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OF

MR. CARMICHAEL'S VIEWS

OF THE

VENEREAL CASES

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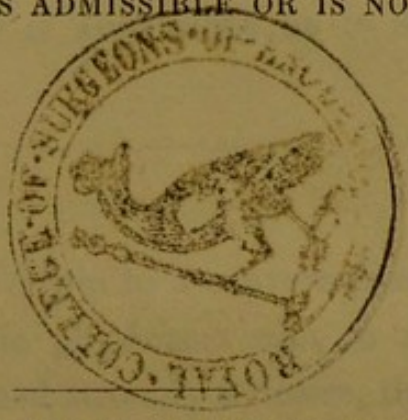

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SUMMARY

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VENEREAL CASES

IN WHICH MERCURY IS ADMISSIBLE OR IS NOT ADMISSIBLE.

This paper owes its origin to a conversation I had a few days since with one of the physicians who so ably conduct this Journal. He expressed strongly a desire, that I should briefly put on paper the circumstances under which I employed mercury for the cure of venereal complaints, and stated his opinion, that such a paper, in the present unsettled state of the mind of the profession, would be attended with advantage. This suggestion has induced me to overcome my unwillingness to enter again upon this most fertile subject for disputation; and in complying with it, I shall perhaps add but little to what I have already published, as my practice in venereal complaints has not varied much during the last twenty-five years.

As I admit that mercury is an agent of great utility in some forms and stages of venereal diseases, when duly administered under sound pathological principles, and not blindly given as a specific, I cannot be deemed an anti-mercurialist. But I differ

widely, both in theory and practice, from the downright mercurialist. He gives mercury, *instanter*, for all forms and stages of venereal diseases, with the exception of gonorrhœa; and if he withholds it afterwards, it is because he finds that his patients are becoming worse under its use, and then he complaisantly calls these obdurate and unyielding symptoms, syphiloidal or mercurial, and relinquishes for a time the farther use of that mineral. I, on the contrary, reject mercury in all forms and stages of venereal complaints except true syphilis, taking Hunter's description of it for my guide; i. e. the hardened edge and base as indicating the primary sore, and the scaly eruption (from the commencement) as indicating the secondary or constitutional affection. And now I shall briefly detail the exceptions to this my general rule, and the circumstances under which I am induced to prescribe mercury; first premising, that I seldom or never exhibit it for the primary symptoms, which occasion the papular eruption, viz. excoriation of the glans and prepuce, and an ulcer in many instances better described by its negative than its positive characters, so much is it likely to be modified by neglect, irritation, mode of living, and constitution of the patient. The negative characters to which I allude, are its want of induration and phagedena; for its positive I must refer to my Essay, as it would occupy too much space here to detail them. This form of disease, perhaps, amounts at present to nine-tenths of the cases which occur in general practice. Others, for instance the primary phagedenic ulcer, and the constitutional symptoms, rupia, tubercles, &c. connected with it, are far more tedious and difficult of cure, and therefore it is, that we find the beds of hospitals filled in an over proportion with cases of this obstinate form of venereal disease.

1st. If cases of the simple primary ulcer of the papular venereal disease do not yield to rest, the antiphlogistic treatment, and astringent washes, after the third or fourth week, I usually give mercury in alterative doses, in the same manner and with

the same views as I would exhibit it for any indolent ulcer which is not venereal ; but this is seldom or never necessary.

2nd. When the papular and pustular eruptions become scaly, and obviously on the decline, in general not sooner than the fourth or fifth week, if not yielding satisfactorily to sarsaparilla and antimonials, I exhibit mercury in alterative doses, combined with sarsaparilla.

3rd. Whenever iritis occurs, I give mercury so as to excite its full effects upon the system.

4th. When nodes arise, which usually commence with inflammation of the periosteum, I also give mercury so as to produce its full effects ; and in the two last instances, it is exhibited on the principle, that there is no process so powerful in checking periostitis or inflammation of any membranous part, as mercurialization of the system.

It is here worth remarking, that in the course of a long practice, both public and private, I have never met with nodes as an attendant upon the papular eruption ; which in my mind, is an indication, that the poison which produces it is different from that which occasions the other forms of venereal eruption.

5th. In the phagedenic form of venereal disease, I may safely say, that I have always found, sooner or later, the exhibition of mercury prove to be injurious. For primary ulcers, invariably so, and the same may be observed while the eruption continues to present the form of rupia, or tubercles. But after the disease has existed for months or years, each succeeding crop of eruption, I have observed, has a tendency to change its character into that of scaly tubercles ; of which there are many excellent drawings in the museum of the Richmond Surgical Hospital, open to the inspection of all medical men. In this state, alterative doses of mercury may, *perhaps*, be of use ;—yet, of this I am very doubtful, for I have seen, even in this exhausted state of the disease, more relapses than perfect cures by mercury, exhibited either in full or alterative doses, under the most

guarded and judicious mode of administering that medicine. In such cases, I place much more reliance upon the administration of hydriodate of potash, in conjunction with sarsaparilla. When the presence of nodes indicates the utility of mercury, I restrain myself from its exhibition should rupia also be present, from experience of its injurious effects on the general disease, under this form of eruption. And even when extensive ulceration of the fauces, engaging the velum, tonsils, and entire pharynx, seems to threaten the life of the patient, I would try every method likely to succeed, before I should have recourse even to mercurial fumigations, for fear of mercurializing the *entire system*, although well aware of the benefit often arising from their use as a *local remedy*. The local remedies upon which I chiefly rely in checking the progress of this dangerous ulceration, are the application of a strong mineral acid—the white muriate of antimony—a saturated solution of the oxymuriate of mercury in alcohol—or of nitrate of silver in distilled water. While the constitutional remedies, upon which I most depend, are hydriodate of potash, sarsaparilla, and opium in sufficient doses to relieve irritation.

I have found mercury, in every stage of the phagedenic venereal disease, to be a most deceitful remedy; for, although symptoms may amend for a brief period under its use, and flatter both patient and practitioner that a speedy cure is at hand, yet, almost to a certainty, new symptoms will arise to disappoint those sanguine expectations. If mercury is at all admissible for this form of venereal disease, it is, as I before observed, when the malady is obviously on the decline, and that the eruption has assumed the appearance of scaly tubercles or blotches. This observation equally applies to the pustular form of venereal disease. It is not my wish to enter farther here into the consideration of the different forms of venereal diseases, as the object of this paper is merely to point out, from my own experience, where mercury may be found useful, and where injurious.

6th. For the true Hunterian chancre, with hardened edge

and base, and for the scaly eruption, either lepra or psoriasis which attends it, as well as the deep excavated ulcer of the tonsils, nodes, and other symptoms belonging to this form of disease, mercury, in full doses, may be esteemed a certain and expeditious remedy; and the reason of the necessity of exhibiting mercury seems to be, that both in its primary and secondary symptoms there is but little or no accompanying inflammation or fever as in the other forms of those maladies. Hence, perhaps, the utility of raising artificially a fever in the system, to overcome the morbid effects of the poison. I have no doubt, however, but that even this form of venereal may yield to other remedies, or even to the unassisted powers of the constitution. But from the few instances I have seen treated on the antiphlogistic plan without mercury, so long a period elapsed before recovery took place that it is not likely this remedy will ever be generally omitted in its treatment. It is true, that some years since, on visiting the great hospital at Montpellier, the late much lamented M. Delpech pointed out to me some cases of chancre successfully treated by destroying the callous base of the ulcer with caustic, a practice which that celebrated surgeon told me he had for some years adopted with the most satisfactory results.

Having now briefly stated the circumstances under which I have been in the habit of employing mercury, I find it necessary, in explanation, to allude to my classification of venereal diseases, grounded on the nature of the eruption, as it is denied by many that there exists any connexion between a particular form of primary and a particular form of secondary symptoms. This surprises me not a little, as I have been in the habit of meeting instances of this connexion in hospital daily from year to year, and pointing it out to the pupils, particularly that of the papular and phagedenic eruptions, with their corresponding primary symptoms. The papular and phagedenic forms are the two great families of venereal diseases, which at present are most generally to be met with; the one admitting of a certain and easy

cure; the other, on the contrary, is too often an unmanageable, obstinate, and destructive disease, particularly in such cases as have been subjected to mercurial treatment. Now, if we make allowances for difference in age and constitution, for neglect, intemperance, mode of living, exposure to cold, the various causes of irritation, and the premature or unguarded use of mercury, we shall find that there are but few instances in which we may not be able to decide on the nature of the primary ulcer after the antiphlogistic regimen, rest, and appropriate local treatment, calculated to relieve the effects of irritation, have been adopted.

And when we consider the influence of these various causes on the most simple ulcers, we cannot but acknowledge the great variety of appearances which they must necessarily occasion,—so numerous, that it would be utterly impossible to describe or delineate all the shades of difference to be found in venereal ulcers, as some have vainly attempted. But it is contrary to all we know of the laws of morbid poisons to suppose, that an ulcer irritated or affected by any of the causes abovementioned, should, instead of producing the mild, papular eruption which ends in desquamation, excite that of rupia, which spreads into extensive phagedenic ulceration, with those other baneful and destructive concomitants of this form of venereal disease.

I have arranged primary venereal ulcers into four classes, according to the eruptions: papulæ, pustulæ, rupiæ, and lepra or psoriaris, which I have traced to them. There may be others, for I never pretended to have done more than to have made some advances in the natural history of venereal diseases, the importance of which I leave to the unprejudiced to decide.

Venereal eruptions, like primary ulcers, must be more or less modified by the same circumstances which influence the appearance of the latter; so that it may often be difficult to decide upon their true character; and I admit that we often meet with a copper-coloured, mottled appearance of the skin, neither

elevated or scaly, but decidedly venereal, which I have not been able to trace to any particular form of ulceration.

From the intervention, also, of the influential circumstances above noticed, a venereal eruption may be so affected or modified, as not to indicate distinctly the particular form to which it appertains; yet I shall venture to say, that the *tendency* to one or other of these forms will always be sufficiently obvious, for all practical purposes, to mark the true nature of the eruption, and consequently of the disease under consideration.

It is often objected against my classification, that a patient will sometimes exhibit on him at the same time each of these forms of eruption. This objection I have answered elsewhere, observing that papulæ have constantly accuminated heads containing matter, which some might call pustules: but the true diagnostic distinction between venereal papulæ and pustules is, that the former end in desquamation, the latter in superficial ulcers.

If a case presented itself in which pustules that terminated in ulcers were mixed with papulæ, I would say the patient was afflicted with the pustular eruption: always designating it by the term which signified the most severe and dangerous spots which appear on the patient. For in the pustular eruption we often meet with papulæ, and in the phagedenic eruption we often see the rupia, which marks the disease, intermixed with both papulæ and pustules; but the first, in my judgment, indicates, in each form, the true nature of the eruption.

In the same manner, in small-pox, we often observe papulæ intermixed with the pustules, which latter constitute the characteristic signs of the disease; for no person thinks of calling small-pox a papular, but a pustular, eruption.

Besides all venereal eruptions, as I have already observed, have a tendency, as the disease becomes exhausted, to exhibit the scaly appearance, and therefore the necessity of attending to their peculiar characters when they first occur. A consideration of these circumstances will sufficiently evince, how easy

it is for *prejudiced* or superficial observers to overlook, either *intentionally* or unintentionally, the connexion which exists between particular forms of primary, with particular forms of secondary eruptions. If the distinctive characters of venereal symptoms, both primary and secondary, did not carry with them a practical bearing of the utmost importance, I should not trouble my reader by calling his attention to them; but I have been for years in the habit of pointing them out to the pupils at the bed-side of the patients, and showing the great use in practice, which a thorough acquaintance with them affords. However, as long as surgeons are impressed with the belief in the doctrine of the unity of the venereal poison, and that there is only one cure for it—mercury, such distinctions, in a practical point of view, are totally useless, and in their estimation only calculated to gratify an innocent curiosity.

It surprises me, at least, not a little, to find the connexion which exists between the primary phagedenic ulcer, and the secondary symptoms, rupia and tubercles, spreading into deep ulcers—extensive ulcerations of the fauces—foul ulceration of the mucous membrane of the nose, with caries of its bones, and the other alarming and disgusting chain of symptoms which I have elsewhere described as appertaining to the phagedenic venereal disease—it surprises me, I say, that this connexion has not been more universally acknowledged, as well as the injurious effects of mercury upon it. For I may safely say, that in the Richmond Surgical Hospital we are never without examples of these facts, which are therefore as familiar to the pupils of that institution as any other surgical phenomena.

Happening to cast my eye over the last Number of the Medical Gazette, (No. 16, for January 13th), I found a clinical lecture of my friend Mr. Laurence on Venereal Diseases. The very first case he lectures on is as strong an instance, detailing the presence of the primary ulcer, and the constitutional symptoms which it occasions, together with the ill effects of mercury upon both, as I could possibly wish to adduce from the re-

cords of my own experience; and therefore the statement coming from one of the highest authorities in the profession, must carry with it great weight, particularly as the testimony comes from one more opposed than I imagined to the views I have given respecting this form of venereal disease, and of the ill effects of mercury upon it.

The circumstances of the case I shall endeavour to curtail, are briefly as follows: William Smith was admitted into St. Bartholomew's Hospital on the 19th of May, 1836, with an extensive *phagedenic ulcer* of the prepuce, extending to and engaging a portion of the glans. A few large brownish red tubercles were on the face and forehead. He was directed to take two grains of calomel, with one-third of a grain of opium, three times daily, and black wash was applied to the ulcer. Under this treatment, it seems, the greater part of the ulcer healed, except on the dorsum penis, to which it had extended, and burrowed to so great an extent as to render it necessary, on the 13th of June, to lay open the undermined skin by a free incision. The ulcer was afterwards dressed successively with black wash and balsam of Peru. The sulphate of quinine and compound decoction of sarsaparilla were now administered, and it seems, under this treatment, the patient recovered, and was discharged the hospital, apparently in excellent health. However, he returned again on the 10th September following, with a relapse of the ulceration of the penis. Mr. Lloyd, in the absence of Mr. Laurence, applied nitric acid to it, and after the separation of the slough, a clean granulating sore presented itself. He was again discharged apparently well in October. However, "on the 6th of January, 1837," observes the lecturer, "he was again admitted with phagedenic ulceration of the fauces and face, and inflammation of the periosteum. The velum palati, uvula, and tonsils, the upper and back part of the pharynx, were occupied by an irregular ulceration with a lardaceous surface, ragged edge, and bright red margin: deglutition was performed with difficulty and with great pain. There

were three or four circular phagedenic sores on the face; there was a soft, fluctuating swelling over the left superciliary ridge, and another on the os malæ of the same side. The carpal extremity of the left ulna presented a large painful swelling of the periosteum. All these affections were of painful character; they had interrupted rest, and impaired appetite, causing emaciation and great weakness. These evils were aggravated by great alarm respecting the nature and progress of the disease, and depression of spirits. I found, on inquiry, that he had never been affected with syphilis before; that he had been of regular habits; and that he had been particularly careful of himself since his first admission into the hospital. The painful nature of the symptoms, and the enfeebled condition of the patient, required narcotics, and strengthening means, both medical and dietetic, and presented a strong contra-indication to the general use of mercury, although the influence of that remedy was required to check the progress of disease, particularly in the throat. He was ordered to fumigate the throat with cinnabar every night and morning; to take the concentrated compound decoction of sarsaparilla three times a day, and 5 gr. of the pil. saponis c. opio at night; and to feed on milk and broth, or on meat, according to his powers of swallowing. On the 9th, eight ounces of port wine ordered for him daily, and the dose of the pil. saponis c. opio was increased to 7½ gr. On the 24th, the fumigation was continued once daily, the mouth having become sore, and linctus was ordered for a cough. Under this treatment, the local symptoms and the health improved rapidly; the ulceration of the throat lost its phagedenic character, and soon healed; the ulcers of the face cicatrized; the swelling of the ulna disappeared, and those of the frontal bone and os mala broke and discharged, the openings subsequently scabbing over. With the abatement of pain the rest and appetite returned; the flesh and strength were restored; and the patient left the hospital in the middle of February, not only free from disease, but stout and in excellent health."

It seems that this excellent health did not long continue, he was again re-admitted and put into the *Lazarus Ward*, a significant domicile for patients worn to a skeleton, in hopes, I presume, of a resurrection that was little to be expected. "His symptoms were," continues the lecturer, "disease of the nose, ulceration of the throat, enlargement and induration of the right testicle. He came in on the 23rd of this month, (June.) There is a large ulcerated opening in the septum narium, forming a free communication between the two nostrils, both of which are in great measure blocked up with bloody scabs and stinking matter. A most offensive fœtor is diffused to some distance round the patient. The bridge of the nose has partially sunk, and has become turned to one side. The integuments are swelled; of dull red colour; hot, and painful. There can be no doubt that the bone is diseased, from the yielding of the septum, the offensive stench, and the inflamed state of the external coverings. The affection of the mucous membrane is probably secondary; the seat of disease in the pharynx is its upper and back part, so high up that the lower portion only of the ulcer comes into view; it has the same phagedenic character as on the former occasion. This position of the ulcer in the pharynx, if not peculiar to phagedenic syphilis, is very common in that form of the disease; the testicle is moderately enlarged, hard, somewhat irregular and knotted, painful on pressure; the scrotum is red, and rather warm.

"The remedies ordered were: solution of corrosive sublimate (half a grain to the ounce) in lime water, to the nose, previously clearing it of scabs and matter by means of tepid water; five grains of hydriodate of potash in an ounce and a half of compound decoction of sarsaparilla, three times a day; mercurial liniment to be rubbed on the testicle. The patient has now been in the hospital a week under this treatment, and already feels much better.

"Smith remained in the hospital four or five weeks on the

last occasion. Before he went out, the whole septum narium came away in several pieces. The discharge ceased, and the nostrils became clear, but the deformity of the nose was increased; the throat soon got well, and the swelling of the testis subsided. He showed himself at the hospital from time to time during the autumn, continuing free from disease and in excellent health. It may be concluded that he continues well, as he promised to return in the event of any relapse."

Mr. Laurence will take in good part any observations I have made or shall make on this case, because he will see they are not intended to affect that high estimation in which he is so justly held by the public and the profession, but because the treatment he pursued is that which perhaps the majority of hospital surgeons in the British Islands would have advised under similar circumstances; and therefore it is against the established practice, and not against him, that my animadversions are directed.

This case, as well as a multitude of others of the same character, convince me that mercury is, for this form of disease, a most fallacious and deceitful remedy; that it sometimes causes the ulcers to extend; at others it flatters with an early amendment, which soon ends in disappointment, by the extension of the old symptoms, or the supervention of new ones; and in all instances it renders the general disease intractable; nay, I will go so far as to say, incurable; and notwithstanding that this patient left the hospital apparently in excellent health, under the use of the very medicine I would have prescribed myself, I shall venture to say, that in consequence of the mercurial process to which he had been subjected at an early period of the disease, that he is not yet free from the malady.

It will naturally be inquired, how would I have treated the case. Without presuming to dictate to others, I shall briefly state, that were a patient to come under my care with a similar phagedenic, primary ulcer, and the constitutional symptoms

described; I should, in the first instance, destroy the surface of the ulcer by a strong mineral acid, (as was afterwards on a second admission successfully done by Mr. Lloyd,) or by the white muriate of antimony; I should at the same time endeavour to relieve pain and irritation by repeated doses of opium, so as to keep the system under the narcotic influence of that most useful of all medicines. Afterwards, when pain and irritation were relieved, I should exhibit, with a view to the secondary symptoms, hydriodate of potash in combination with sarsaparilla, in such doses as the stomach was capable of bearing without inconvenience. The compound decoction, or the compound infusion in lime water of the latter, are the preparations I prefer. Under this simple plan of treatment, I have succeeded in bringing numerous cases, similar to that described by Mr. Laurence, to a happy termination. But if mercury had been previously exhibited, as in the present instance, the case must be esteemed much more complicated and unmanageable, than if it had not.

There are two modes of assailing an individual who imagines he has made some improvement in any art or science. 1st. To shew that the supposed improvement is no improvement at all; and 2ndly, that the improvement had been previously well known. I have been assailed in both these ways. I shall not now, however, stop to inquire whether the introduction of the non-mercurial treatment has, or has not, been of advantage; but take the opportunity of stating my claims to its early promulgation, as I find that the merit (and it is even acknowledged by the most inveterate mercurialist, that it has been of some advantage) is attributed to others, who certainly have not any claims which can compete with mine.

In 1810 I was appointed one of the surgeons of the Westmorland Lock Hospital of Dublin, containing at that period about three hundred venereal patients. About this time Mr.

Abernethy's work on Pseudo-Syphilitic Diseases made its appearance; and the cases adduced by that original and celebrated man made the strongest impression on my mind. But contrary to his assertion, that the symptoms of the resembling diseases could not be distinguished by their appearance from those of syphilis, I was convinced in my mind, that if differences existed in nature, they would be manifested by a difference in the characters of the symptoms; and therefore determined upon bringing this view to the test of experiment, by making use of the extensive opportunities I possessed.

I therefore, soon after my appointment, commenced an investigation by observing accurately the various appearances and characteristic distinctions of venereal complaints, both primary and secondary, and by treating all those cases *without* mercury which did not correspond with Hunter's description of true syphilis. The result of the investigation exceeded my warmest expectation. It proved not only that the received dogma of that day, that venereal diseases progressed without the intervention of mercury until they destroyed the patient, was without foundation; but it also demonstrated, that the great majority of those complaints could be perfectly cured in a much shorter period than is usually effected by the intervention of mercury.

In 1813 I delivered a course of lectures at the Lock Hospital, on venereal diseases, to a very numerous class, not only of pupils, but of practitioners; to whom I communicated the facts developed by my investigation, at that time scarcely credited, on account of their novelty and opposition to the received doctrines which governed the practice of medical men. The first lecture of this course, according to a printed syllabus which lies before me, was delivered on the 29th of March, 1813; just a quarter of a century ago.

Early in 1814 was published the first edition in 4to of my work on Venereal Diseases, containing plates of the four great varieties of venereal eruptions.

In October, 1815, I published a paper in the Medical and

Physical Journal (No 200,) containing a statement of seventy cases of venereal disease treated without mercury, the majority of which were cured (as was then thought) in an incredibly short period; and their authenticity would have been doubted, had they not occurred in two public hospitals, the Lock and the Richmond, under the observation of numbers of professional men. In a note at the conclusion of the paper, the Editor had the kindness to make the following flattering observation.

"The great mass of evidence contained in seventy well authenticated cases render unnecessary any apology for the length of Mr. Carmichael's paper, and we must impress our readers with the same sense of gratitude to the author as we have felt. Henceforth we hope to hear no more of the impossibility of finding discriminating characters in cases where the question is no less than the exhibition of a remedy which confounds all character, and has proved destructive in many complaints which would have healed spontaneously or yielded to mild remedies. We hope also those much too general terms of *pseudo-syphilis and syphiloides*, which remind us of the early and more imperfect state of botany, will gradually fall into disuse, and evince an improvement in medicine by giving way to descriptive names."

In 1818 I published a small work entitled "Observations on the Symptoms and Specific Distinctions of Venereal Diseases, interspersed with hints for the more effectual prosecution of the present inquiry into the uses and abuses of mercury in their treatment," which I felt much pleasure in dedicating to Sir James M'Grigor, Director-general of Military Hospitals. This mark of attention I conceived due to Sir James, in consequence of that exemplary and excellent officer having recommended my system of treating venereal diseases to the consideration of the surgeons of the British army, although at that period I had not the pleasure of being personally known to him.

Shortly after this last work was published, I received a very flattering letter from Sir James M'Grigor, stating that he "had

transmitted a copy of it to every regiment in his Majesty's service, in every part of the globe where British troops were stationed."

In 1825 a second edition of my first work was published, with considerable additions. I have taken the liberty of obtruding these dates upon my professional brethren, because, in various publications, reviews, and published lectures, I find the merit of commencing the anti-mercurial investigation has been attributed to the late Mr. Rose, Surgeon to St. James' Infirmary, and to the Coldstream Regiment of Guards. His communication on the subject is to be found in the 8th vol. of the Medico-Chirurgical Transactions, and was read on the 24th of June, 1817.

A comparison of the date of his paper with my first publication of 1814, on the subject, without taking into consideration my lectures at the Lock Hospital, in 1813, needs no comment in order to settle the question of priority. Indeed, he could have no intention himself of laying any claim to it, as my publication is frequently alluded to, both in his communication to the society, and that of Mr. Guthrie, which was read on the same night, and published in the same volume. It might, therefore, as well have been attributed to the latter gentleman, but Mr. Guthrie having survived his competitor, the time has not yet arrived for conferring on him a similar honour.

No doubt, from the earliest period after the introduction of mercury for the cure of venereal complaints, there arose, from time to time, a few clear-sighted individuals, who, seeing evidently the mischiefs which its indiscriminate use occasioned, doubted its claim to the character of a specific, and without deceiving themselves and others by naming the symptoms which did not yield to its influence, either syphiloidal or mercurial, they had the boldness to treat venereal cases without that mineral. But I do not know of any before myself who tried the anti-mercurial treatment on an extensive scale, such as I had the

opportunity of doing in two large public hospitals, and afterwards published the result of these experiments.

Independent of the trials the anti-mercurial treatment has had in those islands, and in the British army, it has of late years met with the most extensive experience in France, Germany, and Sweden, as may be learned by the publications of Desruelles, Cullerier, and Divergie in France, by those of Oppenheim, Fricke, and Dietrich in Germany, and by that of the Royal Council of Health in Sweden, as well as by many other indisputable authorities, from which sources we have the most authentic information of the recovery of thousands—nay, tens of thousands of venereal patients, in the course of a very few years, without the exhibition of a single grain of the specific. Therefore, let us hear no more of the necessity of subjecting every venereal patient to a mercurial course, the indiscriminate adoption of which practice, I have no hesitation in asserting, has sent ten times greater numbers to an untimely grave than the disease it was intended to cure.

As I have been called on for a third edition of my work on venereal diseases, I shall postpone for the present the consideration of these important documents, and the inductions which the anti-mercurial treatment on the Continent affords, but shall give below those of M. Desruelles,* marking in italics those which

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* " 1° Qu'on peut guérir les maladies vénériennes, en employant seulement un traitement simple, sans mercure, et sans autres moyens thérapeutiques que les adoucissans et les antiphlogistiques.

" 2° *Que le régime végetal et adoucissant doit être la base de tout traitement, avec ou sans mercure.*

" 3° Que les mercuriaux ou autres moyens, qui aut été préconisés contre les affections syphilitiques, ne doivent plus aujourd'hui être considérés comme des spécifiques, et que leur emploi ne doit être envisagé que comme déterminant une révulsion nécessaire pour obtenir la modification curative que le traitement simple ne saurait produire, dans tous les cas et chez tous les individus.

" 4° *Que, si cela est possible, il faut guérir localement, et dans le plus bref délai, les maladies primitives ;*

are particularly deserving of attention, and shall conclude by expressing my regret that so many of the profession should still continue inattentive to the advantages which a close observation of the characters of both primary and secondary symptoms afford in pointing out the most appropriate mode of treatment, and affording, also, an excellent foundation on which to form a just prognosis. I have also to regret that the profession should so gene-

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" 5° Que traitées ainsi, soit par la cautérisation, les astringens, ou les antiphlogistiques actifs, elles donnent moins de chance à la production des maladies consécutives ;

" 6° Qu'il ne faut renoncer à aucun des moyens qui entrent dans la thérapeutique de l'ancienne méthode ; *mais qu'il faut les mettre en usage dans certains cas et non dans tous.*

" 7° Que, quelles que soient les affections contre lesquelles on les emploie, il faut y associer les antiphlogistiques, surveiller leur action sur l'organisme, et les donner à dose modérée et convenable pour eviter les fâcheux accidens qu'ils produisent quelquefois.

" 8° Que, quel que soit le traitement employé contre les maladies vénériennes primitives, *on ne peut jamais être assuré qu'il ne surviendra pas des affections consécutives*, contre lesquelles il sera nécessaire de déployer tous les ressorts d'une thérapeutique raisonnée ; *mais que d'après les nouvelles expérimentations, le traitement simple a des recidives moins nombreuses, moins étendues et moins profondes, que le traitement mercuriel.*

" 9° Que le traitement simple, qui laisse subsister moins longtems les maladies primitives, et met l'organisme dans des conditions peu favourables au développement de l'irritation, est celui que l'on doit admettre d'une maniére générale, parce qu'il fait courir au malade des chances moins nombreuses de récidive ; *et que ces récidives, étant moins graves, guérissent plus facilement que celles qui résultent du traitement mercuriel.*

" 10° Et enfin que le mercure et les autres moyens révulsifs doivent être réservés pour les affections consécutives qui ne pourront être vaincues par le traitement simple.

" En établissant ces préceptes et ceux que nous ferons connaître à l'article *traitement*, nous ne prétendons pas rejeter la methode mercurielle ; nous pensons, au contraire, qu'elle peut être utile, dans certains cas, précisés avec quelque certitude par l'observation, et qu'alors l'association du traitement simple et des mercuriaux ou autres moyens stimulans, aura de grands avantages entre les mains d'habiles practiciens."—DESRUELLES *des Maladies Veneriennes*, p. 146.

rally arrange themselves into two opposite factions—the mercurialists, and the anti-mercurialists. The one party subjecting all cases, indiscriminately, to mercury, while the other as obstinately persists in not administering it under any circumstances.

To the first I would say, attend to the distinctive characters and stages of the disease under consideration, and learn to discriminate one form of venereal from another, as each form requires an appropriate mode of treatment; but, above all things, do not, in the present improved state of medical science, lay yourself open to the charge of empiricism, by administering mercury as a specific or nostrum. And to the anti-mercurialists I would say, do not refuse the aid of so active a medicine as mercury, the powers of which are well known and understood in remedying various morbid conditions of the frame, but give it either in full or alterative doses where you think those powers can be called into active operation for the benefit of your patient, under the guidance of those sound principles of pathology and therapeutics, which would guide you in its exhibitions for other diseases. By following this advice, those belligerents may at length be reconciled, and subscribe to the truth of the old adage, that *media via est tutissima.*

6th February, 1838.

P. S.—After this sheet was put to press, I found, in the last Number of the *Lancet*, (XX., 10th February, 1838), a case of phagedenic ulcer of the penis, detailed by Dr. Burridge, Physician to the Taunton and Somerset Hospital, which is, if possible, a more striking example of the ill effects of mercury upon this form of venereal disease than that related by Mr. Laurence. I might, from my own experience, detail hundreds of analogous instances, but I prefer giving that of others. Dr. Burridge's case is as follows:—

"A young man, æt. 19, having contracted a chancre, *was severely mercurialized by a quack.* When he first came under my notice, *he had a phagedenic ulcer* behind the corona glandis.

Bark and opium were freely administered, local applications o various kinds employed, including nitrate of silver and nitri acid, but without success; the glans separated. Buboes oc cupied his groins, which assumed a phagedenic character o being laid open, giving rise, at length, to a false aneurism of th femoral artery, for which it became necessary to tie the externa iliac. This operation was succeeded by the usual symptoms c phlegmasia dolens. During this attack, inflammation of th superficial veins of the limb manifested itself; these veins sup purated, still bearing the phagedenic character; and the carti lages of the knee-joint were exposed. A sphacelus appeared i the front of the tibia; gangrene extended over the internal mal leolus and anterior part of the foot, though apparently healthy granulations were thrown out from above downwards; the tibia and fibula were exposed, and their outer laminæ necrosed. I was about four months from the time when the external iliac was secured, that the leg was removed above the knee, and i about a week the young man sunk under a pulmonary affection No tubercle was found in the lungs, or mesentery, though he was of strumous habit. Throughout his long and melancholy sufferings, he received the constant and anxious attendance o more than one surgeon of first rate eminence."

Dr. Burridge, after this sad detail, need scarcely have de manded, "Is it too much to affirm, that this unhappy youth was the victim of mercury misapplied?" And, in another place, he observes: "The indications for the employment of mercury are still amongst the *desideratissima* of our science, and still the wonder grows that no man of competent talent and expe rience applies himself to the task of elucidating so interesting a point, and the rather as the frequency of these cases adds not a little to our daily embarrassment and annoyance."

Perhaps Dr. Burridge and the profession may find in this paper some striking facts and useful views tending to elucidate this interesting and most important inquiry, *where mercury is admissible, and where not admissible, in venereal diseases.*