

**Clinical lectures on venereal diseases / by Richard Carmichael ... Reported by Samuel Gordon.**

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Gordon, Samuel.  
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**Publication/Creation**

Dublin : Hodges and Smith, 1842.

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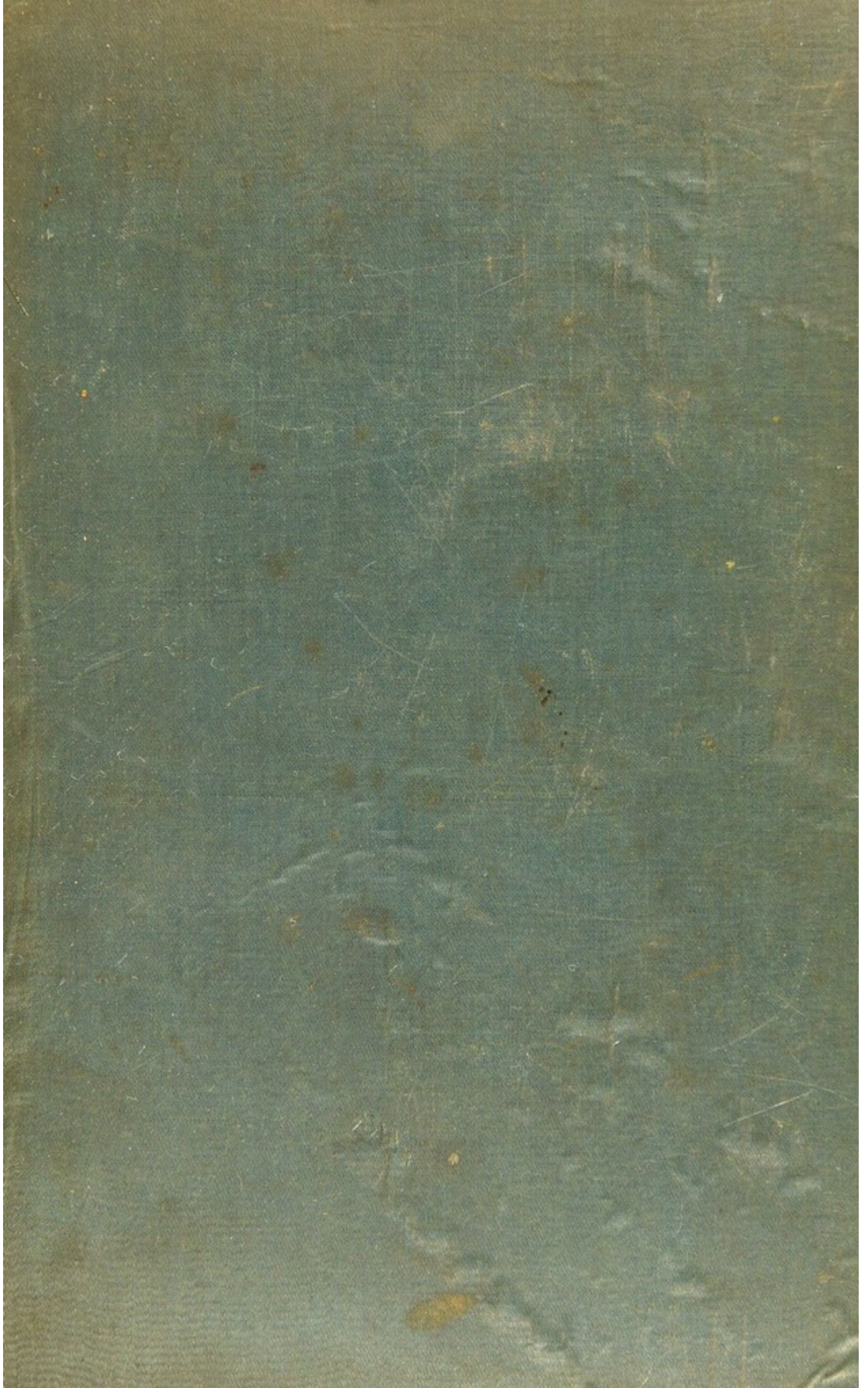
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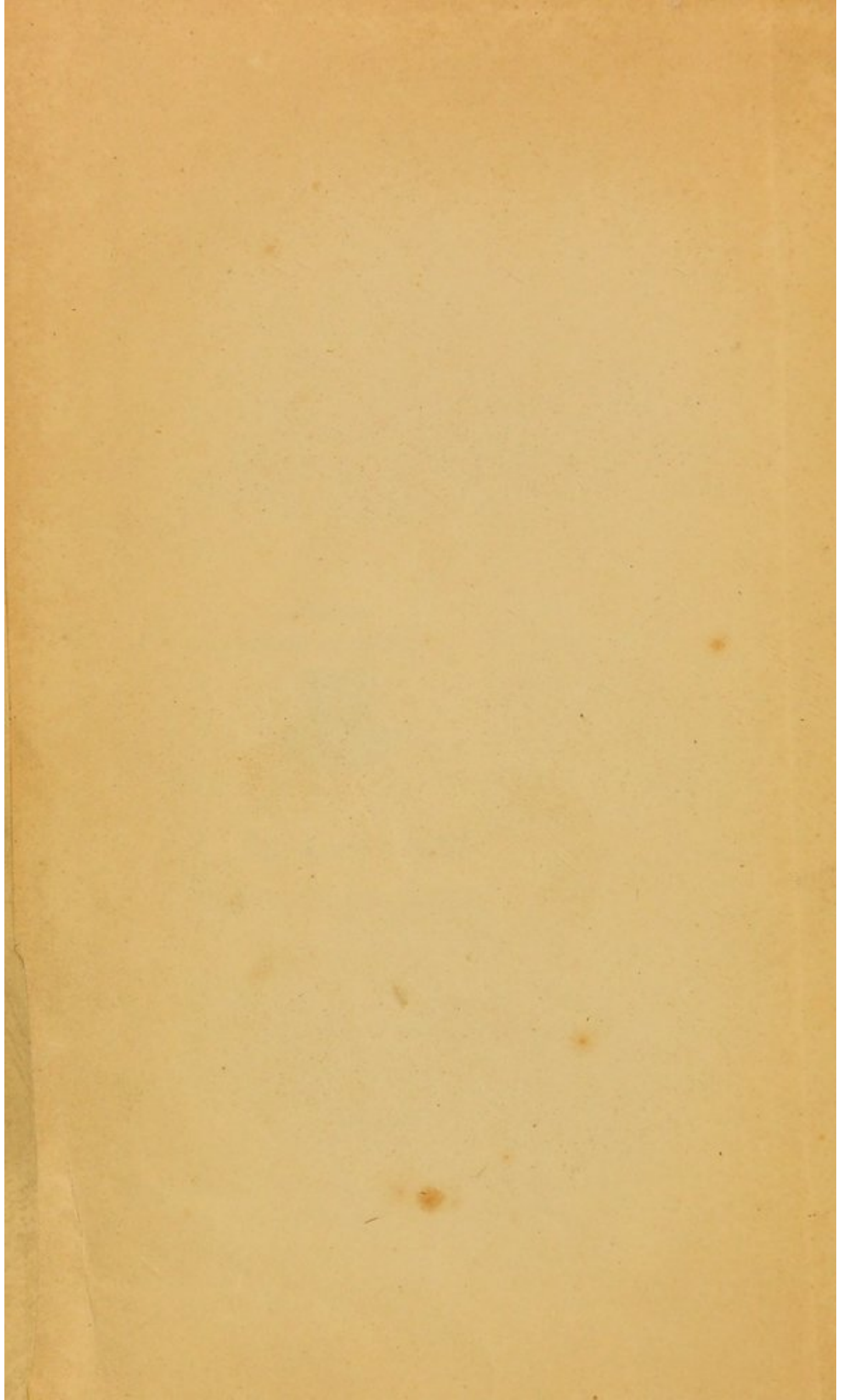
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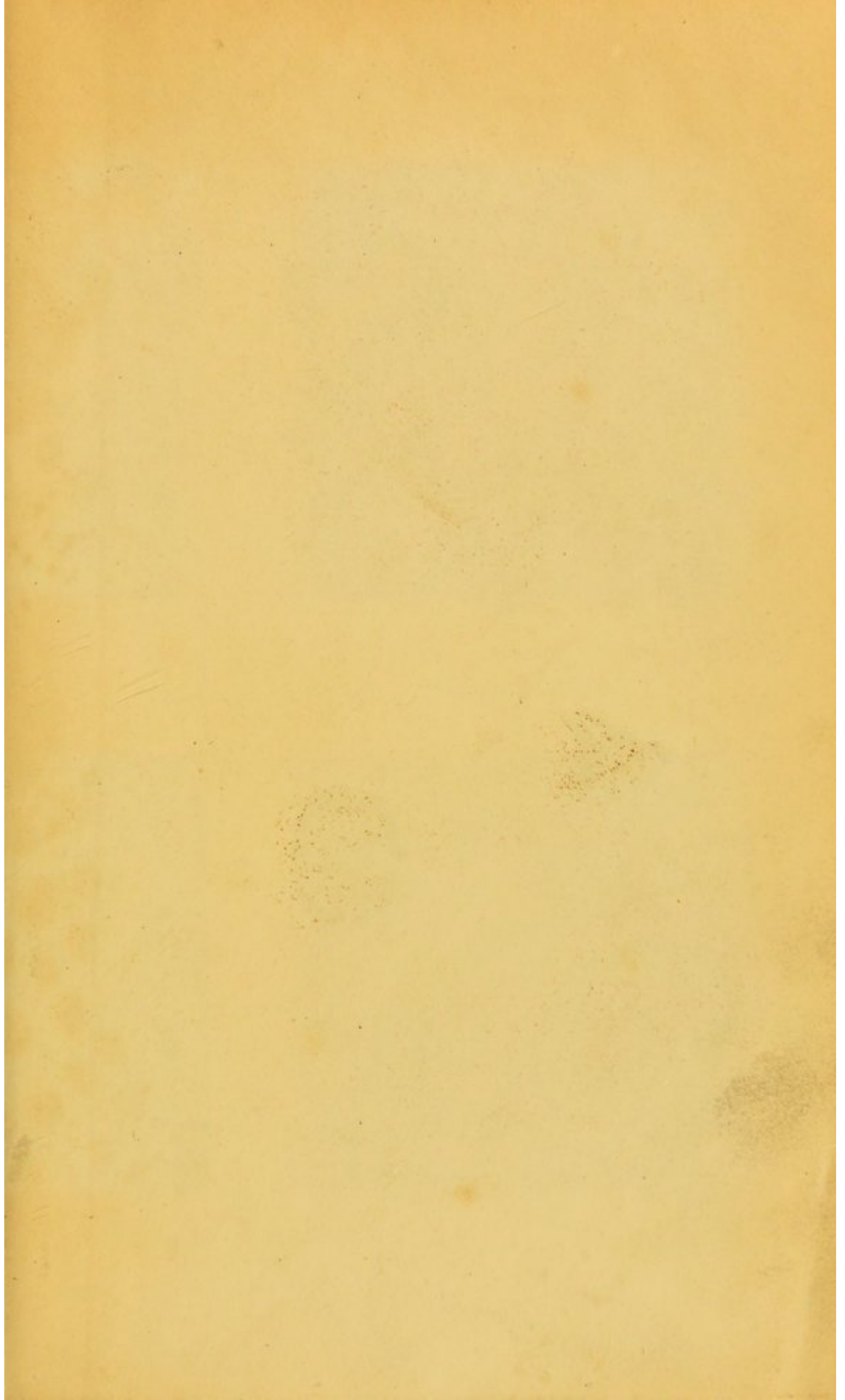


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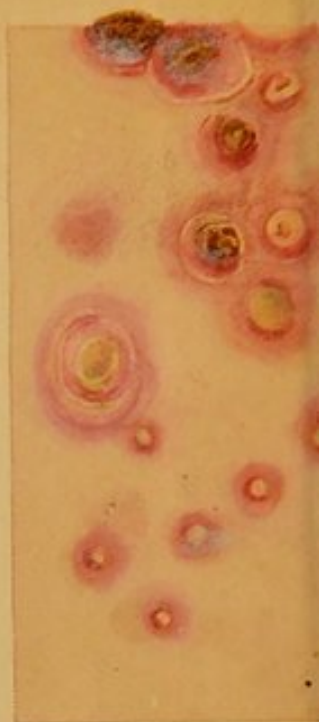
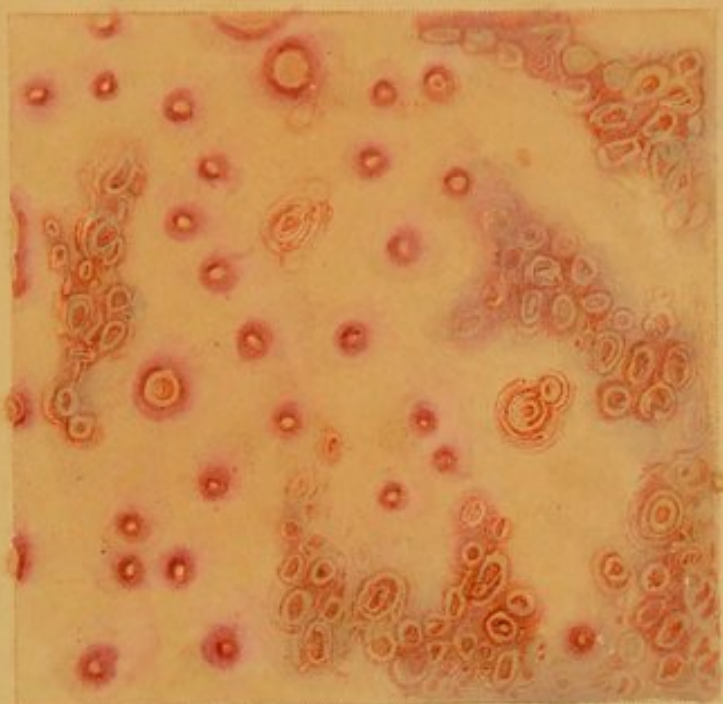




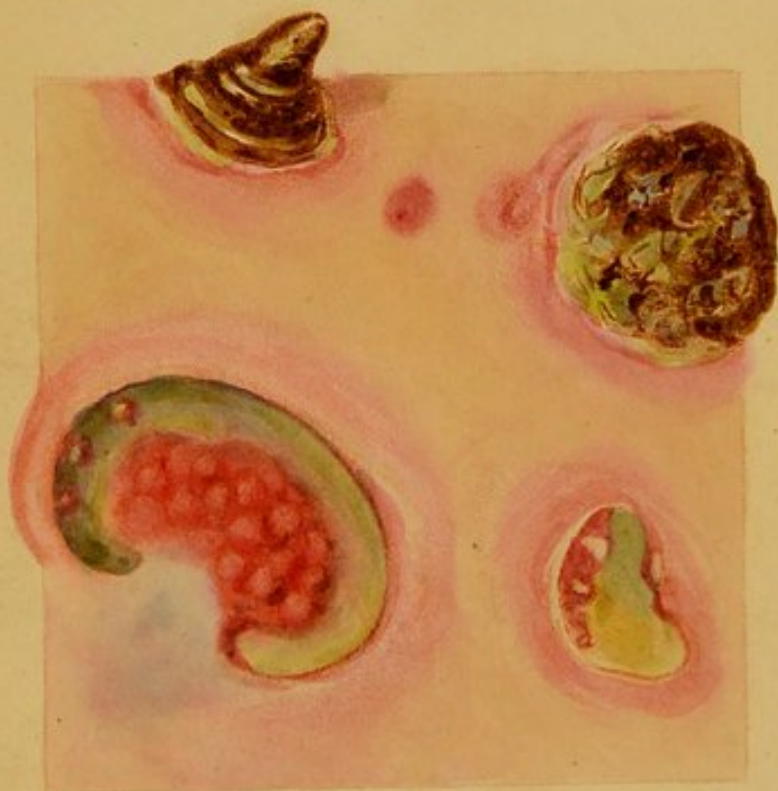




Papular



Phagedænic or Rupia

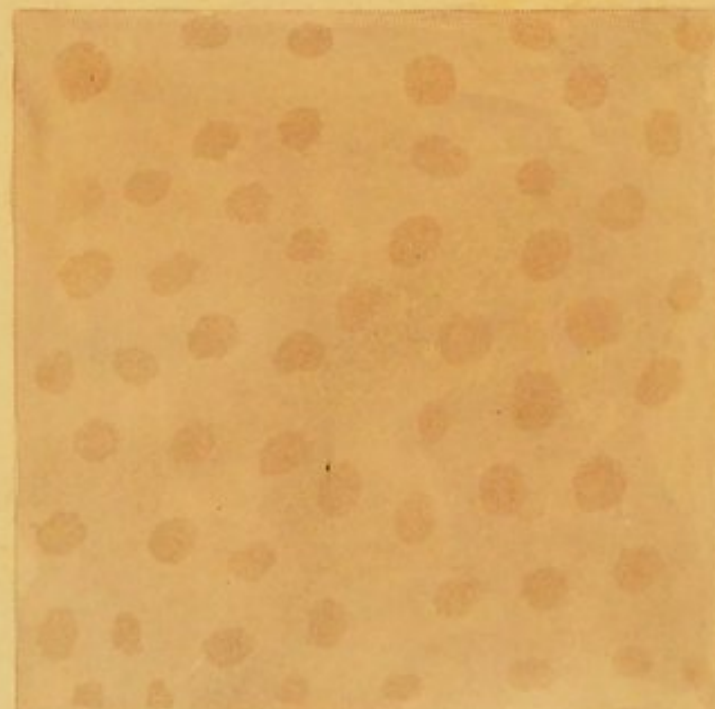


Tubercular

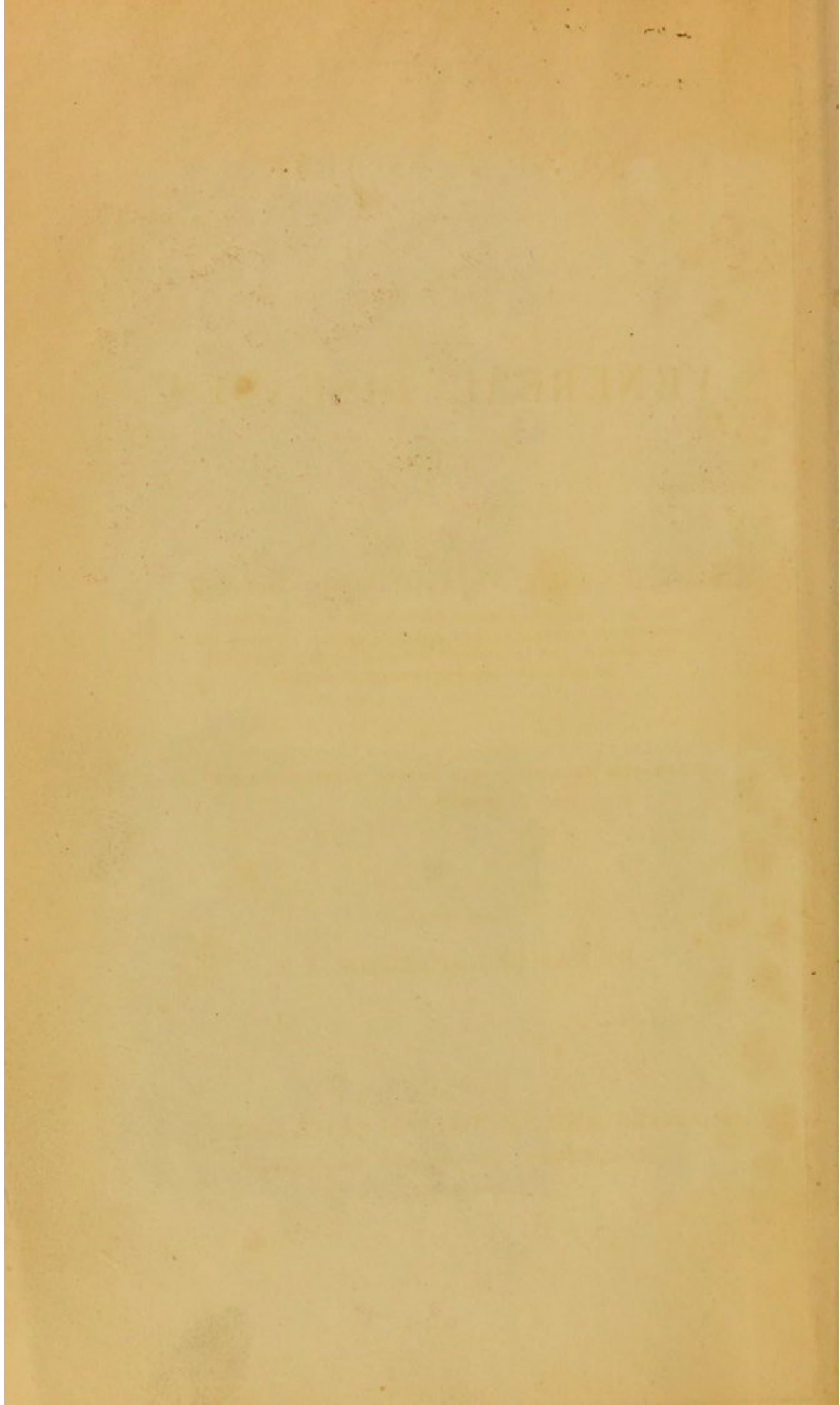


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Psoriasis







*To Doctor W. Cornish  
with the Author's regards*

CLINICAL LECTURES

ON

VENEREAL DISEASES.

BY

RICHARD CARMICHAEL, M.R.I.A.,

PRESIDENT OF THE MEDICAL ASSOCIATION OF IRELAND;  
CORRESPONDING MEMBER OF THE ROYAL ACADEMY OF MEDICINE OF  
FRANCE, ETC., AND CONSULTING SURGEON OF THE RICHMOND,  
HARDWICKE, AND WHITWORTH HOSPITALS.

ILLUSTRATED BY ENGRAVINGS OF THE DIFFERENT FORMS OF  
ERUPTION.

REPORTED

BY SAMUEL GORDON, A.M.

DUBLIN:

HODGES AND SMITH, COLLEGE GREEN;  
AND LONGMAN, BROWN, AND CO., LONDON.

MDCCCXLII.



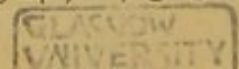
CLINICAL LECTURES  
ON  
VENEREAL DISEASES

DUBLIN:  
PRINTED BY GRAISBERRY AND GILL.

BY  
J. C. GIBSON, M.D.

LECTURES DELIVERED AT THE  
ST. JAMES'S HOSPITAL, DUBLIN,  
DURING THE COURSE OF THE  
COURSE OF STUDY FOR THE DEGREE OF  
M.D.

64/4990



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## ADVERTISEMENT.

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THE following Clinical Lectures of Mr. Carmichael on Venereal Diseases, were noted and published by me, in conjunction with his Lectures on other subjects, in the *Medical Press* for 1840. As this author's several works on those diseases are now out of print, I have obtained his permission to republish those Lectures, and he has himself taken the trouble of revising them.

With the exception of some trifling verbal alterations, they are substantially the same as those already inserted in the *Medical Press*. To illustrate them, however, in a manner the least expensive, I have added but one engraving, which exhibits a specimen of the six different forms of venereal eruptions most frequently met with; and this will, I trust, be found a most useful and important addition to those Lectures.

SAMUEL GORDON, A. M.

ADVERTISMENT

The following is a list of the names of the persons who have been elected to the office of Justice of the Peace for the year 1884. The names are given in alphabetical order. The names of the persons who have been elected to the office of Justice of the Peace for the year 1884 are: [illegible names]

Printed by [illegible name]



EXPLANATORY OBSERVATIONS ON THE PLATE.

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THE eruption marked PAPULAR does not terminate like the pustular in superficial ulcers, but desquamates into copper-coloured scaly spots, resembling those delineated under the head of Scaly Psoriasis. Hence it is of great practical importance to ascertain whether an eruption, which presents a scaly appearance, has been so from its commencement, or had only become so by desquamation. In Mr. Carmichael's work on Venereal, the papulæ are represented as more scattered or distinct, and with less of the pustular character, but this is of no importance, as they are as frequently met with in the one way as in the other. This eruption is particularly referred to at pages 3 and 115.

The eruption marked PUSTULAR, appears in the plate to be only a more severe form of the papular; but as has been just observed, the great distinction between them is, that the former ends in mild superficial ulcers, while the latter terminates in desquamation. The pustules usually correspond to the character of phlyzacia, i. e. pustules raised upon hard red circular bases. It is noticed particularly at p. 122 *et seq.*



The eruption marked PHAGEDENIC exhibits one spot covered by a conical crust (rupia), and another by a thick brown, irregular crust, both covering ulcers, which extend with a phagedenic margin, and show the first signs of reparation in their centre. A frequent appearance of these ulcers is exhibited in the same figure. This eruption may either commence in the form of pustules (as delineated in Plate III. of Mr. Carmichael's work on Venereal) or in that of large tubercular spots exhibiting a pustular tendency. It is particularly referred to at pp. 3 and 135 *et seq.*

The eruption marked TUBERCULAR, occurs in a more remarkable degree on the face than on other parts. It exhibits the appearance which the phagedenic eruption assumes during its period of decline, after it has existed many months or even years, in successive crops. It is described particularly at pp. 137 and 177 *et seq.*

The first of the patches marked SCALY OR PSORIASIS, represents the eruption which usually follows the true syphilitic chancre of Hunter. The *Lepra Syphilitica*, as delineated in Mr. Carmichael's work (Plate V. fig. 1 and 2) is *now* so seldom met with that it was deemed better to occupy the remaining space in the plate by the second sample of this eruption, which though not strictly scaly, approaches the character of psoriasis more nearly than any other venereal eruption. It is intended to represent a mottled appearance of the skin, not raised

above it like the former, but somewhat resembling Pityriasis. It is more apparent on the integuments of the abdomen and flanks than elsewhere, and is sometimes the precursor of an eruption of a more decided venereal character, and at other times recedes, whether mercury is or is not exhibited. It would appear, therefore, to be common to all the forms of venereal disease.





CLINICAL LECTURES  
ON  
VENEREAL DISEASES.

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LECTURE I.

*Consideration whether all Venereal Symptoms arise from one or from several Poisons—Question of no practical Importance, provided we know the several distinct Groupings of Symptoms.—Interference by Mercury prevents a just Knowledge of the natural Progress and History of Venereal Diseases—therefore, only under the anti-mercurial Treatment, this Knowledge could be acquired.—Relation in which Venereal stand to other Diseases—Four distinct Forms of Venereal Diseases grounded on the Character of the Eruption.—Arguments in favour of Plurality of Venereal Poisons—1st. From Difference in the Progress and Symptoms of each, and from the Character of the Eruption.—2nd. From Difference of Treatment required for each Form.—3rd. From Historical Evidence.—4th. From Experiments of Inoculation.*

GENTLEMEN,—I purpose, in this day's lecture, to call your attention to Venereal diseases—I speak of them in the plural, and not, as is usually done, in the singular number, because I am convinced, and, probably, before I conclude, shall afford you strong



reasons for agreeing with me, that there is more than one venereal poison; and, therefore, that the received orthodox opinion is not true. Though "truth in matters of science cannot but be important and useful," as Mr. Key has observed in his admirable Report of the primary syphilitic Cases in Guy's Hospital, "yet the mere question whether a variety of effects arise from one or from many causes appears to me not to possess that importance which has been attached to it." In this sentiment of Mr. Key's I perfectly agree, and whether the different groups of venereal symptoms, which congregate together, arise from different poisons, or from other causes not very obvious, is, in a practical point of view, of no moment whatsoever, provided we make ourselves acquainted with the characters and dispositions of primary affections, and also with the *groupings* of constitutional symptoms, assigning to each that mode of treatment which experience has indicated to be the most judicious. Those other causes of the great differences which are found in both primary and secondary symptoms, are supposed to be some unknown state of the constitution. I say unknown, for I have seen the healthiest person afflicted with the worst description of primary phagedenic and sloughing ulcers, and have, on the contrary, seen the most unhealthy affected with the mildest form of primary ulceration. Mr. Mayo, in a late lecture on the venereal, rather than attribute the variety of symptoms we meet with to a



plurality of poisons, “conceives it to be owing to some difference, and probably one of a temporary nature in the habits of the party affected:” but he affords no clue to ascertain what this difference is, which causes such marked distinctions. This grouping or congeries of particular symptoms, however, which characterizes the various forms of venereal is as certain as that small-pox and measles have each their peculiar train of symptoms. Thus, when you see an eruption of papulæ, preceded by fever, which desquamates into scaly, copper-coloured blotches, you will meet with a chronic inflammation of the fauces—enlargement of the tonsils, which is often mistaken for ulceration (from their irregular surface and depositions of lymph), and also occasionally enlargement of the lymphatic glands of the neck—pains in all the larger joints, resembling those of rheumatism, are constantly present, but you neither meet with ulcers in the throat or nares, or nodes on the bones. Again—when you see an eruption of pustules, or spots of a pustular tendency, preceded by fever, and terminating in ulcers, each of which is covered with a thick crust, either assuming the conical shape of *rupia prominens*, or evincing a tendency to that form, and, when these crusts fall off, exposing deep ulcers which spread with a phagedenic margin, you may expect to meet on the same individual ulceration of the throat, particularly on the posterior part of the pharynx, which, if not checked, will soon engage every part



of the fauces as far as can be seen, extending upwards into the nares, and downwards into the larynx. Ulcers, both of the nares and larynx, however, not caused by the extension of the ulceration of the throat, but arising in distinct patches, may also be met with ; which, in the one, will soon be followed by caries and exfoliation of the bones of the nose, and, in the other, by a train of most distressing symptoms, owing to obstruction of respiration, and the irritation of a most sensible organ. Together with these symptoms, such a patient will probably complain of severe pains, not only in the large joints, particularly the knees, but in the shafts of the bones, followed by nodes of a most obstinate description.

In another form of venereal, when you see a scaly eruption of a dark-red or copper colour, either presenting the characters of lepra or psoriasis, according to Willan and other systematic writers on cutaneous diseases, you may expect to meet with deep ulcers of the tonsils, and pains in the head and shafts of the long bones, followed by nodes. All the symptoms which attend this form are of a very chronic nature. The patient will betray by his looks that he is labouring under some constitutional malady ; but the eruption is not ushered in by that active fever which precedes the other forms of eruption ; and even the ulcers of the throat are so little acute that they make considerable progress before their presence is indicated to the patient by any pain or uneasiness.



I would wish to put you on your guard, in discriminating eruptions, to distinguish accurately those which are *scaly from their commencement*, from those which become so in their progress, for both papular and pustular, as well as tubercular eruptions, become scaly as they decline.

Inattention to this leading feature in the appearance of eruptions, has led many men, even of experience, to confound one form of venereal disease with another, and to deny that there are any essential or specific distinctions between them. There are, no doubt, many symptoms in common to every form of venereal disease—for instance, eruptions, some of which, as the papular and pustular, are preceded by well-marked fever; and the scaly, by one, however so trifling, as in general to escape notice; but want of rest, and a care-worn, sickly countenance, in most instances, sufficiently betray disturbance of the constitution.

Affections of the throat likewise, from simple inflammation to destructive ulceration, are common to all. Pain in the head and joints are also equally common, and I may say the same of iritis; but, although the last affection may occur in every form of venereal disease, it is much more frequent in that which produces the papular eruption than in any other. And I have observed, that, even in this form, it is most frequent in those patients who have imprudently allowed the eruption to be repelled by exposure to cold, or removed it from the



skin by the premature use of mercury, anticipating that safe period for its exhibition, when the eruption has desquamated, and is evidently on the decline. This is so frequently the case, that Mr. Travers, many years since, attributed iritis to mercury, and not to the morbid poison: but, at the period in which he promulgated this opinion, mercury was exhibited for every stage and form of venereal. Since that time, however, the anti-mercurial practice has afforded us opportunities of witnessing iritis in a great number of cases where not a grain of mercury had been taken. From these considerations, the question naturally arises—in what relation does the venereal stand to other diseases—does it, in its various forms, constitute a disease, *sui generis*? Or does it not, on the contrary, in every particular, evince that it belongs to the order, Exanthemata, of the class Pyrexia; which Cullen defines to be “contagious diseases beginning with fever, and followed by eruption.”

Now, in every point, the various forms of venereal answer fully to this definition. It is not a mere idle speculation to ascertain to what class any particular disease, whose nature we wish to investigate, belongs: for, although every individual disease has its own characteristic symptoms and laws, yet in a duly arranged class, there must or ought to be, some characters and laws common to all.

Now, the venereal, in all its varieties (even without the adoption of *my* peculiar views), is obe-



dient to those laws common to the entire order of the exanthemata—it is contagious—it is ushered in by more or less fever—and it is followed by eruption. It is communicable by contact only, and not through the medium of the atmosphere, as was at one time generally believed; and, in this respect, it differs from the other morbid poisons of the same class. When inoculated, it produces, like small-pock or cow-pock, a vesicle, the lymph of which is highly contagious; but as the matter becomes, in its progress, purulent, it gradually loses its contagious property. This fact was well ascertained, several years since, by the experiments of Mr. Evans, an account of which is given at page 81 of the second edition of my work on Venereal Diseases; and, more recently, have been repeated, on an extended scale, by M. Ricord, with the same results.

In this respect, it bears the closest analogy to both small-pock and cow-pock; for, in order to insure a successful inoculation, every practitioner knows the necessity of taking the infection while it is yet in the form of lymph. There is but little inoculation now, I trust, of the former of these diseases; but all practitioners knew the advantage of taking infection from a recent spot before the matter had become purulent; and every one knows, respecting cow-pock, that there is no dependence to be placed upon the infection once the lymph was changed into purulent matter. These facts we will find by-



and-by, of great importance in unravelling or in ascertaining the laws by which venereal diseases are governed. Some days may elapse before the poison of those vesicles is imbibed, so that a cauterization of the part, by an escharotic, affords a good chance of cutting off infection, and thus protecting the system from contamination.

When the system *is* affected, eruption, attended with inflammation or ulceration of the throat, and preceded by fever, is the usual character of all the exanthemata, in which the various forms of venereal fully participate. These eruptions have their regular periods of accession after infection of continuance and decline. If any of them are driven prematurely from the surface some internal organs, as the brain, lungs, or intestinal canal, are sure to suffer; therefore, in the treatment of the exanthemata, the great object is to conduct them in such a manner as to allow the eruption to pursue its natural stages, and to prevent, at the same time, the ill effects of too much excitement either during the eruptive or secondary fever; and we shall find that those rules of treatment, hitherto only thought applicable to the eruptive stage of the acknowledged exanthemata, are equally consonant to the same stage of all venereal diseases. But every individual disease of the order has a particular modification of these general laws; for instance, when the eruption of small-pock, measles, or scarlatina, suddenly recedes from imprudent exposure to cold



or other causes, the brain or lungs are most liable to become affected, and effusion upon these organs, under such circumstances, may terminate, rapidly, the patient's existence.

The object of the practitioner, under such untoward circumstances, is, by stimulants and heat to the surface—either by the hot bath or warm air, to bring back the eruption to the skin, which affords the most likely means of averting the formidable train of symptoms consequent upon its sudden and premature disappearance.

Now, the precise same law manifests itself in the government of every form of venereal disease, but modified in each form, or individual morbid poison. For instance, when the pustular, or tubercular, venereal eruptions are removed prematurely from the skin, and not allowed to develop themselves according to the respective laws of the morbid poison to which each appertains; instead of the brain or lungs being, in consequence, assailed, the periosteum and bones, as well as other deep-seated parts, seem to suffer. When the papular venereal eruption suddenly disappears, the periosteum and bones are not consequently affected; but the patient will suffer from increased severity of the pains of his joints and head; and, frequently, iritis occurs, also attended with more or less of constitutional disturbance, which may be succeeded by a fresh crop of the eruption that usually brings with it considerable relief, but which will recur again and again if injudi-



ciously treated. The more frequent causes of this premature removal of those eruptions from the surface, are either imprudent exposure to cold and moisture, or to the too early and injudicious use of mercury, before the eruption has indicated by its desquamation or scalliness, that it is naturally on the decline.

We can easily comprehend why cold and wet, applied to the skin, should repel that action of its vessels necessary to the development of an eruption; but why mercury should produce a similar effect is not quite so obvious—that it does, however, possess this power, the experience of every practitioner proves; perhaps, this powerful mineral, by exciting a new action, suspends, on the Hunterian doctrine, that of the morbid poison, and thus the natural development of the eruption is interrupted. In support of this view of the laws by which venereal poisons are governed (and of which we could never acquire any adequate or certain knowledge as long as it was the practice to exhibit mercury for every form and stage of these diseases), I need only state the fact, now generally admitted, that in those cases treated without mercury, the secondary symptoms are particularly mild, and *the bones are seldom or never affected*.

There is nothing more worthy of notice in pathology than the regularity which nature observes with respect to the characters and symptoms of morbid poisons—making allowance for difference



of age, constitution, climate, and various external influential causes, the regularity with which the exanthemata pursue their usual course, in obedience, each to its peculiar laws, is truly surprising. Are we then justified in supposing that the venereal poison is an exception to this general rule, and that one poison alone produces the great variety of eruptions which you now see so truly and admirably delineated before you?

[Here Mr. Carmichael pointed to numerous drawings of the various forms of venereal eruptions displayed on the walls of the lecture room].

Are we to suppose that the same poison which produces this mild papular eruption, that ends in desquamation of the cuticle, and then disappears almost spontaneously, also occasions this eruption of pustules and tubercles terminating in ulcers, some of which you see covered by those thick conical crusts, termed rupia—while others, having cast off these coverings, exhibit deep and extensive foul surfaces spreading with a phagedenic margin? Here, again, is another form of eruption, totally unlike the two others; these drawings exhibit neither papulæ, pustules, tubercles, rupiæ, nor ulcers, with phagedenic margins; but scaly spots, some flat and small, and others raised, particularly at their margins, both of a dark-red or copper colour. These are faithful delineations of syphilitic psoriasis and lepra, and exhibit the same character of scaliness from their very commencement, by



which they are distinguishable from papulæ in their declining or desquamating stage.

*no doubt* { The general belief is, that the same poison produces these different forms of eruption, which in mildness and virulence appear the very antipodes of each other. If they are both the product of the same virus, then we must believe that the venereal is an exception to all other morbid poisons, and must agree with those who consider it a disease *sui generis*, or totally unlike to any other. But when we look a little deeper into the subject, perhaps you will agree with me that it does not form an exception. Those who are of opinion that there is but one venereal poison, which produces all the varieties we see both in primary as well as secondary symptoms, account for these varieties by assigning them to difference in constitution, or to that of the state of health of the patients at the time of receiving infection. Now, I am willing to admit that both primary and secondary symptoms may be greatly modified by age, constitution, mode of living, and treatment, both local and general; but I contend that none of these causes will produce the great difference which is obvious between this mild, papular form of venereal disease (from which the patient will certainly recover, except under the grossest mismanagement), and this virulent, destructive eruption of rupiæ, and extensive phagedenic ulceration of the skin, from which it is often doubtful if the patient will ever recover, even un-



der the most judicious treatment. I might as well admit that difference in constitution would in one person, from the same poison, cause an eruption of measles or mild chicken-pock, and in another the worst form of confluent small-pock. But if these differences which venereal eruptions exhibit were owing to those causes assigned, we ought to see the phagedenic disease constantly assailing the broken-down, drunken debauchee, and the mild form only attacking the young, healthy, and robust. This, however, is so little the case, that according to my experience both these classes of patients are indiscriminately liable to both these forms of disease.

Another argument in favour of a plurality of venereal poisons is afforded in the fact that different forms of the disease require different modes of treatment and management. For instance, the disease characterized by a papular eruption, does not require, either in its primary or secondary stages, mercury for its cure, a medicine which is positively injurious until the eruption is desquamating and on the decline. 2ndly. The phagedenic venereal disease, both in its primary and secondary stages, is positively injured, and rendered more intractable by the exhibition of mercury. When the disease is on the decline, as indicated by extensive scaly-looking blotches or tubercles on the skin, where formerly ulcers, covered with crusts of rupiæ existed, mercury may then, and *not till then*, be useful in alterative doses, to expedite the cure.



But my chief reliance for the constitutional treatment of this disease is the hydriodate of potass, combined with sarsaparilla. 3rdly. That form of disease which is characterized by the scaly eruptions, psoriasis and lepra, yield with certainty and rapidity to the exhibition of mercury, a proposition which cannot be advanced respecting the other forms of venereal disease.

A third argument in favour of a plurality of venereal poisons is afforded from historical facts. In the latter end of the fifteenth century it is generally supposed that the venereal disease first made its appearance in Europe, and, as is well known, was thought to be an importation from America, brought home by the Spaniards; a just retribution, it was alleged, for the evils they inflicted upon the natives of the New World. Whether or not this account be true, there is no doubt but that a novel and destructive form of disease made its appearance about this period, first observed at Naples amongst the Spanish soldiery, from whence it spread rapidly all over Europe. Now, from the earliest time to the present, in which we have historic records, statements have been made which prove the existence of venereal complaints. Thus, in the 15th chapter of Leviticus, we find the Hebrew lawgiver directing such precautionary measures as might prevent the extension of gonorrhœa throughout the camp, for such, most probably, was meant by the words "running from the reins." Hippocrates



speaks of exulcerations and defluxions upon the private parts, with tubercles in the groin, in his third book *de Epidem.* section 3. Celsus, in his chapter *de obscenarum partium vitiis*, describes eight species of ulcers to which the genitals were subject; amongst which we find those that we meet with at the present day, particularly the common primary ulcer, occasioning the papular eruption called *venerola vulgaris*, by Mr. Evans, often exciting phymosis and inflammation. He also accurately describes the phagedenic and sloughing ulcers. Numerous writers of the middle ages, long before the supposed introduction of syphilis (to mention whose names now would only betray a vain affectation of research), state the frequency of primary venereal diseases, occasioned by coition. The laws of the public stews in all the cities of Europe, by which the women who frequented them were subjected to regular examinations, and other precautionary measures, to prevent the communication of venereal complaints, afford decisive evidence on this point. Astruc mentions particularly those of one at Avignon, adjoining the convent of the Augustine Friars (a strange place to select for it), in which amongst other ordinances promulgated “by the young and good Queen Jane (curious occupation this for a youthful queen), we find the following:—“*Item*—The Queen commands that on every Saturday the women in the house be singly examined by the abbess and the surgeon appointed



by the directors ; and if any of them have contracted any illness by their whoring, that they be separated from the rest, and not suffered to prostitute themselves, for fear the youth who have to do with them should catch their distempers.”

This document in itself, thus incongruously recorded and disseminated by an author opposed to the antiquity of venereal diseases, before the latter end of the fifteenth century, is decisive in establishing that which he endeavoured to controvert. It is true, that neither the ancients, nor the physicians of the middle ages, though they admitted that venereal diseases were caused by sexual intercourse, had ascertained the constitutional affections they occasioned. That such existed at all times as at present does not admit of a doubt, but were confounded with, and mistaken for, the symptoms of leprosy ; as has been most satisfactorily explained by the admirable paper of Mr. Becket, read before the Royal Society in 1717. The substance of this paper I have given in my work on venereal diseases, and, therefore, shall not repeat it here ; but we find that in proportion as the connexion between the primary and secondary symptoms of venereal diseases become known and understood, we hear less and less of those of leprosy.

This ignorance of our predecessors, which appears to indicate so much stupidity, need not surprise us, when it is recollected that it is only within a very few years that two of the most for-



midable ailments—iritis and gonorrhœal ophthalmia, were ascertained to arise from venereal contamination, facts even unknown to Hunter and Pearson. From these views, both pathological and historical, there cannot be a doubt but that venereal diseases existed as long as there has been promiscuous connexion between the sexes. Indeed, it could not be otherwise if Mr. Abernethy's doctrine be true, viz., that even the healthy secretions of one individual, applied to a crude, susceptible, or absorbing surface of another, will occasion ulceration, and that this ulceration may be followed by constitutional disease. In what other way can we account for Mr. Hunter's tooth cases, viz., a tooth transplanted from one healthy person to another occasions ulceration of the gums of the latter, followed by constitutional symptoms, bearing some analogy to those of venereal disease, but resisting the powers of mercury for its cure. Analogous to this fact, I have occasionally seen a foul, unwiped lancet used after opening the vein of a healthy person, excite inflammation and ulceration in the arm of another, and this ulceration followed by an eruption of small papulæ, not only in the arm but extending to the body, and attended with a slight degree of fever. From these circumstances we should be led to conclude that mild forms of disease are eternally arising from the sexual intercourse of even persons in health; and I have so frequently seen troublesome ulcers arise in men



who had connexion with women above suspicion, while they had on them at the time crops of herpes preputialis, that I feel the more confirmed in this opinion. I have now, I conceive, adduced sufficient evidence to convince any unprejudiced mind that venereal complaints at all times existed; still it must be acknowledged that a new form of it occurred at the latter end of the fifteenth century, the period usually assigned to the first introduction of syphilis. Whether it came from America or not is of no importance in the question. We have abundant historic testimony that a new form arose which astounded the practitioners of that day, and spread consternation over every state in Europe. What, then, I would ask, became of the old forms of disease which existed from time immemorial? Were they, as well as leprosy, extinguished by the new disease? or is it not more rational to conclude that they continue (more or less modified as all morbid poisons are by time and circumstances) in existence to the present period? and, therefore, from historic evidence alone, I have strong reasons to insist upon the doctrine of a plurality of venereal poisons.

But it is justly urged that this is a question which must lie in abeyance until tried by a fair and judicious system of experiments by inoculation—granted. However, in the meantime, we may make use of, and draw conclusions from, such experiments as have been tried; and although they have not been made on the plan that I should have



suggested, yet still they have this advantage, that they were instituted by persons who had no preconceived opinions on the subject to support, or by those who were directly opposed to mine; therefore, *their* experiments, when adduced by me, may be relied on with the utmost confidence. But first, in order to show how the experiments in question bear upon my doctrine of a plurality of venereal poisons, it will be of advantage to give a brief outline of the diseases they produce, or, if it pleases some of my hearers better, of the different forms of the venereal disease; for, as I before observed, in a practical point of view it is of little consequence whether there is but one or several distinct poisons, so that we are acquainted with the different forms which it or they present, as our treatment and prognosis of the event will, or ought, to hinge upon those very forms. My classification of venereal complaints is grounded on the character of the eruption, which affords a more certain basis for the classification than primary ulcers, as the latter are far more liable to be modified and altered by a great variety of circumstances, such as the manner of living of the patient, and mode of treatment adopted by the practitioner. Under these views I have divided them into the *papular*, *pustular*, *phagedenic*, and *scaly* venereal diseases.

With respect to the *Papular disease*, I find its eruption produced either by an ulcer of peculiar characters, or by a gonorrhœa virulenta, internal or



external. The ulcer commences in the form of a pimple or vesicle, containing a thin, ichorous matter, which gradually becomes thick and clouded; a scab forms in the course of three or four days, which separating, displays an excavated ulcer, in which state it remains eight or ten days. Towards the end of the second week the surface becomes on a level with the surrounding skin, or perhaps raised a little above it, presenting a smooth, fungous-like appearance, but without induration, raised edges, or phagedenic margin. This ulcer, which is the *venerola vulgaris* of Mr. Evans, may, of course, be greatly changed from its natural appearance by the management or mismanagement of either the patient or his medical adviser.

Gonorrhœa virulenta is also capable of causing a papular eruption, with its concomitants, inflammation and swelling of the fauces, and pains in the different joints; as is also that external gonorrhœa, or patchy excoriation of the glands and prepuce, usually termed chancrous excoriation. I am of opinion that these three primary affections arise from the same poison, and produce the same train of constitutional symptoms as we every day meet with them on the same individual, who has acquired them by the same identical sexual contamination.

I shall now notice, briefly, the primary symptoms of the *Pustular Venereal Disease*. It is an ulcer which begins like that of the papular form of venereal disease, as a pimple or vesicle, but does



not exhibit its usual characteristic signs, as is the case with other primary venereal ulcers, *until the second or third week*. The characters which distinguish this ulcer from others is a smooth surface (rather inclined to the phagedenic than to the fungous appearance of the ulcer last described at the same period of duration), with well-defined elevated edges. It has been objected that I have mistaken this ulcer for that first described, during its excavated or early stage. But this is not the case, for the ulcer under consideration is in general very obstinate, and does not assume the appearance of excavation in consequence of its elevated edges, until the second or third week; whereas, the ulcer previously described is excavated at first, and becomes raised and fungous in the second week. I have assigned this, the *ulcer with elevated edges*, a place between the papular and the phagedenic disease, but it is in obstinacy, and in the severity of its constitutional symptoms, much more nearly allied to the latter than to the former.

Mr. Key, in his excellent observations on primary syphilitic ulcers, inserted in the Guy Hospital Reports, for October, 1839, remarks that "if the lines of demarcation, between classes of sores, be not so clear and defined as Mr. Carmichael describes them, and one class runs *insensibly* into its neighbour, it follows that the poison producing them must possess but slight shades of distinction, and must, like the sores which they produce, closely resemble each other in the middle of the chain,



while at the extreme points their difference must be considerable.”

These observations of Mr. Key's perfectly apply not only to the ulcer I have been just endeavouring to describe, which insensibly tends to the phagedenic species, but to all the other symptoms, both primary and secondary, of venereal diseases; for, though I have afforded strong reasons in favour of the doctrine of a plurality of venereal poisons, yet I never meant to deny that there must necessarily be a great similarity between them, and that they form a chain, the links of which, though distinct, are closely connected.

The pustular form of venereal disease is of far less frequent occurrence in practice than the papular. Its eruption is characterized by pustules of a phlyzacious character, intermingled with papulæ. The pustules end in superficial ulcers without phagedenic edges, and heal with great facility, while the papulæ desquamate. In the same form of disease apthous spreading ulcers may appear on any part of the fauces, and the patient is not only subject to pains of the joints but to nodes on the bones. [Here are excellent delineations of this eruption, which often extend over every part of the body, but particularly the trunk].

The primary symptoms of the *Phagedenic venereal disease* is either an ulcer of a corroded appearance, with irregular jagged edges without induration, or one covered by a slough: when the slough



separates, a phagedenic surface presents itself (not a healthy granulating surface like that which succeeds a slough caused by excessive inflammation); the ulcer still extending by phagedena, another slough may form, and thus, by an ulcerative and sloughing process, the most extensive destruction and mutilation will ensue, if not met by appropriate means. That, which I have just described, may, with propriety, be termed acute phagedena, in contradistinction to a chronic form of this ulcer, in which it proceeds slowly but surely in its destructive progress, spreading with an irregular phagedenic border in one place, while it is healing in another. The eruption, ulceration of the fauces, larynx, and nares, the pains of the joints, but, particularly, of the knees, and the obstinacy and frequent recurrence of nodes, correspond with the primary symptoms in severity and destructiveness. If mercury is employed in the early stages of either primary or secondary symptoms, *it often renders this malady actually incurable*; and numbers annually die, after lingering for years, who are thus injudiciously treated. But, fortunately, though it is the most unmanageable form of venereal, we have means in our power, in the great majority of cases, to cure this disease, provided that mercury has not been prematurely exhibited.

The primary ulcer of the *scaly venereal disease*, unlike that we have just been describing, is remarkably indolent in its nature; it progresses



slowly, and occasions little or no uneasiness or pain. Its distinctive character is induration, compared by Hunter to firm cartilage under the skin; but the ulcer is not always excavated as he describes it. We often, on the contrary, meet with this firm induration under a superficial sore, more deserving the name of an excoriation than that of an ulcer. This, as well as all primary venereal ulcers, commences in the form of a pimple or vesicle, and does not assume its characteristic induration, as I before observed, until the second or even third week. I have seen many surgeons pronounce an ulcer to be a true Hunterian chancre, that had only the fullness around it, which the most simple sore would present when irritated by red precipitate, or any of those dressings usually applied to venereal sores. This is, however, totally different from the induration, "like a piece of cartilage under the skin terminating abruptly," as described by Hunter, of the primary ulcer we are considering. The constitutional symptoms of this disease partake of the indolence of the primary affections. The fever which ushers in the eruption is scarcely perceptible, and is only indicated by an appearance of ill health without other morbid symptoms. The eruption, either psoriasis or lepra (the latter now seldom met with), is equally chronic and slow in its progress: and the ulcers of the tonsils, though often deep and foul, excite so little uneasiness, that their presence is as often first discovered



by the surgeon as by the patient. Pains in the head and in the shafts of the long bones, with nodes, are frequent; but the joints are not so liable to be affected as in the other forms of venereal already detailed. It is thought that this form of disease was the most prevalent in Hunter's time, as his description is more applicable to it than to the other forms; but if this was the case, it certainly has, in a great measure, been superseded by the papular disease, for I might with safety say, that from thirty or even forty cases I meet with of the latter, I do not meet with one instance of the indurated chancre with its scaly eruption.

Mr. Mayo, in a late lecture published in the *Medical Gazette*, says, that it is still quite common in London; but, perhaps, this highly respectable surgeon is not so particular as I am concerning the degree of induration which characterizes the Hunterian chancre, and also not so scrutinizing as I consider it my duty to be concerning the stages of an eruption, with the view of ascertaining whether it was scaly from the commencement, or only became so by the desquamation of papulæ or minute pustules.

Now, gentlemen, having thus given a brief outline of the distinctions I have made of venereal diseases, or, if you will, of the various forms of the venereal disease, grounded upon the character of the eruption, a classification which is of great prac-



tical utility, I have, in a great measure, as far as this subject is concerned, vindicated the uniformity and regularity of the laws relating to morbid poisons, and shewn that Dr. Bateman, in his work on Cutaneous Diseases, was wrong when he asserted that "venereal eruptions assume such a variety of forms, that they bid defiance to arrangement according to their external character; and, in fact, that they possess no common or exclusive marks, by which their nature and origin are indicated. There is, perhaps," he continues, "no order of cutaneous appearances, and scarcely any genus or species of the chronic eruptions already described, which these secondary symptoms of syphilis do not occasionally resemble. Dr. Willan pointed out, among the papular, scaly, and exanthematous affections, several species to which the resemblance was most obvious; and the pustular and tubercular eruptions would furnish still more accurate examples of similarity."

There are, no doubt, some cutaneous appearances common to every form of venereal disease; for instance, there is a dusky mottling of the skin, which I have sometimes seen to precede the more regular forms of eruptions detailed, and sometimes it will exist alone, and gradually disappear without the aid of mercury.

Another cutaneous appearance, common to all the forms of venereal, is afforded by an eruption where one fold of skin is naturally in contact with

another, and which is therefore kept constantly moist by the secretion of the part—for instance, in the axilla and in the fossa of the nates, where the eruption will extend, no matter of what character, into those soft elevations of the skin termed condylomata, and by the French *tubercules muqueuses*.



## LECTURE II.

*A just Knowledge of the Natural History and Progress of Venereal Diseases, prevented by the general and indiscriminate Use of Mercury.—Hunter's Doctrine of the progressive Nature of Syphilis until stopped by Mercury occasioned great Errors in Practice.—Mercury often relinquished without relinquishing Hunter's Doctrine, through the Invention of specious Names.—Experiments of Inoculation by Bell, Evans, and Riccord support the Doctrine of a Plurality of Venereal Poisons.—Two distinct Periods in Gonorrhœa and Primary Ulcers—the one of Infection the other of Reparation.—Experiments with the Matter of Bubo, and with that of constitutional Ulcers considered.*

GENTLEMEN,—Although I have had, myself, ample experience of the existence, not only of the constant grouping or congeries of symptoms, as I have stated in my last lecture, but of the connexion which exists between the primary and secondary affections, a particular form of primary ulcer being followed by a particular or corresponding form of eruption—yet I should regret that you would leave this lecture room, with an impression that this doctrine is universally received or esteemed orthodox by the profession. One portion of it, viz.: the grouping of symptoms, as I have described them under the heads of papular and phagedenic diseases,



is, I believe, pretty generally admitted to be true ; indeed I cannot well conceive how any hospital surgeon, who is not actually blinded by his prepossessions, can refuse his assent to this proposition ; as I have been looking at them these five and twenty years, in this hospital, where they have been as familiarly known to the successive classes of pupils who have been educated here during that period as the most common occurrence in hospital practice. But they are by no means confined to this hospital or country, for I have recognized exactly the same grouping of symptoms in the various hospitals of England, France, Germany, and Italy, which I have visited. The pustular and scaly forms of venereal are equally regular in the same grouping of their symptoms, but are not so frequently recognized, as neither of them is so generally met with as the papular and phagedenic.

It is only since the non-mercurial treatment has been established that the natural appearance, history, and progress of venereal complaints has had any chance of being understood ; for the universal practice of exhibiting mercury, not only when their presence was manifest, but even where there was a bare suspicion of their existence, so altered and modified the characters of venereal diseases that at length medical men became completely perplexed to ascertain what symptoms were attributable to the morbid poison, and what to its supposed antidote, mercury. Mr. Mathias's work on the



mercurial disease, which for a time was in high estimation, affords a notable instance of this perplexity and embarrassment; for we now recognize many appearances he called mercurial, which without doubt appertain to the phagedenic disease; but which were only influenced so far by mercury that they became more and more inveterate under its use. His doctrine, however mistaken it might be, had a good effect, as it prevented the further exhibition of a medicine which, in such cases, only rendered the disease more intractable.

Hunter's doctrine of the progressive nature of syphilis until it destroyed the patient, if mercury, its supposed only antidote, was not exhibited, led to the greatest errors in practice. Mr. Pearson escaped, in some degree, from its mischievous consequences by coining a name, which deceived himself as well as others: he called those provokingly obdurate symptoms, which resisted repeated courses of mercury, *syphiloidal or sequelæ of syphilis—ergo*, not being syphilitic, but only syphiloidal, he admitted that there was no necessity for the further use of mercury.

Abernethy made considerable advances towards a just knowledge of venereal diseases. Being a most devoted admirer of John Hunter's doctrines, he firmly believed in the progressive nature of syphilis; but he discovered that there were *pseudo-syphilitic* complaints, resembling true syphilis, and, so strongly resembling it, that there were no dis-



tinctive characters between the one and the other. He only found out that they were pseudo-syphilitic, when either they improved without the aid of mercury, or resisted its influence altogether. This view, however, gave him an opportunity of relinquishing the use of mercury without departing from the axiom of Hunter. Experience, now, however, has taught us that every form of venereal disease may yield to the powers of the constitution without this medicine—the knowledge of which fact *alone*, elicited by the non-mercurial mode of treatment, is of the greatest benefit to mankind. A contemporary, who has written on these complaints, still retains his early prepossessions, which he was never yet known to relinquish in favour of the specific powers of mercury for every form of venereal disease; but, of late, he has fortunately discovered that, in certain forms, that medicine, given in *homœopathic* doses, answers better than when exhibited in the usual quantities. Therefore, we find that even those whose faith remains unshaken in the remedial powers of mercury, relinquish, under one pretence or another, their beloved specific, without abandoning their faith in its powers, whenever they perceive that their patients are retrograding under its use. But, surely, in the present advanced state of medical science, it can scarcely be tolerated that any practitioner should advocate the empirical system of administering, indiscriminately, this powerful medicine for all forms

*Colles.*



and stages of venereal diseases, and only relinquishing it when found to do mischief. Such floundering practice as this cannot *now* be countenanced by the profession.

You are not to suppose, from these observations, that I am what is termed an absolute anti-mercurialist; on the contrary, I look upon that mineral, when judiciously administered on sound pathological principles, and not blindly given as a specific, as a most useful and powerful auxiliary in the treatment of certain forms and certain stages of venereal diseases, which shall be pointed out to you more particularly when I come to enter upon the treatment of symptoms. At present I shall call your attention to a consideration of the experiments of inoculation of venereal virus, as performed by Hunter, Bell, Evans, and lately by M. Ricord.

These experiments have not been instituted on the plan or system that I should have adopted, viz., the inoculation of virus taken from the different primary ulcers, *at their commencement, and while discharging thin ichorous matter*, of the four genera into which I have divided venereal complaints. It will naturally be demanded of me—why did you not try those experiments yourself, according to your own ideas on the subject? To which question I reply, that my neglect of adopting this the most certain mode of testing the doctrine of a plurality of poisons, arose from a disinclination to inflict a disease by inoculation, which I might after-



wards be incapable of curing, particularly by the inoculation of the phagedenic disease ; and, I candidly confess, that the plan of inoculating an individual, on one part of his frame, with virus, taken from another, as has been recently practised by M. Ricord, did not occur to me.

We shall find, however, that those which have been performed by others, though not conducted on the plan that I would have suggested, lend considerable support to the doctrine of a plurality of venereal poisons ; and they have this advantage, that they cannot lie under the suspicion of being conducted or reported in such a manner as to lend their aid to the establishment of any preconceived hypothesis.

John Hunter, having seen instances of a gonorrhœa, followed by a “ lues venerea,” came to the conclusion—that the same virus produced both chancre and gonorrhœa. The first, he affirmed, was produced by the application of the virus to a non-secreting surface, by which he means the skin ; and the second is produced by its application to a secreting surface, by which he means the mucous membrane. Now, these views were supported by the following experiment :

“ Two punctures were made on the penis with a lancet dipped in venereal matter from a gonorrhœa ; one puncture was on the glans—the other on the prepuce.”

The inoculated spots inflamed, and finally ulce-



rated; but we are not told what description of ulcers they were, and no mention is made of induration, which would most probably have been the case, had it existed, as he particularly, elsewhere, describes induration as the strong characteristic mark of chancre. The natural progress of these ulcers was, however, unfortunately interrupted by the repeated application of lunar caustic, and they healed. Four months afterwards, the chancre on the prepuce broke out again, followed by bubo—the former healed spontaneously: but mercurial frictions were employed, “meant,” we are informed, “to do no more than cure the gland locally, without giving enough to prevent the constitution from being contaminated.”

After an interval of two months more, an ulcer took place in one of the tonsils, the appearance of which is not described, for which mercury was again employed. As soon as the ulcer was skinned over, the mercury was relinquished, it not being intended to destroy the poison, but to observe what parts it would next affect. About three months afterwards, *copper-coloured blotches* broke out on the skin, and the former ulcer returned on the tonsil. Mercury was again used, but, notwithstanding, the disease returned to the *same parts* afterwards—a fourth time to the tonsil, and a third time to the skin. The cure was at length completed, “but the time of the experiment occupied three years.”

From the imperfect manner in which this expe-



riment was conducted, the natural progress of the disease being interrupted by caustic, and repeated courses of mercury, it was rendered both lame and inconclusive, except so far as we learn from it, that the matter of gonorrhœa is capable of producing ulcers, and that these ulcers may be followed by constitutional symptoms; but we are left in ignorance of the precise characters of both the primary and secondary symptoms thus produced.

Hunter certainly cannot, with justice, be blamed for merely calling the eruption "copper-coloured blotches," for, in his day, there was no accurate knowledge of those characteristic distinctions of cutaneous affections, which are now familiar to us; but he knew well the distinctive characters of a primary syphilitic chancre, and of a secondary syphilitic ulcer of the tonsil—the one characterized by "an indurated edge and base"—and the other by a deep ulcer, "dug out as it were" of the substance of that gland; and yet he makes no mention of ulcers of this description being the result of his experiment. He waited in vain for affections of the periosteum and bones—his third order of parts, *for none occurred*, although the disease lasted three years. Now, from the result of this experiment, there is nothing to contradict, but every thing rather to support the doctrine of venereal poisons, and that the disease produced by the inoculation of gonorrhœal virus corresponded with that which I have described as producing the papular



eruption; for when papulæ decline and desquamate, the appearances they present are copper-coloured blotches. The disease was prolonged by the too early introduction of mercury; for this form of eruption will return again and again if mercury is exhibited before its desquamation; and one of the most striking characters of the papular disease is that, however long procrastinated, it *will not produce nodes*.

This experiment of Hunter's, which, it was vainly imagined, proved the identity of the virus of true syphilis and gonorrhœa was completely contradicted soon afterwards by the well-known experiments described by Mr. Benjamin Bell, in his work on the Venereal. These, experiments, which are too long to detail, are not only to be found in the author's work, but are given at full length in that excellent compilation—Cooper's Surgical Dictionary—which is, or ought to be, in the hands of every practitioner. Two of these experiments prove that the matter of chancre, introduced into the urethra, excites chancre, and two others, that the matter of gonorrhœa laid between the prepuce and glans on a dossil of lint will produce what has been termed external or spurious gonorrhœa of these parts. Chance, in one of the latter, rendered the experiment more perfect than was expected; for the matter finding access into the urethra, affected this also with gonorrhœa.

Now, the authenticity of these experiments, wit-



nessed by many of the elite of the profession in Edinburgh, has never been questioned. In a fifth experiment, the matter of a gonorrhœa was inserted by a lancet beneath the skin of the prepuce, but it did not produce any ulceration. This might have been owing to the infection having been taken from a gonorrhœal discharge that had passed from *the thin serous stage to that of thick purulent matter*; for, on reference to M. Ricord's experiments, we find that the inoculation of gonorrhœal matter into the skin produced alone ulceration when it was thin and serous.

In illustration of this important fact in the investigation of the laws of venereal diseases, I shall examine some of his experiments, which, in my opinion, afford conclusions directly the reverse of those of the experimenter. This examination may appear somewhat tedious; but experiments on this subject are of great consequence in establishing a just knowledge of venereal complaints, and, therefore, ought to be strictly scrutinized.

The first I shall notice is, that of Andre, (p. 223), admitted into hospital on the 16th July, 1836, with an ulcer on the prepuce, and a gonorrhœal discharge of a *serous* character (*la blenorhagie, qui ne fournissait plus qu'un pus sèreux*)(a).

On the 20th of July, the right thigh was inoculated with the latter.

(a) *Traité Pratique des Maladies vénériennes* par Ph. Ricord, &c. &c. Paris, 1838.



22nd. The part punctured was reddened.

23rd. Another inoculation of the same discharge was made below the first puncture; and an inoculation of the chancrous matter was made on the left thigh.

25th. The puncture made on the 20th had formed the characteristic pustule; the infection having taken place, it was cauterized with nitrate of silver.

27th. The punctures made on the 23rd, with the matter of chancre, as well as that made a second time with the *serous gonorrhœal discharge*, have both produced the characteristic pustules, and were cauterized with nitrate of silver as the inoculation had succeeded.

At page 212, is detailed the case of Catherine Haul, admitted on the 8th of April, 1834, a lady who it seems had been a frequent visitor at this hospital. M. Ricord reports that she had contracted chancres and gonorrhœa from a person who *had chancres only*; but that she communicated gonorrhœa alone to each of her new lovers (*à chacun de ses nouveaux amants.*) She had chancres on the labia, vaginal discharge, and ulceration of the neck of the uterus. Matter from the last was inoculated into the right thigh, and muco-purulent discharge collected in the vagina near the neck, into the left. Both inoculations succeeded and produced the characteristic pustules, which were allowed to proceed to ulceration, and followed by well-marked chancres, with sharp raised edges and a greyish-coloured surface (*les bords sont taillés à pic; le fond est grisâtre.*)



It is unnecessary to state more of these cases than what relates immediately to the subject of inoculation.

Again, at page 235, we find another instance of successful inoculation from recent gonorrhœal matter. The patient, B——r, had gonorrhœa and chancre. The former was, in its first or inflammatory stage, attended with phymosis and severe ardor urinæ (*vives douleurs en urinant*).

M. Ricord does not state whether the discharge was thin or purulent; but we may infer the former, as it is usually the case during the stage of acute inflammation. The inoculation which was made on the right thigh, on the 11th of March, gave the characteristic pustule on the 15th, on which day the left thigh was inoculated with the same matter, and, on the 17th, the usual signs of the inoculation having succeeded were apparent on both thighs; but that on the right had produced an ulcer which had spread through the entire thickness of the skin, and its edges were sharp and pointed (*taillés à pic.*)

On the 10th of April, near a month after the first inoculation, another was made with the gonorrhœal discharge on the left thigh, *which, however, did not produce any result.*

This experiment is of consequence in demonstrating two laws of the virus of gonorrhœa:

1st. *That it is capable of producing ulceration when introduced under the skin, during the inflammatory stage, while the discharge is thin, serous, and in its most infectious or virulent state.* And



2ndly. That when the inflammatory stage has passed, and *the discharge has become thick and purulent, it loses this infectious property*; for we find that the inoculation made on the 10th of April, near a month after the first, did not produce the characteristic pustule—the sign of success of the inoculation.

At page 225 is the following case: D—— was admitted on the 11th of November, 1835, complaining of ardor urinæ, and an ulcerated bubo; he was not very certain about the commencement of his complaints—some induration was felt along the urethra, about the navicular fossa; but on separating the lips of the urethra *no ulcer was perceptible*, and, on pressure, some matter escaped. The right thigh was inoculated with virus, on the 23rd of November, from this source, and on the left, with matter from the bubo; and in five days afterwards, the characteristic pustules were apparent on both, the progress of which was stopped by cauterization on the 1st of December.

At page 227 is another instance of successful inoculation from urethral discharge. The patient had also a chancre at the root of the glans, and the infection was recent, being caught only eight days previous to the experiment of inoculation, which accounts for its success.

No doubt, M. Ricord observes, on separating the lips of the urethra, he saw the mucous membrane ulcerated, *la muqueuse ulcerée*, a much more



indefinite expression than my translation of it; for it is well-known that the mucous membrane of the urethra, in gonorrhœa, presents an excoriated appearance *in patches*, as is obvious to examination in external gonorrhœa of the glans and prepuce.

Now, M. Ricord's term—*la muqueuse ulcerée*—was probably nothing more than this patchy excoriation; an appearance which was remarked, as well as I recollect, first, by the late Dr. Monro, in the body of a young man who was submitted to anatomical investigation after execution; also by Mr. Whateley, in his treatise on Gonorrhœa, and by myself in my work on Venereal.

I would not, on any account, have it imagined, that by these remarks I would wish to undervalue M. Ricord's observations and undoubted talents for research. His experiments of inoculation with the matter of gonorrhœa and balanite (the latter we generally call spurious or external gonorrhœa), fifty-five in number, evince indefatigable industry; but I could have wished that he had confined these experiments to cases only which afforded thin ichorous matter for inoculation. Out of the entire number there are only six recent cases—that is, cases which came under his observation within a week after the appearance of the discharge; and of these six it is only stated that in one instance was the discharge of a thin (*sanieux*) nature.

We might imagine that this appearance of dis-



charge occurred in all the other recent cases, was it not that in one of only four days' duration, we are informed that it was "*tres purulente*," a proof how very soon an inflamed mucous membrane begins to secrete pus. The result of the experiments, with gonorrhœal matter *in all*, we are informed by M. Ricord, was negative, that is, it did not produce ulceration; but I have already selected a few instances, from his own experiments, which evince that he was in error when he thus decidedly concluded that gonorrhœal matter, inserted into the skin, is incapable of producing ulceration.

I give, however, M. Ricord full credit for the honesty of his statements; and in his avowal that in making his experiments, he had no preconceived notions to support. Finding that in the great majority of cases, the inoculation of gonorrhœal matter was not attended with any result, because it had, according to my opinion, become thick and purulent, I am not surprised that he should at length come to the conclusion, that it did not possess the power, under any circumstance, of infecting the skin, and of thus producing venereal ulceration. But from the honesty displayed in the statement of his own experiments, thus militating against his opinions in the instances adduced, where the virus was taken from recent gonorrhœa, I make no doubt that he will reconsider the subject, and make use of the ample opportunities he possesses of repeating these experiments with gonorrhœal matter only,



during the first or inflammatory stage, while it is yet *thin, ichorous, and most infectious*.

If the same virus was not capable of producing both gonorrhœa and ulcers, how can we explain the every day occurrence of men acquiring both affections from the one impure connexion, of which he himself has given numerous instances? It would be travelling a little too far out of the road of common sense to suppose, that in every such instance the infecting person communicated two poisons, the one producing ulcers, and the other gonorrhœa. How will he himself account for the fungous ulcers he finds on the cervix uteri, so frequently arising from gonorrhœa, that he makes it a rule never to discharge a woman from hospital until he has examined this part of her frame? And yet this fungous ulcer exactly corresponds with the second stage of the ulcer called by me the simple primary ulcer, which occasions a papular eruption; indeed, he inadvertently acknowledges this power in gonorrhœal matter to produce ulceration by the advice he gives at page 678, not to apply leeches to the neck of the uterus of a woman affected with gonorrhœa, for fear every leech bite should turn into a chancre. "*Jamais aussi je ne donnerai le conseil d'appliquer des sangsues sur le col même de l'uterus, a moins de vouloir s'exposer a voir chaque piqûre se transformer en chancre.*" He certainly adds, that this advice is given because there is a chance of virulent ulcers existing in the



womb, but this is rather an improbable contingency.

Surgeons in the army have opportunities of investigating the laws of venereal diseases, which those in civil life do not possess, as their patients, when apparently recovered, still remain under surveillance—besides, in many stations, the females who infect a regiment are in general known to them, and thus much information into the laws of venereal poisons can be obtained by comparing the disease in the female with that of the male whom she has infected. I, therefore, availed myself, in my work on the Venereal, with much valuable information contained in Mr. Evan's Essay on the subject, a publication which has since attracted considerable attention. Possessing the advantages I have alluded to, he made good use of them by examining, when opportunities occurred, the females who disordered the soldiers under his care, and he found, in numerous instances, that the mild form of primary ulcer, which I have so often alluded to, as producing the papular eruption, *was occasioned by connexion with women who had no other disease than gonorrhœa.* Those who cannot obtain Mr. Evan's Essay, may find three of his cases, exemplifying this circumstance, at page 81 of my work, as well as the following remarks on his experiments of inoculation, which, as they are brief, and bear strongly on our present subject, I shall now read to you:



“ Mr. Evans details three interesting experiments of inoculation of matter, taken at different periods from the simple primary ulcer under consideration, which prove that the earlier the infection is taken, and while the sore is in its excavated or ulcerating state, and, as we may infer, before the matter is purulent, the more severe and obstinate is the ulcer which it produces. I shall refer to the work itself for the detail of the experiments, but the following passage contains the result :

“ ‘ From these and other experiments I am inclined to the opinion, that in this, as well as in the vaccine disease, the secreted fluid varies, or is less certain in its effects, in proportion to the duration of the disease; for in the first of these cases, where the ulcer from which the matter was taken was of *ten* days’ standing, the disease terminated in fourteen days; in the second, where the sore was only *eight* days’ old, the inoculated disease continued eighteen days; and in the third case, where the matter was taken *before the cessation of the ulcerative stage*, it continued twenty-eight days.’ ”

In these circumstances relating to venereal ulcers so well proved by Mr. Evans, we only recognize a law common to all morbid poisons. Thus Dr. J. Mason Good remarks, on the subject of small-pock, that when we wish to inoculate, “ it is preferable to take the fluid *before the pustule suppurates*, as afterwards it seems to partake of the nature of *common pus*.” And every one knows that the



same uncertainty prevails with respect to the inoculation of the vaccine virus, which, if not taken before the twelfth day, when it passes from the state of lymph to that of pus, either fails in communicating the disease, or gives one of a spurious nature, incapable of protecting the constitution against the reception of small-pock.

The consideration, respecting the diminished power of the matter of eruptions and ulcers of contagious diseases, when thick and purulent, to convey infection, may afford some explanation why the system is so seldom contaminated in those who are affected *only* with gonorrhœa: for the mucous membrane of the urethra, as well as elsewhere, when inflamed, rapidly and without breach of surface passes into the suppurative stage, and thus much sooner than the skin ceases to secrete a virus capable of either contaminating another, or the constitution of the individual affected.

M. Ricord admits this change in the powers of venereal chancres to produce infectious matter, observing that they have two distinct "phases," the first is, that of an increasing or stationary ulceration, during which they alone furnish a specific virus. The second is that of reparation when it becomes a simple ulcer, no longer capable of secreting a specific poison, of which his experiments of inoculation afford numerous illustrations.

I perfectly agree with M. Ricord, that the matter of gonorrhœa will not produce chancre, by



which I mean the chancre with the indurated base, so well described by Hunter, and which produces a scaly eruption; but if he means by the term *chancre*, any venereal primary sore, I totally disagree with him: as I have afforded sufficient proof, even from his own experiments, that it is capable of producing mild primary ulcers without induration or phagedena; and to this I may add, that when constitutional symptoms arise, they appear in the form of papular eruption. But I am supported still further in these views by other experiments he details at p.109, &c., which he was induced to perform on some galley slaves under his charge in 1794, in consequence of Benjamin Bell's work on the Venereal happening, at that time, to fall into his hands.—Three healthy young men, he informs us, were selected for the experiment, and inoculated by placing threads, soaked in gonorrhœal matter, between the glans and prepuce: one of those men had trifling ulcers (*ulcères légers*), which healed under the most simple dressings. But the others did not escape so easily, for the ulcers, caused by the inoculation, were slow in healing, for it seems these individuals had a *scorbutic tendency*, although in the preceding paragraph we are told that they were selected as being “*bien sains*.” In consequence of this tendency to scurvy, however, although there were no decided symptoms of that disease present, “*sans l'voir cependant bien développé*,” it is inferred, that the ulcers of inoculation were ob-



stinate in healing, and resisted all local measures until acids, combined with stimulants, were exhibited! Even one of them had a sanious fungous ulcer, and was affected with pains which ran through his entire frame. “*L’un d’eux avait des douleurs qui parcouraient le corps ; le pus de son ulcère était sanieux et les chairs fongueuses.*”

Several other experiments of the same description are detailed in p. 111, &c. In every instance ulcers followed the inoculation of the gonorrhœal virus, but when obstinate (*des ulcères rebelles*) and followed or accompanied by eruption and pains (*accompagnés même de dartres et de douleurs*), were attributed, not to the venereal poison, but to either “*scrofules bien prononcées,*” or to obstructions “*dans le bas-ventre.*” Six individuals had “*une constitution faible, irritable, cochochyme,*” one was “*né de parents affligés de la goutte,*” while another was subject to hemorrhoids, and the “*rebellious ulcer*” caused by inoculation would not heal until there was a return of the hemorrhoidal discharge, “*le retour du flux hemorrhoidal.*” But I need not multiply farther proofs of the facility with which even men of experience will not see the most obvious facts, when their vision is obscured or obstructed by a veil of preconceived notions or prejudices.

M. Ricord’s third section consists of experiments of inoculation made with the matter of bubo—sixty-nine experiments were performed, in twenty-



six of which it was successful, and in the remaining forty-three was not attended by any result. Some curious and interesting facts were developed by these experiments. For instance, it was ascertained that the nearer the matter was taken from the surface of the affected gland, the more likely was the infection to succeed, and on the contrary, the matter furnished by the parts exterior to the gland was not infectious.

A case of inoculation in this section, detailed at p. 451, requires some explanation from the author. The matter was taken from a bubo which succeeded a gonorrhœa, and inserted into the left thigh, on the 7th of October; on the 14th the inoculated spot is reported to have been red, indurated, and had begun to suppurate, "*qui jusqu' à ce jour, était seulement rouge et dure, commence à suppurer, elle reste pointue.*" This pustule afterwards healed without any treatment, which seems to be the only reason that M. Ricord designates the pustule caused by this inoculation "*une fausse pustule,*" but ulcers which arise from the same poison that occasion gonorrhœa we know may also heal spontaneously, and therefore this experiment affords another support to my opinions.

The fourth section of M. Ricord's work consists of experiments of inoculation with the matter of constitutional ulcers, in all of which (twenty-three) the results were negative, that is, the matter did not produce any effect. Several of the



persons from whom the matter was taken were, however, altogether unfit subjects for this purpose ; for instance, the matter in one patient was taken from an abscess near the root of the penis, most probably not venereal ; in another, from a doubtful pustule of the umbilicus ; in a third, from a cancerous ulcer of the cervix uteri ; and in a fourth, from gonorrhœal ophthalmia—a primary and not a secondary affection. In seven instances the matter was taken from condylomata, or “ tubercules muqueuses,” in the fossa of the nates, or on the inside of the upper part of the thighs.

The negative result of the remainder of these experiments with the matter of constitutional ulcers, tends strongly to support Hunter’s doctrine, that the matter they produce is not infectious ; and it agrees with my own opinion, that venereal diseases gradually become milder, until at length they yield to the powers of the constitution. But notwithstanding these views, backed by M. Ricord’s experiments, and those tried by Hunter, which prove that the inoculation of the blood of the infected person will not communicate the disease, how does it happen (even in one of the instances detailed by M. Ricord), that a diseased infant may infect the breast of a sound woman ? the ulcers in the mouth of the infant are not primary but secondary, as they are derived from the constitutional disease of infected persons. I have also met with instances of young married women above suspicion, who



were affected with constitutional symptoms, and who, on the minutest inquiry, I could not learn, ever had any primary venereal affection. But their husbands, though equally free from primary, at the time of their marriage, had on them secondary symptoms in the form of eruptions or ulceration of the throat. From these circumstances I cannot but conclude, that the matter of constitutional eruptions *may be* contagious, and this opinion has not been removed by M. Ricord's experiments; for as the virus of small-pock and cow-pock loses its infectious properties as it becomes purulent, so in the same manner, we may, from analogy, conclude, that venereal eruptions are infectious while their contents are thin and serous, but that they lose this property as soon as *they* become purulent; and there is still far less chance of their retaining any portion of their specific poison when they spread into ulcers: therefore, I should hesitate to conclude, that secondary symptoms are altogether non-contagious, until experiments of inoculation are made with the serous fluid of venereal eruptions, or whatever their contents may be at their first appearance.

No experiments have yet been instituted for the purpose of ascertaining, in an accurate manner, whether there is only one or a plurality of poisons. Had I made experiments with this view, they would have been looked on with a very suspicious eye, knowing my prepossessions in favour of the latter



doctrine. But since *I* am enabled to support my opinions by the experiments of those who not only are without these prepossessions, but are actually opposed to them, the evidence thus elicited may be considered most satisfactory. Now, from the experiments of Bell and Ricord, I consider that Hunter's doctrine, that the same poison may produce both chancre (indurated) and gonorrhœa, to be completely negatived. I also consider, from the experiments of Ricord himself (though *he* does not come to the conclusion), that it has been proved, the matter which produces gonorrhœa may also occasion ulcers; a position which is supported by the accurate observations of Evans, who traced, in a most satisfactory manner, in numerous instances, *the mild species of primary ulcer, which he calls venerola vulgaris, to gonorrhœal infection.* These observations of Evans most unequivocally support my doctrine, that the same virus produces gonorrhœa (both urethral and external) and a mild form of primary ulcer, without induration or phagedena. Now this position being admitted, and from the evidence adduced, I do not see how it can be denied, it is equally demonstrative (as I shall prove to you), that these primary forms produce the papular eruption with the group of constitutional symptoms, which I have described as its concomitants—the treatment of which shall be considered in my next lecture.



## LECTURE III.

*Pustular Venereal Disease described and contrasted with the Papular and Phagedenic.—Objections to a distinct Phagedenic Venereal Poison.—Dr. Ferguson's Opera Dancer.—Objections opposed by the direct Experiments of M. Ricord.—Treatment of primary Symptoms of Papular Venereal Disease—of Ulcers—of external Gonorrhœa—of Ulcers on the Frenum—of Ulcers complicated with Inflammation causing Phymosis, or extensive Suppuration, or Gangrene.*

GENTLEMEN,—In my last lecture I gave you an account of the experiments of Hunter, Bell, Evans, and Ricord. The first considered the virus of chancre and gonorrhœa to be identical; the three others considered these venereal affections to arise from distinct poisons; but the experiments of all, in my opinion, *prove* the existence of at least two poisons, and in the course of this lecture I shall adduce some other experiments of M. Ricord to show, contrary to any inductions of the experimenter, that there is at least a third venereal poison. But, in a practical point of view, whether we admit one, two, four, or any number of poisons is a matter of total indifference, provided we make ourselves acquainted with the grouping of symptoms or of the different forms of the venereal dis-



ease, if you are *still* advocates for the old belief, that all the varieties of this malady spring from one poison.

I shall now call your attention to that particular form which produces an eruption of pustules, terminating in mild superficial ulcers, which, unlike those of the phagedenic constitutional disease, evince an early disposition to heal. The primary ulcer which occasions this eruption, has a smooth surface and elevated edges. It does not, in the second or third week, show a raised fungous surface, or any appearance of granulations, like the mild primary ulcer which occasions a papular eruption. I have placed it between the latter form and the phagedenic, as being a *juste milieu* between the mildness of the one and the severity of the other; but, whether it is caused by a distinct poison, or that its peculiar characters should be owing to other circumstances, must remain *sub judice*, until experiments of inoculation, judiciously and fairly instituted, establish or annul its claim to this distinction. It is, however, both in the character of its primary as well as secondary symptoms, more allied to the phagedenic than to the papular form of venereal disease.

With respect to the phagedenic form of primary ulceration, and the secondary symptoms it produces, both equally unmanageable and destructive under the use of mercury, I shall only observe, that whether or not it is owing to a peculiar and distinct



poison from that which occasions the other forms of venereal, the grouping of the symptoms it produces is so general and unequivocal, that I have every where met with innumerable instances of it, not only in the hospitals of this country, but in those of various parts of Europe, and in patients who, previous to the attacks of this formidable disease, had been in the enjoyment of the most perfect health and soundness of constitution; so that we cannot reasonably attribute its malignity to any fault in the latter, although it is constantly urged, that the difference of venereal symptoms arises, not from a difference of infection, but from that of the constitution of patients. In illustration of which doctrine, every person who has either lectured or written on the venereal in these countries, during the last quarter of a century, has repeated the old story of the young officer who contracted phagedenic, or sloughing ulcers, from a favourite opera dancer at Lisbon; and that, while he narrowly escaped from suffering martyrdom by the most melancholy of all mutilations, the lady continued her double vocation of dancing and bestowing similar favours upon other lovers, without inconvenience to herself, or compunction for the wounds she inflicted. Dr. Ferguson, Deputy-inspector of Hospitals, details simply a fact; but others who repeat this oft-told tale infer, because this lady was not disabled from dancing every night, after she had infected the young officer, that she could not



possibly have had an ulcer similar to that it was averred she had inflicted. Now, upon this point, urged by the *anti-pluralists*, two questions upon this case arise, before we can give our assent to those who argue for the existence of only one venereal poison :

1st. Did this young officer really receive the infection from the female in question? It does not appear that Dr. Ferguson examined, or even had any conversation with this much impugned lady, in order to ascertain the truth of the circumstances stated to him ; for it is not beyond the bounds of probability, that the young gentleman might have had connexion with other women as well as the opera dancer ; and if so, he might possibly feel more glory in attributing his misfortunes to one who was the admired of all, than to a more obscure courtesan.

2ndly. From the subjoined detail of the symptoms, by Dr. Ferguson, it is more likely that the ulcers were not phagedenic or sloughing *originally*, but became so by the accidental accession of inflammation. I shall read to you the passage, from the 4th volume of the *Medico-Chirurgical Transactions* :

“ Shortly after the battle of Vimeira, while making an inspection of the cantonments near Lisbon, I was called to by an officer, a friend of mine, who earnestly implored my assistance. I found him, four days after a connexion in Lisbon, *with the*



*whole penis enormously swelled, of a deep red colour*; malignant ugly chancres on different parts of the prepuce, and two on the glans penis; the appearance of which I can compare to nothing but the holes made by a rusty nail in a piece of mahogany or logwood. He was young, robust, plethoric, and of the sanguine temperament. The skin was hot, pulse sharp and quick, tongue white, and eyes red, though he had been guilty of no intemperance in drinking. The catastrophe, if left to nature, ere mercury was in fact at hand, or a few doses of bark, wine, and opium, would have inevitably sealed his fate; but I caused him to be copiously bled, applied the coldest acetous lotions to the part, purged him most freely with neutral salts, and enjoined every part of the antiphlogistic regimen. The success was perfect; the tumefaction speedily subsided; *in a few days all the sores were in a state of the healthiest suppuration*, and I have no doubt, so thoroughly had the specific contagion been superseded by the violence of the inflammation, would have healed safely without mercury, had either the patient's fears, or my own responsibility, permitted me to run the risk. The woman who communicated the infection was an opera dancer in Lisbon, apparently in perfect health, who continued upon the stage for many months afterwards, occasionally infecting others, without anything extraordinary, as far as I could learn, in the nature of the symptoms."



Now, from some experience in the various kinds of venereal ulcer, I can aver that this *sudden and decided amendment* in ulcers, originally phagedenic, from antiphlogistic treatment alone, so as to induce them "in a few days, to exhibit the appearance of sores in the healthiest state of suppuration," *never occurs*; although I am perfectly willing to admit that this treatment was indicated and most useful, whether the sores were phagedenic and sloughing, *ab initio*, or became so from inflammation afterwards. From the doctor's statement, the latter was, I have no doubt, the case; a complication that I shall presently treat of, when considering the treatment of the primary symptoms of the papular venereal disease, and this view sufficiently accounts for the ease with which this lady might have pursued her double vocation.

Dr. Ferguson, at the time he published his paper, could not be aware of the importance attached to his excellent communication, otherwise he would have thought it his duty to have made the most accurate inquiries and personal examination of the individual alleged to have communicated the infection, and have thus ascertained a fact of considerable pathological importance, whether, in the first instance, the young gentleman in question had really been disordered by this *Prima Donna*, and if this were found to be the case, to ascertain what were her symptoms, and if phagedenic, in what manner she treated them. Knowledge need not be



despised, even though taught by a female opera dancer; and the miserable sufferings and mutilations which our soldiers suffered in Portugal, from phagedenic and sloughing ulcers, at the commencement of the Peninsular war, by the exhibition of mercury, might have inspired a gentleman, who held so influential a situation, with a desire to obtain information on the treatment of venereal complaints from every source: for our army surgeons soon discovered that the *Black Lion* of Portugal, as the sloughing ulcer was termed, could not be tamed by mercury, and that without giving a grain of it, the Portuguese practitioners knew better how to effect their object.

Now this form of disease was not peculiar to Portugal, for I witnessed innumerable instances of it in the Lock Hospital of this city, at the very time it raged most amongst our troops in the Peninsula; and at the same period had too many opportunities of observing the destructive effects and sad mutilations which followed the use of mercury: against the continuance of which baneful practice, I ardently struggled in my lectures and publications of 1813 and 1814, in which I adduced, in support of my opinions, cases that occurred in hospital, so far back as 1811 and 1812. Dr. Ferguson, to whom the Profession is much indebted for his excellent communication on the subject, would have rendered a great service to this important inquiry, had he been more particular as to the facts of the case in



question, seeing the avidity with which his authority is seized upon by those opposed to the doctrine of a plurality of venereal poisons. We can at present, however, only conjecture whether the lady in question was or was not disordered; and if she was affected with the phagedenic ulcer, whether some local application of an escharotic nature, might not have been used to check and induce a state of reparation; for M. Ricord's experiments have proved that cauterization with nitrate of silver will, within four or five days, stop the progress of any of his characteristic pustules arising from inoculation of venereal virus; and we *now* know that even when the phagedenic and sloughing ulcers are far advanced, that the application of a powerful escharotic, such as the nitric acid, affords the surest means of checking their progress.

But the doctrine of a distinct poison for this disease does not rest altogether upon arguments and general views, afforded by the regularity observable in the laws of all morbid poisons. M. Ricord himself relates an experiment of inoculation, which I shall read to you. At page 219, is detailed the case of P——, aged 20, who had the entire surface of the prepuce engaged in the disease, but accurately separated into two portions; that which lay on the swelled corona (*bourrelet*) of the glans was gangrenous, while the remainder of it presented the characters of a true phagedenic chancre. (*Le reste présente les caractères du chancre phagédénique proprement dit*).



Matter taken from the gangrenous part of the prepuce was inoculated into the right thigh; but the puncture of inoculation was not followed by any result. He next inoculated the left thigh with matter taken from that of the ulcer near the edge of the prepuce which exhibited the phagedenic ulceration. In three days afterwards it produced the characteristic pustule, which, on the eighth day after inoculation, is noted to have evinced the phagedenic inoculation, and to have become deep and rapidly destructive of the tissues: but I shall give his own words—*la marche de l'inoculation jusqu' ici reguliere parait affecter la forme phagèdènique pultacèe, elle est profonde et detruit rapidement les tissus*. Its further progress was stopped by cauterization with the nitrate of silver.

In this experiment, instituted by a person opposed to the doctrine of a plurality of venereal poisons, we have undoubted proof of the inoculation of the matter of a phagedenic ulcer producing a similar ulcer, and also of the power of an escharotic in stopping its progress and inducing it to heal.

Now, it is universally allowed, that one positive fact is of more weight than a thousand speculations, and I leave this experiment as something more than a make-weight against Doctor Ferguson's opera dancer, who has *figured* successively in the lectures and writings of Messrs. Lawrence, Guthrie, Rose, Mayo, followed by Bacot, and a host of mi-



nor lecturers and writers upon the subject during the last quarter of a century.

There is another case detailed by M. Ricord of an accidental experiment of inoculation, which I might adduce, were it necessary, as a support to the above positive evidence. It is detailed at page 250, as follows : A man twenty-eight years of age, admitted on the tenth of May, 1836, was affected with a phagedenic ulcer of three years' standing, which had destroyed the frenum and a portion of the glans. This patient had also an ulcer, the size of a ten-sous piece, under his clavicle, which was caused by scratching the part, while his nails were imbued and befouled by the matter of his phagedenic ulcer. This ulcer under the clavicle was not made known to M. Ricord until the 6th of July, although it occurred at an early stage of the disease ; at this time it displayed the usual appearance of a chancre arrived at the "*period of reparation,*" and of course had lost its characteristic appearance. The long-continuance of the ulcer, of from two or three months, affords a strong presumption that it was phagedenic, like the ulcer on the penis, which afforded the matter of inoculation.

I shall now, gentlemen, take my leave of the inquiry, whether there is one or a plurality of venereal poisons, and confine myself to the more important one, the treatment of the various symptoms of venereal complaints. The difficulty to a lecturer, where there is so great a variety, is to determine at



what point to begin ; but here the arrangement I have made respecting the forms and groupings of venereal symptoms, grounded on the nature of the eruption, comes fortunately to our aid, as being not only the most natural, but affording the most useful classification, in a practical point of view, of those complaints ; as the mild and manageable are found to arrange themselves under one form of eruption, while the severe and most unmanageable come under that of another. However, in order to avoid the *quæstio vexata*, of whether there is one or more than one venereal poison, and not occasion umbrage by opposing the prepossessions of any person, I shall, in future, try to speak of those congeries, or groups of symptoms, under the term *form*, with the name of the eruption with which they are connected, adjectively appended. Thus we shall have the papular, pustular, phagedenic, and scaly forms of venereal disease. But, instead of *forms*, if you agree with me, you will call them *diseases*.

In describing the various symptoms, both primary and secondary, under these several sections, I shall be as brief as is consistent with perspicuity, reserving all explanatory observations and illustrations until we come to examine the patients themselves, whose complaints will naturally suggest various practical remarks, both with respect to diagnosis, prognosis, and treatment.

I shall begin with the *papular form of venereal*



*disease*, which comprises the great majority, perhaps nine-tenths of the cases which occur in this country. The primary symptoms are a mild form of ulcer, without induration or phagedena, and a gonorrhœa virulenta. Under the latter term, I not only include this disease, as it affects the urethra in both sexes, but the vagina in the one, and the glans penis, and interior surface of the prepuce in the other. The latter affection, in the male sex, is usually called spurious or external gonorrhœa, and incorrectly, chancrous excoriation. These several affections are frequently found in the same individual, and contracted by the same sexual connexion, from which circumstance alone, independently of the experiments of inoculation of M. Ricord, and the accurate observations and experiments of Mr. Evans, already noticed, we may safely infer, that the same virus is capable of producing both ulceration and gonorrhœa, although the patient may, at the time he comes under our observation, exhibit but one of these affections.

The ulcer commences in the form of a pimple or vesicle, with some surrounding inflammation; the matter contained in the vesicle gradually becomes more clouded or opaque; ulceration then takes place, when the disease is, in general, for the first time, discovered by the patient, in consequence of the itching or stinging sensation occasioned by the ulcer. The duration of such a pimple or vesicle before ulceration, is more likely to be learned from



experiments of inoculation, than from any information to be obtained from patients. According to Ricord, a period of six days will elapse from the time of infection to that of ulceration, during which time there is first a redness, then a pimple with a red areola, then a vesicle containing a liquid more or less turbid, which at length becomes purulent; a scab then forms, on the separation of which an ulcer is exposed. The ulcer is excavated, and secretes a thin ichorous matter during the first eight or ten days, which marks the period of infection; the matter then gradually becomes purulent, which marks the period of reparation, and the decline of the specific powers of the poison. It becomes afterwards daily less excavated, and at length its surface rises above that of the surrounding integument, presenting a smooth fungous appearance, without induration (by which it is distinguished from true chancre), or even fulness, except it has been irritated by the use of stimulating applications. Neither are there raised or elevated edges, by which it may be distinguished from the primary ulcer which occasions a pustular eruption; nor does it present a phagedenic or sloughing surface—so that, at the period when ulcers assume their specific characters, in the second week from commencement, it may be known, *positively*, by its smooth, mild, fungous-looking surface, and *negatively*, by the absence of the characteristics of the other forms of primary venereal ulcers.



If we wish to experimentalize with the virus of this form of disease, we should take the matter for inoculation while the ulcer is still in its excavated and progressive state, before the period of reparation, the discharge not having as yet become purulent. This is the period also in which we may have a good prospect of extinguishing the disease at once, by cauterizing the ulcer with nitrate of silver; with which view it will not be sufficient to touch the sore slightly with the eschatoric—it ought to be applied effectually, and to the very bottom of the ulcer. The mode which I usually pursue for this purpose is to apply the powdered nitrate of silver to the ulcer on the end of a moistened probe. M. Ricord, it seems, felt always certain of stopping the progress of an ulcer, caused by inoculation, by cauterizing it, even at the fifth or sixth day after its commencement. A fact coming from such authority, thus authenticated, ought to assure us of the advantage likely to arise from the practice I have recommended.

There was formerly a prejudice against the application of escharotics to primary ulcers, under the apprehension that they excited buboes; and I believe I was the first to oppose this foolish objection, by observing, in my work on the Venereal—“that the sooner an ulcer that secretes a morbid poison capable of infecting the constitution is healed, the more likely is the constitution to escape contamination.” I also added—“that influenced by this



consideration, when a patient applied to me with an ulcer in its first stage, while yet excavated and secreting lymph, I *instantly endeavoured to destroy its entire surface*, by a free application of lunar caustic;" and I observed—"that when the eschar separated, I had, in general, the satisfaction of finding a simple sore instead of a poisonous ulcer." Although nothing can be stronger than the terms in which this practice was recommended by me, yet others thought proper to take credit to themselves, long after my publication, for advising the application in question. I constantly have recourse to it, as long as the ulcer is excavated, and continues to secrete a thin ichorous, and therefore a poisonous matter. But when the discharge becomes purulent, and the surface of the ulcer is smooth, raised, and fungous, I prefer, above all other applications, a solution of the nitrate of silver, in the proportion of from one to three grains to an ounce of distilled water—under which application, with rest, moderate diet, and aperient medicines, to which I usually add small doses of tartrate of antimony, these ulcers are found to heal in a period of time scarcely to be credited by those who trust to mercury alone for their cure; and, I shall venture to add, with a far less proportion of secondary symptoms than fall to the lot of the decided mercurialist to experience. I do not consider it necessary to exhibit mercury for these ulcers, because I find, from very ample experience, that it is not capable of preventing the



accession of constitutional symptoms of this form of disease; and certainly it would appear inconsistent to order a medicine that does not even expedite the healing of the sores in question, with the view of preventing those secondary symptoms, for which I would not exhibit it, were they even to occur.

When external or spurious gonorrhœa exists, which is seen to affect the glans and internal surface of the prepuce not uniformly, but in excoriated patches, brushing over the parts thus affected lightly with lunar caustic in substance, will act on the disease like a charm, and cause it, in general, to disappear in a few days.

Not many years ago, patients affected with a complaint thus easily cured, were subjected to a six or eight week's salivation; and, I believe, there are still some inveterate mercurialists who, closing their eyes against all modern lights, still relentlessly adhere to this barbarous practice. If one application of the nitrate of silver does not succeed, a second or third at most will; which, with the application of dry lint, and the exhibition of some mild aperient, are all that is necessary to cure this complaint. Lint soaked in a solution of nitrate of silver, three grains to the ounce of distilled water, laid between the prepuce and glans, and changed twice or thrice a day, may answer equally well, but is not so expeditious in removing this affection as the application of the nitrate in substance and



dry lint afterwards. The aperient I am most in the habit of ordering is as follows :

℞ Antim. Tartar. gr. i.

Sulphat. Magnes. ʒ vi.

Infus. Menthæ Comp. ʒ vss.

Solve. Sumantur cochl. ampla duo ter quaterve quotidie.

Which answers the purpose of keeping the bowels free, and obviating that tendency to inflammation, and consequently to phymosis, which is apt to attend all the primary symptoms of the papular form of disease.

Veneréal primary ulcers of every description are probably more likely to be found on, or in the immediate neighbourhood of, the frenum, than on any other part of the penis. When on the frenum, nothing will stop their progress until they ulcerate through it, I therefore, am in the habit of anticipating this slow process of nature, which will inevitably occur, by making a free division of the frenum with a sharp pointed bistoury, and, on the following day, applying the nitrate of silver freely to the divided surface, as well as to the entire of the ulcer; by which means the duration of the patient's confinement is usually curtailed many weeks.

The primary symptoms I have described will sometimes be attended with phymosis, and most active inflammation, arising, in general, from the imprudence of the patient with respect to regimen and exercise. Inflammation of the penis is frequently of the most active description, and at-



tended with very high symptomatic fever; therefore, if not met by measures equally active, it will soon terminate either in suppuration or gangrene; and this appears to me to have been the complication which Dr. Ferguson had to contend with in the young officer, the paramour of the opera dancer.

If we find that our patient, who may be affected at the same time with one, two, or the three primary symptoms of this form of disease, complains of pain and swelling of the penis with phymosis, or a tendency to it, we should instantly confine him to the recumbent position—give him the saline aperient combined with tartarized antimony, at regular intervals—direct him to inject warm water frequently between the glans and prepuce; and if symptomatic fever should be present, to be bled from the arm in proportion to its extent and the powers of his constitution. Leeches to the penis would, no doubt, be most appropriate in such cases; but where there is a great flow of matter, it is almost impossible to prevent it from coming into contact with the leech-bites, which would thus become, by inoculation, so many primary venereal ulcers. In the majority of cases, these measures, if adopted in time, will reduce the inflammation, and then the symptoms may be treated locally according to the plan already laid down. If the inflammation is allowed to run its course, a black spot, the indication of a slough, is likely to form on the upper part of the



prepuce, which separating, the matter accumulated beneath will find a ready exit. In some cases, however, the entire prepuce, and even a portion of the glans, will mortify.

The appearances which the parts present under these various circumstances, arising from inflammation, are admirably depicted in these drawings, which will afford you as accurate an impression of the affections I am describing, as if they were presented to you on the patients themselves; but we are scarcely ever without instances in hospital, and you must, therefore, be familiar with them.

It is necessary that you should bear in recollection, that the sloughs thus formed, as a consequence of inflammation, should be accurately distinguished from those which so often attend phagedenic ulceration, and which appear to be owing, in the latter, to the peculiar action of the virus that occasions them. When the sloughs, which are the consequence of acute inflammation, separate, you have presented to you a healthy granulating sore, in a state of reparation. But when the sloughs of a phagedenic ulcer separate, you have before you a phagedenic ulcer without granulations, or the slightest signs of reparation—the surface of which, after some days, will assume again a livid hue, followed by another slough, until at length, in this way, by alternate phagedenic and sloughing ulceration, the entire penis, and even the scrotum in the one sex, or the labia, nymphæ, and vagina in the



other, may be destroyed, if not checked by means to be described, when we come to the consideration of the phagedenic disease; and I am persuaded Dr. Ferguson did not, in the case so often adverted to, sufficiently distinguish between these two forms of disease.—How different is the treatment of these cases now, from what it was formerly! When I was first appointed surgeon to the Lock Hospital in 1810, the system pursued in such instances was to throw in mercury as rapidly as could be done, and the most stimulating dressings were applied to the ulcers. The consequences, I need not tell you, were frequent mutilations of the penis, with destruction of the scrotum, and exposure of the testicles. But now, fortunately for the present race, another mode of treating such cases is universally adopted, and we no longer witness those miserable instances of mal-practice with which the hospitals of these countries were, until within these few years, constantly disgraced.

In cases of gangrene of a portion of the prepuce from inflammation, it frequently occurs in such a manner as to leave an opening at its upper part, through which the glans protrudes, or rather the remainder of the prepuce attached to the frenum falls behind the glans, where it forms an awkward and useless appendage, which we are frequently called upon to remove by an *operation de complaisance*.

Sometimes, when the inflammation extends to



the corpora cavernosa, matter will form under the ligament of the penis, an event which may be suspected by the constant pain and tension of the part, for no fluctuation will indicate its presence, in consequence of the thickness and unyielding nature of this ligament, which is still farther increased by the inflammation. Owing to the same cause, a considerable time will elapse before the matter can be discharged by the common process of ulceration, which at length usually takes place either behind the corona glandis, or close to the pubes, where the ligament is less dense. But as soon as, from the pain, tension, and discoloration of the penis, we have reason to suspect the presence of matter, we may give relief to our patient, and save, perhaps, the total disorganization of the part, by making a timely opening through the ligament; when a probe will be found to pass under its entire extent along the dorsum of the penis. Abscesses thus formed are very slow in healing, and require considerable management. In some very obstinate cases I employed with success a small seton passed from the pubes to the corona glandis, under the ligament, which saved the penis from the injurious consequences to the functions of the part, which would be likely to ensue from any extensive division of the ligament.

Paraphymosis is another consequence of inflammation of the penis. When this occurs, besides



the antiphlogistic measures recommended for phymosis, we must endeavour by the use of our hands to bring forward the prepuce, while at the same time we compress the glans into as small a compass as possible. If this fails, we must have recourse to the sharp pointed bistoury, and divide the stricture formed by the prepuce upon the glans where it is most obvious: this is done by insinuating the knife under it, and dividing it, from behind, forwards on a director. In such cases we need not expect, immediately after the operation, to be able to bring forward the prepuce, as adhesions keep it *in situ*, but should be contented with relieving the stricture upon the glans, which had caused a swollen and painful state, dangerous to its organization.

Attacks of inflammation, such as I have described, or even that less degree of it, caused by neglect, imprudence, irritating applications, or the use of mercury, may so modify and alter the natural appearance of these primary ulcers, as to render it difficult to ascertain to what class they belong. Under such circumstances, instead of flying to the use of mercury, as is too frequently the custom, I would strongly recommend you to avoid the inextricable embarrassments and difficulties into which this rash step may lead you, and to be contented with directing antiphlogistic measures to the necessary extent, mild soothing applications, and rest in the recumbent position, until all inflammation is removed;



and then, and not till then, can you be competent to form any correct judgment respecting the true nature of the ulcer, and its appropriate treatment.

When a reasonable time has elapsed under this management, the true character of the ulcer will become apparent, which at least, in nine instances out of ten, will be found to belong to the papular form of disease. But if it should exhibit the characteristics of any of the other forms of venereal, then it ought to be treated on the plan I shall recommend for your adoption when I come to consider each of these forms of disease.

The primary ulcers of the papular form, as well as all other primary venereal ulcers, are liable to be followed by warts, which sometimes become so extensive as to cover nearly the entire surface of the glans penis, and interior of the prepuce. When this is the case, they often produce phimosis, and in order to subject them to the necessary treatment for their removal, it will, under such circumstances, be necessary in the first instance to divide the prepuce. My practice in those cases is to remove, with curved scissors, as many as have narrow necks, or will admit of easy excision, and when the bleeding ceases, to apply lunar caustic freely to their roots; or to rub, by means of lint on the point of a probe, acetic acid into those which have broad bases that extend deeply into the integuments.

In elderly people, or in those of bad constitution, venereal warts of this description, which are allowed



to remain a long time concealed by a phymosis, discharging a thin acid matter, are apt to degenerate into those of a malignant or cancerous nature, which may ultimately destroy the life of the patient; therefore, in such constitutions, they should receive due and timely attentions. If they should return frequently after the local treatment recommended, an alterative course of the hydriodate of potash, or of Plummer's pill, may prevent this disposition to their recurrence, and the same course may also be of service in disposing the primary ulcers of the papular disease to heal, in case they should become obstinate, and resist the treatment recommended. Just on the same principle I advise the same alterative courses for old obstinate ulcers of the leg, or of any other part, although not attributable to a morbid poison.



## LECTURE IV.

*Gonorrhœa Virulenta*—not confined to the specific Distance of Hunter,—Delpach's Opinions and Experience on this Point.—Two Stages of *Gonorrhœa*, one of Inflammation and of thin virulent Discharge, the other of Suppuration—each analogous to the Periods of Infection, and Reparation of Venereal Ulcers.—Treatment of second Stage.—Utility of Injections considered—that of a weak Solution of Nitrate of Silver most efficacious.—Consequences of *Gonorrhœa* are morbid Sensibility of the Membranous Portion of Urethra, with Gleet, Stricture, Sclerocele, *Hernia Humoralis*, Inflammation of the Prostate and Neck of the Bladder.—*Gonorrhœa* in Women.—*Gonorrhœal Ophthalmia*—surprising Effects of strong Solutions of Nitrate of Silver as a Collyrium.

GENTLEMEN,—I have placed *Gonorrhœa Virulenta* amongst the primary symptoms of the papular venereal disease, because it is so frequently found to accompany the primary ulcers of this form, which have been considered in my last lecture, and because I have seen the eruption of papulæ succeed a gonorrhœa alone in many persons, upon whom, on the minutest investigation and inquiry, I could not learn that they ever had any primary ulcers. The reason why gonorrhœa should be so seldom followed by constitutional symptoms, compared with the ul-



cers in question, has been already assigned, namely, that when the urethra is irritated by the poison which produces a gonorrhœa, it runs so rapidly into the suppurative stage without ulceration that there is seldom time for the absorption of the poison. This state of suppuration of mucous membranes being analogous to that of reparation in primary venereal ulcers; during which M. Ricord found, by his numerous experiments of inoculation, that they are incapable of conveying infection, or in other words, that they have lost their specific poisonous qualities. But notwithstanding the rapidity with which a mucous membrane, when inflamed, alters its natural secretion into that of purulent matter, yet, as just mentioned, cases are occasionally met with of a papular eruption in both sexes, in which no other primary symptom than gonorrhœa could, on the most minute investigation, be discovered. It may reasonably be objected to my testimony on this point, that primary ulcers might have existed, so small as to escape the patient's attention, which had spontaneously healed. I grant the force of the objection, and that nothing but inoculation can fairly decide the question. It would, therefore, be well to institute experiments of inoculation, when opportunities occur, with the matter of simple primary ulcer (while it is yet excavated, before the period of reparation arrives), into the urethra; and the matter of gonorrhœa, while it is yet thin and ichorous, into the integuments of the thigh, with the view of settling the question.



Mr. Hunter was, I believe, the first to ascertain that pus could be secreted by the mucous membrane of the urethra without ulceration or breach of surface. But we ought to keep in view that a purulent discharge may arise from various causes besides that of the stimulus of a venereal virus. Sexual intercourse with a female subject to leucorrhœa, or during the menstrual discharge, may occasion it. In fact any cause of irritation applied to the urethra may excite discharge. In some constitutions, as in those subject to gout, in whom the urine appears overloaded with uric acid, it often spontaneously arises. In all these instances, the discharge subsides as soon as the exciting cause is removed; but when it arises from the application of a venereal poison, the discharge is continued by the influence of that poison upon the mucous membrane perpetuating a specific action, by which the virus continues to be secreted for an uncertain period.

The precise time when gonorrhœa appears after infection is uncertain, but from six to twelve days may be esteemed the most common period. Its first symptoms are a sense of itching and heat, and an appearance of fulness about the orifice of the urethra. This is followed by ardor urinæ within an inch or two of the orifice, and a discharge, which is at first thin, watery, and greenish; but generally becomes thicker, and in general, within the week, is decidedly purulent. This is the first or inflam-



matory stage of gonorrhœa, during which the patient may suffer much from ardor urinæ, and painful erections at night. The latter frequently cause some of the vessels of the urethra to give way, and hæmorrhage is the consequence. If the inflammation has extended into the substance of the corpus spongiosum, and caused depositions of lymph, chordee, or a curvature downwards of the penis, during erection, owing to the unyielding state (from those depositions) of the corpus spongiosum urethræ, is the painful consequence. This is an affection which, in a healthy, robust subject, may require the use of the lancet, and the exhibition of small or even nauseating doses of tartar emetic during the day, but large doses of opium and camphor at night, when it is most troublesome, afford great relief. Abundant dilution of any mild drinks, and strict attention to the antiphlogistic regimen, should be observed during the first or inflammatory stage of gonorrhœa. In the second or purulent stage, those inflammatory symptoms usually diminish or subside altogether.

Mr. Hunter says the discharge is only produced from the urethra within an inch and a half, or two inches from the external orifice, which he terms the specific extent of the inflammation. But I doubt much if this is always the case, for in many instances tenderness and fulness of the urethra will be perceptible, on examination, as far backwards as the canal can be felt. M. Delpech is of this opi-



nion, observing that he had frequently verified the succession of several distinct *foci* (foyers) of inflammation in different points along the urethra—that the gonorrhœal inflammation having commenced at the orifice extends backwards, by insensible degrees, so that on examination we shall find the sensibility and “engorgement” of the walls of the urethra creep on, day by day, more towards the bladder, and that by pressure we may ascertain that the secretion of matter from a distant part of the urethra becomes daily more abundant; and he adds, that the inflammation will go through its several stages, and almost disappear (*tandis qu’elle paraît toucher à sa fin*), in its first seat near the orifice, and afterwards reappear at a deeper point of the urethra, manifesting the same succession of changes as in its more usual situation. He observes that in this way he has often seen the disease transferred from the navicular fossa to that part of the urethra corresponding to the symphysis pubis, and from that transferred again more deeply towards the neck of the bladder. This view of M. Delpech, respecting the transfer of the disease from one part of the urethra to another, accounts satisfactorily for the obstinacy and frequent renewal of a gonorrhœa, when both patient and practitioner flatter themselves that the complaint is effectually cured. It also accounts more satisfactorily for the occurrence of stricture at the membranous portion of the urethra, than the doctrine of sympathetic irritation.



Gonorrhœa, for all practical purposes, may be divided into two stages only—the *inflammatory*, when the discharge is thin and ichorous, usually staining the patient's linen with a greenish colour, and the *suppurative* stage, when the disease, though it may still be attended with some degree of inflammation, is obviously on the decline.

We shall now proceed to consider the treatment of the disease during these two stages. In that of the first stage we must be guided by the degree of inflammation, as indicated by the swelling of the orifice of the urethra, ardor urinæ, and tenderness on pressure along the course of the canal, which in young plethoric subjects may be attended with some degree of sympathetic fever, or constitutional disturbance. We cannot, in this affection, without great risk, attempt to extinguish the disease by the application of nitrate of silver or any other escharotic, as I have recommended for the ulcers occasioned by the same poison; on account of the danger of increasing the inflammation that already exists in the urethra: which might in consequence, by continuous irritation, extend to the bladder and even to the kidneys. Inflammation in the narrow passage of the urethra may be attended with both immediate, as well as remote, injurious or dangerous consequences. The immediate may be retention of the urine from inflammation of the membranous portion of the urethra, prostate gland, or neck of the bladder; and the remote, from the formation of stric-



tures or narrowings of the urethra, both at its orifice and immediately behind the bulb, followed by chronic inflammation of the mucous coat, and thickening with diminished capacity of the bladder. These dangers, both immediate and remote, ought to deter any prudent practitioner from attempting to cure a gonorrhœa in males, at its first commencement, by the application of the nitrate of silver, either in substance or concentrated solution. The success of this measure in external gonorrhœa of the glans and prepuce, and in females when the disease is confined to the vagina, or at least does not extend to the urethra, and also in gonorrhœal ophthalmia during the most active and acute stage of the inflammation, all seem to warrant and authorize the practice; but when we put into the opposite scale the dangers which may arise, few prudent practitioners, I believe, would have the hardihood to have recourse to this decisive but perilous measure, even though urged by the patient himself, who, under embarrassing circumstances, is often anxious to be cured at all hazards without delay. I never, in any one instance, practised it myself, being deterred by the above consideration, and from having seen several instances of very bad stricture, particularly at the orifice of the urethra, caused by the use of injections, containing from ten to twenty grains of nitrate of silver.

From these considerations, therefore, however extolled it is by some, we ought not, in prudence, to



attempt to cure the disease suddenly by the application of nitrate of silver, but to content ourselves with having recourse to such measures as are calculated to diminish inflammation.

With this view, if the inflammation runs high, the application of leeches (from ten to twenty, according to its degree), to the perineum, will be attended with the greatest advantage. Although that part of the urethra within two inches of its orifice is the seat of the disease, yet considerable risk would arise from the application of leeches in this situation, on account of the flow of matter from the urethra, which, coming into contact with the leech bites, might turn each, by inoculation, into a venereal sore—an objection which M. Ricord also makes to their use, at this point, although (strange enough) he is opposed to the belief that gonorrhœal matter is capable of producing ulceration. Another objection to the use of leeches in this situation is, that they are apt to excite phymosis, by the serous infiltration they occasion into the loose cellular membrane of the prepuce, an inconvenience analogous to their well known effects upon the superior eyelids.

Together with leeching the perineum, the entire antiphlogistic system should be put into requisition, according to the degree of inflammation which exists, viz., low diet and abstinence from spirits, wine, or any fermented liquors. At the same time the patient should be advised to dilute largely, with any



mild beverage which affords the best mode of relieving the ardor urinæ, by lessening the stimulating qualities of the urine, *now* likely to irritate an inflamed and abraded surface. Dilution is also of use by inducing frequent micturition, which washes off the morbid secretion. In addition to these means, I usually direct the mild aperient antimonial mixture, already mentioned, every third or fourth hour; or a powder composed of twenty or thirty grains of bi-carbonate of soda, to a drachm of the tartrate of soda and potash, dissolved in a tumbler of warm water, to be taken twice or thrice a day: or what is more palatable, the same powder may be first dissolved in very hot water, and then a bottle of double soda water poured over it. Should chordee occur, as has been already mentioned, it is best opposed by opium or hyoscyamus, conjoined with camphor, in doses sufficient to produce an anodyne effect.

As the discharge becomes thick and purulent the inflammatory symptoms subside, except the patient is imprudent in his regimen. This is the stage to which I would restrict the balsam of copaiba, and cubebs, which act in some peculiar manner upon mucous surfaces, and are of undoubted use in shortening the period of a gonorrhœal discharge. The former may be given in doses of from twenty to sixty drops, three times a day, combined with sugar and mucilage, to which are frequently added with advantage a few drops of the tincture of opium, with



the view of preventing irritation of the stomach and bowels. But if a patient is nauseated by this medicine, which is frequently the case, it is in vain, under any form or mode of exhibition, to endeavour to persevere in its use, as even the very effluvia which arises from it will in such instances occasion sickness. Some persons will be able to overcome their repugnance by swallowing it in a glass of lemonade. I have often succeeded in inducing patients to take it in the form of pills, which may be made by having it rubbed with a sixteenth part of calcined magnesia, with which it forms a solid mass, that may be readily divided into pills, the number to be taken in order to produce any beneficial effect must be considerable, at least three or four, three times a day. I should not forget to mention, that copaiba sometimes occasions a peculiar rash or eruption on the skin, attended with slight febrile symptoms, which subsides, like the eczema produced by mercury, as soon as the cause is discontinued.

The action of cubebs, or Java pepper (*piper cubebæ*), upon mucous surfaces, seems to be similar to that of copaiba. It is usually given in doses of from one to two drachms, three times a day, in a wine glass full of water. In some cases it produces an immediate beneficial effect in diminishing the discharge; but in others it is found to be totally useless; so that if benefit is not experienced in the course of five or six days, no good can result by persevering in its use.



This medicine, as well as copaiba, are frequently adulterated; in which state they not only disagree with the patient's stomach, but are found to increase the inflammation, and to be on this account exceedingly injurious; therefore practitioners should look particularly to the purity of those medicines.

There is no subject, upon which medical men are more divided, than upon that of the utility of injections for the cure of gonorrhœa; many attributing all the ill consequences that may attend this complaint, such as swelled testicle, stricture, and an irritable bladder, to their use; while, on the contrary, others extol them to the skies as affording the quickest and surest of our remedial agents. In this, as in most disputes long agitated, each party is, to a certain extent, right as well as wrong. I shall endeavour, however, to point out what appears to me to be the *media via* which affords most security; first premising, that those who attribute the evil consequences just mentioned exclusively to injections, are wrong; for we very often meet one or other of those consequences in patients who never employed any injection whatsoever.

I am not in the habit of ever ordering injections during the inflammatory stage. As soon as the discharge has become purulent, even though attended with slight ardor urinæ, I begin to employ them; but if they increase the inflammation I diminish their strength, or discontinue them for a time. From the beneficial effects of the nitrate of silver



on external gonorrhœa, and primary ulcers arising from the same poison, I prefer it to all other ingredients employed in the composition of injections, but direct it in such proportions as will not inflame the urethra, and therefore usually begin with a quarter of a grain to an ounce of distilled water, increasing the proportion of the metallic salt gradually to that which can be borne with impunity; but this has seldom amounted to a grain to the ounce. The patient is directed to use it three or four times daily (always after passing water), by means of a bone, glass, or gum-elastic syringe, and to retain it in the urethra, by closing its orifice for a few minutes after each injection. In women, on the contrary, we may order, without risk, two, three, or four grains of the nitrate of silver, to an ounce of distilled water; and as in them we can employ this remedy of sufficient strength without apprehension of unpleasant consequences, the amendment is proportionally rapid(*a*).

(*a*) Notwithstanding the marked disapproval of strong solutions of nitrate of silver as injections for gonorrhœa, in this lecture, Mr. Carmichael felt himself called upon, in his own justification, to make the following defence in No. CLIV. of the Medical Press, for December 15th, 1841.

“ TO THE EDITORS OF THE MEDICAL PRESS.

“ GENTLEMEN,—One of the advantages which our Profession derives from your excellent periodical is, the ready opportunity it affords to its members on this side of the channel, of publishing their lucubrations, either for their own individual benefit, or for that of the public. Mine, at present, I confess, *in limine* appertains to the former head, and arises from having



When this injection answers, I never employ any other; but injections of a solution of acetate of lead, or sulphate of zinc, in plain distilled or rose water, have their advocates. From one to three

lately met in a recent work on Venereal Diseases, by Mr. William Acton, observations upon a mode of practice attributed to me, to which I not only plead not guilty, but that I had disapproved of it in language sufficiently emphatic, and so perspicuous as not to be readily mistaken.

“ I shall first give the passages in question, as they occur in Mr. Acton’s work; and put in opposition to them, those which are to be found in my works on venereal diseases.

“ At page 81 of Mr. Acton’s work, we find the following:

“ Various other injections have been recommended, and Mr. Carmichael, particularly, some years ago, proposed another method, which differs materially from the one we have just spoken of. He advised that injections of nitrate of silver, containing *ten grains to the ounce of water* should be used. *He purposely caused an inflammation*, to destroy the spinal catarrhal one, and stated, that gonorrhœa might be cured by this means. He further treated the inflammation of the urethra, which he had occasioned, by antiphlogistic means, and on the dis-

“ At page 110 of the second edition, published in 1825, of my work on Venereal Diseases, the reader may find the following observation:

“ I have been informed by several surgeons, that during the first stage of gonorrhœa, they have succeeded in curing it almost instantaneously, by injecting into the urethra a strong solution of the nitrate of silver—for instance, ten or twelve grains to an ounce of distilled water; that this injection caused at the moment great pain, but that no discharge afterwards followed its use, and the further progress of the disease was thus summarily stopped. Now, although this information came to me



grains of either, to the ounce of liquid menstruum, are the usual proportions. The first appears to me to be the most applicable while any inflammation remains. M. Ricord speaks in high terms of a

appearance of the inflammation he states, both complaints were cured,' &c. &c.

"At page 105 of the same work, we are further told, that 'although M. Ricord is fully persuaded that gonorrhœa may be cured by these means (cubebæ and copaiba), still he recommended them to be combined with a direct local treatment; or, in other words, to employ injections in the way we have detailed already, *preferring above all others, those containing the nitrate of silver; not, however, as Mr. Carmichael recommends, in the proportion of twelve grains to the ounce, but in the more modest proportion of a quarter of a grain to the ounce of distilled water.*"

"These are the only passages in my works on venereal diseases, and in the report of my lectures, in which any mention is made of the use of nitrate of silver as an injection for gonorrhœa in males; and, therefore, I am inclined to think, that Mr. Acton could never have perused either the one or the other. If he had, those unmerited observations upon my practice could never have been made.

through so many respectable channels, that I cannot doubt the fact, *yet the practice is attended with such risk of exciting severe inflammation of the entire urethra and bladder, and all the immediate as well as secondary train of evils attendant upon this calamity, that I have no hesitation in saying THAT IT IS A PRACTICE THAT CANNOT BE TOO STRONGLY DEPRECATED.*'

"In No. LXIX. of the DUBLIN MEDICAL PRESS, for April 29th, 1840, is a clinical lecture on gonorrhœa and its consequences, &c. &c., [here follows the passage in the text to which this note is appended.]

"RICHARD CARMICHAEL."



solution of the iodide, or proto-ioduret of iron, as an injection. He has used from one to eighteen grains of this preparation to an ounce of distilled water; but I should not feel inclined to go much beyond his minimum proportion. It is a powerfully astringent substance; and although I never myself employed it, I think it right to notice an application recommended by such high authority on the subject.

The well-known obstinacy in some cases of gonorrhœa, or a discharge from the urethra originating in this complaint, is not one of the least vexatious *opprobria medicorum*. The obstinacy is, no doubt, often owing to the mode of living of the patient, and his inattention to all the rules of regimen he ought to follow. But it must be acknowledged, that in many instances, where the patient pays the most implicit obedience to our injunctions on this head, the discharge will continue, without interruption, month after month; or ceasing for a short time, will break out again to the great discomfiture both of patient and practitioner. Such instances of obstinacy usually occur in patients, either of a scrofulous or gouty constitution, in whom there often appear the strongest indications of an irritable or very excitable state of the mucous membrane in every part of the body, as well as in the urethra. With respect to the first, I might cite innumerable examples; but one at present parti-



cularly occurs to me of a highly scrofulous family, the majority of whom died of tuberculous phthisis. I attended three brothers of this family in succession for bad strictures, in each of whom this affection succeeded an obstinate gonorrhœa. In a sister of these gentlemen, afflicted with an unmanageable state of constipation of the bowels, a stricture of one of the small intestines, so considerable as scarcely to permit a common quill to pass, was found, on a *post mortem* examination, to be the cause of her long sufferings and many anomalous symptoms. In my lecture on Scrofula, I alluded to a boy, about twelve years of age, of a scrofulous and gouty family, who was sent from school under a suspicion of his having contracted a gonorrhœa, because he had a running from the urethra; but this was found afterwards to be connected with stricture of this canal, and a diseased state of the bladder and kidneys, which ultimately carried him off.

Persons who are martyrs to gout are subject to a purulent discharge from the urethra; but whether this arises from a very irritable state of the mucous membrane, or from a more than ordinary irritating quality in the urine, which, in such persons, is overloaded with uric acid, or from the conjoint effect of both, I cannot say; but this I can assert, that when these gouty persons, as well as those of scrofulous constitutions, are affected with gonorrhœa, it is extremely difficult to cure them, and that they



constitute the very description of patients most liable to strictures, no matter how, or in what manner, their complaints are treated.

When a gonorrhœa thus lingers for months, resisting all rational modes of treatment, we ought to examine the urethra with a sound, or a bougie of full size, in order to ascertain whether or not there are strictures, or any particularly tender point of the urethra, which occasions great pain when the bougie is passing over it, followed, perhaps, by a few drops of blood when withdrawn. I would not have you mistake the morbid tenderness to which I allude, for the usual natural sensibility of that part of the urethra into which the seminal vessels open. The morbid tenderness in question is best relieved by the decisive measure of cauterizing the part with nitrate of silver; which is easily done by means of one of Sir Everard Home's caustic bougies, making use of his precaution of passing a common soft bougie, in the first instance, of a size larger than that of the armed one, on which the distance from the point to be cauterized from the orifice may be distinctly marked. If there is more than one of those morbidly sensible points, they ought all to be cauterized in succession, but at different times, for fear of exciting inflammation, or such a degree of swelling as might interfere with the passage of the urine. I never, however, met with any unpleasant occurrence of this kind by the application in question, and have succeeded,



in numerous instances, in thus relieving the patient not only from a discharge which had been tormenting him many months, but from a distressing irritability of bladder, and a frequent desire to pass water, which could not for a moment be resisted.

The late Mr. Ramsden, many years ago, first announced that a hard, chronic enlargement of the testicle, which he, therefore, termed *Sclerocele*, was caused by, and depended upon, a morbid state of sensibility of some part of the urethra, particularly of the membranous portion; and that the introduction of the common bougie removed this irritability, and at the same time, caused the dispersion of the swelling of the testicle. In this chronic enlargement of the testicle, depending upon a continued morbid sensibility of that portion of the urethra where the seminal vessels open, we recognize a consequence analogous to that acute inflammation of the testicle which occurs during the inflammatory stage of gonorrhœa. From the time of Mr. Ramsden's publication, a period of at least thirty years, I have seen a multitude of cases which verified the accuracy of his observations: and although I did not limit the remedial means alone, in those cases of chronic enlargement of the testis, to the introduction of the common bougie, for I usually administered small doses of mercury, and occasionally punctured the tunica vaginalis when it contained any serum; yet those latter mea-



tures never succeeded without the frequent introduction of the common bougie, or the more effectual application of the armed one.

These observations on this chronic enlargement of the testicle naturally leads me to speak of that more acute and inflammatory swelling, called Hernia Humoralis, from some theoretical fancies of our predecessors; but which depends, like the former, upon an inflamed and irritable state of the urethra transmitted to the affected testicle in some unknown way, in consequence of the sympathy which exists between these two organs. This must be effected through the medium of the nerves, for no one, I believe, has asserted that the inflammation is continuous from the one organ to the other.

The first symptom of the approach of this affection is tenderness of the epididymis, which becomes swelled and hard. This tenderness and swelling soon afterwards extend to the entire testis, with pain along the cord to the back. The discharge from the urethra, at the same time, disappears. Immediately on observing these symptoms, the patient should be desired to remain in the recumbent position, with the testicle well supported; without which, all our efforts to remove the disease will prove unavailing. In fact, the due support of an inflamed testis is a *sine quâ non* in the treatment of this affection. The next step will be to cover the scrotum of the affected side with leeches, which, with warm fomentations and cataplasms, renewed



three or four times during the day, are the local means upon which I place most reliance. Some prefer cold evaporating lotions; but I always found warm applications more effectual and congenial to the feelings of the patient. With these means I would strongly recommend small doses of tartarized antimony so as to nauseate; a remedy certainly not very agreeable to the patient; but in illustration of the good effects of sickness in removing this complaint, I may adduce the following circumstance:

A gentleman residing in Liverpool, provoked by the long continuance of a swelled testis, resolved to seek for my advice in *propria persona*. The passage to Dublin was both stormy and protracted, and he was all the time excessively sea-sick. But as some recompence for his sufferings, he was agreeably surprised to find the swelling, on his arrival, totally removed, I had only to advise him to return, and by thus renewing the remedy, prevent a relapse.

It is a curious fact, that as the swelling leaves the testis, the gonorrhœa returns. A patient, thus affected, should continue to wear a suspensory bandage for a considerable time, and to use exercise at first with great caution, for the complaint is easily renewed, not only in the testis that has been affected, but also in the other.

Inflammation of the prostate gland is also one of the accidents attendant upon gonorrhœa, the



effects of which are much more severe than that of the testis. When this attack takes place, the patient at first experiences a frequent inclination to pass water, and great difficulty in voiding it, which sometimes amounts to complete retention. He complains of uneasiness or pain in the perineum and back. The discharge from the urethra gradually lessens, or ceases altogether. These symptoms are attended with restlessness, quick pulse, thirst, and general fever. He becomes impatient for relief, and the most active and decisive measures are required not only to relieve the distress arising from retention of urine, but to prevent the inflammation of the gland from ending in suppuration.

Under these circumstances, I always have recourse to venæsection, according to the extent of the symptomatic fever, and the strength of the patient; which I follow up by the application of from ten to thirty leeches to the perineum, and encourage the flow of blood afterwards, by placing the patient in a warm hip-bath. These measures alone are usually attended with great relief, and the patient will, in all probability, be enabled to pass water more freely. If, on examination by the rectum, it is found that the prostate gland is tender and enlarged, my practice is, to exhibit calomel, conjoined with opium, so as to affect mercurially the system as rapidly as possible, not in consideration of any anti-venereal power this mineral possesses, but on account of its peculiar efficacy in ar-



resting the progress of inflammation, and thus putting in force every measure we can employ to prevent the suppuration of this gland, which is necessarily attended with much protracted suffering and no little danger. If our efforts fail in averting this result, the matter will either make its way into the urethra, which is, in the great majority of instances, the case; or else it will show a manifest disposition to discharge itself through the perineum by causing a tenderness and sense of fulness of this part. But the great depth of the matter at its first formation, and the dense nature of the fasciæ, through which it has to make its way, hinder any decided manifestations of its presence.

If, under these circumstances, there should be tenderness, fulness, and some hardness of the perineum, particularly if attended with rigors, we should not hesitate to plunge the French sharp-pointed knife, we are in the habit of using in this hospital, deeply into it. If we meet with matter, immediate relief is afforded, and even if we do not, great benefit arises by the division of the skin and fascia, which relieves the tension of those parts, and by the flow of blood which follows. Purgatives should be avoided, as they excite much irritation in the rectum, into which the swelled gland protrudes; but emollient enemata, which act in the double capacity of fomentation and aperients, are attended with great advantage, as are also anodyne lavements, which tend to relax the spasmodic state of



the spincters of the bladder, to which all muscular structures are liable during inflammation; for it is not likely that that of the prostate would be insulated, so as not to extend to the neighbouring parts. In fact, the very same symptoms, which I have stated to be those of inflammation of the prostate gland, are also those which characterize inflammation of the neck of the bladder and adjoining portion of the urethra, with the exception of the immediate and local signs of swelling of that gland, indicated by the touch, on examination per anum; and the treatment which has been recommended for the one is equally applicable to the other, with the exception of the puncture for the discharge of matter.

It would lead me into a discussion, far beyond my original intention, were I to enter upon the consideration of strictures of the urethra as a consequence of gonorrhœa. These, with their frequent followers, *fistulæ in perineo* and disease of the mucous membrane of the bladder, even extending to the kidneys, I shall reserve for a future opportunity.

Gonorrhœa in women is a less dangerous disease than in men, but more obstinate, perhaps in consequence of the careless manner in which it has hitherto been treated; but the improvements made by M. Ricord, which I myself witnessed some years since, when I had the gratification of accom-



panying that gentleman through the wards of the great venereal hospital at Paris, are so important, that instead of this ailment lingering for many months, and even continuing to the second year, it is now usually cured in a period varying from one to two months.

The stages of the disease are the same as in men, and may either occupy singly the vulva, vagina, urethra, and uterus, or two or more of these parts at the same time. The first stage, or that of inflammation, usually attended with some ardor urinæ, should be treated on the antiphlogistic plan; for it is seldom that a medical man is consulted on the first appearance of the disease, so as to enable him to extinguish it at once by the application of nitrate of silver in solution. I should, however, feel no hesitation in making the attempt, were I consulted on a case sufficiently recent to afford a prospect of success. For, if the disease has not extended into the urethra, no danger is likely to arise from the application of the solution in question (even of considerable strength—for instance, ten grains to the ounce of distilled water), to the surface of the vulva and vagina. But, unfortunately, we seldom have an opportunity of thus speedily extinguishing the disease, as in at least two-thirds of the cases of gonorrhœa in females, the urethra is affected; so that it would be necessary, in most instances, to apply the solution to this passage, as well as to the



vagina, which would be almost as objectionable as in males.

The very circumstance of discharge from the urethra affords one of the strongest diagnostic symptoms by which we are enabled to distinguish gonorrhœa from leucorrhœa, or other discharges to which the female parts of generation are subject. The other diagnostic signs are those of inflammation, ardor urinæ, and a greenish colour imparted to the linen of the patient by the gonorrhœal discharge; circumstances not attendant upon the complaints with which it is most liable to be confounded. If, therefore, it is not deemed advisable, which it very seldom can be, to cut the disease short by strong injections of nitrate of silver in solution, we should treat the disease during its inflammatory stage on the same principles as have been laid down for males. But from the extent of the surfaces engaged, greater attention to the frequent ablution in females is necessary, on which account the general or hip warm bath should be daily used. Where there is much tenderness, excoriation, and ardor urinæ, frequent injections of a decoction of poppy seeds are useful, either plain or mixed with milk; also, a state of the most perfect quietness and repose should be enjoined. If the disease appears to have extended to the uterus, which may be suspected by pain in the lumbar region, and tenderness on pressure in the hypogastrium, with general febrile symptoms, blood should



be taken from the arm, or leeches applied in considerable numbers, to the pubes and groins; tartarized antimony, exhibited in such doses as the stomach can bear, and the general antiphlogistic regimen, with abundant dilution, rigidly enforced. Nearly the same activity of treatment may be required when pain, tumefaction, and other signs of inflammation of the labia and nymphæ, are considerable; as they are often followed by the formation of abscess, a consequence of gonorrhœa that increases, in no slight degree, the misery of the patient. Should abscess, however, take place, the matter ought to be immediately discharged by a *large opening*, in order to prevent, as far as lies in our power, its termination in troublesome sinusses, of very difficult management.

As the inflammation subsides, and the gonorrhœal discharge becomes more purulent, the patient will be enabled to bear local applications, calculated to remove the complaint. That upon which I place the most reliance is a solution of the nitrate of silver; we should begin with one or two grains to an ounce of distilled water, which may not only be injected, but folds of lint, imbued in the same solution, may be introduced twice or thrice a day into the vagina, and allowed to remain without any inconvenience to the patient. Solutions of the acetate of lead may also be employed in the same manner with great advantage. The lotion thus employed may be increased in strength gradually to that which



the patient can bear without pain or inconvenience.

Respecting the use of nitrate of silver, I have hitherto spoken from my own experience, and can recommend the lotions of the strength mentioned with confidence, as being by many degrees the most efficacious for the cure of gonorrhœa. But M. Ricord and others, in some instances, even cauterize the walls of the vagina, and all the parts affected, with the solid nitrate of silver, from which they assert that they have found the most advantageous results.

The cases in which this application has been found most beneficial were of the very worst description. M. Ricord says he found its effects truly marvellous, where the mucous surface was red and turgid, discharging an abundant secretion of purulent matter, sometimes tinged with blood; and also in chronic cases, attended with alteration of structure, indicated by fungous ulcers, or "*vegetations.*" He likewise extols the applications of nitrate of silver in substance to the urethra of females, under the same circumstances as I have stated to indicate its utility in cases of obstinate discharge from the urethra of males. For this purpose, he uses the *porte-caustique* of M. Lallemand; but Sir Everard Home's armed bougie would probably answer the purpose equally well.

It has been for some years the practice to examine the os uteri of every female in the venereal

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hospital of Paris, before she is dismissed as cured; because in numerous instances, they returned with a relapse of their complaints, although, on leaving the hospital, they were apparently well. In such instances, fungous ulcers were found on the os uteri; but by cauterizing them, either with solid nitrate of silver, or with acid nitrate of mercury, these ulcers rapidly healed, after which no relapse occurred.

I saw M. Ricord perform this operation at his hospital in a considerable number of cases, with great ease and celerity, by the aid of his speculum vagina. The acid nitrate of mercury is not, I believe, employed in these countries; it is a powerful escharotic, entitled in the French codex—*Deuto-nitrate acide de mercure liquide*; and in the index it bears the name by which it is more generally known—*Nitrate de mercure acide*.

I have hitherto spoken chiefly of the nitrate of silver as affording the most efficient applications for the cure of gonorrhœa in females, but there are others which may be useful; for instance, the acetate of lead, in the proportion of two or three grains to the ounce of water. This is beneficial as soon as the diminution of the inflammatory symptoms will permit the use of any application except warm emollients; and afterwards, when the discharge seems to be continued from habit, a decoction of galls, or oak bark, with the addition of sulphate of alumen, in the proportion of ʒi. of the



latter to §viii. of the former, will be found a useful stringent application.

I shall now *briefly* notice a consequence of gonorrhœa common to both sexes—gonorrhœal ophthalmia. I have said *briefly*, not because I consider the subject as one of minor importance, but because it has been so minutely and well described by Mr. Lawrence and other writers, in works which are in the hands of every professional person, that it is quite unnecessary for me to expatiate on the subject. There is so great a mass of evidence in support of the opinion that gonorrhœal ophthalmia is produced by the actual contact of the gonorrhœal virus, that I believe it is now universally admitted to be the only mode by which the disease is occasioned; and which sufficiently explains a circumstance noticed by Mr. Lawrence, that it generally attacks only one eye and not both, as is the case in common purulent or Egyptian ophthalmia, to which it bears so close a relation.

It is urged in objection to this mode of contamination, that were it the case, gonorrhœal ophthalmia would be much more prevalent than it is, in consequence of the carelessness and inattention to cleanliness of the majority of patients. But this objection is sufficiently answered by adverting to the laws of the gonorrhœal as well as all the other morbid poisons, viz., that it is only while thin and ichorous, which occupies a comparatively small pe-



riod of time, the matter is decidedly infectious, and that as it becomes thick and purulent it loses in proportion its contagious and virulent properties. It also explains why experiments of inoculation that have been instituted with the matter secreted by the urethra inserted into the eyes, and *vicé versá*, in some instances communicated the disease, and in others produced no result, in consequence of inattention to this law when selecting the matter for experiment.

Gonorrhœal ophthalmia is perhaps the most violent and destructive species of inflammation to which the eyes are subject, and if not met promptly by active and appropriate measures, the organ will soon be destroyed. It commences with inflammation of the conjunctiva (a mucous membrane), which becomes tumefied, intensely red, and secretes a profuse discharge of yellow matter. The swelling of the conjunctiva occasions on the ball of the eye that appearance termed chemosis; in the centre of which the cornea appears as if buried, while the swelling of that portion which lines the eyelids causes the eversion. In the progress of the disease, the cornea, sclerotica, and entire globe of the eye become engaged in the inflammation, which is attended with intense pain. The cornea at length loses its transparency; ulceration may occur at its margin, or its surface may become white, and sloughy; and staphyloma, with total disorganization of the eye, will be the result. If a case of this



kind is met promptly by appropriate measures, the eye may be saved. These measures are blood-letting, largely, even *ad deliquium*, during which state it is curious to observe the turgid and scarlet conjunctiva become perfectly pale. The next step, no matter how high the inflammation, is to drop into the eye a strong solution of nitrate of silver, which acts like a charm in such cases. The proportion we use in this hospital, where we have had numerous instances of most perfect success, is from ten to twenty grains to an ounce of distilled water. It should be repeated three or four times in the day, while frequent ablutions of warm water, by means of a syringe, during the intervals, should be employed. M. Ricord, I understand, even applies the nitrate of silver in substance to the surface of the inflamed and turgid conjunctiva, and does not hesitate to rub a solid stick of this preparation to the everted lids, immediately injecting cold water under them for the purpose of preventing injury to the cornea. This application is made, not with the view to its escharotic qualities, but for the purpose of changing the character of the inflammation.

We are indebted to Mr. Melum and Mr. Ridgway, I believe, both army surgeons, for a knowledge of the great utility of nitrate of silver in gonorrhœal ophthalmia, a fact which affords a powerful support to all I have stated respecting its influence in stopping the progress of gonorrhœa in the urethra, and strongly indicates that its exhibition in strong solu-



tion would be equally serviceable in the latter, were it not for the injurious consequences that might result from inflammation and its effects in this narrow passage.



## LECTURE V.

*Venereal Buboës, no certain diagnostic Characters before Ulceration to distinguish them from other Buboës.—Ricord's Experiments with the Matter of Bubo; of Importance.—Treatment of Buboës.—Treatment of the constitutional Symptoms of the papular Venereal Disease.—Pains of the Joints from Gonorrhœa a secondary Symptom.—Treatment of Iritis; Bloodletting, Mercury, Turpentine.—Treatment of Pustular Venereal Disease.—Primary Symptoms—secondary Symptoms.—Antimony, Sarsaparilla, Iodine; the latter, and its Combinations, of great Utility.—Phagedenic Venereal Disease.—Treatment of primary Symptoms; Utility of powerful Escharotics.—Treatment of secondary Symptoms.*

GENTLEMEN,—I shall commence this day's lecture, by making a few observations on buboës, to which every form of venereal is subject; but I do not know of any diagnostic sign before ulceration, by which we can distinguish to what form any bubo belongs; nor indeed is this to be expected, since there is no distinction between one which may arise from a morbid poison, and one which is caused simply by any irritation, propagated along the course of the absorbents. When ulceration, however, takes place, a bubo seems obviously to evince the same mildness or malignity as the primary venereal ulcer, from which it originated.



At the time that it was the custom to put all venereal patients under severe courses of mercury, buboes often exhibited the most extensive and destructive ulceration; burrowing either deeply so as to endanger the femoral artery, or extending, superficially, in all directions—inwards to the perineum, downwards along the thigh, or upwards as far as the umbilicus; but we now seldom or never witness those effects of mal-practice and mistaken views.

Buboes present great varieties, not only as to their situation, but as to their state. They may be superficial or deep, acute or chronic. It has been long a matter of disquisition whether they are most allied to the primary or the secondary symptoms. I always considered that they were as much primary as the ulcers which preceded them; and, indeed, in numerous instances, buboes could not be traced to any primary ulcer, so that we are forced to come to the conclusion, that the absorption of the poison may either be conveyed at once by the lymphatics, without previous ulceration, to the glands in the groin; or that it produced an ulcer of so trifling a nature as to escape the patient's attention, and which afterwards spontaneously healed. I do not know of any mode of deciding the question, but am inclined to adopt the latter opinion.

M. Ricord tried various experiments of inoculation with the matter of buboes, by which the following curious and unexpected results were ascertained.

1. That a gonorrhœal bubo does not furnish any inoculable matter.



2. That a bubo, however extensive, which arises from a chancre near its termination, is simply a swelling of the gland, and does not furnish a virulent matter.

3. That matter which flows from a bubo, when first opened, produced, on inoculation, only negative results, while in two, three, or four days afterwards, the matter of the very same bubo gave positive results; or, in other words, produced the characteristic pustule of a venereal poison.

4. That the pus secreted by the cellular tissue, in the neighbourhood of an affected gland, produced no results on inoculation; while that of the gland itself produced the characteristic pustule.

On a repetition of these experiments, he says: "*Les résultats furent comme les premier; avec le pus superficiel, rien; avec le pus profond, pustule.*" From the results of these experiments, M. Ricord suggests, that in doubtful cases inoculation may serve as a means of ascertaining whether a bubo is venereal or not, by its positive or negative results.

With respect to the treatment of buboes, I believe there is no practitioner who is not desirous to disperse them, if in his power, and thus prevent them from coming to suppuration. For this purpose such measures should be adopted as are applicable to any inflammatory swelling; such as absolute rest, frequent leeching, and cold evaporating lotions, together with such means as are best suited



to meet the form of disease to which the bubo belongs, and which can only be known by the character of the primary ulcer. If the bubo is not accompanied by any such ulcer, and that the patient avers that he never had any, or that he had only a very slight one, which healed spontaneously, then I should infer that the poison which produced the bubo appertained to the papular form of venereal, and treat it accordingly. At all events, I should decidedly avoid prescribing a course of mercury for a disease that either might not require it, or be rendered more difficult of cure by its exhibition. Should constitutional symptoms afterwards arise that would indicate the utility of a mercurial course, then it is quite sufficient time to subject your patient to a process of cure which in itself is no trifling infliction; and which, however indiscriminately directed, as it has hitherto been, without due consideration or judgment, no conscientious practitioner at the present day, enlightened by modern researches, would inflict without very sufficient reason.

Mr. Hunter, at a time that mercury was esteemed the only cure for every form of venereal, observes, that "the resolution of these inflammations (buboes) depends principally upon mercury, and almost absolutely upon the quantity that can be made to pass through them, and the cure of them, if allowed to come to suppuration, depends upon the same circumstances." And yet, notwithstanding this opinion with respect to the resolute powers of



mercury thus positively given, we find, in another place, the following apparently opposite sentiment: "The first inquiry (respecting the nature of buboes) should be, to learn if mercurial ointment has been at all applied to the legs and thighs of that side; for mercury, applied to those parts for the cure of a chancre, will sometimes tumefy the glands which has been supposed to be venereal." The fact is, Hunter directed mercury under the preconceived notion, that venereal symptoms could not yield without the intervention of this medicine; but now, that we know the reverse, his recommendation loses much of its weight. So far from mercurial frictions on the thigh of the groin affected, acting favourably in the dispersion of buboes, according to my experience, it excites quite a contrary effect; so much so, that even were I induced to order mercury on account of an indurated chancre, accompanied with bubo, I should direct the frictions to be made on the thigh opposite to the side affected by the bubo.

While endeavouring to discuss a bubo, no matter to what form it belongs, I should feel no objection to the exhibition of three or four grains of calomel, occasionally at night, and a purgative draught on the following morning. If the inflammation of the bubo is of an acute nature, it will either yield to the measures recommended, or rapidly suppurate. If we find the latter tendency to be decisive, we should at once encourage suppuration by warm fo-



mentations and cataplasms; and when it is sufficiently established, either allow the matter to discharge itself spontaneously (which, perhaps, is the best, if the patient is not anxious to be relieved from pain), or else to open it by means of a small puncture, with a lancet; or to imitate nature more closely by cauterizing the most prominent point with common caustic—the kali purum cum calce of the Dublin dispensatory.

Buboes are sometimes, however, of a very chronic nature, remaining obstinate for weeks or months, and gradually increasing in size, without manifesting any disposition either to go back or come forward. To such, frictions, with strong iodine ointment, so as to irritate the surface, are often useful; or blisters, with dressings afterwards, of mercurial or savin ointment; but the application upon which I place most reliance is, friction to their surface, with nitrate of silver in substance, so as to cauterize the cuticle only, and induce it afterwards to separate: this application may be renewed more than once if necessary. By these means, I have induced indolent buboes, which would otherwise have remained stationary for months, to resolve or to suppurate in a very short time, and thus have succeeded in freeing the patient from a very troublesome companion.

Having now concluded the observations I had to make on the primary symptoms of the papular form of venereal, I shall proceed to the consideration of the treatment of the CONSTITUTIONAL SYMPTOMS



of the same disease. The papular eruption is ushered in with more or less fever, which declines as the papulæ make their appearance; first, on the forehead, breast, and afterwards over the extremities. It is accompanied with an erythematous inflammation of the fauces, swelling of the tonsils, and pains in the larger joints. These symptoms require confinement to the house, and the exhibition of antimonials, conjoined with such medicines as determine to the skin. I need not observe, that during the existence of fever the patient should not be allowed either meat or wine; but as the fever subsides, and the eruption declines, these restrictions may be lessened or discontinued. About the end of the second week, or in the third from the commencement of the eruption, the first crop of papulæ will have desquamated, while fresh ones continue to make their appearance. The patient, however, may take with advantage, at this period, decoction or infusion of sarsaparilla, conjoined with small doses of tartarized antimony, as long as there is any feverish excitement, or an appearance of fresh papulæ; and with the hydriodate of potash afterwards, as soon as all fever has subsided. The latter medicine may be given in doses of from five to eight or ten grains three times a day. When the spots have *all* desquamated, *if* they should continue to linger long notwithstanding this treatment, you may give, with advantage, small doses of mercury in conjunction with sarsaparilla, in place of the hy-



driodate of potash. The preparation or formula I usually prefer is that of Plummer's, or the compound calomel pill, of which four or five grains may be given twice or thrice a day. This course I pursue until the eruption has disappeared, the throat well, and the pains of the joints no longer felt, under confinement to the house in cold or wintry weather; but in summer, or in warm weather, I am not in the habit of exacting strict confinement during the desquamating stage: however, generally speaking, the less the patient exposes himself to our cold variable climate, during the continuance of the eruption, the more certain will be his recovery; and by attending to this advice, as well as in avoiding the use of mercury until the eruption has desquamated, you take the best measures to secure your patient against iritis, a return of the eruption, or a relapse of the other secondary symptoms attending this form of disease.

I should not, however, deem it necessary to persevere in the use of the medicines recommended, in order to meet the swellings of the lymphatic glands of the neck, which are particularly incidental to this form of venereal; for they are analogous to similar affections which follow the eruptions of small-pock, measles, and scarlatina, and should be considered merely as a consequence, but not as symptoms of a morbid poison. Sarsaparilla, with the hydriodate of potash, may, however, be of service with due attentions to the general health in causing their dis-



persion. Under this simple plan, I have succeeded, without the embarrassment of encountering successive crops of the eruption, and relapse of the other symptoms of this disease in a vast number of cases, during the last quarter of a century.

Severe pains in the joints, resembling those of acute rheumatism, occasionally occur during a gonorrhœa, as was first, I believe, observed by Sir Benjamin Brodie. Now, under an impression that these pains are signs of a constitutional affection, although not attended by papular or any other description of eruption, I have treated cases of this kind successfully on the principle pursued in combating the constitutional symptoms we have just been considering, believing both to arise from the same morbid poison; but it is probable, that the pains of the joints are more acute in this instance, in consequence of the non-appearance of the eruption; which, in the several diseases arising from morbid poisons, always relieves the other accompanying affections. It is not necessary to have all the symptoms present to constitute any disease, but the remark is particularly applicable to the exanthemata; for instance, in scarlatina, the affection of the throat, which belongs to the disease, is often present without the eruption, and *vicé versâ*.

Before I conclude the consideration of the constitutional symptoms of the papular form of venereal, it is necessary to speak of iritis; for though this formidable affection is not confined to the pa-



pular disease, yet for one instance we meet with in practice connected with the symptoms of the other forms, we at least find twenty connected with this. Venereal iritis was but little known before the time of the late John Cunningham Saunders, whose posthumous work on this and other diseases of the eyes, edited by Dr. Farre, appeared in 1811. This affection of the eyes, unlike the purulent gonorrhœal ophthalmia, is decidedly a constitutional symptom. Although the disease is termed iritis, yet, from the early cloudiness of the humours of the eye, and consequent injury to vision, as well as from the severe pains (often nocturnal) of the entire globe, it is not likely that the disease is confined, even in the first instance, to the iris, but that every part of the eye is affected. Iritis may be idiopathic, or connected with gout or rheumatism, as well as with venereal; but I know of no certain diagnostic signs by which we can distinguish iritis arising from a venereal virus from that which is occasioned by the diseases just mentioned, except that in the former there are usually at the same time present some other symptoms of the disorder; so that, when a patient applies for advice with iritis, we should always examine him, with a view to ascertain whether he has any eruption or other venereal signs.

The symptoms of iritis are impaired vision; diminished transparency in the humours; a zone of red vessels in the sclerotic coat surrounding the cornea; a change of colour in the iris; thickening



of its pupilar margin; an angular displacement of the pupil towards the root of the nose; round tuberculous depositions of lymph on the surface of the iris; contracted and fixed pupil; great vascularity of the sclerotic coat; suppuration and disorganization of the eye. I have thus briefly stated the progressive symptoms of this disease as they arise, with which you must be quite familiar, as we are seldom without several cases in hospital. But I am happy to say, that you have seldom or never an opportunity of witnessing the last of these stages, as I only recollect two or three cases, in the course of my long practice, in which mercury did not check the progress of the disease. In these it ended in disorganization of the eyes, although mercury had the fairest trial. In such cases where mercury fails, the practice recommended by Mr. Hugh Carmichael of exhibiting spirits of turpentine, in large doses, should decidedly receive a trial before the eyes become disorganized, as authentic instances have been published from various quarters of its utility. Few persons are, however, able to bear the quantity he prescribes of a drachm three or four times a day, though given in conjunction with almond emulsion and tincture of opium, as it occasions nausea and stranguary, circumstances which militate much against its exhibition. In order to prevent the latter inconvenience, the patient should drink freely of any mild beverage. I have myself seen several cases in which the most decided ad-



vantages were derived from this medicine where mercury had failed; but, in the majority of those cases, the inflammation of the iris was not venereal. In the treatment of this disease, I should not forget to mention, that local blood-letting, by cupping and leeching the temples, as well as blisters, afford auxiliary means which are, at times, of great advantage.

But with respect to the antiphlogistic and mercurial treatment, upon which, in every kind of iritis, our greatest reliance must depend—blood should be taken from the arm in proportion to the activity of the inflammation and strength of the patient, with the double view of obviating the former, and facilitating the introduction of mercury into the system; of which medicine I usually direct the sub-muriate, in conjunction with opium, to prevent it from affecting the bowels. This preparation, when it can be borne, I prefer, as it mercurializes the system more rapidly than any other. Two grains, with quarter of a grain of opium, may be given every fourth hour as a medium dose to a strong adult, while mercurial inunction is, at the same time, employed. As soon as the breath, gums, or inside of the cheeks are affected, we should instantly diminish the doses, for fear of excessive salivation. But the object being to preserve the eye from an injury so serious as its disorganization, we must be bold and decisive in our practice. If the patient is delicate, or that the sub-muriate disagrees, we may substitute



blue pill, or mercury with chalk. The course should be continued steadily, so as to keep the mouth tender during four or five weeks, until all inflammatory symptoms have disappeared. At the same time that the patient is undergoing this course, the extract of belladonna should be applied to the eyelids morning and evening, in order to prevent contraction of the pupil.

It is curious to observe the immediate benefit which ensues in the majority of cases from mercurializing the system in this affection; for, as soon as it is evident, the cornea and humours become more transparent, and the patient finds that his vision has improved. Now, this effect of mercury is not owing to its *anti-syphilitic or specific powers*, as was the expression of the surgeons of former days, or of those who still adhere to obsolete and antiquated notions; for the same advantages will ensue when exhibited for gouty, rheumatic, or idiopathic iritis; and the beneficial effects which it thus produces in every case of iritis, no matter from what cause it originates, have led to the general adoption of mercury as a remedy, next only to blood-letting in efficacy, to arrest the progress of inflammation in every part of the frame, not a single organ excepted.

With respect to the treatment of the primary ulcers of the PUSTULAR FORM of venereal disease, characterized by their elevated edges, and smooth sur-



face, without fungus or induration, I may generally remark, that the same treatment, recommended for the ulcers of the papular disease, is equally applicable to those under consideration—viz., cauterization with nitrate of silver, in their early and most virulent stage; and weak solutions of the same metallic salt afterwards as a lotion, varying from one to three grains to the ounce of distilled water. These ulcers will not, however, bear to be irritated, and weak solutions of sulphat of zinc (gr. i. ad ℥i.), or even cold water are often found to be the most suitable applications; while, at the same time, rest, moderate living, and the antimonial aperient medicine, before mentioned, may be exhibited. Should the ulcers become obstinate, from five to ten grains of the hydriodate of potass, may be given with greater advantage; but I have never seen any benefit, but, on the contrary, great mischief from the use of mercury for this species of ulceration.

I have often had occasion to observe, in the buboes of this form of venereal, the same projecting and undermined edges which characterize the primary ulcers from which they originate. It is often, therefore, necessary in such cases to destroy those raised edges with caustic, before we can induce a healthy or healing appearance in the ulcerated surface.

For the SECONDARY SYMPTOMS, consisting of an eruption of pustules, which end in superficial ulcers that show a mild granulating surface, and an early



disposition to heal, the same general treatment is applicable, as for that recommended for the papular eruption, only that the one under consideration is much more obstinate. The entire surface may become covered with this eruption, exhibiting, at the same time, recent pustules, or spots of a pustular tendency, and others covered with crusts. The frequent use of the simple warm bath, or that impregnated with sulphurated kali, or with the nitromuriatic acid, will be found very useful in cleaning the skin from the quantity of sordes this eruption occasions, and in disposing the ulcers to heal.

For the aphous ulcers in the throat, there is no application superior to that of the solid nitrate of silver; while, at the same time, the common gargle, acidulated with muriatic acid, may be frequently employed.

For the pains of the joints, when very acute and attended with swelling, cupping, leeching, blistering, or tartar emetic ointment, may be necessary, together with the exhibition of Dover's powders, particularly at night.

For nodes, the same measures may also be required; and, if they fail to afford relief, the division of the inflamed periosteum, followed by emollient cataplasms, is sometimes, but not often, necessary.

For the cure of the different constitutional symptoms of this form of venereal, there is no remedy so much to be relied on, in conjunction with sarsaparilla, as iodine; which latter medicine, and its



combinations, I consider as a remedy of the utmost value in the treatment of this as well as of the phagedenic form of venereal disease, which includes the most formidable and hitherto most unmanageable cases met with in practice. I began to use it very soon, in cases of venereal nodes, after Dr. Coindet, of Geneva, had made known its utility for goitre; on the principle, that a medicine, capable of inducing the dispersion of a tumour so obstinate, might be equally efficacious in removing affections, however different, of a similar obstinacy in the bones, in cases where I had reason, from the accompanying symptoms, to dread the injurious effects of mercury; I, therefore, exhibited iodine or hydriodate of potash, in this hospital, many years since, for the secondary symptoms of these forms of venereal disease, with the most flattering success, long before there were any published accounts of its utility in venereal complaints. At present, I believe, it is used extensively, but without much discrimination or selection of symptoms. I began with giving iodine to the extent of a grain, with six or eight grains of the hydriodate, dissolved in a pint of distilled water, directing the patient to take a third of this quantity morning, noon, and night. At present, the hydriodate of potash is usually preferred, and given to the extent of from fifteen to thirty grains, with a pint of decoction of sarsaparilla, during the day. I am not certain that the one mode has any advantage over the other; but, in both ways, as a remedy,



iodine has exceeded, in the two forms of disease alluded to, my most sanguine expectations. Its beneficial influence on a class of symptoms, in which mercury is manifestly injurious, affords another proof of the utility of considering venereal complaints in relation to other diseases, and of adopting such remedies for the symptoms of the one as have been found useful for those of an analogous character in the other, without attending to the empirical doctrine of specific diseases and specific remedies.

With the exception of iodine as a remedy, I have not made any change in my treatment of venereal diseases, as given to the public in my first edition in 1814, at a time when this most useful medicine was unknown. Should, however, the nodes, of which I was speaking, before this digression concerning iodine, remain unaffected by that medicine, and the other means recommended, *then, and not until then*, would I recommend you to have recourse to mercury; a remedy, which, though capable of curing a painful node, may act injuriously by repelling the eruption prematurely from the skin, before it had naturally declined; and thus, under the views submitted to you, subjecting the patient to a relapse of the eruption, or an affection of the deep-seated parts.

If mercury should *then* be ultimately required to cure *venereal periostitis*, let it be given according to the rules I shall lay down for its exhibition,



when I come to speak of the treatment of the scaly venereal disease, or true syphilis.

The next form to be considered is the PHAGEDENIC VENEREAL DISEASE. I have mentioned, in my first lecture, that the primary ulcers of this form may be either acute or chronic. That the former made rapid progress by an alternate ulcerative, and sloughing process; and if decisive measures were not promptly taken, the part assailed might very soon be totally destroyed. That the chronic phagedenic ulcer, on the contrary, may creep on slowly, healing in one place, while it ulcerates in another; but the identity of the poison which produces both is proved by the similarity of the constitutional symptoms which they occasion.

Before I proceed to consider the treatment of this form of ulcer, it is incumbent on me to make some observations on the following passage, in a lecture of Mr. Mayo's, published in the *Medical Gazette* for November, 1839:

“ The diseases comprehended under the second head of primary local affections, that are liable to be followed by constitutional lues in one or other of its forms, are ulcerative and sloughing phagedena. They are distinguished by salient differences from other venereal sores; in appearance they are unlike them, and they are generally made worse by mercury. In these facts there is enough to give plausibility to the hypothesis of Dr. Adams, that phagedena and chancre are produced by dif-



*ferent morbid poisons.* One is, however, justified in withholding his assent to this opinion, and in waiting for further evidence, by what is known of the influence of the condition of the system in imparting to common ulcers of other parts a spreading and sloughing character."

From the words marked in Italics, it is obvious, that Mr. Mayo, to whom I am deeply indebted for the flattering notice he has taken of many of my opinions, supposes that Dr. Adams first promulgated the doctrine, that phagedena is one of the forms of the venereal disease, arising from a distinct poison; whereas, on reference to that part of his work which treats on the subject, we find that his opinions are quite the reverse. Being an advocate for Hunter's doctrine, of there being only one venereal poison, and only one remedy, mercury; when he met with a phagedenic ulcer which resisted the specific, he concluded that it was not venereal.

I shall read you the passage, on a case of phagedenic ulcer of the penis, detailed, at page 33 of his work on morbid poisons, which had resisted the use of mercury:

"But in spite of all, the ulcer (a phagedenic one) spreads insomuch that while the mouth was sore, it had extended laterally, so as to be seen without raising the penis, and downward to the scrotum. In this situation he sent for me. On hearing the history I had no difficulty in making up my mind, that, *whatever the case might originally have been,*



*it was not then venereal.* This opinion was not founded on the presumption of any better knowledge of the subject."

It is clear, from the words marked in Italics, that Dr. Adams, so far from considering that phagedena is produced by a venereal poison, distinct from that which produces true syphilis, was of opinion that it was not at all venereal, because if venereal, he concluded that it must yield to mercury. His faith in this medicine was so implicit, that we find him, in the same page, concerning another case of phagedenic ulcer of the penis, detailed by Dr. Donald Monro, thus imperatively demanding, "*in a word, if the disease was venereal, why did it not yield to mercury?*" The answer now would readily be given by the youngest tyro amongst you, that there are forms of venereal, which, so far from yielding to mercury, are rendered more intractable by its use; and that the doctrine of the progressive nature of venereal diseases, is now completely disproved by the most ample experience.

If I was searching for a striking example of the phagedenic form of venereal disease, and of the ill effects of mercury upon it, I could not possibly find a more complete illustration of both, than these cases of Dr. Adams, although he did not consider them, from his faith in a false dogma, to be venereal. The unfortunate patient, whose case he chiefly dwells upon, after suffering under the usual secondary symptoms of phagedenic venereal disease,



for which he was subjected, under various practitioners, to course after course of mercury ; at length, totally worn out, he became deranged in his intellects, during which state death, fortunately for him, put a period to his suffering.

This case reminds me of a similar one, which engaged, a few years since, not only the attention of the leading men of our Profession, but that of the law. It was the case of a gentleman of large fortune, who came to Dublin, affected with the phagedenic venereal disease, to put himself under my care ; but, being confined by illness at the time, I was not able to take charge of him. This gentleman used mercury for a long period, under various practitioners, which only rendered his symptoms more intractable, and at length he became deranged, in which state he died. But a question arose, whether or not he was *compos mentis* at the time he made his will, upon which, of course, like every other that medical men have to decide, there was great discrepancy of opinion.

But, with respect to Dr. Adams's case, it is clear that he did not consider the disease in question to be at all venereal ; for, in winding up his conclusions upon its nature, he makes the following observation :

“ That the case above related was the effect of a morbid poison, introduced from the broken skin at the lower part of the prepuce, can hardly be doubted, *and that it was not venereal, is to me*



*equally certain.* Is it consistent," he asks, "with what we know of the latter, that an ulcer should increase while mercury is showing its effects on the constitution?"

I answer, that it is so perfectly consistent with what we *now* know of the phagedenic form of venereal, that it is actually a characteristic sign of phagedenic ulcers to spread under the use of mercury. But to return to the treatment of this form of disease.

In my work on Venereal, I advocated a mild mode of treating the acute form of primary phagedenic ulcer, viz., by cataplasms, warm fomentations, decoction of poppy heads, and other soothing applications—while opium, conium, or hyoseyamus, were exhibited in sufficient doses to alleviate pain, and narcotize the system.

This plan, though vastly superior to the mercurial (which was the prevailing one at the time, and usually led to the worst results), was too slow to meet the urgency and destructive progress of this ulcer. I, therefore, long since relinquished it for the following decisive practice. When a patient presents himself before me, with an acute phagedenic ulcer, I, with as little delay as possible, cauterize the entire of its surface with a strong mineral acid; it is immaterial whether we select the nitric or the sulphuric—either will answer. This cauterization I perform by means of lint, rolled round a pencil of wood, dipped into the acid selected for



the occasion. As the object is merely to destroy the surface, and as these powerful acids might be more destructive than necessary, I immediately direct an assistant to pour a continued stream of water on the ulcer, as soon as every part of it is cauterized. For this purpose I usually place the patient in an erect position, the penis held firmly over a vessel, which receives the ablution after the application of the acid. Lint, well moistened in water, is then wrapt round the penis, and a large anodyne is given to the patient, who usually awakes from its effects freed from the distressing pain which this ulcer in its spreading state occasions.

This application is, no doubt, as painful as it is decisive; but although I have adopted it in a vast number of instances, I cannot call even one to my recollection in which it did not succeed in checking the progress of this destructive ulcer, inducing it to assume a healthy appearance, and soon afterwards to heal. If the ulcer should be for the most part concealed by a phymosis, but the nature of it sufficiently manifested by as much as is exposed to view, together with great pain and an abundant ichorous discharge, it will be necessary, in order to cauterize the ulcer, first to divide the prepuce through its entire extent. A case of this kind, fresh in my recollection, I saw lately in consultation, under the care of a highly intelligent army surgeon—a young officer in the garrison of this city, was affected with an ulcer of not more than a week or ten days' du-



ration. There were phymosis and a swollen state of the entire penis, with constant severe pain, and a continued flow of thin ichorous matter. On retracting the prepuce as far as could be done, as much of the ulcer was brought into view as to enable me to perceive that its character was decidedly phagedenic. I proposed an immediate division of the prepuce, which was acceded to by both the patient and the gentleman in charge of the case. This being done, an extensive ulcer, which had destroyed two-thirds of the glans and corona, but had not as yet opened into the urethra, presented itself. As soon as the bleeding ceased, nitric acid was applied, in the way mentioned, to the ulcer. He was immediately put into bed, and a narcotic draught, containing forty drops of laudanum, given to him, which caused him to sleep twelve hours incessantly. Next morning he felt totally free from the distressing pain which deprived him of rest from the commencement of the attack. In two or three days afterwards the sloughs separated, exposing a healthy granulating surface, which was perfectly healed in the course of ten or twelve days after the application of the acid.—I mention this case simply because it is a striking example of the efficacy of the practice recommended. The only medicine which this gentleman took afterwards was sarsaparilla, in conjunction with hydriodate of potass, and he has never shown since any constitutional symptoms.

Though the mild mode of treating these ulcers,



by emollients and anodynes, was a great improvement upon the mercurial; which, in a great number of instances, I have seen, not only to occasion the destruction of the entire penis, but also that of the scrotum, leaving the testicles perfectly bare, and not unfrequently leading to the death of the patient: yet, the decisive plan of cauterizing the entire surface of this destructive ulcer, by a powerful mineral acid, will, from its general success, I have no doubt, be in such cases, universally adopted.

With respect to the treatment of the chronic form of phagedena, which spreads slowly, with a phagedenic margin, at one part, while it is healing at another, I am equally an advocate for the cauterizing system; but it will be sufficient to apply the acid, or the nitrate of silver in substance to the edge only of the ulcer, which is extending; afterwards, water dressings are probably the best; for, certainly, mercurial lotions, or those which are in the slightest degree irritating, are injurious. If there is much pain, opium should be given in sufficient doses to procure ease, in conjunction with sarsaparilla, and hydriodate of potass. But no mercury should be exhibited, for, according to my experience in this form of disease, it is always productive of mischievous effects. Before I was aware of the benefit resulting from cauterization of these ulcers, I frequently employed fumigations of the sulphuret of mercury, or mercury with chalk, or applied a liniment composed of equal parts of bal-



sam of copaiba and castor oil, and sometimes pared off the irregular phagedenic edges of these ulcers with a knife, and encouraged the bleeding afterwards with sponge and hot water, and then applied water dressings, as recommended by my friend, Professor Macartney. But I must say, that although these measures were useful, yet that they are not to be compared in their beneficial results with the immediate and decisive advantages which attend the cauterizing system.

Primary venereal ulcers situated at the orifice of the urethra are by no means unfrequent. Should they be phagedenic, we should lose no time in cauterizing them with a mineral acid, or with the nitrate of silver in such a manner as to destroy their entire surface ; for in this situation they occasion a frequent desire to pass water, and the consequent irritation of the urine accelerates, in no slight degree, their painful and destructive progress. Therefore in order to diminish as much as possible the irritating quality of the urine, the patient should be directed to drink abundantly of any mild diluting beverage. Some authors state, that primary venereal ulcers are occasionally met with, deeply situated in the urethra, even in the neighbourhood of the bladder. But I must acknowledge that I never met with any, except those which originated at the orifice of the urethra ; nor, indeed, can I well conceive how they could arise in these deep-seated parts, as the actual contact or inoculation of the ve-



nereal poison is necessary to produce a primary ulcer. Instances of deep-seated ulcers in the urethra I have, no doubt, often met with, but they were distinctly traced to a morbid, contracted, or strictured state of this canal; and appeared to me to arise from that natural ulcerative process by which nature endeavours to remove organic obstructions in other passages lined with a mucous membrane as well as in the urethra. Those who say that primary venereal ulcers occur deeply seated in this canal, aver that they may be diagnosed by a thin, sanious discharge, and by pain and induration at that part of the urethra, where they are supposed to be situated. As I, however, have not met with any such instances, I shall not enter further upon the consideration of the subject.

The ERUPTION occasioned by the phagedenic venereal virus may commence in the form of pustules, or tuberculous raised elevations of the skin, evincing a pustular tendency. These soon become covered with crusts, which assume often, but not always, the conical shape of the *rupia prominens* of Doctor Willan; but where this form does not occur, we frequently observe in the flattened crust the original tendency to it, which the pressure of the patient's body, as he lies in his bed, or of his clothes, seems to have thus mechanically prevented. It is, therefore, on the face that we see most frequently the best specimen of *rupia prominans* unrestrained by external interference from assuming its natural development. The eruption seems to be decidedly



pustular, and not vesicular, as some have stated it to be; its pustular form, as well marked as that of distinct small-pock, is well delineated in figure 1, Plate III. of my work on Venereal. But whether these spots at their first commencement contained lymph or pus, I cannot say. In this respect they most probably resemble the progress of the spots of small-pock, which at first contain serous, and afterwards purulent matter.

We frequently find this pustular phagedenic eruption intermingled with papulæ, which desquamate; a circumstance that has been urged against my classification, as it is objected, that in the same person you may meet with every form of eruption: but this I deny, as you do not meet with lepra or psoriasis intermingled with these phagedenic pustules. In this intermixture of papulæ with pustules, we recognize an occurrence equally observable in small-pox, and yet no one would designate as papular the eruption of this disease. Systematic writers on cutaneous diseases designate an eruption as papular, vesicular, pustular, or tubercular, according to its most obvious and prominent characters; but I shall occupy no more of your time by meeting the objections of mere captious cavillers, who have not truth for their object; and, therefore, shall only observe that it is now, I believe, generally admitted that mercury is highly injurious to the form of disease characterized by this eruption; a doctrine which, when I first ventured its promulgation, excited the angry opposition of all indignant mercurialists. But



even the majority of those gentlemen have at length given in, with one exception, an esteemed friend and practitioner, who has discovered that ten grains of mercurial ointment rubbed in every second night is sufficient to cure a disease for which he was in the habit of ordering, formerly, two drachms every night, in conjunction with as many mercurial pills as the stomach and bowels could bear. I may, therefore, briefly observe that the general treatment for this form of disease ought to be precisely the same as that recommended for the pustular, with the addition of frequent doses of opium to relieve irritation when the ulcers are extensive. Mild dressings, such as zinc ointment, spread upon lint, and retained by straps of adhesive plaster, seem to be most advantageous for these ulcers when they become exposed by the falling off of the crusts. They usually heal from the centre even while they are spreading with a phagedenic margin; but this tendency to spread may be successfully checked by a free application of lunar caustic to their edges.

As soon as the eruption has changed its character into those extensive, discoloured, tubercular, scaly-looking patches, so well displayed in these drawings, and which are never seen until the disease has existed many months, and is obviously on the decline, then mercury may be given in alterative doses, in conjunction with iodine and sarsaparilla, to expedite the cure, as recommended for the last stages of the papular and pustular forms of venereal disease.



## LECTURE VI.

*Phagedenic Ulcers of the Fauces—beneficial Effects of Cauterization with a strong mineral Acid.—Ulcers of the Nares—Application of Nitrate of Silver in Substance and in Solution.—Ulceration of the Larynx—Tracheotomy the most effectual Cure, and why.—The Scaly Venereal Disease, or true Syphilis—Mercury its appropriate Remedy, and why.—Action of Mercury on the System.—Mode of conducting a Mercurial Course.—Symptoms common to all Forms of Venereal, the Papular, perhaps, excepted, viz., soft Elevations on the Tongue—Clefts on the Tongue—small aphthous Ulcers inside of the Cheeks and Lips—condylomatous Elevations of the Skin near the Anus—falling off of Hair and Nails.*

GENTLEMEN,—The ulcers of the throat, which attend the phagedenic form of venereal, display, to the full extent, the virulence of this disease. There is no part of the fauces, but more particularly in front of the bodies of the vertebræ, that is not liable to be assailed ; and wherever it commences it spreads with a frightful rapidity to all the other parts, so that it is not unusual to see the velum, uvula, tonsils, and back of the pharynx, engaged in one foul ulceration, extending upwards into the nares, and downwards into the œsophagus, destroying the epiglottis, and penetrating to the larynx. The affection of this last organ produces a train of most dis-



troubling symptoms, which sooner or later, if not met by the timely operation of tracheotomy, causes the death of the patient. The signs by which the extension of the ulceration to the larynx is known, are hoarseness and a loss of voice to a degree that the patient in speaking is often scarcely audible. He is also tormented with an eternal hawking up, or coughing of a thick viscid matter from the affected organ. In some cases, however, as I before mentioned, a distinct and insulated attack of ulceration, not caused by the extension of one from the fauces, will take place in the larynx; and the same observation applies to ulceration of the nares.

The signs of the latter affection are, a nasal voice caused by obstruction of the nares, arising from a thickened and inflamed mucous membrane, or from the accumulation of crusts, occasioned by the constant current of air in drying up the matter of the ulcers. With these symptoms there will also be a discharge of offensive matter, and occasionally of the crusts just mentioned, tinged with blood. When any of these symptoms arise, an examination with the probe will usually discover more or less of ulceration, accompanied by an inflamed state of the mucous membrane. It will be fortunate for the patient if the probe will not also ascertain the existence of carious bones, which are soon occasioned by ulcers in this situation. The turbinated bones and the vomer, with the cartilaginous septum, are those most liable to be assail-



ed in the first instance ; but, if the disease is not checked, the caries will soon extend to the maxillary and nasal bones, followed by a sinking in of the nose. The constitution of patients thus assailed suffers also considerably. They become emaciated ; the countenance betrays serious bodily illness, as well as great mental anxiety concerning the result.

As soon as we see an ulcer such as I have described, covered with white tenacious matter, and extending with a phagedenic margin, in any part of the fauces or nares, our great object is to check it as soon as possible, before it irretrievably injures parts essential to the life or future comfort of the patient. Mercury exhibited internally will not check, but, on the contrary, accelerates the progress of those ulcers. The practice I pursue is to cauterize with the nitric or sulphuric acid the ulcers of the throat, before they extend to the larynx or nares, when perhaps nothing will avail to check their destructive progress. In pursuing this practice (the same as was recommended for primary phagedenic ulcers), I take especial care to cauterize their margins, for they extend by a phagedenic edge, and show the first signs of reparation in their centre ; in which respect those ulcers, which arise from a morbid poison, differ from common ulcers which heal first at their margins. The application of the escharotic is often successful beyond our most sanguine expectations ; but, if the ulcer appears still to be extending in any portion of it, by the phagedenic process,



the acid ought to be again applied to that part. After each application, I without loss of time apply a sponge, attached to a piece of whalebone, moistened in a solution of potash or soda, to the cauterized surface, in order to prevent any unnecessary extension of the escharotic. In some instances I have applied nitrate of silver to ulcers of the throat with the most decisive advantage. The most effectual way of doing so is to use that substance in powder, which is readily applied by means of moistened lint on the end of a probe; and this is a very easy mode also of cauterizing ulcers of the nares when in view. When the disease has manifested itself in the nares by the symptoms detailed, we should endeavour to ascertain the situation and extent of the ulcers, which can only be done after all crusty matter is removed by ablutions with warm water, either by means of a syringe, or by the patient drawing it up into the nares by a strong inhalation. If the ulcer is within reach, and no carious bone discovered by the probe, the nitrate of silver should be applied in substance. If it is beyond sight, then we must content ourselves by syringing the nose frequently with a *weak* solution of nitrate of silver, for a strong solution could not be borne without exciting much irritation and sneezing—half a grain to an ounce will suffice to begin with, which may be increased afterwards to double that quantity.

If the ulcer is in the larynx, there can be little hope of inducing it to heal, on account of the con-



stant current of air through this passage, and the frequent motion to which it is subjected, as the chief organ of voice. I have, however, in many instances, passed into it with decided advantage, a long bent probe, or metallic bougie, covered with lint, moistened in a solution of nitrate of silver, of from six to ten grains to the ounce of distilled water. In the act of passing the bougie, thus armed, into the larynx, the patient should be desired to project the tongue as far as possible from the mouth, which prevents the epiglottis from closing the aperture of the larynx; but in the great majority of cases I must confess that nothing more than mere temporary alleviation was obtained by this or any other measure I have seen tried, with the exception of tracheotomy. The other measures to which I allude are mercurial fumigations; mercury internally exhibited; and blisters, moxa, tartar-emetic ointment, caustic issues, and setons to the integuments covering the larynx.

+ I proposed tracheotomy as a remedy for ulceration of the larynx in the second edition of my work on Venereal, with the view of making an artificial opening through which the patient might breathe, and thus permit the larynx to remain in a state of quiescence, relieved from a constant current of air—advantages which conduce to the healing process in ulcers wheresoever situated. Not long after this proposition was made, I had an opportunity of trying it in a case deemed hopeless by practitioners of



great experience. It succeeded, however, beyond my most sanguine expectations : and I have since practised frequently this operation with great success, accounts of which have been given in the third and fourth volumes of the *Transactions of the Association of the College of Physicians*, and in the second volume of the *Dublin Medical Journal*. But my friend, Professor Porter, has since performed tracheotomy not only in cases of venereal ulceration of the larynx, but in other chronic affections, with the most perfect success, an account of which he has given in a valuable work on the subject. Others have adopted the same measure with equal advantage, so that the utility of tracheotomy in such cases may now be esteemed as established. I have, however, often had occasion to regret to see it postponed until the lungs had become emphysematous, or, in other respects, incurably diseased. Such delays are calculated to bring a most beneficial measure into disrepute.—[Mr. C. here shewed numerous preparations, illustrating extensive ulceration of both pharynx and larynx ; in some of these instances tracheotomy had been performed, and a portion of the rings of the trachea removed, as recommended by him, in order to leave an aperture sufficiently large for respiration, without a tube.] In this preparation, exemplifying extensive ulceration of the pharynx, the lingual artery gave way, and the patient died of hæmorrhage before assistance could be had to secure the vessel.



In this other preparation, you observe caries of the bodies of two or three cervical vertebræ, the consequence of phagedenic ulcers of the pharynx. The irritation, and consequent inflammation occasioned by the presence of these ulcers, will sometimes produce abscesses below the ulcer in front of the bodies of the vertebræ; which, projecting into the œsophagus, will completely prevent deglutition, and even sometimes by their pressure on the larynx or trachea, impede respiration to an alarming degree. They occasion great distress, and may be even ultimately fatal, before they break spontaneously, as they are situated behind a dense fascia which runs along the bodies of the vertebræ; it is, therefore, necessary to open them as soon as the presence of matter has been ascertained.

If the abscess lies at the lower part of the pharynx, immediately behind the larynx, it will give, as elsewhere, to the finger a firm elastic feel, and, if it should not be very large, it may at once be opened with a sharp-pointed bistoury; but if you have reason to suspect that it is of considerable magnitude, the more prudent plan would be to open it by means of a curved trocar, least the matter might rush into the larynx, and suffocate the patient. Sir Everard Home's trocar for puncturing the bladder through the rectum, or one a little more curved, will answer the purpose perfectly well, and no danger can arise by taking the central line of the bodies of the vertebræ for your puncture.



I mentioned several instances of this abscess in a paper inserted in the third volume of the *Transactions of the Association of the College of Physicians*, amongst which I detailed the case of a man who laboured under secondary venereal symptoms, for which he had used mercury extensively; he complained of great difficulty in swallowing, attended with stiffness and immobility of the neck; the slightest attempt to rotate the head or raise the chin, was attended with acute pain. On examining the fauces there was nothing unusual: the obstruction was lower than could be seen; but every attempt to pass a sound was attended with such extreme pain and convulsive efforts, that all exertions in this way to remove the obstruction were found unavailing. The obstruction gradually increased to such a degree, that the patient could not swallow even a drop of liquid. His respiration also became impeded and croupy, and in this state he expired, but sooner than was anticipated, and rather unexpectedly. On examination it was ascertained, that an abscess situated on three or four of the cervical vertebræ opposite the larynx, which were found carious, was the cause of the obstruction to the passage both of food and air; and that a simple puncture might have afforded relief from those urgent symptoms, which were the immediate cause of his death.

From my experience of the advantages likely to arise from the application of a strong mineral acid, or the nitrate of silver in substance, to phagedenic



ulcers of the throat, I would recommend you to give these the preference, in the first instance, to all other means. Should you, however, prefer milder measures, great utility may also be afforded by fumigating the throat with some mercurial preparation—that usually employed is the red sulphuret of mercury. The fumes, however, arising from this substance, are so sharp and suffocating, as not to be easily borne by the patient. I, therefore, usually direct equal parts of this preparation, and of the hydrargyrus cum creta, for instance, a drachm of each, to be used in the form of fumigation, three times a day; but if directed for ulcers of the nares, the hydrargyrus cum creta is the only preparation which can be endured. Although these applications are extremely useful, by inducing a favourable change upon those ulcers, yet they are sometimes attended with the inconvenience of mercurializing the system even to salivation, which, before the eruption has become scaly, may be highly injurious, by rendering the general disease much more unmanageable. On this account, therefore, I direct those fumigations to be discontinued, as soon as they appear to have produced any mercurial action in the system. A mercurialist, on the contrary, would rejoice in witnessing an effect which I thus deprecate.

Pains in the large joints, particularly in the knee, are very severe in this form of disease, and require sometimes the repeated application of leeches, blisters, and tartar emetic ointment. Many years ago,



before I understood these practical distinctions in venereal diseases, a gentleman was under my care, as well as that of Mr. Colles and Dr. Stoker, for a constitutional phagedenic disease. He underwent repeated salivations for a variety of symptoms, which were sometimes relieved and sometimes rendered worse by each course; but any relief which was obtained was only temporary, as the symptoms were sure to return again; and it often happened, most provokingly, that in the midst of a salivation some new affection, such as a node or an acute inflammation of a joint would make its appearance, while each successive course perceptibly lowered the powers of the patient. At length one of his knees became the chief object of attention. The unyielding inflammation of this joint continued to increase, till at length unremitting pain, startings of the limb, and other symptoms, indicated that the cartilages were engaged. A numerous consultation was called, and amputation was recommended as the only measure which afforded a chance for life, which operation I performed, assisted by the gentlemen consulted, Messrs. Peile, Colles, and Crampton. On examining the joint, the cartilages were found diseased, and matter in its cavity. I need scarcely state the result. This unfortunate gentleman, worn down by the repeated mercurial courses he underwent, could not stand against the shock of the operation, and died a few days afterwards. The reflection, however, which it excited in my mind, led me soon



to a more judicious practice; for, contrary to the received opinions which prevailed at that time respecting the venereal, it now struck me, for the first time, that there were forms of the disease which would not yield to mercury, of which this melancholy case afforded a striking example.

It may possibly be objected, that when lecturing on scrofulous inflammation of the joints, I strongly recommended mercury as the most efficient remedy we possess of averting an affection, which too often causes the disorganization of the joints assailed; a statement supported by a great number of successful cases in this hospital. The facts relating to the venereal inflammation of the knee joint, in the case just stated, and of the repeated use of mercury for its removal, is equally true. But from one fact alone I should not come to the conclusion that we should, in all cases, abstain from mercury in venereal complaints when the joints are affected, without further evidence in support of such a position. The fact, as far as I know, stands alone. But I should be unwilling to give mercury in this form of disease for any affection of the joints, if the eruption was recent, for reasons adverted to more than once; I should first prefer a fair trial of the hydriodate of potash or colchicum, with cupping, leeches, and blistering, to meet the inflammation of the synovial membrane.

If nodes should occur, the observations made with respect to those of the pustular form of vene-



real are equally applicable to these of the phagedenic, and need not be here repeated.

When we examine the patients in the wards, I make no doubt but that we shall meet with several cases illustrative of the symptoms and treatment of the phagedenic disease. In the meantime, as it is fresh in my memory, I shall briefly mention a case I was called lately to see, in consultation with Mr. Madden, Lecturer on Anatomy in the Peter-street School of Medicine, as it illustrates, in a most satisfactory degree, not only the congeries or grouping of symptoms which characterize this form of venereal, but also the great advantages resulting from the treatment recommended.—The patient was about 50 years of age. He was affected with a chronic phagedenic ulcer on the penis, which had caused considerable destruction of the glans and prepuce, but was still creeping on in one direction, while healing in another. There were extensive sores on various parts of his body, some covered with the conical crusts of rupia, and others foul and deep, with phagedenic edges. He was worn down and emaciated, being confined to his bed for some time on account of mere weakness. But what alarmed his friends most was an extensive ulceration, engaging the greater part of the fauces. As far as could be seen it was covered with white tenacious matter, and had destroyed the greater part of the velum. Nitric acid was immediately applied to this extensive ulcer, and he was ordered decoction of sarsaparilla with hydriodate of potash. I saw him yesterday, a fort-



night after the application of the acid to the throat, and was agreeably surprized to find that the ulcer was nearly healed, and that he could swallow without difficulty. Other ulcers scattered over his body were also improving, and his general appearance marked the amendment that had taken place in his constitution.

Before I conclude my observations on the treatment of the phagedenic form of disease, I should not omit to mention the great advantages which a change of air from the city to the sea-side often affords for the primary (when obstinate and lingering), as well as for the secondary symptoms. In this form of disease the patient's strength is often very much reduced. He becomes pale, sickly, and emaciated, and often indispensably requires the invigorating influence of an atmosphere on the sea-shore.

I shall now proceed, gentlemen, to the consideration of the treatment of SYPHILIS, as described by Hunter, or that form of venereal disease which produces the scaly eruptions—lepra and psoriasis. This is the form for which mercury is most efficient, and therefore this part of our subject necessarily involves a consideration of the action of mercury on the system, and the mode of conducting a mercurial course; which will render it necessary to point out and contrast what may be esteemed the legitimate and healthy action of mercury on the system, with



those unhealthy actions or morbid states, that it is also capable of exciting, and which it is absolutely necessary you should be well acquainted with; for a perseverance in the use of this medicine, when they occur, would lead to the very worst consequences.

The true Hunterian chancre, with its hardened edge and base, yields with certainty, as far as my experience extends, to a well-conducted course of mercury, and the same may be said of the eruptions, the ulcers of the throat, and the nocturnal pains and nodes which it occasions. From experiments I have tried, two of which are detailed in the second edition of my work on the Venereal, I have no doubt but that even this form of the disease will yield to the powers of the constitution, without the exhibition of a grain of mercury; but so long a period must elapse, and, perhaps, so much suffering may arise if treated without the remedy, that it is not likely this form of venereal will ever be generally managed without it. I shall, therefore, at once enter into a consideration of the mode of conducting a mercurial course.

A course of mercury should be conducted more with reference to the effects of that mineral upon the system than to the quantity exhibited. We should never direct it without inquiring of the patient his own experience of this remedy on his constitution; for in some, even the most robust, salivation is immediately excited by the minutest quantities of mer-



cury ; while in others, even the worn-out valetudinarian, its effects can only be produced by maximum doses. Unlike other stimuli, habit, instead of diminishing, seems to increase the susceptibility of the constitution to receive its impression. Thus, an incredibly small quantity may excite profuse salivation in persons habituated to this medicine, and, therefore, to patients of this description it ought to be exhibited with great caution ; for such an effect in those, who have been already worn down by repeated courses, might induce a state of exhaustion attended with the utmost danger.

From the effects of mercury on inflammation of the iris, where its powers in subduing inflammation, and causing absorption of depositions of lymph, are manifest to our senses, it is obvious what a powerful instrument we possess, equally capable, according as it is used, of effecting great benefit or irremediable mischief. Its action on the system is not only powerful but peculiar. As an agent in the cure of syphilis, it probably acts by exciting an irritation adequate to supersede that of the morbid poison in question, the fever of which, compared to that of the other forms of venereal, is inconsiderable ; and on this account, perhaps the disease yields so slowly to the powers of the constitution—therefore, the aid of an artificial fever is required to expel the poison from the system. But this observation is merely conjectural, and our time may be better occupied in considering what are the signs of mercurial action



on the constitution, and by what preparations and doses it may be most safely excited.

If our object be to produce a mercurial action, which is to be sustained steadily for several weeks, such as would be indicated for the form of disease under consideration, the mildest preparations of mercury are to be preferred, such as the oxyde in the form of blue pill, which is less likely to irritate the stomach and bowels than any other preparation. Even this frequently produces griping pains, and a mercurial diarrhœa, or rather dysentery, as the dejections contain the mucus of the irritated bowels, tinged with blood. These pains may be obviated, by blending with the blue pill small doses of opium, such as one-fourth or one-half of a grain to each pill containing five grains, which may be taken twice or thrice a day. But should mercurial dysentery arise, they ought to be discontinued altogether, and a draught exhibited containing twenty or thirty drops of tincture of opium, combined with from ten to twenty grains of aromatic confection, which usually acts like a charm in removing this distressing attendant upon the use of mercury.

Some have such an irritable state of stomach and bowels as to render it impossible to persevere in the internal use of mercury, even when combined with opium. In such instances we must rely on its external employment. Half a drachm of mercurial ointment for females, and a drachm for males, to be rubbed on the inside of the thighs every night,



may be esteemed the medium quantity for persons in other respects enjoying good health. If the patient is sufficiently strong, he should rub it in himself; but a delicate person should employ an assistant, whose hand is protected by a bladder, prepared for the purpose. The entire quantity may be rubbed in at once, or one-half rubbed in night and morning; which I think the better plan, as it is less fatiguing, and is more likely to be well introduced. It is most advisable to rub it in on one thigh at a time, in order to avoid, as far as can be done, the pustular eruption which the constant contact of the ointment is apt to occasion; and every second or third day the ointment should be washed off with soap and warm water. The patient, during this course, should be directed to wear the same drawers both day and night. About the fourth or fifth day he usually begins to perceive a brassy taste in his mouth, particularly in the morning. A mercurial foetor may now be observed in his breath, and white lines along the inside of his cheeks, corresponding to the junction of the teeth when the jaws are closed. On the seventh or eighth day the gums will be felt tender; and, on examination, a slight degree of ulceration will be perceived on their edges, while they will exhibit, at the same time, a whitish appearance. If the mercury, either internally or externally applied, or combined in both ways, is continued in the same doses, profuse salivation may now be the consequence; and this inconvenience is best avoided, as



soon as the indications I have mentioned are apparent, by diminishing the doses to one-half. But in some persons these indications never occur, whatever be the quantity of mercury employed. In such instances we can only judge that the system is under its influence, by the pallid countenance of the patient, and the general fever which affects him, with, perhaps, a strong tendency to perspiration both by day and night.

At the time when a protracted and severe course of from six to twelve weeks' duration was prescribed for every form of venereal complaint; and that the most trivial symptoms, such as are now found to yield, in general, to judicious treatment in ten days or a fortnight, without mercury, were subjected to this barbarous management; it was incumbent on the prescriber to use it externally, for no bowels under heaven could bear the quantity necessary to keep up a salivation for such a lengthened period—hence the general practice of introducing mercury by the skin. But it has of late fallen greatly into disuse, as most patients express their abhorrence of the filthiness of the process, and the quantity usually now prescribed, even by *downright mercurialists*, is not one-fourth what it amounted to twenty-five years ago; so that patients can bear well the internal exhibition of the doses now thought sufficient to remove their complaints. I, therefore, never direct frictions, except when either the patient has very delicate stomach and bowels, or is so exhausted by previous



disease (no matter of what nature), that it would be imprudent to risk their disturbance by the internal exhibition of mercury—or when my object, in consequence of the urgency of symptoms, is to introduce that medicine as rapidly as possible into the system; and, therefore, I combine its external with its internal exhibition. Iritis is the only venereal symptom, when endangering vision, for which I am anxious for the rapid introduction of mercury; and for this affection, along with the friction of mercurial ointment night and morning, I frequently prescribe a couple of grains of calomel, protected by opium, every third or fourth hour, until tenderness of the gums is obvious. This preparation I prefer, because it seems to possess the power of affecting the system more rapidly than any other. But under the circumstances adverted to, I have always found advantage, as has been already mentioned, in having recourse in the first instance to venæsection, with the double view of the antiphlogistic effects of the measure, and of facilitating the introduction of mercury into the system. Indeed, I have seen instances in which even full mercurialization did not produce any beneficial effects on the inflamed iris, until the whole frame seemed to feel the debilitating influence of a large general depletion.

I ought to have observed, that under any circumstances for which we deem a mercurial course requisite, if the patient is of a full habit, it will be prudent, and even necessary, to reduce his powers be-



fore we begin the course by the exhibition of one or two purgatives and an abstemious plan of diet, or even by venæsection, if he is of an inflammatory habit; by which means we best obviate the ill effects that, in such a constitution, the peculiar fever caused by mercury might produce.

Another point to which I beg to call your attention is, the necessity of confining your patient to the house during a mercurial course (except the weather happens to be particularly mild), and so strongly am I convinced of the propriety of this advice, that, where this injunction cannot be complied with, I deem it better, even though the use of mercury be strongly indicated, to dispense with it altogether, and have recourse to other measures, than to exhibit it while the patient is exposed to our cold and variable climate. Many injurious consequences arise from this imprudence on the part of patients, amongst which I would particularly call your attention to a very frequent one, viz., inflammation and swelling of the fauces, attended sometimes with ulceration; the nature of which, whether arising from a venereal poison, from mercury, from cold, or from a combination of all these causes together, is not, at times, a very easy matter to determine.

The period in which it will be necessary to continue a mercurial course will depend upon its effects on the symptoms. If there are only primary ulcers to contend with, it is usual to persevere until the indurated base of the chancre is dispersed; but this



often requires six or eight weeks, or even longer. But should it remain obstinate after a course duly conducted of six weeks' duration, I should scarcely feel myself justified to persevere beyond this period. The late Professor Delpech mentioned to me that he was in the habit of destroying this induration of chancre, with common caustic, without ever having experienced any ill effects from this practice ; several successful instances of which he pointed out to me in the hospital under his charge, at Montpellier.

M. Ricord speaks highly of proto-ioduret of mercury, which he seems to prefer to all the other preparations of that mineral ; and certainly it combines in the same substance two powerful medicines, each of acknowledged utility in the cure of venereal diseases. He usually exhibits in combination with it extract of henbane, giving a grain of each in a pill every night. At the end of a week he gives a pill night and morning, and afterwards, should the medicine agree, it is repeated morning, noon, and night. I have given this combination in the doses mentioned by M. Ricord, in numerous cases, where a mercurial was indicated, with much advantage ; but particularly so for affections of the bones. It is never my object to excite salivation, always feeling satisfied by producing a tenderness and slight salivation of the edges of the gums.

If the patient is affected at the same time with chancre, an eruption of lepra or psoriasis, and ulcers



in the throat, I have always remarked that these secondary symptoms yielded much more rapidly to the mercurial treatment than the indurated base of the chancre. So that secondary symptoms in the soft parts, contrary to the received opinion, do not, as far as my experience extends, require a more protracted course than the primary affection. But it is far otherwise with respect to the disease in the hard parts. The bones, from their organization, are affected with more difficulty by mercury than the soft parts, and, therefore, nodes in general require a much longer course to cure them than affections of the skin and throat. We should, however, not trust, in their management, to mercury alone; they are frequently, from the inflammation of the periosteum, accompanied with most acute pain; on which account, leeching, followed by blisters, are usually attended with great relief. Should these measures not succeed in affording ease, I never knew a free division of the inflamed periosteum down to the bone, with emollient poultices afterwards, to fail.

These observations apply to nodes arising from the pustular or phagedenic forms of venereal, as well as to that under consideration. It is remarkable, however, that of late years I have not met with any case which required this severe measure. If a simple enlargement of the bone remains, after a judicious course of mercury, unattended with pain or tenderness on pressure, it will be unnecessary to at-



tempt its discussion, as it will probably remain for life without any mischievous consequences. The same observation applies to those dusky discolorations of the palms of the hands and soles of the feet which reappear repeatedly in those who have had secondary symptoms. If they are unaccompanied by other complaints, and that the patient is apparently in the enjoyment of good health, I should not give myself much trouble about them, as I know they will resist severe courses of mercury, and the remedy in such a case is truly a hundred times worse than the disease. I always leave them, in a great measure, to the powers of the constitution, assisted by sarsaparilla, in conjunction with the hydriodate of potash. The same observations also apply to those small ulcers and smooth elevations of the tongue, inside of the cheeks, and interior of the lips (accurately represented in these drawings), which recur frequently even after the most severe courses of mercury. They may return, occasionally, for years, exciting in the patient more mental than bodily uneasiness; but there would be bodily uneasiness enough were we to inflict a mercurial course as often as they make their appearance.

These latter affections are common to the pustular, phagedenic, and scaly forms of disease, and the reason that there is no characteristic distinction is, in all probability, owing to the texture of the parts affected, which cannot display, like the cutaneous surface elsewhere, the peculiar characters of an



eruption—a remark which is also verified by those soft elevations, termed condylomata, which are produced when one portion of skin is in contact with another, and exhibit always the same characters, no matter what the eruption may be with which the patient is affected.

The falling off of the hair and nails is also a symptom common, perhaps, to all the forms of venereal; but I have only observed it in the three more severe forms, and do not recollect to have seen it in any instance as a consequence of the papular disease. The separation of the nails in venereal patients is analogous to the desquamation of the cuticle in eruptions; but, as Mr. Hunter observes, there cannot be here that regular succession of nails as of cuticle. This affection of the nails, to which the hands and feet are equally liable, constitutes the disease termed venereal paronychia.



## LECTURE VII.

*Veneral Disease in new-born Infants.—Symptoms of—the Eruption always scaly—Mode of Prevention considered—Treatment.—Diseases arising from the Use of Mercury—1st. Mercurial Phagedæna ; 2nd. Excessive Salivation ; 3rd. Dropsy ; 4th. Mercurial Erethismus ; 5th. Mercurial Eczema.—Summary of the Symptoms and Stages of Venereal Diseases, for which the Mercurial Treatment is applicable.—Consideration how far Mercury is of Use in preventing Secondary Symptoms.*

GENTLEMEN,—The observations at the conclusion of my last lecture, relative to those symptoms and appearances which are common to all the forms of venereal diseases (the papular excepted), naturally lead me to speak of that of new-born infants ; for no matter what form of disease with which the parents had been afflicted, if the malady is transmitted to the offspring, it always, as far as my experience extends, exhibits upon the latter the uniform character of scaly, scabby, deep-red, or copper-coloured spots about the anus, genitals, inside of the thighs, and on the face. With respect to the latter situation, they are most apparent about the mouth, where, at the angles of the lips, they frequently degenerate into superficial ulcers. These appearances of the disease, so admirably delineated in



the drawings before you, do not usually occur until a period, varying from one to five or six weeks after the birth of the child. If the disease is not checked, the mucous membrane of the mouth and nose becomes affected, as indicated in the former, by apthous ulcers which extend down the fauces, and in the latter, by a thin sanious discharge, which flows from the nostrils. The hoarse voice of the infant, when it cries, betrays also the extension of the disease to the mucous membrane of the larynx. Deep excoriations or superficial ulcerations occur upon those parts of the tender skin of the child where it naturally forms folds, as on the neck, and between the nates and thighs; emaciation follows, and death soon ensues if recourse is not had to appropriate doses of mercury, exhibited either immediately to the child, or mediately through the milk of its nurse. This remedy seems to act like a charm in amending or curing the venereal disease in infants.

In this satisfactory result, from the exhibition of mercury, we recognize a conformity to that apparent law of venereal poisons to which I have had so often occasion to advert, viz., that no matter the form in which an eruption may commence, whenever it becomes scaly, it will yield in the most satisfactory manner to the influence of mercury. Now, whether the disease in the parents might have belonged to the papular, pustular, phagedenic, or scaly form, it will be out of our power, in the great majority of



instances, to ascertain ; but, for the reason just assigned, this is of no consequence in a practical point of view, as the eruption in the child exhibits the scalliness, as exemplified by those drawings, which the papular, pustular, and phagedenic eruptions display in their last stages. The reason why the eruption may thus evince a different character in the offspring, from that originally displayed in the parent, is satisfactorily accounted for on another law of morbid poisons adverted to in my first lecture, viz., that the poison, in passing through the frame, gradually loses its specific properties, or, in other words, yields to the powers of the constitution : thus the virus of a secondary ulcer is so little infectious, that the majority of practitioners deny that it possesses any poisonous quality at all ; and I have sufficiently shown, that the sign of a declining or exhausted disease, is the transition of a papular, or a pustular eruption, into a scaly one. Now, the poison which produces the symptoms of venereal in new-born infants is subjected to the exhausting powers of the parents' constitution before it displays itself in the offspring. Hence before it appears on the surface of the latter, it has to be transmitted in its secondary state through two systems, and thus becomes so exhausted that the eruption, under the views so often adverted to, is therefore found to be scaly in new-born infants.

In the fourth volume of the Transactions of the Association of the College of Physicians, is a valu-



able communication from the late Dr. Beatty of this city, on the subject of the venereal disease in the foetus in utero; from which we learn, that the author suspecting this malady to be the cause of those frequent abortions of dead and putrid children which occur so frequently about the seventh or eighth month of pregnancy, subjected, in several instances, both parents to a mercurial course, notwithstanding the absence of any sign on either of a venereal taint. But we are informed that the measure perfectly succeeded, and that those thus treated had afterwards healthy children at the usual period. Although it is very questionable that any venereal virus was the cause of those premature confinements by occasioning the death of the children, as the easy separation of the cuticle, from a putrid foetus, affords no proof (which was the only reason assigned for the suspicion), yet the fact that mercury prevented their recurrence is, in a practical point of view, of great value. I have, however, in several instances, seen mercurial courses inflicted under similar circumstances, without witnessing similar beneficial results; and I know that other practitioners have experienced the same ill fortune from the adoption of this measure. If, however, under the circumstances adverted to, there were any certain symptoms of a venereal taint present on either of the parents, I should highly approve of a mercurial course. The inference, that the disease must have been venereal, which caused the abortion in the instances adduced by Dr. Beatty,



because their recurrence was prevented by the use of mercury, is not, however, very logical. We might as well attribute it to any of the various diseases, for which mercurialization of the system has been found advantageous; for no other reason is assigned for the opinion that a venereal poison occasioned these premature confinements, except the easy separation of the cuticle from a putrid child.

The treatment of an infant affected with venereal, consists either in subjecting its nurse to a mercurial course, by which means the remedy is introduced in the gentlest manner into the system of the child—or else to exhibit to him at once the mildest preparation of mercury, the hydrargyrus cum creta, in doses of two or three grains, thrice a day—which direct method of introducing the remedy answers every purpose; and, as far as my experience extends, is not productive of bowel irritation, or other mischievous consequences, although continued till all the venereal symptoms disappear.

I shall now make a few observations on the morbid or peculiar effects upon the system which often arise from the use of mercury. These it is necessary you should be well acquainted with; for a perseverance in this medicine, after their occurrence, might be followed by the most injurious or even fatal results. Mercury may, therefore, be esteemed a powerful instrument in judicious hands capable of



effecting the greatest benefits; but, when wielded by the ignorant or injudicious, is equally capable of producing the most injurious inflictions. When mercury was more extensively employed than at present, the peculiar diseases which it is capable of inducing were of every day's occurrence. The first I shall notice is mercurial phagedæna, which, however common it was twenty-five years ago, is now scarcely ever met with. In the Lock Hospital, at the period to which I allude, it was extremely frequent, and was easily recognized by the peculiar fiery red appearance of the sore or ulcer which it attacked. It spread with such rapidity that I have seen an ulcerated bubo in the groin, for instance, extend in all directions, downwards on the thigh, and upwards, as far as the umbilicus, in the course of ten or fourteen days. Sometimes it extended inwards, and thus an ulcerated bubo, affected by mercurial phagedæna, often endangered the safety of the femoral artery, which might be seen beating frightfully at the bottom of such an ulcer; and, notwithstanding the power which an artery possesses naturally of resisting the progress of ulceration, it has sometimes given way, and destroyed the life of the patient. Nothing is required to stop the ravages of such an ulcer, but to discontinue the further use of mercury, and allow the patient to breathe pure air devoid of all mercurial impregnation.

Excessive salivation and swelling of the tongue are, in some persons, particularly in those who have



been habituated to mercury, often produced by even the smallest doses of that mineral. The tongue will swell in those cases often to so great a degree as to threaten suffocation, and the patient may even become comatose from the same cause. Should this be the case, the danger is urgent, and must be met by active measures. It may be necessary, therefore, to take blood both from the arm and from the tongue itself by deep scarifications into its substance.

The offensive discharge of saliva from the mouth, mixed with that of the mercurial ulcers, usual under such circumstances, is best corrected by lotions of chlorate of soda of such a strength as the patient can bear. The bowels should, at the same time, be kept free by gentle aperients. In milder and ordinary cases, a solution of nitrate of silver, in the proportion of from three to six grains to an ounce of distilled water, applied frequently to the ulcers of the tongue and cheek, is the best application to dispose them to heal. But nothing can be more wretched or harassing than the situation of a patient affected with excessive ptyalism. His lips and cheeks are swollen—his tongue is protruded from his mouth—he is incapable of even complaining of his miseries, as he cannot, fortunately, perhaps, for his medical tormentor, even utter a word; and, in this miserable predicament, he may remain for weeks, more dead than alive, with his head hanging over some vessel to receive the saliva which flows in a



continued stream from his swollen and ulcerated mouth ; from which hæmorrhage often takes place to a considerable extent, and is usually attended with some relief. The sides of his enlarged tongue become ulcerated and indented from the pressure of his teeth. Formerly, in the Lock Hospital of this city, it was not unusual, after a severe salivation, to see patients unable to speak in consequence of permanent adhesions between the tongue and the cheek, which parts lying in contact with each other, during their swollen and ulcerated state, had granulated and fastened together.

A dysenteric affection of the bowels is not an unfrequent companion of this excessive ptyalism, particularly at its commencement. Swallowing is attended also with great pain and difficulty, so that this accumulation of miseries, thus artificially induced as a remedial measure, often brings the life of the patient into most imminent danger. Patience, aided by opium, to relieve irritation, if there are no comatose symptoms present—frequent ablutions of a diluted saturated solution of chlorate of soda (1 to 12 of water) to correct the fœtor of the discharge—the application of the solution of nitrate of silver (from 3 to 6 grs. to ℥i. of distilled water) to the ulcers of the tongue and cheek, by means of a camel's hair pencil, or lint on the end of a probe, are the local measures most to be depended upon. The patient may also wash his mouth frequently with weak brandy and water, or barley water aci-



dulated with muriatic acid, and sweetened with honey. These measures, with a constant admission of pure air into the sick man's chamber, are all that can be done to relieve a wretchedness so oppressive, that, many a time I have heard patients say they would sooner die than undergo again such an ordeal; and well might they say so, for it requires great powers of constitution to endure even the remote consequences of this ordeal, from which delicate persons may never recover. Fortunately for mankind, few professional men *now* think of inflicting it intentionally on their patients. Salivation, however, sometimes occurs accidentally from a peculiar susceptibility in some persons to receive the influence of mercury. No practitioner, I believe, now thinks he has not given a sufficient quantity of mercury, until he forces his patient to spit from one to two quarts a day. But such were the general directions usually given even within the last five and twenty years; and often have I seen patients thus treated, after months of suffering, rise from their beds with shattered frames and broken down constitutions, and still uncured of their venereal complaints, notwithstanding all the inflictions they had endured for their removal.

Anasarca swelling of the legs, followed by ascites and general dropsy, is by no means an unfrequent occurrence in those whose constitutions have been harassed by repeated courses of mercury. Whenever such an appearance occurs, it should



warn you not to give another grain of mercury, but to adopt such measures as are best calculated to recruit the broken down constitution of your patient; and I believe for this purpose country air and generous diet will be found more effectual than medicine. It is in general necessary, however, to stimulate the kidneys, should they appear to fail in the performance of their duty; and for this purpose, both as a diuretic, tonic, and anti-venereal, I know of no medicine so appropriate as nitrous acid taken in such doses as will agree with the stomach: to which may be advantageously added a drachm of nitrous æther on retiring to rest every night.

Besides the usual and characteristic local and constitutional effects of mercury, there are two singular affections which not unfrequently attend its use. The one is the *erethismus mercurialis* described by Mr. Pearson, and the other is a peculiar eruption, which has received different appellations from the authors who describe it. These diseases are not dependent upon the quantity of mercury employed, or upon the preparation, or mode of administering that remedy, but seem rather to arise from a peculiarity of constitution in the patient; the cause of which, in our present state of knowledge, is not likely to be discovered.

These morbid affections, like every other occasioned by mercury, are now seldom to be seen. But as the two under consideration are more owing to some peculiarity of constitution in the patient



than to the quantity of mercury employed, they are more likely to occur than the morbid affections already considered. The erethismus described by Mr. Pearson is marked by great debility and depression of spirits, a pallid countenance, and a small, fluttering pulse, the slightest movement almost occasions syncope, and is even attended with danger to life. I have seen patients die of it in the Lock Hospital merely from the exertion of walking across the ward, or even sitting up in their beds. In fact, mercury seems, in such cases, to act as a poison upon the system. Minor degrees of this affection are not unfrequently met with ; but whenever you observe even a slight tendency to this state of debility, from the exhibition of mercury, you ought instantly to discontinue its use, and desire your patient to enjoy the open air either on foot or in a carriage—a free exposure to which is sufficient, in most instances, to avert the formidable symptoms detailed. If there is a great sense of weakness, however, the exhibition of wine, camphor, and ammonia, as auxiliaries, will be found of service.

The other disease called, by Dr. Bateman, *eczema rubrum mercuriale*, was first made known by the publication of my late friend, Sir George Alley, who called the disease *hydrargyria*. I feel it, however, not only a satisfactory duty but a pleasure to state, that the first detection of this disease, arising from the use of mercury, is due to Mr. Henthorn, who held the situation of Senior Surgeon to the



Lock Hospital of Dublin from its first establishment to his death. Sir George Alley, as well as Dr. M'Mullen, who afterwards published on the subject, were pupils of the Dublin Lock Hospital, and acquired from Mr. Henthorn their knowledge of this disease.

At the time I became a surgeon of this extensive hospital in 1810, all patients, on admission, were subjected, without discrimination, to the one and only remedy—mercury; and it must be admitted, therefore, that no institution could possibly be better adapted, as a field of observation, to ascertain the beneficial, as well as the morbid effects of that mineral. The eruption, which Sir George Alley described under the name of hydrargyria, was, until the discovery of Mr. Henthorn, supposed to be venereal, and, therefore, whenever it occurred, instead of discontinuing the cause of the affection, it was exhibited in still greater excess. The consequence may readily be anticipated—the patients became worse, and worse, and many, after great suffering, actually died of a complaint, from which they would have recovered by simply discontinuing this medicine, and by exposure to the refreshing and invigorating effects of pure air. The eruption, in question, is vesicular, of a red colour, something between the shades of scarlatina and rubeola, and, therefore, called *eczema rubrum* by Dr. Bateman. It usually commences on the insides of the thighs, or axillæ, and from these parts extends rapidly (if

\*  
*eczema m.*



mercury, its cause, is continued) over the entire surface, attended with considerable fever. The eyes become inflamed—the fauces are also affected, and there are pain and difficulty in swallowing. This eruption desquamates in some places, while in others, particularly between the thighs, on the scrotum, groins, and in the axillæ, or wherever the skin is in folds, it pours out a thin serous fluid of a most disgusting odour. The incrustation of this discharge, as the disease declines, mingled with the exfoliations of the cuticle, forms flakes of a bran-like appearance, which are strewed over the patient's sheets; but the separation of the cuticle on the hands and feet is so remarkable, that, from the former, I have seen it come away so entire as to resemble a glove.

This disease, which runs to the most formidable extent, even to the destruction of life, if mercury should be persisted in, will rapidly disappear by mere attention to cleanliness, pure air, and the antiphlogistic regimen. It is not owing to the preparation or to the quantity employed, but, like the *erethismus* described by Mr. Pearson, appears to arise from some idiosyncrasy or peculiarity of constitution in the patient. I have often known a few grains of calomel or blue pill to produce this eruption, and even knew one instance in which indications of it would occur from the use of black wash on a primary ulcer.

It is exceedingly difficult to point out, with any precision, the signs that mercury is not acting as a



remedy, but as a poison, upon the system. When primary ulcers, instead of mending, become painful, and are spreading under its use, we may infer that this is the case. When signs of that state, which Mr. Pearson describes as mercurial erethismus, indicated by a quick small pulse, palpitations, and great debility are present, we may infer that mercury is acting as a poison on the constitution, and cannot with safety be continued. Mr. Key, in his excellent Report of Primary Cases in Guy's Hospital, to which I have already alluded in my first lecture on venereal diseases, justly observes respecting the propriety of persevering in the use of mercury, that "he knows of no rules that can be laid down for the guidance of the practitioner, except such as are so general, that they can hardly serve as rules; they are rather principles than rules; and where the straight line of action afforded by a rule fails—as in this, and, indeed, every other disease, it occasionally does—principle comes to our aid, as a never-failing guide. In the employment of mercury, its power of exciting the irritability of all the organs of the body is to be borne in view, and jealously watched. Its action on the heart and nervous systems, and, through them, on the functions of all the organs of the body, both nutrient and reparative (for no organ is withheld from its influence), is to be carefully noted; lest, while it quickens all the organic actions, their energy and strength are not exhausted in proportion to the increase of



their irritability. *Every individual is affected by this remedy in a manner peculiar to himself; nor is it easy to foresee how it will act on any individual constitution.*"

I shall now conclude this lecture by a brief summary of the symptoms and stages of all forms of venereal which I conceive require the employment of mercury :

1st. If cases of the simple primary ulcer of the papular venereal disease do not yield to rest, the antiphlogistic treatment, and astringent washes, after the third or fourth week I usually give mercury in alterative doses, in the same manner and with the same views as I would exhibit it for any indolent ulcer which is not venereal; but this is seldom or never necessary.

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

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

4th. When nodes arise, which usually commence with inflammation of the periosteum, if iodine fails, I also give mercury so as to produce tenderness and slight ulceration of the gums, but prefer the iodide to any other preparation; and, in the two last instances, it is exhibited on the principle, that there



is no process so powerful in checking periostitis or inflammation of any membranous part, as mercurialization of the system. }

5th. In the phagedenic form of venereal disease, I may safely say, that I have almost always found, sooner or later, the exhibition of mercury prove to be injurious. For primary ulcers, invariably so, and the same may be observed while the eruption continues to present the form of rupia, or tubercles. But after the disease has existed for months or years, when each succeeding crop of eruption has a tendency to change its character into that of scaly tubercles, alterative doses of mercury may, *perhaps*, be of use ; yet, of this I am very doubtful, for I have seen, even in this exhausted state of the disease, more relapses than perfect cures by mercury, exhibited either in full or alterative doses, under the most guarded and judicious mode of administering that medicine. In such cases I place much more reliance upon the administration of hydriodate of potash, in conjunction with sarsaparilla. When the presence of nodes indicates the utility of mercury, I restrain myself from its exhibition should rupia also be present, from experience of its injurious effects on the general disease, under this form of eruption : and even when extensive ulceration of the fauces, engaging the velum, tonsils, and entire pharynx, seems to threaten the life of the patient, I would try every method likely to succeed, before I should have recourse even to



mercurial fumigations, for fear of mercurializing the *entire system*, although well aware of the benefit often arising from their use as a *local remedy*. I have found mercury, in every stage of the phagedenic venereal disease, to be a most deceitful and destructive drug; for, although symptoms may amend for a brief period under its use, and flatter both patient and practitioner that a speedy cure is at hand, yet, almost to a certainty, new symptoms will arise to disappoint those sanguine expectations. If mercury is at all admissible for this form of venereal disease, it is, as I before observed, when the malady is obviously on the decline, and when the eruption has assumed the appearance of scaly tubercles or blotches. This observation equally applies to the pustular form of venereal disease.

6th. For the true Hunterian chancre, with hardened edge and base, and for the scaly eruption, either lepra or psoriasis which attends it, as well as the deep excavated ulcer of the tonsils, nodes, and other symptoms belonging to this form of disease, mercury may be esteemed a certain and expeditious remedy; and the reason of the necessity of exhibiting mercury seems to be, that both in its primary and secondary symptoms there is but little or no accompanying inflammation or fever as in the other forms of those maladies. Hence, perhaps, the utility of raising artificially a fever in the system, to overcome the morbid effects of the poison. I have no doubt, however, but that even this form of



venereal may yield to other remedies, or even to the unassisted powers of the constitution. But from the few instances I have seen treated on the antiphlogistic plan without mercury, so long a period elapsed before recovery took place, that it is not likely this remedy will ever be generally omitted in its treatment.

From this statement of my views, you perceive that it is only in cases of the true Hunterian chancre, with hardened edge and base, that I prescribe mercury with the intention of preventing the accession of secondary symptoms; but, in consequence of the unfrequency of this primary ulcer, it is therefore seldom required in my practice. I cannot, therefore, from my own experience, advance any facts calculated to answer the question—whether mercury has or has not the power of preventing the accession of constitutional symptoms in *all the forms* of venereal, except in one, *the scaly*? Respecting this form, I can state positively that it does possess this preventive power; for I have seen secondary symptoms so frequently follow the Hunterian chancre, in which the induration was not removed by mercury, that I have no doubt of the truth of my affirmation. But that mercury does not possess a similar power of prevention in the other forms of venereal, I infer from general reasoning; for as it is incapable of curing these forms, we must naturally conclude that it cannot prevent the accession of their constitutional symptoms. It would, however, be expect-



ing too much, to hope that practitioners will in general relinquish their early prepossessions in favour of the preventive powers of mercury, and follow my example, by only exhibiting it in cases of indurated chancre; and although I might cite, in support of my views, numerous incontrovertible testimonies from military practice (by which, for obvious reasons, this question must be finally decided), I shall content myself at present by placing against each other the opinions of two practitioners who have applied themselves to the subject. In favour of the preventive power, M. Bacot says, "that secondary symptoms occur in the proportion of at least one in ten in those cases where no mercury is used, whilst, on the contrary, the proportion of such cases is only one to seventy-five, where that remedy has been employed." Now, against this opinion, so peremptorily given on a question still *sub-judice*, I shall cite the experience of Doctor Fricke, Surgeon of the Great General Hospital at Hamburgh, as reported by Doctor Graves, in his lecture, inserted in the *Medical Gazette*, for January, 1839. "With regard to the certainty of cure, so far as the mercurial treatment is concerned, we must say with many of our unprejudiced colleagues, that syphilis very often returned in the secondary form, *after the most cautious use of mercury, the most careful selection of the preparation, the strictest attention to diet, and a proper observation of precautionary*



*measures. Of 573 patients, 165 (i. e., nearly one-third) were attacked with secondary symptoms; all these were treated with mercury for the primary symptoms," &c.* To those who still place implicit faith in the preventive power of mercury, I beg particularly to call their attention to the words of this quotation marked in Italics; for here no loop-hole is allowed for escape by the insinuation that the specific was not duly and properly administered. But, after all, the question may not be of much moment, for ere long practitioners must see the folly of subjecting all venereal complaints to the same sweeping rules, of either administering or withholding mercury in every form and stage of these diseases.

We should also recollect, as bearing on the question of the propriety of exhibiting mercury with the view of preventing the accession of secondary symptoms, that in the Report of the Army Medical Board, in 1819, although a much larger proportion of those non-mercurially treated had secondary symptoms, than those treated *with* mercury, yet the Report states that in the majority of these instances there were good grounds for believing that *the constitutional symptoms "were more severe and more intractable than when mercury had not been used for the primary sore; and that, on the contrary, every man treated without mercury, had been fit for immediate military duty on dismissal from the hospital"*—that the averaged period for the cure of



primary symptoms, *without* mercury, was twenty-one days; and, *with it*, thirty-three days. So that even on this early report, we find the advantages resulting from a smaller proportion of secondary symptoms under the influence of mercury, is more than counter-balanced by the shorter period required for the treatment of primary symptoms, the unimpaired health of the patients, and the mildness of the secondary symptoms, when they did occur—important advantages attendant upon the non-mercurial mode of treatment.

Various reports have been from time to time published, both from civil and military surgeons, which would induce us to believe that mercury has not the power attributed to it (except in the true Hunterian chancre), of preventing the accession of secondary symptoms. Thus, Doctor Green, in his excellent paper on the treatment of syphilis without mercury, inserted in the 2nd vol. of the Transactions of the Provincial Medical and Surgical Association, states that out of one hundred cases treated without mercury, constitutional affections followed in nine instances only, and that these were remarkably mild. He, therefore, “*thinks its use in primary symptoms should be given up altogether, at least until there appear some indications for its employment.*”

Reports from regimental surgeons have also occasionally appeared in the medical periodicals, since the military report of 1819, just mentioned, re-



specting the comparative occurrence of secondary symptoms on the two plans of treatment; from which it appears, that even a smaller proportion of secondary symptoms can *not* be attributed to the mercurial treatment; while all reports agree, that when they do occur in cases *non-mercurially* treated, they are much milder and more manageable than when mercury has been exhibited. This question will, however, I trust, soon be put to rest, by the publication of the numerous reports with which, I understand, the shelves of the Army Medical Board are loaded, and which the distinguished head of that department, Sir James M'Gregor, will not fail to make known to the Profession(*a*).

(*a*) From the following important and satisfactory letter of Mr. Wilde to Mr. Carmichael, on the treatment and statistics of venereal diseases in the Great Hospital of Vienna, for the year 1840, we learn,

1st. That no mercury whatsoever is employed in the treatment of primary venereal ulcers.

2ndly. That one in nineteen had secondary symptoms; but their secondary symptoms were mild, and in general of the papular form of disease, "rupia and affections of the bones, testes, &c.," being seldom seen. Had mercury been employed for the cure of the indurated chancre of Hunter, as advocated by Mr. Carmichael, and subsequently by M. Ricord, we may infer that the proportion of primary followed by secondary symptoms, would have been still farther reduced.

3rdly. That the phagedenic disease, either in its primary or secondary state, was a rare occurrence; hence caries of bones of the nose was not met with.



If army surgeons, in their reports on venereal affections, were to particularize those chancres which are attended with a hardened edge and base, and report (no matter how treated), whether or not

4thly. That venereal diseases have of late years, since the non-mercurial practice was introduced into Vienna, become much milder and far less fatal than formerly.

“The exuberant growth of primary ulcers,” mentioned by Mr. Wilde, is probably nothing more than that fungous state which takes place in *venerola vulgaris* in the second or third week. But the great prevalence of condyloma, which is considered in Vienna to be a primary affection, must be owing to some circumstances unusual in this country.

“199, *Brunswick-street*, 12th February, 1842.

“MY DEAR SIR,—In answer to your letter of the 9th inst., relative to my observations on the venereal diseases treated in the Great Hospital of Vienna, I have much pleasure in furnishing you with the following statement, which I have drawn up from notes made upon the spot last year. The information it contains was derived from the most authentic sources—from the statistical records of the Syphilitic Chirurgies; from the manuscript reports furnished by the hospital to the Austrian Proto-medicus, or General Medical Director; from the accounts of the medical attendants of the establishment; and from my own observations of the disease in above 500 cases, during an attendance of four months upon the venereal wards of the civil and military hospitals.

“On the whole, the disease is very much milder in Vienna than it is with us. In the primary sores, the difference is very marked; true chancre is very rarely seen, and phagedæna and sloughing ulcers of the genitals comparatively unknown. It is, however, among the secondary forms of syphilis that the



they were succeeded by constitutional symptoms, and what the character of the eruption (if any) was, which followed them; great light would be thrown on the subject, and facts ascertained with

stranger, particularly if an Irishman, perceives the most decided difference; affections of the throat and papular eruptions are the most common, but with less severe nocturnal pains than in this country; the pustular form, the spreading syphilitic sore, rupia and disease of the bones and testes, &c. &c., are very seldom seen; rupia indeed, was, I found, only known from English descriptions of it. In the primary affections, I was much struck with the prevalence of condyloma. While with us a venereal sore will cause frequently a great loss of parts, in Austria it throws out an exuberant growth. Out of the 2125 cases in the accompanying table, 494 were condylomata; of the three cases of bubo that died in the female wards, two were from gangrene and one from peritonitis. The term, general syphilis, applies only to cases where nodes, pains in the joints, and eruption are present. The 494 cases of condyloma were unaccompanied with gonorrhœa or chancre. Syphilitic iritis is a disease almost unknown in Vienna; I did not see three well marked cases of it during my stay, although in constant attendance on the Ophthalmic Chirurgies, as well as the syphilitic wards of both the civil and military hospitals.

“Inoculation is not allowed to be practised, as in Paris. I find, both upon inquiry from the heads of the Lying-in Hospital and from the statistics of above 27,000 births among the lower orders, now in my possession, that infantile syphilis is exceedingly rare; and Dr. Helm informs me, that abortions from that disease are hardly known. Of affections of the nose, &c., I saw none, and but one case of caries occurred in 2151 cases.

“Doctors Meyer and Giegl, the attending physicians of the male and female venereal wards, in their last Report to the



certainly, of great practical importance. But in deciding upon the character of the primary ulcer, let both the surgeon and his assistant agree that it possesses that hardness which Hunter so appropriately compares "to a piece of cartilage under the skin;" and if it does not possess this degree of induration, let it not be reported as true chancre: for, by not attending to this definition of Hunter, scarcely two surgeons are agreed with respect to the characters of this primary ulcer; and I am certain that the

general Hospital Direction, state that at present the disease has become so modified, that not more than one in nineteen cases have secondary syphilis; and it is generally acknowledged by the medical men of Vienna, that of late years the disease has become far less fatal than formerly.

*"Treatment.—Non-mercurial, and purely antiphlogistic in all the primary cases; confinement to bed, low diet; baths, purging, mild astringent lotions to the parts.*

*"Condyloma is looked upon as a primary affection, and very rarely believed to be followed by secondary symptoms.*

*"In the severe form of secondary venereal, mercury is given in very minute doses, in the form of the Decoct. Zitmanici, made by boiling a drachm of calomel in about four quarts of Decoct. Sarsaparillæ (if there is any mercury in this odd compound when filtered, it must be considered as homœopathic), or the Decoct. Sarsaparillæ with Hydriod. Potassæ is used. Blue Pill and rubbings are unknown.*

*"Solutions of the Nit. Argenti are used to facilitate the healing of indolent chancres and condylomata. Spirit of turpentine is much used in gonorrhœa.*

*"Let me congratulate you not only on the reputation your valuable work on Venereal has in Vienna, but upon the benefit you have conferred upon your fellow-men, in the reformation*



late Mr. Hennen was in error when he asserted that by irritating any sore, venereal or not, he could occasion this characteristic hardness ; for, though by irritation we may cause a fulness, and even some degree of induration, yet I assert that nothing but the influence of the morbid poison from which chancre originates, can occasion that characteristic hardness described by the discriminating and accurate Hunter.

brought about by the non-mercurial plan of treatment, the efficacy of which I had ample opportunity of testing in Germany.

“ I have the honour of being, dear Sir,  
 “ Most sincerely yours,  
 “ W. R. WILDE.

“ *Report of Cases treated in the Syphilitic Division of the General Hospital at Vienna, in the Year 1840.*

DISEASE.	MALES.						FEMALES.						General Total.		
	Admitted.	Cured.	Uncured.	Improved.	Transferred.	Total Males.	Admitted.	Cured.	Uncured.	Improved.	Transferred.	Total Females.			
Chancre . . . . .	186	161	..	8	..	17	186	138	91	..	14	..	32	138	384
Condyloma . . . . .	111	98	..	2	..	11	111	383	288	5	..	36	..	54	383
Bubo . . . . .	211	166	2	..	11	2	211	69	47	..	4	3	15	69	280
Gonorrhœa . . . . .	267	247	..	7	..	13	267	159	115	3	..	21	..	20	159
Abscessus Labii . . . . .	..	..	..	..	..	..	..	11	6	..	..	..	5	11	11
Hernia Humoralis . . . . .	94	91	..	1	..	2	94	..	..	..	..	..	..	..	94
Testes Syphiliticæ . . . . .	3	2	..	1	..	..	3	..	..	..	..	..	..	..	3
Phymosis and Paraphymosis . . . . .	384	125	..	2	4	..	4	..	..	..	..	..	..	..	384
Angina Ulcerosa . . . . .	21	20	..	1	..	..	21	16	11	..	2	1	2	16	37
Eruptiones . . . . .	5	3	..	2	..	..	5	36	25	..	5	..	6	36	41
General Secondary Syphilis . . . . .	20	9	..	1	1	9	20	10	2	1	..	4	..	3	10
Caries . . . . .	..	..	..	..	..	..	..	1	..	..	1	..	..	1	1
Scrofula with Syphilis . . . . .	5	..	..	5	..	..	5	..	..	..	..	..	..	..	5
Total . . . . .	1307	922	2	2	43	3	76	1307	818	585	9	87	4	137	818

“ W. R. WILDE.”



## LECTURE VIII.

*Diseases most liable to be confounded with Venereal.—*  
1st. *Scrofulous Affections of the Nose, Throat, and*  
*Bones.* 2nd. *The Sivvens of Scotland, and Radesyge*  
*of Norway.* 3rd. *The Button-scurvy of Ireland.* 4th.  
*The Yaws of the West Indies.* 5th. *The Glanders*  
*in the Human Species.* 6th. *Phlegmonous and Erysi-*  
*pelatous Inflammation of the Organs of Generation.*  
7th. *Ulcus Erraticum of the Groins and Pubes.* 8th.  
*Herpes Preputialis.—Examination of Cases in Hos-*  
*pital, with Remarks upon each.—Mr. Carmichael's pri-*  
*ority of claims to the Merit of the anti-Mercurial Treat-*  
*ment proved by reference to Dates.*

GENTLEMEN.—In the foregoing details of the various symptoms of the different forms of venereal, I have noticed only those which arise from the morbid poisons in question, and have intentionally avoided the mention of those which are justly attributable to other causes, distinct or combined with venereal. Thus we often meet with large collections of serous or ill-conditioned matter in patients who have at the time indubitable symptoms of a venereal virus; or the affections of the throat and nose may be somewhat different from those described as venereal, and even eruptions may be more or less modified or changed from their usual characters. These modifications are in the majority



of cases owing to mercury, or scrofula, or to both combined. If the constitution has been much harassed by long-continued and repeated courses of mercury for a form of venereal which will not yield to that remedy; and particularly if this mismanagement has occurred in a scrofulous subject, such a variety of anomalous symptoms may arise as to bid defiance to any attempt at arrangement or description. The only chance the patient, under such circumstances, has of recovery is to discontinue mercury altogether—to go to the country, if possible to the sea side, where he may take sarsaparilla, in conjunction with hydriodate of potash, and have the enjoyment of a generous diet, and a pure atmosphere, untainted by mercury.

We should recollect, however, that scrofulous or highly dyspeptic patients, whose constitutions have not been disturbed by mercurial courses, are subject to ulcers of the throat and nose, and nodes of the bones, which often bear so strong a resemblance to those of a venereal poison, that nothing often but the extreme youth of the patient prevents them, in the hands of many, from being treated as venereal, and therefore doomed to undergo a mercurial course. The same obvious means of diagnosis not applying to adults have caused many an individual to lament a resemblance, which brought on him an infliction to the ruin of a constitution requiring the aid of invigorating, instead of the most debilitating of medicines. The history of the



case—the presence or absence of symptoms decidedly venereal—and that experience which a practised eye can alone possess, will enable you to discriminate in these doubtful cases, between the one disease and the other.

Not only scrofula, but many other disorders may be caused by bad diet, and impure air; but there is one in particular common in the high northern latitudes of Europe, which bears a strong resemblance to the phagedenic venereal disease, with this exception, that not being caused by a contagious virus, it does not exhibit any primary symptoms. Callisen, in his *Systema Chirurgiæ*, terms it *Lepra Septentrionalis*, and says that it extends from Norway and Sweden, to the shores of Iceland, the Feroe Islands, and to some provinces of Scotland, where most probably it constitutes the malady termed *siyvens*, of which I myself have seen many instances in Glasgow, and in the north of Ireland. In none of the cases which came under my observations, could the symptoms, though strongly resembling the secondary of the phagedenic venereal, particularly its attacks upon the nose, throat, and mouth, be traced to any primary affection. In Norway and Sweden, where the disease exhibits its greatest degree of violence, it is called *radesyge*. Dr. Holst, of Christiana, with whom I had the pleasure of conversing on the subject, published an account of it in 1817. He attributes the disease to the use of food of the most rancid description, con-



sisting of salt dried beef and pork, and semi-putrid fish without any vegetables or even bread, which is so scarce in those high latitudes, that the inhabitants are often obliged to substitute for it the pulverized bones of fishes. While subsisting on this wretched diet, they live in low, damp huts, in which both air and light are carefully excluded. The mode of curing this disease is analogous to that for sea scurvy, and consists chiefly in avoiding the exciting causes, and in the use of esculent vegetables, fruits, and vegetable acids.

There is a disease peculiar to this country termed button scurvy by the peasantry (I believe it has not, as yet, received any scientific appellation), the appearances of which you ought to be well acquainted with, as they might be mistaken readily for those of a venereal poison. The spots are convex, being more raised in their centre than at their circumference, and vary from the size of a silver penny to that of a shilling; exhibiting an unequal raspberry-like appearance. They are in general covered by a thick, tenacious lymph, which can with difficulty be removed. These appearances are accurately displayed in the drawings which I present to you, and from which you observe that they are thinly scattered over the surface of the body, but are more numerous on the inside of the thighs, and arms, and on the chest, near the axillæ, than on other parts. In fact, like venereal condylomata, *the tubercules muqueuses* of the French, they are more



frequently found where one skin comes into contact with another than elsewhere. These spots do not arise from vesicles or pustules, but make their appearance at once in the tuberculous form. They are not preceded or accompanied by any fever or disturbance of the constitution, and I never could ascertain that they were infectious, although they are thought to be so, by the country people, amongst whom it is alone prevalent, for I do not recollect ever having met with it amongst the artizans of the city, or the better orders of society; and yet it is so prevalent, that we are seldom without a case or two in hospital. It may continue for months, nay years, but yields with certainty to cleanliness, regimen, the frequent use of the warm bath, and the exhibition of Plummer's pill conjoined with sarsaparilla. The spots may, however, be distinguished from venereal, by not exhibiting, at any period, the deep red or copper colour, which characterizes the latter during their scaly, or declining stage; and also in not being, like them, raised at their margins, but on the contrary, being elevated in their centres, and exhibiting a convex surface.

Here is a drawing of the tuberculous or declining stage of yaws, a contagious pustular disease, common amongst the African population of the West Indies. It was taken from a man, admitted, some years since, into this hospital, immediately after his arrival from a West India island. This disease, which is very tedious, is actually rendered incurable.



ble, if interfered with in its early stages by mercury, but will yield, I understand, with certainty, to cleanliness, attention to regimen, and sarsaparilla.

Here are accurate drawings of the eruption caused by the poison of glanders in man. This dreadful disease has been only detected within these few years, in human beings, but must, as long as it existed in the horse, have been occasionally communicated to our species. Like typhus fever in man, it may arise in the horse either by contagion, or by a vitiated atmosphere impregnated with animal effluvia. Professor Coleman relates a circumstance which sufficiently proves the agency of the latter cause. "In the expedition to Quiberon, he states, the horses had not been long on board the transports, before it became necessary to shut down the hatchways for a short time only. The consequence of this was, that some of them were suffocated, and all the rest were *either glandered or farcied*." This dreadful malady, of which we have had several instances in this hospital, is usually communicated by the immediate inoculation of the virus from the animal into a cut or scratch on the hands of the groom. Inflammation from the inoculated spot in general extends along the line of the absorbents, and the arm sometimes swells with an erysipelatous flush, resembling that phlegmonoid tumefaction which occurs from wounds inflicted during the dissection of putrid subjects; and indeed the fever, as well as



general symptoms, bear a close resemblance to the fatal disease caused by wounds in dissection. There are, however, some symptoms peculiar to glanders in man. The mucous membrane of the nose and fauces is affected in him as in the horse, indicated in the former by the snuffing and swelling of the nose, together with difficult respiration. There is also in glanders in man a peculiar pustular eruption: the pustules are phlyzacious, that is, each is raised upon a hard circular base, and they possess this characteristic mark (well represented in these drawings, taken from patients in this hospital), *of a white margin round each pustule*. These pustules all evince a gangrenous tendency from their commencement, and often become completely spha-celated before the patient dies. The greatest debility, with tendency to syncope, attends this malady from its commencement. The tongue is tremulous; the pulse is thread-like and fluttering; and low muttering delirium, with coma, closes the scene in a few days from the invasion of its terrific symptoms. This highly contagious disease is communicable from one human person to another, as is too well illustrated in the statement of the case which I hold in my hand, communicated to me by Mr. Thomas Kerns, of the county of Galway, formerly a pupil of this hospital; in which is related an instance of a father and son, who died of the disease, the latter having caught it while attending his father, who had, at the time, a great number of pustular ulcers.



These patients were under the immediate care of Mr. Kerns, Surgeon of the Ahascragh Dispensary. I do not know to whom the Profession is indebted for first detecting glanders in the human subject, but great merit is, I know, due to Dr. Elliotson, for drawing the attention of the public to it in various valuable communications which appeared in the *Lancet*, some years since.

It is not likely that the symptoms produced by the poison of glanders could be mistaken for any that follow a venereal virus; but the affection of the nose and fauces, and the pustular eruption which attends it, induced me to notice this morbid poison as one that might possibly be confounded with the most inveterate cases of the phagedenic venereal disease, a remarkable instance of which, with an accurate drawing of the pustular eruption which it occasioned, is given at page 219, Fig. 1, Plate III. in the second edition of my work on venereal. In this case the pustules, as strongly marked as those in distinct small-pox, spread rapidly into destructive ulcers, under which the patient succumbed in a very short period after commencement.

I shall now call your attention to some local complaints that may readily be confounded with those of a venereal origin. The first I shall mention are ulcers with raised or undermined edges, which are occasionally met with on the groins, pubes, scrotum, and fossa of the nates. They are very obstinate, creeping on with a zig-zag appearance (therefore,



called by Mr. Evans *ulcus erraticum*), and show no disposition to heal for months under any treatment. In all the cases I met with, a large quantity of mercury had been used; and, certainly, the exhibition of this medicine always rendered them more inveterate.

As I have not met with any case of this description, either in private or hospital practice of late years, since the exhibition of mercury has so considerably diminished, it is not unlikely but that they are chiefly owing to this medicine. After trying a variety of measures, I found country air and sarsaparilla the best remedies; but, were cases now to occur, I should give a trial to the preparations of iodine, which I have not had an opportunity of doing since that medicine has been applied with so much success to various morbid states of the constitution.

The organs of generation are, of course, liable, in common with all parts of the body, to inflammation, both phlegmonous and erysipelalous. Phlegmonous inflammation of those organs in both sexes, no matter how excited, usually terminates in suppuration, therefore, if it does not quickly yield to the timely application of leeches, you should endeavour, by warm cataplasms and fomentations, to encourage suppuration, and, as soon as matter has formed, relieve your patient from a great deal of distress by a free opening. This is particularly required in females who are very subject to abscesses within the labia, perineum, or walls of the vagina. A parti-



cularly free opening for the discharge is required in such instances, in order to prevent the formation of sinuses in the loose cellular membrane of those parts.

Herpes preputialis is a very common affection. On the external prepuce it usually occurs in the form of a cluster of four or five vesicles, which soon scab and heal in a few days, if not irritated by the friction of the patient's clothes, or the improper application of stimulating or caustic washes. On the inner surface of the prepuce, owing perhaps to the moisture of the part, we seldom have an opportunity of seeing the vesicles, which pass into minute circular ulcers that often run into each other. All that is required to cure this trifling complaint is the prevention of irritation. When it occurs on the internal surface of the prepuce, it may be well to interpose a bit of dry lint, as the secretions of the part are in such instances usually acrimonious, and may possibly have occasioned the complaint. The diagnosis between this affection and venereal ulcers, when the former occurs on the external prepuce, is obvious—the cluster of vesicles sufficiently point out its nature. But if it has been irritated, so as to produce ulceration, or when this takes place on the internal surface of the prepuce, we must wait until time develops its true nature, before we can venture to give a decided opinion.

I SHALL NOW, gentlemen, take you through the



wards and examine such patients as are at present in hospital, first premising *that I have not seen one of them as yet*, as they are all under the care of my colleagues, who, however, usually follow the same mode of treatment that I should have pursued had they been under my immediate superintendence. But, although I have not seen these cases, I shall venture to predict, that we will find in each an illustration of the principles respecting the nature and treatment of venereal diseases which I have endeavoured to inculcate :

#### CASE I.

George Lindley, aged 18, has an eruption of papulæ in their declining or desquamating stage, of a light copperish colour, scattered over his entire body ; an erythematous inflammation, but no ulceration of the fauces ; the cervical glands are enlarged ; some of them have suppurated ; complains of pains in his shoulders, and left knee joint ; appetite bad ; little sleep, and night perspirations. He states that he had an ulcer on the penis, followed by a bubo in each groin ; five or six months before admission ; that five months after he was disordered, the eruption appeared, and that he took many boxes of pills, and rubbed in mercurial ointment which salivated him. No induration was perceptible on the site of the primary ulcer, but there was a slight mark or indentation.

*The treatment, since his admission into Hos-*



*pital*, consisted in the exhibition of the compound infusion of sarsaparilla in lime water, and of antimonial solution, which is composed of half a grain of tartarized antimony to an ounce of water. Of this the patient is desired to take half an ounce three or four times a day.

*Remarks.*—This is an instance of the papular venereal disease. The primary ulcer has left no induration, and we may infer from the other symptoms that it never had any. The patient took mercury to excess, so as to produce profuse salivation, and yet it did not prevent the accession of the papular eruption, for such it obviously is, although now scaly and on the wane. He has an erythematous inflammation of the fauces, but no ulceration; pains in the larger joints, and swelling of the lymphatic glands of the neck.

Now, in this case, we have an excellent illustration of the group of symptoms, which constitute the papular venereal disease. The affection of the cervical glands, it ought to be recollected, is an attendant upon all the exanthemata, and is as frequently met with after measles, scarlatina, and small-pock, as it is after the papular form of venereal disease.

With respect to treatment; sarsaparilla, antimonials, and hydriodate of potash will, in all probability, be sufficient for the cure of this form of venereal, with due attention to the general health, and care to avoid wet or cold. If the eruption and pains should linger longer than usual, then small doses of



mercury, joined with antimony, such as five grains of Plummer's pill night and morning, conjoined with sarsaparilla, may be given, as the eruption is now scaly and on the wane. The exhibition of mercury for the primary symptoms has been useless, and for the eruption not only useless, but injurious, until it arrives at its present state of scaliness and decline.

### CASE II.

— Duncan. An eruption of papulæ, of recent appearance, on the face and trunk; some have acuminated heads, containing matter; complains of pains in his shoulders and elbows; throat erythematous, but not ulcerated; cervical glands enlarged; states that he had a sore on the glans penis three months ago (which has not left any induration); that he had a bubo in the left groin which did not suppurate, and that he took mercury, but not to salivation.

#### *Treatment while in Hospital—*

Solut. Antim. Tart.

Infus. Sarsap. Comp.

Mist. Hydriodatis Potassæ.

*Remarks.*—This is an excellent example of the papular eruption before it becomes scaly, and it affords as striking an illustration of the group of symptoms which characterize this form of disease, as the first case we examined. If mercury were exhibited during the present state of the eruption, it would, I



make no doubt, cause it to disappear rapidly ; but I am almost equally certain that it would return, after a few weeks, to the great disappointment of the patient and discomfiture of the practitioner ; or, instead of the eruption, perhaps the virus, lurking still in the system, would display its presence by occasioning obstinate pains in the head and larger joints, which both patient and practitioner, unwilling to attribute to the true cause, might fondly suppose to arise from cold after mercury, until some papulæ of a decided venereal character, or, what is much more formidable, an attack of iritis convince both, that they have still a venereal disease, and not rheumatic pains, from cold after mercury, to contend with. The time for exhibiting this medicine with safety and effect, if it should be required, is, as mentioned and exemplified in the last case, when the eruption has desquamated, no fresh papulæ appearing, and the disease obviously on the decline.

### CASE III.

— Keating. Discoloured blotches over his trunk and limbs, interspersed with spots covered with thin crusts ; on removing which, superficial ulcers of a healthy appearance, or in a state of reparation, presented themselves. There were also spots of ulceration in the throat observable on the tonsils and velum. He stated that he had been disordered a very long period, almost a year ; for which he had been admitted two or three times into hospital, each



time he was discharged being apparently well, and that the only remedy employed was mercury, by which he had been repeatedly salivated.

*Treatment.*—Decoction of sarsaparilla, with hydriodate of potash. Ulcers of the throat to be touched daily with the solid nitrate of silver, until they evince a healthy state of reparation.

*Remarks.*—This is obviously a different and a more severe form of disease than that affecting the two previous patients. The eruption in this case has terminated in ulcers. In the two preceding cases the spots only desquamated. There are also ulcers in the throat, which it is difficult to describe, but they are small, and exhibit rather an aphthous character; while in the two preceding cases (instances of the papular venereal) there was only an erythematous inflammation of the fauces, and no ulceration whatever. From these circumstances, the disease in this individual is readily distinguished from the papular form, and it may be as easily diagnosed from the phagedenic by the appearance of the small light crusts which cover the ulcers, as well as by the mildness of the ulcers themselves, without the appearance of a phagedenic margin. The disease, then, in this man, we may conclude, is of the pustular form, although the eruption has passed the period in which it displayed its phlyzacious pustular character. In this form we frequently meet with nodes, although there are not any in the patient, and I have placed the disease between the papular



and phagedenic, as neither partaking of the mildness of the one, nor of the severity of the other. I have no doubt but that this man will recover under the use of sarsaparilla and hydriodate of potash, with due attention to regimen.

#### CASE IV.

— Woods. Various faded copper-coloured blotches on his body and limbs. A node on each tibia, and another on the radius, all chronic, and scarcely indicating any tenderness upon pressure. He complains of pains in his bones, particularly during the night, and states, that when serving with his regiment in Gibraltar, two years and a half ago, he had an ulcer on the penis, for which he was taken into hospital and severely salivated; that immediately after the salivation, an eruption broke out over his body, which he recollects the surgeon of his regiment called rupia; that this eruption was accompanied by ulceration of his throat, and severe pains in his joints. But that for the secondary symptoms he was not again put upon mercury. That about six months before his admission into this hospital, he contracted a fresh venereal ulcer on the penis, for which he also used mercury.

*Treatment since his Admission.*—He took six grains of hydriodate of potash three times a day. No other medicine.

*Remarks.*—Without placing any reliance on the recollection of this patient, that the surgeon of his



regiment named the eruption rupia, I rather think from the absence of the extensive cicatrices, which the secondary ulcers of the phagedenic disease leave behind, that the form of venereal before us is the pustular; the secondary ulcers of which, we have seen by the last case, are superficial, and only leave very small cicatrices.

It seems this man used mercury to salivation for the primary ulcer; and, as he was a soldier, we may conclude that he took it regularly, and under confinement. It did not, however, prevent the accession of constitutional symptoms, which tends to support the principle I laid down, that mercury is incapable of preventing secondary symptoms, except those which follow the true Hunterian chancre. The surgeon of his regiment observing, perhaps, that mercury did not prevent the accession of constitutional symptoms, very properly abstained from that medicine for their cure. How he treated the disease we do not know. But this man used mercury afterwards for a fresh venereal infection, while he had the constitutional symptoms of the old infection still present, and yet we find that they were not benefited by its use. In fact, this case lends its support to what I have laid down, respecting the use of mercury for the pustular venereal disease, viz., that it is only when the constitutional symptoms are on the wane, and the eruption has become scaly, that it is likely to be of service, and that before this juncture it is decidedly injurious. Since he came



into this hospital, under the exhibition of the hydriodate of potash, which agrees with him well, even to the extent of ten grains three times a day, he has considerably improved. Should the nodes continue obstinate, I would blister them repeatedly, and continue the hydriodate as long as it appears to be of service. Should, however, the pains and nodes still linger, after a rational trial of these measures, I would not object (the disease being nearly exhausted) to the exhibition of blue pill, or Plummer's pill, or the proto-ioduret of mercury, which are, no doubt, most useful in inflammatory affections of the bones or periosteum, no matter whether venereal or not.

#### CASE V.

Thomas Tighe, aged 35. An eruption of dark copper-coloured scaly spots over his body; these spots were not papulæ in their state of desquamation, for they exhibited the appearance of scaliness from their commencement. There is a deep excavated ulcer on each tonsil, and superficial spots of ulceration under the tongue on each side of the frenum; complains of nocturnal pains in the shafts of the long bones, and has perspiration at night. On examination, you perceive a hard knob like "a piece of cartilage under the skin," occupying the seat of the original primary ulcer, which he stated he had contracted five months ago; that he had also buboes which disappeared, and that the ulcers of his throat



and eruption had occurred six weeks before his admission ; also, that he had used mercury irregularly, which must be the case with every poor man (not in hospital) who has to labour for his bread.

*Remarks.*—The case before us is so forcible an illustration of all I have said respecting the scaly form of venereal disease, or true syphilis, as described by Hunter, that you might possibly imagine I purposely sought for it amongst a multitude of cases, in order to establish the truth of my views ; but I can assure you, gentlemen, that I neither knew such an instance was in hospital, nor did I see it until the present time. But, although this form of disease is now seldom met with compared to what it was in Hunter's time, yet the case before us exhibits the entire group of symptoms, both primary and secondary, which characterize the disease. Thus we have before us the indurated cartilaginous-like chancre—the scaly psoriasis syphilitica—the excavated ulcers of the tonsils—and the nocturnal pains in the shafts of the long bones. Now, here is a case fit for the exhibition of mercury ; and I shall venture to foretel that it will yield under a regular course of that mineral in a most decided and satisfactory manner.—I beg also to observe that, under the use of mercury, it will be found that the constitutional symptoms will disappear long before the indurated base of the chancre ; but until the latter is completely dispersed, I should not consider the patient free from disease.



## CASE VI.

George Bruce.—Ulcerated bubo of the right groin, from which extends a sinus to the lowest part of the perineum, near the anus. You see he is a poor, worn-out, emaciated man, with quick pulse, night perspirations, total loss of sleep, and little or no appetite. He states that about nine or ten months ago, he had an ulcer on the penis, followed by this bubo, and that for these complaints he underwent six courses of mercury, each of which caused profuse salivation; that, in fact, from the time he was disordered until his admission into the Richmond Hospital, he was, without intermission, under the influence of mercury.

*Treatment since Admission.*—Infusum Sarsaparillæ Comp. : Mistura Acidi Nitrosi, and good nourishing diet. The sinus was dilated at its upper part, near the groin, but as it was found to run deeply, it was not deemed prudent to dilate it to the full extent, but successful attempts were afterwards made to cause its contraction by injections of a strong solution of nitrate of silver, which have produced a decidedly beneficial effect, not only on the local complaint, but by removing irritation, and diminishing the quantity of discharge, on the general health of the patient.

*Remarks.*—Six full courses of mercury within nine months, and still alive to tell the story! Verily,



there is no killing some people, so tenacious are they of life! No wonder this poor fellow should have a quick pulse, night perspirations, and be so emaciated as to look like a living skeleton, covered merely by skin. He reminds me of a similar unfortunate who was lately brought to me for advice. His father, who accompanied him, thus pithily summed up the statement of his case:—"The doctors, Sir, say that the disease is in his bones; and sure myself don't know where else it could be, for the devil a bit of flesh they have left on him!!" I trust, however, that the restorative system, so judiciously directed by my colleague, will succeed in re-establishing the health of this poor victim of mercury now before us.

#### CASE VII.

— Caulfield, ætat. 18.—Gonorrhœa, an ulcer on the glans penis, nearly healed; an ulcerated bubo in the left groin, and one just commencing in the right; the pulse quick, and general fever. He states that the gonorrhœa and the ulcer occurred at the same time, from the same impure connexion, and that he had not used mercury.

*Treatment since Admission.*—Mistura Antim. Tartar: Mistura Hydriodatis Potassæ. The nitrate of silver was rubbed on the bubo of the right groin, with the view of causing its dispersion, which was attended with the desired result.

*Remarks* — This case affords an instance of familiar occurrence, viz., the existence of a gonorrhœa



virulenta, and of a mild species of primary ulcer (without induration or phagedena) arising from the same infection. The patient is now affected with febrile symptoms, which could not be occasioned by the primary symptoms before us. I, therefore, suspect that this fever is an eruptive one, the precursor of the papular eruption which attends these primary symptoms, and which is often very acute.

#### CASE VIII.

A. B.—Iritis of both eyes ; papular eruption in its desquamating stage ; pains in the larger joints increased at night ; erithematous inflammation of the fauces. This woman states that she contracted sores and gonorrhœa some time since, she could not say when—that these complaints were followed by the eruption and the attack in her eyes, which induced her to seek admission into the hospital.

*Treatment since Admission.*—She was quickly mercurialized, by taking two grains of calomel, combined with one-sixth of a grain of opium, every fourth hour. Leeches were applied to the temples, and extract of belladonna to the eyelids, and she was directed to bathe the eyes frequently with a warm decoction of poppy heads.

*Remarks.*—This case illustrates the observations I made respecting iritis, viz., that it is in general met with in conjunction with the papular eruption ; and the eruption in this case, it seems, was also the consequence of an infection, which pro-



duced both gonorrhœa and ulcers. The latter had healed before her admission, but we may conclude, from the circumstance of their being accompanied by gonorrhœa, and followed by the papular eruption, that they were simple primary ulcers, without induration or phagedæna. She is now recovering rapidly under the influence of mercury; but there still remains a deep-seated redness of the schlerotic coat round the cornea, and the pupular margin of the iris is thickened and irregular. The depositions of lymph, however, which had taken place on the surface of the iris, are nearly absorbed.

Her mouth has been affected by the medicine, but it would not be prudent to allow the mercurial irritation to subside, until this circle of inflammation round the cornea disappears.

I have stated in my general observations that no matter from what cause iritis may arise, whether from a venereal virus, rheumatism, gout, or cold, together with bleeding and the antiphlogistic regimen, our great reliance is upon mercury; and it is most satisfactory to observe with what rapidity the inflammation subsides, and the depositions of lymph on the iris are absorbed according as the system becomes mercurially affected. In a robust or otherwise healthy person, I always commence operations against this inflammation by a general bloodletting, which not only tends to reduce the inflammation, but facilitates the introduction of mercury into the system. This woman, however, was so much re-



duced by her mode of living and intemperate habits, that it was not deemed prudent to have recourse to this measure, and therefore leeches were merely applied to the temples.

The great advantages arising from the use of mercury for the cure of iritis led to its adoption in cases of membranous and parenchymatous inflammation in every part of the body. It occasionally happens, but not often, that mercury fails in stopping the progress of iritis. In such instances, instead of vainly persisting in the use of this remedy, it would be better to exhibit spirits of turpentine, as has been recommended by Mr. Hugh Carmichael, from which, as before observed, I have often seen the most beneficial results.

#### CASE IX.

Charles Lawless, ætat. 19.—An extensive sore on the corona glandis in a state of reparation. The greater part of the prepuce destroyed, the remainder presenting a suppurating surface, and forming a considerable tumour, lay at the under or frenal side of the penis. He stated that three weeks before his admission, he contracted the ulcer on the corona glandis; that not attending to it, but taking his usual exercise, the entire penis became inflamed, and enormously swollen; in which state he sought admission into hospital.

*Treatment since Admission.*—Bleeding, antimonials, warm fomentations, and poultices, with di-



rections to syringe frequently warm water between the prepuce and glans. Considerable hæmorrhage took place from the ulcer beneath the prepuce, which, however, did not prevent the inflammation from proceeding to gangrene. A black spot, about the size of sixpence, appearing on the upper part of the prepuce, it was deemed advisable to slit up the latter, in order to expose the ulcer underneath, which disclosed an extensive slough of the glans and corona. The entire was covered by an emollient poultice, under a repetition of which the slough separated, leaving a clear granulating surface, which is now rapidly healing; when cicatrized, the awkward tumour formed by the remainder of the prepuce, at the under part of the penis, may be removed by an operation, if it so pleases the patient.

*Remarks.*—The ulcer before us is not of the phagedenic or sloughing form of venereal. The sloughs which occurred were the consequence of inflammation owing to the imprudence of the patient in exercising, drinking, and carousing, after he received the infection of the papular form of venereal; for such I judge the infection to have been, as there is neither a phagedenic, nor an indurated surface exposed by the separation of the sloughs, in the sore before us.—I regret that there are not any specimens of the phagedenic disease at present in hospital, which is a very unusual circumstance, as we are seldom without several cases of



this form, in consequence of its obstinacy and long continuance.

I have now, gentlemen, concluded all the information which occurred to me as worthy of communicating to you relative to venereal diseases, and their diagnosis from those affections with which they are most liable to be confounded; but before I conclude, shall beg leave, in justice to myself, to trespass on your time a few minutes, to state some circumstances in relation to the anti-mercurial treatment, by laying before you, in chronological order, my communications from time to time to the Profession respecting the present improved mode of treating venereal diseases, which will afford the best answer to those who have evinced a desire to deprive me of my just claims towards effecting that most important object.

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



of some advantage) is attributed to others who certainly have not any claims which can compete with mine.

In 1810, I was appointed one of the surgeons of the Westmoreland Lock Hospital of Dublin, containing at that period near three hundred venereal patients. About this time Mr. Abernethy's work on Pseudo-Syphilitic Diseases made its appearance; and the cases adduced by that original and celebrated author, made the strongest impression on my mind. But, contrary to his assertion, that the symptoms of the resembling diseases could not be distinguished by their appearance from those of syphilis, I was convinced in my mind, that if differences existed in nature, they would be manifested by a difference in the characters of the symptoms; and therefore determined upon bringing this view to the test of experiment, by making use of the extensive opportunities I possessed.

I, therefore, soon after my appointment, commenced the investigation, by observing accurately the various appearances and characteristic distinctions of venereal complaints, both primary and secondary; and by treating all those cases *without* mercury which did not correspond with Hunter's description of true syphilis. The result of the investigation exceeded my warmest expectation. It proved not only that the received dogma of the day, that venereal diseases progressed without the intervention of mercury until they destroyed the



patient, was without foundation ; but it also demonstrated, that the great majority of those complaints could be perfectly cured in a much shorter period than is usually effected by the intervention of mercury.

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

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

In October, 1815, I published a paper in the *Medical and Physical Journal* (No. 200), containing a statement of seventy cases of venereal disease treated without mercury, the majority of which were cured (as was then thought) in an incredibly short period ; and their authenticity would have been doubted, had they not occurred in two public hospitals, the Lock and the Richmond, under the observation of numbers of professional men. In a note at the conclusion of the paper, the Editor had the kindness to make the following flattering observation :



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

In 1818, I published a small work entitled “ Observations on the Symptoms and Specific Distinctions of Venereal Diseases, interspersed with Hints for the more effectual Prosecution of the present Inquiry into the Uses and Abuses of Mercury in their Treatment,” which I felt much pleasure in dedicating to Sir James M’Gregor, Director-General of Military Hospitals. This mark of attention I conceived due to Sir James, in consequence of that exemplary and excellent officer having recommended my system of treating venereal diseases to the consideration of the surgeons of the British army, although at that period I had not the pleasure of being personally known to him.



Shortly after this last work was published, I received a very flattering letter from Sir James M'Gregor, stating that he "had transmitted a copy of it to every regiment in his Majesty's service, in every quarter of the globe where British troops were stationed."

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

A comparison of the date of his paper with my first publication of 1814, on the subject, without taking into consideration my lectures at the Lock Hospital, in 1813, needs no comment in order to settle the question of priority. Indeed, he could have no intention himself of laying any claim to it, as my publication is frequently alluded to, both in his communication to the Society, and in that of Mr. Guthrie, which was read on the same night, and published in the same volume.

No doubt, from the earliest period after the in-



roduction of mercury for the cure of venereal complaints, there arose, from time to time, a few clear-sighted individuals, who, seeing evidently the mischiefs which its indiscriminate use occasioned, doubted its claim to the character of a specific; and without deceiving themselves and others by naming the symptoms which did not yield to its influence, either syphiloidal or mercurial, had the boldness to treat venereal cases without that mineral. But I do not know of any before myself who tried the anti-mercurial treatment on the extensive scale which I had the opportunity of doing in two large public hospitals, the result of which experiment was soon afterwards communicated to the Profession.

Independent of the trials the anti-mercurial treatment has since had in those islands, and the British army, it has of late years met with the most extensive experience in France, Germany, and Sweden, as may be learned by the publications of Desruelles, Cullerier, and Duvergie, in France, and by those of Oppenheim, Fricke, Dietrich, Struntz, and Staberoh, in Germany. For an account of the practice of the German Physicians, the English reader is chiefly indebted to the excellent lectures of Dr. Graves, inserted in the volume for 1838-39 of the *Medical Gazette*. The Royal Council of Health in Sweden, and many other indisputable authorities, have also published details of the success of the anti-mercurial practice, from which sources we have the most authentic information of the recovery of thousands—



may tens of thousands of venereal patients, in the course of a very few years, without the exhibition of a single grain of the specific. Therefore, let us hear no more of the necessity of subjecting every venereal patient to a mercurial course, the indiscriminate adoption of which practice, I have no hesitation in asserting, has sent ten times greater numbers to an untimely grave than the disease it was intended to cure.

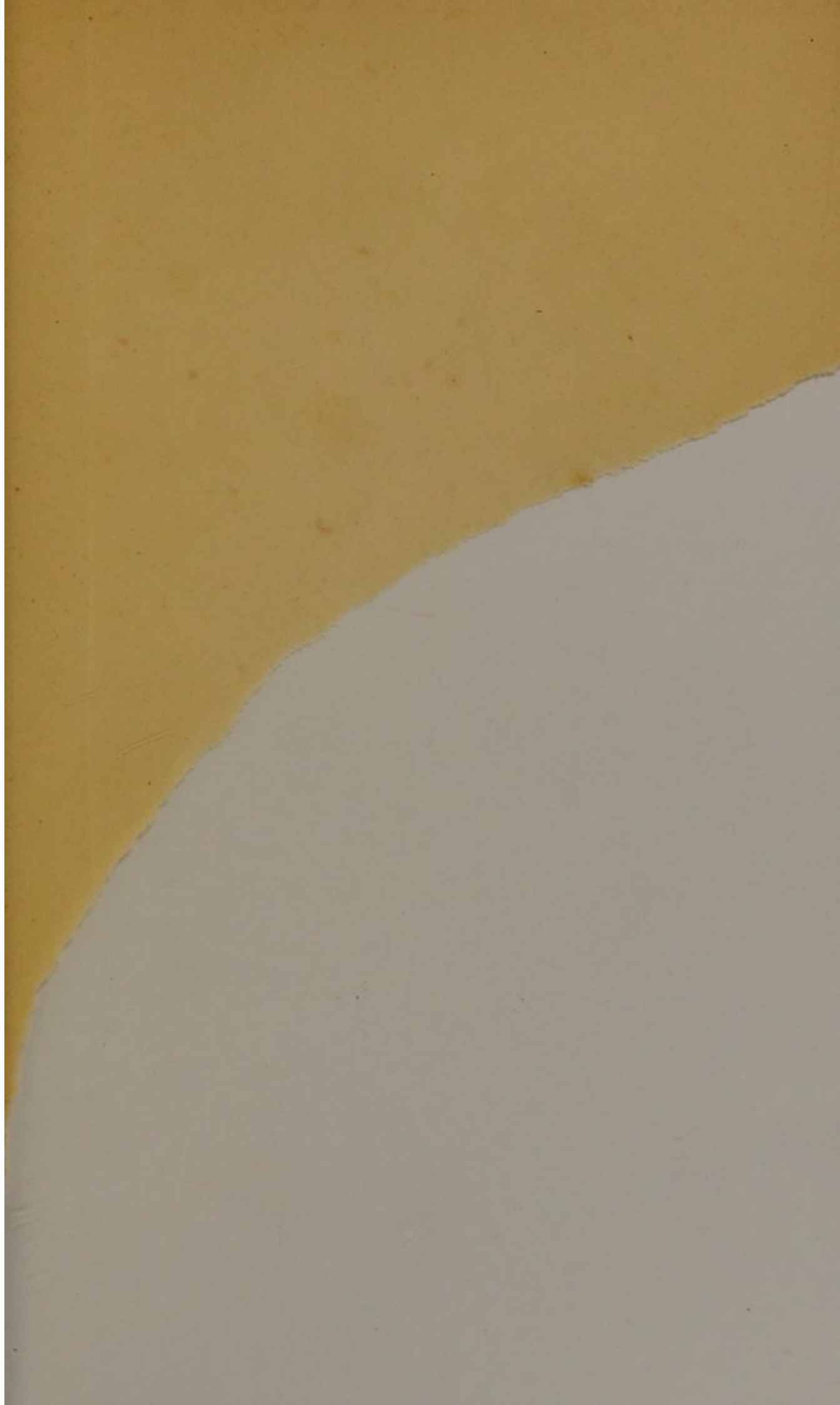


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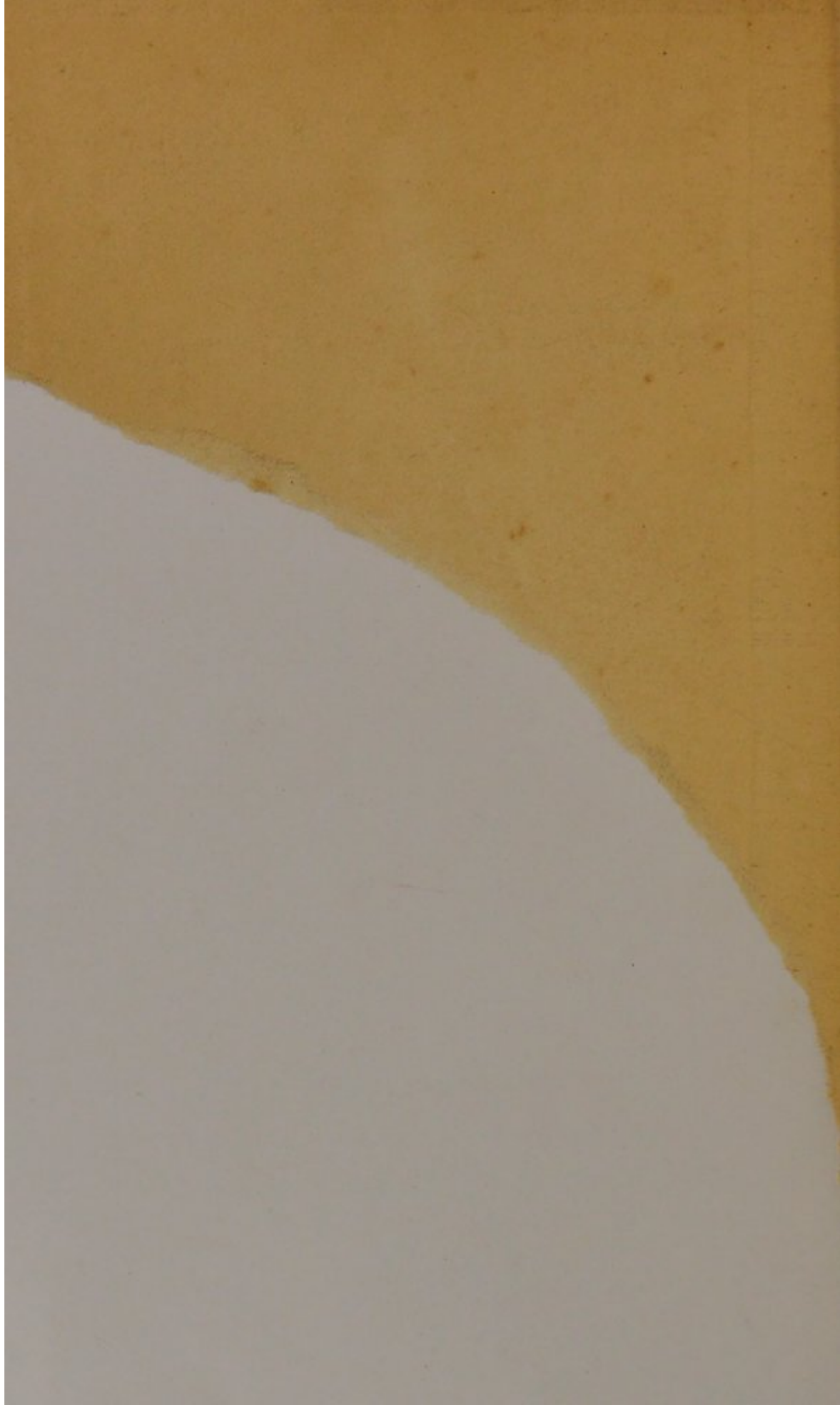


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