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MY DEAR SIR,

I have ventured to prefix your name to the following pages on the hacknied subject of the Venereal Disease, from a conviction, founded on the perusal of your own valuable contributions to many branches of medical science, that you will view in a liberal spirit of encouragement, any attempt, however humble, to promote improvement in the treatment of disease.

I am, dear Sir,

Very truly yours,

F. C. SKEY.

PREFACE.

THE neglect which the doctrines of Sir R. Carmichael on the Venereal Disease have recently experienced; the almost total oblivion which has unhappily arrested in their progress the partially developed views of Mr. Abernethy, and the perfect apathy exhibited by the profession to the brief work of Mr. Evans, are considerations which I have deemed of sufficient magnitude to account for the appearance of the following pages. I have adopted the form of Lectures, a mode of publication now so generally in use, not without an eye to the convenience it offers, although it retain a certain tone of instruction, which may be liable to some exceptions in a treatise addressed directly to the profession at large. It is hoped this plea may tend to conciliate a kindlier construction, should there appear on the surface, a freedom and forwardness in any opinions which should distinguish those only, who have attained an influential position in the mind of the profession.

The nature and treatment of the Venereal Disease first engaged my attention in the private practice of Mr. Abernethy. After an interval of some years my friend, the late Mr. Earle, in a spirit of liberality, transferred to my hands, for a period of four years, the entire charge of three venereal wards in St. Bartholomew's Hospital.

As to the work itself now laid before the public, I may observe, that I have little confidence of seeing any interest created by so humble an attempt to impugn doctrines on which time has conferred the sanction of its authority. It is a tendency of our nature to "settle down" in the delusions, as well as the truths in which the pages of the past abound, and with this reflection in mind, it is possible to explain how the idea of mercury, in quality of a specific, as it should almost seem, over a particular province of a disease, has become as a law to thousands of the profession. Besides it is somewhat visionary to expect that they who have grown old in a favourite creed, will languidly lay it down for a new tone of opinion, against the convictions and professions of their whole lives. When Gil Blas ventured to challenge the efficacy of his patron's system of treatment, Sangrado's only objection to a change was, that he had published a book in favour of it, and therefore could not comfortably

do otherwise than continue to offer up his daily sacrifices to bleeding and warm water. Sangrado is no more: but the principle he so naïvely represented is still abroad in the present generation, and perhaps more difficult to contend with, because a sense of dignity, not conspicuous in the simple-minded, obliges not a few, to conceal the real cause of their adherence to a long-cherished system.

But while I have a due apprehension of the difficult and invidious character of the undertaking, I have also a strong sense of the desideratum, that something of the kind should be attempted. It will not be argued, I presume, that the use of mercury, if not always efficacious, is at least, invariably negative of harm, or that its *modus operandi* offers no just ground for aversion, and interference. But we must not stop here, the converse of this being only the half of the truth, and what is more material, the less obnoxious half; since it is a matter of daily experience to meet with instances wherein mercury having failed of its original object, has engendered in the constitution an action of a far more formidable nature, than that of the evil, it was employed to coerce. Here then is presented a combination of circumstances which it is reasonable to infer would produce a revulsion against the absolute rule of this powerful agent, provided there could be substituted in

its place an effective means of treatment, subject to none of its hazards and liabilities.

To meet, in some degree, the object of such a crisis, this publication was designed.

I lay not claim to the merit of entire originality, for I apprehend that on inquiry I should not be found entitled to it, my principles being, in most important respects, the same with those pursued by Mr. Abernethy, Sir R. Carmichael, with the army surgeons, Mr. Guthrie, Dr. Hennen, Mr. Cooper, Mr. Bacot, and others. Accordingly what I have had in view, is to present from my own experience a faithful record of cases, in which I have drawn from the doctrines of those gentlemen whatever appeared of service to the foundation of my treatment.

In this age of experiment one fact is worth a hundred arguments, and it is by this kind of evidence that I seek to be examined. If I have cured without recourse to mercury, many hundreds of cases of Venereal Disease in the medium period allotted for the purpose, there is surely no occasion to go beneath the surface in order to prove that the same course may be pursued on all hands with the same result; admitting these practical alterations, to constitute an argument that the plan is good to be acted upon, it follows that it is equally good for one practitioner as another.

Such then is the brief allusion to the grounds on which I rest my preference to the anti-mercurial mode of treatment, and on which I venture to solicit the experiment of the sceptical, being thoroughly sensible that it is only by the combined spirit of inquiry, that the correctness or incorrectness of any doctrines can fairly and finally be put beyond dispute.

I must not pass over this opportunity of expressing my grateful, but inadequate acknowledgments to Mr. Welbank, from whose judgment and experience I have, during the period of a long friendship, derived very kind and valuable suggestions, and to whose instruction I owe my early interest in a branch of medical knowledge, which he himself has so successfully cultivated.

Charter-house Square,
Nov. 1840.

CONTENTS.

LECTURE I.

PAGE

Sketch of the History—Three primary forms of Venereal Disease—Disease often of spontaneous origin—Difficulty in proving the identity of Disease in the two parties—Disease in one party only, of frequent occurrence—Forms of Sore dependent on constitutional peculiarities—Plurality of Poisons—Various kinds of Sore probably modifications of each other—The Hunterian Chancre—The claims of Mr. Hunter as an authority on the Venereal Disease of the present day—Necessity of a clear definition of the terms "induration," "circumscribed thickening," &c.—Rareness of the indurated sore . . . 1

LECTURE II.

ON THE COMMON VENEREAL SORE.

Summary of the doctrines inculcated in the previous Lecture—Characters and progress of the common Venerola—Its degree of elevation dependent on its situation—Probable identity of its poison with that of Gonorrhœa—Condylomata—Modification of the common Sore or Venerola—The venerolic Bubo—Treatment of Venerola—Mercury unnecessary in the treatment of Venerola—The Venerola superficialis and indurata—Liability of the latter to slough—Treatment of Sloughing Sores—Summary . 30

LECTURE III.

ON THE PHAGEDÆNIC ULCER.

PAGE

Eccentric actions of the Phagedænic Sore—Primary Phagedæna of questionable existence—Is Phagedæna due to local or constitutional actions?—Constitutions liable to it—Diagnosis—Three forms of Phagedænic Primary Sore—Bubo—Phagedænic Secondary Disease—Sore throat—Eruptions—Phagedænic Scaly Disease—Rupia Cachectica—Sclero-Iritis—Mercury competent to the development of Phagedæna, when employed in the treatment of venereal and other forms of disease—Treatment of Primary Phagedænic Disease—Mercurial treatment objectionable—Mercury incompetent to arrest ulcerative action—Treatment by Escharotics in the early stage—Treatment of Secondary Phagedænic Disease—Cases . . . 66

LECTURE IV.

ON THE PRIMARY INDURATED VENEREAL SORE, OR TRUE SYPHILITIC CHANCRE.

The true Syphilitic Sore—Marked by great induration—Attended with, or without ulceration—Sore affecting the glans—Sore affecting the prepuce, or body of penis—Syphilitic Bubo—Sore throat—Three forms of eruption—Mottling—Psoriasis—Lepra—Iritis—Treatment of Syphilis—Action of Mercury—Mercurial treatment indispensable—Cases . . . 122

LECTURE V.

ON NON-VENEREAL SORES.

Herpes Preputialis—Chronic form of the Disease—Immediate and remote Causes—Psoriasis Preputialis—Cause—Superficial Ulcerations of the Prepuce—Resemblance to a Syphilitic Chancre—Thickening of Prepuce preceding the appearance of the Ulcer—Excoriation with or without Purulent Discharge or Gonorrhœa Preputii; occasionally confounded with true

PAGE

Gonorrhœa—Operation for Phimosis, or removal of Prepuce by Excision—Reference to previous Doctrines relative to the incapability of Mercurial Treatment in Ulceration—Mercury an efficient Remedy in proportion as Ulceration is slow—Bubo, Treatment of—Necessity of selecting the most opportune moment for opening all Abscesses—Treatment by Opium in Chronic Cases—Mr. Hunter's Testimony to the Value of Treatment by Opium 149

LECTURE VI.

ON CATARRHAL VENEREAL DISEASE, OR GONORRHŒA.

Symptoms of Gonorrhœa—Mild and virulent—Chordee—Surface affected often disproportionate to the virulence—Pathology of Gonorrhœa—Acquired both spontaneously and by contamination—Difficulty of distinguishing venereal from other forms—May be produced from leucorrhœa—Ditto during menstruation—Case of spontaneous Gonorrhœa—Rheumatic Gonorrhœa—Treatment—Repellent and palliative—Inflammation of neck of the bladder—Excessive depletion objectionable—Gleet—Its nature and treatment—Stricture—Treatment of Gleet by bougies inefficient—Is Gleet communicable?—Cases . 166

Plate 1. Fig: 1.

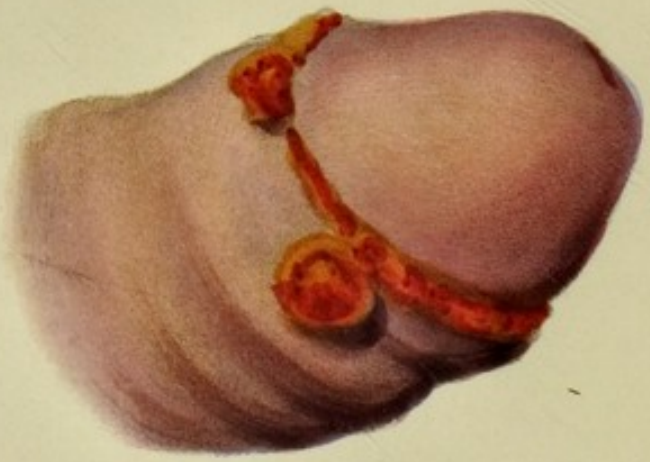
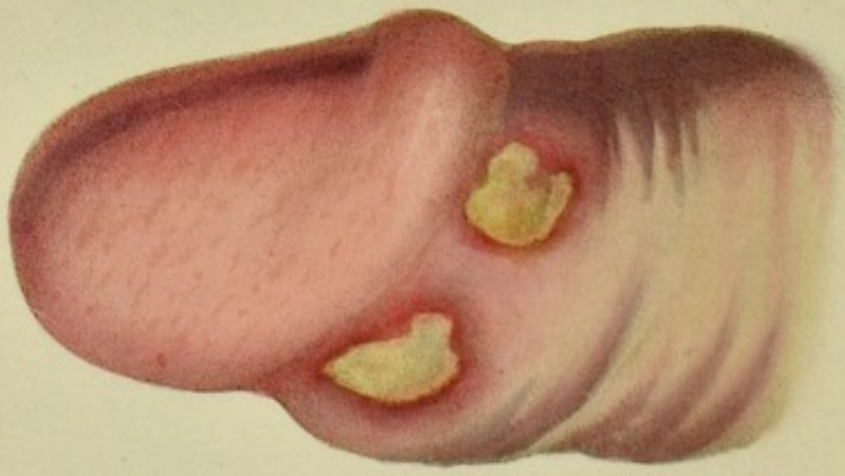


Fig: 2.

Plate 2.



EXPLANATION OF THE PLATES.

PLATE I

Fig. 1.—Represents the common venereal sore, *Venerola*, in an advanced stage. It is characterised by its raised margin and flattened base. It is unattended by much local irritation—the neighbouring parts being destitute of inflammation, ædema, or hardness of the base. The sore here represented had existed seven weeks, and was treated without a grain of mercury. No secondary constitutional symptoms followed.

Fig. 2.—Represents another example of the common venereal sore, which usually forms in clusters around the front margin of the prepuce, and often follows or accompanies gonorrhœa. These sores are elevated on their whole surface.

PLATE II.

Examples of the phagedænic sore—flat and unaccompanied by hardness of the base—the action is erratic, extending along the margin only—they are more active than the common sore, extend more rapidly, and are attended with a greater degree of ædema of the prepuce, and with more pain.

PLATE III.

Examples of the true syphilitic chancre, characterised by torpid action and great induration of the base.

Fig. 1.—Represents the induration which precedes the formation of the sore, and had, in this example, existed five weeks.—scaly eruption (*lepra*) followed on the forehead, head, chest, and arms, *before the local ulcer appeared.* The entire disease yielded under active mercurial treatment.

Fig. 2.—Represents a true syphilitic chancre on the prepuce which appeared sixteen days after contamination. The sore itself is very slightly excavated and of a raw or dusky red colour, and free from pain. It is situated on a firm, circumscribed, and exceedingly hard base, occupying two-thirds of the breadth of the organ. This sore healed under active mercurial treatment, and produced no secondary disease.

Plate 3. Fig. 2.

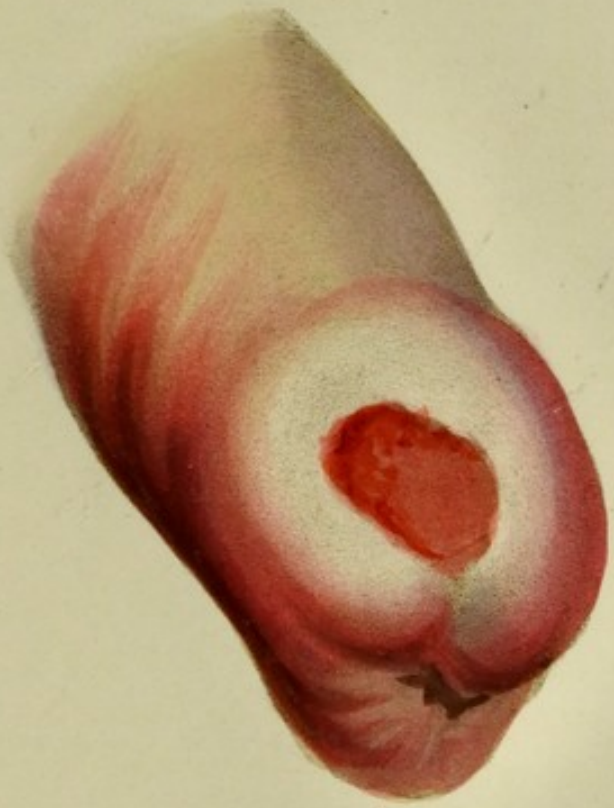


Fig. 1.

LECTURES

ON

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LECTURE I.

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In the ensuing lectures on the Venereal Disease, I shall endeavour to place before you a general view of this involved subject, simplifying it as much as possible, and introducing matters of collateral interest only in as far as they tend to elucidate the subject under consideration.

There is a long history appended to it, into which, however, I shall not enter unnecessarily. The general belief prevails, that the venereal disease was unknown in Europe before the close of the fifteenth century. In the year 1494, it is reported by the Spanish historians of that date, to have been introduced into the peninsula from St. Domingo, and other islands of the West

Indies, by the Spanish sailors who attended Christopher Columbus and his brother Bartholomew, in their several expeditions of discovery; that it was communicated to the French troops at Naples by the Spaniards, and was by them conveyed to France, and named the "morbus Gallicus," previous to which it was well known in Spain under the name of "las bubas" (whence possibly our name bubo). The glory attendant on the successful issue of the French expedition, for a time reconciled the people to the opprobrious name of their new acquisition, though they ere long became captious and sensitive to the indignity; they named it, and not unreasonably, "le mal de Naples." As it extended through the various countries of Europe and Western Asia, it took invariably the name of the country through which it travelled. The English called it the French disease, as did the Germans; the Poles knew it under the designation of the disease of the Germans; the Russians, the disease of the Poles; the Persians and Turks, as the disease of the Franks. "At length," says Astruc, "the French physicians became ashamed of the infamy which was grown so common, and thought themselves engaged to throw off the scandal which had been unjustly thrown on their country, and by common consent it was named the venereal disease."

The venereal disease may exhibit itself in three distinct primary forms:—

1st. As a discharge of purulent matter from the urethra.

2d. As an ulcer. And—

3d. As an induration of the subcutaneous or sub-

muco-cutaneous cellular membrane, succeeded by ulceration.

Of these, the two former are of most frequent occurrence.

Besides these, the genital organs are the seat of sundry varieties of disease strongly resembling the venereal, from which it is often most difficult to distinguish them.

Before I proceed to the immediate subject of the disease itself, I wish to introduce some points of interest for your attentive consideration.

It is a common opinion that the form of the affection developed by sexual intercourse, corresponds with that of the party by, or from whom, it has been produced; and also, that this disease is the product of a specific poison. There is, as it appears to me, abundant evidence to the contrary; to prove which, I need not, for my own satisfaction, travel out of the record of my own recollection. One of the most credible authors on this subject, an army surgeon, states, "I have been present at the public examination of two hundred women of the town, and most frequented by soldiers, and not one case of disease was found; nevertheless, the hospitals continued to have the usual number of venereal cases. Subsequently one hundred were examined, and only two were diseased." On which the author most justly remarks, "It is impossible that these two women could have infected the whole garrison;" an opinion that I presume will admit of no altercation.

Now, either the disease in these women existed beyond the surface exposed—a supposition at variance

with every day's experience—or the above facts are false; or the diseases under which these men were labouring, were spontaneous, or at least self-generated; and if self-generated, I do not see why I am compelled to repose an unqualified faith in the history given by Astruc and others, of the introduction of the venereal disease in the fifteenth century, because if these maladies be susceptible of an origin independent of specific contagion, it is clear that they may have been similarly produced at any period in history.

The term self-generated (I will not say spontaneous, for that is still more objectionable) expresses something short of the idea I wish to convey. I mean that, in a certain condition of constitution, the elements of a poison lie dormant, which may be developed by the action of a simple irritant, and that that irritant may exist in the form of any apparently simple, but unhealthy exciting cause in the female, such as leucorrhœa, menstrual fluid, or indeed any impure secretion of a puriform character; it may also be developed by mechanical irritation.

We do not frequently possess the means of ascertaining, positively, the result of the direct communication of venereal poison. I mean the inoculation by, and of, the same poison. Our experience is limited, owing to various causes. At all events, I am not guilty of error in asserting that no recorded cases of value are in existence, tending to prove the identity of the disease in the two parties, viz. that gonorrhœa will produce gonorrhœa, and phagedæna, phagedæna. On the other hand, we have abundant positive evidence to negative the supposition that the disease in the two parties is iden-

tical, and indeed that disease necessarily exists at all in both.

If we adopt the practice of inquiry into all the cases which come under our eye, occurring in persons in a respectable station of life, and of course worthy of credit, it is remarkable how frequently patients themselves express their astonishment at becoming the subjects of disease. And well may they express astonishment, and marvel at its existence in their own persons, for there is often, I am persuaded, no other ground for the supposition of disease in the female, who is supposed to have produced it, than is sanctioned by prejudice, and by a too implicit confidence in the doctrines of our progenitors.

Some, however, entertain the opinion that the disease exists beyond the reach of observation by the eye. But women cannot have disease, without symptoms, and they have none. Women never have venereal sores without being conscious, if not of the sore, at least of the presence of something wrong. If we examine the crowds of women of the town who frequent our public hospitals, do we generally find difficulty in exposing the disease to view? Do not venereal sores almost invariably occupy the same region, viz. the external organs; and to make the very gratuitous assertion of the existence of a sore or sores at the remotest extremity of the vagina, with the view to meet the difficulty of accounting for its presence on the male organ, seems both unjust and unphilosophical.

Nor is it more just to say that sores frequently exist at the remote extremity of the vagina, although their

presence is not suspected, because, as I have above stated, sores must produce symptoms; and although the characters of some, are painless and destitute of much discharge, others are liable to rapid ulceration and even sloughing, and were these in any degree common, no hospital surgeon ought to perambulate the wards allotted to venereal diseases, without a speculum in his hand, or, at least, in his pocket.

Certainly the presence of disease in the female, remote from the surface is very, very rare, when compared to the frequency of disease in the male, arising after connexion with women, having no external sign of disease whatever.

About three years since I was consulted by a medical gentleman who had a simple sore. He expressed great surprise at its appearance, because, he said, he felt the utmost confidence in the female who gave it him. He asserted that she was a person respectably connected, and to use his own words, "he would stake his existence that she had been connected with none other than himself." I advised him to examine her thoroughly. On the following day, he assured me that he had made such an examination as I had recommended, and had employed a speculum with its fullest aid, and found nothing.

I cannot help thinking that the recollection of every practitioner, whose interest has been directed to this subject, will furnish him parallel cases to the above. Indeed they are recorded in many books of authority, and are by no means of infrequent occurrence. At this moment I have under my care a gentleman, who is the

subject of a common venereal sore, well marked in all its characters. Without being at all aware of my opinions on the subject of contamination, he said, "Don't tell me that I got this sore from the woman I was connected with, for I am quite sure she has nothing the matter with her." In this I believe he judged rightly, that there was no disease in her person, while he was the subject of a well-developed sore of most frequent occurrence, and for which he barely escaped a mercurial course. It may be said, "You have no security for the truth of his supposition."—"The woman was not examined." "She may have had disease beyond the range of the eye." "Of course," it might be ingeniously suggested, "it was her interest to blind him with false information."

This reasoning would be unobjectionable were this case a solitary or even an uncommon one, but I believe the contrary to approach nearer to truth. It is true that disease may have existed at the remote extremity of the vagina, but the presumption is, that it did not, because as the gentleman had long been acquainted with the woman, he had reason to place every reliance on her word, and she denied being the subject of disease in any form.

I believe his report, because I have on various occasions examined healthy women who have been suspected to be the subjects of venereal sores, and in whom I could not find a trace of actual disease.

That we may be occasionally deceived by false statements I do not doubt, but successful deceit forms, I conceive, an exception and not the rule. I believe that

our scepticism more frequently leads us into error than protects us from it.

Whence then arise these sores, or forms of discharge from the urethra? They are not strictly speaking spontaneous, but they certainly are not the product of a similar poison in the party contaminating, even if produced by a poison at all. May they not be reasonably referred to the presence of matter, irritating to the surface applied, and co-operating with a constitution prone to the promotion of that peculiar form of local malady; and will not this opinion derive some confirmation from the fact, if I can establish in your minds its claim to the title, that this disease is in its nature and progress, in all respects, a perfectly simple one, and that it pursues a career closely resembling similar diseases in any other part of the body, in which venereal contamination is totally unsuspected?

It cannot be denied, however, that this view of the propagation of some venereal sores receives a degree of discouragement from the rareness of their occurrence in married life. While I do not withhold the mention of this difficulty, its existence, employed as a negative argument, does not appear to me of sufficient importance to outweigh the positive evidence that may be brought to bear on the opposite side. If I acknowledge the difficulty, it is only because the examples are comparatively rare in which disease is engendered in parties living *in statu connubii*, and between whom it is very probable that such causes of irritation, which may be quite competent to produce disease in third parties, may be innocuous to each other, while in promiscuous intercourse

the compound sources of such causes of irritation may be competent to the production of a new effect, viz. a venereal sore; to say nothing of the different habits of cleanliness in the two classes of persons.

I do not say that the venereal disease is invariably propagated by these means, because we have plenty of experience to the contrary; but looking, first, to the frequency of disease, whether ulcerative or catarrhal, obtained by intercourse with women, without ground for suspicion of disease; secondly, to the liability of each individual to the formation of the same description of sore; (one man, says Mr. Evans, will have a succession of attacks of gonorrhœa, another of simple venereal sores, which, in a third, as invariably assume a phagedænic character;) and thirdly, to the existence of a form of ulcer (the true syphilitic), which is characterised by induration, often even without abrasion of the surface; looking to these and various other minor grounds for this belief, I cannot myself entertain a doubt but that primary venereal disease of each and every kind, may be developed after sexual intercourse, without the presence of venereal disease in the female of any kind. One of the worst cases of gonorrhœa I ever prescribed for, occurred in the person of a youth who seduced a young lady, residing in the same house. There was not up to that event, the slightest ground of suspicion against her, but, on the contrary, every confirming circumstance of her previous purity; and, as regards the youth himself, it was notorious in his social circle that he had "never sinned."

I may be told that his disease *resembled* gonorrhœa.

I venture to assert that it *was* gonorrhœa; and if profuse discharge, first of pus and then of blood, great ardor urinæ, severe chordee, irritation of the bladder, constitutional fever, the product of the local cause, a persistence in the above symptoms during a period of two months, and a gleety discharge occupying two months longer; if such be not a sufficient test of gonorrhœa, it were perfectly absurd to pretend to any power of discrimination. And who can doubt but that this disease was communicable? You will also observe, *that the gentleman alone had the disease, from which the other party was entirely free!* And, let me ask, in what respect, however minute, does this disease fall short of gonorrhœa obtained by promiscuous intercourse? and under which circumstances indeed, I am persuaded it is frequently acquired where no disease exists.

I had, some months since, under my care, a gentleman who had an excoriation, for which, at the suggestion of his medical attendant, he employed mercury in considerable quantity. The excoriation healed entirely, and the mercury was discontinued. Ten days afterwards, during which interval he had no intercourse with woman, "fair or foul," a phagedænic, and rapidly-extending sore, broke out in the neighbourhood of the former excoriation, but not upon the original surface. Now this sore, (which I saw from its birth, or at least too early to possess the title to a name,) when consequent on contagion, appears from three to five days after it. Upwards of a month had elapsed from the date of the former connexion, and ten days from the healing of the excoriation. Could this sore, then, be the product of

specific poison obtained by contagion? Undoubtedly not. This gentleman had the aspect and the pulse of a remarkably sensitive man; his pulse rose or fell, ten or fifteen beats, according to the exciting or tranquillising tendency of the conversation. His appetite was readily disturbed by mental emotion of any kind; his bowels, naturally and habitually regular while his nervous system remained undisturbed, became irregular in a marked degree on any deviation from his daily habits; his face was pallid or flushed half-a-dozen times during the quarter of an hour of each medical visit. This gentleman had taken mercury to salivation. Can you doubt that his constitution generated its own sore? And yet this identical sore, if not arrested by treatment, would probably lead to secondary disease of the very worst, the most destructive, and the most intractable kind.

There is one obvious and easy mode of disposing of the question, by those who dissent from this view of it, and that is, to question the veracity of the parties involved in the inquiry—to erect in our own minds an arbitrary standard of truth, and to start with the resolution that no testimony shall shake it. If the statement of a guileless patient, applying, under circumstances of great pain, and greater apprehension, for our professional aid, do not correspond with these views, we must drive him to confession by any little devices our ingenuity may suggest for its attainment; and in this, we do but follow in the path of other honourable men whose professional sagacity, as it has always appeared to me, is singularly prostituted in the attempt

by cross-examination to obtain a confirmation of their party view, and to pervert in a large number of instances, the current of truth and justice.

There are few, very few men, whether educated or not, who can stand the test of a minute and searching cross-examination in the presence of many observers; and although this system may doubtless often tend to expose falsehood, I have a strong impression that it does not very frequently promote the cause of truth.

With regard to the malady under consideration, it is a singular fact that disease should exhibit itself in the form of a single sore only. Supposing a woman to be the subject of a primary sore, one would suppose that the secretion of that sore would be diffused pretty generally over the surrounding muco-cutaneous surface of the vagina. Why, then, should this specific virus exhibit its influence by contaminating one spot only, and not various spots?—for although we occasionally meet with what are called a *crop of sores*, they are rarely primary, but are the result of contamination from the original affection. It is certainly no very satisfactory solution to be answered that the virus remained in contact with that surface and not with others, because we should suppose each part of the exposed surface subject to the same exciting cause, or by ablution equally placed beyond the pale of its influence. Why, then, should the noxious matter exhibit its baneful consequences on one only? That the presence of a sore does not engage the entire attention of the parts ordinarily the seat of disease, may be inferred from the liability to contamination from a primary sore by the

neighbouring parts, as in the matter of a common sore, or the frequent formation of a common venerola, during the progress of gonorrhœa. This fact appears to me rather to favour the view of the self-generation of sores, although, perhaps, not to any considerable extent, inasmuch as that a large proportion of sores occur on those surfaces of the male organ on which contagious matter would be more likely to be retained after connexion.

The difficulty, however, still remains unexplained why we have not generally a plurality of sores, supposing them to be obtained by the application of contagious matter during connexion. I have often asked myself the value of all the information that is in being, tending to prove the fallacy of these views. How often during the career of any eminent practitioner has he had opportunities of determining the communication of the identical form of poison from one party to another? Evidence of disease having been communicated is one point, but the identity of that disease in the two parties is another.

And this leads me to another question, perhaps more of pathological than of surgical interest; I mean the extensive question of the plurality of poisons.

Many authorities favour the opinion that there exists not one poison of a specific venereal kind, but several; that each is attended by its own distinct characters and symptoms; and that this holds true, not only as regards the primary affection, whatever form it may assume, but also of its constitutional or secondary forms.

The opinion is founded on the belief that a certain

uniform series of secondary symptoms, is consequent on each distinct form of primary disease. It is strengthened, by the dissimilar forms of treatment required for each affection; some being supposed curable by mercury alone, while others yield to simple remedies, in which mercury is not only unnecessary, but injurious; one form of poison, again, invariably attacking one structure only, this structure being insusceptible of contamination from others.

The great authority of the present day is Mr. Carmichael, who has systematized the subject, and divided these morbid poisons into four, which he determines, not by their primary character, but by their remote influence on the constitution in the production of eruptive and other diseases.

Those who entertain the opinion that the whole train of venereal symptoms, both primary and secondary, are the product of the same poison, refer the variety in appearance to the different forms of organisation of the affected parts, and to the modifying influence of health, temperament, and climate. In support of this doctrine we have sundry modern authors of repute, and for the most part the military surgeons, who have contributed so largely and so valuably to the records of surgery in reference to these maladies.

The advocates of this doctrine dissent from the opinion that a particular form of eruption or sore throat, follows any given character of primary sore, asserting, that in one case one form of eruption, whether scaly or pustular—that in another, whether pustular, tubercular, or even two or three intermingled—shall

characterise the introduction of the same poison into the constitution.

It must be acknowledged that the characters and general symptoms at the present day of the venereal disease, correspond but imperfectly with those detailed by the writers of the 16th century—viz. the date succeeding to that of its supposed introduction; and the question may with great reason be asked, whether this latter disease be now extant? Among other authorities quoted by Astruc, in proof of the recent introduction of the venereal disease into Europe, is that of Roderick Diaz, a physician of Seville, in 1550, who says—"It took its origin from the island of Hispaniola, as has been found by long and certain experience; for when that island was discovered by C. Columbus, the disease being infectious, was easily communicated to the soldiers, and soon spread throughout the army; and as at the same time that Columbus the admiral arrived, the Catholic king, to whom he gave an account of his voyage, resided at Barcelona, immediately the whole city began to be seized with the same disease, which spread itself quite over it." Indeed the numerous accounts given of it by Spanish, French, and Italian authors, at the date of its importation, characterise it in terms which convey in this day the idea of a disease, more offensive and more dreadful than the plague itself. A German author of 1496, three years subsequent to its introduction, says, "it was a disease sent down from the citadel of the immortal gods on the French—a most horrid and terrible prodigy, unheard of, hated, and unknown—a disease repugnant to nature." Again,

another German author (1532) speaks of it as "a destructive disease. The poor people that laboured under it were thrown out from human society, and deserted by the physicians. They were obliged to live in the fields and woods."

Gabriel Fallopius says, "There was found the most precious gold, and plenty of it was brought from thence, together with abundance of pearls; but there was also a thorn joined to the rose, and aloes mixed with the honey; for Columbus brought back his vessels laden with the French disease! There, in Hispaniola, the disease is mild, and like the itch among us; but transported, it has become so fierce and so unmerciful as to infect and corrupt the head, eyes, nose, palate, skin, flesh, bones, ligaments, and at last to corrupt the whole bowels."

For myself, I must plead ignorance of this "terrible prodigy." I cannot see the likeness to any form of this disease now extant, and surely it is not very unreasonable to suppose that, with the unhappy victims of its former virulence, it has long since slumbered with the dead.

I doubt not you will concur with me in the belief that this question is surrounded with difficulties of no ordinary kind. We have, on the one hand, the numerous contributions of the authors of the 16th century, who positively declare to the absolute novelty of the disease; all of whom concur in opinion, on the subject of its introduction by Columbus, in the year 1493. We have, moreover, the authority of Carmichael and Abernethy, and other authors of repute, in favour of the

opinion, that particular forms of eruption are consequent on certain varieties of primary disease—an opinion with which, to a great extent, I fully concur; while, on the other hand, we have the declaration of Messrs. Guthrie, Hennen, Cooper, and Bacot, that "no peculiar secondary symptoms are seen to follow from peculiar sores," (inferring, I presume, that one and the same poison exists in every form,) and the expressed declaration in favour of the identity of poison in every form of primary venereal affection, by Mr. Travers, Mr. Wallace, and Mr. Colles.

I find primary disease, not however invariably, followed by particular forms or groups of secondary affections, but by no means with the uniformity of order described by Mr. Carmichael; to whom, however, I think we owe a great debt of gratitude. I cannot reconcile it to my mind to consider a form of primary sore, which is under no circumstances the precursor and cause of secondary eruption, identical with another sore, which, unless means be taken to check it, almost necessarily leads to sore throat, eruptions on the skin, pains in the bones, and extensive disorganization of structure; or that a poison causing deposition, as its most striking characteristic, can be identical with another, marked by ulceration merely.

It is highly probable that the venereal poisons, if not identical, are at least not very dissimilar, and that they may be classed under the relationship of modifications of the same poison, owing their distinctions, in a greater degree, to the constitution generating or communicating them, than to any primary or original property they

may possess, in the person of the individual affected; for I am strongly of opinion, that if the germ of what would be deemed a well-marked disease, were communicated throughout a circle (suppose of twenty persons, each of whom should be alone subject to the infection of the person first contaminated), we should have no difficulty in tracing, through the agency of time, the extension of venereal affections of each and every description; and that the poison of this one sore, transmitted through a variety of constitutions, would finally develop itself in one individual under one character, and in another, under a totally dissimilar one.

Again, it may be argued, if the variety of sores be the product of totally different poisons, and be not greatly modified by the constitution of the person affected, it is not singular that we rarely, perhaps never, see two or more descriptions of sore congregating in the same individual; more especially when we consider the liabilities to contagion, from every form of venereal poison, to which the lower class of prostitutes are exposed; and would it not appear from this, that the constitution of the individual exerts an important influence in determining the form that ultimately exhibits itself?

The difficulty of expressing a positive opinion on this subject must be obvious; and it is, at the best, but speculative. We have no direct evidence on which to make a formal declaration. It is all circumstantial; and of this description we have much that is vague and contradictory. What has become of the well-authenticated importation by Columbus? It is unknown, and

almost discredited. I am a thorough believer in a plurality of poisons. I can distinguish, to my entire satisfaction, at least three distinct forms of sore, succeeded by three as distinct results; and I should stare with wonder, and with increased admiration, at the infinite variety of nature's products, were I to discover in any particular case a direct departure from the general laws which appear to me, to govern them. But these laws exist but for a period. The distinction of diseases which appertain to this subject at the present day, in virtue, and that onward march from maturity to decay, from which disease itself is scarcely exempt, will probably be inapplicable at a future one. I do not so much dwell on the liabilities of individuals to a peculiar character of sore, although I consider this subject by no means unimportant, as I attach importance to the doctrine I shall afterwards endeavour to inculcate, that each sore has peculiar results, incidental to neglect of treatment.

But I shall not dwell on this subject longer, as I do not see that it can lead to any practical results; for whatever be the views taken by the advocates of each opinion, it is probable that the treatment of the diseases in question, will be governed only by the symptoms immediately developed by them.

Mr. Hunter's volume on the Venereal Disease was published in the year 1786; and considering the confused and ill-digested mass of knowledge that prevailed on that subject, up to the period of its publication, we cannot be surprised at the overwhelming influence it acquired, and the profound deference paid to its autho-

rity by the surgical world. Its merits are his own; its defects are based on the obscurities of the subject itself, which it is evident, no single mind could entirely illumine.

You will think it strange, if, acknowledging as I do, the exalted merit of this production of Mr. Hunter, I express my honest belief, that it has been the means of perpetuating more error than any book of authority, ever published on a medical subject, but to which the author's high reputation has more contributed, than the author himself. Mr. Hunter's book gives general and enlarged views on the history and development of the venereal disease, and of its consequences, but he has passed entirely unnoticed the great variety of primary, as well as secondary diseases, which are incidental to it. Perhaps this is not surprising, when we recollect the important advances which surgical as well as physiological science have made, since the publication of his work. We have all heard of the Hunterian chancre, the name of which has been in the mouth of every surgical teacher for the last quarter of a century, both British and continental,—a marvellous illustration of the influence of authority.

Probably, then, I shall surprise you, if I state most unequivocally, that Mr. Hunter never described a chancre, if by the term described is understood the delineating all the important characters by which it is marked, although in the elaborate work of M. Rayer on Cutaneous Diseases, the author has actually delineated one, under the title of the Hunterian chancre. Authors and lecturers delight in referring to the admi-

rable definition of a chancre by Mr. H., which they say will neither admit the addition nor the subtraction of a word. When I say Mr. Hunter has not described a chancre, I do not wish you to suppose that he has passed over the subject in total silence; but I mean to assert, and that deliberately, that the very meagre and superficial account which he has given of chancre, is totally inapplicable to the variety of sores we daily meet with, and as regards diagnosis, almost useless in practice.

I am quite aware that I am bound to explain most clearly any views I may entertain which appear to impugn the deservedly high authority of Mr. Hunter; and more especially so when they relate to a subject on which Mr. Hunter probably bestowed more labour, than on any work which bears his honoured name. But it cannot be denied that Mr. Hunter described, and that imperfectly, but one form of venereal sore, and that he treated all sores with mercury; and moreover that the tractability of a sore to a mercurial treatment was with him the test of its genuineness; while Mr. Abernethy, Mr. Carmichael, Mr. Evans, Mr. Welbank, and other writers, and the experience of the great majority of modern surgeons, admit of several, some of which are curable by the aid of mercury, and some without. The description also given by Mr. Hunter of the sore that bears his name is equally inapplicable to the large proportion of sores observed in practice.

One author, whose work is characterized by great truth, says that a particular form of sore predominates in a proportion of nine-tenths of all venereal diseases,

and that this sore is characterized by appearances in many respects, diametrically opposed to those of the Hunterian chancre. Besides this, the common sore, we have phagedænic primary diseases, and non-venereal sores, leaving a proportion of about one-fiftieth of venereal sores to bear the stamp and impress of the true Hunterian chancre. Yet Mr. Hunter *gave mercury in all*, and says that *the primary induration, a symptom almost invariably absent*, is an indispensable sign of a venereal sore.

It appears to me that there is on this subject the most extraordinary self-delusion prevailing in the profession that any learned body could well be the subjects of. A certain description has been given, embracing one single characteristic of chancre, and one only, out of many; the entire picture of which has been completed by the fancy of his followers. Moreover, the cursory and brief outline in which Mr. Hunter has sketched the disease, conveys the idea that he was familiar with no other form of sore with which to confound it. It is rather adverted to, than described, in words to this effect—an ulcer with a base of circumscribed hardness and prominent edges. Now, if you ask a surgeon to describe the "true Hunterian," he will say, "an ulcer with a hard base," to which is often added, "having thick white matter adhering to it, like a slough, which cannot be washed away;" the addition being forcibly and unwarrantably purloined from the description of the venereal ulcer of the tonsil by the same eminent author. There is no allusion to its form—whether flat, excavated, or prominent—to its varying degree of

hardness in different localities, nor to its duration. Now it is this same induration of the base, this circumscribed thickening, forming, as it does, the prominent character of the description, and in the mouth of every practitioner, that I wish you now to see and understand. In the first place, what is meant by circumscribed thickening ?

In order to explain it, I must observe that all forms of ulcer that progress slowly, exhibit the effects of a greater or less degree of deposition of lymph around their circumference, giving a degree of firmness and of form to the ulcer, proportionate to its torpidity of action. This applies not only to venereal, but, in a more striking degree, to almost every other variety of sore. Contrast a rapidly-ulcerating or phagedænic sore with any other form that has been long under treatment. I do not say that all chronic sores are hard, but that all hard sores, are chronic. This hardness is solid, as the term would denote, and would be ill expressed either by the term "swelling," or "tumefaction," or "puffiness."

There can be no doubt of the existence of "hardness," when present. It is palpable to the touch, and almost evident to the eye ; and when really present no one will hesitate for a moment in acknowledging it. There may be a difference of opinion, however, when it is not.

Now, whenever induration is a character of venereal, or indeed of any other form of sore, the general ulcerative action is peculiarly slow: I say the "general ulcerative" action, because any sore may, under circum-

stances of peculiar excitement, assume a new disposition, and ulcerate with great rapidity.

The consequence of this slowly-advancing action is, that such sores extend by ulceration on the surface of the induration, merely; they are generally flat, and rarely hollowed or cup-shaped. To imagine an induration, excavated by active ulceration into a sore, would be a glaring error in pathology; for we cannot suppose that nature would establish two actions so diametrically opposed, at one and the same time. I do not deny that a cup-shaped sore may be surrounded by *tumefaction*, for such condition is a most common consequence of ulcerative action, but, that it is never surrounded by absolute *induration*—the circumscribed thickening of Mr. Hunter's description.

As a general rule we may infer, that whenever ulceration is coupled with thickness or hardness, the latter precedes in the relation of a proximate cause, the ulceration being the effect; when coupled with tumefaction merely, the ulcer precedes, of which the tumefaction is the effect, or at least the sequence.

But to what, you may ask, does all this tend? It tends to this, that the chancre, as it is called, of the present day, is not the form of disease described by Mr. Hunter in the year 1786, because true induration is a rare attendant upon them.

Examine for yourselves. Form your own opinions, on an unprejudiced examination of a variety of cases.

During the last three years of the life of my lamented friend, Mr. Earle, I had under my charge his three venereal wards in St. Bartholomew's Hospital, and I

am confident that induration was not present in a twentieth part of the many hundred cases I treated during that period; I mean the induration which, to retain Mr. Hunter's own words, being "very circumscribed, does not diffuse itself gradually and imperceptibly into the surrounding parts, but terminates rather abruptly."

But of more than a hundred cases I have examined, during the last three months, of venereal sores, *six only exhibited induration.* If the description of the peculiar thickening were not occasionally seen, we might almost doubt the terms of the definition; but it is seen, and known, and cannot be mistaken by the most superficial observer. Either, then, Mr. Hunter failed in his observation, or he failed in his description, or, finally, the sore which bears his name has almost ceased to exist. One of these three positions is inevitable.

No one has apparently felt this difficulty more than the annotator of the late edition of Mr. Hunter's work on the Venereal Disease, between whom and the author, if I am not greatly mistaken, there appear some remarkable discrepancies of opinion, evidently expressed under the half-concealed desire to reconcile the differences that really exist between them. The fact I believe to be, that the annotator is too close an observer to be implicitly and entirely led, or rather misled, by Mr. Hunter's work; and as far as it could be effected, he has succeeded in blending two forms of sore, which are in character, evidently very dissimilar. He says, "the author's (Mr. H.) description applies to a large majority of cases of primary venereal sores." Did this description

of Mr. Hunter's apply at the date of his publication to a *majority* of primary venereal sores only, and not to the whole? If so, is it not passing strange that Mr. Hunter himself should not have said so? Was this the only form of sore that flourished at the date of Mr. H.'s observation?

The annotator continues:—"Two consequences follow the application of the venereal virus—induration and ulceration, and these seem to be distinct and independent, since, though they generally exist in conjunction, they are sometimes found separate, one or the other of them, being in some cases wanting." After asserting the more uniform constancy of the induration, than the ulceration, (an observation greatly at variance with my experience,) the annotator observes, "the thickening precedes the ulceration, the first effect of venereal contamination, being the production of this peculiar change in the structure of the parts. The second effect, to produce ulceration of the indurated portion. The primary character of venereal infection is essentially induration, passing afterwards into ulceration." Again, "in the earliest stage of the existence of a chancre this sequence is least discernible, there being frequently at that period superficial and incipient ulceration, with very little apparent thickening." Now Mr. Hunter says nothing of frequently-existing ulceration preceding the induration. He says, the first appearance of the sore on the prepuce is, in some cases, excoriated, and afterwards ulcerated; in others, a small pimple occurs, or abscess appears, as on the glans, which forms an ulcer, a thickening of the part comes on," &c. I think I may venture to assure

you that the indurated sore *does not commence as a pustule*, or if it do, that it holds no relation to the local form of disease, when fully developed. I agree with the annotator, and not with the author: the former says, and says truly, the thickening in general precedes the ulceration; but this observation will only apply to the rare form of disease described by Mr. Hunter. What is the crisis of the pustule? does its career terminate in resolution? does it die a natural death, in order to give a temporary independence to the induration? Is the induration to the pustule what the pupa is, to the larva of insects? Will the annotator of Mr. Hunter's work on the Venereal Disease, highly competent as he has proved himself to that task,—will he undertake to assert that he has ever seen circumscribed induration succeed to a pustule?

However, the question is, is the circumscribed thickening described by Mr. Hunter an unusual attendant on venereal sores, or is it not? I believe it is not; and if you traverse the foul wards attached to every hospital in this metropolis, you will not find the Hunterian circumscribed induration present, in the proportion of one case in every twenty primary venereal sores. This form of the disease is the most rare of all forms. Mr. Evans, whose excellent work on the diseases of the genital organs I strongly recommend to your study and perusal, has given the most impartial and simple account of the origin, progress, and treatment of venereal sores, excepting the sore accompanied by the circumscribed induration of Mr. Hunter. He states that the common primary venereal sore is, in a very large ratio, the most common

of all venereal ulcers. He says nothing of induration; he speaks of thickening in its latter stage,—a condition which may be common to many sores, and does really characterise a form of sore, which he has called the venerola indurata, but this is not the Hunterian sore. Sir R. Carmichael is silent on the subject, as indeed is every original writer, who is untrammelled by Mr. Hunter.

Observe, however, finally, that I do not contend for the error of Mr. Hunter: I contend merely for this, that the prominent character of the single form of sore which he has described, is not the character of venereal sores at the present day.

This is not a question to be determined by authority. It is a simple question of fact, to be determined only by personal inquiry and observation, and to these I commend you.

There are three kinds of venereal sores. 1, The common sore, or venerola vulgaris of Mr. Evans; 2, the phagadænic sore; and, 3, the indurated sore of Mr. Hunter. These and their modifications include all forms of venereal ulcers.

By many authorities on this subject, the term "syphilis" is employed to designate the disease, generally and inclusively. By others, the word "syphilis," or "syphilitic," is reserved for the indurated sore only, as the true disease for which mercury is employed as the remedial agent, the word "venereal" being used in the more general sense. I prefer the latter nomenclature; and with this view I shall reserve the term "syphilis" for that disease which is characterised by positive induration and its secondary consequences. At the same

time, you will understand that syphilis is strictly a venereal disease, but that other venereal affections are not syphilitic.

With regard also to the term "chancre," I do not use it indiscriminately,—perhaps more from previous habit than from any especial applicability of the term, to the syphilitic ulcer. On the contrary, the syphilitic ulcer is less chancrous than the phagedænic, but being more generally employed, in reference to the former disease, I shall retain it for that only.

I shall endeavour to point out which of these diseases are competent to the production of secondary affections, for all are certainly not, and what forms of sore require mercury for their cure,—a remedy which is inoperative in the treatment of some, injurious in others, and essential to the rest.

The question of mercurial treatment is generally easy of decision, but not so the nature of some sores, when requiring an early diagnosis. Fortunately, the treatment at that early stage is not important, provided we abstain from the active employment of mercury. The liability of an individual to secondary disease may be generally determined with certainty, and when it cannot, it is we who are at fault, and not nature.

I cannot conclude this lecture in terms more expressive of my own sentiments than by quoting the words of M. Ricord on this important subject, who says, "*If you divide venereal sores into four classes, in two, mercury is unnecessary; in one it is injurious, and in one only is it indispensable to the cure.*"*

* Private conversation.

LECTURE II.

ON THE COMMON VENEREAL SORE.

Summary of the doctrines inculcated in the previous lecture—Characters and progress of the common venerola—Its degree of elevation dependent on its situation—Probable identity of its poison with that of gonorrhœa—Condylomata—Modifications of the common sore or venerola—The venerolic bubo—Treatment of venerola—Mercury unnecessary in the treatment of venerola—The venerola superficialis and indurata—Liability of the latter to slough—Treatment of sloughing sores—Summary.

In the last lecture, I introduced to your notice some preliminary questions of great interest, relative to the venereal disease. To two of these I wish now to return. The first is the immediate source of contamination; the second is the prevailing error, on the subject of the prominent character of the venereal sore.

With respect to the former question, I told you that the evidence is incontrovertible—1st. That the precise form of venereal diseases, be they gonorrhœal or ulcerative, is not necessarily determined by the poison of the party infecting. 2dly. That a venereal poison may be developed in an apparently healthy person, without the presence of disease of any kind in the party generating it (unless we are warranted in applying the term to the natural secretion of a part in excess; strictly speaking, possibly we are so warranted); at all events, where there is no reason to suspect the presence of the disease given. 3dly. That certain forms of the so-called venereal disease are spontaneous, or self-generative.

A well-known case is mentioned by Dr. Fergusson,

when speaking of the venereal diseases of Portugal, of a danzatrice belonging to the Opera at Lisbon, who indulged a penchant for the British officers, at the commencement of the Peninsular war. Many of them were severely and incurably diseased, while she pursued her nightly career as a dancer, apparently undisturbed by disease of any kind.

Mr. Evans obtained the opportunity of examining a girl who had given three forms of disease to three different persons, and the girl had nothing beyond "slight leucorrhœa." As regards my own experience, I have seen so many examples of disease arising where I have the strongest reason to believe disease did not exist, that I do not hesitate to express my conviction of this important truth.

If, therefore, I find a disease produced which had no existence in the person producing it, whence does the poison emanate? Undoubtedly its elements lie dormant in the affected party or parties, by or between whom, it is developed by sexual intercourse, and presenting a form probably determined by peculiar constitutional liabilities.

Observe the detail of the following case, which I quote from Mr. Abernethy's "Surgical Observations on Diseases resembling Syphilis," the prominent characters of which are, I really believe, of most frequent occurrence:—

"A gentleman was connected with a female who was kept by another gentleman, and derived from such connexion several very irritable and foul sores, which broke out on the prepuce, but which, however, had not the

syphilitic characters. As neither the woman nor her keeper had any disease, he had no wish to take mercury, nor had I, being consulted on his case, any desire to recommend it to him. The sores did not heal until between two and three months, though a variety of applications were employed. He at length, however, became perfectly well, and I cautioned him not to be again connected with the same woman. But his inclination got the better of his prudence, and another crop of sores, equally irritable, foul, and tedious, took place in consequence of a second connexion. These sores were treated in the same manner as before, and slowly healed. After some lapse of time, he again erred in the same manner, and again received the same punishment. He had no constitutional disease from these sores."

Can you imagine this woman the subject of disease all this time? Impossible. Doubtless we are occasionally imposed upon by disingenuous persons, who, having incautiously committed themselves to falsehood, in order to conceal one fault (with which, by-the-by, we, as medical men, have no concern), maintain it with a pertinacity, dictated equally by knavery and folly; but this is by no means invariable, and, I believe, not even common. I find that good sense prevails in the majority of instances; and therefore I would never enter on the inquiry into such cases with a dogged incredulity, receiving only such statements as suit the doctrines I am desirous to uphold. I am more prone to doubt the doctrine, than throw a shade of doubt on the word of an apparently honest man, upon the exercise of whose honesty may possibly depend his welfare in future life.

Again, as regards the character of chancre, first described by Mr. Hunter, I have already stated that it is greatly at variance with a very large proportion of the venereal sores seen at the present day. You will see sores progressing through their various stages, without the presence even of tumefaction; some, again, attended by partial tumefaction, or even thickening, occurring late in their progress; while others, though rarely, are attended by positive thickening from the commencement, in which the ulcerative action is merely subsidiary. and not primary.

These characters, however, are not invariable; they are not always clearly marked in private practice, and still less so, in that of a public hospital; and after all, they form but general rules, which, though highly valuable, have many exceptions, owing probably to the blending or modification of the various forms of poison, or to peculiarities which are beyond our knowledge.

Before I conclude these observations, let me state to you what I understand by a venereal sore. Its definition holds no relation to its progress, and still less, were it possible, to its mode of cure. The definition Mr. Hunter and the surgeons of his day would have given is, a disease obtained by sexual intercourse, requiring mercury for its cure. Half a century, and their experience, have given us some insight into this subject; and this doctrine is, happily for society, now acknowledged to be fallacious. By a venereal sore or venereal disease, I understand a disease indicating the presence of a poison obtained by sexual intercourse, or communicated, by contact with an infected person.

COMMON PRIMARY VENEREAL SORE.

THE VENEROLA VULGARIS OF EVANS.

The common venereal sore appears from three to five days after connexion in the form of a pustule, preceded by itching. I shall employ the name given by Mr. Evans. Its progress is first destructive, and then reparative. It usually runs its course with great regularity, unless diverted by maltreatment, dissipation, or by depraved constitution.

It is purely and entirely a local sore, pursuing its career, when unmolested, till it accomplishes its own crisis, *producing no secondary eruptive affection whatever.*

In private practice you may occasionally meet with it, in its first or pustular stage; in hospital practice, rarely or never. The pustule bursts, and its place is occupied by a small incrustation formed by the secretion, which, on separating, exposes an ulcer. This occupies from three to four days, when the ulcerative stage commences, at an early date of which our attention is first directed to the sore. Its characters are yet but imperfectly marked; but we can readily ascertain that it is destitute of thickening, by pressing it between the finger and thumb. Its form is generally circular, but that is no criterion. It is hollowed, and of a dirty brown or yellow colour, moist, secreting a puriform ichor.

This is the destructive or ulcerative stage, through which it progresses variably, from the tenth to the twentieth day, though I have known it to extend dur-

ing a period of four months. It is during this stage that the common venerola exhibits the peculiar characters by which it may be generally known—viz. *that its edge rises above the surrounding surface*, in the form of a moderately well-defined ring, having, as Mr. Evans says, the appearance, but not the reality of induration. If the sore progress favourably, the destructive stage ceases from about the fifteenth to the eighteenth day; granulations form at the bottom, which frequently rise above the level of the surrounding skin, or even of the edge of the sore, presenting the appearance of a fungus, and constituting the second, reparative, or granular stage. The granulations are now absorbed, and sinking below the surrounding level, the skin heals over them. This constitutes the third stage, or that of cicatrization.

Although the description given by Mr. Evans of the common venerolic sore is excellent, yet I am inclined to think he has coloured it too highly. As far as I have observed, I do not think the elevated character so invariable an attendant upon it, as to warrant the second term he applied to it of "elevated ulcer;" unless, indeed, the name apply to the edge alone, which is much more uniformly raised around the surrounding level. This character, however, as Mr. E. has observed, depends greatly on position. The texture must be loose, and the surface void of pressure from contiguous surfaces.

Thus on the free edge of the prepuce, on its external surface, or on that of the penis generally, on the scrotum or thigh, the characters will be more distinctly marked, and the granulations will be more

elevated than on the glans or inner preputial surface. Between the two latter, however, there is a marked difference; the sore on the glans being almost destitute of the elevated character.

That this form of reparative action is due to the structure of the part, may almost be inferred, from the appearance of a sore involving at the same time the glans, fossa, and prepuce; which is elevated on the prepuce, ragged on the fossa, and excavated on the glans.

The elevated margin of this form of sore is well depicted in fig. 2, plate I., and it is a character of the sore with which every young surgeon ought to make himself acquainted. No other form of venereal ulcer will present it in a like degree; and the exceptions are very rare of its existence at all. It is, however, modified on the glans from the external pressure, but in sores on the edge or exterior of the prepuce, or on the body of the penis, scrotum, or thigh, not only the margin but the centre of the sore will rise into what Mr. Abernethy called "new flesh," while passing through the last stage of its progress towards cicatrization. This margin is often somewhat undermined; but the morbid actions of the sore are confined to the centre, and are based on the cellular structure beneath.

It is rarely accompanied by symptoms of surrounding irritation, such as erysipelatous inflammation, or of œdema of the prepuce, or of the general integuments of the penis.

But be it recent or chronic, accompanied by thickening or destitute of it, it is still a simple ulcer, pos-

sessing no power of contamination to the system, and requiring for its cure no principle of treatment which would not be equally applicable in a case of gonorrhœa, or in a case of common ulcer of the leg.

The elevation of the edge, when once observed, will form a beacon for the future guidance of the surgeon, however torpid may be the action, or however untoward the progress of the disease.

The poison of this sore is probably identical with that of gonorrhœa; the two diseases having many symptoms in common. 1st. *Venerolæ* are often the attendants on the latter stages of gonorrhœa; where they present themselves in the form of a crop of small ulcers on the margin of the prepuce, or on its inner side, appearing in the latter stage not unlike a growth of soft warts. 2dly. They appear about the same date after intercourse, and pursue their career in about the same period. 3dly. And by far the most important feature of resemblance the two diseases present is, *that they both exhaust their morbid actions, and reach their own crisis and cure without the aid of positive treatment of any kind, and are followed, as regards gonorrhœa, never, and as regards the common venerola, probably never, by secondary disease.*

Mr. Abernethy was familiar with this sore, but that he was trammelled by the high authority of his idol, Mr. Hunter, there can be no doubt; and hence the greater merit of his essay on this subject. He describes "a form of sore of the size of the finger-nail, that throws out new flesh rising above the surrounding skin, *from which he never knew an example of secondary symptoms.*"

Do not, however, suppose that this description is applicable to every form of common *venerola*, the shades of difference between which are both great and numerous; for, as Mr. Wallace justly observes, "it is the progress and whole phenomena alone that can demonstrate its nature." There is no disease that resembles it in the aggregate of its stages.

This regularity of progress is observed to occur less generally in hospital than in private practice—due, perhaps, to constitution, habits of intemperance, want of cleanliness, and to the early and injudicious resort to remedies recommended by incompetent and uneducated practitioners; among the foremost of which stands mercury.

The glans penis does not appear the soil on which the *venerola* flourishes in full vigour. It is cramped in its growth, without being hastened in its progress, rarely acquiring so large a size as on the prepuce, penis, or scrotum; is more excavated throughout, and appears destitute of that reparative energy essential to the formation of the granular stage; and it generally terminates by a loss of substance, in the form of a pock-like depression. Still on the glans it often attains a very considerable size. The same form of ulcer attacks the orifice on the urethra, where it is characterised by more than its usual degree of tumefaction, not amounting, however, to hardness, by more pain, and by a greater tendency to the formation of bubo.

Throughout the ordinary and unmolested career of this *common venerola*, "the primary syphilis" of Mr. Wallace, there is found neither thickening, hardness,

nor induration. It may be occasionally attended by more or less tumefaction, or soft thickening; but this is not common. Do not be misled on this point. We all understand what is meant by thickening, and on this head, I say, examine for yourselves.

With the exception of the indurated sore (I will not say the Hunterian sore, but I mean the hard syphilitic chancre)—there is no ulcer that usually pursues its course more steadily, when unmolested by interference, or diverted from its course by treatment.

Although it is very uncommon to find the simple venereal ulcer or venerola attended by positive thickening—for the disease is purely ulcerative,—it may occasionally exist under circumstances that ought not to impugn the correctness of the general description. On inquiry, I think, we shall always find—1st, that the disease has existed for a period of some weeks, at least, beyond its average time; and 2d, that it has been the subject of local treatment by escharotics, or other ill-timed remedial agents, which have protracted the progress of the sore, by continued local irritation. Still it is destitute of the induration of Mr. Hunter's description—the hardness, if hardness it may be called, is not cartilaginous in degree, neither is it abrupt in its circumference, and although it may occasionally be denominated hard, it is at the same time quite compressible between the thumb and finger. It is not uncommon to hear a student, on applying this latter test to a common sore, observe, "This is a hard sore," or, "This is a hard base." But the term is but a comparative one, and the remark is made without a just

knowledge of the degree of induration attendant on the true syphilitic chancre; when that is once appreciated by the touch, the recurrence of the error is improbable, and the two degrees of hardness cannot well be misunderstood. Here the deposition is the product of simple irritation, as we find it to exist in any form of ulcer, or in any situation; whereas, in the other case, that of syphilitic disease, the induration is the product of an action, direct and specific.

It is very desirable to withhold our opinion on first seeing a venereal sore; because, however distinct and well marked may be the characters of either the common or the phagedænic sore, when fully developed, they are very liable to be confounded in their early stages. Both are hollowed, both may be foul, both painful; and many days, or even some weeks, may elapse before either shall present such characters as may point with certainty to its nature.

The difficulty, however, will rather relate to the phagedænic than the common sore, which latter is more uniform and steady in its action, when occurring in healthy constitutions. In the common sore, the local irritation is generally less in degree, as I have already stated. Swelling of the prepuce is more uncommon than in phagedæna, as are œdema, and the consequent tendency to phymosis. But in the early stage, by which I mean within ten days or more of its appearance, I know of no certain means by which it may be determined, and were I pressed for an opinion in this stage of either of the above sores, I believe I should often err.

Under these circumstances, it is better to state to our patient that his sore will extend considerably before the process of healing will commence; for it both will, and ought to extend, until the ulcerative action, which cannot be arrested by ordinary means, is fully exhausted.

Bubo is an occasional, but by no means a frequent, attendant on the common venerola; and it is worthy of observation, that the liability to bubo holds a relation, not so much to the activity of the sore, as to the constitutional health of the affected person. I need, then, hardly state, that this glandular enlargement of the groin, is not the product of a poison absorbed into the circulation, but arises from what Mr. Hunter called "sympathy;" in reality, irritated absorbents, the result of common, not of specific irritation.

This bubo does not exist in the form of an enlargement of a single gland, (a condition that characterises another form of disease,) but of gradually increasing tumefaction of the upper part of the groin, extending towards the ilium, from two to three inches in length, and of half the breadth; a tumefaction that involves not glandular texture merely, but a large proportion of cellular tissue, giving it the aspect of a slow phlegmon. It does not ordinarily suppurate, but subsides with the disease, unless the circulation have been positively and considerably reduced by treatment; under which circumstances it may either remain in an unaltered state for several weeks, or terminate in slow and partial suppuration. These observations will apply precisely to the bubo of gonorrhœa, with which, as

far as I have observed, it is identical in all its characters.

Associated with the common venereal sore, as also with gonorrhœa, we occasionally find growths about the scrotum, perineum, and around the orifice of the anus, called *condylomata.* It is highly probable that these tumours are the product of venerolic poison, modified by the date of the inoculation; inasmuch as they are rarely found attending on any but the latter stages of the disease. When the scrotum, or inner surface of the thigh, becomes affected by the matter of the primary sore in its earlier stages, the ulcer thus formed pursues the ordinary career of the present sore, exhibiting, as I have before described, a greater degree of elevation than that sore, when placed on the glans, or inner surface of the prepuce. In fact it becomes a true venerola. But if the parent sore progress to its last stage before inoculation of the adjacent surfaces, then the process of ulceration in the new sore, becomes suspended by the inactivity of the poison conveyed to it, and the product terminates in an irritable growth of cutis having a secreting surface, and resembling the appearance of a soft and irritable wart. This description, however, will more strictly apply to the condylomatous tumour situated in the region of the anus, or at the commissures of the labia in the female. On the scrotum or perineum of the male, they are generally less moist, and firmer to the touch; and they are rarely found in persons holding a respectable station in society, whose habits of cleanliness form the best safeguard against inoculation.

But these condylomata are not unfrequently deemed a warrant for a mercurial course,—and as importance is attached to them by some men of authority, they are well worthy your attentive observation.

Where do we possess the best opportunities of observing them?—where are they most abundant? In the female occupants of our hospital foul wards; and out of this class may be selected those whose appearance characterises them as most indifferent to habits of cleanliness. Their more frequent occurrence around the anus in women, is due also to their physical conformation.

They never exist as primary sores, but are found to be consequent on previous disease. And I think, on inquiry, you will find that this previous disease has existed either in the form of a gonorrhœa or of a common sore. When condylomata appear around the anus of the male subject, they will be found to have been generally conveyed from the scrotum; and in these subjects the scrotum is often unusually pendulous.

The more protracted this form of disease, and the more remote the date of its formation from the primary sore, the more distinct will be the predominance of the formative or granulating process, over the ulcerative. On the scrotum we find veritable ulcers followed by elevation, which, though large in comparison with the primary ulcer on the penis, is small compared to the larger elevation of the anal condylomata, to which the attention of the patient is rarely directed, until they have acquired a considerable magnitude. Nor must we altogether lose sight of the different kind of invest-

ment belonging to the two regions, by which the different forms of growth may be also in some degree modified.

TREATMENT.—The treatment of venerola is most simple. The sore requires cleanliness, protection from violence, and moderate attention to the general functions of the system during the ulcerative stage. The local applications should be mild and unstimulating. Common spermaceti dressing is the best. If the sore be within the prepuce, linen may be substituted for lint, that its pressure may not cause irritation. It should be changed about three times in twenty-four hours, the sore being as frequently washed with warm water. All stimulating applications, whether black wash, zinc, copper, or other descriptions of ointment, should be carefully eschewed, being not merely unnecessary, but positively objectionable. Mr. Evans recommends the application of a weak solution of acetate of lead, and poultices, to sores on the outside of the penis or scrotum; in the latter recommendation I fully concur, inasmuch as a poultice is a soft, moist, and innocuous remedy, which protects the sore from external injury or violence. Should the granulations in the later stage rise considerably above the surrounding level, they may be reduced by the application of sulphate of copper, or of a solution of five grains of nitrate of silver to an ounce of water; but either of these remedies should be resorted to in the latter stage only, and applied with care, their application being made as lightly as possible. The constitutional treatment is also abstinent. A mild aperient, followed by small

inoffensive doses of antimony, if the sore be attended by heat of skin and constipated bowels, is all, or nearly all, that is required. If unattended by these infrequent concomitants, I have been in the habit, for some years past, of treating such cases with bread-pill night and morning, and I am acquainted with no form of medicine which, as applied to the case before us, is both more efficient and less objectionable.

Some years since I was in consultation with an eminent surgeon on a case of venerola occurring in a hospital patient, to which my attention was directed, which he considered an example of the true Hunterian chancre. I smiled on seeing the "*true Hunterian*," and merely said, in the absence of the man, that I would, as a joke, lay him a wager, that I would tell him within a few days how long the sore had existed, at what length of time it appeared after connexion; and, moreover, that I would undertake to cure the disease without the use of any description of medicine whatever; pledging myself, too, that no secondary eruption of any kind should follow the healing of the sore. All this I performed to the letter; and this feat, great as it may appear, requires no knowledge that a little common observation may not afford, in a comparatively short period of time.

This form of venereal sore requires watching, more especially in some depraved states of health; but you must be content to be a quiet inofficious looker-on—probably for weeks. You cannot arrest the ulcerative action by stimulants, nor can this object be effected by the agency of mercury. Whatever be the change

effected by tampering with the sore in the ulcerative stage, must be superadded to the allotted time for its cure.

But the progress of the sore may be entirely arrested by escharotics, provided they be applied early in the ulcerative stage. This plan of treatment was adopted and recommended by Mr. Wallace of Dublin, who resorted to it very generally, as the means of destroying a surface which seems to have the power of contaminating for a limited period contiguous parts. It is obvious, therefore, that it is applicable only to the first stage of ulceration ; in which, if at all, it must be applied freely. Mr. W. employs the nitrate of silver, which should be rubbed carefully on every part of the ulcerated surface.

Instead of the nitrate of silver, I prefer nitric acid diluted with an equal quantity of water, which has this advantage, that being applied to a small surface, it diffuses itself immediately over the whole. This practice is applicable only to a small or early sore, and not to one advanced ; for if resorted to in an advanced stage of ulceration, it will often prolong the evil it is intended to arrest. It is a form of treatment which may be resorted to in cases of emergency, where time is especially valuable. For example—a gentleman is leaving town on an excursion of pleasure, which it is impossible to postpone ; or he may be engaged to be married on a particular day—for these are emergencies with which we have occasionally to contend. Here we may resort to this more direct line of cure, which is rarely followed by evil consequences, provided, as I

have before stated, the ulcerative stage be not advanced.

As a general rule, there is no necessity for the administration of mercury, in any form or quantity. At the same time you need not forswear its use. In moderate quantities, it is inoffensive and unobjectionable, and may often contribute to the healthy progress of the sore. Five grains of blue pill to an ordinary patient, not the subject of mercurial idiosyncracy, may accelerate the cure, when given each, or alternate nights; but it should not be used continuously for more than a few days. There is no advantage in what is called "touching the gums;" but generally a great disadvantage both to the sore, and to the health.

That the common venereal sore will heal under the administration of mercury none can doubt, whose attention has been directed to variety of treatment: much will, however, depend on the quantity employed. Undoubtedly a change is effected, which is more or less marked, in proportion to the quantity, and to the susceptibility of the constitution to its prejudicial influence.

Moderate quantities of mercury produce immediately on the sore no perceptible effect, nor would they on a sore situated on any other region of the body. In larger quantities, the progress of the sore is retarded, and its healing process will be protracted, while under salivating doses the ulcer assumes a dry, glassy, and unhealthy aspect, and will often remain stationary for weeks, or even months, without progressing in the smallest degree towards the stage of cicatrization; while

occasionally, under mercurial action, it will even extend. This, at least, is the result of my observation. I have seen, in the practice of others, many hundred, I believe I might safely say thousand cases, so treated, and I can truly declare, that between the two forms of treatment there is, as far as I can judge, no comparison in respect of rapidity or safety. I have seen examples of venerolæ rendered stationary during three and four months by mercurial treatment; and one man I recollect to have been severely salivated no less than three several times for this simple form of sore, the effect of which was to convert a simple into a chronic ulcer of the penis, monstrous in size, ungranulating, and with highly elevated edges; for this symptom will become even more and more apparent, as the disease becomes chronic.

We must not suppose that we fail of advantage from the administration of mercury, if we employ it in doses which exhibit no effect on the gums, or on the salivary glands. Indeed I cordially concur in opinion with M. Ricard, who asserts, that *under no circumstances, as an anti-venereal agent, ought mercury to be employed to this degree.* But in the treatment of those forms of venerola in which irritating local treatment has produced thickening around the sore, or in which such thickening has arisen from any other cause, local or constitutional, then mercury becomes an important agent in the treatment, but should be given with great moderation. Five grains of the compound chloride pill, or of the blue pill, may be given every night, or night and morning, for four or five days or more, to be determined not by its influence on the mouth or gums, nor even on

the sore, but by its influence on the thickening around it. When the thickening diminishes, the mercury, which, it should be recollected, has not been employed with a view to the destruction of a poison, but for the simpler object, of obtaining absorption of lymph merely, may be immediately suspended.

CASES.

At the period I am writing, I have under my care about twenty-five venereal cases among the out-patients of St. Bartholomew's Hospital, of which ten are examples of the simple sore. In none of these, have I had occasion to order any medicine whatever, beyond an occasional aperient. I order these patients camphor mixture, or bread pill, twice or thrice a-day, and desire them to keep the sores clean, washing them night and morning, and applying to the surface, a small piece of spermaceti dressing. In the latter stages, I employ sulphate of copper, lotions of sulphate of zinc or black wash; and although rigorously enjoined to return, should secondary disease manifest itself, I have, during the last five years, seen no one undoubted example of eruption consequent on the simple sore.

The sores represented in Plate 1, Fig. 1, were taken from a man who presented himself as an out-patient at St. Bartholomew's Hospital: they had existed about a month, as nearly as he could recollect, when he applied for advice at the hospital. On referring to his letter, I find that on the 13th of June I ordered him camphor mixture. On July 4th, his sores had healed. I made no change in his treatment. Within a few days of

their entire cicatrization, some condylomata appeared on his scrotum, and subsequently others appeared around the orifice of the anus. These I treated with dry lint, simple dressing, and black wash, and they were cured in about three weeks from the date of their first appearance.

The following is a case of not very uncommon occurrence, in which the progress of the sore was entirely suspended by mercurial action.

Philip Roberts, a porter, was sent to me by a medical friend, in the summer of last year, 1839, with a sore on the body of the penis, of the size of a shilling, irregular in form, flat on the surface, and with a considerably elevated edge. The colour of the sore was whitish, like unhealthy lymph, indicating a thoroughly chronic action. It occasioned him no pain, and was attended by no sign of inflammation. His health was not materially impaired by the treatment. He had had the sore during the five previous months, and had been the subject of three distinct salivations, under each of which the sore had extended in size. Every variety of local application had been exhausted in his favour, under the forms of mercurial, and stimulant. In short, no expense had been spared by his master, for he was a valuable servant, and no trouble, by his medical attendant.

For one month I watched his case every second or third morning; and with the exception of a little simple dressing, and a poultice at night to protect the sore, I ordered him absolutely nothing, beyond a moderate quantity of porter daily with his dinner. At the ex-

piration of a month, the sore assumed a healthier aspect; red granulations formed, and at the end of two months the sore had healed.

This man I have repeatedly seen since his recovery, and he has had no secondary symptoms whatever.

A young man, aged 19, applied at the hospital, with a sore on the body of the penis, one inch and a half long by an inch broad, but jagged, and irregular in form. It presented, in a striking degree, the elevated margin around the circumference. Its surface was white and moderately dry, and indicated great inaction; it was unattended by pain, and had existed for two months. He stated that it appeared three days after connexion, in the form of a pustule; that a scab formed on it, which he accidentally tore off. The sore spread, and reached its present size within three weeks. It then ceased to enlarge, and assumed gradually its present aspect. He stated that he had been out of work for a month, and had been obliged to forego animal, and almost every other kind of food, since he left his employment, and he earned a precarious livelihood by selling fruit in the streets.

His pulse was low, and his general appearance bore ample testimony to the truth of his tale.

In this case the circumstances were most favourable to the occurrence of secondary symptoms, but the elevated margin of the sore afforded me a sufficient guarantee of the great improbability of their appearance. I gave him a mild purgative, and ordered him confection of bark, in large doses. I desired him to dress the sore three times in the course of each day

with simple ointment, and to wash it carefully with warm water, as frequently. In one week the surface of the sore was covered with healthy granulations, and in a month it had entirely healed.

I especially urged on him the necessity of returning to the hospital, should sore-throat or eruption appear, which he promised me he would do. I have not seen him since, a period of three months.

A gentleman, aged 30, contracted a sore on the fossa glandis, which appeared four days after connexion with a woman he had every reason to believe was free from disease. The sore had existed two days only, when the gentleman was somewhat unwillingly placed under my care by a mutual friend. I recommended him to keep the sore clean, to dress it with spermaceti ointment night and morning, to abstain from wine, to take little exercise; and I requested to see him in three days. I neglected to tell him that the sore would increase in size for many days to come. On his next visit it had extended a little, and on the third visit it was more than double its original magnitude. Still I pursued the same inert, and apparently inefficient treatment. The patient then expressed a wish to resort to mercury: to this I objected, assuring him that it was unnecessary, and something more. The next time I saw him was at his own chambers, at the expiration of five weeks, when just recovering from a salivating course of mercury. He had, in the mean time, placed himself under the care of another surgeon, who, as he said, knew his constitution, and from whom he learnt that no treatment but the mercurial one, could eradicate the disease

from his system. The sore had then extended to the size of a sixpence, and was painful. Its margin was inflamed and elevated,—sufficiently elevated to mark its character: the surface was secreting an ichorous fluid. I met his medical attendant in consultation, and assured him that the disease would have subsided more readily without, than with, the use of mercury. I was not so fortunate, however, as to convince him of the correctness of my views, and we agreed to avail ourselves of a third opinion. The treatment was carried against me, and the resort to mercury again recommended.

At the end of three weeks from this date I was again sent for by the gentleman, who had undergone a repetition of the mercurial course, the influence of which had been maintained for this entire period on his system. The sore was precisely in the condition in which I had left it a month before, and, by general consent, the case was placed under my charge.

It was not until the mercurial action had entirely subsided, that the sore seemed to rouse itself from its former torpor. It healed in five weeks under the use of tincture of bark, and the local application of simple dressing and Peruvian balsam; but the base of the sore did not rise up into luxuriant granulation.

He had no secondary affection whatever.

I attended, with Mr. Welbank, a gentleman who contracted a simple elevated sore, for which he had been under treatment by Mr. W. for a period of several weeks. The disease was situated on the under surface of the glans, and had gradually but slowly ulcerated its way into the urethra. Mr. Welbank treated this case as a simple ulcer, having the strongest disinclina-

tion to resort to mercury, both from the character of the sore, and from that of the constitution of the patient. The case progressed, however, so languidly, that, to satisfy the wish of the gentleman's friends for a second opinion, he requested me to see it. I detected the characters of the simple sore, and fully concurred with him in the propriety of abstaining from the use of mercury. He was ordered to dress it simply, and to take three grain doses of the iodide of potassium. I saw him again in a fortnight, when the sore was not improved. His health being greatly impaired, he was sent to the sea, and was placed under the charge of a very intelligent surgeon, Mr. Snowden, of Ramsgate, where he remained six weeks, during which he took bark, iodine, and sarsaparilla; but the improvement in the sore was extremely slow and unsatisfactory. Mercury was again and again suggested; but Mr. Welbank and I were resolute in our opinions, 1st, that the sore did not demand mercury for its cure, and, 2ndly, that the constitution of the gentleman was of that peculiar character to render him liable to serious consequences, if it were administered. It was not till some weeks after his return to town that the sore gradually but thoroughly healed, leaving no trace in the constitution of the patient of its former existence.

I mention this case particularly, because it was one, both on the score of its duration, and on the unhealthy condition of the subject of it, from which we might have reasonably expected secondary symptoms, did they ever occur as a consequence of this form of sore.

The following case also is most common.

John Turner, aged 30, applied, with five or six round

elevated sores on the scrotum. He complained also of great soreness in the region of the anus, on examining which, a circle of condylomata presented itself, surrounding that orifice. He said he had no venereal affection whatever. On inquiry, I ascertained that, five months previously, he had contracted a gonorrhœa, for the cure of which, he had had no medical aid. The discharge continued upwards of three months; but before it entirely ceased, several small sores formed on the anterior surface of the scrotum, which was loose and pendulous; and within the last month similar sores formed around the verge of the anus. The sores on the scrotum were all about the size of a large split pea, elevated, and in progress of healing. The anal sores were much elevated, and exceedingly painful.

I ordered simple dressing for the former, and dry lint for the latter. In the course of a fortnight all were greatly improved, and at the expiration of three weeks had entirely healed.

Although the influence of mild doses of mercury is desirable in the treatment of those states of common sore which are surrounded by thickening, the product of local stimulants, they are by no means indispensable to their cure.

A gentleman contracted a sore on the corona glandis, for which he took mercury to affect his gums, and at the expiration of a fortnight applied lunar caustic freely to its surface. The pain occasioned by the application was very great, and some considerable inflammation was the result. From that date he observed the sore to have become hard, and five weeks from the date of its first appearance I saw it.

The sore itself was small, but foul and almost sloughy, and the thickening around it considerable.

I ordered simple ointment to the sore, and a bread-and-water poultice to be applied around the penis during the night. I recommended him to take some colocynth and rhubarb each night, and a seidlitz powder every alternate morning.

A fortnight elapsed, and the sore looked cleaner, and the thickening had diminished in a slight degree only. In another week the sore was still improving, and the thickening as gradually declining. At the end of a month I gave him five grains of blue pill every night, under which the thickening was slowly absorbed, and in seven weeks no vestige of the sore remained.

Had mercury been competent to the cure of this sore, it would never have come under my notice; for the patient himself had tested its power, before he applied for my assistance. I believe he protracted his disease at least six weeks, by the injudicious use of the escharotic.

During the last winter medical session of 1839-40, I had under my charge fifteen cases of venereal sores, the subjects of which were medical students,—some of whom were personally known to me. Of these, two only were cases of true syphilitic disease, and these two alone were treated with mercury: of the remaining thirteen, not one took a blue pill, or any other form of mercury, more than about four times during the entire treatment.

Since the month of February last, I have treated, as out-patients of St. Bartholomew's Hospital, one hundred and fifty cases of venereal sores, every one of which

has recovered; and I have placed under the influence of mercury but six, two of whom were treated for iritis.

The average duration of treatment has been from five to six weeks. The more protracted cases had been previously treated with mercury, or they occurred in persons of very depraved constitution, or in others whose daily employment demanded active exercise in locomotion.

This treatment I have adopted since the year 1834, both in the hospital and in private practice, and I have yet seen no exception to the general rule, viz. that the simple form of venereal sore, or common venerola of Evans, is unproductive of secondary symptoms, whether eruptions, sore-throat, fever, or rheumatic or other pains in the bones.

There are modifications of the common venerola to which I have before alluded, characterised by less excavation and by considerable induration, which have been described by Mr. Evans under the appellations of superficialis and indurata—two forms of disease, probably acquiring their peculiar characters from that of the constitution of the person possessing them. The first is an active sore, destitute either of the torpid action of the common venerola in its early stage, or of its reparatory disposition in the second, attended with more than ordinary constitutional disturbance, and greater local irritation. Here the constitution must be treated, and not the sore. The means are antiphlogistic;—purgatives, followed by antimonials, in the form of a solution of two grains of tartarized antimony to a quart of lemonade, of which an ounce or a small wine-

glassful may be taken about every half-hour. If taken in excess, its effects will prove emetic. Should nausea result, the intervals may be extended to an hour, by which means we obtain a copious purgation, and that depressing influence on the circulation, which this form of medicine alone can produce.

The indurated venerola is a very rare form of disease, which, as its name denotes, is attended by thickening not very dissimilar to that of the indurated chancre of Sir R. Carmichael, to which it is, as I believe, related; or rather, it exists as a link in the chain connecting venerolic disease, with the true syphilitic chancre; distinct, however, from the latter, inasmuch as it occurs early after connexion, and may, like the last disease, be the product of gonorrhœal matter. Mr. Evans describes it as one indistinctly marked, exuding a fluid from a surface of a healthy red colour, and may be confounded with an excoriation, having sooner or later a base of a cartilaginous hardness, unless the sore be seated on the glans. It is not excavated unless it burrow underneath the skin of the penis.

Mr. Abernethy also describes this sore "as a species of chancre, in which the disposition to ulcerate is less than that to indurate, so that the ulcerated surface may heal and leave a knob." The chief interest attached to this sore arises from its great propensity to slough. It is not the product of a specific virus, and may arise independent of sexual intercourse.

There are two morbid actions incidental to venereal sores, requiring extensive modification of the treatment

ordinarily employed: they are phagedæna and sloughing. The first term is employed adjectively phagedænic, to designate a peculiar destructive action, by which sores extend, either by a rapid ulceration, or by slow gangrenous disorganisation, more particularly of the surface, in which the margin appears, to use the term applied by Mr. Wallace, nibbled, or irregularly broken down in the destructive process. The second indicates a more rapidly disorganising action which attacks the whole sore, converting it into a gangrenous mass.

Of the first I shall not speak at present, because it is too fruitful a subject to be cursorily introduced here, characterising, as it does, a large proportion of sores throughout their entire progress. The sloughing action, however, is rather to be deemed an incidental occurrence, and is much more rarely met with.

Any form of venereal sore may be attacked by inflammation of a severe and dangerous character, which may run rapidly into gangrene, involving the sore itself, and the surrounding textures. It is not an action inherent in the sore from its earliest appearance, but may be deemed accidental, and dependent on causes often occult, arising during its progress. That it is not a venereal action may be inferred from the following phenomena:—1. It may attack any sore of whatever character, indurated or not. 2. It rarely exhibits itself in the early stages of the disease, during which the poison may be supposed to be in force. 3. Its attacks are directed generally, though not exclusively, on sores within the prepuce, whether on the glans, corona, or inner lining of the prepuce. And 4. It is more generally attendant on constitutions which

have been reduced by active depletion, or whose functions have been impaired by excess. This important change is usually ushered in with slight fever, and its concomitants, during which the sore becomes discoloured, assuming a livid red colour, secreting a dark brown fluid, which discolours the dressing. The prepuce becomes first œdematous, and is withdrawn with difficulty, and then inflames, participating in the change which is progressing within. Phymosis follows with advancing fever, and great local pain, increasing the general symptoms. Immense quantities of a seropurulent fluid escape from the prepuce, attended with extreme local suffering. Pressure on the glans may generally detect a rapid extension of the sore in the circle of the fossa glandis, the structure of which is broken down into flocculent and fœtid sloughs, which escape with the discharge.

The fœtor is eminently characteristic of this condition, and may be perceived at a considerable distance from the bed. The whole penis sympathises; inflamed absorbents along the dorsum penis, are indicated by a rigid line extending to the pubes, which is eminently painful on pressure, and aggravated by the dependent position of the organ, by which the integuments on the dorsum are rendered tense.

The treatment is essentially antiphlogistic, and that, almost without reference to its probable injury to the future health of the individual. The destructive process is so rapid, and the value of the organ so great, that no expense can be deemed exorbitant, with which to purchase even temporary relief. If the disease be external, and accessible to local means, even the an-

tiphlogistic treatment must yield to more direct means of arresting the destructive actions of the sore. This may be effected by the free and unsparing application of the undiluted nitric acid, which must be carefully but extensively applied on every part of the gangrenous surface, till the whole is converted into a soft white crust. This may be followed by a full dose of laudanum, and the crisis of the disease is accomplished. When the sloughing action is confined within the phymosed prepuce, and of course inaccessible to local means, as large a quantity of blood must be taken by venæsection as the patient will bear, accompanied by the exhibition of full doses of mercury both internally and by inunction, with the view to affect the system as early as possible—not with the intention to kill a poison, but to arrest inflammation, of which the gangrene is the immediate product. Frequent ablution, by injection of warm water, or strong decoction of poppy heads, by means of a syringe, should be employed for the purpose of dislodging any disengaged portion of the gangrenous mass that may be separating; and cold water, or a bread-and-water poultice, as may best suit the fancy or the reasoning of the practitioner, should be applied around the penis.

Probably these means, freely employed, may at once succeed in arresting the progress of the disease: should they not do so, and their failure will be indicated by the recurring pain and protracted fever, the prepuce should be divided to a sufficient extent to permit its retraction beyond the glans. The nitric acid should then be applied according to the directions I

have before given, although it has appeared to me that the relief afforded to such sores from their exposure, is so great as often to supersede the necessity of applying more than the diluted acid. As a general rule, the sloughing process forms the crisis of the sore, the slough separates, and the sore quickly cicatrizes; but this is not invariable—in some instances, and especially where considerable thickening has preceded the sloughing, as in the true indurated sore, the specific characters of the disease may resume their influence, and pass through their various stages, as though nothing had happened to disturb them.

CASES OF SLOUGHING SORES.

Mr. J., a gentleman aged twenty-two, of somewhat intemperate habits, contracted a sore, which appeared about three days after connexion. It was situated in the fossa of the glans, involving also a portion of the inner lining of the prepuce. He had been under the treatment I have above recommended, for a fortnight, and the sore was progressing favourably.

He imprudently accepted an invitation to a dinner-party, and indulged in wine to the extent of intoxication. The same experiment he repeated on the day but one following; and on his return home from the second debauch, he felt the sore unusually painful. On examining it, he perceived that his penis was swollen and inflamed. His night was restless, and on the following morning I saw him. His pulse was then frequent and full, and his skin hot. From the prepuce,

which was highly inflamed and swollen, there exuded a sanious discharge; and he complained much of pain. As the inflammation advanced, the pain became greatly aggravated; the prepuce swelled, and could no longer be withdrawn over the glans. The secretion from within, increased greatly in quantity, and became extremely fœtid.

His suffering was now so great, that he was unable to bear the weight of the bed-clothes. Slight pressure of the finger detected an extending ulcer one-third around the circumference of the glans.

I bled him to twenty ounces, ordered him eight grains of calomel, to be taken immediately, and directed him to apply constantly, cold spring-water to the penis. I also ordered him the eighth of a grain of tartar emetic in solution every half-hour, to be commenced after the action of the calomel.

On the following morning, the pain and inflammation had abated in a degree, in the region of the glans; but he complained of an accession of suffering along the dorsum of the penis, which was hard and much swollen. The latter symptom being rather on the increase, I feared the formation of abscess in the substance of the organ, and I divided the prepuce by a longitudinal incision made on a director. This very painful operation being done, a ragged, foul, and sloughy sore was exposed to view, involving the glans, corona, and prepuce, to the extent of nearly two inches in length. This destructive action, which had existed for forty-eight hours only, had more than half encircled the glans. To the whole of this sore I applied the strong

nitric acid, and gave him forty drops of laudanum. In two hours all pain had subsided ; and on the following morning I found that he had passed a quiet night, without any recurrence.

In two days the slough began to separate, and in a week he had an extensively granulating sore, which rapidly healed. He had no subsequent symptoms.

Mr. W., a gentleman engaged in active mercantile pursuits, contracted, in the summer of 1839, a sore on the corona, which progressed unhealthily in consequence of his daily indulgence in wine, and of his devotion to his business. I had treated him during one week ; but his sore was unusually irritable. He sent for me at a late hour one night, being in excessive pain. The fœtor, and the colour and quality of the discharge —the swollen and inflamed state of the prepuce, all pointed to the nature of the change the sore had undergone. He told me, that having a large foreign order to execute, he had been actively engaged during the greater part of the two previous nights. I ordered him eight grains of calomel and two of opium, and recommended him to inject frequently underneath the prepuce, by means of a syringe, a lotion, composed of half a dram of the diluted nitric acid to an ounce of water made warm, and to apply cold wet lint to the penis.

On the following morning the pain was in a degree mitigated, but the swelling and inflammation remained as before; the discharge of fœtid matter was increasing, and I could feel the sore extending around the glans. I laid it open with a bistoury—introduced as far as possible on a director.

The sore was large and sloughy, and had extended rapidly. It was now fully exposed to view. I ordered it to be washed frequently with the above lotion, to which I added a dram of laudanum. The pain ceased in the course of a few hours, and the profuse discharge almost as quickly disappeared. The sore became clean in three days, and was progressing favourably, when the commission of some act of folly, the precise nature of which he would not reveal, again reproduced the sloughing condition of the sore. I now applied the undiluted nitric acid, which finally arrested the progress of destruction, and he ultimately recovered.

The summary of the above is as follows:—

1. That the common venereal sore (venerola) appears within a few days after connexion.

2. That it is ordinarily characterised by its elevated margin in the second stage; the granulations also frequently rising above the surrounding level whenever the sore is situated on an exposed surface.

3. That in its early stages invariably (excepting in the rare form of the indurated venerola) it is destitute of thickening or hardness, which, however, exists occasionally in the latter stages of protracted sores.

4. That it is followed by no secondary disease whatever.

5. That the action of mercury is unnecessary in the treatment of venerola, inasmuch as the poison exhausts itself early in the progress of the sore, and that, when employed, it is incompetent to arrest it.

6. That condylomata are modifications of the common sore, and are amenable to the same treatment.

LECTURE III.

ON THE PHAGEDÆNIC ULCER.

Eccentric actions of the Phagedænic Sore—Primary Phagedæna of questionable existence—Is Phagedæna due to local or constitutional actions?—Constitutions liable to it—Diagnosis—Three forms of Phagedænic Primary Sore—Bubo—Phagedænic Secondary Disease—Sore-throat—Eruptions—Phagedænic Scaly Disease—Rupia Cachectica—Sclero-Iritis—Iritis—Mercury competent to the development of Phagedæna, when employed in the treatment of venereal and other forms of disease—Treatment of Primary Phagedænic Disease—Mercurial treatment objectionable—Mercury incompetent to arrest ulcerative action—Treatment by Escharotics in the early stage—Treatment of Secondary Phagedænic Disease—Cases.

This is by far the most important form of sore we are called to treat—on the ground of its frequency, its destructive actions, and its intractability by treatment. It is not necessarily a venereal sore, although its origin may be *generally* referred to sexual intercourse. By Mr. Evans, one form of it is classed among the non-venereal sores, under the name of "ulcus erraticum." It commences under the form of a pustule, though we rarely possess the opportunity of observing it in this stage, for its actions are too rapid. Those I have possessed have been obtained by the generation of new sores, in patients already under treatment.

If we except the phagedænic sore, the treatment of all venereal disease, is direct and simple. We can prognosticate with certainty the progress, and almost the duration of any form of ulcer, always excepting those which are the subjects of sloughing action; while in phagedæna the actions, like the sore, are eccentric,

alternately healing and extending, amenable to one form of treatment one day, rejecting it the next; healing in one portion, ulcerating in another; and presenting in the same sore, a confused and unnatural combination of granulating, sloughing, and ulcerative actions. During the very early progress of the phagedænic sore there is nothing uniformly characteristic by which to determine it; indeed, it is by no means certain that there is such a disease as the primary phagedænic sore. This doubt has, I conceive, most reasonably been suggested by Mr. Guthrie, in opposition to Sir R. Carmichael, who first systematically described this form of ulcer. Mr. Guthrie considers the phagedænic sore to be dependent on unexplained, and probably inexplicable causes, and states that he has frequently seen sores become phagedænic during their progress; and that, in fact, there is no form of sore warranting Sir R. Carmichael's denomination of a phagedænic primary ulcer.

Sir R. Carmichael has referred certain secondary forms of eruption to this phagedænic sore, considering it a distinct form of disease, at the same time acknowledging "that he had not witnessed it at any earlier period than the second or third week from its commencement;" while Mr. Guthrie is of opinion, that any simple form of sore may become phagedænic, and exhibit all the characters of secondary disease referred by Sir R. Carmichael to the phagedænic ulcer.

There is an obvious and important difference in the two views of the subject—primary phagedæna, inferring the presence *ab initio* of a phagedænic poison, obtained by contagion, by the presence of which it is

characterised throughout; while, on the other hand, the progress of the sore being subject incidentally only to phagedænic action, would lead necessarily to the opinion that this action was constitutional, and not dependent on the presence of a specific local poison. For myself, I entertain no doubt whatever, in common with many men of authority, that the phagedænic venereal disease, as it is termed, may arise spontaneously in particular constitutions, holding no relation to specific poison of any kind; and that its peculiar and destructive actions are mainly referable to the constitution that supports them. I fully agree with Mr. Guthrie, that they are not primary, and that any form of local sore may assume its actions, when advanced to a certain stage, in those forms of constitution which are the subjects of its ravages. Although often developed by venereal ulcerations, it may readily be excited by any other, and may extend throughout the whole range of the animal structure, under the aspect of secondary disease, without the previous existence of a primary one. I greatly doubt its being communicable to any constitution save one of its own kind.

There must, indeed, exist some important difference between the actions of a sore extending by phagedæna, and another form of sore, extending by common ulceration; and the question here is, whether this peculiar action, denominated phagedænic, is or is not, the product of a poison obtained by sexual intercourse. If it be acquired by such intercourse, doubtless the sore ought to exhibit its characters from the commencement; if it be not necessarily so acquired—if any other form

of sore, destitute of phagedænic action, can assume that action at any subsequent stage of its progress,—may we not reasonably infer, that such phagedænic action is not the product of a specific poison, but that it is the product of some internal and yet unexplained constitutional cause, independent of, and distinct from, the original poison? Mr. Guthrie asserts that he has seen simple forms of sore become phagedænic. I have seen this also; and indeed I would even hazard a conjecture, that this is the history of a very large proportion of such sores.

By phagedænic action is meant that process of extension of a sore, by which its edges appear to melt away; and, as Mr. Wallace expresses it, as though "serrated or nibbled." The action is chiefly confined to the margin, which the destructive process having undermined, overlaps with an irregular and ragged edge. Of this mode of destruction of soft parts there are various degrees, the most simple of which is characterised by slow action, and is usually covered by a layer of white matter. Here the reparatory action commences on one part of the sore as soon as that of destruction is exhausted, and the two advance together, engaging opposite sides of the sore, each progressing in the same direction; the destructive margin being concave, and the reparative or granulating one, convex. From this circumstance it has been named the "horse-shoe sore." Its action may be compared to that of fire in a field of stubble, extending and destroying in all directions, its activity being proportioned to the favourable or unfavourable nature of the material on which it travels. That the action is

purely local may be inferred from the limited extent of its operation, the two actions of health and disease being almost blended. The pain of the sore is not particularly great.

In another degree of activity, we find more rapid destruction, extending not only along the whole circumference, but throughout the excavated base of the sore. It extends rapidly in all directions, and in the course of two days may equal the size of the half of a large black currant. The base is of a dark red colour. The local pain and constitutional derangement are considerably greater, than are attendant on the first form.

Another degree is known under the term "sloughing phagedæna," and is rarely met with, except in hospital practice. Its name indicates the extensive, and often fatal destruction which marks its progress, and it is well named; for the action is phagedænic, and the product a slough, often of the most formidable dimensions.

Mr. Wallace, who has devoted to phagedænic ulcers a considerable portion of his work on the Venereal Disease, very justly attaches considerable importance to the colour of the slough, as I shall at present term it, which is formed on them. His subdivision of these forms of sore is very extensive, founded not merely on the black or white colour of the slough, but on the irritable and inflamed character of the sore; and the negatives to these give, in addition, an agreeable variety of phagedænic ulceration, to dilate on which, with every respect for Mr. Wallace, would, I think, be hardly profitable, inasmuch as nature, in this disease at

least, is scarcely consistent with her own indications; for, as Mr. Wallace himself says, "there are but few varieties of phagedænic disease which do not run into each other, or exhibit compound characters."

What is the immediate product of phagedænic action? Mr. Wallace asserts that it is slough, and not pus. He considers those views of ulceration first promulgated by Mr. Hunter, which refer to that process a gradual absorption of the destroyed vital substance, to be erroneous, considering, in the case of venereal ulcer, for example, that the constitution must be contaminated by such absorption, did it occur. He refers the ulcerative and sloughing processes to the same actions, varying only in degree; a thin layer of dead matter being separated and broken down in the one case, and a large portion in the other, over which the absorbents exert no influence whatever. He says, "with a magnifying glass of moderate powers, we may also detect upon an ulcerating surface a stratum of matter more or less solid, and sometimes semi-transparent, formed by the original texture in progress of liquefaction; and that the transitions of the states of ulceration and sloughing are gradual and continuous." According to his views, the whitish matter adhering to the bottom of sores, of which perhaps the best example may be obtained in phagedæna, consists of the "débris" of former organised matter, which has not been absorbed. He goes further, and asserts, that the process of ulceration is merely a modification of that of sloughing, and differing only in degree; for while in the latter change the whole substance is converted into a dark and putrid mass, in the

former the animal texture is separated more gradually, and may be seen by a common magnifying glass to be retained on the surface of the ulcer, from which it may be removed by the forceps, "giving some resistance to laceration, and being more or less stringy and tough." I cannot say that the examination I have made with the microscope of these and similar secretions bears out the reasoning of Mr. Wallace; on the contrary, I have always found that the semi-fluid matter which covered these sores, is composed of the pus globules floating in serum. I have examined this matter on frequent occasions, selecting more especially that from sores which bore the nearest resemblance to disorganised matter or slough. I made this inquiry with a full inclination to adopt the doctrine of Mr. W., and with something allied to a hope of its correctness, for I had been disposed to entertain the same views before I read Mr. Wallace's work.

If I had a prejudice, therefore, it was in favour of, and not against them; and I confess I was somewhat disappointed in the results obtained, which I must honestly confess were all opposed to his views, for the fluid appears to me unequivocally pus, and not slough. It differs, however, from common pus in containing less serum; so that a mass of the globules coalesce, forming an apparently condensed substance, which is not very easily penetrated by the glass.

Phagedænic disease, primary or secondary, presents to the finger on pressure, no sensation of thickening nor induration. Tumefaction is a frequent attendant on the less rapidly ulcerating forms, either with white

slough, or when destitute of it, but rarely have we a state of the part, with which to confound the circumscribed thickening of Mr. Hunter's description.

The purely local action of phagedænic disease does not at all weaken the supposition of its constitutional character; the idea which is conveyed, being that of a structure so organised as to be unable to resist the influence of a poison that would prove inoperative on a structure of a different kind, and in which probably the whole body participates.

Although we are unable to determine by external indications, with anything approaching to precision, the characters of those constitutions which are subject to such influence, yet we have no difficulty in determining generally, the class of persons who are liable to it; for negatively we do not observe it to reign among the vigorous and strong, nor the sanguine. Undoubtedly there exists a most depraved condition of constitution, whether primitively, or by reason of the depressing influence of want, or disease. But this depressing agency does not appear alone sufficient for its production, unless coupled with a peculiarity of constitutional health, which is hyper-scrofulous in its nature. In these persons, mercury is a slow poison. By mercury, its ravages are promoted, after repeated ptyalism, more frequently than from any other cause. It is in these constitutions, and under these circumstances, that phagedænic disease is especially developed with the greatest power and virulence. Whether the term "mercurial disease," as suggested by some authors, be applicable or otherwise, it is only consequent on the action of this

prostituted drug, that we find those abundant and frightful mutilations, which constitute the peculiar product, of the combined actions of phagedæna and mercury.

I have had under my care for three months a gentleman, who returned from the West Indies on board a merchantman, where he was attacked by scurvy, from which he alone out of all the ship's company suffered. When I first saw him, my attention was directed to certain purple patches on the back of his hands, caused by the disease from which he had, when I first saw him, recently recovered. He contracted a sore on his arrival at Plymouth, and was salivated; and on reaching London had phymosis, with profuse sanious discharge. He shortly afterwards became the subject of extensive phagedænic sores all over his body.

Although, then, we cannot always determine with certainty, we have often at hand some peculiarities whereon to ground suspicion of the liability of individuals to phagedænic disease.

But to return to the primary sore. It may be the immediate product of a pustule or an excoriation. Its early characters may not be distinctly marked. It may possibly be a venerola, or a mere excoriation, which may progress for some days before it exhibits its peculiar characters. It may then manifest a great propensity to ulcerate irregularly at its margins alone, if of the less active kind, having the "nibbled and serrated" edge of Mr. Wallace; or at the base also, if of the more active. The destructive process is carried on less rapidly when the sore is situated on the glans,

than when in the fossa, or inner side of the prepuce The common skin is also less rapidly destroyed, whether of the penis, or of the general integuments, unless the sloughing action be superadded; and then there are no bounds to its virulence. On the fossa, or indeed on the glans, it often burrows deeply, laying open the erectile structure of the corpus spongiosum, or extending deeply into the common integuments of the dorsum; its crisis is often obtained by extensive hæmorrhage from the dorsal vessels. The slow form, covered by white matter, is the most frequent; for the extension of which we have no rule to guide us, so fitful, so various, is its action. Stimulants, depletives, escharotics locally applied, general depletion, tonics, mercury, used as constitutional means, may be each and all, at one time or another, both beneficial, or injurious. The disease must be seen daily, and prescribed for daily. When in any degree active, the treatment that will prove beneficial on one day, may be worse than useless on the next. The more simple the form, the more difficult its management; or, at least, I have found the more rapidly extending phagedænic disease allied to the sloughing form, and even that disease included, to be more controllable under the treatment first suggested by Mr. Welbank, than the sore covered either with white matter, or white slough.

Many days from the first appearance of this sore may elapse, before we are enabled to distinguish it with certainty from an unhealthy venerola, or from an active excoriation, not the product of venereal poison. But venerola (the common sore) is generally less active;

whereas phagedæna extends more quickly, and involves in a greater degree, the skin. It is more frequently attended by œdema of the part, the prepuce more especially, which often swells to a large size ; while the common venerola extends more deeply into the cellular tissue, giving a hollow form to the sore, the phagedænic sore is more flat, in consequence of its extending superficially. Negatively, therefore, it may be known by the absence of abruptness on its margin, which, in the example of the venerola, is sooner or later thrown up, into a firm and well-defined ridge.

There are three forms of phagedænic primary sore, each of which is a modification of the other, and of which, each may exhibit various degrees of activity or irritability.

The first sore (the venerola superficialis of Mr. Evans) is not excavated, but formed on a level with the surrounding skin. The nibbled edge may be observed by close examination. It does not extend with the rapidity of either of the other forms, and may remain stationary, or apparently so, for many days or weeks. It is covered by a thin layer of whitish matter, easily removable by the application of a piece of lint, and under which a minute granulating surface appears. It might rather be denominated a simple sore, extending by phagedænic action, than a positively phagedænic sore. Its comparative activity may be estimated by the colour and quantity of the secretion ; if progressing favourably, the secretion is small in quantity, and possessing the ordinary qualities of pus. A larger quantity of this matter on the surface, of more viscid and

adherent qualities, indicates an unfavourable condition, and shows a tendency to spread. The quantity and quality of the matter, will also correspond with the halo of inflammation around it, which, however, in this sore is not considerable.

The second form of phagedænic sore which may at any time be assumed by the last described, is characterised by a greater tendency to spread (by erratic action), which extends deeper even when it attacks the glans—is covered by a deeper and denser slough, of a whitish colour, not always readily removed from its surface—has a more inflammatory circumference—is attended by more constitutional derangement; these concomitants are generally referable to either mercurial excess, or to the abuse of spirituous drinks. This I have found the least controllable by simple treatment of all phagedænic sores. In it we find the constant struggle between the destructive and reparatory actions, and consequently we have here the best example of the horse-shoe sore.

The third form is that which I presume to have been known under the title of the black pox, not in the virtue of its colour, which is not black, although it is described as commencing by a black pustule—an appearance which Sir R. Carmichael alone professes to have seen, and that, only once in his experienced career. It is characterised by rapidly extending ulceration, both round the circumference, and at the base. It most frequently attacks the fossa glandis, and extends along the circle of the fossa, in preference to any other direction. It often undermines the penis to a great

extent; is attended with great pain, though by no means constantly so, and may occur spontaneously in the worst forms of constitution.

Although this form of sore is classed under active phagedæna, I know of no characters or symptoms by which it may be distinguished from the sloughing sore, previously described.

Phagedæna, however, is not invariably destitute of thickening, or even of positive hardness; although this condition exists as the exception, and not as the rule. Thickening is the occasional attendant on a chronic phagedænic sore which has outlived its ordinary duration of existence; or it may remain, to mark the locality of a phagedænic sore, after the process of cicatrisation has been completed.

In this state the disease may be mistaken for true syphilis, if the history and attendant symptoms be not attentively considered. By inquiry, we shall readily obtain data whereon to ground a correct opinion of its nature; for in the case of phagedæna we shall find that an ulcer had pre-existed, which has now healed; that it appeared shortly after intercourse; and that it commenced as a pustule, or small hollow ulcer, without hardness—that it progressed more or less rapidly, and healed. Whereas syphilitic induration will be found to have generally existed prior to the establishment of the ulcerative process, and that it arose at a much longer date after intercourse.

A man applied to the out-patient room at St. Bartholomew's Hospital with a sore throat. He stated that he had a sore on the fold of the prepuce, which had

healed under the use of mercury. The original situation of the sore was marked by the presence of a very inconsiderable thickening, that did not amount to induration, at that period. His throat exhibited the appearances described by Mr. Colles (and with which I was very familiar) under the name of "the snail-tracked throat." This is a phagedænic disease altogether. In a week he had a few eruptions of the pustular and tubercular species, and other appearances relating to his general symptoms of true phagedænic disease. The local thickening increased both in size and in density, till it occupied nearly a fourth part of the circle of the prepuce; but no sore re-formed. I treated him with medium doses of mercury and tincture of bark, under which the thickening was gradually but slowly diminishing. Unfortunately I lost sight of this patient during the treatment; and I can only conjecture that, dissatisfied with my apparently inert means of relief, he placed himself under the care of others, whose views of his disease, being more consonant with his impatience, would employ more active treatment than I could honestly adopt.

Another symptom, marking the distinction between the two diseases, viz. syphilitic and phagedænic hardness, obtains, in the fact of the latter disease becoming absorbed under constitutional treatment, which has for its object the fortifying the general health, without reference to specific remedies; while the syphilitic induration demands the administration of mercury for its removal.

This is one of those forms of venereal disease which

have led me to the belief, that these maladies are in some degree or other related to each other, and which appear to warrant a doubt of their absolute and original distinctness; and also that the constitution of the party exercises an important influence over the nature and form of disease developed in it.

The bubo of phagedænic disease is as irregular and as uncertain as the primary disease. In its form and locality there is nothing remarkable; but its peculiarity exists in its apparent independence of the primary disease. We cannot foretell the future existence of a bubo. It may occur under circumstances of greater or less irritation, and does not advance *pari passu* with the original sore. The swelling may become considerable, stop short of suppuration, and assume the more active form, while the original sore is healing; and *vice versa*. I have repeatedly seen the bubo of phagedænic sore, form in the early stage of the sore, and gradually subside, while the sore was pursuing a career of protracted ulceration. I do not think this form of bubo is liable to suppuration, when compared to the bubo of simple venerola, or of gonorrhœa.

The phagedænic ulcer, as may be inferred from the preceding description, produces secondary disease of a very formidable kind. It may appear from six to ten weeks after the disappearance of the primary sore. It presents itself under the form of sore throat and eruption, either of which may precede the other, or both appear together. Whatever form it assumes, it is preceded by symptoms of constitutional disturbance, pains in the limbs, headache, accelerated pulse, languor, which

are somewhat modified on the development of the eruption. The aspect of the throat is various, but it is generally affected in the first onset on the soft palate and tonsils. These surfaces are inflamed, though not always extensively. A foul ulcer may form on the tonsils, or on any part of the posterior border of the palate. At first there are no peculiar characters with which to determine the nature of the disease. The ulcer spreads with ragged and undermined edges.

The constitutional derangement is not an attendant on the first appearance only, of the sore throat or eruption; for though modified on the development of the latter, it continues in a more or less marked degree throughout the period of its existence.

This train of symptoms may partially yield under any simple course of treatment, by which the progress of the disease may be temporarily arrested. But the improvement is but temporary. The pains return with increased violence, and continue throughout the greater part of the night. The soreness of the throat increases with the extension of the inflammation, and the gradually extending ulceration of the tonsils, or soft palate.

The inflammation may extend to the upper surface of the palate, and gradually advancing, may attack the mucous lining of the nose, from which its extension to the bones is a very general occurrence. Portions of bone come away with hardened crusts, formed on the pituitary membrane. The disease attacking the cartilaginous septum may destroy it either partially, or entirely. The ossa nasi, or the spongy bones, become involved; first indicated by tenderness on the dorsum,

then by inflammation; at length the foundation of the nose appears to crumble down, and the ossa nasi, in a state of necrosis, separate from the frontal bone, leaving the integuments and cartilages of the nostrils, the only projection beyond the level of the cheeks.

The form of sore throat, which is however almost peculiar to phagedæna, is the dry ulceration of the pharynx. This part becomes generally affected at a later date, and frequently not until the destructive actions have entirely removed the uvula, soft palate, and a great portion of the tonsils.

It then appears covered by a layer of white or brown viscid matter, extending beyond the view, now rendered unnaturally wide by the removal of the boundaries of the isthmus faucium. This brownish matter degenerates into hardened crusts, adhering to the surface, which at times appear of a dark colour, and hard.

Should the disease yet advance, the inflammation will extend to the larynx, and even to the trachea. The crusts become darker and drier, they are separated with more difficulty from the contiguous surface, and leave behind the appearance of a raw, foul excoriation; and it is difficult to say whether the function of deglutition is more impaired, in the one state, or in the other.

Whenever we find this degree of phagedænic disease, I think we may feel confidently assured of the fact, that large doses of mercury have been the precursor, for whatever form of venereal disease they may have been administered. I say of venereal disease, because, as I shall afterwards state more fully, I know no other motive which impels us to such wholesale administra-

tion, as the supposed necessity of encountering, and of defeating to the death, a poison lurking in the circulation. Again and again, are patients subjected to its renewed action, who have almost sunk under its shock; but "there," it is argued, "exists the poison—and the poison must be eradicated. The snake has been scotched, not killed. Let us gird our loins for one more vigorous effort, and begin in earnest. Nothing but a thorough mercurial course of a month or five weeks *can restore you to health* and to society."

The eruption of phagedæna is various. It sometimes appears in the form of reddish copper-like stains or patches occupying the forehead, head, face, chest, and arms. These are often accompanied by minute papulæ, giving the appearance of an aggravated kind of cutis anserina. The cuticle desquamates, and leaves the surface generally rough underneath it.

This form of eruption, occurs mostly, in depraved constitutions, without the previous existence either of venereal disease, or mercurial irritation. It is accompanied with pains in the limbs, which are the subject of nightly exacerbation and general constitutional discomfort, very characteristic of rheumatic disease. The mere approach of the colour of these stains to that of copper, is evidence sufficient to some minds, to warrant a declaration of venereal origin—although the resemblance between the two is at best, but equivocal.

Against this scientific and charitable denunciation, character avails but little: "Be they chaste as ice and pure as snow, they shall not escape calumny." Perhaps it may be some consolation to be condemned by

rule; to be denounced by the laws of science and philosophy; but certain is it that many a hitherto unsullied reputation has been assailed—many a person deservedly respectable in station and in character, has been the victim of ignorance, without hope or without appeal.

How often has the verdict of a surgeon rent asunder the bonds of an entire family circle, and stamped with the obloquy of venereal contamination the victim of his own unmeasured bigotry and ignorance!

Another and more common form of eruption appears in the form of pustules, some of which maturate, but the majority prematurely burst, and form crusts of various forms and sizes. Some have the hardened base of furuncle, and form tubercles of a red copper colour; some chronic, without, but the greater number with, an ulcerated and inflammatory base: these elevated crusts constitute *rupia cachectica*. When the eruption is extensive, it exhibits the compound forms of papulæ or pimples, pustules, tubercles, and of scaly eruption; not, however, the scaly eruption of syphilitic disease, but that of flat, shining blotches, not unlike the cicatrices of soft skin. You must also observe that the final stage of all such eruptions as the above, terminates in desquamation; and this appearance may be, and indeed is, very commonly mistaken for the scaly eruption of syphilis. There are, therefore, two forms of scaly eruption, but neither of them bearing a very close resemblance to the latter rare form of disease. Sometimes the eruptions are of a character to which the term *phlyzaceous* has been applied, which means small tubercles passing into early ulceration, each ulcer, however small,

surrounded by an inflammatory ring. It is important to consider the nature of the progress of all these forms of disease, for the purpose of acquiring some insight into the condition of the constitution that generates them. They commence in ulceration, why determined to those particular spots we know not: they exhaust their energies before they are matured. Neither the ulcerative nor the suppurative process, appear to appease the activity of the inflammation, which, unlike healthy inflammation, continues unmitigated after the establishment of these ordinary crises. Sometimes the crusts separate, and leave ulcers, which extend rapidly in one part of the body, while they are healing in another, several of such ulcers, like the primary sore, healing on one side, and extending on the other; and this is the important diagnosis of phagedænic eruption, which appears like a congregation of local sores, each independent in its action, apparently increasing or granulating, without reference to any general influence derived from the system at large. From the head to the foot the body is sometimes covered with large circular patches of ulceration, varying in size from that of a shilling, to that of the palm of the hand, ragged, bleeding at the margin, and covered with whitish matter at the base. The periosteum of the tibia, ulna, or any superficial surface, may become inflamed, but the disease rarely affects the bones primarily. Suppuration and abscess of the periosteum not unfrequently follow. Severe pains in the joints, with swelling from effusion within the cavity, and various other anomalous diseases, occur; but it is not easy to determine how far they,

or indeed the affection of the bones or periosteum, are the true product of phagedænic disease; or whether these and many other symptoms, may not be attributable to the practice, happily in these days somewhat less general, of administering mercury in exterminating doses, in every malady which may bear the remotest analogy to venereal disease.

Sometimes the disease will early respond to the remedies employed; frequently, however, without apparent cause, its advances are renewed with increased force. The general aspect becomes more asthenic, the pulse more rapid, compressible and weak, although more or less full. The ulceration of the pharynx extends; the eruptions, papular, pustular, and tubercular, return with increased vigour, and extend over the whole surface of the body, commencing more generally on the back and shoulders; the thick crusts of *rupia*, *prominens*, and *cachectica*, form more frequently on the face and arms, some of which, attaining a large size, separate and disclose wide-spreading ulcers underneath; and of these we have often as many, as from ten to twenty, of various sizes, on various parts of the body. Some may be healing, others already cicatrised, while the majority extend, secreting a whitish and somewhat tenacious matter.

In the more chronic forms of phagedænic disease the tunics of the eye are frequently involved. It is very rarely that the iris is affected singly, or even primarily, but it is generally more or less involved. The character of the inflammation is closely allied to the rheumatic, and it is not therefore surprising that the fibrous sclerotic, is early involved.

The inflammation of the sclerotica is not generally very strongly marked, but the iris may be severely, although secondarily, affected. This form of iritis is insidious: its changes are slow; the symptoms advance much more deliberately than in other forms of inflammation of that membrane, more especially of the traumatic kind. Several days, during which the sclerotica has been affected, may elapse before we observe any considerable deviation from the natural condition of the iris, beyond the slightest degree of haziness of the aqueous humour, and a proportionate loss of brilliancy of the membrane itself; but this condition is often the precursor of a severe attack on the iris, which, on the ground of its important relations, and greater susceptibility of injury from inflammation, is the object of the first interest. The intensity of the attack will determine the treatment to be employed; and this, if not severe, will depend on the constitutional health of the person. If the intolerance of light become great, if the pupils show great tendency to permanent contraction, if the aqueous humour exhibit extreme turbidity, and if the pain be chiefly confined to the ball of the eye, and subject to no remission, more especially at night—then the iris is seriously affected. It is then of no moment what may have been the cause, or what may be the probable injury to the health from the employment of mercury; for mercury is our chief and most important resource, and it must be administered in doses, both frequent and large.

In phagedænic disease, however, the attack is often chronic throughout its stages. We find it unattended

by considerable intolerance of light, the aqueous humour only moderately turbid, the pupil but slightly contracted, and, in a greater or less degree, obedient to the influence of light on the retina, the pain not confined to the globe, but diffused around the brow; and, what is equally important, we find it distinctly subject to nocturnal exacerbations. In this state it may remain for many days, or even weeks, without the eye undergoing any considerable change. The participation of the sclerotica may be determined by its pink colour, seen through the conjunctiva. The redness may become more marked around the circumference of the cornea: it may even appear in the form of a tolerably distinct and broad circle, but diffused over a considerable extent of surface; but that is of no moment, so long as the mild train of symptoms exist, which are attendant on subacute inflammation of the iris.

It is constantly urged by the advocates of mercury, that similar diseases to the above do not follow the large administration of that mineral, when employed for the cure of other diseases; and I grant that they do not frequently follow it; but I assert most positively, that *they occasionally do follow it;* and were it administered under the same form and circumstances, they would succeed to it much more frequently.

Many who confide in the agency of mercury for the treatment of all kinds of venereal sores, primary and secondary, assert the presence of venereal poison to be the sole cause of these mutilations, while others acknowledge the participation of the mercurial influence in the disease, but refer it to the compound agency of the two.

They exclaim, in a tone of triumph, "Show us the disease without previous venereal contamination. Mercury is employed for other affections besides the venereal, and where do we find its product, in phagedæna?" But this argument will not maintain that cause, after deliberate and unprejudiced inquiry. It might be asked, in reply, where do we find cases of large phagedænic disease where mercury has not been administered? Never! Who ever saw phagedæna consequent on gonorrhœa, simply and negatively treated, or not treated at all? On the other hand, cases are by no means uncommon of phagedænic disease (I mean sore throat, blotches, ulcers on all parts of the body, with pains and aches in the bones,) occurring after gonorrhœa, treated largely by mercury. Now gonorrhœa, though a venereal disease, is never, *per se*, a constitutional affection. It is purely a local malady, and when undisturbed by treatment, dies a natural death, after a period of more or less activity, varying much in length and in intensity. I have known phagedæna to have occurred again and again without the previous occurrence of venereal disease of any kind; and certain is it that the worst forms of this disease, are those in which mercury has been employed with the most unsparing hand. I believe there is a *diathesis*, and one so general as to have no claim to the title of an idiosyncracy, in which mercury alone and unaided is competent to the development of the horrible catalogue I have above described.

By the physician mercury is employed in the treatment of internal inflammation. It is also employed in

that, and various other forms of disease in India, where it is administered in enormous doses.

In the first place, although mercurial action is often by the physician pushed to ptyalism, yet its effects, though severe, are by no means so protracted; and they are not commonly repeated to the extent of two, three, or four distinct salivations, as we have frequent opportunities of witnessing, when employed with the view to eradicate venereal poison. Again, these other diseases, being mostly of an inflammatory type, indicate a force and vigour of constitution unfavourable to the development of phagedænic disease. We do not meet with inflammatory diseases in cachectic constitutions, neither can we look for a phagedænic diathesis, if I may use the term, in those subject to inflammation. Besides, the supposition does not appear to me very unreasonable, that the presence of any important disease, whether inflammatory or malignant, for which mercury is employed by the physician, may afford to the constitution some protection against consequences that might occur without them, or that the two forms of disease, viz. inflammation and phagedæna, may be incompatible in their nature, supposing the mercury to have a serious enemy to contend with. But phagedænic disease *does* occur after mercury administered for non-venereal disease, as I have above stated, in cases in which that disease has never existed, except in the form of a short-lived gonorrhœa, and also in cases in which venereal disease has never existed at all.

Some three years ago, I attended the case of a woman

of 53 years of age, who, in consequence of ill health, was sent home from India, where she had been severely mercurialised for supposed liver disease. Soon after her arrival in England, without the presence of intervening disease, she became the subject of phagedænic ulceration, which appeared on various parts of her body, and of ulceration of the pharynx. She gave a strenuous and indignant denial to the somewhat superfluous inquiry relative to the possible venereal origin of her malady. She was again salivated, and died.

I have known phagedænic inflammation of the pituitary membrane, necrosis of the spongy bones, and complete destruction of the septum narium, occur in persons who, having never been the subjects of venereal affection of any description, had been severely and long continuously salivated, for paralysis of the limbs; and I shall conclude this part of the subject by repeating my belief—1st, that phagedænic, although frequently, is by no means necessarily, a venereal disease; 2d, that phagedæna may occur in certain constitutions, independently of venereal disease, as the product of long-continued mercurial action; and 3d, that phagedæna may occur in cachectic habits, independently of either mercurial or venereal influence.

ON THE TREATMENT OF PRIMARY PHAGEDÆNIC DISEASE.

The principle of treatment to be adopted in cases of phagedænic disease will materially depend on the stage in which they are first seen. In hospital practice we rarely have the opportunity of treating them during the first; in private, owing to many circumstances, they are somewhat less intractable. The treatment that is applicable, therefore, in the latter, we can seldom employ in the former, where the advance of the disease has been considerable, before the application for hospital aid. I have, in a previous lecture, already expressed my doubts of the possible existence of a true primary phagedænic venereal sore. My belief is, that it becomes phagedænic in virtue of certain constitutional peculiarities. Neither the phagedænic action, nor the disposition, appear to extend far beyond the ulcer in its early stages; and both may be occasionally destroyed by escharotics carefully applied to the whole surface. But this treatment is applicable to the first stage only —to the pustule, if it originate in a pustule—and to the sore after the existence of a few days only; and it is equally applicable to each form of primary phagedæna; but its beneficial influence is most manifest in the severer form of the disease, in which the action approaches to sloughing. The escharotic I prefer is nitric acid—undiluted for the most rapid form, diluted by the addition of an equal quantity of water, for the two first. This may be applied on a pencil of lint

twisted round a probe, and followed by spermaceti dressing.

Mercury in any form or quantity, except in minute tonic doses, is for the most part highly objectionable. In this stage its influence, though often not detrimental to the progress of the sore, is more generally injurious; and those cases of phagedænic disease that recover under its administration, recover in spite rather than in virtue of it. So objectionable does the treatment by mercury appear, that one can hardly persuade oneself how it can ever be resorted to in this form of disease, had not the ancient custom of treating all diseases that were supposed venereal, by its means, and deference to antiquity, given their false sanction to its continuance.

The peculiarity of this affection is the propensity to ulceration. Whoever heard of having recourse to mercury in the treatment of any other form of ulceration? We may attack a poison by mercury—we may excite action of the absorbents, or we think we may, by its agency; but I cannot conceive what advantage can be derived from mercury in a disease which consists of active ulceration. Is it not probable that the process of ulceration, like that of its relative sloughing, indicates exhaustion in the vessels?—and is the action of mercury stimulating? Does mercury stimulate the vessels in inflammation? Do we resort to mercury in ulcers of the intestines following fever; or in ulcerations of the cartilages of the joints?—or even do we hope to arrest ulcerations of the cornea, by its administration? But we may be told that these are the results of simple

inflammation;—and what is meant by the specific inflammation of phagedæna? It is a disease that mercury alone can engender. The best authorities that have written, all agree that it may characterise any common venereal sore, at any period of its existence. Sir R. Carmichael acknowledges that he never saw it within a fortnight to three weeks from its first appearance. If it be a specific poison, it is one that may be generated by the possessor, as well as acquired from another, whether possessing it or not, and owing its peculiar characters to the constitution of the person possessing it. No one doubts that its ravages are most frequent and most severe in weakly and cachectic habits. Why, then, should it be treated with mercury? Neither theoretically nor practically do I observe, with certain limitations, anything but evil from its administration in phagedænic disease.

If, after the first application of the nitric or diluted nitric acids, no advantage be gained—if the sore do not appear disposed to become clean, and to manifest a disposition to granulate, the application may be repeated. Should it fail a second time, the treatment by escharotics should be laid aside, and the sore, unless of the more destructive kind, be left uncontrolled for several days, when it will assume the aspect of the disease which is generally first presented to us, for treatment. That which we should now adopt will depend on the pulse, as an indication of the general powers: if full and hard, we may take some blood from the arm, and follow up the treatment by antimonials, which I prefer in the form of the solution of tartrate of antimony, two

grains to the quart of lemonade; but we shall rarely be warranted in having recourse to the lancet, the character of the pulse being generally full, but soft, though accelerated.

If the sore exhibit the white surface, it will prove slow but resolute in its progress; if a darker surface, it will be more rapid and destructive. In the former case, we may leave it untreated locally, that the ulcerative disposition may exhaust itself; enjoining simple ablution with warm water, and simple dressing of cerate spread on linen, if on the glans or inner surface of the prepuce, the glans being more generally the seat of this form of sore. We then commence a series of experiments on the sore, which should be seen daily. These consist in the endeavour to ascertain what form of local remedy is most applicable; and of such remedies we may try black wash or yellow, weak dilutions of nitric acid, Peruvian balsam, oxide of zinc ointment, citron ointment, solutions of nitrate of silver, and such stimuli. A low diet, though occasionally desirable, is not commonly so, nor is much to be gained by internal stimuli, unless the patient has been accustomed to them. These means will generally succeed in wearing out the disease in the course of a month or five weeks, unless mercury has been employed, for then the period required will be longer, even to the extent of three or four months.

The treatment of secondary phagedænic disease, also, should be modified by the state of the pulse, and by the activity and extent of its progress. If eruption and sore throat appear contemporaneously, or nearly so—if

the eruption be extensive and early in its appearance—either during the ulcerating or cicatrising stage of the primary ulcer, we may expect the case to present itself in a formidable shape. If the eruptions appearing about the face and neck are few in number, and exhibit the form of papulæ, or of small pustules, or the two combined, and extend at a longer interval of time—if the sore throat be partial, and do not advance to the ulceration of the surface, we may reasonably expect that the disease will be controlled by simple means. A certain amount of fever will always attend it, and for which, the antimonial solution above recommended, may be administered in diminished doses. If the febrile symptoms are considerable, blood may be taken by venesection, in a quantity proportionate to its effect: I conceive, however, about ten oz. to be the maximum. The advantages of moderate depletion have been dwelt on by Sir R. Carmichael, and there can be no doubt that they are often considerable. But we must always keep in view the asthenic nature of the disease we are treating, and be careful that we do not deprive our patient of resources, the possession of which are indispensable to his restoration. We rather treat the symptom than the disease; and this object may be generally effected by abstracting from eight to ten oz. of blood, but that only when the fever is considerable. At the expiration of three or four days devoted to the treatment by antimony (not, however, to be administered to nauseate the stomach), the bichloride of mercury may be given in compound tincture of bark, to which the compound tincture of camphor may be added, should the mercury

affect the bowels. I usually give one-twelfth of a grain thrice a-day, with a drachm of the bark, to each dose. After the slightly depressing influence of the antimony, the effects of this medicine are often most excellent, especially when coupled with improved diet, and exercise in the open air in mild weather. Nocturnal pains in the limbs will be generally mitigated by either the extract of cicuta, or compound ipecacuanha powder, in doses of from five to eight or ten grains, the half of which may be repeated in the day-time.

A gargle of distilled vinegar, diluted with two, three, or four parts its quantity of water, may be used frequently in the course of the day. I order it every two hours, and to be employed as hot as the patient can bear it. Some prefer muriatic or nitric acid gargles, but it is really of little moment.

I believe it is perfectly useless to treat these ulcers during their ulcerative stage, and that it is far preferable to cover them with bread-and-water poultice or simple cerate dressing, until that action has exhausted itself spontaneously, or been held in check by the constitutional remedies. In this stage I should suspend even these, for two days, excepting the Dover's powder or cicuta, and then commence with the iodide of potassium in the bark, or combined with large doses of sarsaparilla as before: four or five grains may be ordered to a drachm of the tincture, three times in the day, with meat diet. If with sarsaparilla, the dose of the latter should be large. I have no faith in moderate doses of this highly-prized drug; and, except that it often improves the appetite, and forms a mode-

rately good antidote to mercurial action, I cannot say that I deem it by any means a valuable remedy. In this state I have found great benefit to be derived from large doses of Dover's powder, to the extent of ten or fifteen grains, night and morning, and I have occasionally, during the granulating stage, employed much larger doses with advantage. The state of the eruption I have described, is not usually accompanied by the severe form of ulceration of the pharynx. When that symptom exists, it is, I think, more usually found alone, and it will prove a sufficiently intractable enemy, to require all the resources of the surgeon. The whole surface should be lightly touched with nitric acid diluted, according to circumstances, with two, three, or four times the quantity of water. It may be applied by means of lint twisted on a long probe, or director. This may be changed for nitrate of silver, ten or twelve grains to the ounce of water. Sometimes the ulceration will be arrested by fumigations of the red sulphuret of mercury, employed each morning. But so capricious and intractable is this form of disease, and so uncertain our remedies, that after adopting systematically every agent that anxiety and ingenuity can devise, it may extend to the destruction of our patient, who is at length worn out by long draughts both on his circulation, and nervous system; or, on the other hand, the throat or the sores may almost suddenly assume the aspect of health, on the return to some remedy which had been previously laid aside, as useless.

This form of iritis is often termed "syphilitic," and the name alone appears to carry with it the warrant

for the fullest exhibition of mercury, which is deemed no less the antidote to syphilitic poison, than to iritis itself. But the forms of inflammation that attack the iris, are various in degree, as well as in character. It may be a simple tonic, or an atonic inflammation. It may be syphilitic or rheumatic, the latter being not unfrequently the product of mercurial action. I shall not stop to inquire whether the disease I have been describing, appertains to the mercurial, or to the rheumatic, or to the phagedænic, or even whether it be or be not venereal—it is sufficient for my present purpose, that I observe it to occur in a constitution impaired by long-continued disease, and by severe treatment, and that the general condition of the person is eminently asthenic. This is no case, therefore, for sudden and depressing doses of mercury, or for copious depletion; the case is rather to be treated constitutionally, so long as we can detect no organic deposit on, or change in, the structure affected. Such form of inflammation will be more readily brought under control, in some cases, by small local depletion, by colchicum and Dover's powder; in others, by bark and general tonics, than by the wasting effects of that mineral which, employed in the treatment of the acute and tonic forms of iritis, presents one of the most valuable resources of modern medicine; and whenever we find the less asthenic constitutional, and the severer local symptoms predominate, we should not hesitate one moment in having recourse to it.

I need scarcely add, that with a tendency of the pupil to contract, the extract of belladonna should be early applied round the orbit.

Among the important agents to be reserved for the last stage of phagedænic disease, let me not fail to do justice to mercury, which may then often be employed with advantage; and this treatment is not less (perhaps rather more) applicable to that class of cases, which owe their early virulence and intractability to excessive mercurial action. It should, however, be employed with caution. I do not mean to say that any danger attends its employment in moderation; but I am very certain that either good, or great evil, will result from it. The constitution may be brought under its influence by five-grain doses of blue pill, and one-fourth of a grain of opium, night and morning; and if advantage be not derived when the gums are slightly swollen, and mercurial fœtor is produced, which will probably be effected in the course of five or six days, you ought not to push it on to positive salivation, and much less to ulceration of the gums, and swelling of the tongue.

When the ulcerative stage has ceased, the sores may be treated with the oxide of zinc, or the citron ointment. The Dover's powder will promote the growth of granulations, and the sores may be treated on the simple principles which guide us in the management of common ulcers. Granulations may be repressed by nitrate of silver wash, or dry lint; and in the last stage of these sores, you will often derive important aid from the application of the balsam of Peru.

If these remedies, topical and general, fail, there remains one remedy to which medical men will have, I imagine, little objection to resort, and it is, per-

haps, the most valuable of any to a metropolitan surgeon—and that is, change to a purer air. It is in towns alone that phagedænic disease presents these formidable characters; and it is on the victims to confined and unwholesome air—to crowded rooms, bad diet, and depraved habits of life — that its fury is directed. Country air is the peculiar resource of the practitioner of large towns; and this, if resorted to early, may afford some feeble antidote, however meagre, to the train of consequences, that are often otherwise uncontrollable.

The examples of phagedænic disease are sufficiently numerous in the metropolitan hospitals; and for the purpose of showing the peculiar intractability of it, in its more confirmed stages, its fitfulness, and its deeply rooted constitutional character, I will direct your attention to the entire detail of a single case—not, observe, on the ground of its peculiarity, but of that of its conformity with the usual train of symptoms that daily characterise it.

Thomas Morley, aged twenty-four, was admitted into St. Bartholomew's Hospital, on the 12th of June 1836, with a papular, pustular, and tubercular eruption on the back, chest, and arms. He had likewise sore throat, affecting the whole palate, and nocturnal pains in his shoulders and lower limbs. He stated that he had acquired a sore on the fossa of the glans, eight months previously, which appeared within a few days after intercourse, and which extended during a fortnight, for which he was subsequently twice salivated. During

the first salivation, which was very severe in its influence on the system, the sore rather progressed, and a bubo appeared in the groin. The second resort to mercury rather benefited the sore, which slowly healed. As to the character of the sore I could obtain no satisfactory information; there remained, however, an extensive cicatrix, but no hardness nor depression. The condition of the gums bore ample testimony to his statement regarding the mercurial treatment. I ordered him a mild aperient, and on the following day the

Tinct. Cinchonæ c. ℥iss.; Hydrarg. Oxymur. gr. j.
Sumat ℥j. ter indies.

I put him on milk diet, but gave him strong broth daily. At the expiration of a fortnight, his improvement being very questionable, and his nocturnal pains somewhat on the increase, I gave him five grains of hydriodate of potash, three times in each day, first without, and then with, the tincture of bark. Under this treatment he progressively improved during three weeks, in every respect except one, viz., the throat. An ulcer formed on each tonsil, of a foul and phagedænic character. These were fumigated with cinnabar each morning with some advantage, and cleansed with a gargle of tincture of myrrh in camphor mixture. About the middle of August, without any apparent cause, his symptoms made a sudden and rapid advance. Many of the pustules formed large and prominent crusts, while others degenerated into circular patches of ulceration. I now ordered him, for three days only, five grains of blue pill, night and morning, with two grains of extract of henbane to each dose. I then renewed the

pill for three days longer, but his health was manifestly sinking considerably, and he was losing flesh rapidly; his throat at the same time improving. I then returned to the bark and hydriodate, and gave him porter daily. From this date to the middle of September, his symptoms alternated between bad and worse. He then appeared to derive some advantage from extract of cicuta, with sarsaparilla, in large doses. An attack of diarrhœa compelled me once more to change the treatment; and at this date (the 20th of September) several ulcers on his legs and back, which had attained a considerable size, were yet extending; they were poulticed and dressed after a variety of forms—black wash, yellow wash, cinnabar fumigation, and Peruvian balsam, being employed in succession. Internally he took nitric and muriatic acids, sulphate of quinine, wine, hydriodate of potash, sarsaparilla, each with a brief but most transient benefit. On November 3d, his body was covered with sores, varying in size from that of a finger's nail to the palm of the hand. His strength was so far reduced that he could not move in his bed, and his appetite so impaired that he nauseated food of every description. I then requested Mr. Earle to see him, to whom I stated that I would consent to adopt any treatment, except that by mercury. He said he could suggest no other, but recommended that, which I declined. Having exhausted the ordinary and extraordinary resources of medicine in such cases, I returned to the bark with nitric acid, and under its influence, strange to say, his appetite returned, the ulcers healed with rapidity; and on the 22d of the month he left the hospital for the country, quite convalescent.

The four following cases are intended to illustrate the liability to phagedænic disease of patients who have undergone severe salivation for simple gonorrhœa, without the presence of primary venereal sore:—

Mr. C., aged twenty-four, a clerk in a merchant's counting-house, had been subject in early life to bleeding gums, and to hæmorrhage from the nose. At the age of nineteen he contracted a gonorrhœa, which was followed for a period of three months by gleet. At twenty-one, he had a second gonorrhœa, attended by swelled testicle, and followed by gleet as before; and at twenty-two, a third gonorrhœa, attended by thickening of the corpus spongiosum, and a bubo, which suppurated. A medical gentleman now gave him, he says, a reddish mixture, and mercury in the form of the oxymuriate, for six weeks, by which his mouth was made sore, and his teeth loose. He then went to Margate, and in three weeks afterwards, without the occurrence of any fresh infection—and this he most solemnly and earnestly declares, having no apparent motive for deceit,—a sore formed at the orifice of his urethra, the bubo increased, and a few spots formed on his trunk. On his return to London, he took more mercury, and rubbed in mercurial ointment for a month. His mouth was made very sore. Under this treatment the sore healed a little. In a fortnight afterwards he suffered from pain in his knees, and his left leg swelled greatly. He then consulted a surgeon of some eminence, who ordered him to lie up, and to take mercury for the third time. He was again salivated by rubbing in mercurial ointment, and taking the

bichloride, with sarsaparilla. The sore improved for a time, and then extended. Thickening of the spongy part of the organ below the glans again formed; for which, another and a fourth mercurial course was ordered. In this he persisted during one entire month. His mouth was not this time affected. Mercurial ointment was rubbed on the swelling. The ulcer on the glans now began to extend, and occasionally, to bleed considerably. He was then, as a last resource, ordered to lie up once more, and to enter on salivation the fifth. He took two calomel pills, of two grains each, every four hours, for six days, without advantage; the sore being fumigated with the red sulphuret of mercury each day. In three days from the commencement of this last administration of mercury, the sore began to spread at a rate that threatened the destruction of the whole glans; but the mercury was continued for two months, at the expiration of which, the sore was yet large and threatening. Local treatment was then resorted to, with more temporary success; and in two months more the wound had nearly healed. Without the possibility of any new contamination, in fact without connexion, the sore again broke out, and extended as rapidly as before, for some weeks; and when, after the adoption of the above treatment, I saw it, for the third time, in the month of June last, the glans was gone all but a small button-like projection, not much larger than a split pea, and quite solid. A foul sore was yet lingering around the obscured orifice of the urethra, and extending some way within the canal. His face, arms, and back, were covered with blotches,

furunculous and rupial — of which I counted about eighteen of magnitude. He had also copper-coloured stains on his forehead and lip. His throat had been affected, though not severely. His general aspect bespoke a man whose health and physical strength were all but ruined. His mental powers were alike shattered; and he could scarcely answer any question put to him without tears. His pulse was small, very compressible, and rapid. In truth, both his health and his purse, were well nigh exhausted; and he bitterly repented his neglect of my urgent remonstrance, made many months previously, against the employment of mercury in the treatment of his disease.

I ordered him an aperient of rhubarb and magnesia, and then commenced the treatment with the iodide of potassium, five grains to a drachm of the tincture of bark, three times a day. Locally, I ordered black wash and balsam of Peru, and weak lotions of sulphate of copper. In six weeks the eruption had ceased to exist; but the sore in the urethra continued to trouble him.

By this time his health was greatly regenerated, and his skin entirely free from eruption; and he succeeded in obtaining a situation in his former employment as a clerk; the sore in the urethra being also healed.

In a month from the time of his resuming his employment, he again called on me, with his face covered with small phagedænic pustules, some of which were slightly incrusted; and he had a return of his former pain, in his left leg. I was now desirous of experimenting with small quantities of mercury; and he took

for four days, the eighth of a grain of the bichloride in camphor mixture, three times a day. On the fifth his face presented a large increase of the eruption; and he had suffered much pain from his groin downwards: on which I returned to the potash, which was administered as before, and with the same good result.

At the moment I am writing, this gentleman is convalescent. In another month or two he will probably be under my care, with however, I hope, a diminution of his maladies; but years may elapse before his recovery will be complete, and permanent.

A man residing at Vauxhall, aged twenty-eight, had a gonorrhœa for the first time, in March last, for which he was treated without mercury. Before the discharge ceased, a bubo formed in his left groin. Being discontented with the treatment, he consulted another medical man, who told him his disease was "truly venereal," and who gave him mercury in the form of the blue pill, and ointment; the former in doses of ten grains night and morning. By these means his gums were kept painful and swollen during ten weeks; but, though never affected to ptyalism, his health and strength were greatly reduced. While under the full operation of this curative agent, and without renewed contamination, a sore broke out on his penis, and a second on his glans; the destructive actions of the latter were very rapid, and the result was, the destruction of one half of the glans. Other sores, equally virulent in their action, formed along the dorsum penis; all of which were of phagedænic character.

Rupial crusts formed on his brow, face, and arms. A foul extended eruption of the tubercular kind, occupied the hypogastric region, and adjacent parts of each thigh, which was soft and moist along the line of each crural arch and perineum. This man, who freely acknowledged himself to have been the subject of gonorrhœa, strenuously denied having had a venereal sore of any description, at any period of his life. The eruption on the hypogastrium, degenerated into the slow erratic action of phagedæna—healing above, and extending on each side, towards the ilia.

I gave this man bark, and the iodide of potash, with the same success, as attended its influence in the last case; and his improvement was even more rapid, in consequence, probably, of the shorter duration of the disease for which it was administered. Locally I applied black wash, alternating it with simple lime-water.

He recovered in a month, having taken about half an ounce of the salt, during that period; and up to the present date has had no relapse, nearly three months having intervened.

Mr. G., aged twenty, ran away with a young lady from school, some two years his junior, and married her, he having at that time a gleety discharge, the product of a recent gonorrhœa. At the end of three weeks the lady complained of discharge; and being unwilling to confide in a medical man, he purchased a box of blue pills, and desired his wife to take one each morning, noon, and night. This treatment, which she rigidly

observed till the box was exhausted,—when it was duly replenished from the same source,—was continued for three weeks, when, her mouth being extremely sore, she was desired to desist. The discharge ceased; at the expiration of less than a month the lady's health did not appear to have materially suffered. In a month afterwards she began to complain of rheumatic pains in her limbs, stiffness in the neck, and dryness of the throat in swallowing. Some small pustular eruptions formed in her hair, so that she found it difficult to comb it without pain; indeed her whole scalp was painful to the touch. Finding that the state of her throat, and her nocturnal pains, which were on the increase, did not yield to ordinary remedies, her husband took her to Hastings—where, the weather being exceedingly unfavourable, she took cold; her sore throat increased; her rheumatic pains, which on her first arrival, yielded to the influence of sea air, returned with increased violence; and tubercular eruption appeared on her forehead, face, and chest. After remaining at Hastings for three months, during the latter period of which, her ailments were gradually advancing, she returned to town; and I saw her. The eruptions were fading on her face and chest, but were numerous on her head. The pains, also, had somewhat diminished. Her throat exhibited the appearances of recent inflammation; the tonsils were much swollen; and the orifices of the ducts so much dilated, as to present the semblance of extensive ulceration.

I ordered her the iodide of potassium with bark; gave her nourishing diet; and I recommended her to

use frequently a gargle of distilled vinegar and water. In three weeks her health was sufficiently restored, to enable her to visit her family in the south of England; and she has hitherto had no return of her former symptoms—a period of fifteen months.

Although in relating the previous case I have inferred gonorrhœa to have been communicated by the husband, yet the supposition is by no means unreasonable that the disease fell short of that malady, both in duration, and in intensity. I was assured by him that his discharge was slight and almost colourless; and the description I obtained from the victim of his more than folly, hardly bore out the resemblance to any but the milder form of gonorrhœa.

Mrs. M., aged forty-one, three years since had discharge, which she has reason to believe was given her by her husband; and for which she took medicine in the form of pills, which made her gums and mouth exceedingly sore, and her teeth very loose. In this condition, with very little remission from her suffering, she remained six months. During the last month she supposed she took cold: for she had severe pains of a rheumatic character, more especially during the early part of the night. She also had sore throat, which continued with intermission for nine months; and from the relapse from which she has suffered during some months in every subsequent year.

I ordered her small doses of the potash, with bark and colchicum; and in the space of three weeks her symptoms entirely yielded.

Six months have elapsed, and she has remained entirely free from disease.

The following examples of phagedænic disease occurred in patients for whom mercury was largely administered, for the treatment of venereal ulcers—possibly phagedænic, but not necessarily so.

George Thompson, a butcher, aged twenty-two, of fair complexion, with red hair, frequently the subject of catarrh, contracted a sore in January last. He had had no previous venereal affection. From the description he gives of it, I presume it to have been phagedænic, although of very small size. He took pills,—two at night and one in the morning—for three weeks; when the sore had completely healed. He was, however, advised to continue the pills for a full month afterwards; but was compelled to desist at the end of three weeks, in consequence of his being unable to swallow, from the swollen state of his tongue, and the profuse discharge from his salivary glands.

When I saw him at the latter end of March, he had a foul ulcer between the eyebrows of the size of half-a-crown, deep and undermined, and thoroughly phagedænic in character. His left upper eyelid was also inflamed and swollen. He had numerous pustules at the roots of his hair, with rupial crusts about his shoulders and back. The eruption had been preceded by sore throat, the tonsils and soft palate being principally affected, although not to the extent of ulceration. He had severe nocturnal pains in his bones,

chiefly of his pelvis, and lower extremities. This man had taken about eighty pills of five grains each.

I ordered him bark and the iodide—the latter in five-grain doses, three times a day. At the expiration of a week, the ulcer on the brow was looking healthy; and in three weeks it had nearly healed. The swollen eyelid had recovered its natural form and character; the eruption had healed; the sore throat had ceased; and I discharged the man, with a request that he would return, should the disease reappear in any form. He did so return in June, with several foul ulcers, which had formed on the edge of the tongue, and a recurrence of the pains in the bones. To the tongue I applied a solution of lunar caustic; and I ordered the same form of medicine from which he had previously derived so much benefit, and with the same result; but six weeks had elapsed before he was again convalescent.

John Lidiard, aged thirty-two, applied to me in May last, with a foul exedent sore on the remnant of his glans penis. He stated that he had contracted a sore on the glans in October 1839, which appeared two days after connexion, and for which he was treated by pills, night and morning, for six weeks. The sore, however, did not heal, but on the contrary continued to spread. His gums were not affected materially, though he had every reason to believe he was taking mercury. He then placed himself under the care of another medical authority learned in venereal diseases, who gave him two pills night and morning, besides

other medicine. In the course of two months he swallowed *two hundred and forty pills of five grains each.* At length the sore improved; but his face broke out into ulcered blotches, while yet under the influence of the anti-venereal agent. Observing that his gums were yet "untouched," the surgeon remarked that "it was strange his constitution could bear so much mercury, for that he had taken sufficient to salivate a horse." The pills were continued, when the indignant sore burst forth again, and spread with frightful rapidity, and in the course of a fortnight destroyed nearly the whole glans by phagedænic action.

I ordered him the potash, with bark and sarsaparilla, and desired him to adopt a diet as generous as his stomach would bear. His health rapidly improved, but the sore remained *in statu quo* for a month. This patient lived at some distance from town; and I lost sight of him for some weeks. When he next called on me, on the 1st of July, I did not at first recognise him. His face was covered with large phlyzaceous ulcerations and rupial crusts, several of which were of the size of a shilling. His eyelids were swollen; and I never beheld a more horrible object. The crusts separated; and more than half of his face and forehead were involved in the foulest phagedænic ulcerations, of a circular form. A large sore occupied one side of his nose and the adjacent eyelid, and of these I counted eight on his face alone. He had many others on the upper part of his trunk. Indeed I never saw a case in which the term rottenness of system, could be more appropriate. The sore on the penis remained as before: sometimes

healing, sometimes extending, not very painful, except from the occasional trickling of urine over it.

The benefit derived from the former treatment was very slow; and for a fortnight I was unable to pronounce whether the case were progressing favourably, or otherwise. I dressed the sores with Peruvian balsam, much-diluted nitric acid, and black wash alternately; and in a month they had advanced far towards cicatrisation. The sore on the penis, however, resisted all local means for a much longer period. I need hardly add that the man is disfigured for life.

The above cases illustrate the fact, that mercurial treatment is incompetent to the cure of the primary sore, which continues to spread, long after the constitution is under the influence of the supposed remedy. The very reverse of this is seen in the true syphilitic disease, in which the recession of the disease, primary and secondary, is precisely contemporaneous with the mercurial irritation. In the latter form of venereal affection, it is often necessary to continue the mercurial irritation for many weeks; but whether employed for a longer or a shorter period, its first influence is invariably attended with marked benefit, however slow the improvement may be, to the primary disease. Whereas in phagadæna, we have a new and frightful enemy to contend with, distinct from, though often accompanied by the original sore, of tenfold greater magnitude than that disease, in its worst forms.

The following is a case of ordinary occurrence.

Mr. G——, aged twenty-five, a gentleman of nervous and excitable temperament, contracted a sore on the prepuce, for which, although of small size, he was severely salivated for a period of a month; but the sore did not heal. While under the influence of the mercury, he was required to take a journey on business into the north of England, during which, a period of six weeks, he abstained from medicine of every kind. He took cold on returning to town, and on his arrival called on me, with severe pains in his shoulders and legs, which deprived him of rest. He had also the remains of a phagedænic sore on the foreskin, and of a bubo in his left groin. This was followed by a slight febrile attack, for which I bled him to ten ounces. For a week the symptoms remitted in severity, but the improvement was but temporary. The pains returned in an aggravated degree, and continued unremittingly throughout both day and night. Abscesses formed on the sides of his neck; the local sore increased; his throat became painful and dry in swallowing, and several small furuncles, and large inflammatory pustules, formed on his face, arms, and legs: on some of these the secretion encrusted, and formed small rupiæ. His pulse was small, soft, and quick, continuing at a standard of about one hundred and twenty. I gave him the iodide of potassium, in five-grain doses, conjointly with tincture of bark, or the essence of sarsaparilla, alternately: he took the latter in large doses. For some days the eruption and rheumatic pains increased.

The sclerotic coat of the right eye became next

affected. The discoloration was very inconsiderable for a few days. He had little pain in the globe, and still less intolerance of light. In three or four days the iris became gradually involved ; it lost its transparency ; the aqueous humour became turbid ; and he lost the power of vision. At this time it was obvious that the same disease was hovering around the other eye, which was in a considerable degree, more vascular than in health. The eruptions increased in size and number, notwithstanding which, there remained no alternative but mercury. He took calomel and opium two grains to a half, twice daily, accompanied with large doses of sarsaparilla, was three times cupped on the temple, and behind the ear, and mercurial and belladonna ointment was rubbed around the eye. This was followed up by a fair proportion of blistering, and the eye recovered. The other eye then showed symptoms of advancing disease, and it was subjected to the same form of treatment as the former, but on a reduced scale. The pain in the limbs subsided ; the old crusts fell off, and new sores formed, but in smaller quantity : these at length ceased, and by means of large quantities of the potash, bark, and sarsaparilla, and sea air, he apparently recovered. This gentleman has been twice under my care subsequently to his serious attack ; but on each occasion the symptoms have been less severe, and he is now convalescent.

The following case of phagedænic sore was attended with very considerable induration for some weeks : so marked, indeed, was this symptom that I remained for

many days in error, as to the class to which it belonged. In fact, I had a drawing made of the sore, under the impression that it belonged to the rare class of syphilitic chancre; and it was only by observing its progress, and by ascertaining more correctly than I had in the first instance done, the previous history, that I was undeceived.

Richard Bingham, aged thirty, contracted a sore, in the early part of June last, for the cure of which he employed no treatment until I saw him early in the following month, July. The inner fold of the prepuce presented a small, rather excavated, sore, surrounded by extended induration; it gave him little pain or uneasiness. For a fortnight I gave him pil. panis night and morning, and ordered him to keep the sore clean. I then ordered him bark and the iodide of potash, and in the course of a fortnight the thickening gradually diminished, and the sore healed. He then returned to his ordinary avocations, with a strict injunction to return, should any constitutional affection present itself. In a fortnight more he returned, with the surface of the former induration covered by three superficial phagedænic sores. He assured me that he had had no intercourse with women during the interval, and having seen this patient on very many occasions, I have every reason to trust his word. His skin, on his arms and abdomen, was covered with a small papular, vesicular, pustular, tubercular, and scaly eruption, all combined, but the latter predominated: none of them was larger than a small split pea, and the average size was much

smaller. It had so much the appearance of scabies on his arms, when I first saw it, that I ordered him sulphur ointment. In three days afterwards, the eruption became more general. I then ordered him bark with the iodide, five grains, three times a day, and he is at this moment far advanced towards convalescence.

I have previously stated that any approach to induration around a primary phagedænic sore, is a rare occurrence. In the above case, this induration was greater than I have ever seen it before, or since. It may also be observed, that the eruption was peculiar, inasmuch as it was attended by a much greater proportion than usual, of what bore a strong resemblance to the syphilitic lepra, but papulæ and pustules were sufficiently apparent, and sufficiently numerous, to exclude it from the class of true scaly disease. Possibly its class was composite, belonging partly to the phagedænic, and partly to the syphilitic forms; but I did not feel warranted in treating his disease with mercury, although I believe he would have borne it with impunity.

Thomas Smith, aged thirty-two, subject to bleeding at the nose, contracted two years since a sore on the prepuce. The surgeon said it was not venereal; and treated it accordingly without mercury. The sore did not readily heal; and he applied to a chemist, who entertained a different opinion, and gave him pills with sarsaparilla. He says he took the pills for about fourteen weeks; at the end of which his mouth was exceedingly sore, his tongue swelled, and his gums were extensively ulcerated. Spots formed on his body, and

a rash covered his neck and arms. He then omitted the pills, of which he had swallowed in weight between three and four ounces. The sore in the mean time had healed, and again broken out. On the second reappearance of the sore, he took three pills per diem for three weeks.

The mouth got worse, but the sore on the penis again healed. Two lumps formed on the ulnar side of his left arm, for which he was ordered one blue pill, night and morning; and persevered in its use, for five weeks. He had then a large phagedænic ulcer, of about the size of the palm of the hand, on the arm.

On the 22d of July I gave him four grains of the iodide of potassium, in camphor mixture, three times in the day; and ordered him a poultice or simple dressing, at will, to his arm. I never once altered the prescription up to September 8, when the sore had healed. He then showed me a well-formed, round, phagedænic sore on the right thumb, close to the nail, of the size of a sixpence—for which he is now under treatment.

A gentleman, after a night's debauch, had intercourse with a woman of the town, and contracted a venereal sore. Under the idea that the disease had ceased to be communicable, he lost all anxiety on the subject. Shortly afterwards his wife became the subject of disease; for which he placed her under the charge of a medical man, by whom she was severely salivated, her mouth being kept in a state of soreness for six weeks. The original malady healed early in the treatment. In a month after the discontinuance of the

mercury, her throat became affected, and a rash appeared on her face, and pustules formed in her hair. She was again salivated by the same gentleman. The course was protracted for a long period. The same events recurred; and a third mercurial course was resorted to; and she then became my patient. She was greatly emaciated; her rest and appetite destroyed; and her nervous system severely shaken. The incisor teeth of the upper jaw were loose; a sanious secretion was discharged from her nose, accompanied by blood. During the night, this discharge incrusted on the membrane of the nose, and was often separated with great difficulty, in the morning. Pressure on the nose and on the roof of the mouth created pain. Within six months I had extracted the two front incisors, leaving behind the upper maxilla extensively carious. The bony floor of the nose had given way, and an opening between the nose and mouth, has become permanent. The cartilages of the nose have ulcerated, and a considerable part of the ossa nasi have separated; and the bridge of the nose is reduced nearly to a level with the face.

This distressing case has received from myself and from a medical friend, on whose opinion I place the greatest reliance, every care and attention that we could bestow. But the mischief was done; and I am acquainted with no drug sufficiently potent to arrest the certain progress of destruction, when the bone is seriously affected. All ordinary remedies were resorted to, but with temporary advantage only. She took bark, sarsaparilla, iodide of potassium, minute

doses of the bichloride of mercury. She resided out of town for a season; travelled into the north of Scotland during one summer; applied locally, leeches, washes, injections, and escharotics; and all without any considerable benefit, beyond that of circumscribing the process of destruction.

I have selected the above, from a large number of cases of phagedæna, following the administration of mercury, in large and protracted quantities. In some of these it has been consequent on the treatment of gonorrhœa, by mercury; in others, of bubo; and in others, of venereal sores that have yielded either in consequence of, or during the administration of the medicine, at a short date from its first employment. If the sore have yielded to the mercurial action to the extent of cicatrisation, what object is further to be obtained? —the poison which formed the sore must be neutralised, or the sore would not have healed; and to what can the whole train of subsequent disease be referred, but to the remedy which has been so unnecessarily and so unsparingly resorted to?

LECTURE IV.

ON THE PRIMARY INDURATED VENEREAL SORE, OR TRUE SYPHILITIC CHANCRE.

The true Syphilitic Sore—Marked by great induration—Attended with, or without ulceration—Sore affecting the glans—Sore affecting the prepuce, or body of penis—Syphilitic Bubo—Sore throat—Three forms of eruption—Mottling—Psoriasis—Lepra—Iritis—Treatment of Syphilis—Action of Mercury—Mercurial treatment indispensable—Cases.

THIS form of sore presents, in all its stages, characters in direct contrast to the destructive form of disease described in the last lecture. The characteristic of phagedæna is ulceration; that of syphilitic disease, deposition. In phagedæna, the action is rapid and irregular; in *true* syphilis, it is chronic and uniform: in fact, the general and local symptoms are so distinct in character, and so dissimilar in origin and progress, to the phagedænic sore, that it would appear almost impossible to confound them.

Syphilis, by which I mean the primary disease, commences at a more remote period from sexual intercourse than any other form of venereal affection, seldom appearing within a week, averaging about ten or twelve days, and being occasionally detected at the remote interval of four or five weeks; and I beg your attention to this fact, as an important diagnostic mark of its peculiar character.

Its presence is first observed in the form, not of a sore, but of a "circumscribed thickening;" and to the

description of this very rare form of disease, Mr. Hunter doubtless applied those terms which have become of late years so notorious, however inapplicable to it may be other parts of the same. The term "circumscribed" is applicable to the test of the touch only, and not to that of the eye, to which sense the swelling appears rather diffused. The hardness is firm, incompressible, and inelastic: it is as firm as cartilage, or as scirrhus, and is generally as destitute of pain as that disease, when entirely chronic. Fig. 1, plate 3, represents the hardened thickening of syphilitic disease, which had never ulcerated, although general scaly eruption was the direct product. The syphilitic induration may also follow a more or less extensive excoriation, most frequently attacking the corona glandis. What may be the mode of its first inoculation it is difficult to determine; possibly, by the abrasion of a minute portion of surface, which afterwards heals, leaving for a time no trace of its existence. This circumscribed induration, or cellular tubercle, gradually extends, and becomes excoriated on the surface, which is slightly elevated above the surrounding level. This surface may cicatrise, and become again excoriated, the extent of the exposed surface holding relation to the increasing size of the mass below. Its colour is that of a deep or tawny red, varying in depth according to the more or less inactive nature of the disease. The surface, when irritable, is rough and flocculent, is not excavated, never exhibits (in the language of Mr. Hunter) "a fair loss of substance," and secretes a fluid which is neither purulent nor puriform. It appears in the form of a red, raw

patch, on an elevated base, having, in its early stage, no circle of inflammation around it, and being unattended with pain or much inconvenience.

Syphilis, like other venereal sores, exhibits degrees of torpor. The induration may continue to extend during two months, without excoriation of its surface, or the formation of any kind of sore. When it attacks the glans, it may occasionally extend through one half or two-thirds of its substance, without materially altering its form, being still a "circumscribed thickening," and presenting to the eye little more than the appearance of a hard swelling of the part. This affected portion of the glans may be entirely abraded, exhibiting a raw red surface of superficial ulceration, uniform with the surrounding level; but it is always marked by great and defined induration.

Should it extend towards the frænum, it will convert it into a hard, somewhat thickened, and solid cord. The frænum rarely or never breaks down under the early influence of syphilis, but assumes the character of hardness of the neighbouring disease; yet it almost invariably ulcerates under the curative action of mercury. I have examined such forms of affection, when situated on the glans, with a magnifying-glass, and have not been able to detect the smallest breach of surface. When the prepuce is affected, the thickening is more distinct and circumscribed, or at least the margin is more apparent; and on denuding the glans, the diseased portion rolls over in a mass, from its inability to adapt itself to the more gradual eversion of its remaining part. This, however, is not characteristic of syphilis alone,

but exists in any disease, attended by partial effusion into the fold of the prepuce, the product of simple irritation. Still, there is a wide difference between the appearance, on retracting the prepuce in disease, the result of simple inflammation, and that of syphilitic induration. The former is not circumscribed, nor is it absolutely, but only relatively hard; while the latter is truly distinguished by the term, "cartilaginous hardness."

If it attack the glans at the orifice of the urethra, it will generally involve the whole circle in a callous ring, contracting the opening to an extent injurious to micturition; but this is not invariable. There may be no appearance of abrasion, nor even of increased vascularity, except within the orifice, from which an ichorous fluid exudes in small quantity.

The direct contrast to this more general form of the sore, when situated on the glans, is found in that on the body of the penis, which is more active and inflamed, larger on its surface, and more consistent with the description I have given of the sore in general. The excoriated or ulcerated surface is of a deeper red, secretes a larger quantity of sanious fluid, and is attended with more pain. It is sometimes in colour almost black, approaching in appearance to the character of slough; but even in this state it will remain for several days, without undergoing any considerable change. If in this condition the sore be neglected, it advances by slow but positive ulceration, which encroaches on, but never destroys the thickening surrounding it; for the thickening invariably characterises the disease, through all its stages.

Here the disease consists in the deposition, and the ulcerated surface, is consequent only. We cannot form a favourable opinion, from the aspect of the ulcer, o the condition of the disease itself, any more than we can determine favourably of an open cancer, because it throws out apparently healthy granulations, tending to cicatrise ; nay, the granulations of cancer do occasionally skin over with a pellicle of cuticle, which delusive action has excited many a vain hope of improvement. But as, unfortunately, the ulceration is not the disease, but its effect only ; so in syphilis, the ulcerated surface may become clean and granulating, skin may form over it, and it may then return to its original state of simple deposition. But this change is temporary and delusive ; the surface will again ulcerate, and the disease slowly extend, so long as the form of treatment which alone can reach it, be withheld.

Bubo is an occasional, but not a general attendant on the syphilitic sore ; and its characters are somewhat peculiar. It does not appear in the form of a general swelling, extending above Poupart's ligament like a mound, involving not only the glands, but also the cellular membrane of the groin, but commences by a simple enlargement of one or more glands, the outline of which may be felt, rolling under the finger. These glands enlarge but slowly, partaking of the chronic nature of the primary malady ; they rarely advance to suppuration, nor, indeed, (as has been remarked by Mr. Welbank,) is pus a common secretion in any form of syphilitic disease.

This form of bubo can hardly, I imagine, be referred

to the product of simple irritation, unless we can suppose two kinds of irritation, because the more usual form of bubo,—viz. that arising from gonorrhœa or venerola—are the products of a disease that excites no specific constitutional affection, and must therefore be the effect of simple irritation ; as the glands of the groin or axilla may be inflamed and enlarged, in injuries of the foot or hand. Now, if the bubo of syphilis were the product of such irritation, we can see no reason why the same form of enlargement, and that of the same textures, should not prevail in each example : but it is otherwise. In the one case, the cellular membrane is so far involved as for the most part to conceal from the touch, all outline of a glandular structure ; in the other, the gland is for some time distinct, and independent of the cellular atmosphere (to use an old-fashioned phrase) around it. Theoretically this fact is interesting, although practically it is not important ; because, be it specific or not, it is so little prone to change, so rarely does it advance to suppuration, that it can have no influence on the treatment to be employed.

Without treatment the constitution imbibes the poison of the local disease ; the manifestation of which may occur at an interval of from six weeks to three months, from the date of the unhealthy cicatrisation of the primary sore, and is ushered in by accelerated pulse, general pains of a rheumatic character, headache, loss of appetite and rest, and followed by an affection of the throat, and also of the skin, in the form of an eruption. Either structure may be first affected. These constitutional phenomena are, however, by no means inva-

riably so distinctly marked as we observe them in phagedænic disease.

The throat is attacked by inflammation of a torpid character, affecting the tonsils and soft palate, preceded by dryness. One side only may be for a time affected, but more generally both. The colour is paler than in common sore throat, or in that of phagedænic disease, and more partial in its extent. The patient complains of little pain in swallowing, so long as the surface is not destroyed. The tonsils then ulcerate, and present a whitish cavity, which cannot be mistaken for a mere aphthous ulceration, being (as Mr. Hunter expresses it) a "a fair loss of substance, dug from the tonsil." This often presents the appearance of a deep chink or cleft. I am not aware, however, that, in respect to the loss of substance, it differs materially from other forms of ulcer of the tonsils. The inflammation, which at first appears somewhat defined and patchy, and which I have seen occupying the two front arches of the palate for a period, without affecting the posterior, now becomes more extensive and diffused, and the difficulty of swallowing is increased, though apparently, not in the ratio of the extending evil.

Let me recommend you never to profess the power to determine a venereal throat, by examination by the eye. When you have acquired some insight into the subject, by your own personal inquiry, I am satisfied that you will never commit yourselves to such an absurdity. Those who profess this knowledge, imagine that Mr. Hunter has clearly pointed out landmarks so

precise and definite, that the commonest observation may easily detect them. I am not aware that any author, since the publication of Mr. H.'s book has dilated on this subject, nor any, who has professed knowledge so exclusive. But the professional public think they know a venereal throat, because they think Mr. H. knew it. In truth, Mr Hunter made no such profession. He honestly states that *there are many forms of sore throat*, some of which are venereal, and some not; and he, moreover, says, "*No man will be so rash as to pronounce what the disease is by the eye alone.*" And here Mr. H. was unfortunately mistaken, for many men are rash enough to commit this error; but then, observe, they are not men who have studied the venereal disease; if they had, they would be cautious in pronouncing judgment on a subject of so much difficulty. Mr. H. says, "The true venereal ulcer of the throat is, *perhaps*, the least liable to mistake (to be mistaken) of any of the forms of the disease." It is not, however, to ulcer of the throat that a hasty and rash opinion is limited; but *it extends to that of mere inflammation, in which we have, in reality, still less to guide us.* Some forms of venereal sore throat are characteristic; and, as Mr. H. says, the true syphilitic (*i. e.* venereal) ulcer is least liable to be mistaken; as are the phagedænic ulcer of the back of the fauces, and the snail-track form of ulcer, extending along the arches of the palate; but they are not necessarily venereal, and they can only be determined with certainty, by collateral inquiry.

The eruptive disease exhibits itself in one or more of

three forms, of which the first and simplest, is that which is called *mottling;* but it is important to observe, that, although a frequent attendant on it, it is not peculiar to syphilitic disease.

It consists in a patchy discolouration of the skin, varying in depth of colour, from the lightest pink to a distinct red, abrupt in its margin, and slightly rough to the touch. Like a large variety of cutaneous eruptions, it fades on the approach of cold, appearing more distinct on the application of any forms of stimuli, that tend to promote the cutaneous circulation. It appears most generally on the chest, front of the arms, and on the groin; it may also appear on the face or forehead. The patches are often very large, giving an altered tint to the surface, of some inches square.

The two eruptions, however, that especially characterise true syphilitic disease, are psoriasis, and lepra.

Syphilitic psoriasis appears in the form of circular spots, about the size of a small finger-nail, generally round, or nearly so. These spots are based on disease, not of the cuticle, but of the skin, which is inflamed and thickened, giving to the spots a slight degree of elevation, perceptible to the touch on passing the finger over them. The base is red, or of a reddish-brown, and from which the cuticle peels in dry scales or flakes, *from the period of their first appearance;* they are therefore characterised throughout, by the scaly eruption. The process of desquamation occurs not in large, but often in minute and broken scales of morbid cuticle, and much less considerable than in some other forms of scaly disease; and this constitutes the prominent fea-

ture of the affection from the commencement, by which it is distinguished from the desquamation of pustular, vesicular, or papular eruptions, for in these the desquamation attends the latter stage only.

The syphilitic psoriasis often makes its first appearance on the scalp and forehead, on the chin or upper lip, and back of the neck, and more frequently extends to the chest, abdomen, front or inner surfaces of the arms, chiefly about the elbow-joints, to the palms of the hands; also to the front and inner part of the thighs. Eruptions of all kinds are modified by the density of the surface they occupy; therefore we are not surprised to find syphilitic eruption of the palms, somewhat peculiar. It forms what has been called a honeycomb eruption; the cuticle separates slowly in circular patches, and is imperfectly reproduced. Sir R. Carmichael first remarked the also peculiar appearance of syphilitic eruption, when situated on commissures of skin, or where two cutaneous surfaces are in contact, as at the nates, or between the toes. Here there is no desquamation nor dryness, the eruption being more inflammatory and moist, like a soft and highly organised wart. I am inclined to think, however, that this appearance is not peculiar to syphilitic disease, as I have seen it in phagedæna, as well as in other eruptions, unequivocally not venereal. It is very rare that phagedænic eruption appears on the palms; but I have seen it distinctly marked on that surface in more than one instance.

The third form of eruption is that of lepra, which is obviously pathologically identical with the last de-

scribed eruption, but appears in larger and deeper patches, surrounded by a narrow inflammatory ring, and based rather on the sub-cutaneous tissue than on the skin. These eruptions form incrustations of a brown colour, raised considerably above the surface, which separate as the substratum ulcerates. The crusts might be mistaken for the rupia of phagedænic disease, but they are slower in forming, and may be determined by the character of the eruption around. The eruption of syphilis—be it psoriasis or lepra—is always characterised by desquamation of the morbid cuticle throughout its progress. The entire eruption appears dependent on one single cause, and *that* a general, and not a local one. If one part advances, the whole advances. We need not expose the entire person of a patient, with the view to ascertain the condition of the eruption on a remote part of the body, as is required in the case of phagedænic disease, in which we find the actions of health and of disease variously intermingled—some spots desquamating in the last stage, while new ulcers or rupial crusts are forming elsewhere; but, as in the exanthemata, the whole surface appears obedient to one common influence.

Syphilis, unless in a very advanced form, rarely affects the whole surface; those parts I have already mentioned being most obnoxious to it; whereas phagedæna is less discriminate in the surfaces it involves. As a general rule, subject, however, to exceptions, the front surface is the seat of early syphilitic eruption, the back in a greater degree, that of phagedæna.

Syphilis is a slowly advancing disease, and never bursts

out into violent and unforeseen destructive morbid actions; while phagedæna is constantly liable to these changes. Syphilis is rarely a destructive disease, while to phagedæna must be referred the extensive catalogue of injurious mutilations which are generally charged to venereal disease *.

Iritis is a rare attendant on syphilitic disease. When the iris is inflamed, it is generally affected singly, and occurs at a later date, than when attendant on phagedæna. It is supposed to be characterised by earlier deposit of lymph, than any other form of this affection, but, inasmuch as it is a rare attendant on a rare disease, I have not been fortunate enough to witness many examples of it; and I have no experience by which to confirm the truth of this remark.

Affections of the bones, and of the larger joints, are among the more remote consequences of syphilis, all of which are marked by slower, but more regular action. Periosteal inflammation is, however, less frequent than in phagedæna, and there is little or no propensity to suppurating nodes. Pains are often referred to the substance, more especially of the long bones, and to different regions of the body, which latter do not appear referable to the bones.

The treatment is essentially mercurial, although the possibility of subduing its influence by other means has been thoroughly established by the army surgeons. Mr. Rose, in a paper you will find in the eighth volume of the Medico-Chirurgical Transactions, states that he

* On this subject refer to an excellent paper, by Mr. Welbank, in the 13th vol. of the Med.-Chir. Transactions.

had treated successfully all the venereal cases of the Coldstream Guards, during a period of twenty-one months, without mercury. Mr. Guthrie, as the result of an extensive experience, says, "Every kind of ulcer of the genitals, of whatever form or appearance, is curable without mercury;" in which opinions Dr. Hennen and Sir R. Carmichael fully concur. With such evidence before us, who can doubt the fact? The question, however, is not whether the *scaly disease* of Sir R. Carmichael, can be cured without mercury, although the establishment of that fact was of great value, in subverting the universal faith in the indispensability of mercury, to the cure of any form of venereal disease; but the question is, whether its treatment without mercury, is in all respects the best: and on this subject there can be little hesitation as to the course to be adopted, and preferred. The influence of mercury on some constitutions is formidable, while in others, it is harmless. We have recourse to its use internally with a view to effect one of three objects—1st, that of a purgative; 2d, that of the so-called alterative; and 3d, with a view to produce in the system some remarkable effects, which are said to be due to the specific influence of the medicine, chiefly on the absorbent system; and the production of which, is considered essential to the cure of certain forms of disease, that experience has proved subject to its power. In respect of the first I have nothing to say; of the second and third, I am myself anxious to learn how far they may be deemed identical in action, however varying in degree.

The influence of the "alterative," appears to be directed to diseased actions chiefly; it is said to correct unhealthy secretions, to diminish unhealthy enlargements; in short, to use the language of an able pharmacologist*, "it indirectly induces healthy action in a very slow, gradual, and incomprehensible manner." The third effect, or rather the third degree, is that of a sialogogue, for the *effects* of large and continued doses are numerous. When employed in such quantities, it excites secretions of various kinds, and among the foremost, that of the salivary glands of the mouth, attended, when persisted in, by swelling and ulceration of the gums, fœtor of the breath, swelling of the tongue, and great prostration of strength. These are among the more striking effects of continued doses of mercury, or they may occur in peculiar idiosyncrasies, on the administration of minute quantities.

This is the important agent, the influence of which has been long employed in the treatment of venereal sores, and of which the first observation I wish to make is, that you are not to consider mercury a direct antidote to the poison it is employed to supersede. Its influence is merely and strictly indirect, and is exerted by producing a condition of constitution unfavourable to the propagation of venereal disease. "I am," says Sir R. Carmichael, "decidedly of opinion that mercury acts, by exciting an irritation capable of superseding that of the syphilitic, and in this point of view it can be of little consequence by what quantity of

* Pereira, Elements of Materia Medica and Therapeutics.

mercury, whether little or great, that irritation has been excited. But whatever be the quantity, it is necessary, for the cure of syphilis, to excite a strong mercurial action, and to make the constitution feel and suffer under the debilitating influence of the mineral."

When speaking on the subject of venerola, I told you that that disease did not require mercury in such doses as to produce ptyalism; that it might occasionally, in obstinate cases, be given in limited doses, such as 5 gr. of blue pill every night. In phagedæna, I stated to you, not only that mercury was not required in the early stages, but that the effects of mercury too closely resembled the disease it was employed to cure, to be otherwise than most objectionable; although it was occasionally used with advantage in the later stages.

In syphilitic disease it is our great resource, and the only remedy on which we rely with confidence. But with what effects—to what degree is it to be employed?—because, as I am not indifferent to the injurious influence of the mineral, I am most solicitous to attain the end in view, with as small a quantity as is necessary. Mercury acts as a sialogogue—that is to say, an action by which is produced a large increase of saliva from the glands secreting it. But the presence of mercury in the system is rendered apparent, short of its influence on the salivary glands—viz. by the inflamed and puffy condition of the gums, and by the fœtor in the breath. The question is, then, whether salivation (an effect often remote, and obtained with difficulty,) is essential to the cure, or whether the object cannot often, perhaps generally, be obtained by the minor

quantity?—and here we may appeal to experience. Where mercury is employed in the last stage of phagedæna, it has always appeared to me that salivation was most undesirable, and that the influence of mercury on the gums and on the breath, was all that was required. I believe the observation to be equally applicable, to its administration in either primary or secondary syphilis. Not that I object to an increased secretion of the salivary glands in moderation; from which, however, in itself, no possible advantage can be derived, seeing that salivation is *not a very infrequent symptom of syphilis* before treatment; but I confess I cannot withhold my humble protest against that indiscriminate and universal resort to the baneful influence of mercury, which can find no advantage short of extremes.

Confirmatory of the above opinion is the experience of M. Ricord, who rarely, if ever, employs mercury to produce ptyalism in the treatment of venereal diseases, primary or secondary. Most emphatically he states, "As soon as mercury exhibits a marked influence on the salivary glands and on the gums (*i. e.* as soon as salivation is produced), *it ceases to be a useful agent in the treatment of venereal disease.*"

I believe that the constitution will rally, and often in a short time, from the consequence of a severe course of mercury once employed, as we find in the parallel example of loss of blood, but that the effects of a second and third ptyalism, are in a compound degree more injurious; till, however, at length, after repeated salivations, the constitution may become comparatively

insensible to its influence; and it is in this latter condition of the constitution, that it may occasionally be employed with advantage in phagedænic disease. But on the other hand, let us not be blind nor indifferent to its injurious effects on the future health of those, on whom it has been lavished with an unsparing prodigality, for the cure of diseases which are trifling in comparison with those it has engendered. How many examples of health and prospects blighted, through personal disfigurements and mutilations; severe and protracted suffering from rheumatism in every form; dropsy; latent pulmonary disease fanned into activity; phagedæna itself, with its horrid catalogue of ulcers and necroses—these and various other diseases, no less serious in degree or kind, may date their birth from the often useless, and generally indiscreet, use of this mineral poison! We have ample experience of the harmlessness of mercury when employed *largely* during a short period—a month or five weeks, for example; or even longer; but, as I have before stated, it is the repetition of its use—the renewal of its administration often before the health has completely rallied from the influence of the former salivation; and this, followed by a third and a fourth appeal to the medicine, each more severe and debilitating than the former; then is it, with the physical and mental powers of the miserable subject, gradually wasting with phagedænic ulcers of the throat and skin, incrustations of the nose, both within and without, suppurating nodes, hectic fever, and general emaciation, that a steady, continued, and effectual course of mercury is once more demanded, in

the vain hope of subduing a poison that is fostered by its presence, and compared with which the most virulent and destructive pox I ever had the good or ill fortune to witness, is as a dwarf to a giant.

Mercury employed in phagedæna, is occasionally for a limited period, beneficial, but rarely, when pushed to the extent of ptyalism; and thus we are deluded by the specious influence of the mineral. In syphilis, its advantages are perceived from the moment its influence is felt by the circulation. The improvement is steady and progressive; the symptoms recede, as Mr. Hunter announced to us, in the inverse order of their appearance: first, the sore throat or eruption; and lastly, the primary sore.

It is rarely that syphilitic disease exhibits itself after a mercurial course. Where it does appear, the mercurial action has been imperfect, and must be renewed. This is an unpardonable error in the surgeon; for the same ground, under increasing disadvantages, has to be retraced. It is objectionable, because mercury in a thoroughly unmercurialised constitution, is a much more efficient antagonist to syphilitic disease, than in a constitution once, and recently, the subject of its influence. In the second instance, larger doses, and longer time are required, although salivation is more readily attained,—a proof, if any were required, that mercury is no antidote to syphilis, but merely that the irritation or disorder it creates, is incompatible with the presence of syphilitic poison.

Mercury may be employed either internally or by inunction. It is generally preferable to combine them,

giving each in a mitigated quantity. For ordinary cases, five grains of blue pill, night and morning, combined with the fourth or sixth of a grain of opium, added to the inunction of a drachm of mercurial ointment every night on the thighs, or in the axillæ, will produce swelling of the gums, and soreness of the mouth, in the course of from four to six days. Often larger doses are required: calomel may be substituted for blue pill, in doses of two grains, with half a grain of opium to prevent its action on the bowels, every six hours. Some practitioners prefer the compound calomel pill; but it is of little moment how the effect is produced, provided it be obtained.

When the gums are inflamed and sore, to the extent of compelling the patient to eschew solid food, the mercurial action must be maintained continuously; this does not require persistence in large doses. The maintenance of the effect may be accomplished by their reduction to about two-thirds of the former dose; and this should be unremittingly continued, not only until the secondary eruption and primary sore have entirely cicatrised, but until the indurated base of the primary sore is wholly absorbed; for in this base, slumber the elements of disease, which will burst forth with renewed energy at no remote period, should the patient lack perseverance in the necessary treatment. The diet should be reduced, and the patient confined to a uniformly warm temperature. It is not desirable, however, to reduce his strength by depletion, although moderate depletion may accelerate the appearance of the mercurial action. As soon as this object is attained,

you may order sarsaparilla, the tonic influence of which will not interfere, by diminishing the mercurial action, while it will uphold the strength, and shorten the period of after-recovery. It is not necessary to persist throughout the entire treatment in the reduced scale of diet, particularly if the presence of a mere induration, following the healing of the sore, demands the persevering use of the mercury, when all the other forms of the disease have subsided.

When all local and general appearances have disappeared, all that remains for us, is to endeavour to replace the patient in the position he occupied previous to his illness; and this may be effected by good diet, moderate use of wine, or the compound tincture of bark, and change to a purer atmosphere.

A man applied for advice as an out-patient at St. Bartholomew's Hospital, having a considerable enlargement on the inner fold of the prepuce, which was fully exhibited on retracting that duplicature. It was quite hard and incompressible to the touch, but the skin was unbroken. He stated that he had had no sore, but that the swelling appeared three weeks after intercourse; that it had slowly increased, and had existed about a fortnight when he first visited the hospital. The hardness was eminently characteristic of true syphilitic deposition, as were the concomitant symptoms—viz. the length of time that had elapsed before its first appearance; the absence of pain, and the chronic-like enlargement of one single gland in the left groin, of the presence of which the man him-

self was not conscious, until I directed his attention to it. This being the only case of syphilitic disease I had at that time under my care, I determined to watch its progress—knowing that, if syphilitic, it was the most controllable of all venereal maladies. I ordered him accordingly pil. panis, night and morning. On the day week of his first appearance, the indurated mass had increased somewhat in size, as had also the gland in the groin ; but neither the primary nor the secondary disease occasioned him any pain.

The surface of the induration looked a little vascular when the prepuce was not retracted to its fullest limit. I then stated to those around, that I was desirous of still deferring the treatment, to give them an opportunity of noting the case, and of witnessing the peculiar form of eruption that this sore would produce. The same negative treatment was continued.

On the following week, the thickening had still extended. On the day-month of his first visit, the vascularity had increased, the gland in the groin had enlarged to the size of half a pigeon's egg, but was as defined as at first, involving none of the cellular structure around it, as in other forms of bubo. On stripping him, the front of his arms and chest were covered with the scaly eruption. A few of these appeared on his forehead and the back of his neck ; but all were scaly, down to those of the smallest size, which were exhibited by means of a magnifying-glass. The smallest of these eruptions appeared as mere desquamations, without discoloration of the skin. He denied having sore throat ; but, on examination, the tonsils and uvula

appeared somewhat redder than natural, and dry. I then ordered him five grains of blue pill night and morning.

On the fourth day, the vascularity on the sore had increased; and, on the eighth, a superficial excoriation had formed on the centre of the indurated mass. The eruption was paler, and the smaller spots had disappeared. He continued the mercury during one month, at the expiration of which the thickening was reduced to one-fourth of its original size. The sore, however, increased in proportion to the diminishing hardness; and, at this date, viz., one month from the commencement of the mercurial treatment, the sore presented the appearance of a common cicatrising wound, red and healthy.

Mr. M., a young medical man, showed me, with some anxiety as to its nature, a remarkable induration, which occupied one side of his glans, without, however, altering its form, and which commenced about a month after connexion. The surface was red from vascularity; but the whole disease was unattended by pain. The induration was remarkable, and conveyed, by the touch, the idea of a similar sensation caused by the partial injection of the cells of the glans with wax, after death. In the course of a week, nearly one-half of the glans was involved in the disease, which was still unproductive of pain. The hardness had existed six weeks. He felt no inconvenience from its presence, beyond slight difficulty in making water.

I examined the surface again and again, and could detect no abrasion. But sore throat followed, and well-

marked syphilitic psoriasis, affecting the forehead, chest, and arms, the first appearance of which, was attended by accelerated pulse and slight fever, which continued for some time. He recovered under mercurial treatment; but ten weeks had elapsed before the glans had regained its natural texture. I ordered this gentleman large doses of bark, in the latter stage of the treatment.

I have generally observed, that when the primary sore is more than usually torpid, when its advances are remarkably slow, and it is unattended by pain—as is generally the case when the deposition largely predominates over the ulceration, and especially when that surface is not deep in colour — the eruption is slighter for a time, aud purely scaly, or mottled. The cutis is not in a like degree involved. We do not find the larger deep red patches of lepra, nor do they extend so generally over the surface of the body.

A man applied at Bartholomew's Hospital with a syphilitic sore, occupying the fossa of the glans. The prepuce was œdematous, and he could not retract it. He said he had had the sore for six weeks. The prepuce was soft, and a large indurated sore on the right side was perceptible to the touch through it; but he felt little uneasiness from its presence. For a fortnight I treated it negatively. He had an enlarged gland in the left groin, which was also destitute of pain. I divided the prepuce at some little distance from the induration, and disclosed a large thickened mass, in the

centre of which was a slightly excavated but large flocculent sore, of a deep tawny red colour. Within a fortnight the whole of the prepuce had assumed the indurated thickening of the primary disease, and the divided surface, the character of the sore upon it. His face, head, chest, and arms down to his hands, were covered with the deep red elevated eruption of the more active form of lepra.

I ordered him blue pill night and morning, and the inunction of a drachm of mercurial ointment each night. In five weeks he had recovered.

It is not very uncommon for syphilitic chancres to granulate, and even cicatrise, while the induration remains unaltered; and, under these circumstances, when the induration is not considerable, the case presents some difficulty of diagnosis, which has more than once led me into error.

In the year 1838 a medical student contracted a sore in the inner fold of the prepuce, which appeared ten days after intercourse. It had existed a fortnight when I saw it. It was somewhat excavated, and hardened at the base; but this I referred to the action of nitrate of silver, which he had once applied on its first appearance. It was almost destitute of pain, and caused him little inconvenience. It appeared to me a simple sore, complicated by the escharotic. I ordered him five grains of blue pill alternate nights, and an occasional aperient in the morning, which, in consequence of the weak character of his pulse, and the inactive state of

the sore, I changed in three weeks for tincture of bark. During this treatment the sore assumed a healthy aspect. It granulated and cicatrised, and in this condition it remained for nearly a month, once during the period appearing slightly abraded, and again cicatrising. At my request, he showed the sore to Mr. Welbank, who pronounced it syphilitic, and recommended the immediate resort to mercury. Some family affairs, however, called the gentleman into the country; and I confess I did not regret this circumstance, hoping that improved air and other concomitants would establish the correctness of my opinion, of the non-syphilitic character of the disease. He returned to town at the expiration of five weeks, with his brow, chest, arms, and abdomen, covered with syphilitic psoriasis, when I immediately placed him on mercurial treatment. In a week the eruption began to fade, and in a fortnight it was on no part very perceptible. In five weeks he discontinued all medicine, and remained convalescent.

Mary Blackstone, aged twenty-six, applied at St. Bartholomew's Hospital with an eruption on her chin, arms, and hands, of the true syphilitic character. The respectability of this patient and her apparent unconsciousness of being the subject of a discreditable disease, backed by the assurance that she had suffered from no primary affection, could not prevail against the impression, derived from the distinct and unequivocal character of the eruption. On inquiry she admitted, that she had "devoted her affections" to a young man, and in fact, that she had felt some soreness of the left

labium about two months previously ;—that the uneasiness was confined to a small sore, situated at the lower part of the left labium, which, after an existence of about ten days or a fortnight had healed. Examination detected a tubercle about the size of a small hazelnut, situated in the part above mentioned, which was unconnected with the surface, and quite free from pain. She described the original sore as *an excoriation*, from which she said a watery fluid exuded, but no matter ; and that it never occasioned her any annoyance beyond that of a short-lived swelling of the labium. At the end of six weeks from the healing of the sore, she complained of pains in her head and back of her neck, which were very severe, extending downwards towards the shoulders. The pains in the head were irregular but exceedingly severe, particularly at night. These pains continued for about a fortnight and then subsided, without treatment of any kind, leaving a sense of stiffness in the back of her head, and neck. She then experienced some inconvenience in combing her hair, and fancied she had pimples over her head, in which the comb caught.

The eruption then appeared on her chest, and on the radial side of her arms, and quickly extended to the palms of her hands—on her thighs and legs, to the sole of her feet—and lastly, extensive deep-coloured mottling of her lower lip, and chin. The average size of these eruptions was about that of a split pea. There were, however, a large number much more minute in size ; while those which appeared at the bend of the elbow-joints, congregated in larger patches. All the larger

eruptions were elevated above the surrounding level, and resembled in colour the deep red of the raspberry, which was also that of the mottling on the face. The smaller spots were scarcely discoloured, but all were scaly, to the minutest speck. On the larger masses, the cuticle, as is usual, scales off in the centre, leaving a dry broken circle of cuticle behind it. On the palm of each hand were six or eight spots (more than an average number). These bore but little resemblance to the disease on the arms and legs, appearing as though a circular portion of cuticle had been scooped away with a round instrument, leaving the skin beneath rough and unhealthy. She said that the eruption gave her no pain nor inconvenience, in proof of which she rubbed her arm, with some force.

She had complained of slight sore-throat, from which she had recovered, and a little vascularity of the arches of the palate, was all that then remained of that symptom.

For this case, a somewhat rare example of the true syphilitic disease, I ordered five grains of blue pill each night and morning.

At the expiration of a fortnight, her symptoms are rapidly receding; the eruption has become indistinct, and the primary induration is also diminishing.

LECTURE V.

ON NON-VENEREAL SORES.

Herpes Preputialis—Chronic form of the Disease—Immediate and remote Causes—Psoriasis Preputialis—Cause—Superficial Ulcerations of the Prepuce — Resemblance to a Syphilitic Chancre — Thickening of Prepuce preceding the appearance of the Ulcer — Excoriation with or without Purulent Discharge or Gonorrhœa Preputii; occasionally confounded with true Gonorrhœa—Operation for Phimosis, or removal of Prepuce by Excision—Reference to previous Doctrines relative to the incapability of Mercurial Treatment in Ulceration—Mercury an efficient Remedy in proportion as Ulceration is slow—Bubo, Treatment of—Necessity of selecting the most opportune moment for opening all Abscesses—Treatment by Opium in Chronic Cases—Mr. Hunter's Testimony to the Value of Treatment by Opium.

THE affections of the glans and prepuce, that, being situated on these surfaces, may be confounded with those of venereal origin, are herpes preputialis, psoriasis, superficial ulceration, superficial ulceration with thickening, and excoriation with purulent discharge, or gonorrhœa of the prepuce.

Herpes of the prepuce may appear on either surface of that fold, more generally perhaps on the inner. It consists in a crop of minute whitish vesicles, varying in number, from two or three to half-a-dozen; occupying a third or a fourth of the circumference, and acquiring as they advance an areola of inflammation. When seen early, they contain transparent lymph, which becomes puriform. They coalesce and form a thin scab: this separates and discloses an irregular ulcer, quite superficial. They are rarely attended with actual pain, but generally with an itching sensation; to relieve which,

they are often subject to violence from rubbing. By such means the disease is aggravated, the prepuce becomes inflamed and œdematous, pain is felt along the track of absorbents on the dorsum, and bubo is no infrequent consequence. In this condition of the penis the surgeon is consulted, who, hastily observing the enlargement of the inguinal glands, the tumefaction of the prepuce, and the presence of a sore on the interior, assures his patient that he is poxed. The patient contents himself with the declaration that he has had no promiscuous intercourse for twelve months previously. "Impossible! a sore with bubo, and not venereal—you are surely mistaken." Positively, the patient asserts, he has spoken the truth. "You may think so," replies the doctor, "but I cannot be mistaken in a case so unequivocally distinct, and you must, at all events, take mercury." Mercury is given, and the case improves, as it would have improved without. "Now, sir, you are convinced that I was right; I knew I could not be misled; this is all that is required to prove its venereal character, for you observe mercury has arrested it: I doubt not that it has saved your glans, which might have fallen a sacrifice to the virulence of the poison." To carry this case on to another stage: suppose the gentleman, at any period within the next twelve months after his convalescence, to have sore throat after exposure to cold. "Here's a touch of our old enemy," says the surgeon; "let us see the throat. Ah! unequivocally venereal. I could swear to that throat, that redness and swelling of the tonsils, that pain and difficulty of swallowing. Have

you no eruption?"—"Positively none." The patient is subjected to another smart course of mercury, which may not materially protract his cure; and the doctor again enjoys the flattering unction, that his discrimination has saved from great suffering, his deluded patient.

This doctrine has been severely reprobated, during the last fifteen or twenty years, by all reflecting practitioners. To conclude, because mercurial action or irritation effects a salutary influence on venereal ulcers, that *ergo* all diseases benefited by mercury are venereal, is on a par with the same argument applied to iritis—viz. that because one form of that disease, when coupled with syphilis, is amenable to treatment by mercury, therefore every form of iritis curable by mercury is syphilitic.

When herpetic disease of the prepuce has advanced —when it is attended by considerable tumefaction of the prepuce, and has finally assumed a chronic state—its aspect bears no apparent resemblance to the disease that produced it: the whole glans appears of a bright red colour from excoriation, and the prepuce has acquired a preternatural and fleshy thickness, which prevents its withdrawal behind the corona, or in which this object may be effected only with great difficulty. This is eczema of the penis, or rather of the glans and prepuce, and a disease very obstinate of cure.

The cause of herpes preputialis is simple local irritation, often occasioned remotely by disordered or disturbed action of the digestive system. It is often occasioned immediately by disordered or rather suspended action of the glandular bodies that surround

the fossa glandis, following the continued action of stimuli, prescribed for excessive secretion of those bodies. I have repeatedly known herpes caused by the daily application of irritating soap or stimulating injections, by which the action of the glands of the fossa was suspended, occasioning a preternatural dryness of the surface.

The treatment of herpes is very simple, and the more simple the better,—an aperient, and the frequent application of cold on the surface. If the prepuce be swollen, the attempt to retract it may excite irritation; and the cold application may be injected underneath the glans, and retained there for a few seconds, three or four times during every twenty-four hours. If exercise be imperative, care is required to prevent friction of the prepuce in walking; but it is better for the patient to remain quiet for a day or two. I recommend cold water; but a small quantity of lead (subacetate) may be added. When the scab has separated, the superficial ulcer then exposed, will generally heal without difficulty; and it may be dressed with unguentum cetacei, or a much-diluted citron ointment, or that of the oxide of zinc. In the more advanced stage, the oxide of zinc ointment, diluted with an equal quantity of simple ointment, should be lightly rubbed over the whole surface, and retained for about twelve hours out of the twenty-four. It should be then removed by washing the surface with some unstimulating soap; and the smallest quantity of olive oil may be applied. The stimulus may be gradually increased as the disease recedes. I have occasionally used with advantage a drachm of spirits of wine to an ounce of olive oil.

Stimulants are very objectionable to that form of herpes which arises from suspended secretion of the glands which surround the fossa—the glandulæ odoriferæ. The evil is aggravated by too frequent cleansing. The natural secretion should be encouraged, and the glans may be lightly anointed with olive oil simply, which should be removed in twelve hours, otherwise it becomes rancid, and increases the evil. The oil may be removed by the application of dry lint, which is preferable to washing, and should then be reapplied.

Psoriasis Preputialis.

Psoriasis preputialis appears in the form of cracks around the margin, attended by a degree of tumefaction of the prepuce: any attempt to withdraw the membrane aggravates the mischief, and occasions pain, often considerable. I confess I do not understand the ground on which this disease is named psoriasis. Psoriasis is classed by Willan among the squamæ, and consists in a desquamation of cuticle, on an inflamed base of skin. Were it nothing more than a cutaneous disease, it would be difficult to explain the liability to bubo which occasionally attends it; but in reality it is something more. It is a disease involving the whole thickness of the prepuce, exhibiting deep chaps or clefts, which bleed on separating them, and the irritation of which causes some tumefaction. From its situation, the evil is often increased by the friction of the clothes. Inflammation of the prepuce is a natural consequence, accompanying the extension of the malady.

The treatment should be simple, and slightly stimu-

lating. Mr. Evans recommends the ung. hydr. nitr. somewhat diluted, than which I can tell you nothing better; but you will find the disease often very obstinate.

Psoriasis preputialis, when occurring in unhealthy constitutions, or when aggravated by the long-continued application of dirt, as it exists in the lower classes, is an exceedingly obstinate disease. I have generally resorted to the continual application of a poultice, and found advantage from the use of black or yellow washes. It occurs in strumous habits not very rarely, and is often referred to the eccentric irritation of a stricture in the urethra. I doubt the truth of this suggestion, however. When this treatment is of temporary avail only, and the repetition of either this or the preceding malady becomes inveterate, it is very desirable that the prepuce should be removed, by which operation the liability to relapse is greatly diminished. For this purpose, it is not sufficient that the prepuce be merely divided, as adopted for the relief of phimosis, but the membrane must be removed; to accomplish which, it should be drawn forwards with some force, and cut off closely in front of the glans. A probe-pointed bistoury being then passed backwards, should include the whole of the remaining fold, in order that the corona may be thoroughly denuded of its natural covering.

The prepuce is subject to the formation of small superficial ulcers, preceded by the slight itching of a pustule, which bursts without scabbing. Some persons are especially liable to them: they probably originate in a single vesicle instead of a cluster, as in herpes, which is more active in character than the latter disease,

or this would probably form a scab. The ulcers when first observed are very minute, and extend slowly till they become very distinct, having, however, no characters by which they may be distinguished from a slow venerola in the ulcerative stage, if we except the more determined progress of the latter. These ulcers may be single, or two or more may coalesce; but they always remain, however large in diameter, perfectly superficial. I have seen them again and again, in persons perfectly free from all grounds of suspicion of a venereal contamination. Indeed, their birth, progress, and entire character, would belie the suspicion of any other than a simple cause. Sometimes these small ulcers, instead of spreading, will simulate the character of a real syphilitic chancre; they may acquire, not hardness, but positive thickening, which thickening shall be disproportionately large to the surface ulcerated. Again, the prepuce being retracted, will roll, instead of being smoothly reverted, as indeed it always must, whenever its natural flexibility is destroyed by the deposition of lymph between its duplicature. Nay, the resemblance is so close, that we occasionally find the thickening preceding the ulcerative process, and it is often difficult to detect the precise spot on which the ulcer is situated.

This form of ulcer, whether accompanied with thickening or not, will always yield to ablution with cold water, the application of nitrate of silver, and moderate attention to the digestive system. The nitrate of silver should be very lightly applied to the ulcerated surface, and a dressing of spermaceti ointment laid upon it.

Blue-stone is nearly as efficacious, but not quite. After which, the surrounding inflammation, whether limited, or extensive, and involving the whole prepuce, rapidly subsides, and the ulcer, aided by a second or even a third application of the escharotic, heals. On what principle nitrate of silver acts, in these and similar cases, I do not know—whether as an escharotic or merely as a stimulant.

The absorbents are very liable to convey the irritation of these sores to the groin; but though I have seen many examples of enlarged glands accompanying them, I do not recollect to have seen one suppurate, nor, indeed, to advance far towards it.

Excoriation with purulent discharge, or gonorrhœa of the prepuce and glans.

The partial excoriation, which appears in patches generally on the corona glandis, most frequently arises after sexual intercourse, as the result of mechanical friction on an unhealthy surface. The patches are somewhat circular, and present a livid colour, being mere abrasions of the cuticular surface of the glans and prepuce, from which, in the first instance, serum exudes. The locality of this simple form of injury appears unfavourable to the healing process, for the serous exudation often degenerates into purulent secretion, and the surface becomes flocculent, aud then granular. The prepuce may become inflamed, and the ulcerative process extend within, when ordinary attention is withheld, and this not unfrequently occurs in the persons of the lower classes.

The sores should be washed with any mild stimulating lotion, as sulph. of zinc, 2 gr. to an ounce; or 1 gr. of sulph. of copper; or spirits of wine, ʒij. to ʒj. of water. If the surface be granular, a little of the flue of dry lint scraped should be applied after the lotion, and the whole surface cleansed of its secretion.

Excoriation of the corona and fossa is often the product of disease of the follicles of that region, the function of which, when considerably deranged, is repaired with difficulty. Its remote cause may be the application of irritating matter during connexion; or, quite independently of such cause, it may arise from neglect of cleanliness, and appear spontaneously. It most frequently arises from neglect of a morbid condition of the sebaceous follicles (glandulæ odoriferæ), which may have existed for a longer or shorter period, which secrete a thick white pasty-looking matter, having a disposition to cake around the corona and fossa: at other times this secretion is soft, and of the consistence of cream. It is in this state of the parts, that those extensive excoriations of the glans and of the prepuce occur, the secretion from which constitutes *gonorrhœa of the prepuce*. When extensive, it involves the interior of the prepuce, and spreads over a considerable portion of the glans, on denuding which, a large tumefied surface is exposed, secreting moderately healthy pus, and presenting the raw excoriation which constitutes the disease. The whole prepuce becomes swelled, and a tendency to phimosis is a necessary consequence. In this condition, retraction of the membrane being difficult and painful, the endeavour to accomplish it is at

length relinquished by the patient, and the disease may be mistaken for gonorrhœa; to which, on account of the often profuse discharge, the inflammation of the prepuce with partial phimosis, and the enlargement of one or more inguinal glands, it bears considerable external resemblance. The important symptom of gonorrhœa, however, is wanting—viz. ardor urinæ, and by this alone may it generally be at once determined. Not that I think any patient of common intelligence who had been the subject of former gonorrhœa could mistake the requisite reply to the question, "Have you pain in making water?" But I have known instances to the contrary, where this appeared as the first occurrence of disease of the genital organs, in young men. In hospital practice we often find these cases of very long standing; and what with the disease, and what with the extra stimulus of dirt, their diagnosis is occasionally not readily determined.

Weak solutions of alum, of sulphate of zinc, dilutions of spirits of wine, all weak in proportion to the activity of the disease, will generally arrest it very speedily. An ordinary case may be cured in about forty-eight hours by either of these applications. When advanced, however, the exposure of the excoriated surface to the air, after washing with soap and water for a few minutes, will benefit it; and the lotion may be resorted to, at the expiration of a few hours. After the surface has cicatrised, care should be taken to prevent its recurrence, by the daily application of a small quantity of olive oil, with a few drops of spirit, which should be renewed after about twelve hours' application. When in-

flamed, cold washes may be applied around the prepuce, and exercise prohibited; but this will not frequently be found necessary.

The diseases which I have just described are rarely found in persons whose glans are habitually denuded of the prepuce, in whom the cuticular lining of these surfaces becomes firm and dry, and consequently insusceptible of those forms of irritation which are the immediate product of the diseases in question. Some persons, although unaddicted to indulgence in women, are the almost perpetual subjects of one or other of these maladies, and in whom they are the fruitful parent of annoyance and expense. In such cases it were far preferable to adopt the only approach we can make to a radical cure, by removing as much of the prepuce as can be exercised without danger to the glans in the operation; by which means the natural susceptibilities of the parts are destroyed, or rather removed, and the skin shortly acquires a condition very unfavourable to the recurrence of disease.

Before I conclude the subject of non-venereal sores, let me once more enjoin on you the necessity of personal observation in these matters. Do not suppose all maladies of the genitals necessarily venereal, because venereal disease first appears in that surface. Why should the glans penis, with its structure so peculiar, possess an immunity from disease, from which the conjunctiva or the tonsils are not free? There is no reason why it should. You need not commit yourself by an opinion for some days. Watch the case for at least a week, unless it is phagedænic; you must then adopt more

positive treatment; but depend upon it, the large majority of venereal sores are better let alone, as regards active treatment. You may always guard yourselves by stating that the sore will extend for some days, and perhaps reach three or four times its present size, before the ulcerative disposition will be exhausted, and that you will then treat it. Do not give mercury to arrest ulceration, for mercury will not arrest it. If you give mercury at all in ulceration, it is not for the ulceration, but for the poison which produces it; and then comes this important question—whether the ulceration is a direct consequence of the poison; for if it be not a direct consequence, mercury is not the treatment which either reason or experience will dictate. Very little observation is requisite to convince us, that the more active the ulcerative process, the less rapidly can we influence it by general means; and the means usually, but I maintain very inappropriately, employed to attain this end, is mercury. We do not use mercury for the ulceration, but for the cause of the ulceration, i. e. the supposed poison. Now the most rapid forms of ulceration occur in phagedænic disease—a disease which is often distinctly of spontaneous origin in certain conditions of health; and if not spontaneous, probably communicable only to constitutions of its own kind. Where is the proof, then, of the presence of a poison to warrant the administration of mercury for its destruction? Phagedæna is an action, not a poison. Mercury has no other influence over the ulcerative stage of venerola, than that of retarding it; while for the most part, that of phagedæna is aggravated by it. In the indurated chancre,

in which the ulcerative action is secondary, mercury is valuable; but then it does not act on the ulceration, but on the indurated base, from which the ulceration proceeds, and that most torpidly. The process of ulceration is often held in check by syphilis, and the salutary influence of mercury may be tested by the ulcerative action being, as it were, let loose; for no sooner does the mercury exhibit itself in the system, than the surface of the induration when at all angular or exposed, breaks out into ulceration and gradually heals. I have observed this again and again in the indurated frænum, which is rigid under the disease, but is destroyed by ulceration under the treatment. If we find, then, that mercury is advantageous in the torpid, that it is inefficient to any good purpose in the moderately active, and that it is actually injurious in the rapid forms of ulceration, may we not reasonably infer that, *quoad* venereal ulceration, mercury is not the antidote?

On Bubo.

I have a few words to say on the treatment of bubo, and they are as much in place here, as in any other department of the subject, because nearly all that relates to it, holds reference to the general principles of treating diseases, and not to either of the specific forms on which they attend; when present in phagedænic disease, they assume some of the characters of that form. I have already stated, that bubo by no means proceeds *pari passu* with the primary disease, but that it often advances for a time, and then recedes, although the sore extends uninterruptedly. Moreover, I have

generally observed that the period of their often rapid subsidence, is that of the equally rapid increase of the primary sore. This applies, however, merely to the glandular swelling, and not to the open bubo. When the swelling suppurates, the wound then formed may partake of the character of the primary sore or not; but it will, under the most favourable circumstances, be more slow to assume healthy action, than any other form of bubo; often, indeed, it becomes phagedænic, and the healing process is greatly protracted, after the original sore has cicatrized.

As a general rule, the glandular swelling of the groin is not amenable to local treatment, until it exhibit symptoms of suppurative inflammation; and I think in all its early stages, the less you interfere with it the better. If the primary disease be advancing in an unhealthy constitution—if the patient be unable to forego exercise of every description, and more especially when the surface becomes discoloured by inflammation—it will, in all probability, suppurate. This propensity may sometimes be checked by leeches, from six to ten early and repeated, by absolute rest, and the application of cold, and to these may be added a brisk cathartic. But these agents will only effect a good result, when the activity of the bubo is on the wane, and when the consequent action is vacillating and uncertain in its course. If the suppurative inflammation be established, of which the best test in phlegmon is local pain, the above remedies will not only fail in the object, but will prove hostile to the end in view. I often recommend, however, the application of a few leeches for the purpose of

accelerating suppuration when at all protracted ; but any considerable depletion will protract the suppurative stage, by raising a new and vicarious interest in the circulation at large.

Warm poultices and hot fomentations should now be prescribed, to the end of exciting local action ; the diet improved, by increasing the quantity of the food, to the allowance of a moderate quantity of wine or porter ; even exercise may be permitted. The surface becomes soft ; careful pressure of the finger will determine the first formation of matter by fluctuation ; and the day, and almost the hour, is to be fixed as the crisis of the abscess, which should then be opened with a moderately free incision, not merely that of a puncture, but something more. It is very important to select this critical period, where time is an object : and all I can tell you on the subject is, that the abscess should be tumid, and of a bright red colour over the whole of the projecting surface.

In this condition an abscess will often exhaust its own powers without bursting ; the bright red colour will be gradually converted into the purple of venous congestion, and the cuticle will desquamate. In this neglected condition of the abscess, the surface next the skin will be too greatly reduced by ulcerative absorption, and too far disorganised by the protracted inflammation, ever to regain its natural structure, and it will either slough or ulcerate. In either case new substance must be formed, and hence loss of time to the patient. If the lancet be plunged into the mass too early, before the inflammation of the skin marks the crisis of the

suppurative action, matter will be discharged undoubtedly, but not in quantity proportionate to that action. The action itself is not exhausted, and the wound will heal; or if not, the sac will continue to discharge for many days or weeks; and hence again loss of time. The only excuse for opening an abscess before it is *ripe*, is to diminish pain, and its effects on the constitution, in promoting irritative fever. These observations will apply to all forms of phlegmonous abscess, whether acute or chronic. If the medium time be selected, the abscess will heal in the course of a few days; if the early date, probably a fortnight or more may be required; if the late, the abscess will degenerate into an ulcer, for the healing of which, a month or six weeks may not suffice.

These chronic forms of ulcer in the groin, are most generally met with in hospital patients of low unhealthy circulation, from depraved habits. We find a flap of morbid integuments overlapping the ulcer, discoloured by long inflammation, and forming a cavity in which the secretion of the surface gravitates; a form of ulcer that would without surgical aid probably remain for many weeks, without making the slightest approach towards cicatrisation. This morbid integument must be immediately removed or destroyed with caustic; and for the same reason, in opening a phlegmonous abscess, such as I have before mentioned, which becomes chronic before it bursts, the incision should be made in a direction to divide the largest number of its vessels, and if circular a crucial incision is preferable.

When the integuments are removed, whether by nature or by art, the sore may be filled with the flue of dry lint, and changed each morning, or night and morning, according to the quantity of the secretion; and at the same time, half a grain to a grain of opium may be given internally, night and morning; under which treatment the sore will heal with a degree of rapidity, not a little astonishing to those who are unaware of the remarkable influence of opium in rousing healthy actions; and to the value of which suggestions I have received too high and too general testimony from my fellow practitioners, to warrant any hesitation in strongly recommending it for your adoption.

"Opium," says Mr. Hunter, "is a medicine capable not only of relieving pain, but of altering diseased actions, and producing healthy ones; for the future it will be given with another view than that it has commonly been, not merely to allay pain, but to cure diseases."

LECTURE VI.

ON CATARRHAL VENEREAL DISEASE, OR GONORRHŒA.

Symptoms of Gonorrhœa — Mild and virulent—Chordee—Surface affected often disproportionate to the virulence—Pathology of Gonorrhœa—Acquired both spontaneously and by contamination—Difficulty of distinguishing venereal from other forms—May be produced from leucorrhœa—Ditto during menstruation—Case of spontaneous Gonorrhœa—Rheumatic Gonorrhœa—Treatment—Repellent and palliative—Inflammation of neck of the bladder—Excessive depletion objectionable—Gleet—Its nature and treatment—Stricture—Treatment of Gleet by bougies inefficient—Is Gleet communicable?

GONORRHŒA consists in a discharge of purulent matter from the urethra, having as its ordinary concomitants, pain, during the expulsion of urine (*ardor urinæ*), frequent desire of micturition, and chordee, or erections during sleep.

The disease commences with an itching sensation at the orifice of the urethra, which some authors have described as not altogether disagreeable; the itching is followed by inflammation of the canal within the glans, indicated by a red and swollen state of the orifice, in passing through which the urine generally creates pain — at first inconsiderable, and subsequently severe. Sometimes, however, pain is not present throughout the entire case to its cure.

In severe cases, a degree of soreness extends over the whole penis, which is greatly aggravated by the nocturnal erections. The fluid which first exudes from the orifice of the urethra, is small in quantity, and of a whey-like colour and consistence: this is gradually con-

verted into pus of a greenish or of a pinkish hue, and of the consistence of cream.

Gonorrhœa arising from venereal contamination, exhibits its first symptom, that of itching and redness of the orifice, at an interval varying from thirty-six to forty-eight hours after connexion: these may continue during eighteen or twenty-four hours longer, and the first discharge appears at an average of about three days from the date of the exciting cause.

The disease attains its height in about a week, and is then attended by great pain in making water, referred to the last inch of the urethra alone, with discharge of thick, ropy, and greenish pus. In this state it will continue during a fortnight, or longer, provided the inflammation be not considerable. The pain then diminishes; the purulent matter becomes thinner and more watery; gradually lessens in quantity; and, at the expiration of about five or six weeks from its first appearance, the disease dies a natural death, leaving no trace behind of its existence, beyond a slight temporary contraction of the urethra, indicated by the diminished size of the stream of urine. This description, however, will not apply to all cases.

We often find it presenting symptoms which, whether caused by constitutional disposition, or laxity of treatment, protract its existence to a much longer period than that I have mentioned.

Instead of the pain during micturition being merely considerable, it may be so intense as to compel the affected person to prolong as much as possible the intervals between the act; or, again, irritation being con-

veyed to the bladder, may create a much more than usually frequent desire to micturate. The case may be complicated with chordee, or painful erections during sleep, spasm of the urethra, pain at the neck of the bladder and orifice of the anus, and discharge of pus discoloured by blood, or even of blood alone.

Mr. Hunter divides chordee into inflammatory and spasmodic—a division of which I confess I am not cognisant. Mr. H., however, first explained the nature of chordee, and I shall quote his description from his work on the Venereal Disease. He says, "When the inflammation is not confined merely to the surface of the urethra, but goes deeper, and affects the reticular membrane, it produces in it an extravasation of coagulable lymph, as in the adhesive inflammation, which, uniting the cells together, destroys the power of distension of the corpus spongiosum, and makes it unequal in this respect to the corpora cavernosa, and therefore a curvature on that side takes place at the time of erection. The inner membrane being on the stretch, is sometimes torn, which causes a profuse bleeding from the urethra. Chordee arises from a greater degree of inflammation than common."

The spasmodic chordee, he says, comes and goes, but at no stated times.

It, seems, perhaps, more reasonable to suppose that the occasional absence of pain during erection, which, by the by, generally occurs towards the latter stages of the affection, is due to the more limited degree of distension of the corpus spongiosum: if it be not so, Mr. H.'s explanation of the cause of chordee, which is that

generally adopted, is probably erroneous; but this is unlikely. The inflammation attendant on gonorrhœa may be local, but severe; or more extensive, with a less degree of severity. In the former case, the ardor urinæ is intense, but local, and there is severe and repeated chordee throughout the night, often accompanied by the discharge of blood, or bloody matter. In the latter, we have the pain during micturition, extending over a larger surface—perhaps involving the whole track of the urethra—with a deep aching pain about the orifice of the anus, pain in the neck of the bladder, and inability to retain the urine beyond the secretion of a few ounces, or even less.

The discharge of gonorrhœa is poured out from the secernent capillaries of the mucous lining of the urethra, occupying generally the upper one, or two inches. It is not confined to the follicles or lacunæ, but is secreted from the whole surface of that portion of the canal, which is neither ulcerated, nor even excoriated, although it occasionally presents the appearance of rawness, from the acute degree of the inflammation. As I have before stated, the canal may be affected along its whole extent; that is to say, it may participate in the general inflammation, while the purulent secretion is probably confined to the upper portion.

Gonorrhœa may be the product of a poison similar to itself, introduced into the urethra during sexual intercourse, or may arise from other causes, independent of the presence of gonorrhœal matter, in the party from whom it is contracted.

The mode in which it is acquired from an infected

person is not very easy to understand, unless we suppose that the mucous orifice of the urethra is the first part affected, and that the disease extends therefrom to its general seat, which occupies the canal within, and somewhat below the glans.

I have adverted in a former lecture to the apparently identical characters of the disease when arising spontaneously or produced by non-venereal irritation, and when appearing as the obvious result of true venereal contamination. There does exist, however, one point of occasional difference, although, I confess, I have no experience of a character sufficiently positive, to justify the belief in the non-identity of the various forms of gonorrhœal or catarrhal disease of the urethra. I allude to the nearly uniform date from sexual intercourse which is believed to mark the true venereal gonorrhœa, and this I have stated at three days; whereas other examples, unequivocally not the product of venereal poison, are more irregular and uncertain in the date of their first appearance, the average being considerably within the above period.

In order to establish the venereal origin of the class of cases appearing at three days after connexion, rigid inquiry and long-continued observation are required; and although we have sufficient experience of the early and almost immediate appearance of gonorrhœa after intercourse, in men, who, tested by a form of evidence that, on any other subject, would carry conviction to the most sceptical mind, were indisputably not the subjects of gonorrhœal contamination, still the origin by venereal contamination of the more regular form

can only be maintained on such evidence as will establish the positive existence of venereal poison in *all* such cases. It is not sufficient that we observe the irregular date of appearance of non-venereal gonorrhœa, but we must also be convinced of the venereal character of the regular forms. At this experience we have not arrived, and till this is accomplished I shall hold to my former statement—viz. that there exists no distinctive symptoms by which to discriminate the spontaneous from the venereal gonorrhœa.

But possibly this rule, by which we may be supposed to test the true nature of the disease, so far as relates to the venereal gonorrhœa, may not prove invariably safe. Undoubtedly we commonly observe the disease at the date of three days from the period of intercourse; but we have no proof that gonorrhœal matter has existed in the party contaminating; and if the fact of its presence were invariably placed beyond doubt, that could never disprove the liability to spontaneous origin. In truth, I hardly know what to understand by the term "venereal gonorrhœa." If it be acute discharge, communicated by venereal intercourse, who will venture to assert that another acute form arising spontaneously in one sex, when promoted by rheumatism (a circumstance of daily occurrence), may not convey its poison during intercourse to the other, to be possibly communicated hereafter to any number of persons subject to its influence?

But setting aside the question as to the date of their first appearance, all the other symptoms being the same, as are the means to be resorted to, for their

respective cure, I cannot entertain a doubt that a very considerable proportion of cases of gonorrhœa, are *not* the product of a specific poison.

The opinion favourable to such contamination by a specific poison, is founded on the analogy of the mode of propagation of apparently similar diseases. Still the power of contamination is no proof of the non-spontaneous origin of a disease, even though venereal; nor is it surprising that the opinion should have generally prevailed that gonorrhœal matter is indispensable to the communication of gonorrhœa. Discharges from the urethra have been known and described, by all authors who have written on this subject, from the date of Mr. Hunter's work. The authority of the old doctrines has, I conceive, so prejudiced the reasoning of these writers, that the spontaneous origin of gonorrhœa is never admitted; so that whenever the discharge of matter occurs, without evidence unfavourable to contamination, it is pronounced venereal; and when arising independently of connexion, or following connexion with a person declared free from disease, it is termed simply "*discharge from the urethra;*" and yet, coupled with this discharge, we have painful micturition, severe chordee, great irritation in the perineum and bladder, and, I would venture to add, the power of propagating gonorrhœal disease.

It is rather a striking fact, that gonorrhœal disease is greatly limited to age and habit. The disposition appears to become exhausted in the course of years, although the habit of promiscuous intercourse (the liabilities from external causes remaining the same)

continues unchecked. We do not frequently see cases of gonorrhœa in persons above twenty-eight, or thirty years of age. It is also rare for a person to have had one single clap only ; either he has been the subject of two or more, or he has escaped that form of disease altogether.

Do not these facts point to the disease as generated only in some peculiar states of constitution, and often rather *developed by sexual intercourse*, than communicated from external sources of contamination ?

The opinions I entertain on this subject are not the product of mere speculation, and still less of a desire to differ with other and more experienced authorities. They are deduced from, what appeared to my judgment, positive facts, and those by no means few, or far between. I may venture to say, it is notorious that leucorrhœa will produce gonorrhœal discharge ; and if a poison be essential to gonorrhœa, whence comes it ? Leucorrhœa is not supposed to contain the elements of gonorrhœal poison. Again, gonorrhœa is by no means an infrequent result from intercourse about the period of menstruation ; and it also follows intercourse with women under circumstances of mechanical violence. Either of these conditions may produce the disease in question ; and if you will make inquiry in the course of your future practice, you will have no difficulty in obtaining examples sufficient to convince yourselves of the fact. It is an important fact to establish, because its knowledge will teach us caution, in unhesitatingly denouncing the sources from which the disease has been derived, and distrusting the positive assurances of

persons whose word had been hitherto unquestioned, and whose characters had been spotless. But it has been argued by those who distrust these views, why do not these diseases frequently attack married men? why should either sex be exempt from them? I believe that they are not exempt; that such diseases do occur not unfrequently, in the early period of married life. At least I am satisfied that our sex by no means rarely pays this penalty of seduction, more especially of very young women, and even when the act is not completed. I can readily conceive reasons why it is not more frequent in married life, but on them I shall not now dwell. It is sufficient for my purpose, that gonorrhœa does occasionally occur between healthy persons having intercourse with none others. I mentioned one example in my first lecture on this subject: it was that of a young gentleman who seduced a girl of somewhat youthful years. I knew him well for a considerable time prior to the occurrence; and I will take upon myself to assert, that he had never committed himself to a single act of intercourse with woman till that hour. The parties resided in the same house, and their intercourse was frequent. After indulging their mutual inclinations during three months, he called on me one morning, and, in a state of the deepest despondency, related to me the particulars of his amour, and stated that he had a severe gonorrhœa. He added, that he did not care for the disease, but he was horror-struck at the idea, that his immorality had so soon corrupted the virtue of a hitherto modest girl. Of course I asked him whether the young lady was still attached to him, and whether he had reason to suspect her fidelity. The

earnestness of his reply convinced me of the sincerity of his conviction, that her attachment was unabated; and but for this evidence to the contrary, that her fidelity was unchanged. I told him that I would see him safely through the gonorrhœa; but advised him in future to be more cautious, and to abstain from intercourse with that or any other damsel, about or during the period of menstruation. He pleaded guilty to this surmise. His gonorrhœa was very severe; he was three months under treatment, with chordee, bloody discharge, and general inflammation of the whole urethra and neck of the bladder. His case I treated as I would treat any, and all other similar forms of the disease, from whatever cause they might arise.

I have selected this, because it was a well-marked case, and more especially because I knew the gentleman intimately, and have the fullest reliance on his word.

This form of gonorrhœa is comparatively uncommon, because peculiar constitutions, or peculiar states of the health, are essential to its occurrence. It is most commonly attendant on rheumatic diatheses, when it is often accompanied by general rheumatism, affecting the joints, the loins, and the sciatic nerve—cases that are known under the title of gonorrhœal rheumatism, from the idea that the constitutional symptoms are the product of the local cause. They are brought forward as examples of the constitutional symptoms of gonorrhœa. If such a case present itself to you, you will find on inquiry, that rheumatism has again and again existed in the affected person without gonorrhœa; that dis-

charge from the urethra, more or less acute, has previously appeared during an attack, after long abstinence from sexual intercourse, when the presence of a specific poison was manifestly impossible, and that in truth the rheumatic habit is the exciting cause, and the gonorrhœa the effect, and not *vice versa.* You will, I think, agree with those who accord to this disease the title of *rheumatic gonorrhœa*, which may appear entirely spontaneously, and without the excitement of sexual intercourse, or may appear as the product of such excitement; and if so, its symptoms will generally prove in all respects more severe and more protracted. If you examine these patients critically, they will most frequently themselves express surprise at the appearance of clap, whether in reference to the source, from which they are driven only by their misapplied confidence in our arbitrary assurance to suspect it, or to the length of time that had elapsed since they had connexion at all.

It is by no means a necessary inference, because rheumatism occurs during an attack of true gonorrhœa, that it is a direct product of the gonorrhœa. If rheumatism were the direct product, it is probable that we should find more numerous examples of it, supposing gonorrhœa to possess the power of contaminating the system. Considering the two diseases in the relation of cause and effect, granting to gonorrhœa for the sake of argument the power of causing rheumatic inflammation, it is important to inquire how far we are warranted in giving our consent to the term "con-

tamination of the system," which we may suppose to arise from the absorption of gonorrhœal matter. Is the effect related to the predisposing, or the immediate cause? is the cause itself, direct, or indirect?—for these are questions that should receive a distinct and explicit answer. Is the rheumatism that occasionally attends on some cases of protracted gonorrhœa, the product of morbid matter absorbed into the system, and conveyed by the blood?—for if the relation between the two, admit not of this form of explanation, then is the rheumatism not the product of the gonorrhœal poison, but of circumstances that are common to the two. It is very possible, that the presence of gonorrhœa may predispose the system to rheumatism—it is very possible, that gonorrhœa is a form of venereal affection incidental to rheumatic habits—an opinion I have long considered tenable; it is very possible, that the treatment adopted in gonorrhœa, may render the affected part more or less susceptible to rheumatic inflammation. The aggregate of these various possibilities, will constitute a warrantable probability, that the relation between the two diseases, when the gonorrhœa has preceded, is indirect and not proximate; that their occasional coexistence is accidental; and the more especially is this deduction not unreasonable, when we find that gonorrhœa, with all its concomitant symptoms, is by no means an infrequent attendant on acute rheumatic inflammation, independent of sexual intercourse.

It cannot be denied that an attack of rheumatism is

occasionally preceded by discharge from the urethra, following promiscuous intercourse with women; but this does not prove the disease to be the result of venereal contamination: on inquiry into these cases, we shall generally observe some circumstance of peculiarity in the history and progress of the case, which will merit attention, as distinguishing it in some important feature, from ordinary cases. Possibly, evidence may be obtained of the absence of disease, in the party supposed contaminating; or, of great liability to rheumatism in the individual; or, of a longer interval than usual, before the first appearance of the discharge, as six or eight, or even ten days; or, again, of a shorter interval, the discharge appearing on the day following, instead of on the third day; or, finally, the subject of the disease may have arrived at a period of life, at which the liability to gonorrhœa from contagion is of very unusual occurrence, viz. thirty-five to fifty, or upwards. Why do we not at least occasionally see similar examples of disease occurring in the class of women who are the subjects of gonorrhœa, supposing gonorrhœal matter to possess the power of generating rheumatism? Gonorrhœa, as it appears to me, may be the instigator of rheumatism, without the two diseases existing in the direct relation of cause and effect.

In a work entitled "Sur la Non-existence de la Maladie Vénérienne," a case is quoted which, although fortunately of too deep a tone to accord with examples at the present day, and attended with consequences

which, to the honour of our nature, we may hope are rare, yet points to the necessity of exercising caution in our decisions, especially when their moral influence is likely to weigh greatly in the scale. A young man became attached to a young female friend, " à peine sortie de l'enfance," and married her after some years of mutual attachment. Some months after this " hymen fortuné !" the young man was compelled to take a journey to some distance, and, while travelling, he experienced pain in making water, and shortly perceived a discharge from the urethra. On arriving at a town, he consulted an eminent surgeon, who assured him he had a gonorrhœa. " Mais, monsieur, je suis nouvellement marié," and assured the learned surgeon, that he had never known any woman but his wife from the hour of his birth. " Comment," répond le chirurgien, en souriant, " vous voudrez me cacher la cause de votre mal : de quel pays êtes-vous ? Vos jeunes gens rougiroient ; je vous certifie, monsieur, que vous avez une belle et bonne chaudepisse." The youth continued to protest his innocence. Some days after the testicle swelled. The surgeon now assured him that if his wife was virtuous, that he must have had " une affaire " with other women, and that the pox remained in his blood from that period. Between the two alternatives of his own or his wife's purity, of course he could not entertain a doubt. He wrote to her an indignant and passionate letter, and then blew out his brains. The unfortunate woman submitted to an examination, which proved her free from disease—never uttered another word—shortly miscarried, and died.

Now, that this man was the subject of "une belle et bonne chaudepisse," who can for a moment doubt? and who can hesitate to acknowledge that all the symptoms of virulent gonorrhœa might have followed? So far no wrong was done; but to assert that he had acquired the malady of necessity, from sexual intercourse, was a flagrant and unpardonable outrage on truth, and hence the horrible tragedy that followed.

Treatment of Gonorrhœa.

THE treatment of gonorrhœa will be modified by the date—by the intensity of the disease—and by the constitution of the subject. To take the disease in its earliest stage, as the first subject of consideration, we may treat it on the principle of escharotics to certain forms of sore. But this will only apply to the very early stage, before either painful micturition or purulent discharge is established. It is applicable, therefore, to cases in which gonorrhœa may be expected, rather than those, in which it exists. This treatment, which is powerfully repellent, consists in the recourse to the most positive stimulants, which may be applied both locally and internally. As injections, we may employ from three to five grains of sulphate of copper to an ounce of water, or ten grains of sulphate of zinc to the ounce. This should be injected every two or three hours; while a dram of cubebs pepper, or thirty drops of copaiba balsam, and the same quantity of turpentine, may be taken in a strong decoction of lignum vitæ, or even in water, three times during the day.

By these means the disease is diverted from its

natural course, and its career may be destroyed; but it is dangerous practice, and should not be resorted to, except in cases of emergency. Swelled testicle is a frequent result; and the discharge which may temporarily yield under a smart attack of orchitis, will return at the expiration of many days. I apprehend that this treatment by revulsion, can never be warrantable but in the very earliest appearance of the discharge, probably within twenty-four hours.

Gonorrhœa attains its natural crisis more uninterruptedly in a moderately full than in a languid habit, but extremes of both, are sources of aggravation; the first as regards intensity—the second, time. I am not aware that the science of surgery affords any means, by which a confirmed clap can be suddenly arrested in its career; and the attempt, if made, is not productive of any, but an evil result.

For a period of two or three weeks, the treatment should be strictly palliative; the diet should be moderately reduced; the bowels relaxed, but not considerably; the local inflammation mitigated by frequent fomentation and rest; and under circumstances of great activity, combined with great physical power, and a full and hard pulse, sixteen ounces of blood may be abstracted early. The painful micturition may be relieved by thirty drops of liquor potassæ, combined with five or six of tincture of opium, three times during the day. I find advantage from the following form, to be taken every night in milk:

Pulv. Jalapæ, gr. x.; Pulv. Acaciæ, ʒij.

Perseverance in these measures during a fortnight,

will exhaust the activity of the disease; the improvement will be indicated by a diminution of pain in making water, as also diminution of the quantity of the discharge, which becomes paler in colour, and more aqueous in consistence. Sometimes on the contrary it continues thick and ropy to its last stage. As soon as this stage is accomplished, the treatment should undergo a corresponding change, otherwise the disease will become protracted under the form of gleet. The diet may be improved, and the laxative omitted altogether; a moderate quantity of wine is not undesirable, if the person be accustomed to that, or similar stimuli while in health.

Should the healthy career of the case be interrupted by chordee, in all probability the cure will be more or less protracted, because its presence indicates a hitherto uncontrolled inflammation of the urethra, which has extended to the erectile tissue of the corpus spongiosum. This condition of that body is not always perceptible on examination, but it usually leaves considerable soreness along the track of the canal. After chordee has existed for some time, we can often perceive (by the finger) the presence of lymph, poured out around the urethra, chiefly in the region of the scrotum, where it presents one or more indurated masses of a roundish form, to which more especially, the pain is referred during erection. These swellings become sufficiently large to compress the urethra, and present considerable difficulty both to the flow of the urine, and to the introduction of instruments towards the bladder.

Chordee is not a common symptom of gonorrhœa

in its early stage; and is, I think, more frequently asthenic in its nature, though not necessarily so. We treat it with opium, to which calomel may be added. The opium will check it without doubt, for a few nights; and as soon as this end is accomplished, the sedative should be desisted from.

The immediate pain of chordee may be warded off by local pressure of the hand, if the person is resolute enough to grasp the organ, and relax the spongy portion by curving it downwards. The application of cold is also an important resource.

Sometimes the healthy progress of the case is interrupted, and an aggravation of the symptoms caused, by some act of imprudence on the part of the patient, of which inflammation of the neck of the bladder, may be the result. Under these circumstances, the discharge often ceasing, we have frequent micturition from inability of the bladder to hold the urine for a longer period than a quarter, or half an hour; pain extends along the track of the urethra, and occupies the substance of the glans, accompanied by dysury, spasm of the urethra, and pain in the hypogastrium, the loins, and the inner and front part of the thighs; pain is also often referred to the rectum, and around the anus. All these symptoms are aggravated by exercise, and, in this state, patients are incapacitated for exertion of almost every kind.

The treatment should be moderately antiphlogistic. Leeches in number proportioned to the activity of the pain, and strength of the person, should be applied to the perineum. The horizontal position, and the fre-

quent application of very hot flannels to the external organs and perineum, will afford considerable relief, after depletion ; and a mixture of vinum colchici, sulphuric æther, and tincture of opium, in moderately large doses, will generally arrest the activity of the disease ; and, as I said, with respect to gonorrhœa in general, so I add in reference to this symptom—that as soon as you have broken the neck of the inflammation, deplete no more, but immediately substitute carbonate of ammonia in five-grain doses, or very small doses of copaiba or turpentine, and the spirit of juniper, *vulgò*, a glass of hot gin and water, *hora somni*.

One great objection to excess of depletion in gonorrhœa, is the liability of the purulent discharge to degenerate into gleet as the inflammation subsides. This is a great evil, for its inconvenience and its obstinacy are almost proverbial. It is generally unattended with pain, or, indeed, any other symptom.

The secretion of true gleet is serous merely, combined with the mucus of the urethra ; but it will vary according to the excitement to which the parts are subjected. It may be occasionally accompanied with slight pain in micturition, and during erection, and, of course, the more active the symptoms, the nearer the approach to the puriform character.

There is obviously, therefore, no distinct boundary which points to the cessation of gonorrhœa, and its crisis in gleet ; the change is gradual and imperceptible. If you treat a person habitually prone to large libations of drink, by entire desistance from his ordinary and necessary stimuli, he will have a protracted gleet ;

and this principle holds in all cases, *cæteris paribus*, in which the depletion, whether positive or negative, has been needlessly persisted in : therefore the first consideration applies to constitutional treatment, which is, at least, equally important to local. I recently had a man under my care, who, when in health, took *per diem* about one gallon of porter, in addition to an occasional glass of gin. He had been the subject of gleet for ten months, for which he had employed the usual catalogue of local remedies. I desired him to leave the gleet to take its own course, and resume his usual drink. He perfectly recovered in a week, and has had no return of the discharge. First, then, it appears necessary to raise the standard of the circulation and nervous power, by resuming ordinary diet and ordinary stimuli ; and to this we may devote a week or ten days ; during which I do not think you will find the local malady to advance, although it may feel the effects of the first increase. The general treatment often, I will not say, invariably adopted, seems objectionable, and chiefly because it fails in its object. It consists in the administration of large and still larger doses of internal stimuli ; of which those in most frequent use, are turpentine, copaiba balsam, and cubebs pepper ; and of local injections of alum, sulphates of zinc and copper, and nitrate of silver. The zinc is used in the proportion of from three to five grains to the ounce of water, and each of the other salts in similar proportions. On these failing, the strength is increased indefinitely, often extending to eight or ten grains to the ounce.

The consequence of these remedies, both local and

general, is that the vessels, weak and exhausted by depletion, are severely constricted, and reaction is the inevitable result, producing a return of the malady.

When a gleet has existed for a considerable time, it becomes, as it were, naturalized to the surface, and not unreasonably resents such violent measures employed to eject it; whereas by gradually undermining its resources, by giving vigour to the vessels which supply it, and by wearing out its energies, by persevering but mild appeals to its forbearance, the vessels will gradually assume a healthier action, and the discharge will cease; and it is not often that this argument will fail. When a patient applies to you with gleet of long continuance, let him desist for a week from all treatment, local and general. Then, if his diet has been low, from the fear of aggravating the evil, enlarge it to the standard of his habits in health, and commence with an injection of sulphate of zinc, in the proportion of five grains to eight ounces of water. He will possibly reply—"Oh, sir, that will do me no good; I've used injections of ten times that strength, and they have failed." The answer obviously is, "They have failed *because* they possessed ten times that strength." But now, instead of injecting at night and morning only, you must desire him to employ the remedy sufficiently often to compensate for its weakness; and he should inject it warm every three hours. If it produce the slightest pain, lower the strength to four, or even three grains; but this rarely happens.

At the same time you may order very small quantities of turpentine, &c., with an equal quantity of

Copaiba balsam. The immediate effect of these remedies is very slight; but, by repeating their application at short intervals, you confirm the advantage gained, small as it may be, while in the aggregate, you will have obtained all you desire. Should these quantities fail, they may be slowly increased, but never to such an extent, as to lose sight of the principle on which they are recommended. I cannot say that I have much experience of the advantage of passing bougies in gleet, even when coupled with stricture. I do not think stricture is often a cause of gleet; at all events, that the gleet will subside on the removal of the cause, supposing it to exist in that relation to it. However, there is no harm in the introduction of a bougie, but I would not rely on it as an important resource. Change of air, and improved appetite, with its consequences, have cured, in a short period of time, many a case that resisted ordinary treatment, of which I could quote you many examples. There remains one subject on which I wish to say one word.

Applications are frequently made, for the purpose of ascertaining at what period of the disease it ceases to be communicable. I recommend you to be most cautious how you commit yourselves on this head, by which, in case of failure, you render yourselves morally responsible for whatever consequences may ensue. In truth, we know nothing about it. What is communicable to one person, is incommunicable to another; and so long as we have no certain evidence by which to draw the line, it is better to adopt the alternative of declining an opinion altogether, or of leaning to the

side of good morals, by declaring that, so long as discharge exists, there is no exemption from the liability to communicate it.

CASES.

Richard Marchant, aged thirty-four, contracted a venereal sore six years ago, for which he was salivated, by taking five grains of blue pill every four hours, for three weeks. His mouth was rendered very sore, as was his throat also: the sore healed in a few days after the resort to mercury. Shortly after he relinquished the use of the mercury, he had a slight attack of iritis, for which his mouth was again made sore. From this attack he recovered, and remained convalescent for two years. He was then, after some exposure to cold, attacked severely by lumbago, which confined him to his bed for a fortnight, during the latter part of which, without any apparent cause to which to refer it, he had discharge from the urethra, with great pain in micturition, and chordee. He was assured by the medical gentleman under whose care he was, that he had gonorrhœa; and this he strenuously denied. In three days, without any treatment beyond cupping on the loins, the discharge ceased. In the second attack, without promiscuous intercourse, the discharge preceded the rheumatism, continued during one week, attended by chordee and painful micturition, as before. In ten days after the cessation of the discharge, he was attacked by rheumatism in the feet and fingers, from which he recovered in a fortnight, under the administration of colchicum and guiacum.

John Leader, aged thirty-seven, has been married fourteen years, and has six children. His employment is that of a copper-plate printer. He works in a warm shop, and is rather more than usually susceptible to cold. In the year 1826, he was laid up for three weeks with rheumatism in the loins (lumbago), but had no discharge. Since this date he has been the subject of occasional attacks of rheumatism. In the August of last year, he was again attacked by rheumatic pains in the back and loins, which were particularly severe at night, and accompanied by general stiffness, and soreness to the touch. Discharge from his urethra followed this attack, in about three weeks from its first date. The discharge was considerable in quantity, attended by great pain in making water, and chordee at night. He was treated with Copaiba balsam, which produced the peculiar eruption of that medicine over the whole of his body. He recovered after a confinement of eight weeks. In July last, he again became the subject of rheumatism, which now attacked him on the shoulders, across the breast, and hand. About a fortnight afterwards the discharge again appeared, accompanied, as before, by painful micturition and chordee, and all the concomitant symptoms of venereal gonorrhœa. I employed in his treatment, colchicum, guiacum, and Dover's powder; in other words, I adopted the ordinary treatment for rheumatism; and he again recovered. The third appearance of local discharge was ushered in by rheumatism in the wrist and hand, for which he was under treatment when the above symptom appeared. On this occasion, however, the discharge is less in

quantity, while the pain in micturition is even greater then heretofore; his urine is of a deep red colour, followed by discharge of blood, and during the night by painful erections of the penis. From all the preceding attacks, his wife has been entirely free.

Mr. L., aged twenty-eight, was under my care in the year 1837, for gonorrhœa, of which disease he had been the subject on two former occasions. His case exhibited no peculiar or unusual symptom, except that it was somewhat protracted, and terminated in a gleet, from which he perfectly recovered. In the autumn of 1839, he was suddenly attacked with pain in the loins, extending along the sciatic nerve of the left side, to the back of the thigh, and leg; he had also pains in the shoulders, but they were less fixed, and less severe. He was confined to his bed, in which he was unable to move without great difficulty. In a fortnight afterwards he complained of slight pain in micturition, and of discharge from the urethra, which, on the third day, had all the characters of a true venereal clap:—severe chordee, intense pain in making water, and great soreness along the track of the urethra. I treated him with colchicum, liquor potassæ, and Dover's powder, by which the pain was somewhat mitigated. On the eighth day from the first symptom of gonorrhœa, without any cause to which it might be reasonably assigned, the discharge suddenly ceased in the course of one night; and on the day but one following, the right testicle became painful and swollen, and the temporary pain was converted into a permanent one. These

local attacks did not appear to have relieved the general rheumatism, although that symptom appeared disposed to decline. While the testicle was yet under treatment, the rheumatism gradually disappeared; but it left traces of its activity in his constitution for some months. The testicle improved under the use of leeches and tartar emetic, and it was not until more than a fortnight after the swelling had subsided, that a gleety discharge made its appearance, which continued many weeks.

A man, aged thirty, was under my care in St. Bartholomew's Hospital, in the year 1837, with gonorrhœa. He had had three several attacks within the four previous years. He had been married seven years. His board was headed "Gonorrhœal Rheumatism." On a full inquiry into his case, I ascertained that the first appearance of the discharge from the urethra occurred while confined to his bed for rheumatism in the back and loins. This man's employment was that of a carpenter. He was engaged in the winter of the year 1833, in some laborious in-door occupation, and returned home from the shop to his own residence without his coat. In the evening of the same day he felt much chilled, as though he had taken cold, and on the following morning he was so ill as to be unable to leave his house. He had severe pains over the whole of his body, more especially in his loins and back, and he was confined during one fortnight to his bed. In a week after his confinement, a discharge appeared from his urethra, attended with pain in making water, and

chordee, and all the attendant symptoms of gonorrhœa. The discharge outlived the rheumatism, and he resumed his occupation in four weeks. In the year 1835, he was again attacked with rheumatism, from a similar cause, but less severely than on the former occasion, affecting his elbow, wrist, and finger-joints. This attack also was accompanied by discharge, which his medical men assured him was a common clap. For the third attack he became a patient in St. Bartholomew's Hospital, and, in my absence, was placed in the wards appropriated to venereal diseases. The man's aspect indicated rheumatism, and his hands alone gave ample testimony to its long existence. He told the above tale, the truth of which I could not find the slightest reason to distrust. He assured me he had not, for many years, indulged in promiscuous intercourse, and that his wife had never been the subject of any similar disease, and that on each occasion, an attack of rheumatism had preceded the discharge, of the nature of which he could give no further explanation. I treated him for rheumatism, and he recovered in about a month.

In the following cases, the discharge preceded the constitutional symptoms, all of which were strongly marked. If it be said, this is metastasis of the local disease to the constitution, I answer, that, consistently with general opinion, there was no local disease, and therefore contamination was impossible.

A gentleman, aged thirty, unmarried, who had been

the subject of previous rheumatic disease, had an imperfect connexion with a young girl, his servant, whom he seduced. On *the day following*, he had pain in micturition, succeeded by profuse discharge of matter, followed by blood, severe chordee, and accompanied by a smart attack of fever. In this state he remained during one fortnight, suffering severely. The discharge, which had been hitherto very profuse, left him in the course of one night; and on the succeeding day, rheumatic inflammation attacked his knee and ankle-joints, followed by a similar affection of the elbows and wrists. The constitutional disease continued for six weeks, and yielded most tardily to the remedies employed. He had no return of the discharge.

Henry Wilson, aged thirty, is now a patient in St. Bartholomew's Hospital, for rheumatism, under the care of Dr. Roupell. He states that he has been married six years. He was attacked in March 1838, with discharge from the urethra, attended by painful micturition and chordee, which continued during a month. It then gradually subsided, the pain left him, and the matter became watery. At the end of the fifth week from the commencement of the disease, he was attacked by rheumatic pains in the shoulders, back, and knees, which laid him up for a period of three months.

In the November following he again became the subject of gonorrhœa, attended by the same symptoms as on the first occasion, but less severe in degree. It was followed by rheumatism of the same parts, at the

end of a fortnight. In this instance also, the gonorrhœa was unaffected by the rheumatism, for it continued to diminish for some weeks and gradually subsided.

The third attack occurred three weeks since. The discharge is very slight, without chordee or painful micturition. The rheumatism, which is now seated in the hand and elbow, followed the discharge at an interval of one week only. His eyes were affected on the two former occasions by ophthalmia, though not severely, and were cured by the application of a few leeches.

This patient most solemnly declares, that he has had no connexion with any other woman but his wife, and that nothing but his repeated attacks of gonorrhœa have led him to doubt the truth of her strenuous denial of participation in the disease. I have since examined this woman most carefully, and find her free from disease of any kind.

In the preceding Lectures on the venereal disease, I have endeavoured to introduce for your future consideration the most important features of each variety, with their most eligible treatment. If a statement of my own opinions has predominated, it has not been made without referring you to other, and far more extensive sources of knowledge, and among which the most unerring, the most practical, and the most indispensable to us all, is the book of nature; and this I recommend you to read and attentively study. There is

fortunately, in practice, a broad area, which is bounded by timidity on the one hand, and rashness on the other; by an idle and unreflecting subservience to authority, and a no less culpable struggle for distinction, which rejects the received doctrines of the day, simply because they are admitted by others. I recommend you to abjure both extremes, and to pursue the path of inquiry on this matter, as on all, neither tempted in the one direction, by a false desire of notoriety, nor driven in the opposite, by a mistaken sense of what is due to the authority of others.

THE END.

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