THE REMEDIES EMPLOYED.

B—— G——, Esq.

September 22nd, 1826.—He has a general redness and turgescence of the arch of the palate, of the uvula, and the throat. There is a round yellow slough situate in a pit just over the last, where he formerly had ulceration. His health is otherwise

good, and no cause can be assigned for the diseased appearances.

Decoct. Cinchonæ c̄. Sodæ Carbon. pro gargarismate.

Mist. Purgans.

23rd.—There are three superficial pustules formed on the soft palate; his throat continues much the same, and he has had several stools.

Inf. Gent. C. c̄. Magnes. Sulph.

24th.—The anterior pustule has broken, and is healing; but the middle one is deeper and dark coloured; the third and fourth remain turgid with pus, and the palate is more red, inflamed, and tumid.

25th.—There is rather less swelling; the deepest ulcer from the pustule has perforated the palate, and discharge comes down from the back of it. The one next to it looks red, dark, and sloughy, and as if these two would soon ulcerate into one.

There are several fresh dark pustules just discernible, like dots on other parts of the soft palate and uvula. He has had three healthy coloured stools.

℞ Acidi Muriatici ♏ xxx.
Decoct. Papaveris lbj.

Mft. Gargarisma.

℞ Infus. Cascarillæ ℥ij.
Tinct. Cinnamomi ʒj.
Acidi Nitrici ♏ ij.
Mft. haustus ter die sumendus.

26th.—The two ulcers have coalesced and formed so large an opening, you might put your finger through the palate into the posterior nares; fluids pass by this channel into the nose, and out again through the nostrils. No fresh pustules have appeared to-day.

27th.—The left side of the ulcer has become cleaner, but the right side of it is still covered by its slough; and lower down there is a small discoloured, dead portion in the palate.

Decoct. Papaveris c̄. Extracto Opii et aquâ hordei, pro gargarismate.

28th.—The ulcer is as large as ever, but the right side is more healthy. It had been very painful in the night, and was so dry, sore, and stiff, that he could not swallow his saliva on waking. Thin fluids occasion so much pain, that he cannot take them; and thick ones, such as barley-water, arrow-root, and chicken-broth, give him little inconvenience. Even a saline draught produces agony. His bowels are open; his pulse is slow, and he perspires.

29th.—The ulcer looks cleaner, and it has been less painful: some granulations are just perceptible. He has experienced much comfort from keeping his mouth constantly covered with a single layer of silk: it prevents the throat drying so fast, which is very desirable in these affections.

℞ Cerat. Resinæ,
Olei Olivæ aa. ℥j.

Fiat mistura quâ partes gangrenosæ subinde, ope penicilli, intingantur.

30th.—The above application has agreed well with the sore, and brought on a good healthy discharge, rather great in quantity, the taste of which caused so much nausea, and so copious a secretion of saliva, that he could not go on with the remedy.

The channel that has been formed by the slough and ulceration appears spreading out afresh, and has a bridle of skin stretching across it.

Liquefied olive oil and suet are spread over it as a sheathing.

℞ Sodæ Boracis ℥ss.
Decoct. Cydoniæ ℥vj.
Mellis despum. ℥j.
Mft. Gargarisma.

October 1st.—The bridle of skin has given way, leaving a large chasm.

℞ Argenti Nitratis gr. v.
Aquæ Rosæ ℥ij.

Fiat mistura quâ partes ulceratæ sæpe, ope penicilli, illinantur.

2nd.—The solution caused a little smarting at the moment of using it, and, strange to say, tooth-ache every five minutes afterwards during an hour.

3rd.—No sooner was the solution again applied to the ulcer, than pain ran along the lower jaw and affected every tooth in it.

4th.—A similar occurrence, on applying the solution, as to pain, etc., to that which took place yesterday; it probably is caused by some portion of the spheno-palatine nerve being exposed.

5th.—The ulcer is granulating; pain in the jaw and teeth re-occurs as often as the remedy is applied.

7th.—The patient having been exposed in a gig, caused the ulcer to be more painful at night.

Warm fluids are swallowed with more ease than cold ones; and, if taken in half mouthfuls now, do not pass back through the nose.

12th.—The appearance of the ulceration is much improved; the pain, soreness, and stiffness are seldom felt, except after dinner and at night.

The inflammation was found to lessen more quickly after early dining had been enjoined. Less pain is experienced when the patient stays in the house, and more after being out in the air.

Mist. Olei Ricini bis die.

14th.—He has caught cold, and the tumefaction is a little increased.

Omitt^{r}. Sol. Argenti Nitratis.

15th.— Pilulæ Hydrarg. Submur. nocte maneque.

18th.—Some of the granulations that had partly filled up the chasm have been reabsorbed.

Repr. Sol. Argenti Nitratis.

20th.—There is less swelling; the ulcer is smaller; and he can now swallow solids.

February 12th.—The chasm has gradually filled up, until the space is so small that you might just pass a fine wire into it; and so minute is this opening, that even fluids do not pass through it, nor have they during some days.

1833.—The very minute opening remains to this time.

This gentleman had neither had venereal disease nor used mercury during many years past, but he had been gay in his youth, and frequently in the way of both.

CASE XCIII.

ULCERATION OF THE TONSILS AND NARES, PAINS IN HIS HEAD, INCREASED SECRETION OF SALIVA; THE VENEREAL DISEASE APPEARED TO LIE DORMANT EIGHT YEARS.

THOMAS M——G.

In 1818, he had what the medical attendant called "a chancre:" they caused it to heal, and he remained well for some time.

March, 1819.—He had pains in his arms and legs, but they ceased after treatment.

May 12th, 1827.—He has ulceration of the tonsils and posterior nares, violent pricking and shooting pains in the sides of his head every night, causing his scalp to be very sore in the morning. He also has a greater secretion of saliva than usual, with cough, expectoration, and pains.

He has had no venereal sore for eight years past, nor any urethritis for the last four.

15th.— Lin. Æruginis faucibus applicand.
Ung. Hydrargyri 3j. omni nocte illinend.

It is not needful to follow this case to its conclusion, as it is only inserted to exhibit symptoms that show the venereal virus, in some cases, is several years exhausting the excitability of the system. And yet it should be here remarked, that this patient had every now and then some symptoms showing themselves during this long period, from which he always recovered, for some months after being under medical treatment.

CASE XCIV.

CHANCRE, ULCERATION, PERFORATING THE VOMER, PARALYSIS OF ONE HALF OF THE TONGUE, PAINS ABOUT THE OS NASI, AND APOPLEXY.

WILLIAM N——X.

June 8th, 1818.—He has a chancre, and a pain on each side of his nose, and in the skin over it

there is a slight redness. On examination, ulceration of the vomer was discovered, and a probe passed through it from one nostril to the other. He complains of a pain in the roof of his mouth, but there is no disease to be seen there; though both his smell and taste are much impaired. He has a paralysis of the left half of his tongue, by which his speech is rendered very imperfect: at the time the latter ailment occurred he was bled and purged, and a discharge of blood and pus came from the nostrils.

Ung. Hydrarg. ʒj. omni nocte illinenda.

July 20th.—His mouth has become sore.

August 6th.—The mercurial ointment has been repeated almost every night.

7th.—He was observed to stagger suddenly towards his bed, with his head drawn to one side, with his mouth depressed at its angle: he lost all muscular power, and he became senseless; this in a few minutes was followed by convulsions of the whole body, foaming at the mouth, stertorous breathing, dilated pupils, and a slow full labouring pulse. I was just coming out of the house when the attack described happened.

V. S. ad ℥xl, at the instant.

When about twenty ounces of blood had flowed out, he opened his eyes, uttered deep moans,

and tossed himself about; his pupils were much dilated, and he remained delirious.

Omittr. Ung. Hydrargyri.

Capiat Extr. Aloes c̄. Inf. Sennæ.

Imponatur Emplast. Cantharidis nuchæ.

He evidently was relieved by the copious bleeding, and the pulse became small and free.

2 P. M. He has become perfectly sensible, and complains of a pain over the bridge of his nose, pains in the forehead, dryness of the throat, and a numbness all over him. He has been purged, and is to have barley-water only.

Hydr. Submur. gr. v. statim.

Inf. Sennæ c̄. Mag. Sulph.

V. S. ad ℥x. slightly buffed.

8th.—He has been very light-headed, has talked nonsense, fancied people were at his bed-side, yet he retains sense enough to describe that he has pain in the left nostril, that he cannot sleep, and still feels numbed.

℞ Mist. Salin. ℥j.
Tinct. Opii ♏ xx.
Mft. haustulus ter die sumendus.

10th.—To-day he is something better, and has slept, but has great prostration of strength.

19th.—His state is much improved, but still he has giddiness.

Omittr. haustulus.

To take more food.

September 10th.—He is so much better that he is to sit up one hour.

12th. — The giddiness is gone, and he feels more comfortable.

15th.—He walks out a little, but is still very weak. No doubt the copious bleeding saved his life.

18th.—He informs me that he had formerly a similar attack; that it came on after bathing, (whilst intoxicated with spirit,) and that at the time his neck was twisted in the same direction as it was in this last fit of apoplexy.

October.—He ultimately got quite well, both of the venereal disease and of the apoplexy.

CASE XCV.

CHANCRE, AND BUBO, FOLLOWED BY PAINS IN THE HEAD, DISCHARGE OF PUS AND BLOOD FROM THE NOSE, SORE THROAT AND PAINS IN BOTH TIBIÆ; EXFOLIATION OF THE OS PALATI AND VOMER, PUSTULES, TUBERCLES, ULCERS, AND MERCURIAL ERETHISMUS.

WILLIAM M——K.

January, 1809.—He had a sore upon the penis, that appeared a few days after connexion, as well as a bubo in the left groin.

The bubo was opened, and it healed: but the month elapsed before the sore could be got well. To promote the cure of the chancre, twenty-six

drachms of mercurial ointment were rubbed in, and with the exception of the first three days, his mouth may be said to have been sore all the time.

April 2nd.—He was obliged to return for advice for pains in his head and both tibiæ : he had a sore throat, and pus and blood were discharged from the nose. He was now put under the influence of mercury, even to profuse salivation, and after that he remained well during the succeeding seven years.

May 30th, 1817.—He was attacked by a precisely similar affection of the head and nose, and his throat was so extensively ulcerated, that he could not speak, when he was once more put under the influence of mercury, and used forty-six drachms more of the ointment. His mouth was sore during the whole time of rubbing.

June 14th.—His symptoms have again disappeared, the ulcerated throat is healed, and he seems by all appearances to have recovered.

August 30th.—He again came under treatment in the country, with ulceration of the nose and of a portion of his face ; bone, pus, and blood came away from his nostrils ; the exfoliation was part of the os palati, and it left a large vacuity in the roof of his mouth. An ulcer of some size, with blue everted edges, formed over the tendon of the rectus femoris, which required three weeks to

heal, but at last got well with sedative applications.

During this course of treatment he was kept upon a moderate diet, and took

Decoct. Sarsaparillæ et Extract. Conii.

A little time after its exhibition the nose became dry and encrusted externally, the sores improved in appearance, after which he was allowed to eat more food; but it was almost immediately, i. e. in a few days, followed by an attack of inflammation and swelling of the nose and face; which latter looked as if effusion had taken place beneath the cuticle, especially under the left eye. The skin remained crimson during some days, but the affection disappeared without ulceration, which at first threatened. He had lately taken the extract of Conium to the extent of a drachm daily, but without much benefit.

Sept. 25th.— Omitt^{r}. Extr. Conii, etc.

26th.— ℞ Decoct. Dulcamaræ ℥vj.
Liquor. Arsenicalis ♏ xx.
M. Capiat cochlear. iv. ampla ter in die.

October 4th.—It is observed that as often as his bowels became sluggish in their action, and this they were inclined to, that fresh ulcerations began to form by several small spots over his face.

Rep^{r}. Decoct. Sarsapar. c̄. Tinct. Sennæ ℥j.

14th.—The medicine has caused two alvine

evacuations daily, and the ulcers on the face are just well.

19th.—He was sent to the country for change of air, and, from his appearance, with a likelihood of remaining well.

24th.—He returned with an ulcer on the eye-brow, all his features enlarged and swollen, inflammation of the synovial membrane of the knee, an eruption of large distinct pustulæ over his body, and crimson tubercles on the chin and forehead. The alæ nasi were in a state of ulceration, the vomer was destroyed by the attack, and one of the pustules caused a large ulcer to form upon the thigh. As many other remedies had been tried without permanent benefit, he is to use mercury once more.

Ung. Hydr. fort. ʒj. omni nocte illinenda.

November.—During the first fortnight after the use of mercury, the eruption disappeared, his before swollen features became human, but he was attacked by sore throat, and patches of lymph were thrown out under the cuticle, giving it again a tubercular appearance. The use of mercury was suspended.

14th.—In a little time the tubercles disappeared, and his mercury was resumed; but, from its purging and griping him, it was again relinquished. About the end of the month it was decided by

a consultation that he should recommence the mercury.

29th.—This morning his heart was found acting like an engine. He has a laborious heaving of the chest, his respiration is hurried, his pulse is bounding and strong, his skin is hot, he has pain in his head, his tongue is dry and parched, he has a bad taste in his mouth, and early this morning he vomited; in short, he labours under mercurial erethismus.

Stimulants, Wine, Fresh Air, and Aperients.

30th.—The action of the heart has become much more moderate, and he breathes and feels better.

December 2nd. — His erethismus mercurialis has ceased, but he is very weak and exhausted.

10th.—The mercury was resumed to-day.

12th.—He has pains in the tibiæ, and the periosteum seems prominent, though not so risen as to be called a node.

Pulv. Doveri gr. viij. horâ somni sumenda.

13th.—He passed a good night free from pain.

14th.—His mouth is a little sore, and he seems better.

28th.—He has continued the mercury to the present time. The eruption, sore throat, and pains have ceased, but he has now a troublesome cough and expectoration.

Mist. Oleosa c̄. Scillis.

30th.—The mercury griped him, caused vomiting, and therefore was finally left off.

January 3rd, 1818.—A slight portion of an ulcer on the alæ nasi is not quite healed, but he is so well as to do without further medical aid.

A more difficult case to treat probably never was met with, even by the oldest practitioner.

CASE XCVI.

CHANCRE, SORE THROAT, PAINS, LICHEN, LICHEN CIRCUMSCRIPTUS, THICKENED PERIOSTEUM; THE SYMPTOMS RAN A COURSE OF ABOUT FOUR YEARS.

HENRY H——R.

May, 1823.—He had a chancre, and for it he took ten mercurial pills, of his own accord.

October.—An eruption of lichen came out upon him from head to foot, accompanied by sore throat and pains.

Ung. Hydrargyri ʒj. omni nocte illinenda.

December.—His mouth was kept sore during five weeks, and until his eruption and symptoms had quite disappeared.

February 16th, 1827.—An eruption of lichen circumscriptus has commenced with pains in his knees, and thickened periostea over both tibiæ. He declares he has not had any fresh sore since the first, and no infection except urethritis.

Query—Has not this venereal disease existed

near four years without wearing itself out, and without doing much injury, for he still looks like a man in health?

CASE XCVII.

A CHANCRE AND SORE ON THE BODY OF THE PENIS; HE WENT THROUGH A MERCURIAL COURSE: SIX MONTHS AFTERWARDS HE HAD AN ERUPTION AND PAINS IN HIS FACE AND KNEES; HE WENT THROUGH A SECOND MERCURIAL COURSE: THIS WAS FOLLOWED IN 1817 BY AN ERUPTION AND SORE THROAT, AND IN 1818 HE HAD ULCERATED TONSILS AND ENLARGED TESTICLE: FINALLY, IN 1824, AN ERUPTION AND NODES THAT WERE CURED BY MERCURY.

JOHN F——R.

In 1813.—He had venereal disease, which he got of a Portuguese woman; viz. a chancre on the glans, and an ulcer on the dorsum of the penis. For the above malady he rubbed in twenty-four drachms of mercurial ointment.

Six months after the mercurial course, and without fresh contamination, he had what he terms "rheumatic pains" in his face and knees, so bad that he could not straighten them, and an eruption on his skin.

For them he was again rubbed in with thirty-one drachms of mercurial ointment, and appeared to be cured.

1817.—A deuteropathic eruption broke out upon him at the Camp de Boulogne, and he there had frequent sore throat, accompanied by a tightness across his chest, although he then had not any fresh sore, or known cause to account for this third return of venereal symptoms.

He then to all appearance was cured, by the judicious treatment of the medical gentlemen.

March, 1818.—He has ulcers in his tonsils that are just healing, and there remain marks with loss of substance from former ulcerations; he has enlargement of the left testicle, which has existed some time. He was again apparently cured, and remained well for years.

February, 1824.—He next returned with nodes upon both shins, and a tertiary eruption, yet without any fresh contamination. He was rubbed in with thirty-one drachms of mercurial ointment for these symptoms, and they all disappeared.

1827.—He has since remained permanently well. The cases of Portuguese syphilis related at pages 199, 396, and 521, I think it will be agreed, present as severe sloughing sores, burrowing sinuses, pains in the vertebral column, with sore throats, eruptions, and thickened periostea, as can well be instanced in any country.

CASE XCVIII.

A SMALL SORE THAT APPEARED ABOUT THREE WEEKS AFTER CONNEXION, FOLLOWED BY ENLARGED GLANDS, FEVER, PAIN IN HIS HEAD, SORE THROAT, PAINS IN HIS SHOULDERS, THICKENED PERIOSTEUM, NOCTURNAL PAINS, EXFOLIATION OF THE VOMER, DEBILITY, CORONA VENERIS, ETC. IN THIS CASE THE SYMPTOMS RAN A COURSE OF MORE THAN A YEAR.

D-—— N——, ÆT. 23.

November 10th, 1832.—He had connexion with a common woman, and did not wash after it. He remained well, and had no idea of being affected with syphilitic virus until reminded of the proceeding by the following occurrence.

January 2nd, 1833.—A slight sore commenced on the glans penis, for which he took the following pill.

Pilulæ Hydrargyri gr. v. bis die.

6th.—The sore now has spread over a wide surface, but does not ulcerate deeply.

9th.—The glands are enlarging in the right groin.

Hydr. Submur. c̄. Extr. Col. Comp.

Lotio Plumbi Acetatis diluta.

12th.—The primitive sore has healed; the bubo that has formed in the right groin has become very large.

16th.—The swelling is much diminished, and is going down.

24th.—The swelling of the inguinal glands has gone back without suppurating.

February 8th.—After the patient had been more active, the swelling re-commenced in the groin.

11th.—At this period in travelling he was exposed to wet weather during several days in succession; he caught a violent cold, which was followed by pain in the head and neck, and a sore throat; he remained feverish, and perspired much at night.

22nd.—The pains in his head and neck ceased, but others came on in his arms, shoulders, body, and legs. He had a sense of heat in his head and an insatiate thirst: he felt sick and nauseated his food.

March.—His health improved considerably, and his pains ceased.

April 19th.—His pains returned, especially in the head and left temple, in the frontal sinuses, and over the nasal bones; and he had a considerable discharge of pus and blood from the nostrils.

24th.—He suffers from pains in his feet, and his throat is a little sore; the mercury has affected his gums.

Pulv. Doveri gr. viij. h. s. s.

30th.—He has perspired freely, and his pains are better.

May 2nd.—He is free from pain, and can sleep.

4th.—He is suffering from pains in his head, and his eyes look heavy, but his throat is much better.

8th.—The mercury has not made his mouth very sore.

Pilulæ Hydrargyri gr. v. ter die.

18th.—Some spots of rupia have come out upon his scalp.

19th.—His gums are more tender.

Omittr. Pilul. Hydrargyri.

20th.—The pain in the head has ceased, and now he is tormented with pain about the upper part of the trochanter major; his throat is nearly well.

Linim. Saponis coxendici.

25th.—His health is better, and he is in good spirits.

28th.—His mouth is very sore, the pains have all ceased.

Omittr. Pilul. Hydr.

June 3rd.—His mouth is now barely tender.

Repr. Pilul. Hydr.

9th.—The gums are becoming more tender.

Omittr. Pilul.

13th.—He has a diurnal tormenting pain across the forehead.

Ceratum Belladonnæ.

14th.—The Belladonna has lessened, but not removed the pain.

Hirudines xij. parti dolenti.

15th.—Since the bleeding, the pain in the forehead has ceased.

22nd.—The general pains have ceased, and his appetite is good again.

28th.—He still has an offensive discharge of pus and blood from the right nostril, and some pain and soreness in it.

Solut. Sodæ Chlorat. c̄. aqua pro sternutamento.

July 1st.—He passes sleepless nights, and his health is not so good as it was.

℞ Inf. Gent. Comp. lbj.
Acidi Nitrici ♏ vi.
M. Capiat cochlear. iij. ampla ter die.

3rd.—He is suffering from an increase of pain in his forehead and left temple, and his pulse is quick.

Pulv. Doveri gr. v. horâ somni.

6th.—He has been more easy and slept better.

13th.—His health is better since he has slept more, and he feels comfortable since he commenced his present treatment.

27th.—He sleeps well, and his health is improving.

August 7th.—His breath and the discharge from his nose are very offensive; and the latter is thin and saneous.

Repr. Solutio Sodæ Chlorat.

14th.—He is still suffering pain across his nose and in both temples.

24th.—So many remedies having been tried in

vain, and the chance being great of the bones of his nose being destroyed, he has entreated to be rubbed in, and it is thought right to comply with his wish.

Ung. Hydr. 3j. omni nocte illinenda.

28th.—The nocturnal pains in his shins have returned, and he has pain in the left arm just above the elbow.

30th.—His mouth has become tender, and the pains in his limbs have diminished.

September 2nd.—The discharge from the nose is less fœtid; it is less in quantity, and has become thick yellow pus instead of thin straw-coloured serum. There is less pain across his temples; the pains in his left shoulder and arm are diminished, as are also the pains in his shins, though he now feels them during the day also; formerly they were confined to the night alone.

11th.—He has a redness and tenderness over a place on the bridge of his nose, just above the supposed disease.

Lotio Plumbi Acetatis pro sternutamento.

18th.—The redness of skin over the right side of the nose is increased, and pus has formed upon the os nasi.

20th.—The pus was let out of the nasal abscess; his pains have ceased, his health is improved.

23rd.—The granulations on the nose are spread-

ing out, and forming a large ulcer with elevated edges, and much discharge.

App^{r}. Liq^{r}. Plumbi c. Tincturâ Opii.

26th.—The granulations are not so high, and the sore is as round as a circle.

October 4th.—The ulcer on the nose is healing, but now he is attacked by pain and swelling under the left eyebrow and forehead.

Hirudines vj. phlegmoni.

Lotio frigida fronti.

12th.—The upper eyelid has become swollen as well as the brow; the latter is so indurated it feels just as hard as bone.

Rep^{r}. Hirudines.

17th.—The eyelid and forehead are still more swollen, and the skin has a blush of inflammation upon it.

20th.—He is not so well; he has had six stools and been griped.

Ol. Ricini ʒiv. statim.

℞ Tinct. Opii ʒss.
Mist. Camphoræ ℥iss. hoc vespere.

21st.—His bowels were cleared, and the griping has ceased.

24th.—The swelling of the eyebrow, though still considerable, is lessened, but the lid below it is so enlarged as to close the eye. He has a little pain in the right shoulder.

CORONA VENERIS.



Drawn from D— N°—l, Oct.r 31, 1833.

26th.—The swelling of the upper lid is diminished, so that he can open the eye a little. (Vide Plate.)

28th.—A projection has formed at the middle and lower part of the eyelid as if it contained fluid. He has experienced a return of pain in his knees and ankles, and that of the latter on the right side is swelled; he described the pain to run across the articulation towards the outer side of the fibula; his health has become worse: he loathes his food.

℞ Decoct. Guaiaci,
Inf. Gent. C. āā. ℥iv.
Tinct. ejusdem ℥iv.
M. Cochlearia iij. magna ter die capiat.

29th.—About two drachms of thick pus were let out from the pointing tumour in the eyelid.

31st.—A probe passes from the opening along the lid to the os frontis, which is scabrous and dead, and feels at this part to be mere spiculi of broken-down diseased bone. The patient's pains become worse regularly at six o'clock every evening, and the right ankle continues swollen.

November 3rd.—The pains have re-commenced in his nose.

7th.—The discharge from his nostrils has become almost black.

9th.—The periosteum of the right shin is thickened and painful.

Hirudines x. Fotus.

11th.—His mouth has been kept steadily tender from August 30th to this time, a period of seventy-two days; his gums have remained red and spongy ever since he took pills nine days before he came under my care, but his health is now worse than before the mercurial course. The sinus in the eyelid is still discharging, yet no shell of bone has yet come away from the os frontis although it remains rough and denuded. He has pains in his bones, on the side of the tibia, and outside of the fibula; they continue through the day, becoming worse and worse until night; he then grows hot and perspires, and they afterwards diminish or cease during some hours; the leeches gave him much relief as to the pains, and the shin is rather less swelled.

℞ Inf. Gent. Comp. ℥viiss.
Tinct. Calumb. ʒiij.
Mag. Sulph. ʒij.
Acidi Sulph. dil. ♏ x.
M. Capiat Coch. iij. magna ter die.

14th.—The pains are less severe, but towards evening his legs swell.

17th.—The upper eyelid remains much disfigured from the projecting mouth of the sinus, the brow is swollen and red, and the discharge from the diseased orbiter process does not readily make its exit.

Omitt^r. Ung. Hydr.

Potassa Fusa tumori palpebræ.

19th.—The protuberant part of the lid, to which the potassa fusa was applied, sloughed, and thus the projecting deformity has been at once removed; the discharge gets out more readily, and the forehead and brow are less swollen.

20th.—The outside of the left fore-arm is a little enlarged and tender in the course of the ulna nerve, not in the periosteum or bone. The swollen parts over the tibia and fibula are diminished and are more easy.

22nd.—The outer part of the abscess in the forehead is again enlarging and painful.

Catapl. Lini seminis.

23rd.—His gums indicate that the system is still under the influence of mercury, and he has rather more saliva than natural: the nocturnal pains continue though they are not so severe.

24th.—His forehead is less swollen since it was poulticed, but it is still discharging, and the probe passes through the orbiter process amongst various loose pieces of bone. A large thin shell of bone came away by the throat like the osseous part of the vomer. His nose has again become painful and sore, even the external alæ nasi, and dark lumps of mucous secretion come from within; his breath has extreme fœtor from the discharge.

℞ Acidi Nitrici ℥ iij.
—— Muriatic. ℥ viij.
Aquæ Distillatæ ʒv.
Mucilag. Acaciæ ʒiij.
Ft. mistura cujus capiat Cochlear. iij. magna ter die.

℞ Acidi Hydrocyanici ♏ xx.
Aquæ Distillat. ℥vj.
Mft. sternutamentum ter die adhibendum.

26th.—The left nostril has become ulcerated within, and excoriated without; every now and then yellow discharge concretes upon it, and the patient is excessively plagued by it. A bent probe passed in by one nostril goes through the septum and out at the other; the part, once the bridge, of his nose has sunk upon the face so as to form a slightly curved hollow: he has a pallid leaden hue of countenance, he loses strength, and his nocturnal pains continue.

December 1st.—The nose is less sore; his health is very bad, it has been worse since the mercury.

7th.—The pains commence earlier every evening in his shins, and as regularly cease on his breaking into a perspiration, at 12 p. m.

Sol. Extr. Opii pro Lotione ad nasum.

12th.—His forehead that lately was swollen has become natural. The ulceration has crept along down the septum, and reached the alæ nasi. The nocturnal pains have diminished.

15th.—He has violent pains across the forehead and both orbiter processes. His health is so worn and impaired he is altogether confined to bed.

The thickened periosteum now extends over a large surface, from just below the tubercle half way down the tibia. His ankles swell every

evening; he is deprived of sleep by nocturnal pains, and is in a miserably dilapidated trim.

℞ Potassæ Hydriodat. gr. v.
Aquæ Menthæ vir. ℥iss.
Mft. haustus ter die sumendus.

To have a pint of new ale daily, as wort cannot be got.

21st.—The nocturnal pains have almost ceased, (although he has not been a week on this plan of treatment,) his sleep has returned, and his health is better, but the medicine does not sit well upon his stomach.

26th.—The late swelling of the forehead and eyelid has quite subsided, the discharge from it and the nose has ceased, and he appears in better health than he has been for some time past.

29th.—Being in little pain he now sleeps during several hours every night; his health is consequently much better, and he gains strength. The ulcer that had spread from the septum narium to the upper lip has become quite clean, and the old cicatrix that had re-ulcerated over the os nasi is healing.

His left leg is quite free from pain; the right is nearly so, though some little swelling yet remains on the lower part of the Peronei muscles.

Repr. Potassæ Hydriodat.
Sol. Sodæ Chlorat. ulceri.

January 8th.—He is quite free from pain, he sleeps well, he has regained flesh and colour, the

nose has healed, the eyelid and forehead are well; and without any exfoliation coming away externally, I conclude absorption removed the pieces of bone. He has scarcely a mark or disfigurement, and the altered shape of the nose would pass unnoticed amongst those who had not known him previous to his getting the disease. A more complete or pleasing cure has seldom been witnessed, and it appeared to be wrought by this new preparation of iodine with potash.

The curative effects of several other recent medicines, such as the ioduret of gold, silver, mercury, iron, lead, and sulphur, have not been mentioned in the prescriptions contained in this volume; as at that time these remedies had scarcely been discovered by the chemist, or used by the profession.

CHAPTER V.

OBSERVATIONS ON THE POWER AND INFLUENCE OF MERCURY IN CONTROLLING THE PECULIAR MORBIFIC ACTIONS EXCITED IN THE SYSTEM BY THE VENEREAL VIRUS: ALSO, ON A NEW REMEDY THAT HAS BEEN OF LATE SUCCESSFULLY EMPLOYED AS A SUBSTITUTE IN SEVERAL CASES WHEREIN MERCURY HAD FAILED TO RELIEVE THE SYMPTOMS.

Since the publication of several papers setting forth the injurious effects of an excessive and injudicious use of mercury for sores and buboes, and other venereal affections, almost an opposite mode of treatment has become very general.

When a patient applies to a medical practitioner with a chancre upon the penis, the custom now is to administer to him small doses of mercury for a short period during its cure. When another patient comes having enlarged inguinal glands following a sore, or coupled with one, the practitioner also administers to him, in some form or other, a similar quantity of mercury to effect reduction; which object this drug is certainly well calculated to accomplish. Unfortunately it seems

one's lot always more easily to find out imperfections in systems of treatment, than to remedy them: yet it ever has appeared to me that this method of administering mercury, intended for the patient's security, is the way best calculated of all others to endanger him, and to put him in the readiest way to become contaminated by the venereal virus. What drug, indeed, would the profession recommend as the most powerful means of promoting absorption from any part of the body? Why, mercury—the use and application of mercury! Undoubtedly it of all known substances possesses the greatest power to stimulate those delicate tubes, the absorbents, into increased action, and by virtue of which very quality the virus is induced to be more readily taken into the system. Many will answer by asserting, that this influence on absorption is not the only effect produced by the mercury, but that it also acts as a specific in the constitution, by destroying the poison. This may be very well as a doctrine, if true, and the course be carried on long enough: but generally it is continued only until the mouth becomes slightly affected, and then it is left off, or at other times it is used for ten days, or perchance a fortnight. Now it does not appear to me that this is long enough to enable the mercurial action excited to supersede that established by the venereal virus, which such treatment, perhaps, has

caused to be taken into the system from the surface of a sore, or from an infected absorbent. I shall next give an abstract, in support of what I have stated, from experiments made upon fifty syphilitic cases, of which a register was carefully kept. The results of the experiments may be found well worthy of detail, as some of them exhibit facts little anticipated by very many of the profession.

EXPERIMENT 1.

Ten primitive venereal sores and buboes were taken promiscuously as they offered, and treated without mercury. After a lapse of three years, but two of the patients out of that number suffered from secondary symptoms; one of them presenting an eruption of lichen; and the other a set of maculæ.*

EXPERIMENT 2.

Ten other primitive cases were then taken promiscuously, and treated with small portions of mercury during nine days, and by the end of the

---

* Thirty other primitive venereal sores were also treated without mercury, and but five cases of secondary affections were the result of the whole of them.

first year they had furnished so many as five cases of secondary symptoms, viz., an eruption of puniceous patch with iritis; of lichen with effusion; of ecthyma with nocturnal pains; ecthyma with periostitis; and of herpes with cynanche.

EXPERIMENT 3.

Ten more primitive cases were taken promiscuously, and treated by keeping the patient's mouth sore during a fortnight: from these, at the end of two years, but a couple of secondary cases resulted, viz. ecthyma with an exfoliation of an alveolar process; and lichen with a sore throat.

EXPERIMENT 4.

Ten fresh cases were next taken promiscuously, and each was treated by the mouth being kept sore during three weeks: from these, after two years, there resulted but one secondary symptom, viz. a venereal sore throat.

EXPERIMENT 5.

Ten other venereal patients taken promiscuously, had their mouths kept sore during a month* each,

---

* Longer courses not being found practically needful for primary symptoms, all experiments as to them were omitted.

A TABULAR VIEW

OF NINE CASES OF A PECULIAR VENEREAL DISEASE, CONTRACTED IN THE SAME NEIGHBOURHOOD, TAKEN PROMISCUOUSLY BETWEEN AUGUST, 1824, AND AUGUST, 1825.

NAME.	PRIMARY SYMPTOMS.	TREATMENT.	SECONDARY SYMPTOMS.	TREATMENT.	RESULTS AFTER TWELVE MONTHS.	FINAL RESULT AFTER TWO YEARS.
H—— C——.	November 12th, 1824.—Sores on the penis four days after connexion, which left a depression, without induration.	Ung. Hydr. ʒxij. His mouth was sore a fortnight.	January 22nd, 1825.—Affected by numbness, soreness, and stiffness, of the whole body, effusion into the knee-joint: followed by lichen, puniceous patch eruption, and efflorescent sore throat.	His mouth was kept sore two months.	November 7th, 1825.—Pains in various parts of him, and he is thin, but improving.	1827.—He was plagued with pains for six months; but has had no ailment the last ten months.
L—— A——.	October 26th, 1824.—A sore four days after connexion, on the external prepuce: it left no induration, but scabbed over, and produced a bubo that suppurated.	His mouth was kept sore fourteen days.	May 18th, 1825.—Affected by pains, stiffness, sore throat, and an eruption of lichen.	His mouth was kept sore two months.	All his ailments began to depart so soon as his mouth became tender, but he suffered pains at times for six months.	——. He finally got well and remained so.
M—— J——.	December 15th, 1825.—Sores three days after connexion, on the body of the penis, which left no induration, but caused enlarged glands.	Ung. Hydrarg. ʒxij. His mouth was sore fourteen days.	March 9th, 1825.—Affected with pains, stiffness, effusion into the knees, followed by lichen, and on the 14th by rose-coloured puniceous patches, and diffused sore throat.	His mouth was kept sore two months in continuance.	November 8th.—He got well, but is thin.	——. He continued in health.
P—— G——.	August, 1824.—A sore four days after connexion, and a bubo.	Ung. Hydr. ʒxij. His mouth became sore.	October 15th, 1825.—Pains and stiffness in the muscles of his chest, legs, and arms; cough: lichen followed by bright puniceous patch eruption.	His mouth was kept tender two months.	November 1st.—He has cough, swelled ankles, and ten pustules that came out on the legs and ulcerated.	December.—The ulcers healed, but he coughs. January, 1826.—He had iritis. February 1st.—A fistula was opened. 22nd.—It is healing soundly. His cough is relieved; his health is improved. A second attack of iritis. March.—Disposition to consumption.
C—— J——.	November 18th, 1824.—A sore three days after connexion on the internal prepuce, which is covered by a black slough.	His mouth was kept sore one week.	March 29th, 1825.—Pains and stiffness in his arms, legs, and body; cough, lichen, and puniceous patches. June 25th.—Iritis in the right eye. December 29th.—A fresh general eruption of small vesicles, and sore throat.	Mouth sore three weeks. Mouth sore four weeks.	Iritis in the left eye; depletion.	He got rid of the disease. June, 1827.—He remains strong and well.
C—— Y——.	July 29th, 1825.—A deep round black scab on the dorsum of the penis, caused by vesicles.	Aperients and a poultice.	September 29th, 1825.—A cleft tongue, a sore throat, and three or four vesicles on his shoulders and body. October 2nd.—A prominent puniceous patch eruption, stiffness, and pains in one ankle, and a slightly ulcerated throat.	Aperients. Sudorifics. Rose and acid gargle. Mercury.	November 5th, 1825.—He returned with ulcerated throat, and the marks of the eruption still evident. December 14th.—The stains of the eruption are gone; his mouth is tender. 29th.—An eruption of herpes circinatus.	January 26th, 1827.—He went into the country, and he remained well afterwards.
J—— J——.	March 23rd, 1825.—An abrasion and a tender red wart in the fold of the prepuce. A bubo that suppurated; sore and gland destroyed by hospital gangrene.	Aperients, cold lotion, bark, fermenting poultice, wine, oil of turpentine, dressing, etc.	May 14th.—Lichen. June 1st.—Puniceous patches, lichen, sore throat, enlarged parotids. June 18th.—A larger form of deuteropathic lichen.	His mouth was kept sore one month.	His disease ceased.	January 1827.—He remained well.
B—— W——.	June 5th, 1825.—A vesicle on the lacunæ at the neck of the penis, five days after connexion, and a bubo on the eighteenth day.	Aperients. Cold lotion.	August 4th.—Stiffness in his legs and hams. September 11th.—Puniceous patches, and sore throat.	His mouth was kept sore.	His ailments disappeared.	February, 1827.—He was permanently cured.
R—— K——.	July 18th, 1825.—A large irregular sore on the penis four days after connexion, induration, and a red stain. He appeared to have had disease a month or two.	VS. Saline aperients; Cataplas. Lini.	August 16th, 1825.—Pains in his head, hips, and hams, with stiffness, and a vivid risen puniceous patch eruption.	Mercury.	He got well.	March, 1828.—He has had no return of disease.

REMARKS ON THE ABOVE CASES.

All the above sores were contracted near the same period, amongst a class of fellow-associates in pleasure and occupation, frequenting the same prostitutes. Several of the cases arose from connexion with the very same woman; consequently all suffered from nearly the same train of symptoms, which occurred with little variation where mercury did not interrupt. In cases where the commencement could be seen, the primary sores were from vesicles or vesicating pimples, most of which left depressions without indurations. Five out of the nine were attended with bubo; all were attended with pains, stiffness, and numbness in the limbs: two out of nine had effusion into the synovial membrane of the knees: seven out of the nine had tenderness, soreness, or superficial ulceration of the fauces and throat;—six out of the nine had elevated eruptions from small to large forms of lichen: their size and contents appearing only to be modified by the degree of fever and morbific irritation, or the plethora of each individual. Eight of the latter eruptions consisting of puniceous patches of various sizes, inclining in figure to irregular lozenge shapes, so risen above the surface as to be seen by the eye, or felt by passing the hand over the skin; a second eruption followed the first from the sixth to the seventh day in most instances: and in six out of the nine, both affections of the skin existed together (i. e. one came out before the other went off): and where the eruption did not follow the primary symptoms so early as in the other cases, one or two short courses of mercury were had recourse to. This species of virus is not confined to that one vicinity, for I had a patient at the time from Yorkshire with similar cutaneous disease, whose symptoms were precisely similar.

and from all these, after a similar period, there resulted only two sets of secondary symptoms, viz. iritis and lichen; with sore throat and nocturnal pains.

On perusing the annexed Table it will be observed, that nine men were subjected to the same form of virus, infected in the same house, several by the same woman, and that one and all of them had secondary symptoms produced, including even those that had their mouths kept sore during two or three weeks to cure their primary sores when they commenced.

From these well-substantiated facts, one would be inclined to believe that but few in general of the sores, that commonly occur on the genitals, give rise to absorption, or if they do, they are not of that kind of venereal sore that produces mischief: or why should all nine in this instance have had secondary symptoms, and no one of them escape, when out of any ten sores on the penis, taken promiscuously, there generally will not be more than one or two instances of secondary symptoms produced? And as if to prove that these patients were all infected by a singularly active form of virus, generated in this peculiar dirty district, it may be observed that their cases and eruptions more nearly resembled each other than I ever before saw equalled: and to elucidate this, it is only requisite we should compare one set of symptoms with another, as detailed in the Table.

Now we learn from the results of the first experiment, and from many similar, that were several times repeated in the same town, and frequently in that of a neighbouring isle, and also in the country, that the usual number of secondary symptoms following every ten primitive sores, treated sine Hydrargyro, does not on an average exceed two.

From the second experiment made in the same district, it appears, that when small quantities of mercury were employed as treatment for only a few days, that so large and frightful a number as five cases of secondary symptoms out of ten patients was the actual result: that is to say, exactly one half had eruptions and other secondary forms of the disease, which I attribute solely to the mode of treatment adopted, causing an increased absorption, and to an amount that certainly would not have taken place without it.

In the fourth experiment, wherein a properly proportioned length of mercurial treatment was employed, it will be observed that the secondary symptoms sink down to exactly the same number as in the very first experiment wherein no mercury whatever was used: and after much longer continued courses, for primary sores, I still found a similar number of secondary symptoms was the result.

I well know that the system's being under mer-

curial influence will not prevent venereal contagion, nor primary symptoms arising, such as sores, chancres, or buboes; nor secondary ones, such as eruptions and diseases of the bones, if the mercurialised parties then again expose themselves to the virus,—no, no more than the system's being under the impression of mercury; for the cure of iritis in one eye will prevent a similar disease arising in the other; and no more than the system's being full of bark for the cure of erysipelas, will prevent an attack of ague. This is well shown by the Case of John W——g, p. 242, in whom chancre appeared after his mouth had been sore a fortnight. In the Case of S—— S——, p. 333, the bubo preceded the chancre, and the latter appeared after his mouth had been sore more than that time. If mercury were a specific against the venereal virus, how is it that it did not cure sores from contagion in J—— C—-ke, but injured his health? and how is it that secondary lichen, etc., came out in the following case, even when the party's mouth had been for three weeks tender by its influence, and carefully kept so to prevent these symptoms running their course; but the attempt was made in vain?

CASE XCIX.

A SORE FOLLOWED BY PUNICEOUS PATCHES AND LICHEN THAT APPEARED WHEN THE PATIENT WAS UNDER FULL MERCURIAL INFLUENCE, AND WAS FOLLOWED BY VESICLES AND PUSTULES.

ROBERT W——S.

August 27th, 1816.—He had a large flat superficial sore on the foreskin, that came some days after connexion; but he appears to have taken little notice of it during its progress.

29th.—A sloughy dark patch formed in the centre of the sore.

September 6th.—The slough was superficial, but left an unusual extent of induration.

17th.—The sore is slowly healing from two or three different points.

19th.—His skin has a slight efflorescence upon it.

21st.—The ailment in his skin has become more evident, and it is puniceous patch eruption.

24th.—The patches remain out, and are strongly marked.

26th.—The sore being very tardy in healing, he was put under mercurial influence.

November 3rd.—His mouth is quite tender.

24th.—The mercurial treatment has been regularly continued, and his mouth has been constantly kept sore. Notwithstanding his having

been three weeks fully under the influence of mercury, about three hundred middle-sized solitary lichen have come out, chiefly over his back and limbs, some of them containing transparent yellow lymph in their apices.

25th.—Two or three dozen small lichen set upon reddish bases have formed amongst the hair of his eyebrows, on his upper lip, at the angles of his mouth, and amongst his beard.

26th.—All the lichen on the face has concrete lymph in the apices, and the eruption is quite as numerous as in cases when no mercury has been used.

30th.—The concrete lymph is detaching and falling from the dry vesicles on the face. Some fresh lichen keep coming out upon his body, although his mouth is kept quite sore to try thereby to prevent an increase in their number.

December 12th.—A set of vesicles has come out over his scalp, and their lymph exudes at the roots of his hair. His face, brows, and lips have still red marks left by the bases of the lichen.

20th.—A pustule has formed on his upper lip, and several upon his person, which in figure are very flat.

Having detailed enough of this case to show the fact, it is useless to occupy the reader's time by stating more. In Joseph A——h, iritis and lichen came out whilst he was in a state of ptyalism : on

referring to the case of John G——y, it may be seen that secondary symptoms appeared almost under similar circumstances, for in him they came on whilst his mouth was, and long had been, sore from mercury: and rupia continued to come out in the case of William P——r whilst he was actually under its full influence, and I have shown that a course of five weeks did not prevent the largest eruption of tubercles that perhaps ever was seen. Vide case of Y—— D——s. The mouth being kept sore during thirty-five days, or even longer, for the primary ailments did not avert their being followed by secondary ones: Vide the case of herpes confertus in S—— S——e, the ecthyma phlyzacium in J—— F——er, and the spili coccinei in Henry D——k. I have long known that after constitutional contamination immediate saturation of the system with mercury will not prevent the sore, or bubo, being followed by venereal secondary symptoms: for I have seen a little soreness of the mouth induced by a gentle mercurial course, for trivial primary ailments, unexpectedly run into ulceration of the sides of the tongue and throat, and terminate in a continuous set of symptoms, including pains and true venereal eruptions, so as to constitute in every sense of the word a regular secondary case: Vide that of Thomas L——y: and this occurred when the patient could not be accused of going out into evening fog and midnight

revels, for he never quitted his bed except to have it made, and he had his chamber-door locked every evening during the course. Indeed this fact did not much surprise me, as it always had been a question in my mind, how mercury that acts through the blood could cure primary venereal symptoms before the virus had got into that fluid, even if it was a specific. At the same time it must be acknowledged that mercury accelerates the healing of most venereal sores, though probably only by promoting the absorption of a virus, that, so long as it continued in any part, that part was constantly excited to the secretion of fresh pus, or to renewed ulceration. To me it has ever appeared worse than useless to administer mercury in the early stage of chancre and bubo, before the poison has had time to enter the system; nay, often even before absorption of the virus from the surface has commenced, and this under the hope of preventing contamination by absorption!—the very function that mercury, indeed, is best calculated of all articles in the Materia Medica to put in action. What do you have recourse to in other diseases with most confidence to promote absorption? Why, to mercury; and yet in venereal disease you administer it for prevention of absorption, or, at least, the prevention of its effects. Besides, all this is done at a time, too, when we have no evidence that any virus will be

absorbed, or any mischief be produced in the system by the primary affection: thus through common prejudice we are forced to adopt this injurious treatment and to expose the patient to the utmost evil, especially as some will not rest content unless this folly be committed. The administration of mercury so soon as a sore is found on the penis, appears to me like trying to combat a Hydra in the dark, of whose real existence we have no evidence. Do you attempt to cure the itch, the measles, or other exanthematous fevers before they exist,—because, perchance, the patients had been exposed to the infection? or does it, in the least, more surely follow, that a person is contaminated because he also has been exposed to the contagion?—and can you cure his syphilis any more than measles before its existence in the patient? Mercury given in small quantity, as already mentioned, for primary venereal affections, before the virus has entered the system, to me seems not only well suited to promote absorption of the poison, but so to cause contamination and consequent secondary symptoms,—the very effect its exhibition is intended to prevent.

However, if mercury be had recourse to in the primary stage, it should be administered in sufficiently proportioned quantity, and enough to induce the healing of the sore, the reduction of the glands, and, finally, it should be still further

continued, so as to keep up its action in the system until that of the syphilitic virus has run its course, or (what comes to the same end) until the excitability of the system is sufficiently exhausted by the venereal poison to secure it against its further effects—the secondary symptoms, and all anxiety of mind occasioned by the uncertainty of the length of time that may elapse before their final termination. But the action of the venereal affection, it appears, cannot always be superseded by the mercurial. We know that mercury given before the system is permeated by the venereal virus does not prevent secondary symptoms; and if the virus is first in action, mercury does not stay its course, but moderates its violence by raising a new action peculiar to itself; (although Mr. Hunter conceived that no two morbific actions could go on in the system at one time.) If the venereal virus has so far advanced as to be on the eve of developing itself by the production of eruptions, even if the mouth becomes affected by mercury at the instant, or just before, yet the eruption will still come out, and the train of symptoms then commencing will run their course, in spite of the mercury, as may be observed in the cases of W——s, T—— L——y, etc., that I have just instanced. And let me for a moment inquire if the virus of variola in like manner were about to produce the pustules of small-pox, would your

placing the system instantaneously under the influence of mercury prevent the eruption of this other variety of exanthemata from pursuing its course? But I am willing to allow that when mercury is exciting its action, the inflammatory symptoms do not run so high; and thus it probably prevents so injurious and rapid an exhaustion of the system's excitability; for the specific symptoms cease without those destructive processes that are occasioned by the virus pursuing the violent course it otherwise would have done, had the poison been permitted to proceed through its stages uninterruptedly. Practitioners have at last become sensible of the powerful influence that bleeding, purgatives, salines, and many other remedies exert over the venereal eruptive fever, as well as in measles and the other exanthemata. The science and ratiocination of the physician are never more beneficially and conspicuously displayed than when thus exerted in order to mitigate the violence, and save the total exhaustion, and consequent annihilation of vitality in the system by over-action from venereal and other poisons causing diseases that run a certain course, in spite of every human effort to restrain them; with one single exception, viz., that of vaccination.*

* Perhaps the lately discovered inoculation by scarlatina may prove the only other exception to this rule.

Some venereal symptoms certainly disappear more quickly if mercury be administered, than they would if none had been taken; and a few of the most virulent symptoms, such as have returned five or six times under treatment, have been observed to lessen or disappear as often as this remedy has been got into full action on the system.

Nevertheless, if I be not much deceived, mercury first acts as a stimulant, and therefore there are particular periods and symptoms in which it aggravates the complaint: I have known some inflammatory symptoms, such as nocturnal pains more violent for a time on the mouth first becoming sore; (Vide Case of Y—— D——s;) his pains became worse on the 18th, and his mouth was perceptibly sore on the 19th; whilst a little later in the disease, after it had partly exhausted itself, mercury has effected a radical cure in the same individuals, who before had been six months under its influence without benefit.

In the case of William P——r, p. 357, all his symptoms at first appeared to diminish from mercury raising a new action in the system: but soon afterwards it nearly killed him by causing erethismus mercurialis. These risks might often be avoided, and especially as it is now well established that even the secondary symptoms may be cured without mercury: this may be seen on

referring to the case of Richard B——tt, in which lichen was also so cured; and again in the case of William L——on there is an instance of venereal ecthyma, followed by lichen, and even by a second or deuteropathic ecthyma, that got well without this mineral,* and venereal rupia in the case of John Campbell. But to return from this digression. In those who have suffered from syphilis and its eruptions, the legs are apt to swell, the muscles of the hams to grow stiff, and pains to be experienced on either sides of the patellæ; their blood (if drawn at that period) exhibits the buffy coat, vide page 298, 443, etc.; and these may be taken as signs that although the disease lies dormant and appears to have been subdued, yet that nevertheless it has not exhausted all its power, and that eruptions will still be produced by it, and a cough with pain in the side, without expectoration, (Vide Case of W—— W——ds, A—— L——e, etc.,) is a similar precursory symptom, and in which bleeding is not found nearly so useful as in common coughs.

Mercury certainly has a very singular and peculiar influence, viz., it has a power of, as it were, postponing the appearing of venereal symptoms to a far later period than they would have developed themselves at, had they remained uninfluenced,

---

* Vide papers on this subject by Dr. W. Fergusson, Mr. Rose, Mr. Guthrie, etc., Medico-Chir. Tr.

and so followed their own natural course. Mercury, for instance, had been administered in John W——g, p. 242 ; therefore the puniceous eruption, it will be observed, appeared at least four months later than usual.

In Samuel S——e the ecthyma began to show itself very late in consequence of his having taken mercury ; and we see a similar postponement of action, at times, when animal poisons produce their effects later than is customary, from some peculiar or modified state of the constitution, as in those persons where a cow-pock vesicle, for instance, does not rise at the usual period after vaccination ; also from the infection of scarlatina, varicella, etc., having pre-possession of the system. Impressions left by several other diseases have the power to suspend the cow-pock vesicle, and this I take it is precisely similar to the effect of mercury influencing the state of the frame, and altering the peculiar time of appearance and character of the venereal cutaneous affections, just as vaccine influence is observed to modify the eruption of small-pox : the former is exemplified in the following instances. In September, 1818, three patients had, a little before, undergone mercurial courses : they had separately rubbed in from thirty-eight to forty-seven drachms of strong mercurial ointment, and the mouth of each had been kept sore from three to seven weeks in continuance.

The action of the mercury on their systems had produced spongy crimson gums, and towards the end of their course had even caused slight ulceration of the edges and backs of their tongues. They had lost flesh, and their constitutions appeared to be actually suffering from the mercurial action : yet a month after, all three of these patients were again under treatment; the buboes that had healed having re-enlarged, and not being now confined to a single gland, in each, as at first, their eruptions were of a peculiar vesicular character, in patches that dried off in a short time, totally different in form from their first vesicles and pustules. These eruptions had thus been modified, no doubt, by their late mercurial courses having changed the state of their constitutions.

But, nevertheless, mercury certainly does not act as a specific, or its long-continued effect on these last-named patients ought to have prevented their being attacked by secondary eruptions. I am not of those that believe that mercury mollifies the venereal virus by amalgamating with it: on the contrary, I am convinced it can only mitigate the effects of any poison by engaging so much of the excitability of the living system as enables its own influence to be carried on. The utility of mercury in venereal disease, as in other inflammatory diseases, in all probability depends not only upon the new action it excites, but on its

long continuance in the system : for although two morbific actions certainly can, and do, go on in the living body at one time, yet as the degree or power of life remains the same in quantity as before the second was established, one portion of that power is expended in carrying on the mercurial action, and the other in carrying on the venereal ; and as the powers of life are divided and drawn into actions by two different poisons at the same time, neither, I conclude, can go on with the same degree of intensity as if the whole energy of the system were exerted only to carry on one : hence mercury may through the system oftentimes modify or lessen the violence of a virus it cannot subdue. I believe mercurial courses never cure (as the term is) venereal disease, unless the action is continued in the system until that of the venereal poison is wholly exhausted and ended. I have every reason to suppose that this mineral produces its effects through the medium of the blood, which I hope is verified by the recent experiments detailed at page 564. The quantity of mercury required for this salutary purpose, and to produce ptyalism upon different individuals, is very various,—as may be gathered from the following case.

CASE C.

Miss G——n, æt. 24.

February 10th, 1816.—She has regurgitation of food, cardialgia, and other symptoms of indigestion, combined with sluggish action of the bowels, and was ordered to take

Pilul. Hydrarg. iij. alternis noctibus.

Mag. Carbon. c̄. Inf. Gent. C. primo mane.

17th.—She is much better as to her heartburn and state of the digestive organs. She has taken three of the pills, and they contained but gr. iij. of the mild black oxide of mercury; yet this very small quantity has made her gums tender and rough, and produced a soreness under the tongue with great increased secretion of saliva, bordering on salivation. This proves how extremely susceptible she is to the action of this mineral:* yet I have had patients whose mouths could not be made sore during a fortnight's rubbing in, and

* In the Medical and Surgical Journal for September 13th, 1834, there is the case of a patient who was salivated and lost his jaw from a single dose of this mineral.

when many doses of blue pill internally were conjoined.

If mercury be given for the removal of primary contamination by venereal virus, the use of that mineral should be continued from twenty-four to thirty days after the gums become affected by the remedy; and an adequate quantity should be taken to keep up a peculiar coppery taste in the mouth, especially on waking in the morning, and also to cause a slight but steadily continued tenderness and redness of the gums, perceptible to the eye on inspecting that portion supporting the incisores teeth. If a less quantity than that be administered, the patient will run all the risk of injury, without deriving the benefit of security: on the contrary, absorption will have been promoted, and in many instances cause the secondary symptoms—those direful affections which we are called upon either to prevent or remove. I do not make these assertions to cast odium upon the practice of any individual; for in spite of acting with the most upright intentions, from one accidental circumstance or other, we may unfortunately err in judgment;—humanum est errare, and few are altogether clear of some portion of the imputation.

Now I apprehend they must be delicate systems indeed that would suffer materially from the influence of so gentle a mercurial course as has been described in the foregoing pages, but never-

theless it is needful to be still more on our guard when the patient has any appearance tending to scrofula or consumption. I am sorry to say I saw a case lost, within a month or two, from mercury bringing consumption into action, in an individual with light hair and fair complexion. I have another with black hair and dark complexion with a scrofulous ankle-joint, in whom that disease commenced in less than a fortnight after the termination of a very mild mercurial course, of not more than twenty rubbings for primary venereal disease; and a third with exostosis after an extremely short course of inunction. How common it is for glands to enlarge and suppurate under the chin, in the neck or axilla, or even at times within the chest, from the irritation commonly excited by the syphilitic virus on the absorbent system; and this state of glandular derangement often terminates in true scrofula or consumption, and happens in venereal cases wherein mercury has, and even where it has not been administered. Scrofula, however, frequently appears to commence in damp weather, especially after irritation from colds and syphilitic eruptions, but more especially if the former are conjoined with the use of mercury. It is indeed well worthy of remark, that during the first set of experiments, as to the cure of venereal disease without mercury, no case of thickened periosteum, of exfoliation

of bone, or destruction of nose occurred; but that they made their appearance in the second set of experiments so soon as mercury was used. So inimical is this mineral to some, that it sets carious teeth into pain, and even causes aching in old fractures, although they had been soundly united and forgotten years before, as in the case of John Slaymaker. But mercury never yet, whatever other mischief it might do, (however improperly and extensively employed,) produced symptoms strictly resembling the venereal disease; for sore throat, ulcerated tongue, and enlargement of glands and of the cylindrical bones, are the only symptoms so caused, that in appearance even approach to the syphilitic, even from the longest continuance of its use, and notwithstanding its having been so abused, as to have been found (as it is said) in the form of metallic globules in the cancelli of churchyard bones.

When mercury acts injuriously, and disturbs the health either from being too long continued, or too often being had recourse to in impoverished constitutions, it is apt to produce, as one of its many effects, an eruption, that from improved practice, of late years, may comparatively be said to have become scarce, viz., what by some has been named venereal blotches. This eruption occurs mostly in cachectic persons; therefore it is chiefly met with amongst the inmates of hospitals,

and in the dispensary or workhouse, and most frequently in pale dissolute people, who have taken perhaps of their own accord too large quantities of the mineral for a year or more in continuance. These mercurial blotches beginning as small vesicles, break, and their thin ichor in some places dries and falls off, and is re-secreted ; and the process goes on during a time, and at last the discharge becomes glutinous, collects, and partially desiccates on the part, and then forms a small thin scab: the secretion continues to be produced beneath it, and in a week or two becomes a very extensive flat and unsightly brownish black scab, as large as a crown-piece. When this is removed a superficial ulceration is exposed, and seldom is found to have penetrated much deeper than the skin. These scabs are not very numerous, rarely being more than eight or twelve in number, and they do not all form at once, but at a month or two apart; and they will be generating through two or three years if no treatment be had recourse to. The above blotches never have so thick a scab as rupia simplex; nor do they run their course so quickly, nor are they so numerous: commonly there are not more than four or five of these patches existing upon the same individual: when the part they occupied heals, they leave a kind of liver-coloured mark, but not so crimson, or even, as in the stain of rupia. If they chance to have formed

on the scalp, or a part covered by hair, then indeed they may possess as thick a scab as the latter eruption: their secretions form layers matting the hair together, and extending to any size. They are most common in the disease formerly termed pseudo-syphilitic.

Another eruption, eczema mercuriale, is at times caused by the application of mercury to the skin, and some few well-marked cases of which I shall next briefly detail.

CASE CI.

D——N, S——E, and J——S.

September 9th, 1817.—All three of these patients came under treatment about the same time for primary venereal symptoms. Their bowels were cleared, and their cure commenced by inunction.

Ung. Hydr. ʒj. omni nocte illinenda.

13th.—On the third day of their course each of their mouths became tender, and all of them had white tongues and accelerated pulse, and became febrile, stiff, and restless.

15th.—All of them were next attacked by an eruption that commenced during the night, consisting of an efflorescence on the skin about the thighs and pubes: thence it spread over the surface

of their bodies, and the red cuticle became covered by very minute white vesicles set upon the bright efflorescence; and these were also most numerous about the pubes.

Salines and aperients.

The eruption in D——n was accompanied by a very troublesome sore throat.

18th.—The fevers and efflorescences gradually ceased.

19th.—The vesicles began to desiccate, and their contents fell off in the form of minute dry crusts, without moisture or discharge.

October.—The use of the mercury was continued as soon as the cutaneous exfoliation began, without any further constitutional disturbance: these patients getting well remained so, and had no recurrence of the eruption.

To say the least, it was a very curious coincidence, that three patients should come under treatment within about three days of each other,—that each should use portions out of the same jar of ointment,—that their mouths should become sore on the same third day after inunction; that all of them on that day should be attacked by a similar Eczema mercuriale; * and that so like were their

---

* Erethismus mercurialis is a very different affection: of that disease the reader will meet with cases in this work; that of W—— P——r, p. 357; William M——k, p. 515, etc.

symptoms, that the description of any one would have been equally applicable to all three cases, so closely did they resemble each other, with the exception of S——e and J——s being free from sore throat. I should really suppose this disease of the cuticle to be caused by some peculiar state of the ointment.

I have witnessed two cases of the like description that were attended by inflammation of the conjunctiva, as in some cases of cow-pock.

So soon as the body recovers its excitability to be acted upon, that is, if the poison has not exhausted itself, venereal secondary symptoms continue to come out, and during months in succession, until the virus is expended, should the constitution still hold out, and bear this long-continued succession of injurious impressions.

If the foregone view of this very intricate subject be correct, and if the system is doomed to suffer considerable exhaustion of its excitability from syphilis, and also from mercury used to remove the disease, then I say the interest of our patient immediately leads us to the inquiry as to what syphilitic cases require the employment of that mineral, and which do not. By the help of the present advanced state of science, and the very extensive experience of hospital surgeons, who have given their attention to this exceedingly interesting subject, how many might escape as

well the secondary forms of this disease, as its formidable remedy! The best evidence I could venture to offer on this highly useful point is, by recapitulating the results of frequently repeated experiments; and thence deducing the number that probably may escape from the disease without its secondary symptoms.

Now as but two secondary cases appeared after every ten sores, taken promiscuously, and treated sine Hydrargyro, it follows as a matter of course, that not more than two venereal cases out of every ten sores really required mercury for their cure; that is to say, that taking a very extensive average of contaminated persons, not more than that proportionate number of them commonly suffer from absorption of the virus and its effects, so as to have secondary symptoms produced: hence the preceding facts prove that about eight patients out of every ten (in common practice) are, I had almost said, mercurialized without reason. This is a grievous evil to the scrofulous and consumptive, and especially as mania, epilepsy,* apoplexy, palsy, and enteritis occasionally occur during mercurial action, and in some of these instances death is not unfrequently a consequence. Yet at the same time it may be held grossly culpable to abstain from the use of mercury in these two particular

---

* Vide case of epilepsy in J. Ward, and of apoplexy in W—— N——x.

cases of the ten that are likely to be followed by secondary symptoms ; unless a scrofulous diathesis be observed in the patient's constitution, or an equally safe and valuable remedy is found to exist in the recent preparation of one of the elementary bodies now about to be spoken of, and that has been tried in several secondary cases by the author.

I allude to the Hydriodate of Potash given in five grain doses, twice or thrice a day during some time in continuance.

In the Case of C—— B——n, no mercury was administered for either primary or secondary symptoms, and his nocturnal pains and other ailments of some months' duration ceased and never returned after the administration of the Hydriodate.

In the very intractable case of D—— N——, where the steadily continued use of mercury during months only aggravated the symptoms, the Hydriodate removed the nocturnal pains and perspirations, stopped the further ulceration and destruction of his nose, and quickly put him into a state of happy convalescence.

In another secondary case, that of a young gentleman (the original disease not being contracted in England), with eruptions on the skin, pains in the shins and effusion into the synovial membrane of the knee, I easily effected a cure by this same remedy. He hunts and gets wet, and although more than a year has elapsed, he has not experienced any return of his complaint.

The Hydriodate in the present month, in another instance, quickly removed an eruption and nocturnal pains; but the bubo remains to be healed. I am also trying the remedy upon a node, but have not continued its use long enough to ascertain how far it is efficacious in removing osseous depositions.

But another invaluable quality possessed by this excellent medicine, that chemistry has so recently presented to the world, remains to be mentioned, viz. that after mercury has produced ptyalism, broken down the general health and begun to bring scrofula into action, iodine then appears to act in a far more salutary way, than in cases wherein no mercury has been taken. Is it not possible, nay even likely, that under these circumstances the iodine* being taken into the system, forms an Hydriodate of Mercury in the living blood?

Seeing that Bin-iodate of Mercury in a solution of Hydriodate of Potash formed a crystalline triple salt, I attempted to procure similar crystals from the blood after a course of Mercury and Hydriodate of Potash, but failed.

I was then induced to make the following experiment.

October 17th, 1835.—Five grains of Pilula Hydrargyri were given to a dog, morning and even-

---

* Especially the Hydriodate of Potash.

ing; and a drachm of Unguentum Hydrargyri was rubbed on his abdomen.

25th.—A discharge from his nose and swelling of his lips indicated that the animal was under mercurial influence.

Five grains of Potassæ Hydriodas were then substituted, twice a day, for the Pilula Hydrargyri.

31st.—The dog was killed; blood from his heart and vena cava was allowed to coagulate, when a pink serum was decanted from the crassamentum, and a current of sulphuretted hydrogen passed through it, which immediately produced a blackish-green colour: a similar change could not be induced by the same test in healthy serum.

Bright copper wire being immersed in the blood received a gray coating, which was less intense than what was deposited upon a similar wire dipped in a weak solution of chloride of mercury.

A wire that formed the conductor from the negative pole of the battery also became grayish in the blood.

By a rough arrangement of zinc and a half sovereign I coated the latter with so silver-like an amalgam, from this blood, that it resembled a sixpence, but the tint immediately vanished on its being held over hot iron.

On adding sulphuric acid to the blood effervescence ensued: on evaporating it to dryness violet-coloured fumes were given off, and reappeared by exposure to heat.

The above facts led me to conclude that Mercury and Iodine were present in this blood; but to render the matter more clear, I obtained the assistance of an able chemist, Mr. Squire, of Duke Street, Grosvenor-square: he afforded me every facility in his laboratory, wherein the following experiments were conjointly made.

A portion of crassamentum was heated with pure Potash until it was carbonised, then triturated with distilled water, and passed colourless through a filter, when a solution of Starch, and a current of Chlorine gave unequivocal evidence of the presence of Hydriodate of Potash. Muscle from the same animal gave similar results, and so did urine.

Another portion of crassamentum was diffused in distilled water, and placed in a basin of pure silver attached to the positive pole of a galvanic battery, whilst a plate of pure gold attached to the negative pole was held in the blood under examination: Iodine was deposited upon the silver, (as anticipated,) but the fluid appeared to have been so drained of its Mercury by former experiments that no amalgam was detected upon the gold.

I am sorry that want of time, at present, prevents my making one other experiment to render this very difficult but highly interesting inquiry complete.

A few more cases, in addition to those already detailed, are all in which the author has as yet employed this new remedy for venereal disease:

but if its curative properties in syphilis are such as they appeared to be in the inveterate disease of D—— N——l, perhaps no future loss of nose or palate will be permitted to occur in England.

I have now brought to a conclusion a work, the materials of which have been twenty years in collection. In it I have ventured to set forth an opinion as to the natural origin of the venereal virus, and I have also attempted to reduce the great variety of syphilitic eruptions to a state of scientific classification; although Mr. Hunter has said that syphilitic ailments are not to be reduced to any form or order; * and I humbly submit, that I am the first to have attempted it, and also, (as far as examination by the eye and microscope has enabled me,) to have demonstrated the various tissues in which the different eruptions are formed.

I have collected and detailed numerous authentic and well-marked Cases to illustrate each Order.

I have also drawn the attention of my readers, by the aid and results of simple experiments, to the injudicious method now too frequently pursued in conducting the mercurial course; and I have shown that probably most, or very many, might be treated without it. I have pointed out too a new remedy, that in all instances in which it has been tried has removed some of the worst

* Vide his quarto edition, Edinboro', p. 362.

forms of secondary symptoms, wherein mercury had completely failed to controul them, and am (I believe) the first that tried the hydriodate, in secondary symptoms.

Yet I cannot patriotically boast of having discovered a remedy equal to that of the savant who proposed "that all governments should combine, and upon one particular day have all their subjects salivated, thereby to exterminate syphilis for ever from the surface of the globe."

Lastly, I must with sincerity confess that notwithstanding the very close investigation I have made of this Protean disease, I cannot flatter myself but that much is left for the ability of others to make the subject any thing like a perfection; yet I am not without the hope that the examples collected—the descriptions given—the experiments detailed—the classification formed—and the observations promulgated, will in some degree prove useful, both by lessening the future labours of the student, and by affording practical assistance to those who are actively engaged in the duties of so arduous and responsible a profession.

THE END.

PRINTED BY A. J. VALPY,
RED LION COURT, FLEET STREET.

CORRIGENDA.

Page	Line				
21	8	*for*	impressions	*read*	contamination
31	1	—	in	—	on
32	15	—	echymosis	—	ecchymosis
37	18	—	Calomalane	—	Calomelane
39	9	—	was	—	were
43	19	—	which	—	what
47	10	—	doses	—	dosibus
52	17	—	lumber	—	lumbar
53	4	—	Acet.	—	Ant.
63	19	—	rigour	—	rigor
85	13	—	Potassæ	—	Potassa
91	17	—	doses	—	dosibus
97	21	—	cephallagia	—	cephalalgia
102	22	—	No. 343,	—	453 (it having been altered in the Museum)
109	17	—	sebacious	—	sebaceous
130	13	—	are	—	is
		—	Spermorrhæa	—	Spermorrhœa
180	20	—	intire	—	entire
184	7	—	primitive	—	primary
186	19	—	that	—	those
435 line, bottom of Plate, G				—	Y

Medicine (S2
EK 8
1836 - J