

A probationary surgical essay on some diseases reputed venereal : submitted, by the authority of the President and his Council, to the examination of the Royal College of Surgeons of Edinburgh, when candidate for admission into their body, in conformity to their regulations respecting the admission of ordinary fellows / by Robert Hamilton.

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A
PROBATIONARY
SURGICAL ESSAY
ON
SOME DISEASES
REPUTED
VENEREAL;



SUBMITTED,
BY THE AUTHORITY OF THE PRESIDENT AND HIS COUNCIL,
TO THE EXAMINATION OF THE
Royal College of Surgeons of Edinburgh,
WHEN CANDIDATE
FOR ADMISSION INTO THEIR BODY,
IN CONFORMITY TO THEIR REGULATIONS RESPECTING THE
ADMISSION OF ORDINARY FELLOWS.

BY
ROBERT HAMILTON, M.D.
SURGEON,

EXTRAORDINARY MEMBER, AND LATE ANNUAL PRESIDENT OF THE ROYAL MEDICAL
SOCIETY, EDINBURGH; FORMERLY ASSISTANT SURGEON TO THE ROYAL
MILITARY ASYLUM, CHELSEA; HOUSE SURGEON TO THE LOCK
HOSPITAL, LONDON, &c.

Bellua multorum es capitum * * *

Quo teneam vultus mutantem Protea nodo?

HORAT. Lib. I. Epist. 1.

OCTOBER 1820.

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1820.

PROBATIONARY

SURGICAL ESSAYS

SOME DISSEASES

VENEREAL

THE HISTORY OF THE DISEASES OF THE

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AND THE

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TO
JOHN PEARSON, Esq. F. R. S.

&c. &c. &c.

MY DEAR SIR,

I take the liberty of addressing the following paper to you, not because it contains any thing worthy of your notice, but from a desire to embrace the first opportunity that occurs, of expressing the high estimation in which I hold your character, both as a man and an author, and the deep sense I entertain of the many personal advantages which I have derived from your society and friendship. No one can be more sensible than myself of the imperfections of these pages; but I shall always regard them with satisfaction if you accept them as a sincere testimonial of the esteem and gratitude with which I shall ever remain,

MY DEAR SIR,

Your much obliged friend,

And obedient servant,

ROBERT HAMILTON.

3. NORTHUMBERLAND STREET, }
October 21. 1820. }

*With the kind regard of his much
obliged friend The Author.*

TO

JOHN PEARSON, Esq. F. R. S.

Dear Sir,

My Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the proposed publication of a new edition of the works of the late John Pearson, Esq. F. R. S. I have the pleasure to inform you that the same has been forwarded to the proper authorities for their consideration. I am, Sir, very respectfully,
Your obedient servant,
J. PEARSON

ON
SOME DISEASES

REPUTED

VENEREAL.

IN no department of physical science have the effects of imperfect and erroneous classification been more prejudicial than in medicine. In the class of venereal complaints alone, the contradiction in opinion and practice originating in this source, is not only highly discreditable, but has proved destructive to thousands.

An attempt to reduce the multifarious diseases, denominated venereal, under a systematic arrangement, is beyond the scope of an ephemeral production like the present. The attainment of order, however, either in the science at large, or in any one of its branches, is an object which cannot be held too constantly in view. It is the design of the author, that the desultory observations which follow should be of this tendency. They relate to some complaints of the most obscure and doubtful character; and should they be of any service in clearing up the confines of the subject, they will abundantly answer the end proposed by them.

VENEREAL CACHEXIA.

THE symptoms that characterise this class need not here be insisted upon, as they are accurately detailed by many of the authors who have written on venereal complaints. They comprehend a general bad state of health, with debility of body, and wretchedness of mind; ulceration of the throat and palate; eruptions, scaly, papular and pustular, very often copper-coloured on the skin; emaciation; nodes, and other affections of the bones; swellings of the joints, pains in the extremities, particularly severe during the night, &c. An endeavour has been made, more particularly by my esteemed friend Mr CARMICHAEL, to distinguish the varieties of this complaint by distinctive marks; but the attempt has been attended with very partial success. At present, however, we have to do with the disease only in its broad and leading characters, as it has just been sketched. Its exciting causes are various. That it is induced by genuine syphilis has never been doubted. It arises also not unfrequently from gonorrhœa, and from other sources with which we are but imperfectly acquainted. Now, the first inquiry we would institute is the following.

Does this Cachexia ever arise solely from disorder of the general health, without the introduction of morbid matter?

The first living authorities on this subject answer the inquiry in the affirmative. Mr PEARSON states, in general terms, that his experience has satisfied him of the existence of cases of this nature*. Mr ABERNETHY, after stating his belief in the same fact, furnishes us with some

* On the Uses of Various Medicines in Lues Venerea, p. liv.

interesting examples, which he conceives establish the correctness of his views *; and Mr CARMICHAEL adds his valuable testimony in support of the same opinion.

Mr PEARSON, as I have just observed, barely states his own conviction; and leaves us to regret, in a measure proportioned to the high value we attach to all his conclusions, the want of the evidence upon which his conviction is founded.

Mr ABERNETHY, among many observations of a similar import, presents us with the following: "It deserves
" to be observed, that diseases resembling syphilis do occur, without any reason to suppose that any morbid
" poison has been admitted into the system †." And again, "All surgeons of experience will, I believe, admit, that
" diseases resembling syphilis occur from disorder of the
" health in general ‡." He then goes on to furnish us with some of the facts upon which he grounds this opinion; but it may be questioned whether they satisfactorily establish the point. There are but few who have at all attended to this subject, that would find any difficulty in allowing that this disease occasionally occurs in a couple who were healthy before their union, and after it, have been guilty of no breach of chastity. Now, in all Mr ABERNETHY's cases, the patients were married men, and were certainly liable to affections of this kind. And again, in the conclusion of the very chapter in which these cases are recorded, their respected author has the following remark: "The poison
" which produces pseudo-syphilitic symptoms is sometimes
" absorbed without any evident breach of surface in the
" skin §." How did Mr ABERNETHY, in his previous rea-

* On Diseases resembling Syphilis, pp. 54, 89, &c.

† Op. cit. p. 90.

‡ Op. cit. p. 69.

§ Op. cit.

soning, happen to forget this truth? Can we ever be certain that these individuals were not constitutionally affected without any primary symptom? In some of them, primary sores of the genitals actually existed. The materials for evidence, then, must be furnished from other quarters. But the only case adduced by Mr ABERNETHY, which does not lie open to the objections now stated, is that of a young medical man attending at Windmill Street Theatre, who, besides "looking very much out of health, " had nodes upon his shin exactly resembling venereal " ones." This young gentleman declared, that he had similar swellings before he had any sexual intercourse. This case would hardly be regarded of the character we are now discussing; but allowing that it was, who can answer for the variety of morbid poisons which may have been absorbed whilst handling the scalpel?

Mr CARMICHAEL rests his opinion on a different class of cases. Referring to the young subject, of a scrofulous habit, he observes, "that it is by no means unusual to find, " in such subjects, ulcers which arise from tubercles, ulcers on the tonsils, nodes on the skin, and pains in the " joints, which, had they occurred at a more advanced " period of life, would inevitably condemn them, in the " hands of the great majority of practitioners, to a severe " course of mercury *." As Mr C. affords us no particulars in the treatise from which this extract is taken, I turned to his Essay on Scrofula, in the expectation of having every doubt removed. In this treatise, however, we discover not the least foundation for such a statement. All the cases recorded are exactly such as are of every day occurrence. In none of them is there any thing like the

* On Diseases resembling Syphilis.

train of symptoms above referred to. This remark applies to the matter merely as it stands in the essay. It will be remembered, it was not there the object of the author to give a finished picture of the disease. His cases are avowedly incomplete, and we have only a general statement of his opinion as to the frequency of the occurrence, not the particulars from which the opinion was derived. "It appears," says he, "every day before our eyes." Ought I to be ashamed of myself when I say I have never seen it?

The idea that a cachexia, closely resembling the venereal one, might arise solely from the derangement of the general health, has emanated from such respectable authority, that we cannot be astonished when we perceive that it has attained a very general acquiescence. Statements similar to those already quoted might be adduced from nearly every author who has recently written on venereal complaints. One specimen only shall be selected. "Derangement of the digestive organs alone," says Mr Guthrie, "may produce, in particular cases, constitutional symptoms of disease resembling syphilis*."

It is not, therefore, without considerable hesitation, that I venture to impugn the doctrine; and yet, on the other hand, how apparently insuperable are the objections that may be stated against it? If I mistake not, the possibility of the occurrence was never distinctly avowed till our own day. If we turn to our systematic authors, we shall, I believe, find nothing under the term Cachexia, or any other, which bears even a distant resemblance to the train of symptoms now under consideration. If we turn to the

* Med.-Chirurg. Trans. vol. viii. p. 575.

most copious and accurate records of cases, to MORGAGNI, LIEUTAUD, &c. &c., we shall be equally unsuccessful in our search. In short, if we make the most extensive survey of our science, as depicted by those whose attention has not been confined to venereal complaints, we shall nowhere find, (I would speak with a becoming sense of my own very limited information,) the slightest ground to believe that a cachexia closely resembling the venereal can be induced in this manner.

That a state of the constitution, in every way entitled to be regarded as cachectic, frequently presents itself independently of the absorption of venereal or any other morbid matter, cannot for a moment be doubted. The pellagra of Lombardy, and the elephantiasis of southern regions, are the aspects in which we see it most nearly allied to venereal cachexia. But, at the same time, the alliance, even of these, is at such a wide and conspicuous distance, that we need not turn aside for a moment to consider them. Never, in the present day, has either the one or the other been mistaken for venereal cachexia.

We would next proceed to inquire,

Whether this Cachexia ever arises from the action of mercury alone?

This point of inquiry lies very much under the same circumstances with that we have just been considering. Within these few years, an opinion has been advanced by many eminent men, and is now generally received, that there is a mercurial cachexia very like the venereal, and that the former is still more frequently witnessed than the latter.

The opinion has been so often repeated, that it must be familiar to every one. I need not therefore enter into any laboured proof of its existence. Mr ROSE makes a statement

to this effect in his late paper to the Medico-Chirurgical Society *; and within these few years, I have heard, in our metropolis, one of the most distinguished lecturers declare, and attempt to prove in detail, that there is hardly a symptom of the venereal which may not be produced by mercury.

Now, I cannot help thinking, that on a cautious review of the subject, hardly any one will be found pertinaciously to maintain the opinion. The fact is, the notion has gradually and inadvertently gained on popular belief; and, if I mistake not, in a way so palpable, that some apology is almost necessary for pointing it out.

When mercury alone was regarded as the specific for syphilis, and was employed to a most deleterious extent, so as to injure the health, primary sores, which had disappeared during the early administration of the specific, again broke out on its being continued for a longer period, and were, as every one must have seen, followed by fresh buboes, and a train of secondary symptoms more troublesome than the preceding ones. Mercury was also wont to be given for many complaints which were not syphilitic, but syphiloid; and in these its tendency was not to palliate, but to aggravate the symptoms. A few years' experience has shown that these cases would certainly have done well without the exhibition of the mineral; but many a patient died under the practice, and the whole was ascribed to the action of the mercury. And here, I apprehend, was the mistake; for, in my opinion, it ought to have been attributed not to the operation of the mercury simply, but to the mineral acting on a frame already impregnated with morbid matter, and fomenting powerfully the original vi-

* Vol. viii, p. 350.

rulence of the poison. Dr Adams evidently falls into this mistake; for in asserting that mercury in warm climates is more apt to produce these effects than in cold *, he does not regard the previous existence of gonorrhœa as an element in the occurrence worthy of consideration. But this makes all the difference. And while I have had many opportunities of observing that mercury, acting in a constitution already impregnated with some morbid matter, greatly aggravates the effect of the poison, I would maintain, that we have as yet no proof that mercury alone can work such mighty mischief.

An admirable opportunity was presented for observing the unmixed effects of mercury on the constitution, on the occasion of a large quantity of quicksilver being taken from the wreck of a Spanish vessel near Cadiz, and deposited in some of our ships of war. Being contained in leathern bags, which became rotten, it escaped into every part of the ship. “ Every rat, mouse, and cock-roach on board “ was destroyed, and an alarming illness broke out among “ the crew, all of whom were more or less salivated.” The only effects specified by the surgeon of the *Triumph*, the author of the communication, are a swelling of the head and tongue to a most alarming degree †.

Mr Hennen, in his masterly *Principles of Surgery*, informs us, that he saw several of the officers and crew of the *Triumph* at Gibraltar in 1810. “ Some that I saw,” says he, “ had severe febrile exacerbations, swellings, “ and ulceration of the tongue, ulcers of the throat, enlargement of the submaxillary and cervical glands, ery- “ thematous affections of the skin, various nervous affec-

* On Morbid Poisons, p. 262.

† Edin. Med. and Surg. Journal, vol. ix. p. 513.

“ tions, and severe pains in the bones and joints, and in “ the muscular parts of their limbs *.” Whether the grouping of symptoms here was such as might be mistaken for venereal cachexia, is not stated by Mr Hennen. They certainly approach nearer to it than any thing I have met with elsewhere. It is more than probable, however, that some of the individuals who were the subject of Mr H.’s observations had recently been labouring under some venereal complaint. But, be this as it may, it is impossible not to join Mr Hennen in thinking that a report on the subject from the surgeon of the Triumph would be most valuable.

On the other side of this question an immense mass of negative evidence may be easily produced. We must here, however, be satisfied with a few general statements.

I would remark, and with little fear of contradiction, that those who have made it their object simply, but most accurately to inquire into the effects of mercury as a poison on the frame, have noted nothing analogous to this state. This is true in those cases in which the patients eventually recovered, as well as where, after a longer or shorter period, they sunk under their sufferings. In proof of this, I need only refer to the cases and observations of Mr Orfila in his *Toxicologie* †.

Again, it is not less certain, that when in this country, mercury is given to every variety of extent in chronic diseases not connected with venereal complaints, we never see any effect produced that could with propriety be classed under this order of disease.

Lastly, in warm climates, where much more mercury is

* Principles of Military Surgery, p. 511. 2d edit.

† Tom. i, p. 61.

administered than with us, what effect does it there produce? Let Dr Helenus Scott, than whom no man is better qualified, speak for his brethren. “ During the
“ whole of my residence in India, where mercury is com-
“ monly so largely and sometimes so injudiciously given
“ for affections of the liver, I never saw a single instance
“ of this new disease having arisen where syphilis was out
“ of the question.” Dr Adams, so far as I know, is the only person conversant with the use of mercury in warm climates, whose testimony is on the other side of the question. But an explanation of his opinion has already been attempted.

I shall beg to sum up these remarks by a quotation from one of our most respectable Journals; in which the statement of the reviewer will declare the popular belief, and the answer of the reviewed, Mr Carmichael, while it perfectly harmonises with the sentiments delivered above, will probably, in a more effectual manner than I have done, satisfy the reader upon the subject. “ We believe,” says the reviewer, “ that when he (Mr C.) ascribes that
“ opinion to *mistake*, which maintains that the excessive
“ use, or the peculiar operation of mercury does produce
“ *eruptions, ulcers of the skin and throat, and nodes on the*
“ *bones*, which are cured by the omission of the mercury,
“ and the substitution of other means, he applies the word
“ *mistake* to the sober inferences of some of the most ex-
“ periented practitioners of this country, whose opportu-
“ nities, both in public and private, for a long series of
“ years, have been probably superior to his own. Indeed,
“ we conceive, that his experience must have been very
“ limited, whose personal observation has not satisfied him
“ on this point.” “ In reply to this,” says Mr C., “ I
“ beg to observe, that I have not, nor do I believe that

“ any other person has witnessed, ulcers on the skin and
“ throat, and nodes on the bones, from the exhibition of
“ the most extensive courses of mercury in any other than
“ venereal diseases, nor ever an eruption, except the well-
“ known mercurial eczema. When, therefore, such symp-
“ toms occur, we may reasonably conclude that they are
“ the product of the animal and not the mineral poison *.”
I would submit, therefore, that as yet we have no satisfac-
tory evidence that this cachexia ever originates from the
operation of mercury alone, and still less that it ever arises
merely from a disordered state of the constitution. It would
appear, then, that the absorption of some morbid poison
is a necessary forerunner of this particular class of symp-
toms; and the nature and history of these poisons imme-
diately presents itself as an object peculiarly worthy of re-
gard. This opens up a field of investigation with which
we are but little familiar, and which is not more extensive
than it is perplexing and difficult. We shall next, then,
say a few words

ON THE CACHEXIA THAT ARISES FROM POISONS WHICH HAVE NOT A VENEREAL ORIGIN.

*On Diseases supposed to be venereal, produced by trans-
planting teeth.*

SUCH was the title given by Mr Hunter to the chapter
in which he recorded his observations on this very curious
subject. It requires not, however, the apology of its ha-
ving been generally regarded and treated as venereal to

* Edin. Med. and Surg. Journal, xi. 536.

entitle it to consideration in this place. The cases are in themselves, and in the light they throw upon cachexia in general, too important not to claim an introduction on the present occasion.

With the circumstances that led to the adoption of the practice we have now nothing to do. When teeth were offered to the toothless, we are not to wonder if many, from a variety of motives, flocked forward to try the experiment. Though many felt anxious to supply their deficiencies, there were a few only who would submit to the sacrifice of parting with such useful servants. As young ladies were the principal applicants, young women must be found to supply the demand. These were generally in distress; frequently in the lowest and most depraved ranks of the species. No wonder then that the communication of venereal poison was sometimes suspected. The facts are well known: A tooth taken from a person apparently in perfect health, and who remained so, and inserted into the gum of a second individual, also in perfect health, fastened, and was immediately useful. At the end of a month, however, the gum inflamed and ulcerated, the tooth was discharged, and a deep foul ulcer remained. This was soon (the time is not specified in Mr Hunter's cases) followed by a variety of copper-coloured eruptions, by foul ulceration in the throat, by nodes, general bad health, loss of appetite, want of sleep, &c.,—symptoms that certainly much resembled the venereal cachexia, and which were considered such by many.

What then was the nature of these cases? Mr J. Hunter was of opinion that they had no connection with lues. The symptoms were produced by an operation in which the communication of venereal poison could not be detected; the symptoms did not follow exactly the same course,

nor were they relieved by mercury. These statements must, I think, be held sufficient to establish that the cases were not venereal. Again, the transplanting of teeth was a very common operation, and in the majority it produced no bad effects. Why did they occur in particular cases? If the tooth had not been inserted, the disease would not have appeared. How then did the tooth act? Not, I should think, by simple irritation; for in every case during the first month there was none. It was firmly implanted into the gum. Was there any morbid poison introduced into the constitution?

This, I confess, under all the circumstances of the case, involved as it lies in great obscurity, appears to me the most probable supposition. Though it was a possible, and perhaps a probable thing, that the transplanted tooth might retain and renew its vitality in its new situation, yet this was by no means a necessary event. In some instances it would not happen; and when thus deprived of life, and exposed as it was to every thing that could most favour its decomposition, the decay of the tooth would still be a very gradual process: in this way we might account for the time that elapsed before any bad symptoms manifested themselves. Mr Hunter conceived the surest method of overcoming the disease was the speedy removal of the source of the infection. Were we then to conclude, that in this instance we have an example of an animal poison, altogether unconnected with any venereal origin, producing, by absorption into the frame, a cachexia not unlike the venereal one, we should probably not be far wrong in our decision. With this surmise I must leave the subject.

The *yaws* afford us another specimen of a disease in which an animal poison is capable of producing a cachexia often regarded as venereal, but which has no manner of claim

to be so considered. This disease propagates itself by simple contact. After lying dormant, generally for about the space of two months, it induces an eruption on the skin, which is papular and pustular; very often preceded by slight fever, and commonly terminating in the appearance of fungous growths. These, the *yaws*, shoot up from the pustular ulcers at an uncertain period; sometimes at the end of one month, sometimes not till three months after the commencement of the eruption. They show a difference according to the subject. In healthy patients they are red, like a piece of flesh; in persons weakly or diseased, they are not so elevated, resemble a piece of cauliflower, and bleed on the slightest touch. After remaining in this state for some time, they diminish, and are finally covered with skin, for the most part leaving no trace whatever of their existence.

The throat is often attacked with ulcers, resembling a piece of *toasted cheese*, of the most distressing character, which generally destroy the major part of the soft palate before the disease is exhausted.

The complaint runs an irresistible course, at an average for the space of eight months; and then disappears, leaving the patient unsusceptible of a future attack.

Mercury for a time may check the progress of the disease; it is, however, quite unable to remove it, and if pushed to any extent, invariably aggravates the symptoms, and often makes the case altogether hopeless. A generous diet, and the use of the woods commonly employed by the natives, appear to be the most efficacious remedies; and under this treatment the patient is generally restored to health. In those of a bad constitution, on the other hand, the symptoms already detailed only become the prelude to others still more distressing. If the patient has been ill

fed, or has caught cold, and the eruption be repelled, he generally dies dropsical. “ But the most unpleasant consequence is, that, if there should be any tendency to hereditary disease, it is universally excited into action. “ The patient begins to complain of pain and stiffness in “ all the joints. He loses flesh, the bones swell, the voice “ becomes guttural, there are patches over all his skin, “ the feet swell, and repeated attacks cause them to remain so permanently; the bones are swelled and deformed, and finally some ulcer breaks out, and the patient is rendered an object for life. These, and many “ others are called the effects of ill-cured yaws, but I am “ convinced with little foundation *.”

Dr Thomson tells us, that the shocking disease we have just described in his words is apt to occur about the age of puberty in subjects who have never had the yaws; and even in those cases where the yaws have preceded, he regards them merely as the exciting cause. It is said in the West Indies to be venereal, arising from *rotten* parents, as they are termed. The true source will be found, according to Dr T. in a hereditary tendency to some form of leprous affection. The subject, however, is involved in much obscurity, and it is much easier to say what it does not arise from, than to assign to it its true origin. All, however, must allow that it has no claims to be regarded as venereal.

Sibbens presents another example of a cachexia, very closely resembling the venereal, which nevertheless ob-

* See in addition to the common sources of information, a very admirable paper, detailing the result of his accurate inquiries, by my friend Dr James Thomson, now of St Thomas in the Vale, Jamaica, in the *Edin. Med. and Surg. Journal*, vol. xv. p. 321.

serves very different laws. It is a disease as contagious as the itch, spreading in the same manner, and giving origin to a cachectic state, as universal in its influence, and as complicated in its operations on the frame as syphilis itself. It spares neither age nor sex, generally invades every member of any family into which it is introduced, and often affects the great majority of a population.

A detail of some of the symptoms of the complaint may be given, in the words of Dr GIDEON HARVEY, not on account of its great accuracy, but because it is short and expressive: “Red and yellow pimples, like mulberries, some
“dry, others moist, and a scurf on the head, face, and
“all over the body, but chiefly in the groin and perineon; attended with dry scabs and scurf, which
“change into adult ulcers, pocky warts and grandos affecting the fundament, jaws, lips, teats, and throat, and
“a pocky hoarseness *.”

The resemblance of the disease to syphilis is proved by the concurrent testimony of all who had an opportunity of observing it. “Over the whole kingdom,” says Mr B. BELL, “it is known to be the venereal disease; the symptoms that arise in it bear an exact resemblance to those
“of the latter stages of lues venerea in the ordinary form of
“the disease †.” “It is apparent,” says Mr HILL, “that
“the syphilis venerea and sibbens are precisely the same
“disease; it is not only almost, but altogether the venereal distemper ‡.”

And yet nothing can be more satisfactory than the statements made by these and other authorities, as to the

* Great Venus unmasked.

† On Lues Venerea, vol. ii. p. 443.

‡ Cases in Surgery, p. 232, 239.

very contagious nature of the disease. "I have seen it," says Mr BELL, "in every part of the body, and in every form of lues except in chancres upon the genitals. I have not known an instance of its producing chancres either in men or women from coition." "In 1755," says Mr HILL, "I cured *nine* of my own family of the sibbens, who had not the smallest opinion how they were infected;" and afterwards, "I have had the satisfaction of curing above four hundred innocent people, besides great numbers infected in a criminal way."

The virus may enter the constitution by every avenue, and of course by any part of the surface. It is most frequently, however, received by the mouth and lips, in eating, drinking, &c., and thus first affects the palate and throat. Here it quickly produces great ravages, and destroys the soft parts in the course of a few days, leaving a permanent loss of voice; the nose, and part of the face, if the disease be unopposed, soon fall before it.

It is impossible to read this description without being struck with the resemblance which the disease bears to yaws. They are evidently of the same family; although on this point medical opinion is very far from being agreed. Mr HILL regards them as different distempers. Dr THOMSON informs us, that an old practitioner, who had seen both, considered them as identical in many particulars. But on this subject we must not dwell.

Mercury is not more positively stated uniformly to aggravate the symptoms of yaws, than it is constantly maintained to command those of sibbens. It is not, however, to be concealed, that hypotheses, which would now be questioned, influenced these statements; and a minute examination of the progress of the cases by no means warrants the assertion.

Like the itch, the disease is confined almost entirely to the poor, and to those regardless of cleanliness. It appears to be prevalent at the present moment in Norway, Sweden, Illyria, and several other parts of the Continent of Europe. It was very frequent during the last century, in Scotland, Ireland, and Canada. It was well known at an earlier date in England, and there is much reason to believe it extended over every nation in Europe *.

The *Molluscum Contagiosum* of Dr BATEMAN may perhaps claim consideration in this connection. In this disease there is a cachexia with impaired general health, and loss of flesh, produced by the irritation of a tubercular disease, which produces buboes in the neighbouring glands, and propagates itself by the infectious quality of a secretion which oozes from the tubercles. Of this disease, however, but little is yet known, and it is not in my power to add to that little †.

The next division of our subject, to which we should naturally direct our attention, is,

The cachexia that arises from poisons that have a venereal origin.

On this interesting subject we could willingly enlarge. It is, however, so very extensive, and is now so generally cultivated, that we shall on the present occasion entirely evade it; and the more so, as it is with the still more obscure subject of diseases that present a claim to be considered as the Venereal, and bear some resemblance to it, and yet are really not so, that we would occu-

* I have purposely been less particular in this complaint, as I may take the liberty of referring to a more detailed account, which will be found in Edinburgh Medical and Surgical Journal, vol. xiv. p. 485.

† See Bateman on Cutaneous Diseases, third Volume, p. 272.

py ourselves. We say nothing then of primary sores, whether gonorrhœal, syphilitic, or phagedenic and sloughing, and their alleged corresponding eruptions, papular, scaly and pustular. All we would insist upon is what few will dispute, that gonorrhœa from the urethra, or under any "spurious" shape in which it may appear in the form of sores, and syphilis, and other venereal sores which are probably different from syphilis, produce the cachexia now under consideration in its most marked and unequivocal forms.

CONGENITE VENEREAL CASES.

We immediately then pass on to the consideration of those important and deeply interesting cases, which sometimes exhibit themselves among mothers and infants, nurses and children, and seldom fail to excite a degree of distress and anxiety which is equalled by very few of the ills to which man is heir. These have been, and may be denominated *congenite venereal cases*. They claim for themselves the most serious consideration, independently of any adventitious help which a connection with the important question of the curability of genuine syphilis without mercury may be supposed to give them.

Many and probably very different are the diseases which have been regarded as syphilitic in children. Thus Mr BERTIN, though much more scrupulous than his predecessors, admits many into the class which a little more discrimination would have led him to reject; and thus too the ingenious Professor of Midwifery in our University seems to regard all the numerous unfortunate infants who gain admission into l'Hôpital des Vénériens of Paris as in-

fected, not merely with some venereal poison, but with the syphilitic virus itself*.

The *symptoms* of these diseases may probably be included with sufficient accuracy within a mean, the extremes of which may be very shortly described. “The fœtus,” says ASTRUC, “has been observed to come forth filthy, half-rotten, full of ulcers, and truly infected with the venereal disease †.”

This is one extreme. I shall select for the other one of BERTIN’S cases. “A. ——— was admitted into l’Hôpital Vénérien in the ninth month of pregnancy. For four months she had had excrescences on the parts of generation, and in the ninth month was attacked with a gonorrhœa, which was cured at the time of her confinement. Her infant was attacked the second day after birth with purulent ophthalmia, which lasted for two months. The milk of the mother, who was taking mercury, was its only medicine. It had no other symptom; and was discharged in perfect health ‡.” A host of cases, reputed venereal, are of the character of the above.

Between these extremes, I need not say an immense variety of cases and diversity of symptoms are comprehended. In these cases, says BERTIN, “a cachectic state of the child, a countenance of old age, emaciation, the want, or at least the separation of the cuticle in many parts of the body, puffiness, œdema, and a flaccid state of the extremities, attract attention.” “At whatever period,” says Mr BELL, “children with this infection are born, they are remarkably weak and delicate. The muscles over the whole body are flaccid, and the joints

* On the Use and Abuse of Mercurial Medicines, p. 51.

† On Venereal Diseases. English edit. 4to, 1754, p. 118.

‡ Bertin sur les Maladies Vénériennes des Enfans Nouveau-nés, p. 109

“ have not that firmness they ought to possess. When
“ the disease is discovered immediately after the birth of
“ the child, it is usually in the form of an erysipelatous
“ efflorescence over the whole body. In some instances,
“ the cuticle is either altogether, or in part destroyed; the
“ skin is tender, and affords a kind of matter. In others,
“ the nails have not formed either on the fingers or toes *.”

In farther describing the symptoms, I shall simply mention a case which I witnessed, in which, in the two succeeding births, the symptoms were very different. The first may, by many, be considered as a specimen of the former extreme; the second, as one of the latter. A. C. a young girl who had been seduced, came into Richmond Surgical Hospital, Dublin, in 1818. She had a disease which was regarded syphilitic. Mr Tod, under whose kind and discriminating care she was, put her under a course of mercury; she took a little of it, and got apparently well. At the full time she was delivered of a dead putrid child. She again became pregnant; but had no new sores. A week or ten days after delivery she found the child was covered with a scaly eruption, most conspicuous about the groins, but extending all over the surface. Its general health soon became very bad. The nipple of the mother ere long excoriated and ulcerated, her constitution participated, and the skin became affected with an eruption similar to that on the child. Mr Carmichael examined these cases daily in his hospital rounds, and considered them excellent specimens of what he regards exclusively as the syphilitic eruption. Both patients were soon restored to health.

The only other characteristic mark of the disease, to which I shall allude, is its contagious nature. The child

* On the Venereal, vol. ii. p. 432.

having received it from its parent, quickly communicates it to the breast of its nurse, which, becoming diseased, affects any second child which may be so unfortunate as to be put to the same breast, and this child propagates it to a second nurse, and so on to an indefinite extent. Nay more, in many instances, the nurses thus infected communicate the disease to their husbands, and they again to others with whom they may have commerce. The extent of mischief thus produced is often almost incalculable.

That these diseases are very frequent and very fatal, cannot for a moment be doubted. The records of this department of our science at all periods bear ample evidence of the fact. In 1775 the Faculté de Paris was consulted concerning the venereal disease in children by some philanthropic individuals of Aix. In 1780, by the exertions of Mr LENAIR, l'Hôpital Vaugirard at Paris was appropriated for the sole reception of cases of this description, and put under the care of MM. CALOMBIER, DAUBLET, &c. In 1795 this hospital was united with the great venereal establishment of the French metropolis. In 1790, La Société Royale de Médecine offered a prize for the best essay on cogenite venereal diseases; but the disturbances of the Revolution prevented it from being ever awarded.

Before the establishment of the Vaugirard, the disease was regarded as almost necessarily fatal. All the children who were sent from l'Hôpital des Enfants Trouvés labouring under it were despaired of: out of a thousand scarcely one recovered. At the Vaugirard, on an average, 75 in the hundred died; and at l'Hôpital Vénérienne, under the most favourable circumstances, 60 in the hundred became its victims *.

Let us now inquire, if the *Etiology* of these cases throws any light upon their real nature.

And, first, we have little hesitation in saying, that the most aggravated form of symptoms that are thus grouped together not unfrequently occur where no disease is suspected, or exists in either parent. This is one of those opinions so generally embraced, on so extensive a survey of facts, that it can hardly be disputed. "Many instances have occurred," says Mr HENNEN, "where children have been diseased, where there is every reason to suppose that neither parent has had the disease *." The testimony of Mr BERTIN, as it is founded on much more ample opportunity than that of Mr HENNEN, so, by many, it will be considered as still more satisfactory. "The appearance of old age, the maceration and peeling of the skin, the purulent exudation from the surface, the general eruption of an erysipelatous and dartrous character; the emaciation or puffiness, the want of hair and nails, &c. &c. are sometimes seen in children who are born of healthy parents †."

Another specimen of a very aggravated form of the disease is seen in the *yaws*. It is not yet satisfactorily ascertained, whether the disease is ever communicated by the mother to the child *in utero*. As we have seen, however, it is contagious, and can be inoculated as certainly as the itch. Hence many an unhappy infant is infected, and the issue is almost invariably fatal. "A mother who gives suck to a child with yaws, has the nipple excoriated from the acrid matter round the mouth, the irritation spreads, and a foul ulcer consumes the breast, and pro-

* Principles of Surgery, p. 550.

† Sur les Malad. Vénér. &c. p. 105, 110.

“ duces death by spreading to the axilla ; the child also
“ perishes, unless supported by the greatest care ; for it
“ is abandoned by every person *.”

It is not less certain that *sibbens* very often exhibits itself in this form. From AQUITANUS down to B. BELL an uniform mass of testimony could easily be adduced. This truth, however, must be so familiarly known that it is unnecessary to produce evidence of it in this place.

Dr BARRY of Cork has supplied the following interesting materials, from observations made about the year 1728. A woman who was much employed in drawing the breasts of lying-in women had an ulcer in her mouth. It did not appear that she had ever contracted any venereal disease ; and it is certain that besides the ulcer in the mouth, which is hardly suspicious, there was no other symptom of its presence. The poor woman, unsuspecting of any danger, as usual followed her avocation. The consequence was, that the nipples of many of those she attended became diseased. They inflamed, became excoriated, and ulcerated. Pustules extended over the breast, and the disease then quickly affected the constitution ; sores appeared in the pudenda, and pustules spread over the body. In many cases the husbands caught the disease. After primary sores, they had ulcers in the mouth, and cutaneous eruptions ; many children received the infection from their mothers, and to most of them it was fatal †.

In 1770 a poor blind woman of Leeds, who gained her living in the same way as the last, became affected with foul ulcers at the angles of the mouth. These were with-

* Edin. Med. and Sur. Journal, vol. xv. p. 325.

† Edin. Med. Essays, vol. iii. p. 257.

out any cause that I can discover, except their unhealthy appearance, declared to be venereal. The woman, unsuspecting, had attended a considerable number of females. The nipples of most of them were infected with an ulcer of a suspicious character. To this bubo in the axilla soon supervened; and bad sore throat followed. In this instance we hear nothing of the disease spreading to the husbands. In their different pregnancies the mothers, instead of bearing healthy and sound children, had them dead, dying and diseased, and this without the parts of generation being at all affected *.

It can hardly be maintained that these cases were syphilitic; for how could the poor women who produced the disease in others have remained free from it themselves? Yet from this poison, not even venereal in its origin, proceeded a disease which was propagated by the sexual embrace and by suckling, and which infected the systems of the mothers in such a manner, that although there was no affection of the parts of generation, yet they had a succession of rotten children.

Gonorrhoea seems sufficient in some states to produce it. A woman came into St George's Hospital, in 1782, whose husband had given her some venereal disease, viz. she had discharge, buboes, and blotches over her body. She took a considerable quantity of mercury. At the eighth month she had twins, who were covered with eruption, and soon died; another child whom she suckled also became diseased †.

“ A few years ago a gentleman requested to speak with

* Med. Chirurg. Trans. vol. vii. p. 541.

Paper by Mr Hey.

† Hunter on the Venereal, 8vo. p. 430.

“ me in private. He was no sooner seated in my study
“ than he burst into a flood of tears, and seemed to be in
“ great distress. He told me he had married a lady
“ whom he tenderly loved, and feared he had given her
“ the venereal disease. He had had it before marriage;
“ but before, and since that time had himself been perfect-
“ ly well.” The lady upon examination was found to have
discharge, condylomata, and irregular fissures about the
labia. She had a child at the full time. At birth there
was an universal desquamation of the cuticle and copper-
coloured blotches; and other symptoms of venereal ca-
chexia soon followed. Mercury was administered both to
mother and child, and seemed to cure them*.

The symptoms of the mother would lead us to suspect
that the disease was gonorrhœa. She had discharge, and no
other symptom, which might not be the effect of this dis-
ease alone. How came it that the husband could com-
municate a disease when he had himself no primary symp-
tom? “ A gentleman caught a gonorrhœa in Portugal.
“ Two years afterwards he returned to England, and call-
“ ed upon me to ask my opinion if it was prudent of him
“ to go to his wife, stating, at the same time, that occasio-
“ nally under strong excitement, he still had discharge of
“ a few drops of a gleety fluid. I told him I thought there
“ was little or no danger: well, he went to his wife, and
“ the very first night he gave her a very severe clap†.”

In many cases the cause is so obscure as to baffle all en-
deavours to detect it. “ A child was weakly at birth. The
mother had no milk, and it was therefore given to a wo-
man who was at that time nursing her own child. Her

* Hey, loc. cit. p. 547.

† Mr Astley Cooper in his Lectures.

own child sucked the right, the other the left breast. The foster child declined rapidly. The cuticle peeled off, and among other places from the lips. It died in a fortnight. The left nipple became sore, so that she could scarcely permit her child to draw it; it ulcerated; bubo formed in the axilla, eruptions terminating in ulcers covered the body; the tonsils also were diseased: before recovery the nipple was entirely lost.

“ When these symptoms made their appearance her child was transferred to a young woman in every respect healthy. She soon perceived eruptions on the body and sores on the mouth of her new charge; her nipple became affected precisely as did that of the first nurse. Her body too was covered with blotches.

“ She gave up suckling the child, and allowed her own infant to take both breasts. It soon became the subject of this cachexia.

“ The child she had given up was again put to wet nursing, and affected a third nurse with the same disease.”

The parents of the child who, in this instance, was the cause of so much misery, were, on the testimony of Mr HUNTER, to all appearance healthy people*.

Hitherto we have had no reason to suspect genuine syphilis as a cause. But that it may produce it, none will dispute.

Sometimes there is cause to suspect some venereal origin even when there is no disease upon the genitals. “ A gentleman had been my patient for chancre, for which he regularly took mercury. He had afterwards an ulcerated throat, which got well without the use of any remedy. Shortly afterwards, he married a very healthy

* On Venereal, p. 580.

“ woman, who in about three months, without any primary
“ sore, became very unwell with syphiloid disease *.”

Mr ABERNETHY gives several other cases of females being infected by their husbands, where most of the husbands appear for many years before not to have had any primary affection. “ I have seen, says he, several instances
“ of pseudo-syphilitic diseases communicated from husbands to wives where there were no sores, nor apparently any morbid discharge from the genitals †.”

A gentleman, six months before marriage, had venereal symptoms, a sore upon the penis and ulcerated throat. For these he took mercury, and thought himself cured. He never gave any disease to his wife. His first child soon died of this cachexia. His second was born with it; gave it to two different nurses, who again gave it to a variety of children. The child then took mercury and recovered. The father also underwent a course of mercury, and afterwards had a healthy family. Mr BELL has seen two or three cases of a similar nature ‡.

Of the many interesting cases presented in the useful work of Mr BERTIN, I shall give the heads of one only. M. D. married in perfect health when twenty-six years of age. About the middle of her first pregnancy she had primary venereal symptoms. In the sixth month she parted with a dead child. The symptoms disappeared, but recurred for a time during her second pregnancy; and though well at the time of confinement, in the seventh month she had another diseased and dead infant. There was the same history of symptoms in the third pregnancy; and in the fourth, with this difference, that the child lived a most mi-

* On Diseases resembling Syphilis, p. 154. † Op. cit. p. 150, 153.

‡ On the Venereal, p. 426.

serable life for eighteen days; after the fifth, the child, hardly less an object, lived six weeks; after the sixth, with great care it was introduced to health. There is every reason to suppose that the father in this case was diseased*.

We ought now to be in a condition to determine something concerning the mode in which these diseases can be communicated. This point has engrossed much attention, and occasioned great diversity of opinion. Notwithstanding the contrary opinion of some masters on this subject, there seems ground, from the foregoing and many other cases, to suppose, 1st, That it may be communicated to the germ at the time of conception. Mr BELL's cases, for example, can hardly be explained on any other supposition. Or, 2d, The embryo may at first be healthy, and become affected in the uterus, when the mother has become diseased, either with or without primary symptoms. Mr ABERNETHY and Mr HEY's cases seem to establish this. Or, 3d, It may be inoculated at the time of birth. Or, finally, may be infected according to the common laws of contagion, by the nipple, mouth, &c.

From this somewhat extended view of the symptoms and causes of these disorders, it must appear that it is no easy task to effect a proper classification of them. In one class the foetus is affected *in utero*, and is, as it was before expressed, "fifthy, half rotten, full of ulcers, and truly infected." In another, the disease does not commence till, at an average, a week or fortnight after birth, and then the appearances very nearly resemble the constitutional symptoms that occur in regular venereal cachexia. A third class is that in which, though the symptoms are reputed venereal, they do not at all mark such a connection.

* Sur le Malad. Vénér. &c. p. 159.

With regard to the first class, we have seen that the *fœtus* is very often dead at birth. This however is not always the case. In the case extracted from BERTIN, after having three diseased and dead births, the mother had three diseased and living ones. When thus born diseased and alive, it becomes a question, whether the cases naturally fall into the second class; whether the symptoms they exhibit are of the same character with those which usually occur some ten days after birth, and which are so closely allied to the venereal cachexia.

The answer to this question would probably require more extended information and accurate discrimination than has hitherto been exercised. The symptoms, so far as I have observed, are somewhat different. In the former class the poor miserable object may often be witnessed without any venereal taint being suspected. This disease too appears to be much more fatal than the other. "It is proved by my observation," says BERTIN, "that the disease (*verole*) contracted *in utero* is more obstinate, less under the power of medicine, and more dangerous. It more seriously affects the constitution, and more disposes to other diseases, which more or less rapidly consign its victims to the tomb *."

In addition to these marks of difference, it may be stated, that many of our first authorities affirm that they have never seen any disease on the child at the time of birth, that they considered as syphilitic. Among this number are ASTRUC †, and PEARSON, DAUBLET, BERTIN ‡, and SWEDIAUR. While I give below the references to unequivocal statements of this sort, I shall allow the last author quoted to speak for the rest. "Neither I, nor any of my friends, have been able to observe on infants at birth ulcers or any other evident mark of syphilitic virus §."

* Bertin, *op. cit.* p. 113. † *Op. cit.* p. 119. ‡ *Op. cit.* p. 93.

§ *Op. cit.* vol. ii. p. 10.

The cases which I have here arranged in the second class occur more frequently than those in the first. That they are sometimes produced under circumstances in which we have strong reason to suspect real syphilis will hardly be disputed. The case I detailed as having occurred in the Richmond Surgical Hospital will probably be regarded as satisfactory on this point. That they occur from other venereal poisons is not, I imagine, less doubtful. When I was connected with the Lock Hospital in London, we had a considerable number of these cases. I may take the liberty of mentioning that most of them were regarded as not syphilitic. In several we had in the mother the tubercular and not the scaly eruption. The cure was generally attempted without mercury, although in several instances we were under the necessity of having recourse to it. Nor will it be more disputed that other morbid poisons, which generally have no venereal origin, induce this disease. This is true in the case of sibbens, yaws, and several others that have already been sufficiently insisted upon.

With regard to the *cure*, it may be observed, that mercury appears to be the most powerful agent we possess. The disease, when seen in the more aggravated forms in infants, runs a very rapid course. Even in those instances in which the mineral has no specific power, and in the end might do harm, it often succeeds in arresting the fatal career. Mr BELL's experience speaks most powerfully on this point; nor is general experience less decisive of its efficacy in many of those cases in which parents, after having apparently recovered from some venereal complaint, have had a succession of diseased children. In such instances a course of mercury has often had the happiest success. Whether in these examples the disease was syphilis or not, is indeed a point of minor consequence.

The mode of exhibiting the mercury and the other parts of the treatment, will of course be regulated by the established rules of our art. The greatest possible circumspection and care is necessary in a disease so critical and so alarming.

The third class, including those cases which, though resembling the venereal, have no sufficient title to be considered such, principally comprehends those which BERTIN denominates venereal catarrh. This catarrh may exhibit itself at any of the natural apertures of the body, at the eyes, nose, urethra, vagina, &c. As these appear to be not necessarily venereal, and as another opportunity will speedily be afforded of alluding to them in a more appropriate place, we shall now proceed to what has been styled

VENEREAL OPHTHALMIA.

Under this term I would comprehend the few words that can now be allowed me on what has been regarded *syphilitic inflammation of the iris*, on what is called *gonorrhœal ophthalmia*, and on what is still more common, the *purulent ophthalmia of infants*.

Syphilitic Iritis. It is mortifying, when, after much labour, a point appears at length to be established, and some advance made in our science, we find that a little more investigation demonstrates our former conclusions to be erroneous. This is eminently true in what has been regarded as syphilitic iritis. Prominent places have been assigned in respectable works, and many detached essays have been sent forth, on a subject which ought never to have been separated from its place in the class of common diseases; and much labour has been taken to establish diagnostic marks where there was no real difference.

No laboured arguments need now to be instituted to show that the iritis that occurs in syphilis is not different from that which arises from mercury, and from other causes in which no poison can be suspected to operate. Venereal diseases seem to be exciting causes in the same manner that, among others, cold and spiritous liquors have been long ascertained to be.

Some have gone so far as to object to the use of mercury altogether as an agent in the cure of this disease. The question has to do principally with the action of mercury on the frame. Dr FARRE is perhaps the first who has clearly attempted to point out its operation on the minute vessels, and to establish that the erythematic action which it excites in them is quite incompatible with the adhesive inflammation and the effusion of coagulable lymph. This explanation is at once so probable and satisfactory, and I have had so many opportunities, both with Dr FARRE and elsewhere, to witness what appeared to me little less than the magical influence of the mineral, that I confess I shall be slow to lose my opinion of its virtue, and require ocular demonstration of the safety of its omission before I shall be able to allow a case of inflammation of the iris to run its course uninfluenced by the operation of mercury.

Gonorrhœal Ophthalmia. This term implies a combination of disease that has long obtained a place and consideration in medical literature. A considerable number of those writers who have treated of venereal complaints have described it; and yet the evidence on which they ground their statements is of so doubtful a character, that not a few are entirely sceptical of the existence of any such complaint. "I cannot help," says Mr PEARSON, "entertaining some doubts of the propriety of assigning "gonorrhœa as a cause of ophthalmia; since during a "pretty extensive experience of 25 years I have never "seen one single instance of an inflammation of the eyes

“ which was evidently derived from gonorrhœa *.” And SCARPA remarks on this passage, “ Since the publication “ of my work I have been satisfied that the metastasis “ of gonorrhœa to the eye is a chimera.” Mr PEARSON is perfectly aware that his remark has the weight only of negative evidence; and if positive evidence be produced by respectable authorities, no one, I am sure, would be more willing that it should receive every attention.

On such evidence, then, I would submit, that, under certain circumstances, gonorrhœa appears in three ways to be the immediate exciting cause of an ophthalmia, differing perhaps in nothing from what is generally known under that name, except in its greater violence.

1st, It gives origin to ophthalmia in the same way that it produces the more common varieties of secondary symptoms; as, for example, sore throat or eruptions. I shall illustrate this position by presenting another from among the many interesting cases delivered by Mr ASTLEY COOPER in his lectures. “ An American gentleman called upon me, “ and said he had a gonorrhœa. Looking very serious, I “ laughed at him, and told him it was a very common “ complaint in this country, and that there were a great “ number that could shake hands with him.” “ Ah! Sir,” (said he) “ however trifling it may appear to you, I consider it in a most serious light. In a few days I shall “ have inflammation of my eyes, and pains all over me.” “ I did not believe this at the time, and supposed it to be “ merely the working of apprehension. In a few days, however, he called upon me with a green shade over his eyes. “ I examined his eye, and sure enough the conjunctiva was “ dreadfully inflamed, and he had a most severe attack of “ ophthalmia.” Mr COOPER mentions, that from having frequently noticed it, he is quite convinced of the connection

between the two diseases. Nor is this observation one of Mr COOPER's only. Cases of this sort are not uncommon. One not unlike that I have detailed will be found in Mr ABERNETHY's treatise on the constitutional origin of local diseases; and several are given in Mr WARE's treatise on ophthalmia.

2d, A violent species of ophthalmia, with purulent discharge, arises from metastasis of the inflammatory action from the urethra to the eye. I have assigned a place to this variety from regard to some respectable authorities, though I confess the evidence I can produce is hardly of a character to command implicit consent. Violent ophthalmia with purulent discharge is not very uncommon in adults. I do not here speak of what has been called Egyptian ophthalmia, where I think I have had unanswerable evidence that the disease as assuredly spreads by contagion as gonorrhœa itself. But I allude to sporadic cases, where no evident exciting cause is present, and yet the patient suffers from a violent attack. Allowing all this, I would not overlook the testimony of Mr ABERNETHY, who remarks, that he has known a patient who has several times had discharge from the urethra and inflamed eyes alternating with each other*: nor that of Mr BELL, who furnishes several cases of its occurrence. Others not doubtful I think are occasionally met with.

3d, Medical men are, I believe, agreed that the application of gonorrhœal matter produces a most violent species of ophthalmia. ASTRUC gives a case where the operation of this cause was very apparent†. Mr ABERNETHY believes in its occasional occurrence‡. "With regard to the possibility of the venereal ophthalmia from contact," says SCARPA, "I have had the most certain and convincing proofs§."

* Constitutional Origin, &c. p. 194.

† Vol. i. p. 27.

‡ Op. cit. 140.

§ On the Eye, 168.

These cases require to be treated with more than usual care.

The *Puriform Ophthalmia* of infants, I need hardly introduce. That it may be produced by matter of venereal origin cannot be doubted; but when thus excited it is not different from the disease when otherwise induced. It is never now, in this country, regarded as venereal. Its most common cause appears to be the discharge of leucorrhœa in the mother. In many instances, when thus produced, I have seen it spread to every member in the family.

Discharges of a somewhat similar nature from the nose and ears are sometimes met with.

AFFECTION OF PUDENDUM OF FEMALE CHILDREN.

The time is now gone by when a surgeon will testify against the supposed culprit in a case of rape, from the occurrence of these appearances in a young female. The symptoms have been long recorded, though they appear for a time to have been forgotten. BERTIN notices the disease, and supplies us with several cases. There is an inflammation of the living membrane of the vagina, with swelling of the labia and neighbouring parts, and a copious discharge. There is sometimes excoriation, the formation of vesicles, which falling off leave foul ulcers underneath: these spread wide about the pudendum. The constitutional derangement is great, and the complaint in young girls is often fatal. It occasionally appears epidemically.

The treatment appears to be locally to soothe the parts, freely to open the bowels and to support the strength.