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AN ESSAY

ON

SYPHILIS;

SUBMITTED,

BY AUTHORITY OF THE PRESIDENT AND HIS COUNCIL,

TO THE EXAMINATION OF THE

Royal College of Surgeons of Edinburgh,

WHEN CANDIDATE

FOR ADMISSION INTO THEIR CORPORATION.

BY

GEORGE BALLINGALL, M.D. F.R.S.E.

FELLOW OF THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH, AND
LATE SURGEON TO HIS MAJESTY'S 33D REGIMENT.

Satis constat ex iis, quæ supra dicta sunt, Lib. II. Cap. 8., virus venereum nulla
methodo certiore, tutiore, efficaciore, profligari posse, quam hydrargyrosi.

Astruc De Morb. Vener. Lib. IV. Cap. 6.

EDINBURGH:

PRINTED BY BALFOUR AND CLARKE.

1820.

AN ESSAY

SYPHILIS

BY

W. A. HENNING, M.D.

PHYSICIAN IN CHARGE

OF THE

WELLS

PHYSICIAN

GEORGE HALLINGALL, M.D.



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TO

ALEXANDER KENNEDY, M.D.

FELLOW OF THE ROYAL SOCIETY, AND OF THE ROYAL COLLEGE OF
PHYSICIANS OF EDINBURGH,

THE FOLLOWING ESSAY IS INSCRIBED,

AS A MARK OF RESPECT

FOR HIS PROFESSIONAL CHARACTER,

AND OF GRATITUDE

FOR HIS PRIVATE FRIENDSHIP.

ALEXANDER KENNEDY, M.D.

FELLOW OF THE ROYAL SOCIETY, AND OF THE ROYAL SOCIETY OF EDINBURGH,
PHYSICIAN OF THE ROYAL HOSPITALS

THE FOLLOWING ESSAY IS INSCRIBED,

AS A MARK OF RESPECT

FOR HIS PROFESSIONAL CHARACTER,

AND OF GRATITUDE

FOR HIS PRIVATE FRIENDSHIP.

To James Bruce Esq.
with the Author's Compliments
J

ESSAY

ON

SYPHILIS.

THE limits which I have prescribed to myself in the following Essay, preclude me from entering at large into the history of the venereal disease, or engaging in the important discussion respecting its general treatment, which has lately occupied so large a share of professional attention. All I propose, therefore, in the following pages, is to make a few observations on the treatment of the local or primary symptoms of Syphilis; * stating, in the first place, the reasons which induce me (notwith-

* In Dr. Cullen's Nosology, the term Syphilis appears to be restricted entirely to a constitutional affection, and hence it may be thought inaccurate to speak of the primary and secondary symptoms of Syphilis; but this language is now so much sanctioned by common usage, and runs so little risk of being misunderstood, that I consider no farther apology necessary for adhering to it in the course of this Essay.

standing all that has been written on the opposite side of the question) to consider the mode of cure by mercury as still the most eligible.

Soon after the appearance of the venereal disease in Europe, the efficacy of mercury in promoting its cure was very generally admitted; and this remedy, which was prescribed with increasing confidence for a period of three hundred years, we have lately been called upon to abandon, for, I scarcely know what,—for confinement, rest, and water gruel—for simple dressings and decoctions of sarsaparilla:—we are called upon to relinquish one of the most powerful remedies which the *Materia Medica* contains, and to substitute one comparatively inert;—we are called upon to relinquish an article which we are in the habit of prescribing by grains and scruples, and to substitute one which, to use the expression of a late eminent London practitioner, ought to be given in the shape of a pudding or a pie. Under these circumstances, we may well exclaim, with a late periodical writer, “What are we now to think of experience in physic? Why was Syphilis considered to be incurable before the supposed discovery of mercury as its specific? Why is the abuse of mercury in Hepatitis, and other diseases, never followed by symptoms having any resemblance to those of Syphilis? And why

“ have so many practitioners been almost uniformly
“ successful in their treatment of Syphilis by mer-
“ cury ?” *

In speaking of the use of mercury in the treat-
ment of Syphilis, we have the following observa-
tions by Mr. Pearson, whose experience in this dis-
ease gives him a claim to attention which few others
possess. “ My opportunities of administering mer-
“ cury,” says he, “ have not extended to less than
“ *twenty thousand cases*, and I feel myself fully au-
“ thorised to assert that it is a remedy always to be
“ confided in under every form of Lues Venerea ;
“ and, where we have only this one disease to con-
“ tend with, that it is a certain antidote, and as
“ safe in its operation as any other active medi-
“ cine, drawn from the vegetable or the mineral
“ kingdom.” † When treating of the sarsaparilla,
the same author observes : “ I have employed the
“ sarsaparilla in powder and in decoctions in an al-
“ most infinite variety of cases, and I feel myself
“ fully authorised to assert that this plant has not
“ the power of curing any one form of the Lues Ve-

* Edinburgh Medical and Surgical Journal, vol. 13, page 492.

† Pearson on the effects of various articles in the cure of Lues Venerea, 2d edition, page 117.

“nerea.”* No stronger language could have been found to mark the sentiments of this eminent surgeon in favour of the superior efficacy of mercury; and when we reflect that his sentiments were thus expressed in 1807, it is not easy to believe that, within the short period which has since elapsed, such a revolution can have taken place either in the constitutions of patients, in the nature of the disease, or in the powers of the remedy, as to render them altogether inapplicable at the present day.

When we consider farther, that, at the time Mr. Pearson wrote, he expressed the opinion of almost every well-informed member of the profession, it is matter of surprise that, within the short period of seven or eight years, † a considerable proportion of that profession should have been led to renounce their former opinions, and to adopt a line of practice widely different from what was formerly thought necessary.

While I feel myself yet unprepared to relinquish the general use of mercury in the treatment of Syphilis, and while, (to use the language of Doctor Curry) “I should deeply lament the hasty rejec-

* Pearson, Oper. Citat. 2d edition, page 25.

† This refers to the date of Dr. Fergusson's paper in the *Medico Chirurgical Transactions*, vol. iv. page 1.

“ tion of this invaluable article ; because I believe,
“ that, if impartially estimated, it will be found to
“ be, like small-pox inoculation, though occasionally
“ productive of inconvenience, yet the preventative
“ of infinitely greater mischief from the spontaneous
“ course of the disease which it is intended to miti-
“ gate ;” * I am still far from being disposed to un-
dervalue the labours of those eminent men who
have recently written in favour of the non-mercuri-
al treatment of Syphilis : I fully appreciate the
benefits accruing to scrophulous and phthisical pa-
tients, from the proof which has been given of the
possibility of curing the disease without mercury ;
and I am most ready to admit, that the recent dis-
cussions upon this subject have been of infinite ad-
vantage, both to the profession and the public, by
restricting the use of so powerful a remedy, which,
like all others, in the same proportion that it is use-
ful under judicious administration, is capable of
doing mischief by its unnecessary, ill-timed, or in-
judicious employment : to recur once more to the
language of Dr. Curry, “ I am ready to grant, that,
“ like antimony, opium, and every other active reme-
“ dy, mercury would probably do little good, if it

* Curry's Examination of the Popular Prejudices against Mer-
cury, page 40.

“ were not also capable of doing some harm. The
 “ knife and the caustic are unquestionably powerful,
 “ and in so far may be made dangerous instruments;
 “ but who ever blames the surgeon for employing a
 “ sharp knife or an active caustic, seeing that both the
 “ one and the other are to be directed by his eye and
 “ guided by his hand? or who would be so absurd as
 “ to expect, that the couching needle and the scalpel,
 “ which perform such wonders in the hands of an ex-
 “ pert oculist and dexterous lithotomist, can be em-
 “ ployed with equal safety or success, by every
 “ clumsy or inexperienced person who may fancy
 “ himself equal to the task of using them? What
 “ these instruments are, then, with respect to the
 “ surgeon, I contend, and hope to prove, that mer-
 “ cury is, under the management of a judicious phy-
 “ sician, capable of doing, with a speed which is
 “ often indispensable, and for the most part with
 “ perfect safety, what no other means, hitherto
 “ known, can at all effect.”*

In professing myself an adherent to the mercurial treatment of Syphilis, it becomes necessary to acknowledge, that it is the only mode of treatment of which I have had any extensive experience; but that experience appears to me, when taken in con-

* Curry on the Popular Prejudices against Mercury, page 22.

junction with the opinions of many eminent writers, so conclusive in favour of this remedy, that I feel no common degree of reluctance to believe that I have hitherto been adopting a mode of practice which was either unnecessary or improper.

Upon referring to a register of sick in my possession, which was kept at Masulipatam in the East Indies, from the 15th of March, 1810, to the 17th of February, 1811, I find that, out of a detachment of the 2d Battalion of the Royals, consisting of about *five hundred* men, *eighty-six* venereal cases were admitted into hospital; that these were, upon an average, *twenty-two* days each under treatment; and that not more than *seven* secondary cases could possibly have occurred.*

This is the only period of my experience in the treatment of Syphilis, of which any documents in my possession enable me to speak with precision: but when I recollect that nothing peculiar was observed, during that period, either in the appearance of the disease, in the progress of the cures, or in the number of secondary cases occurring, I cannot but look on the above with some degree of confidence as

* The proportion of venereal cases which occurred at Masulipatam was greatly below what I was accustomed to meet with in India, owing to the vigilance and activity of Mr. Annesley, the garrison surgeon, who superintended the Lock Hospital.

a tolerably correct estimate of the result of all my observations on this point, and the estimate must necessarily be rather an unfavourable one, from my having included, under the head of secondary cases, all those whose names occur a second time in the register, although of these it is probable some were re-admitted with recent infections instead of secondary symptoms. When I consider again, that, for many years of my life, I was in the habit of seeing at least from *ten* to *twenty* venereal cases daily; that these cases were almost uniformly treated with mercury; that the cures were as speedy, and the relapses as few as I have stated them to be at Masulipatam; and that, in the whole course of my observation, I have seen only *one* man die of this disease, I must necessarily look upon mercury as more uniformly successful in the cure of Syphilis than any other remedy in any other disease with which I am acquainted.

Although the recent discussions upon this subject have in some measure taught us to look upon Syphilis as a progressive disease, which in many cases will exhibit cutaneous eruptions, and other secondary symptoms, whatever mode of treatment may be adopted; and although we may thus consider ourselves relieved from a load of responsibility which was formerly thought to lie heavy on the shoulders

of the profession ; I find that patients are not yet by any means prepared to go along with us in shaking off this burden, but are still almost uniformly inclined to believe, that, by a judicious treatment of the primary symptoms, the disease may be cut short in its progress, and the occurrence of a secondary affection altogether superseded ; * And if it shall eventually appear that secondary symptoms are more rare where mercury has been employed in the cure of the primary ulcerations, which some statements render probable, no apprehension of the injurious effects of this medicine on the constitution (which it has lately been the fashion to exaggerate) should deter us from its employment : For when I reflect upon some thousand cases, both of Syphilis and Liver disease, in which I have employed mercury, with a hand perhaps too unsparing, and when I think of the health which many of my patients have afterwards enjoyed, I cannot believe that there is any great proportion of human constitutions upon which this medicine exerts the deleterious effects which have lately been ascribed to it.—“ Men may
“ amuse themselves by declaiming against mercury,
“ as an uncertain remedy ; they may utter queru-
“ lous details of its baneful effects, and relate tra-

* See a letter in the Appendix from Mr. Sandeman of Brechin. See also some observations on this subject in the *Edinburgh Medical Journal*, No. 64, p. 456.

“ gical stories of its malignant influence on the
“ bodies and minds of those who use it ; but sure-
“ ly all this turbulent eloquence may be directed
“ with equal advantage, not only against every po-
“ tent article of the *Materia Medica*, but against
“ the very aliment by which we are sustained.” *

In support of my opinion of the safety of mercury, when employed with a tolerable share of judgment, many strong passages might be selected from the writings of Mr. Benjamin Bell, Mr. Pearson, Dr. Curry, Dr. Watt, and others ; but the following passages from two writers who have done much to correct the abuses formerly existing in the employment of this medicine, will probably be admitted as less objectionable evidence : Mr. Carmichael in his reply to the review of his *Essay on Venereal Diseases*, says, “ I beg to observe, that I
“ have not, nor do I believe that any other person
“ has, witnessed ulcers on the skin and throat, and
“ nodes on the bones, from the exhibition of the
“ most extensive courses of mercury in any other
“ than venereal diseases, nor even an eruption
“ except the well-known mercurial eczema ;” †
and Mr. Matthias, in summing up his observa-

* Pearson, *Oper. Citat.* page 116.

† *Edinburgh Medical and Surgical Journal*, vol. xi. p. 436.

tions on the mercurial disease, observes, “ when
 “ this mineral is administered with prudential re-
 “ serve, and with discreet knowledge, its effects
 “ are *blessed, safe, efficacious, and permanent.*” *

Having thus finished my preliminary remarks on the use of mercury in Syphilis, I proceed to the more immediate business of this Essay, the consideration of the primary symptoms of the disease.

CHANCRES.

The much-admired definition of chancre by Mr. Hunter, is only applicable to a very limited number of the ulcerations on the genitals which now come before us in the common course of practice, in so much that Mr. Carmichael observes, “ this disease,
 “ as described by Hunter, has diminished in so ex-
 “ traordinary a degree in this country, that, strange
 “ to say, I have from that period met with only one
 “ case of true chancre.” †

To Mr. Carmichael we are under great obligations for his description of the phagedenic and sloughing ulcers of the genitals, and for his observations on the injurious effects of mercury in their

* Matthias on the Mercurial Disease, 3d edition, p. 256.

† Viz. from the period at which the publications of Messrs. Guthrie and Rose fell into his hands.

treatment : but the practical utility of his other subdivisions of primary venereal ulcers, does not, I confess, appear to me by any means so obvious ; and, if in any instance, we have introduced too much refinement into the diagnosis of disease, it is, I apprehend, in the case before us : in affections of the internal organs, the mistaking disease of one viscus for that of another may, in many cases, be productive of the most serious evils ; but in the case of external ulcers, cognizable by the sight, and by the touch, seated upon the same parts of the body, occupying the same structure, originating in the same way, and so much alike that they are liable to be confounded one with another, even by a cautious observer, I will venture to assert, that the same or similar remedies are likely to prove beneficial, and that, for all practical purposes, the necessity of a very minute diagnosis is done away.

As the characteristic of the Hunterian chancre, " the circumscribed hardness of the edge and base," is admitted to vary in degree, and as this hardness may be shaded down until it becomes nearly undistinguishable, I think it advisable not to confine ourselves too rigidly to this definition in deciding upon the mode of cure ; particularly if we are to exclude from the beneficial operation of mercury all ulcerations of the genitals which do not possess the

Hunterian characters of chancre: for my experience convinces me that the cure of many of these ulcerations will be expedited by mercury, when a circumscribed hardness of the edge and base does not exist in any remarkable degree.

From the above considerations, I am inclined to follow Mr. Benjamin Bell in extending the appellation of chancre to sores on the genitals which offer a considerable variety in appearance; keeping in view the following observations which are applicable to a large proportion of these sores. “Chancres
“appear occasionally over all the external parts of
“generation, and in some instances even on the con-
“tiguous parts. I have known them form over
“the whole scrotum, on all parts of the penis, and
“even on the lower region of the abdomen, imme-
“diately above the pubes.

“In some cases there is only one chancre, but for
“the most part we meet with two, three, or even
“more; nay, in some instances, they cover almost
“the whole prepuce. In this case they run into
“one another, none of them are distinct, and the
“whole, when thus connected, give the appearance
“of a foul ulcer with hard edges, an unequal sur-
“face, and discharging a fœtid ill-conditioned mat-
“ter.

“ A real chancre is seldom so large at first as the
“ base of a split pea ; the edges of the sore are ele-
“ vated, somewhat hard, and painful ; but although
“ this is very commonly the case, yet, in a few in-
“ stances, it is so much otherwise, that, instead of
“ a small circumscribed sore, we meet with a slight
“ superficial ulceration, not attended either with
“ pain or hardness, and which, by the consequences
“ that ensue, we find to be venereal.” *

With regard to the mode of treatment to be adopted in chancres, I have already at some length given my reasons for considering the employment of mercury as very generally advisable : at the same time, I may observe, that where no other symptom exists, the mercurial course required for the cure of chancres is neither severe nor protracted ; in many instances a slight degree of ptyalism, kept up for three weeks or a month, will prove sufficient, particularly if the sores cicatrize under the use of local applications within this period. As to the best mode of introducing the mercury into the system, different opinions exist amongst the best informed practitioners ; and this is perhaps a strong argument for considering it a matter of minor im-

* Bell on Gonorrhœa Virulenta and Lues Venerea, 2d edition, vol. ii. pages 15, 16, and 19.

portance. Circumstances may render it highly inconvenient for a patient to adopt the mode of cure by friction, and in such cases we may have recourse to the common blue pill: this again will be found in some constitutions to irritate the stomach and bowels, to produce griping, purging, and tenesmus; in which cases it will become proper to substitute friction, or to combine opium with the internal use of mercury. Confinement to the house is in all cases advisable, and should be urged, even at the risk of putting the patient to much personal inconvenience; but as we know that many patients are every day undergoing courses of mercury for the cure of Syphilis, who are under the necessity of concealing their complaints, and of following their usual occupations, we cannot consider a rigid confinement within doors so absolutely indispensable as some have represented it.

It is in all cases of chancre a desirable object to heal the ulcerations with the least possible delay; and in order to accelerate this, caustic applications have been very extensively and very successfully employed. My observations upon this point, however, confirm very decidedly the statements made by Mr. Bell, as to the risk of inducing buboes by an early application of caustic, and the propriety of deferring this and other stimulating applications, until

the mercury has affected the system. At page 328 of the work already quoted, Mr. Bell states, that out of twenty cases of chancre occurring in the common routine of practice, ten were treated by an immediate and effectual application of lunar caustic; while, of the other ten, five were treated with blue ointment, and five with common wax ointment. Of the ten treated by the application of caustic, no less than eight became affected with buboes, while only one bubo occurred in all the others. Mr. Bell conceiving also that buboes appeared less frequent from the application of caustic, where mercury had been previously administered, put this likewise to the test of experiment in a way to which I think little objection can be made. “ Of forty-eight patients with chancres in an incipient state, and exactly as they occurred in practice, one half was treated in the manner that I have mentioned, by destroying the chancres with caustic immediately on my being desired to see them; while all the others were put under mercury for eight or ten days before caustic was used. In every other circumstance the method of treatment was the same. The difference, however, surprized me greatly. Of the twenty-four treated with the immediate application of caustic, *twenty* were seized with buboes, while only

“ *three* buboes occurred in an equal number to whom
“ mercury had been previously administered.” *

These statements of Mr. Bell's have all along had much influence in deciding my practice in the treatment of chancres; and I can truly assert that all my observations tend to confirm his conclusions on this point.

Until the system becomes impregnated with the mercury, I would advise that the chancres be simply kept clean, by frequent washing and dressing with dry lint; and so soon as the mercurial fetor is perceived in the breath, and a slight degree of ptyalism commences, the sores are to be touched with the lunar caustic, or dressed with an ointment containing a proportion of the oxydum hydargyri rubrum, or sub-acetas cupri; the latter I have found to be an excellent application to ulcers of this kind, and am even inclined to think it more generally useful than the red precipitate. The lotio hydrargyri oxymuriatis flava of the Pharmacopœia Chirurgica, is an application frequently found useful; but I recommend, with more confidence, from more extensive experience, the lotio hydrargyri submuriatis nigra, or black wash, of the same Pharmacopœia, which is, perhaps, of all other applications with which we are ac-

* Bell on Gonorrhœa Virulenta and Lues Venerea, 2d edition, vol. ii. page 329.

quainted, the most extensively useful to venereal chancres. The various degrees of indolence or irritability with which chancres are accompanied, will render the more or less stimulating of these applications preferable, and the same circumstance will suggest the propriety of occasionally varying the proportions of their component parts; it will also be observed in the treatment of these sores, that an application which in the first instance appears to be highly useful, soon loses its effect, from the parts becoming habituated to the same stimulus; and whenever the healing process seems to be at a stand, under one remedy, it is, in general, a sufficient ground for changing the application.

BUBOES.

“ A venereal bubo is a painful swelling of a lymphatic gland, produced by absorption of the venereal virus.”* These swellings occurring in the glands of the groin, are, in a great proportion of cases, so obviously the offspring of chancres, situated on the penis, and in some cases so easily to be traced to this source, through the medium of an inflamed lymphatic, as to have rendered it questionable whether they ever originate without the

* *Beli, Oper. Citat.* 2d edition, vol. ii. p. 26.

intervention of chancre; were we to subscribe to this opinion it would do away much of the perplexity which is frequently experienced in deciding upon the nature of glandular swellings in this situation; it is now, however, well established by repeated observation, that venereal buboes, capable of producing constitutional symptoms, do frequently originate without the previous appearance of chancre, and we are thus deprived of the important diagnostic symptom which would otherwise be afforded.

In most cases, the first indication of the formation of a bubo is a sense of weariness, stiffness, and pain in the groin, sometimes accompanied with numbness in the thigh of the affected side. Upon applying the fingers to the part, one or more of the inguinal glands are found to be somewhat swollen; and if a chancre exist only on one side of the penis, the swelling will be found to occupy the corresponding groin. These tumours are, for the most part, at first readily moveable under the skin, but as the swelling increases, the integuments naturally become more tense, and the tumours more stationary and more painful. Great variety exists in the violence of the inflammatory symptoms with which buboes are accompanied, and the rapidity with which they advance towards suppuration; although in most

instances the tendency to this termination is strong, and requires the most decided antiphlogistic means to counteract it, particularly in young and vigorous subjects, yet we meet frequently in phlegmatic, irritable, and scrophulous habits, with a description of bubo increasing slowly, attended with little pain, redness, or heat, and shewing little tendency to suppuration.

The only tumours with which the venereal bubo is likely to be confounded are scrophulous enlargements of the glands of the groin; tumours of the same glands originating from gonorrhœa, denominated sympathetic buboes; and tumours originating from ulcerations or cutaneous eruptions on the lower extremities. Lumbar abscesses and herniæ, both inguinal and femoral, are also said to have been mistaken for venereal buboes; but this is a mistake so obviously the result of ignorance or inattention, that I do not conceive any practitioner of common judgment likely to fall into it. Between the true venereal and the scrophulous bubo, I regret to say, that we do not possess any adequate means of distinction: the former, however, is, in general, confined to one gland, is exceedingly painful to the touch, and this pain is said to undergo an exacerbation during the night: the tumour is, in general, rapid in its progress, and attended with consider-

able inflammation of the integuments. In scrophulous affections again, tumours are frequently distinguishable in more than one of the inguinal glands, and occasionally also in other parts of the body; these tumours are much less painful, they are more moveable under the integuments, their progress is slower, and attended with less inflammation on the surface; at the same time, they frequently acquire a much larger size than what the venereal bubo reaches. In cases of gonorrhœa, where the inflammation runs high, and where the habit is irritable, swellings frequently occur in the glands of the groin which are extremely difficult to be distinguished from Syphilitic buboes; they are chiefly to be known by the absence of chancres, and by observing whether or not they correspond in their origin, progress, and decline, with the extent of the urethral inflammation. Ulcerations and cutaneous eruptions on the inferior extremities sometimes give rise to enlargements of the glands of the groin, which are to be distinguished from venereal buboes, by our knowing that such ulcerations exist, by the total absence of other venereal symptoms, and, by observing that these tumours are frequently seated lower than venereal buboes, and more directly on the fore part of the thigh.

Whenever our assistance in the treatment of venereal buboes is required, at a period sufficiently early to render their cure by resolution practicable, the propriety of attempting the discussion of every tumour of this kind, is now so generally admitted, that it appears to me unnecessary to adduce arguments in favour of this practice. No time should be lost in putting the patient under a course of mercury, which will require to be continued for a longer period than is necessary for the cure of chancres; a month or six weeks will, however, prove in a large proportion of cases a sufficient time to keep up the mercurial affection of the system; and the mode of introducing the medicine by friction on the thighs, has been thought by some to deserve a decided preference in many cases of bubo, from its being thus made to pass through the diseased gland. Every part of the antiphlogistic regimen is to be combined with the use of mercury, and the assiduous employment of every local means to promote the dispersion of the tumour.

General blood-letting is a measure not often proposed in cases of this kind, and would probably very often be objected to on the part of the patient; there is no doubt, however, that when the inflammation is violent, in plethoric habits; and particularly, when, (as frequently happens) there is a fiery erysipelatous

appearance on the surface of the tumour, general blood-letting is the only means which can effectually avert suppuration. The abstraction of blood by means of leeches applied to the swelling is one of the most eligible and powerful means we possess, of alleviating the pain, tension, and other inflammatory symptoms attendant on these tumours; at the same time the application of sedative and astringent lotions, particularly solutions of the acetate of lead, is recommended by long and repeated experience.

In speaking of the diagnosis between venereal buboes and scrophulous swellings of the glands, I have pointed out the torpid and indolent nature of the latter as their chief characteristic; and in practice we must be prepared to meet with tumours of a mixed nature, evidently originating from a venereal infection, while in their progress they seem more akin to the scrophulous bubo, remaining for days and sometimes for weeks quite stationary, without shewing a decided tendency either to resolution or suppuration. This is one of the most tantalizing occurrences we meet with, the patient at every visit evincing a very natural anxiety to know what is to be the issue of his case, and urging his medical attendant to say whether or not his bubo will suppurate. In such cases I am happy to think

that we have a remedy in our power, which will, in a majority of instances, procure the discussion of the swellings, and in all of them will certainly expedite their termination either in resolution or suppuration—I mean the application of blisters to the surface of the tumours. This is a practice by no means so general as it ought to be, and to some I know that it is altogether new. Even since I began this Essay, I have learned from the conversation of some of my medical friends, who have had considerable experience in the treatment of syphilitic cases, that the application of blisters to venereal buboes is a practice of which they had no knowledge. The practice in question is one which I have been in the habit of using very extensively ever since I entered the army, now nearly fifteen years ago, and it may be supposed I am not the less inclined to persevere in it from finding it recently recommended in the following terms by a gentleman of Mr. Carmichael's talents and experience. “ The buboes in this form of venereal disease, are often remarkably hard and indolent, evincing neither a tendency to disperse nor to suppurate. In such cases, the greatest advantage may be derived from the repeated application of blisters to the indurated bubo, which soon either cause the dispersion or the suppuration of

“ the tumour, and thus free the patient from a troublesome symptom which might otherwise continue many months to torment him.” *

When our efforts have failed in averting suppuration, and when it becomes evident that this process must take place, it is to be promoted by the assiduous use of warm fomentations, and emollient cataplasms; the latter to be applied as warm as the patient can bear, and to be frequently renewed.

For the purpose of opening venereal buboes, (which in general ought to be done as soon as a fluctuation is distinctly perceptible,) a common, or an abscess lancet, entered at the most dependent point of the tumour, and carried up through the centre of it, is in general the most eligible instrument; and nothing should induce us to be too sparing in the extent of the opening, which frequently leads to the formation of sinuses requiring renewed operations, and unnecessarily protracting the sufferings of the patient. Any hemorrhage which occurs from an opening of this kind, is in general rather beneficial than otherwise; but should it in any case prove troublesome, it may be restrained by a piece of lint inserted between the lips of the

* Carmichael's Observations on the Symptoms and Specific Distinctions of Venereal Diseases. London, 1818, 8vo. page 21.

wound, and secured by a compress and tight bandage; and in no case where buboes are of any considerable size, would I permit the lips of the wound to come into contact, as they sometimes adhere very speedily, and matter again accumulates within the tumour, demanding a new opening for its evacuation. When sinuses form either from a bad habit, from the tumour having originally a very extensive base, from the opening being too long delayed or too limited in extent, they are to be immediately laid open throughout their whole course, and the sores treated according to the common rules of surgery.

In the opening of venereal buboes, some have given a preference to the use of caustic, alleging that by destroying a portion of the distended and superabundant integuments, it accelerates the cure. I have scarcely, however, any personal experience of this practice, and have generally found that, where the opening with the lancet was sufficiently extensive, and the dressings admitted to the bottom of the wound, any superabundant portion of integuments which was found overhanging the surface of the sore was speedily reduced by suppuration, and did not often prove an obstacle to the cure.

In cases where buboes of an extensive size, advance to suppuration, and where the integuments appear firm and little discoloured on the surface, a small seton, passed through the base of the tumour, will be found a good mode of opening it.

In the following case, having failed to procure a passage for an eyed probe, containing a seton, a cure was accomplished, rather unexpectedly, by the use of an astringent solution.

In the month of October last, a gentleman applied to me for the cure of an open bubo, which, in consequence of what I considered very inefficient practice, had been allowed to come to suppuration. While endeavouring to heal the ulceration, a small tumour, resembling a common boil, formed above, and nearly an inch and half distant from the original sore; in a few days, this tumour was found to contain matter, and on pressing its surface pretty firmly, the matter was evacuated through the opening of the bubo. Seeing, from this, that a communication existed between the two, I thought it the most eligible mode of proceeding, to pass a seton from the lower opening, and bring it out through the small boil. With this view, I injected a quantity of warm water through the opening of the bubo, and by this means distended the little tumour above, so as to guide me in making an opening into it

with a common lancet; I then attempted to pass an eyed probe, armed with a skein of cotton, from above downwards, and from below upwards, but could not succeed in either way, owing to some membranous adhesions, which I found it impossible to break through with the probe. Foiled in this attempt, I contented myself with injecting a solution of the sulphate of iron, which passed readily from the one orifice to the other, and by the use of this, the sinus was completely and firmly healed in a few days.

Such are the principal points in the treatment of venereal chancres and buboes to which I think it necessary to advert. In an Essay of this kind, much must of necessity remain to be learned from other sources; and of the more complete treatises on the venereal disease, there is none which my individual experience induces me to appreciate more highly, than that of the late Mr. Benjamin Bell, to which I have so often referred in the course of this little work. Upon the great question which has lately agitated the profession, respecting the employment of mercury, much information is yet to be expected from the army surgeons, and particularly from a work on military surgery, by my friend Dr. Hennen, now in the press. I have been favoured by the author with a manuscript copy of his chapter

on Syphilis, and can promise the profession, that it will be found replete with original and interesting observation.* The doctor brings forward some very striking instances of the sufficiency and permanency of cures effected without mercury, while at the same time, he is far from denying the utility of this medicine in some cases of Syphilis, as will be seen by the following passages, which I have the author's permission to copy:—"While I have enumerated
" many of the ill effects produced by mercury, when
" it acts as a poison, I must give my strongest tes-
" timony to the admirable results which proceed
" from its judicious use, in persons not constitu-
" tionally disposed to be injured by it, and who do
" not lead profligate lives, or are not exposed to
" the foul air of hospitals fully saturated with its
" fumes." "Of its unquestionable efficacy there
" can be no doubt, but its indiscriminate employ-
" ment in every case, whether old or recent, sus-
" picious or confirmed, and without any view to the
" patient's diet, or his general health, has produced
" the most dreadful consequences. To reduce its
" employment within the limits where it can be sa-

* Since this passage was written, Dr. Hennen's work has been published, and will, I trust, be found to merit the encomium I have bestowed upon it.

“ lutory only, without creating or evolving other dis-
“ eases, is the best means of supporting the reputa-
“ tion of the medicine.”

In adverting again to my own sentiments upon this subject, and to the urgency with which I have recommended mercury in the introductory part of this Essay, I trust I may be allowed to avail myself of the following observation of Dr. Percival of Dublin:—“ The bulk of wise practitioners have all
“ along adhered to the evidence of their experience,
“ and have left the speculative part to contend for
“ the palm of inventive ingenuity.”*

* Transactions of the King's and Queen's College of Physicians in Ireland.

APPENDIX.

*Letter from John Sandeman, Esq. Surgeon at Brechin.
(Referred to at page 9.)*

“ BRECHIN, 26th March, 1820.

“ MY DEAR SIR,

“ When I had the pleasure of seeing you lately in this part of the country, I promised to communicate my sentiments to you on the subject of the non-mercurial practice in Syphilis.

“ The absolute necessity of using mercury in the cure of this disease was strongly impressed on my mind by what occurred in the Royal Artillery Hospital at Woolwich, in 1806, when I joined the regiment: Most of the venereal patients were at that time treated by the exhibition of acids; and the number of secondary cases which occurred was certainly greater than what I have ever seen either before or since under the mercurial treatment.

“ At the time to which I allude, I would have considered it a reflection on my medical character to have discovered secondary symptoms in a patient whose treatment I had been entrusted with from the beginning, but the case is now greatly altered by the doctrines recently promulgated on this subject.

“ I remain,

“ My Dear Sir,

“ Very truly yours,

“ JOHN SANDEMAN,

“ Surgeon, H. P. Royal Artillery.

“ To Dr. Ballingall,
Howe Street, Edinburgh.”

APPENDIX

1. The first case is that of a patient who had been suffering from a long-standing disease of the lungs, and who had been treated with various remedies, but without any permanent benefit.

2. The second case is that of a patient who had been suffering from a long-standing disease of the lungs, and who had been treated with various remedies, but without any permanent benefit.

3. The third case is that of a patient who had been suffering from a long-standing disease of the lungs, and who had been treated with various remedies, but without any permanent benefit.

4. The fourth case is that of a patient who had been suffering from a long-standing disease of the lungs, and who had been treated with various remedies, but without any permanent benefit.

5. The fifth case is that of a patient who had been suffering from a long-standing disease of the lungs, and who had been treated with various remedies, but without any permanent benefit.

6. The sixth case is that of a patient who had been suffering from a long-standing disease of the lungs, and who had been treated with various remedies, but without any permanent benefit.

7. The seventh case is that of a patient who had been suffering from a long-standing disease of the lungs, and who had been treated with various remedies, but without any permanent benefit.

8. The eighth case is that of a patient who had been suffering from a long-standing disease of the lungs, and who had been treated with various remedies, but without any permanent benefit.