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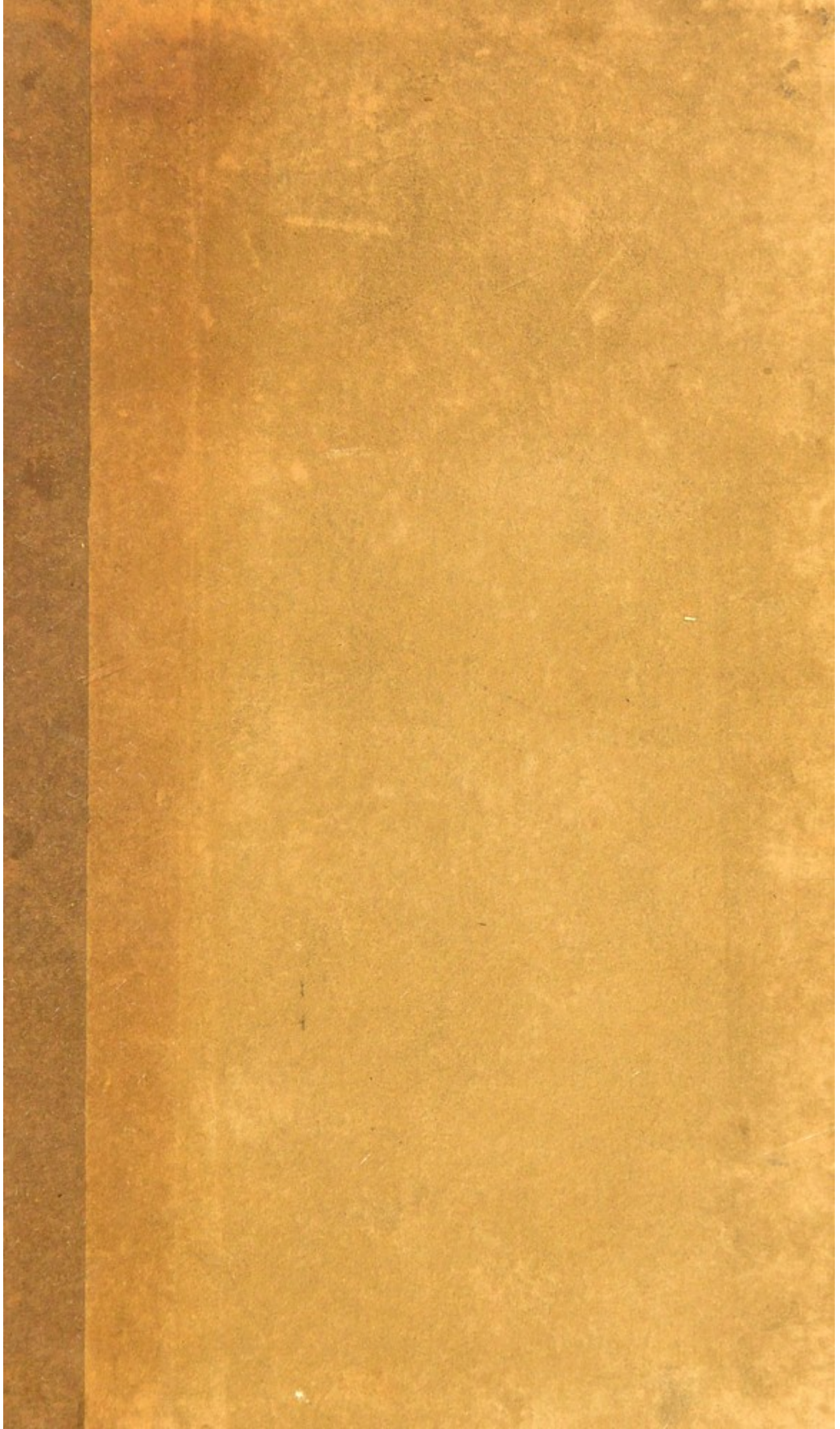
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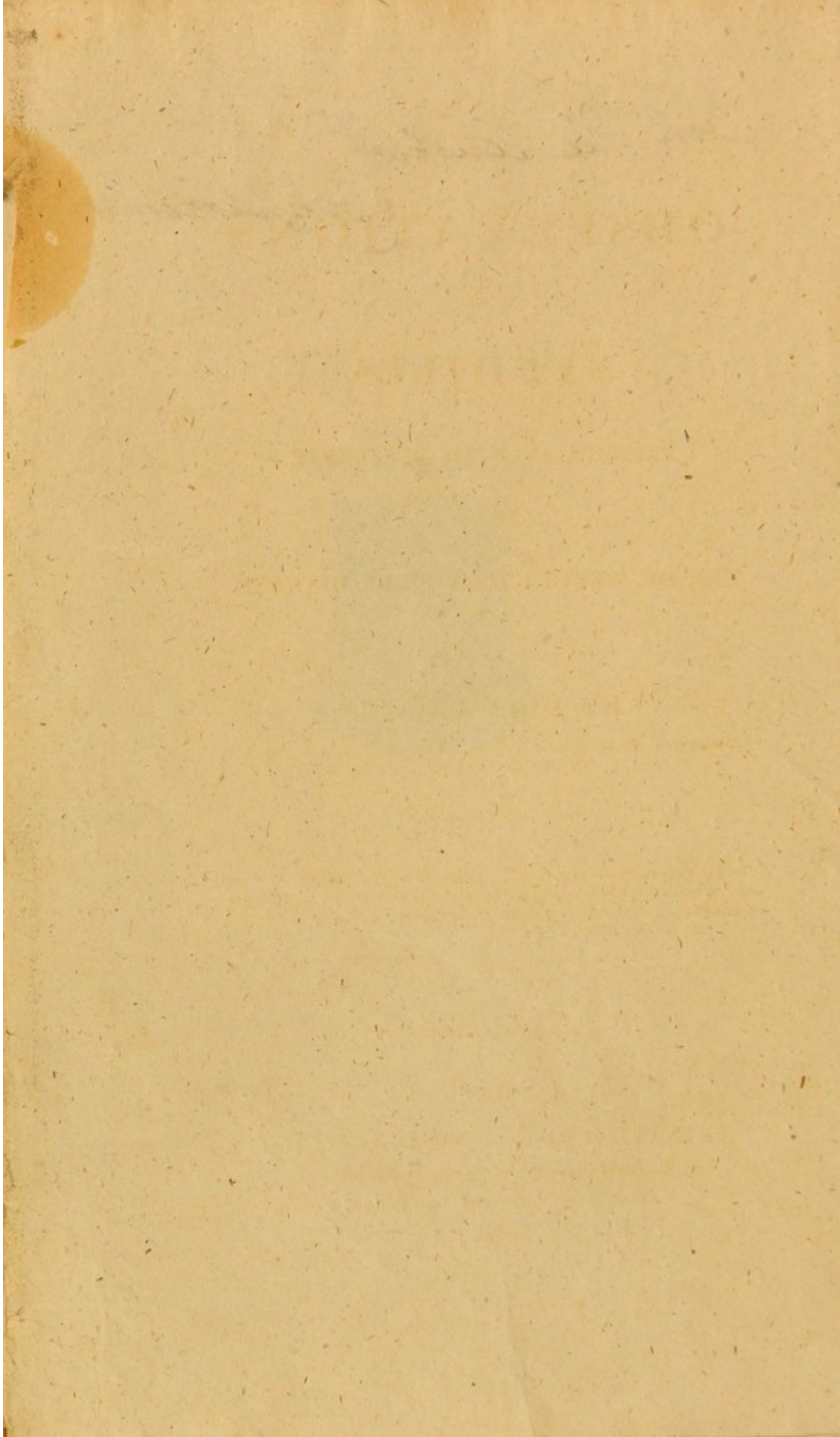


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OBSERVATIONS

ON

SYPHILIS,

PRINCIPALLY WITH REFERENCE

TO THE

USE OF MERCURY IN THAT DISEASE.

BY JOHN BACOT,

*Member of the Royal College of Surgeons, and late Surgeon of the Grenadier
Regiment of Guards.*

“Le témoignage de mille n'est peut-être que le témoignage d'un
seul, d'après lequel ils auront parlé, sans être instruits par leur propre
expérience, ou du moins, par les observations appréciées et réduites
dans leurs propres limites.”

Quesnay Traité de la Suppt.

LONDON :

PRINTED FOR T. AND J. ALLMAN,
BOOKSELLERS TO HER MAJESTY,

PRINCES STREET, HANOVER SQUARE.

1821.

OBSERVATIONS

SYPHILIS

PRINCIPALLY WITH REFERENCE

TO THE

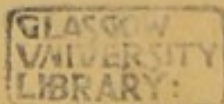
ADJUSTMENT

USE OF MERCURY IN THAT DISEASE

BY JOHN HAGOT,

Marchant, Printer, Ingram-Court, London.

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ADVERTISEMENT.

My intention in publishing this little work must not be mistaken. I do not flatter myself that I have added to the stock of medical knowledge; I have only designed to give to the junior part of my professional brethren a guide to the use of mercury, which late circumstances appear to me to render absolute necessary.

The object and views of those gentlemen who have given to the world the very interesting results of their practice, in cases of syphilis where no mercury was exhibited, appear to me to have been misunderstood. It is one thing to withhold that medicine with the laudable design of ascertaining the real progress and undisguised history of the disease; it is another, and a very different view of the matter, to suppose, that it was intended to banish it altogether from practice in the cure of lues venerea; and to conclude, that, because mercury cannot do every thing, it is incapable of exerting any beneficial influence upon this class of diseases. Such was not the design with

which the recent experiments have been made; but that they have in many instances led to great uncertainty and vagueness in practice, and have shaken the faith of some part of the profession in their estimation of the specific, cannot, I think, admit of a doubt. If this publication, therefore, should be found useful in putting this point upon a better or more secure footing, my purpose will be fully answered; and with this explanation of my views, I must deprecate the severity of criticism. It would have been easy for me to have enlarged and multiplied my quotations, and to have increased the size of this volume by the publication of numerous cases: but I have thought it more

consistent with my design, as well as more merciful to my reader, to state simply the result of my experience; adding only one or two cases illustrative of the principal circumstances of the disease.

South Audley Street,
Dec. 8, 1820.

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and all those nations imbibed during the
course of our medical education, have in
consequence, become in a great degree un-
settled as to the true nature of the disease.

OBSERVATIONS,

&c. &c.

NOTWITHSTANDING the numerous works that have been published, on the subject of Syphilis, during a period of more than three hundred years, our knowledge of the disease is still so imperfect that few points relative either to its natural history, or the most approved mode of treating it, can yet be said to be settled beyond the reach of controversy. The reputation of the specific, so firmly and exclusively relied upon the for removal of every form of this disease, has of late received a rude and severe shock;

and all those notions, imbibed during the course of our medical education, have, in consequence, become in a great degree unsettled.

In thus venturing to record my opinions and to detail my experience on a subject at once so interesting and so complicated, I am sensible that I stand exposed to the imputation of rashness. I am fully aware that nothing short of a very extensive collection of facts, and a careful and dispassionate inquiry into all those circumstances which render this investigation so perplexing and difficult, can entitle an author to publish an extended work upon Lues; but I conceive that one with humbler pretensions may yet perform a service acceptable to the profession at large, and useful to the junior branches of it in particular, by collecting and stating the evidence upon this subject; by drawing those conclusions which seem to be fairly deducible from the experiments

that have of late excited so much interest in the medical world; and by endeavouring to restore mercury to that degree of confidence to which it seems fairly entitled, ascribing to it, at the same time, those just limits beyond which that confidence would be productive of mischief.

It is useless to enter into the discussion of a question, much contested by the early writers, as to the origin and birth-place of syphilis; nor do these writers, for the first forty or fifty years after it had attracted the particular notice of the profession, afford any satisfactory information upon the subject: their abilities and labour seem to have been equally misapplied in searching for the hidden causes of the invasion of this disease, and, in compliance with the taste for astrology, so prevalent at that time, much ingenuity was displayed in tracing the origin of this new plague to the malignant influence of the planets. It is also quite evident, that, in

the eager pursuit of novelty, and influenced by the terror of so unmanageable an enemy, every extraordinary symptom and every difficult case was decided upon as appertaining to Lues; so that a modern would scarcely recognise this disease as described by some of these authors. From this censure, however, several works of merit must be excepted, and Johannes de Vigo, in particular, may be mentioned as having left us a very fair enumeration of the symptoms. The practice of the age was in conformity with the theory: receipts of the most elaborate and contradictory description were universally in use, but it was quickly found that all the sanative methods then in vogue were unavailing, when applied to arrest the progress of so formidable an adversary. Mercury was, however, soon called in, as an auxiliary, and its first employment seems to have been derived from the Saracens, who had, for a long time, used it as an external remedy in the cure of many of those cutaneous affec-

tions so common in hot climates, though its effect in producing salivation was known in Europe as early as the twelfth century. The ointment chiefly in use at this period was composed of many ingredients, and contained but a small proportion of quicksilver, compared with the more simple formulæ of the moderns. The indiscriminate and universal employment of this powerful remedy soon produced a sufficient number of victims to lessen materially its reputation, and to raise a strenuous opposition to its use: something, perhaps, may be allowed also to the prejudices excited against it, as having been introduced under the auspices of itinerant practitioners, who boldly asserted their ability to perform cures, even in those cases which had baffled the skill of the most eminent and able physicians and surgeons of that period.

Under such circumstances, and in such hands, it was not surprising that frequent

failures ensued, that symptoms, more loathsome than those of the disease which it was designed to cure, often supervened; that the cure was often imperfect, and the issue far from according with the hopes and expectations of the patient. Mercury, in consequence, began to lose ground in the estimation of the profession, and in the first years of the sixteenth century, new remedies were sought for with avidity. Among the first and most important of these is the guaiacum wood, which was brought from St. Domingo about the year 1507, as the common and universal remedy employed in the West Indies, for the cure of every form of this disease. In 1517, Ulric Hutten published an account of his own cure, by the use of the decoction of guaiacum,* of which he gives the most clear and satisfactory account; but as the author had under-

* The mode in which the guaiacum was employed rendered this mode of cure sufficiently troublesome.

gone mercurial processes eleven times previously to his adopting this remedy, it is more than probable, that the disease he laboured under, was rather the product of the remedy injudiciously employed, and acting upon a peculiarity of constitution, than a true and unequivocal case of lues venerea. Guaiacum, however, held its dominion until nearly the middle of the sixteenth century, when we find mezereon, the China root, and sarsaparilla, successively called in aid of the guaiacum; and, if any stronger evidence were wanting to assure us, that this latter substance is not implicitly to be relied upon, the eagerness with which these new medicines were sought for would be nearly conclusive, making all due allowance for the love of novelty so congenial to human nature.

The practice continued in this state of uncertainty during the remainder of the sixteenth century; and though mercury was

administered, both externally and internally, as well as by fumigations of cinnabar applied to the surface of the body, still its opponents were numerous and of great reputation; and both Fallopius and Fernelius, names of great authority, object to the use of mercury, unless guaiacum and sarsaparilla fail in effecting the cure. Fallopius declares that the bones never become diseased, excepting where mercury has been employed. This important observation, which is noticed with reprehension by Dr. Friend,* has not to my knowledge been hitherto mentioned with a view to the decision of its truth or falsehood; indeed, I suppose the profession would have treated such an opinion with contempt, had it been insisted upon forty or fifty years ago; nevertheless, there is reason to believe that, with some modifications, and with those excep-

* History of Physic, vol. ii. p. 382.

tions to which all general assertions are liable, the observation is founded on truth.

Notwithstanding all the objections made to mercury at this period, it must, however, be confessed that they still principally turned upon the ill consequences arising from its abuse; and, consequently, as its properties and modes of action became more familiar to the profession, it gradually took place of the vegetable remedies, which were considered only as auxiliaries, calculated to repair the inroads on the constitution produced by the action of the specific, and to remove the sequelæ of the disease. Still great contests ensued as to the time necessary to establish the cure, as well as with respect to the effect to be produced upon the mouth and general system. The writers of this age do not appear to have entertained any view of gradually accumulating the remedy in the habit, or of keeping up

its action for any definite period.* One writer, indeed, is careful to inculcate that the gums must *not* be affected. The turpeth mineral was the remedy most commonly used internally; and the practice of fumi-
gating the body with cinnabar was very common during the latter half of the sixteenth century. There seems to have been a general feeling about this period that the disease had become milder.†

In the course of the seventeenth century the practice underwent a gradual change; the use of mercury gained ground daily, and the decoctions of the woods were chiefly employed towards the completion of the cure,

* Among the warmest advocates of mercury, Nicol. Massa may be mentioned, whose ointment contains a large proportion of mercury, and who declares his ability to cure every symptom by frictions. His method of using these frictions was an interrupted one.

† J. Zecchius, 1586.

with some vague idea of repairing the damage done to the constitution by the action of the specific. The profession is obliged to Pigray for an ointment, divested of all those foreign ingredients, which served to augment its volume, without increasing its power. As chemistry made progress, the number of internal preparations of mercury increased. Calomel was first prepared by Sir T. Mayerne; and the dread of the use of mercury, in all its various forms, diminished gradually. In our own country, Wiseman* wrote a treatise expressly upon this disease; and nothing can exceed the vagueness of his description of the symptoms, as collected from the cases he has recorded. His account of a mercurial course, as practised in his time, is formidable and curious. It usually lasted thirty days: the affection of the gums was the great object of the surgeons of that day, and

* Wiseman's Chirurgical Treatises, vol. ii.

their chief dependence was upon the intensity and severity of the salivation. Wiseman mentions the *blew* pill, but declares that it had never answered his expectation; and he still considers sarsaparilla, to use his own expression, "the great hinge of the cure." His first four observations were most probably not venereal cases: his nineteenth observation is curious, as displaying the great abuse of mercury at this period. It may not here be improper to remark, that Wiseman constantly bleeds his patient previous to a mercurial course; and it is by no means clear to me that this practice might not in many instances be revived with considerable advantage; and here I have great pleasure in quoting a passage from Dr. Paris's excellent work, which bears upon this point. Speaking of the use of mercury, he says, "Whether the vis conservatrix, which Nature, when in a state of health and vigour, opposes to the admission of poisonous substances into the cir-

" culation, be overcome by blood-letting, is
 " a question which I shall leave others to
 " decide; but thus much reiterated practice
 " has taught me, that the system, in a strong
 " and healthy condition, frequently offers
 " a resistance to the operation of mercury,
 " which is overcome the moment the sto-
 " mach becomes deranged, the circulation
 " languid, and the general tone of the sys-
 " tem impaired."* Without any reference to
 the after exhibition of mercury, it not unfre-
 quently happens, that a large and sloughy
 sore, attended with a high state of inflam-
 mation and acute pain, is rendered mild
 and tractable by a copious bleeding; it has
 often occurred to me, to see this effect pro-
 duced by a spontaneous bleeding from the
 rupture of some vessel of the part: and this
 remark equally applies to some ulcers of the
 tonsils, as well as to the same condition of
 buboes.

* Paris's Pharmacologia, Introductory Remarks.

The surgeons of the latter part of the seventeenth century had a most compendious mode of deciding upon every symptom; whatever yielded to mercury was declared to be syphilitic. Wiseman's last observation is of a node upon the os frontis, which after all was got rid of without the use of the specific.

Sydenham has a short account of pox in his works;* there is very little peculiar or new in what he says, excepting that he does not think any previous preparation necessary for the mercurial course, and condemns, in severe terms, the discipline inflicted upon those who underwent salivation in his time: not long after this (in 1684) Abercromby published a short work upon Lues, in which he proposes to cure that disease always without salivation, and most commonly without mercury in any form. This work I

* Contained in a letter addressed to Dr. Paman.

have not seen ; but if Astruc's* account be correct, his mode of treatment is nothing more than a recurrence to the vegetable remedies, and which, in a subsequent edition of his work, he found occasion to modify. On the continent, at this period, we do not find that the general use of mercury was established ; a writer, in 1673, decidedly affirming in an inaugural dissertation,† that mercury is never to be employed, unless all the other remedies have failed. It is probable that the authority of this author is not great, but undoubtedly he may be supposed to be retailing the sentiments and practice most generally adopted in his time.

In the year 1717, Turner published the first edition of his *Treatise on Syphilis*, in which we find little of novelty. I purposely pass over his detail of symptoms, as well as

* Astruc de Morbis Veneriis, vol. ii. p. 981.

† Astruc, vol. ii.

the generally established belief of gonorrhœa being a syphilitic symptom, or what was then called the first infection. Turner is a great advocate of mercury in all its forms of administration, and is particularly fond of the fumigation with cinnabar. Some of his cases are important; his thirtieth history displays the terrible abuse of the administration of mercury a century ago. In page 363, a deplorable case is recorded, where a young and modest female is subjected to a long and severe course of mercury, by which her health was totally ruined, for the cure of what he considers secondary syphilis, although there is no suspicion of their having been preceded by any other symptom than gonorrhœa, communicated by her husband shortly after their marriage.*

* In a subsequent edition of this work, we find Turner engaged in a furious controversy with respect to the Montpellier practice of curing syphilis without salivation.

It is not my intention to enter diffusely into the opinions and practice of individual authors to the present day; mercury seems to have thoroughly established its dominion in the course of the last century, and though, in the interval, many remedies have sprung up, claiming to be regarded as specifics in the cure of this disease, time has generally exposed the fallacy of their pretensions, and having dismissed some with merited contempt, has retained others as valuable auxiliaries. The respective merits of these various articles, among which bark, ammonia, cicuta, opium, and nitrous acid may be enumerated, have been discussed by the able and elegant pen of Mr. Pearson, and can-

This controversy is no less amusing than curious, and is gratifying to the modern reader, since it proves that at least we have made some advance in good manners. Our criticism may be as keen, but it is scarcely ever so ill bred.

not now require one word of observation from me.

Still, however, until within these few years, there does not appear to have existed any suspicion, that the natural history of the disease might have either been mistaken or modified by the progress of time, and that the order of the symptoms, their continued progress, and the fatal termination of the disease, if left to pursue its own course, were circumstances that could admit of a doubt: there is, indeed, a passage in Mr. Howard's work on the Venereal Disease, of some importance, but which, however, does not appear to have induced him to form any new opinion upon the subject, or to institute any inquiry as to its truth; the passage is as follows: " But it is certain, that the general
" use of the specific for very nearly three
" hundred years has produced much varia-
" tion in the natural course of lues venerea;

“ it was, probably, mercury which first modified it, so as to give rise to a node in the form we now see it.”* No practical conclusions seem to have been suggested by this hint, for, of all modern writers, Mr. Howard is, perhaps, the most severe in his administration of mercury, and, I may add, the most credulous in his enumeration of the symptoms of the disease. I hope I shall not be thought too severe in my criticism, if I observe, that he is also, by far, too prone to draw general conclusions from isolated facts, a remark that will equally apply to other writers of the same date, of even greater notoriety.

For a period, then, of upwards of forty years, mercury appears to have become firmly established, both in hospital and private practice, as the only safe and effectual re-

* Howard on Venereal Disease, vol. i. p. 9.

medy in syphilis. The general and most approved doctrine was to administer it under confinement, gradually and regularly; to affect the constitution thoroughly, and to keep up the action of the specific for a determinate length of time. Chancre was generally thought to require a course of from four to five weeks continuance, in order to insure the constitution against the attack of secondary symptoms; the first class of these symptoms demanding eight or nine weeks for their removal, and the affections of the membranes and bones, from twelve to fourteen weeks continued action of the remedy.

In concluding this rapid and imperfect sketch of the fluctuations of medical opinion, and of the various fortune of mercury in different ages, the reader will readily perceive the inference intended to be drawn: if the venereal disease had been of the fatal character described by those who were contemporary with its first invasion, or if mercury

alone were absolutely *requisite* in all cases to check its progress, what would have become of the human race by this time? For a long period, the use of mercury seems to have been superseded; for a much longer space of time, it was administered so as to exercise a very imperfect influence over the disease, according to our more modern notions; and yet, so far from the symptoms having become aggravated, they appear gradually and regularly to have lost their terror: neither shall we have much reason to congratulate ourselves upon the result of the practice forty years ago, when we find the same intractable train of symptoms, and the same difficulties occasionally attending the cure, even though mercury had established its unrivalled dominion. Let us now proceed to examine what has been done upon this interesting subject in our own days.

It is now about twenty years since Mr.

Abernethy published a short treatise on diseases resembling syphilis, in his *Surgical Observations*. It had not escaped his penetration to remark, how frequently the facts of a case supposed to be venereal contradicted the established opinions upon this subject; and that symptoms, which the eye could not detect to be in any way different from those of the venereal disease, occasionally ran their course, and admitted of a natural cure without the use of mercury. He was not prepared to go so far as to say, that the natural history of the disease had either been mistaken, or had undergone some change; and, therefore, he has described these diseases as composing a distinct class, and only bearing a resemblance to lues, though neither the senses nor the understanding can detect any difference between them, both being the product of impure connexion, and bearing, in many instances, that peculiar character supposed to be decisive of their nature. He

says, “ a very simple fact has enabled me
“ to distinguish between the two diseases ;
“ yet, simple as it is, if it be generally true,
“ it is very important, and if it were univer-
“ sally true, it would be of the highest con-
“ sequence. The fact alluded to is, that
“ the constitutional symptoms of the vene-
“ real disease are generally progressive,
“ and never disappear unless medicine be em-
“ ployed.”* Subsequent observation, how-
ever, will show that this cannot now be ad-
duced as a discriminating mark between them,
and that, at all events, it implies the necessity
of awaiting the progress of the symptoms be-
fore we can form a judgement of the case ;
in other words, proving that there is no
marked diagnosis between the two diseases.
Another circumstance has contributed to
throw this point into greater obscurity : some
few cases have been published of primary

* Abernethy's Surgical Observations, p. 137.

sores, the subjects of which were married men, who, in one or two instances, communicated the disease to their wives, though in these cases, it is asserted, there was no reason to suspect any previous infection. I own myself rather sceptical upon this subject; when there are so many obvious reasons for practising deception, I should rather be inclined to believe that the case had been misrepresented, than that all the laws which regulate the action of morbid poisons in other cases should be found inapplicable to this; particularly, when I reflect upon the imposition practised upon our forefathers, who were taught to believe, that inhaling the breath of an infected person, kissing, or even lying in the same bed, were common modes of communicating the infection. There is scarcely any patient, in this day, who would venture to resort to so clumsy an explanation, when the facts admit of a solution so much more consonant to nature and to reason.

The long continuance of the peninsular war opened to us another source of information, and Mr. Ferguson has given us, in the fourth volume of the Medico-Chirurgical Transactions, some observations upon what he saw in those countries in connexion with this subject; the result is, that in Spain and Portugal mercury is not generally resorted to for the cure of the primary symptoms of the venereal disease, or, when employed, that it is not administered according to our notions of propriety: the practice is condemned by Mr. Ferguson, though it is admitted, that it was not attended with the fatal consequences that might have been apprehended. A more intimate acquaintance with the practice of the continental surgeons, both of Germany and France, also shows, that the administration of mercury has undergone a great change in those countries. The corrosive sublimate is almost universally employed in all recent cases of syphilis; it is given in very minute doses, and for a

length of time altogether inadequate for the destruction of the poison, according to the generally-received opinion of the nature of the disease: and it does not appear that this practice has led to any unpleasant or fatal results.

We come now to the direct experiments that have been made upon a very large scale in this country, to ascertain the real and undisguised progress of syphilis. Mr. Rose's valuable paper is the first record of an attempt to place this difficult subject in a true point of view; and the manner in which he has treated it, as well as his candid mode of recording every case and its result, without making any selection, has added much to the value of his communication. The practice of curing all primary sores upon the parts of generation, without the use of mercury, has since that period been so extensively employed, that not a shadow of doubt can now remain upon that part of the

subject. In addition to the testimony of Mr. Rose, Mr. Thompson, of Edinburgh, and a number of other gentlemen, the same system has extensively prevailed at the various hospital-stations at home, and with the army in France, for a length of time sufficient to satisfy the most sceptical. It has, however, been urged by some, that these sores might not have been venereal; and, although that may be conceded as to many, still, when it is recollected that these experiments have included all ulcers upon the genitals, and those arising in a class of men most peculiarly exposed to the chances of infection, there does not appear to be any reason for such a doubt, especially since it is confessed that a really syphilitic sore cannot be decided upon by the most experienced observer by its appearance only, though a surgeon may occasionally be justified in giving an opinion as to what *is not* a venereal sore. It now only remains for me to state what appears to me to be the result of all that

has been said upon this subject, in order that we may be able to appreciate more fully the value of what we have gained by the inquiry.

1. It is assumed, therefore, as an established fact, that all ulcers upon the parts of generation are cureable without the use of mercury; but I cannot concede that, generally speaking, they are cured with equal celerity: they require more strict confinement, more attention to the state of the general health and to regimen, than is found necessary under a mercurial treatment carefully conducted; and, in some instances, the length of time requisite for their complete cicatrization is alone a serious evil. It may be also added, that under the non-mercurial mode of cure they frequently heal with hardened and elevated cicatrices.

2. It must be admitted, that a great proportion of cases so treated are followed by a

train of constitutional symptoms, which succeed to the cure of the primary sores in a period varying from six weeks to three or four months; and though medical men differ greatly as to the proportion of these cases, the causes of which difference it would not be difficult to explain, perhaps, if we take it at an eighth of the whole number, our estimate will not be far from the truth. The appearances thus produced are various; I might say, almost infinite, in degree at least. Some of these will be mentioned more particularly hereafter; but they have been confined, as far as my knowledge and experience go, to ulcerations of the tonsils, pains in the limbs, swellings of the joints, particularly the ancles and elbows, eruptions and ulcerations of various kinds upon the body, limbs, and in the hairy scalp, ophthalmia, great debility, and wasting of the flesh, occasional deafness, and, not unfrequently, pulmonary complaints. This latter circumstance has been adverted to by

Mr. Rose; and, in adding my testimony to his, I am prepared to go somewhat farther, by expressing my belief that the debility and cachexy of habit produced by these constitutional symptoms, too often render the system prone to the attack of that formidable disease, the pulmonary consumption. Two or three such cases have fallen within my observation; and the subject is too important to permit me to pass it over without calling the attention of the profession particularly to it. In this mode a consumption may be established, in a habit predisposed to it, without, as formerly, admitting phthisis in the number of syphilitic symptoms. Thus, also, in the scrophulous diathesis, a node may be excited, which, so far from being venereal, will be most cruelly aggravated by the use of the specific.

3. That these constitutional symptoms, when left to themselves, or treated with warm baths, antimonials, sarsaparilla, &c.

have in a greater or less space of time been removed, and have not led to a diseased state of the membranes and bones, I also can testify; no such disease having occurred in my own hospital-practice for these three years past, with the exception of one case; and this man had used mercury imperfectly and interruptedly for the cure of an eruption of the tubercular kind, and of a very doubtful character. It must however be admitted, that under this mode of proceeding the convalescence is often long and tedious, the symptoms apt to recur, and the health remains for a long time delicate and fluctuating.

It is apparent, from all that has been stated above, that the natural history of the venereal disease has either been mistaken from its first origin, or that in the course of time it has become so modified, as no longer to pursue the same course, or to present the same phenomena as formerly. Here a fer-

tile field for discussion presents itself; but it is not my intention to attempt the decision of this question. I must, however, observe, that there is no analogy with which I am acquainted that can lead to the belief of the modification of a disease by the mere lapse of time. Many diseases might be enumerated, which have been divested of great part of their terror by the gradual advance of medical science, and by the adoption of a more rational practice; but I apprehend, when this is conceded, it will still be apparent that small-pox, measles, the plague, and numberless other maladies, retain precisely the same character which distinguished them ages ago. It appears more probable to my mind, that, in the first invasion of a new disease, the fears of mankind may have exaggerated the danger, and unnecessarily increased the catalogue of the symptoms, and that what had first been admitted as true by the warmth of imagination or the terror of novelty, had held its dominion chiefly by

the authority of great names and high antiquity. This, I think, is farther confirmed by the increasing belief from age to age of the mitigation of the symptoms, and which may be attributed to clearer views of the disease, and a more judicious employment of the remedy. This opinion may perhaps be somewhat corroborated by a recollection of the impression made by the first appearance of the ulcerated sore throat, which is described by Dr. Fothergill as almost amounting to the infliction of a new plague; but which the lapse of sixty years has deprived of nearly all its terrors. What the result of the action of the specific and the lapse of time combined with each other may have produced, I cannot pretend to determine, but it is not improbable that the indiscriminate and unrestrained use of mercury may have given rise to some of the most formidable symptoms, many of which we do not find mentioned for the first thirty or forty years after it is supposed to have made its

first appearance in Europe; and it is not a little curious that bubo, now one of the commonest results of a primary sore, is not mentioned before the year 1540.

Leaving this discussion, however, as scarcely admitting of a satisfactory solution in the present state of our knowledge, the practical inferences deducible from the facts above mentioned are to me obvious. Viewing the serious train of evils to which the non-mercurial practice tends, I would advocate the moderate and gentle use of mercury in all those cases of primary sore, where a mild mode of local and general treatment is productive of no beneficial change in the course of a reasonable period; at the same time being perfectly prepared to do without it in all those cases, and in those constitutions where its employment appears to be pernicious, knowing that I can dispense with its use without the dread of any of those more formidable consequences which

formerly rendered the surgeon often a slave to the prejudices and fears of his patient or to his own; and being convinced that it is both much wiser and more safe to postpone its exhibition than to persist in its administration where the habit is irritable, and it appears to operate upon the system as a mineral poison only, calling into action that peculiar and anomalous class of symptoms usually called cachexia syphiloidea.

With regard to the nature of the venereal poison, we know nothing, neither is our knowledge of the mode in which mercury acts upon it at all more precise: theory has succeeded to theory without advancing us one step towards ascertaining this point. The venereal poison has successively been considered as the produce of a particular fermentation, of an acid, and of an alkali, and consequently the humoral, the chemical, and the mechanical philosophies have been alternately brought forward to explain the mode

of action of the specific; if the philosophy of the present day does not permit us to adopt any of the foregoing theories, it has, at least, the merit of forbidding us to substitute any explanation which, not having its foundation in experience and induction, can only serve to increase the number of our medical phrases, without advancing the science in the smallest degree.

There seems to be reason to believe that mercury alters the condition of all sores, by exciting a new action in the system, and that it is only necessary to keep up this action a sufficient length of time for the fair and complete removal of the symptom; but a sore is not cured completely which retains any elevation or marked hardness about the cicatrix, and, therefore, the use of the remedy must be persevered in until this appearance be removed.

With respect to the best mode of em-

ploying mercury, great difference of opinion exists: it appears to me that its internal administration is the most convenient, certainly the most cleanly, and I believe the most efficacious, and of all the preparations of this mineral, the blue pill, prepared with a due proportion of opium, without question the form best adapted to the generality of constitutions. Calomel, the corrosive sublimate, calcined mercury, and other preparations, have had their days of triumph, and may still, under some circumstances, claim a preference; but, generally speaking, they do not appear to present any point of superiority over the blue pill, but, rather, from their capricious operation, to be less worthy of dependence. The use of mercurial frictions has nothing peculiar to recommend it; but where there is a wish to affect the system rapidly, or the irritability of the stomach and intestines forbids the internal use of the remedy, it forms an admirable help to, or substitute for, the use of the pill. In the

employment of mercury, I would wish particularly to caution the young practitioner against too confident an opinion of its efficacy,* and would warn him that he will meet with many cases where it will disappoint his expectations and falsify his hopes; but he is not to have so blind and implicit a belief in its powers, as to induce him to persevere in its use against the evidence of his senses, or to continue its exhibition for a moment where the symptoms resist its action or become aggravated, when its effect upon the constitution appears well marked and legitimate: but, above all, let the surgeon be careful that he administer it with the firm conviction that its careless employment is replete with danger, and that a majority of the deplorable cases that are occasionally met with, may be traced to the loose man-

* See this subject mentioned by Mr. Pearson, in his work on the Effects of various Articles, &c. every word of which should be read with the deepest attention.

ner in which the patient takes, and the surgeon too often consents to administer, this powerful medicine. Mercury possesses the property of producing many of those constitutional symptoms, so nearly resembling the natural progress of the disease itself, that a very careful discrimination, and a very accurate history of the particular case is often absolutely necessary to enable the practitioner to form a correct judgement of the nature of the disease; a question of the greatest moment to the patient himself, as involving the probability of personal deformity, and perhaps of the total ruin of his constitution in the event of a mistake. A patient must not consider himself as free from all restraint, because he is not confined to his bed-room, or reduced to such a state of salivation as to render all intercourse with society impossible; he must be taught, that a free exposure to the open air is not desirable, and that he must not be subjected to wet, or to the damps of the evening; he

must recollect that he is under the influence of a powerful remedy, and that he must in every respect, both in diet and exercise, confine himself within the bounds of a strict regularity. These general rules and cautions are of course equally applicable to the cure of the constitutional symptoms as to that of primary sores, and their concomitants; and the rule that I have mentioned respecting the fair and entire removal of the symptoms is of equal force and obligation. The time necessary for the completion of this process will accordingly vary in almost every instance; but in both cases a caution with respect to the gradual recurrence to former habits of life is equally necessary: much mischief has ensued from a neglect of proper precautions at the conclusion of a mercurial course, and the foundation of many anomalous diseases, may too often be traced to cold taken upon mercury, or to exposure to severe weather, when the system is loaded with this mineral. I should, therefore, strongly advise an equal

degree of caution to be observed by the patient upon these points, for a fortnight or three weeks after his apparent cure, as he would think imperative upon him during any period of his disease. When these cautions are sufficiently observed, the general use of mercury will be found easy, safe, and efficacious; it will be found fully to deserve the reputation which time had bestowed upon it, but which had been risked by a severity and want of discrimination in its employment, and by attributing to it powers which it does not in all instances possess; and an infallibility that cannot be ascribed to any known article of the materia medica.

ON GONORRHŒA.

THE scope of this little work does not render it necessary for me to enlarge much upon this subject; yet, as it has held so long and close a connexion with syphilis, it must not be passed over without some observation. All writers upon Lues, for more than two hundred years, have adopted gonorrhœa as a primary symptom of the venereal disease; in this light it is mentioned as early as the year 1580; and, almost in our own time, Mr. Hunter has taught us to believe, that the two diseases are mutually capable of producing each other. He seems to entertain no doubt that it is the common forerunner of secondary symptoms;* though he admits

* Hunter, p. 157.

that mercury, however necessary for their removal, has no influence upon the gonorrhœa itself. I can only say, that if this opinion is not formally abjured by the profession at large, the practice at least of the majority proves that it now no longer influences their conduct. The opinion of Mr. Hunter's commentator (Dr. Adams) may here be quoted, in order to show the state of practice in the latter end of the last century. In a note subjoined to the fifth chapter, he observes, "In either sex, where a discharge from a suspicious source cannot be made to subside, though all inflammatory symptoms may have ceased, I am inclined to believe that a salivation would destroy the venereal or contagious property of the discharge, nor would I pronounce any gleet free from danger without such a precaution."

In this country, from the time of Sydenham, gonorrhœa seems to have obtained

an undoubted rank in every work on syphilis, and is called "the first infection;" and all medical writers, even to nearly the close of the last century, do not hesitate to recommend the salivation of their unfortunate patients, as well for the cure of the symptom as for the security of the constitution against the attacks of secondary symptoms. It is not easy to explain in what manner gonorrhœa became so firmly established as a venereal symptom, as this disease is of a date unquestionably long antecedent to the siege of Naples, and has been acknowledged as such from the earliest records. The proofs of this assertion are too well known to require to be detailed; the authority of Salicetus, of John of Gaddesden, the Regulations of the Bishop of Winchester's Stews, &c. have all been brought into notice by Mr. Beckett, and are sufficiently displayed by Dr. Friend, in his History of Physic; they completely establish the remote antiquity of this disease. There are, however, still some prac-

tioners who incline to the belief, that one species of gonorrhœa, at least, (the virulent,) does lead to lues venerea, though there appears to be nothing peculiar in the most violent cases, but what may be more rationally explained by peculiarity of constitution; and, in fact, no surgeon of the present day, whatever his opinion may be, now administers mercury in this disease, with a view to the after security of his patient; indeed, the free use of this mineral, would, from its stimulating properties, be highly improper where the inflammatory symptoms run high.

I do not, however, hesitate to state my belief, that gonorrhœa is occasionally succeeded by constitutional symptoms; but the proportion of these cases is very small, their character is peculiar, neither do they require mercury for their removal; indeed, it appears to me, to be clearly contra-indicated. The constitutional symptoms I have alluded to are generally ushered in by a consider-

able febrile accession; the joints, particularly the ankles, become swollen, red, and painful, and there is occasionally an eruption of minute papulæ in patches, about the shoulders, arms, and back; the appearance of the ankles very much resembles the acute rheumatism: but the febrile symptoms are short lived, and usually disappear with the coming on of the local complaints. There is no difficulty attending the removal of these symptoms, but they are occasionally tedious; they yield to purgatives, antimonials, the use of the warm bath, and a strict confinement to bed: the appetite in the first attack is a good deal impaired.

There is another disease, which I must here mention in connexion with gonorrhœa, and which has been supposed to arise from the application of the matter to the eye: however this may be, the inflammation produced, in the few instances that have come under my observation, is of the most violent and intractable

description, and has produced the total destruction of the organ of vision in the space of two or three days, notwithstanding the most vigorous employment of general and topical blood-letting, and other antiphlogistic means. Here there is not sufficient time for the beneficial exhibition of mercury; and the complaint holds a course altogether distinct from the inflammation of the iris, in which the utility of that medicine is so strikingly displayed. I had some hesitation in making the above remark, having seen but two cases of the kind; but I have heard this opinion confirmed by one or two medical friends, for whose attainments I have the greatest respect, and whose sources of information, and accuracy of observation, will, I hope, sufficiently justify me in drawing the attention of the profession to this point.

The cure of gonorrhœa is now so well understood as not to require any comment;

and the train of evils which it either entails or is supposed to entail upon the sufferer is also foreign to the design of this treatise. There are, however, one or two sequelæ of this disease, upon which I shall say a few words: the first of these is gleet. Mr. Hunter thinks gleet contagious; but, according to my notion, I should restrict the use of this word to an increased quantity of the natural secretion of the urethra, the result of a previously high state of inflammation of the part; and it does not appear to me to be at all contagious in its nature. The discharge is colourless and viscid, and sometimes exudes in considerable quantities; its cure is facilitated by steel, bark, cold bathing, and all those means by which the tone of the system is restored; and it is aggravated by excess in drinking, by the encouragement of lascivious ideas, &c. It is a symptom of no importance, and usually ceases when the patient lives a temperate

and regular life, as far as concerns the sexual connexion. Another sequela, and which is very often confounded with and called a gleet, is a discharge of a thin and coloured fluid from the urethra, varying in its shade from a semi-transparent white to that of purulent matter, sometimes profuse, but often so trifling in quantity as to be only perceptible after the accumulated irritation of the night; and this I believe to be capable of producing a similar disease, though the discharge is often in so small a quantity, and so little apparent, excepting in the morning, that the chance of conveying the infection is perhaps very remote. This discharge will generally be found to have its origin in the thickened and enlarged mouth of one or more of the lacunæ of the urethra; and in this case there is generally a tenderness upon passing the finger in the direction of that passage at the distance of about two or three inches from the orifice. As there is

nothing peculiar in the mode of treatment necessary to be adopted in these cases, it is unnecessary to enter farther into the subject.

ON CHANCRE, OR PRIMARY SORE.

IT is scarcely possible to conceive a more interesting and fertile field for inquiry than the subject of primary sores on the parts of generation presents to the medical inquirer; a subject, which the experience of the most active, observant, and intelligent practitioner has not enabled to reduce to system, and in which we can as yet do no more than state a few plain facts. It has, however, been suggested, that all ulcers upon the genitals admit of something like an arrangement, and attempts have been made to reduce them under distinct classes. Mr. Carmichael is also of opinion, that one particular species of sore only is capable of producing the true secondary symptoms of lues. My own observation will not permit me either to form

this conclusion, or to adopt any specific classification of these ulcers; at least I am quite sure, that many varieties of sore, independently of the sloughy chancre mentioned by Mr. Carmichael, lead to constitutional symptoms differing in no respect from those he has described, and admitting of the same mode of cure.

In the early writers we find a chancre commonly called a venereal pustule; and, perhaps, if these sores were presented to us in their earliest origin, a more appropriate term could not be applied to them: but the majority of sores that come under the inspection of the surgeon have passed this stage, and present ulcerating or sloughing surfaces, varying in kind and degree in almost every instance. It is true, that in many elementary works it is asserted that all sores arising from the venereal poison partake of one and the same character. Mr. Hunter, in his work on the Venereal Dis-

ease, has advocated the same doctrine;* though, in the very same paragraph, he admits that this character *is not* peculiar to them, for many sores, that have no disposition to heal, have, so far, the same character. It would be endless to adduce passages from this, and other works of nearly the same date, to show how vague the best and most approved doctrine upon this subject was at the close of the last century. I shall, however, observe, that Mr. Hunter describes a sore upon the prolabium, which he decides to be a chancre; because, independently of its appearance, there was a bubo in one of the glands under the jaw of the same side: thus making the presence of bubo the proof of a venereal sore, and tacitly admitting the impossibility of recognizing it by the eye alone. His

* Hunter, p. 316.

description of a chancre is too familiar to need quotation here; its distinctive marks are, he says, “ a hard base, and edges “ a little prominent.” If we submit to adopt this definition, how infinitely will the sphere of syphilis become narrowed; indeed, so rare is this particular description of ulcer, that were his notion adopted, cases of the venereal disease might be said to be comparatively rare: neither does our present experience justify the conclusion that he has drawn of the comparative infrequency of chancre, as compared with gonorrhœa, which he calculates to occur in the proportion of four or five to one.

Mr. Howard,* in speaking of chancre, though he admits that there are what he calls many intermediate states of these sores,

* Howard on Venereal Disease, vol. i. p. 38—40.

confines his description to two, one of which he calls the apthous, and the other the livid, irritable chancre; but I think an attentive observer will admit, that this is not a very enlarged view of the subject, particularly as he gives it as his opinion, that in all these variously combined sores the venereal character is the same.

With respect to the ways in which the venereal matter may be applied to the surface of the penis, Mr. Hunter has remarked, that this may happen in three modes: first, by the poison being inserted in a wound; secondly, by being applied to a non-secreting surface; thirdly, by being applied to a common sore: to which I would add, fourthly, its application to a secreting surface, for such is the glans penis and corona glandis. When, in addition to these modifications, it is considered that the structure of the parts to which the poison may be applied is extremely different, the state of

body of the person receiving the infection, the mode of life, and the degree of cleanliness and care, differ materially in every individual instance, it must be admitted, that these are causes, amply sufficient to vary the degree of intensity of the inflammatory action of the parts, without reckoning any thing upon the degree of acrimony of the virus, or the greater or less quantity in which it may have been applied, particularly as from analogy there may be reason to believe these circumstances are not capable of exercising any influence upon the progress or nature of the sore. Without entering, therefore, farther into the examination of opinions now obsolete, it is my intention to describe one or two peculiar ulcers, in which the exhibition of mercury would, according to my notion, be either unnecessary or improper; and, finally, to enumerate a few distinct characters of ulceration, together with their remote consequences, and the treatment which they appear to me to require.

The first sore which I shall mention is that described by Mr. Pearson,* when treating of the use of cinchona in the cure of lues. It is characterized by a great derangement of the general health, by a high state of inflammation of the part, by great local pain, and proceeds rapidly to the destruction of the parts. The situation of this sore is most commonly in the angle between the prepuce and glans penis; and those of a full habit of body, the young and the vigorous, are most liable to its attack. The most prompt and vigorous anti-phlogistic means are necessary to arrest the progress of this sore; and the blood taken away in these cases presents the usual inflammatory appearances, frequently in a very high degree. The exhibition of mercury, in this species of sore, is highly mischievous, and productive of the

* Observations on various Articles of the Materia Medica, &c.

worst consequences; nor does it often happen, that secondary symptoms succeed in these instances. The destruction of the parts is so rapid, that the agency of the poison seems to be destroyed; and, as Mr. Pearson has remarked, mercury is perhaps not requisite for the after security of the constitution. This observation especially applies to the above sore under its most aggravated form. It is, however, sometimes met with less violent in degree, and less rapid in its course. Here constitutional symptoms sometimes show themselves in the shortest possible period, and are distinctly formed before either the system or the ulcer are reduced to a sufficiently quiescent state to admit of the remedy being administered with safety. A communication of the probability of such an event will often prevent much alarm and anxiety to the patient; and it is one of the many instances in which the advantage we have derived from a more accurate acquaintance with the disease is strik-

ingly exemplified. In these cases, mercury of course must be resorted to as soon as the condition of the ulcer will admit; but they are of rare occurrence, compared with the variety above-mentioned.

CASE I.

JOHN WHITEAR, admitted into the hospital of Grenadier Guards, Nov. 21, 1820, with a foul sloughing ulcer in the angle between the prepuce and glans penis, and which had existed four or five days. The man was suffering great pain in the part, his pulse was full and hard, the tongue furred, and he complained of being chilly, and of great thirst: he was bled to the amount of sixteen ounces, took an ounce of Epsom salts, and five grains of antimonial powder at night. A saturnine lotion was applied to the sore. 22d. The blood taken from the

arm was very much cupped, and covered with a thick buffy coat. The pain in the sore was considerably lessened. Pulse soft, and about 90. His bowels had been well opened, and he was in all respects better. He was ordered a saline antimonial medicine every six hours. 23d. The ulcer began to assume a healthy aspect at the edges, and the slough from the surface had begun to separate—entirely free from pain and fever. I considered the case now no longer demanding a particular detail. He began the use of mercury on the 27th instant.

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CASE II.

JACOB CROFTS, admitted into the regimental hospital, on the 14th of October, 1820, with a painful sloughing sore in the angle between the prepuce and glans penis, on its upper part. His health was much

deranged, with considerable thirst; the pulse frequent, but neither remarkably full or hard. He was purged, and ordered the saline antimonial mixture, and to keep his bed. On the following day, the ulcer was not so painful, but the penis was somewhat swollen, and the prepuce could not be retracted. He was directed to syringe the part frequently with a saturnine lotion; the discharge was considerable in quantity: his feverish symptoms had subsided in a great degree. 16th. There had been a considerable hæmorrhage from the sore in the night, and he was much easier. He rested better the following night, and in about three or four weeks was able to denude the glans. The surface of the ulcer was then clean, and in a healing condition. He was suffered to leave his bed, and began to take the Pil. Hydrarg. gr. v. twice in the day. In consequence of his walking about, the sore became again painful, the phymosis returned; he felt hot and restless, and it was necessary to omit the

mercury. He was ordered to bed, and recourse was had to saline purgatives and antimonials. On the 14th he was again enabled to denude the glans, and the sore was once more reduced to a quiescent state. He complained, however, of resting badly, and showed an eruption of dark-coloured spots upon his back, shoulders, and in the hairy scalp. He commenced mercurial frictions on the 24th instant; his sore rapidly healed, and the eruptions began to fade away as soon as his mouth became affected.



Another description of ulcer is also very frequently met with. It is situated sometimes on the internal prepuce, sometimes on the glans. In both cases, the hardness surrounding the sore is very considerable; but, in the former situation, this hardness is very peculiarly marked: the surface of the sore is generally covered with a dark, livid-co-

loured slough, which falls off, and is succeeded rapidly by other sloughs, destroying the parts rather in depth than in breadth. The discharge from this sore is a thin, dark-coloured ichor; it is not attended with much pain, and is very much under the influence of mercury. The external application of this remedy, in the form of the black wash, is generally productive of very marked benefit. Although I should advocate the use of mercury in this particular sore, and continue its administration until the hardness of the surrounding parts was removed, still I am not sure that the greatest caution in the use of this mineral is always sufficient to secure the constitution against the attack of secondary symptoms in this particular sore. I have more than once or twice seen, after the most carefully conducted course of mercury, an eruption of copper-coloured spots, and an enlargement and excavated ulcer of the tonsil; and swellings of the elbow and ankle joints succeed to the cure of this ulcer

in a period of from two to three months. These symptoms are as much under the influence of the remedy as the primary sore; they are neither tedious or difficult to remove, and the flesh and strength usually are recruited as rapidly under the use of the remedy as they had before rapidly declined.

CASE III.

A young gentleman contracted a sore upon the glans penis, in the month of October, 1809; it was not painful, was covered with a dark coloured slough, and surrounded with a great degree of gristly hardness; he was put upon a course of mercurial frictions, and which he continued for five weeks; his sore healed perfectly without any hardness or induration upon the cicatrix. His mouth was properly affected during the

greater part of this time, and the remedy had not disagreed in any one way. In the following January (1810) he complained of some uneasiness in swallowing, and, upon examination, a deep foul ulcer, of the size of a hazel-nut, was discovered on the side of the left tonsil, without much inflammation or pain; the health and appetite were unimpaired; but the patient had certainly lost flesh. The nature of this sore was doubted from the very ample mercurial course that had been employed, and a variety of remedies were made use of to heal this ulcer. Bark, the mineral acids, and sarsaparilla, were successively employed; but, as its progress did not appear to be arrested by any of these medicines, mercury was had recourse to, and the patient rubbed in. As the gums became affected, the alteration in the appearance of the sore was striking; it was healed in three weeks. The mercurial frictions were, however, continued for three weeks longer. I had an opportunity, lately, of as-

certaining, that this gentleman has enjoyed uninterrupted good health since this period.

Another variety of sore, often met with and easily recognised, is that which usually attacks the external prepuce, or body of the penis: it often presents itself to our notice covered with a dark coloured scab; it spreads irregularly, and, the crust falling off, leaves a surface elevated rather above the surrounding parts; the granulations are large, loose, and flabby, and the edges hard and of a deep red colour. This sore calls for the exhibition of mercury, which materially facilitates the progress of healing, and shortens the cure; and, when this remedy is omitted, constitutional symptoms succeed in a very large proportion; and I firmly believe, that the judicious use of mercury will most commonly prevent such an occurrence. The local remedy most called for in this ulcer is the application of escharotics, for the tendency

to the production of unhealthy granulations is so strong as only to be repressed by the continued use of these applications.

What Mr. Howard calls the apthous chancre may rather be called the name of a large family of sores, but of which I shall only mention two: the one bears a strong resemblance to the apthæ of children, and does not acquire any size; they are numerous, possess but little sensibility, and I do not believe them to be syphilitic. There is another sore which may be also called apthous, since in its commencement it exactly resembles the last mentioned, but which soon spreads, and, preserving the circular form, acquires a considerable size, presenting to the eye an ashy-coloured unhealthy base; the edges of the sore, though not elevated, being frequently hard and of a deep red colour: here the early exhibition of mercury is in my opinion of the greatest use, though the cicatrization of this ulcer is often

tedious under any mode of treatment, and it frequently leaves considerable induration of the part. In addition to these few specimens of ulcer which I have attempted to describe, innumerable shades and varieties are to be met with, which baffle all description, and defy even the pencil of the artist; those which I have mentioned are, I believe, of very frequent occurrence, distinctly to be recognised. The judgement and penetration of the practitioner must of course be his guide through this labyrinth; the history of the particular case will sometimes afford a clue, but unfortunately we are not able in every, or even in many, instances to rely implicitly upon the accuracy of the account given to us by our patients; circumstances, too obvious to require mentioning, render this mode of judging extremely fallacious, and subject us to be imposed upon by the designing or the ignorant. The length of time that has elapsed, between the supposed application of the virus and the appearance

of the sore, may sometimes enable us to form some opinion as to the nature of the case; but we hardly know enough to permit us to say, that the knowledge of this point is alone sufficient to direct our judgement.

The exhibition of mercury in the majority of primary sores, with the exceptions and restrictions I have mentioned, is, however, so safe and so generally beneficial, that where an ulcer continues for a certain time to pursue its course, and to resist all those mild methods of cure, both external and internal, which influence the progress of sores in other parts, I should not hesitate to have recourse to its exhibition: my object would be its mild, but gradual accumulation, not placing my patient, unless local circumstances rendered it necessary, under total confinement, and taking particular care that the affection of the gums does not advance too rapidly, or proceed to such an

extent as to compel me to omit the remedy until I am satisfied that the cure has been effected. My endeavours would be directed to keep up a continued and unbroken action of the specific during the whole period, being convinced that the interrupted and careless use of the mineral too frequently leads to the establishment of anomalous symptoms, perplexing to the surgeon, and ruinous to the general health of the patient. I have said little of the local treatment of those sores in which the exhibition of mercury is determined upon, my intention not being to write a treatise on the disease; I shall, therefore, only observe, that they should be as little interfered with as possible, in order that the action of the remedy may be apparent upon them; the use of stimulant and escharotic applications being had recourse to when the state of the ulcer demands their employment.

ON BUBO.

THIS symptom, as connected with syphilis, is of such frequent occurrence, is often in its consequences so tedious and troublesome, and is so much influenced by the action of mercury, that the treatment to be adopted in the cases where it occurs is a subject of prominent importance. It is curious, that bubo does not appear to have been noticed for the first forty or fifty years after the appearance of lues venerea; it is, however, mentioned by Fracastorius, and has subsequently found a place in all works upon this disease. It is probable, that its occasional combination with gonorrhœa first introduced this latter disease into the rank of syphilitic symptoms, though in these buboes, properly called sympathetic, suppura-

tion rarely occurs, and the femoral glands are as often affected as the inguinal.

Bubo is not uncommonly found without any apparent previous ulceration of the penis,* but it will very frequently be found, upon minute examination, that there either is or has been a point of irritation, sufficient to account for the enlargement of the gland; but such cases cannot justly be considered syphilitic, and the exhibition of mercury, excepting, perhaps, as a local stimulus, cannot be necessary in these instances.

The venereal bubo is an enlargement of one or more gland or glands, sometimes in one, sometimes in both groins, making its appearance usually some days, occasionally even some weeks, after the breaking out of the primary sore. Whether the tumour shall

* Hunter, on Venereal Diseases.

augment rapidly or slowly depends upon so many collateral circumstances, that no accurate opinion can be formed, and still less can it be prognosticated, with any thing like certainty, whether it will proceed to suppuration or not; the state of health and particular constitution of the individual patient must of course exercise a material influence upon these points; but I cannot agree with Mr. Hunter in the assertion, that either generally, or even frequently, the use of mercurial frictions will disperse them. Although in the majority of instances, I believe, one gland only is affected, still this cannot be considered as a diagnostic mark of a venereal bubo; because, in the scrophulous diathesis, the irritation of an ulcer will frequently produce an enlargement of the whole chain of glands and this will be precisely the case in which the rash and profuse exhibition of mercury would be productive of the greatest mischief.

Mr. Hunter,* in speaking of the absorption of buboes by mercurial frictions, declares, that since his adoption of that practice, only three cases of bubo had suppurated under his care; he, however, forgets that only a few pages previously, he has told us “that mercury, applied to the legs and thighs for the cure of a chancre, will sometimes tumify those glands, which has been supposed to be venereal;” he, therefore, is of opinion, that mercury will produce a bubo, and having done so, will then resolve it. I rather believe, that we have no certain means of ascertaining whether a bubo will be dispersed or brought to suppuration by the action of mercury upon the absorbents; but I am rather inclined to believe, that it quite as frequently, at least, brings them to maturation as the contrary. It also appears

* Hunter, on Venereal Disease, p. 404.

to me, that the attempt to reduce these swellings, by general or topical blood-letting, by cold applications, and a strict regimen, cannot be made with the same certainty of success as would probably attend the same practice in glandular swellings unconnected with the irritation of an ulcer; and that the most that can be expected from this attempt is, perhaps, a diminution of the quantity of suppuration, but more frequently a tedious and unprofitable delay in the formation of the matter. The suppuration of a bubo does not usually, I believe, take place in the gland itself; this constitutes the centre of the irritation, and is generally found immersed in the purulent matter, the increased size and consequent protrusion of this gland, frequently presenting a great difficulty in the cicatrization of the ulcer. When a bubo has proceeded to suppuration, and the fluctuation of the matter is distinctly perceptible, the next question to be considered, is with respect to the most conve-

nient mode of evacuating it. Are we to suffer these tumours to burst spontaneously, to be opened with the knife, or by the caustic? The particular circumstances of the case must here dictate the answer; and here as in all other branches of this extensive subject, no general rule can possibly meet all the contingencies that may be occasionally met with. Mr. Hunter has directed us, "If it be thought proper to open a bubo, to allow it to go on thinning the parts as much as possible;" his reasons for preferring the caustic to the knife, or to suffering them to burst spontaneously, do not appear to me to be founded upon sound principles; and the few rules that would guide my practice upon these occasions, are drawn from the particular character of the swelling itself.

In the first place, if the tumour proceeds rapidly to suppuration, as will generally be the case where the patient is young and vi-

gorous, the lancet appears to me by far the best method of evacuating the contents of the abscess; if the opening be freely and extensively made, there will be little reason to apprehend the formation of sinuses, and the cicatrization is in general easy and rapid. In those buboes where the inflammation is of the chronic kind, the matter lies deep, and the skin in consequence becomes extensively diseased; the application of the kali purum is preferable; it seems occasionally to operate beneficially upon the tumour by its stimulus, as well as being upon the whole, the most compendious and least painful method of getting rid of the diseased skin. The management of the mercurial course in all cases of bubo that proceed to suppuration is of the last importance; and too much attention cannot be paid to the condition of the ulcer, and to the state of the general health from day to day.

The use of mercury pushed to a great ex-

tent in these cases, is so frequently followed by a phagedenic state of these sores, and sometimes by a disposition to slough extensively, that the condition of the patient demands our strictest attention. Two very opposite conditions appear to be induced in these cases: the first is characterised by a high state of excitement of the system, by acute pain in the part; the pulse is increased in frequency and is hard, the febrile heat and thirst are considerable, and a deep tinge of inflammation marks the circumference of the sore: here the evacuation of blood from the general system is called for, together with the strictest attention to regimen, and a brisk evacuation of the intestinal canal. This mode of treatment will rapidly produce an amendment of the condition of the sore; perhaps, the best local application to which, is a fomentation composed of a strong decoction of poppy-heads; indeed, the application of opium in any form to the surface of this ulcer generally gives great relief. These cases

usually are met with where mercury has just begun to affect the system, and seem to have reference rather to its stimulating qualities, than to the quantity that has been employed. The other description of case which I have alluded to is of precisely the opposite character, and it equally requires the immediate omission of mercury: the health and constitution in these instances are broken down; the pulse is feeble, the sleep greatly disturbed, and every circumstance announces debility and languor to excess. The mode of treatment is indicated at once by the nature of the symptoms; if the local circumstances will permit, a change of air is of much importance; the exhibition of the bark and mineral acids, and especially of opium, in such doses as to quiet the irritability of the habit, and if possible to induce sleep, will in general arrest the progress of the disease; and even in those cases where sloughing of the parts has proceeded to a frightful extent,

I think the prognostic may be said to be very generally favourable. The local treatment of a sore in this condition, though not to be neglected, is, perhaps, of less importance than a strict attention to the state of the general health; the application of heat in every form, however, is beneficial, and the fermenting poultice is a very convenient and highly useful application. In both these opposite conditions of the system, mercury must be carefully abstained from, until the sore has assumed an aspect of health; and I should in the latter instance be very much disinclined to recur to its exhibition until the ulcer has finally cicatrized; indeed, it may be doubtful, whether its after employment may be necessary or not.

In the scrophulous constitution, the whole chain of glands will be found occasionally to enlarge, in consequence of the irritation of a primary sore; but in these cases, if the pri-

mary sore be considered as syphilitic and demanding the use of mercury, the condition of the glands forms a counter-indication of more importance to the future health of the patient: at least, if mercury be employed, it should be moderately given, and I should be inclined to consider its internal exhibition by far the most eligible mode of administering it. These buboes, when they suppurate, are apt to be extremely tedious, and to form two or more abscesses in succession: the employment of the caustic in discharging the pus is, I think, infinitely to be preferred either to the lancet or to their spontaneous bursting. In the treatment of these buboes there is no peculiarity; the patient must be kept quiet, and it is the more necessary to give this caution here, because the pain attending the maturation is not great, and they are of so chronic a nature as frequently to exhaust the patience both of the patient and the medical attendant. The be-

neficial effect of the sea air and bathing, in this description of case is so well known, as not to require me to dwell any longer upon this branch of my subject.

ON CONSTITUTIONAL SYMPTOMS.

I FEEL it difficult to do justice to this part of my subject; a difficulty which, I believe, will be felt by every professional man in proportion to the opportunities he has had of observing the almost endless combination of symptoms occasionally met with. I shall, however, fearlessly state my experience relative to this extensive class of diseases, leaving it as a sketch, to be filled up at some future time. I would, however, premise one observation, which is this: that it is my firm conviction, that an attentive consideration of those cases of primary sore that come under our care, and a judicious, temperate, and cautious employment of mercury, will greatly narrow the circle of the constitutional symptoms, and render them of comparatively

rare occurrence. In this opinion, I most heartily concur with Mr. Guthrie;* but I must at the same time express my belief, that, although constitutional symptoms did not so often present themselves before the non-mercurial practice became general, when they did occur, they were much more serious; because, they were generally the result either of too profuse an exhibition of mercury, or of its improper action upon a constitution ill-disposed to receive it.

The eruptive symptoms that are observable are numerous, I might say almost infinite, and still more remarkable for their occasional combination with other symptoms, and for their different degree of intensity, than even for the variety of their appearance. They are chiefly of four distinct characters :

* Medico-Chirurgical Transactions, vol. viii.

1. Papular eruptions.
2. Tubercular eruptions.
3. Copper-coloured spots and blotches.
4. Pustular eruptions.

And these four families, as they may be called, admit of sub-divisions of almost endless variety. Among the most common constitutional affections, the enlargement and ulceration of the tonsils must next be mentioned; there are several distinct appearances of ulceration observable in these instances, which I shall presently mention. In conjunction with the eruptive symptoms, swellings of the ankles are of frequent occurrence; they are generally accompanied with languor and debility, and are in fact common œdematous swellings. Another description of affection of the joints is still more common, and this is always, I believe, accompanied by some form of cutaneous affection. The elbow and ankle joints are most usually the seats of this complaint;

there is an evident thickening and enlargement about the joint, severe nocturnal pain, and often some external redness much resembling rheumatism. Nocturnal pains in the head and limbs are sometimes met with alone, but they are much more frequently the precursors of some form of eruption, and they may be met with either accompanied by febrile action, loss of appetite, &c. or without. Ophthalmia, in one or both eyes, is likewise an occasional secondary symptom, though, perhaps, not very frequently met with. Between this affection of the eye and the inflammation of the iris, it has been supposed, that an accurate diagnosis might be formed; but I agree with Mr. Rose in opinion that the distinction is not very obvious. I have sometimes thought there was something peculiar in the appearance of the venereal ophthalmia, difficult to describe, but easy to recognise.

Deafness, and occasionally an unpleasant

noise in the ears, sometimes are found in conjunction with one or more of the above-mentioned symptoms; but they are neither prominent nor obstinate to remove. It is necessary to remark, that the constitutional symptoms are generally accompanied with a considerable wasting of the flesh and great debility.

I can go no farther in my enumeration of constitutional symptoms; and in omitting to enumerate œzena,* node, rhagades, fici, con-

* Mr. Guthrie has remarked, in the eighth volume of the Medico-Chirurgical Transactions, in confirmation of an opinion expressed by Mr. Ferguson, “ That there are
 “ more people in the town of Lisbon who have lost their
 “ noses than in any other city of the same size that he
 “ had seen.” Still this observation has no influence upon my mind: in a large maritime city, visited by strangers from every part of the world, this is a description of cases that might have been expected to occur, when it is considered how many of these people are likely, from

dylomata, alopæcia, and a number of other formidable symptoms, which are largely dwelt upon by most modern authors, I have only to plead that I am not acquainted with them as the regular and natural consequences of syphilis. It would indeed be rash to assert, in the face of such innumerable testimonies, that these diseases do not occasionally occur as consequences; but instead of, as formerly, considering them as the general rule, I should rather incline to consider them as the exceptions; and, from an attentive observation for some years past to the natural progress of the disease, and

their mode of life, to have taken mercury imperfectly, and exposed to every vicissitude of weather. If it had been shown that the individuals so mutilated had *not* taken mercury, or that their misfortunes were distinctly traceable to a primary sore, or chancre, a strong case would have been made out. The result of my own inquiries is, that œzema is not in the common course of syphilitic symptoms.

supported by the testimony of so many gentlemen of undoubted ability and veracity, I feel myself fully justified in passing them over. That in certain undefined and unexplained states of the constitution, such symptoms may not be met with, it would be against all analogy to doubt or to deny: œzema, for example, exists as a disease *sui generis*; it is met with in cases where there is scarcely a possibility of suspecting the existence of syphilis; and it is not, in my mind, too much to admit, that the action either of the disease or the remedy may call it forth. Where such a pre-disposition exists, the same thing may be said as to node; but surely no one now would hazard a mercurial course upon the faith of such a symptom occurring three, five, or ten years, after the cure of a primary ulcer,—a doctrine not long since implicitly believed, and acted upon almost universally. Indeed, if this be admitted as true, I know of no symptom

that may not be included in the description of lues venerea.

Another word, before we come to the description of particular constitutional symptoms. As the action of mercury upon the system will, under certain circumstances, unquestionably produce symptoms so closely resembling those produced by the uninterrupted progress of the disease, it becomes a matter of the utmost consequence to distinguish between them, if possible. Unfortunately, these diagnostic marks continue to be still a desideratum; and, in their absence, I can do no more than direct the attention of the practitioner to a minute inquiry into the history of the individual case, which will, generally speaking, in most instances clear up the doubt. One or two of Mr. Abernethy's cases will illustrate my meaning.*

* Abernethy's Surgical Observations. In one case

CASE.

WILLIAM JENKINS, admitted into the regimental hospital of Grenadier Guards, at Windsor, on the 29th of March, 1818, with a large superficial ulceration of the tonsils, great nocturnal pain in the left shin, but without any enlargement. He had used mercury for the cure of eruptions, supposed to be venereal, for nearly ten weeks; his mouth had been properly affected during the greater part of that time, and the spots had disappeared under its use. He had left off the use of mercury three weeks prior to his admission, and had joined his battalion at Windsor, travelling outside the coach. His throat had been sore about a week prior

the sore throat appeared only a fortnight after leaving off the mercury.

to the date of his admission. He was prescribed a gargle of nitrous acid for the throat, and took the powder of sarsaparilla in the quantity of half a drachm three times a day. On the 19th of April, the ulceration of the throat was healed, but an eruption of copper-coloured spots made its appearance over the whole body: the pain in the leg was greatly relieved. He was put into the warm bath, and the medicine continued. On the 26th of April, the spots were fading away, and the pain of the leg was entirely gone; but the left testicle became painful and swollen. Leeches were applied; he was directed to keep his bed, and antimonial sudorifics were prescribed. In a few days the testicle subsided, the eruptions continued to die away, and, on the 20th of May, he was dismissed to his duty. He has had no return of disease.

Where the eruption is of a doubtful nature, it will be often found that the decline of the general health, the nocturnal pains, and particularly the enlargement of the tonsils, may be traced to within a week or two of the period when the remedy was omitted; and if we find that the action of the mercury had been fairly established in the system, this circumstance would, to my mind, be decisive of the character of the constitutional affection. If, during the course of mercury, its action had disturbed the system, and it might therefore be suspected to have operated merely by its agency as a poison, there will be more reason to doubt the character of the symptoms; but, at the same time, the decision of the question becomes of less importance in a practical point of view, because that is precisely the kind of case which would forbid a recurrence to the use of the specific. In some of these cases, the enlargement of the tonsils has arisen in so imperceptible a man-

ner, that the patient frequently denies that he has ever had a sore throat: an inspection will, however, show the mark of recent ulceration, as well as the enlarged condition of the glands.

PAPULAR ERUPTIONS.

THE papular eruption is occasionally met with very little elevated above the surface of the skin, sometimes so little so that it is necessary to pass the hand over the surface in order to detect it; sometimes they are decidedly prominent, and contain an opaque lymph; they also vary much in the depth and vividness of their colour, and are met with sometimes distinct, at other times in patches: this form of eruption is often found in connexion with ulcerations of the tonsils, and which are distinctly characterized.

The eruption of lichen is generally preceded by pains in the limbs, much increased at night, and not unfrequently there is a febrile accession previous to the appearance of the spots. I am inclined to

believe, in this latter instance, that the complaint is not syphilitic, and I should be very unwilling to use mercury until the general health had been amended ; the gradual disappearance of the spots will then most commonly do away with the necessity for its employment altogether. When the papular eruption makes its appearance from three to four months after the healing of a primary sore, and the flesh and strength have visibly and gradually declined, without any apparent derangement of the general health, there can be no doubt as to the propriety of using mercury ; and it is astonishing how small a quantity will, in some instances, produce a most striking effect. With respect to the continuance of the course, the disappearance of the symptoms would be my principal guide ; and it does not appear to me to be at all necessary to keep up the action of the remedy after this purpose has been fairly and entirely accomplished, nor can any stated time be fixed with precision for its discountenance,

The tubercular eruptions are of various kinds, but among the more remarkable varieties the smaller tubercle may be mentioned, which breaks out very generally upon the eyebrow, the forehead, arms, and in the hairy scalp. It is very early in making its appearance. The crusts in this species are irregular upon the surface, and when they fall off leave ragged unhealthy-looking ulcers, which heal, however, without much difficulty. The rest is a good deal broken before the appearance of these tubercles, though the preceding pains are not very great; this cutaneous affection is formed frequently before the primary sore is finally healed; and it generally follows a small and superficial ulcer situated within the prepuce: I have oftener seen this eruption unconnected with any other symptom than not. The larger tubercle, usually denominated rupia, consists of a high and elevated scale; so peculiar that when once seen it can never be mistaken. The scab is generally large, and is

most frequently met with on the arms, back, and head; the crust falling off leaves an ulcer with a glassy, shining, level, surface, the granulations from which are unhealthy and loose: the health suffers considerably in general previous to the appearance of this symptom, and it is not unfrequently accompanied with an enlargement, and a ragged and superficial ulceration of the tonsils. I cannot trace this form of eruption to any particular character of primary sore, but it is one of the earliest forms of secondary symptom; and, notwithstanding what has been said to the contrary, I believe it to be strikingly benefited by the mild employment of mercury: the corrosive sublimate properly diluted, and applied in the form of a wash, exercises a powerful effect upon these ulcers. Of the pustular eruptions I have had little experience, but I am induced to think they are not venereal, and are often accompanied by derangement of the system.

Blotches and spots of a copper-colour, some of which are covered with a light bran-like scurf, are to be seen in every variety of form and degree, either alone or in combination with sore throat and swellings of the joints: here, as in the former cases, I am inclined to make a great distinction, when I find the general health much deranged,* the tongue loaded and furred, and the appetite gone: under these circumstances, I should always withhold the exhibition of mercury, until, by proper evacuations and attention to the general health, I had given my patient the benefit of a delay, which will, in many instances, render all farther medical treatment unnecessary. It is undoubtedly true, that, whatever plan be pursued, these eruptive symptoms will eventually disappear; still, where they continue to linger for a

* See Mr. Rose's Paper, in the Medico-Chirurgical Transactions, vol. viii. from page 400.

long time, and are attended with their usual accompaniments of great languor, debility, and disturbed rest, I neither know, nor can I understand the advantage of delaying to administer that remedy which repeated experience has taught me to rely upon with the confident belief that it will remove the symptoms rapidly, and that, under its judicious use, the strength, the flesh, and the animal spirits will visibly return.

The following case will show how tedious the return to health occasionally becomes, where these cutaneous affections are permitted to run their course.

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CASE.

FRANCIS BAKER was admitted into the regimental hospital, 25th September, 1819,

with a large, painful, sloughy sore on the internal prepuce, which he had observed about five days previously: he was smartly purged, and the black wash was applied to the sore. On the 26th, there was no alteration for the better; the man had considerable fever, was thirsty, and got little sleep: he was prescribed a saline antimonial medicine, and took five grains of James's powder at night; this treatment produced no alteration in the sore, which went on ulcerating, not very rapidly, but regularly, and the ulcer had, by the 3d of October, extended over half the surface of the glands penis, the pain continuing severe, and the febrile action considerable: he was largely bled on the 3d of October, and the sore was dressed with balsam of Copaiba. On the 4th, the alteration in the appearance of the sore was remarkable; the pain was much relieved and the pulse was quite natural. The sore after this became tractable, and assumed a healthy aspect; and on the 15th of October he was

enabled to use mercury; he took five grains of the blue pill twice in the day until the last day of October, when he was discharged, his mouth having been a little tender. He was readmitted on the 5th of January, 1820, with symptoms of pneumonia, which yielded to the usual remedies, but the man did not recover his strength; and early in the month of February he began to complain of nocturnal pains in his limbs; his body, shoulders, arms, and back were thickly covered with an eruption of minute papulæ, in clusters of an oval form: he took the Pulv. Ipecac. Comp. gr. x. at bed-time, and went into a warm bath twice in the course of the week, by which his pains were removed, and he accompanied his battalion to Windsor on the 25th of February, 1820. During the whole of his stay at that place he was employed as an hospital servant, and, though his strength was tolerably re-established, the spots upon his body remained very distinct and vivid for many months. I saw this man in No-

vember, 1820; the stains of the eruption were still apparent, but his health was in all respects quite good.

SOLE THROAT

In combination with mercury many medicines may be usefully joined; and of these I think it difficult to speak too highly in praise of sarsaparilla; like mercury, it has had a variety of fortune: at one time it has been exalted and praised with a degree of hyperbole; at another period, it had lost its credit with the profession entirely; at present, its virtues appear to be more rationally estimated, and, when genuine, (for its adulteration is both frequent and of difficult detection,) it exerts a very beneficial influence in many anomalous cases, where mercury alone appears to disagree; and in conjunction with small doses of that mineral the effect appears to be more decisive than could be produced by the employment of either medicine singly.

SORE THROAT.

THE first diseased appearance of the throat, which I shall mention, is the apthous ulcer of the tonsils, which is sometimes met with in conjunction with eruptions of coppery spotted blotches, and is not, I believe, a symptom demanding mercury for its removal. There is often a disturbance of the general health before the ulcers are formed, and they are cureable, in no great length of time, by the adoption of simple means alone. There is a large ulcer not unfrequently seen in one or both tonsils, the edges of which are unequal and ragged, and it is surrounded by a deep-coloured inflammation, extending frequently over the uvula and the *velum pendulum palati*. It is preceded by and accompanied with much febrile action:

the uneasiness in swallowing is not usually very great, excepting when any substance either actually or potentially hot passes over the surface of the tonsil, and then the pain is severe. The administration of brisk purgatives, the free loss of blood from the arm, and a cooling and liquid diet soon produce a rapid change in the appearance of this species of sore, which does not require the administration of mercury; indeed, its employment in this case would, in all probability, be productive of very unpleasant consequences. The large excavated ulcer of the tonsils, alluded to above, is most commonly attended by some form of eruption; it is not painful, and, though the gland is enlarged, there is little or no surrounding inflammation: though this kind of ulcer may be kept in check, and frequently driven back by the use of sarsaparilla, the mineral acids, &c. or, if left to its own course, will probably heal after an extensive destruction of the parts; yet here I would beg

leave to ask the advantage of this delay. The symptom will be found in close connexion with others of a very suspicious character, is clearly traceable to a primary sore, and is as certainly capable of being permanently cured by the exhibition of mercury. If it be thought desirable to put an immediate stop to the progress of the ulceration, the corrosive sublimate, in the form of a gargle, is a most efficacious and powerful remedy.

There is a species of affection of the tonsils and throat, accompanied by a good deal of stiffness and inflammation over the whole of the soft palate and uvula, which frequently presents an appearance as if the cuticle had been peeled off from the surface. I believe this affection to be the consequence of the action of mercury carried too far, or of cold taken during the course of that medicine; and, under this impression, I should carefully withhold that remedy, though the com-

plaint is occasionally troublesome and obstinate, and the sensation of stiffness and dryness in the fauces a source of considerable trouble and uneasiness to the patient.

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 CASE I.

A gentleman applied to me, in the month of October, 1816, with two ill-conditioned ulcers on the internal prepuce, which had made their appearance a few days after a suspicious connexion: he had also a gonorrhœa. He used mercury carefully for about three weeks, and his mouth was tender during the greater part of that time, when his private affairs compelled him to quit town: but he continued to take his mercurial pills for a week after his arrival in the country, when he left them off, his sores having healed. He returned to town in about ten days after he had ceased to

use mercury; and immediately upon his arrival complained that he had taken cold, and had a sore throat. Upon examination, the whole of the back part of the fauces appeared somewhat inflamed; and upon the left tonsil there was a small superficial ulcer, looking as if the skin had been stripped off. The uvula also presented the same appearance. His health did not materially suffer, but he was hot and feverish towards night, and his sleep was much broken and disturbed. He was purged, and took antimonial powder in small doses for several successive nights, and used a gargle with muriatic acid to his throat. His health very soon improved, but the ulcers remained for a long time stationary. There was not much pain, but a sensation of fulness and dryness, without much enlargement of the tonsils. In the latter end of December, a few pale copper-coloured spots appeared upon the forehead and breast. The patient was naturally anxious to be assured of the

nature of these symptoms; and, though I was firmly convinced that they were not syphilitic, I advised another opinion to be taken. The result was, that the patient should carefully abstain from mercury, and take a pint of the decoction of sarsaparilla daily: this was continued upwards of a month, with advantage to the general health, though the ulcerations of the throat were very obstinate and tedious; and it was not until February, 1817, that the patient had recovered his usual state of health.



Ophthalmia, as a secondary affection, is not often, if ever, met with as a solitary symptom. It is very frequently attendant upon the eruption of the simple lichen, and is one of those cases in which the early use of mercury is imperatively called for; in addition to which, the common means of

subduing inflammation must not be neglected.

The painful swelling of the elbow and ankle joints is a symptom that subsides easily, when the system begins to feel the influence of the remedy, though some degree of thickening frequently remains for a considerable time; and I should scarcely feel satisfied of the security of the patient's health until this were removed. Of all local applications to the parts, blisters alone appear to have any beneficial effect, and they generally give immediate ease.

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CASE II.

DRUMMER COLQUHOUN was admitted into the regimental hospital on the 9th of February, 1820, with a deep sloughy sore, extending round the upper half of the corona glan-

dis : he had also a gonorrhœa. These symptoms had been present about a week. He was ordered to bed, and took five grains of calomel, and an ounce of Epsom salts. The goulard wash was applied to the ulcer. 10th. The penis was much swollen, and he was not able to retract the prepuce. There was great pain in the part: the medicine had not operated, and his pulse was frequent and full. Six leeches were applied to the penis, and he took another ounce of Epsom salts. On the 11th, he was easier, the physic had purged him well ; and, in addition to the bleeding by the leeches, there had been a considerable hemorrhage from within the prepuce. He took a saline antimonial medicine every six hours, the penis was fomented, and the ulcer syringed with the saturnine lotion. From this time every thing went on well : the glans was denuded by the end of February, and the ulcer was found to be in a healing state. He was discharged to

his duty on the 9th of March, having used no mercury.

On the 15th of April he was again admitted into the hospital, having very visibly declined in flesh. He complained of great pain in all his limbs, very much increased at night: he could not sleep, and the left elbow joint was much enlarged, and very painful to the touch: in other respects, he was perfectly well, and his appetite was unimpaired. A blister was applied to the elbow, and he began on the following day to take the blue pill. The blister relieved the pain in the elbow, but did not diminish the swelling. In about ten days his mouth became tender. He continued to take his mercury for five weeks, and was discharged cured on the 20th of May. He has had no relapse.

In prescribing mercury for the removal of the constitutional affections, although I have said that it may not be necessary in all cases to place the patient under total confinement, still, in this climate, that rule must admit of numerous exceptions; and it is the more necessary to make this observation, because the legitimate effect of the specific upon the habit requires to be watched with great care; and the case is so likely to become complicated, and to embarrass the surgeon, where cold is taken, or any other diseased action arises while the system is under the influence of mercury.

Although I have not thought myself warranted in classing rhagades among the constitutional symptoms of lues venerea, yet cases of that description are not unfrequently met with; and, during my attendance at the Lock Hospital, there were generally two or three such specimens of ulceration to be seen in that establishment. The subjects of these

sores were generally of the male sex, and the ulcers were always accompanied with great derangement of the health. In many instances, they came on during the mercurial course, and they were always aggravated by the employment of that medicine in any great quantity. There is a state of the system, in which a gnawing, ragged, devouring species of ulcer is easily excited; this has obtained many different names, such as, *noli me tangere*, *lupus*, &c. It attacks the buttocks, the angle between the thigh and buttocks, the perinæum, sometimes the angle of the mouth, and other parts. Mercury, bark, cicuta, arsenic, and local remedies composed of these and countless other ingredients, have at different times been prescribed for the cure of this affection; but it does not seem either to be reducible with any degree of certainty by these means, neither does it appear to belong to, or to be found in connexion with, any known disease. I have thought it right to notice this descrip-

tion of sore, but I do not believe it be a symptom of syphilis.

The experienced practitioner will recollect many symptoms which I have not mentioned in connexion with this subject, some of which are of rare occurrence, but which do not appear to me to require to be enumerated here. Among these, I have once or twice found a large and hard tumour in the calf of the leg, and small tubercles, not apparent to the eye, but moveable under the skin. Both of these affections have been noticed by Mr. Rose; and I have seen the former symptom yield to the use of mercury, prescribed for the removal of other constitutional symptoms, with which this tumour was in conjunction.

THE END.

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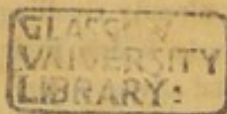
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