

Observations on the pathology of venereal affections / [Benjamin Travers].

Contributors

Travers, Benjamin, 1783-1858.

Publication/Creation

London : Longman, Rees, Orme, Brown, and Green, 1830.

Persistent URL

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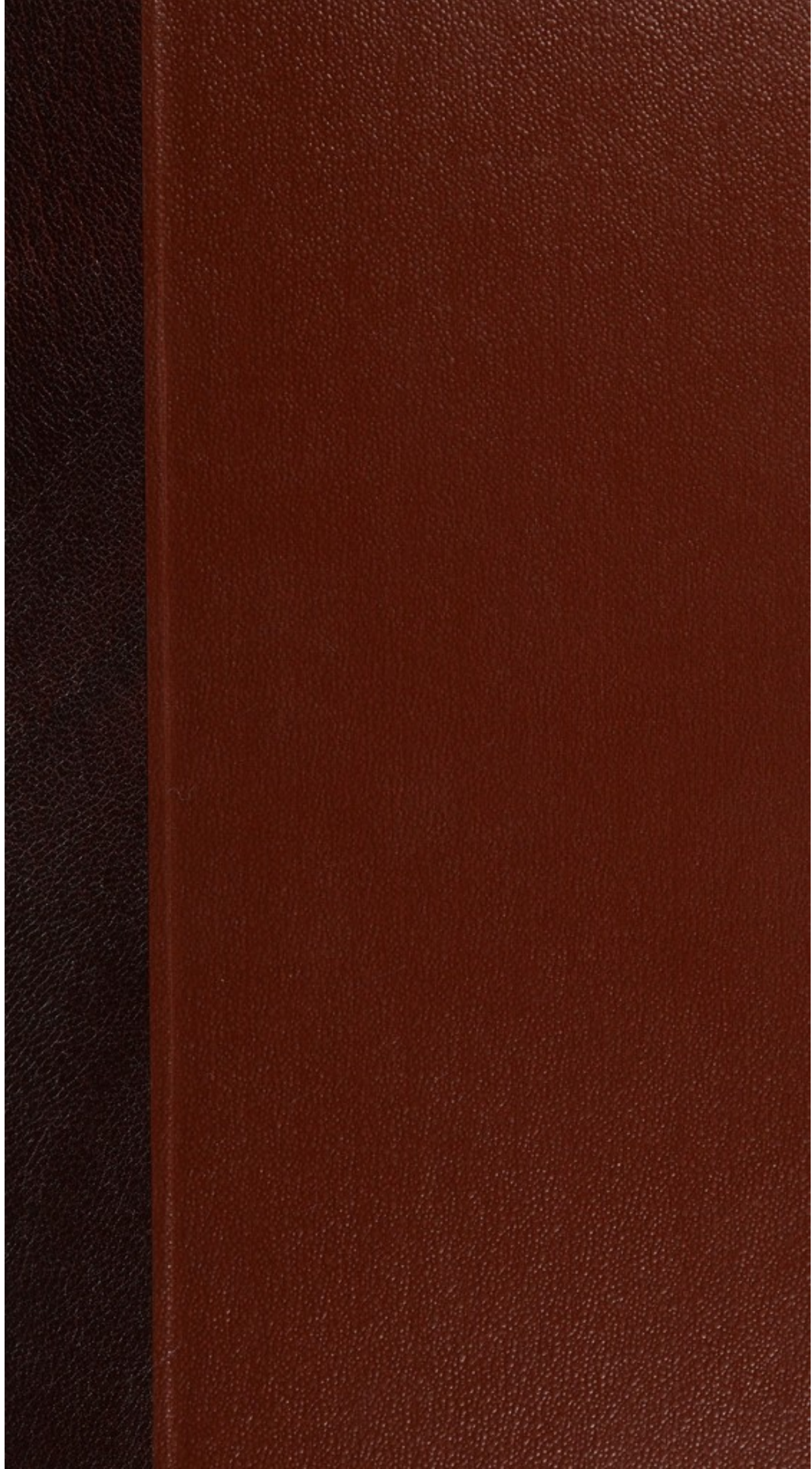
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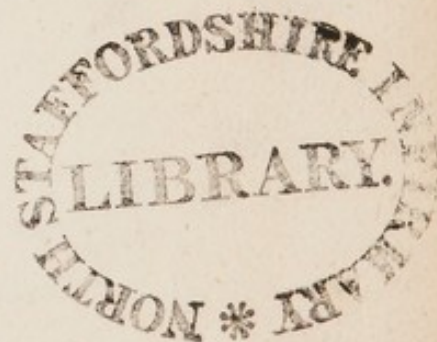
BY
BENJAMIN TRAVERS, F.R.S.

AND
SENIOR SURGEON TO ST. THOMAS'S HOSPITAL.

LONDON:

PUBLISHED BY
LONGMAN, REES, ORME, BROWN, AND GREEN,
PATERNOSTER ROW.

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T. KEATING, PRINTER, CORNWALL ROAD, LAMBETH.



TO THE
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OBSERVATIONS

ON THE

VENEREAL DISEASE.

HAVING been requested at the close of my Presidency, by the Council of this learned Society, to contribute the Annual Discourse commemorative of its institution, I have selected for the purpose of some observations, a subject interesting, as it appears to me, from its history, its importance, and its frequency; and I may add, from the diversity of opinions, which are to this day entertained concerning its phenomena and treatment. This is the class of diseases engendered by the promiscuous intercourse of the

sexes. I shall endeavour to trace the origin in a physical sense, and the general course and relation of the symptoms in these diseases, so as to illustrate what may be termed their natural history: but in treating a subject so extensive, it is scarcely necessary to observe, that I profess nothing so incompatible with the present occasion as an attempt at comprehensiveness.

First, of the Gonorrhœa, as that very inappropriate term is understood.

A purulent discharge from the male urethra or female vagina is not unfrequently independent of sexual intercourse, and this furnishes the simplest, and at the same time a correct illustration of the disease, having that origin. By an acrid injection or mechanical irritation, the habitual mucous secretion may be converted into an inflammatory or purulent discharge. As a sympathetic affection, it may exist even in infancy.

The vaginal mucus of a maiden woman may be converted from a transparent albumenous-aqueous fluid into one resembling pus in all its sensible qualities, by the super-vention of inflammation, from whatever

cause, upon the vaginal follicles and membrane.

Attempts to violate female children have been frequently seen to produce a copious purulent secretion from the vagina, and the first impression of the examining surgeon, that gonorrhœa had been communicated, has been corrected by careful inspection of the offending party, who has been found free from disease.

I believe that the vaginal secretion in either of these, or similar cases, is capable of communicating the inflammatory irritation to other mucous surfaces, either of the same or another individual. I have seen many cases of acute suppurative inflammation in the eyes of new-born children, where I was well convinced that the mother could not be the subject of gonorrhœa, and others, in which the existence of that disease was indirectly ascertained, though it could scarcely have been suspected; but I never met with a case in which, upon strict inquiry, neither this, nor the inflammatory leucorrhœa, so often attending upon advanced pregnancy, was not ascertained to be present.

It is well known, that a woman so affected sometimes communicates a discharge to her husband; the case being not so rare, in reputable classes of society, as to render the fact doubtful to experienced surgeons.

If then the product of inflammation, induced by chemical or mechanical stimuli, or undue determination of blood to the secreting surface, is capable of communicating the inflammatory irritation by contact; this simple origin of the disease is sufficient to shew that the affection termed 'Gonorrhœa,' is not necessarily to be referred to any specific quality of the matter. The various degrees of severity which it assumes, indicate only the stage and extent of the inflammation, which, wherever the natural susceptibility exists, is excited by the introduction of purulent matter.

It is observed, that a first gonorrhœa is generally more virulent than those which succeed it; that, while some persons exposed to the disease are so remarkably susceptible as scarcely ever to be long free from it, others, equally or more exposed, have escaped alto-

gether, or having had it repeatedly, become insusceptible: that a profuse leucorrhœa in a wife sometimes communicates a mild gonorrhœa to the husband, but that the occurrence is rare comparatively with the exposure to it: that a woman is not unfrequently the medium or passive communicant of the disease, not being herself the subject of it; as when she cohabits at a short interval with a diseased and a sound party: and that a man often discovers gonorrhœa in a few hours after connection with a clean woman, having some days before communicated with a stranger. A person so situated charges the last party, who is in fact innocent, and remains uninjured, with the mischief. These cases are not very uncommon. I have known a married man, who had an illicit intercourse, finding himself clapped, and well knowing the chastity of his wife, indignant at his mistress's infidelity; upon which the accused party, deeply hurt at the imputation, has demanded to undergo a professional scrutiny, and has thus cleared herself of the charge. So far as examination can be relied upon, it has

established her soundness.* Now, the man having intercourse with his wife and his mistress, and with these alone, it follows, that he had become inflamed with the co-operation of his mistress upon the leucorrhœal secretion of his wife, whose sickliness had been his apology, '*in foro conscientie*,' for dividing his attentions; and further, that he had not communicated the disease to his mistress.

From the above statements, it appears, first—

That the temperament and constitutional susceptibility of the receiver have a marked influence upon the event of infection or non-infection: second—

That the local sensibility and local sympathy of individuals are very various: third—

That if the disease arises from a chaste intercourse, it scarcely partakes of an inflam-

* If it be said, that in such a case an imposition may have been practised, I reply, that the appearances of inflammation cannot escape an attentive observer, though the discharge be slight; and, secondly, that the circumstance of a morbid leucorrhœal discharge in the female being on every connection a source of irritation to the male organ, is of frequent occurrence.

matory character, and is communicated in a mild form: fourth—

That a female may convey, without participating, the disease, though it attacks the injured party in a decided form: and fifth—

That the excitement of coition may evolve the disease, which, as regards discharge, had been hitherto latent, though the vagina, which seems to have been the fomes of the contagion, is uninfected.

Heat in urining, titillation, tumefaction, which often precede the appearance of the discharge, even for days, may sometimes be removed by rest, purging, and mucilaginous drinks, so that the inflammation is subdued before it reaches purulent secretion. Coition in this state infallibly produces discharge. Sometimes with a full, thick, high-coloured discharge, there is neither heat, swelling, nor colour of the labia urethræ. These symptoms, on the other hand, may be all considerable with a thin and scanty discharge, and the heat, often without any. These differences are only to be explained by reference to the condition and susceptibility, local or general, of the person infected. The time required

for the production of the discharge is sufficient to shew that it is a secretion, the result of inflammation. And the fact, that a mild clap sometimes communicates a virulent one, and vicê versâ, that a rank clap gives a mild one, and often none at all, shew, as before observed, that the inflammation is not regulated by the condition of the matter, but by the individual's susceptibility.

These statements are all reconcileable to the theory of the simple inflammatory character of gonorrhœa, and its ordinary origin from the irritation of purulent matter. I say, 'ordinary,' because we have seen that the disease may arise independent of intercourse, or after connection with a sound female, the urethral membrane being already irritated or even inflamed, but not discharging purulent matter.

Hitherto I have spoken of the gonorrhœa, strictly so called, viz. the inflammatory secretion from the male urethra and female vagina. So long as sound surfaces remain on both sides, it is my belief that no secondary symptom of a specific character follows; that in fact no poison is formed. I do not say, that

no such quality belongs to the matter which may be secreted by unbroken surfaces. Much of the difficulty of this subject has arisen from the supposition that either gonorrhœa or sores, or both, are the product of a particular virus or poisoned matter, and that a gonorrhœa necessarily gives a gonorrhœa, and a sore, a sore. This is altogether erroneous. Inflammation is excited by the irritation of matter from the inflamed follicles of the sound surface* as well as from the ulcerated surface, and the difference of its effects upon the party who receives it, depends exclusively upon absorption or non-absorption, *i.e.* the formation or absence of a sore, a circumstance often accidental.

We know how delicate and superficial a læsion, and how minute a charge, are sufficient for the introduction of the variolous or vaccine matter. When therefore, by the continued tension and friction of an exquisitely delicate cuticle, the smallest abrasion or breach of continuity permits the absorption of mat-

* The inflammation attending acute gonorrhœa is, *cæteris paribus*, greatly exceeding that of sores in the absence of gonorrhœa.

ter, *i. e.* inoculation, a sore follows, the secretion of which may be absorbed. Not that this is by any means an invariable consequence, or at least, that such absorption is evinced by any specific appearance. To prostitutes the state of mild gonorrhœa with chronic thickening of the preputium clitoridis, nymphæ, and internal labia vaginæ, is habitual; they feel no inconvenience from it, and do not admit it to be a state of disease. This is commonly owing to two circumstances, continual excitement of the organs and the system, and want of cleanliness. The disease which these persons communicate is, most frequently, external gonorrhœa; inflamed crevices, and excoriations, forming superficial ulcers, of which mechanical violence is also a common cause. In these circumstances, the secretion is capable of being absorbed, and acting as a morbid poison; the existence of a new surface and the absorption of its secretion, being the basis of distinction between the simple and specific disease.

The proper gonorrhœa, or inflammatory secretion from the sound mucous lining of the urethra, while confined to it, is incapable of

producing secondary symptoms in the individual; its bubo, if present, is sympathetic, so is the sore throat, or inflamed membrane of the eye, or nose, if one or all should follow; *i.e.* they have no character but that of simple and superficial membranous inflammation. As these unquestionably do sometimes follow, though in so slight a degree as to be scarcely noticeable, the circumstance can only be explained by attributing it to the same "*consensus partium*," which determines the selection of these parts for the specific appearances when the matter of secretion is absorbed, and acts as a morbid poison. But when the matter of gonorrhœa is absorbed by an excoriated surface, and this surface becomes an ulcer, the matter which it secretes is capable of producing, by its absorption into the system, secondary symptoms in the individual. The absence of secondary symptoms in pure gonorrhœa depends therefore, not upon any difference in the quality of the matter, but upon a law of the animal economy, *that the inflammatory secretions of the sound surface are not absorbed into the system.*

The tumefaction of the glans penis, deter-

mining phimosis or paraphimosis according to the habitual or existing state of the prepuce, is not commonly much in proper gonorrhœa, except it be from want of cleanliness and attention, or stimulating and improper treatment. But in the external gonorrhœa, which is oftener coupled with excoriations and sores than with proper gonorrhœa, it generally induces phimosis ; at least, much and early attention is required to prevent it. The phimosis, in excess, as it often appears on admission days at our hospitals, and exists chiefly among the poor and profligate, is the most serious consequence of neglected gonorrhœal inflammation. The locking up of the secretion by the confined prepuce, adds greatly to the inflammation of the integument and to the progress of ulceration, if sores exist ; and if not, induces the growth of warts. Warts are seldom or never produced but by the continued application of gonorrhœal matter. They are raised or tubercular, flat and callous, (condylomata) as upon the skin of the perineum and at the verge of the anus, or seed-like, and disposed in clusters projecting from these parts ; or, soft isolated granulations,


exceedingly vascular, and sometimes much elongated, as on the cuticle of the glans penis and prepuce.

The matter of gonorrhœa is the prolific parent of that large class of venereal symptoms, which are observed to follow in the train of superficial ulceration of the genitals. The distinguishing features of sores produced by gonorrhœal matter, are circularity, flatness without induration, whether raised or level with the surface; seldom solitary, often several; their greater frequency on the anterior and posterior verge of the prepuce, or beside the frænum; *i. e.* at the angles of reflection between the layers of the prepuce, or the close and loose investment of the glans, than elsewhere. In the female, they are likewise commonly situated at the junction of the mucous with the cuticular membrane upon the labia, or at their inferior commissure. Their margin is blunt but not indurated, the character of the granulation is spongy and indolent, and though they clean readily, they heal slowly. Lunar caustic, lightly applied, quickens them; and the solutions of caustic, copper,

zinc, and alum, escharotic astringents, are among the best local remedies.

The secondary symptoms of the gonorrhœal sore are as strongly marked, and present as distinct a character as those of lues. The glands in the groin are oftener enlarged and indurated, than otherwise, in protracted cases; but, as in proper gonorrhœa, the affection is sympathetic. The appearance of secondary symptoms is certainly not peculiar to these cases. The inflammation of the velum palati and uvula is diffuse and superficial; the surface is roughened with innumerable small tufts of white lymph, or pitted with small and shallow indentations, where ulceration has taken place. These are so slight as often to escape ordinary observation. They are seen chiefly upon the tonsils, uvula, apex and edges of the tongue. The sharp, deep and clean fissures of the tonsil, like the roughened and pitted tonsil, are consequent upon gonorrhœal ulcers of the genitals; but this appearance is later, and I am disposed to think, induced by the partial and alterative action of mercury upon the system; in other words, a

progressive stage towards the cure. The gonorrhœal sore throat is accompanied by considerable irritability, to stimulant fluids especially. The excavated ulcer of lues, with its abrupt high-coloured margin, is not more strongly characterized, or more readily distinguished. The cutaneous affections are slight, and in character presenting less variety than those of lues, so far as my observation enables me to speak. The papular and squamous are the most common, the pustular and tubercular, occasional. The lichen and psoriasis upon the trunk and limbs, and the achor and acne indurata, thickly distributed upon the face and verge of the hairy scalp, are the forms which I have chiefly recognized. The attempt to discriminate and class the minute varieties of primary sores, and to establish corresponding determinate forms of cutaneous eruption, appears to me to suppose an uniformity at variance with observation, if not with nature, and to render what is sufficiently clear for all practical purposes, studiously obscure. General character is a sure and sufficient guide. This will pretty infallibly distinguish the gonorrhœal sore from the chancre,



the gonorrhœal sore throat from that of chancre, and in most instances, the eruptions consequent upon either, from the eruptions produced by mercury. I have not, however, attained such nicety of discrimination, as to pretend to determine the character of the primary sore from that of the eruption, with any feeling of confidence. The scrotum is frequently the seat of scabbing excoriations and eruptions of a peculiar character, connected with a morbid thickening and elongation of its extensile cutis. These, I believe, are generally depending upon direct irritation. The verge of the anus likewise presents peculiarly characterized eruptions, which I have been sometimes disposed to regard as resulting from a similar cause.

The conjunctival palpebra sometimes inflames, producing psorophthalmia, and the membrane of the septum and interior nares exulcerates. Tenderness and soreness affect the flat bones occasionally; but I do not think the periosteum inflames to deposition, unless after exposure to cold under the excitement of mercury. This symptom, however, is from these circumstances uncommon

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except among the working classes, whose sufferings in all ways are subject to great aggravation from this cause.

One or more joints are sometimes painful when the eruption or sore throat are present.

Ligamentous inflammation, especially in the large joints, as in the knee or elbow, and inflammation of the sclerotic tunic of the eye are frequent accompaniments of the gonorrhœal inflammation in scrofulous subjects, and are sometimes vicarious with it. These, the inflammation of the neck of the bladder, the hernia humoralis and bubo are sympathetic affections, independent of absorption, and by some regarded as translations of the inflammation, the gonorrhœa usually declining when they appear. But the circumstance is too variable to admit of this explanation in general. The neck of the bladder, testicle, and groin are affected by sympathetic continuity and contiguity; the ligamentous capsules and sclerotic by remote sympathy. These textures resemble each other, being both fibrous, but they have no analogy to the urethra; and unless we suppose the ligamentous sheath of

the penis or the close coat of the testicle intermediately affected, the link which connects them is not obvious.

There is one disease produced by the palpable application of the matter of gonorrhœa, vastly more serious in its nature and consequences than itself, or any other connected with it. This is that acute suppurative inflammation of the conjunctive tunic of the eye which is set up in a very few hours by carrying the matter to the palpebra, and in that way only. It is an affection totally unlike the scleratitis or ophthalmia tarsi, of which I have just spoken. I entertain no doubt that this was the origin of the disease of the army in Egypt, exasperated by local causes, and especially by its facile and extensive communication through so large an assemblage of men, under such favouring circumstances of predisposition and excitement. I have repeatedly known it run through a family, impairing or permanently destroying the eyes of the children using the same towels, and the disease has been traced to the gonorrhœa of the father, who has sometimes taken the ophthalmia from the children, when the dis-

ease (gonorrhœa) introduced in his person has long since terminated. Its rapidity and destructiveness are well known, and I shall not here revert to the subject of its treatment, upon which I have already offered my experience to the profession. A portion of the matter spirting into the eye of a medical man, in the act of syringing that of a patient, has too often proved destructive to sight; and I have seen the application of a foul finger or sponge followed, in less than three days, by the same calamitous result. Would not the matter secreted by any other acutely inflamed surface, if confined in the folds of the conjunctiva, induce similar consequences?

The gonorrhœal poison, like the small-pox, is communicated to the fœtus in uterô by an infected mother, also to the infant at the breast. Exulcerations of the mucous membrane of the nares, eyes, mouth, pudenda and verge of the anus, papular eruptions and blotches upon the skin of the infant are the more ordinary symptoms. They yield to the hydrarg. cum cretâ, three or four grains night and morning.

Of the treatment of gonorrhœa I have

nothing material to say. Purgatives, sudorifics, diuretics and mucilaginous diluents, rest, and frequent tepid ablutions more than half cure the disease by removing the cause. Over the running no medicine has any power to be compared with the copaiba. Of injections, when the discharge is gleety, none are equal in my experience to those in common use, of lead, copper, and zinc. The inflammation of the cervix vesicæ, spasmodic stricture, swelled testicle, phimosis, with irritable sores at the corona glandis, thickened and ulcerated prepuce, burrowing abscesses between the bodies and integument of the penis, and warts, in nine cases out of ten, are consequences of inattention to cleanliness, or exasperation from a totally wrong treatment in the early stage of the complaint.

Neither the sores nor the secondary effects of the gonorrhœal poison require more than the alterative tonic action of mercury; by its full action they are impeded, as it irritates and depresses the system disadvantageously. I will not say that the constitutional symptoms may not be cured without mercury; but the result of my experience is that the gentle

action of that medicine, such as is given by Plummer's pill, the oxymurias hydrarg., and in some feeble systems by the hydrarg. cum cretâ, so materially expedites the curative process, that independently of any specific efficacy, real or supposed, I avail myself of its assistance. I am guided by its influence on the disease as to the extent and continuance of its use. The disadvantages of slowness in the cure and a continual tendency of the disease to relapse, or reappear in a new form, long since compelled me to abandon as a general principle, that of treating these cases without mercury. The sarsaparilla I almost invariably give at the same time in substance and decoction simple or compound; and in cases so slight, that I think the alterative not called for, or perhaps already sufficiently administered, I give with it free doses of the diluted nitric acid, with or without an equal portion of the tincture of henbane.

If much irritability is present, especially in the throat affections, the sublimate, combined with small doses of the extract of conium or opium is an estimable form, and where constitutional debility prevails, the hydrarg. cum cretâ with a little rhubarb or Dover's powder,

as the case may require. The indication of treatment is twofold, alterative and tonic; if much pain and irritability be present, a sedative should be added. The readiness with which the disease yields to this plan, steadily supported, it is most gratifying to witness.

It is not necessary to specify further the details of treatment.

The second great division of my subject comprehends the more severe and destructive form of the venereal poison, commonly distinguished by the term 'Lues' or 'Syphilis.' I am compelled to adopt these appellations, although as used in a distinctive sense I do not approve of them, for the sake of rendering myself intelligible. The poison is one and the same, but it has its grades of severity, and I shall endeavour to explain why it is so. The common notion prevails, that proper gonorrhœa, being a simple inflammatory secretion of the mucous membrane, and not acting as a poison upon the system, the lues or syphilis is altogether a distinct disease. Let us examine this opinion. I have said, that whilst on both

sides the surfaces remain sound, no constitutional disease is discoverable. But before we decide that the matter secreted in gonorrhœa and in syphilis have no relation to each other, we must shew that the gonorrhœal secretion being absorbed into the circulation, as in the case of superficial sores, is incapable of producing constitutional, or as they are called secondary symptoms. Now I aver that such a connecting link between these diseases exists, and is palpable to observation. I have already described the symptoms arising from the absorption of the gonorrhœal matter, and it cannot I think be denied, that the resemblance is such to those of syphilis, as to establish their very intimate relation if not their identity. If a constitutional disease be traceable through the medium of gonorrhœal sores in a subject hitherto immaculate, the next step in the inquiry is to determine the operation of a constitution already tainted with the poison of gonorrhœa upon sores of this description. Are not the natural secretions of the bowels, the skin, and the kidney, influenced by the deranged state of the constitution? Are not the morbid discharges from simple wounds and

ulcers, having their origin in casualties, also subject to vitiation from a similar influence? We know that the unhealthiness of the matter of ulcers and suppurating surfaces, of whatever description, is constantly and truly referred to a prevailing morbid state of the system. Thus, if a poisoned habit contracts a sore, though the sore may have been caused by an accidental læsion of the skin, it becomes at once contaminated, and secretes a virus possessing properties not observed to belong to the secretion of a fresh and healthy system: the property, for example, of exciting upon a new surface an inflamed vesicle or pustule, which is followed by an excavated ulcer, instead of a superficial, raised or level, sore, and which runs into phagedenic ulceration, whether on the glans penis or the tonsil; of affecting parts of the system not within the ordinary range of the milder poison, as the iris and the periosteal membrane; of exhibiting cutaneous eruptions peculiar in colour, figure, &c., and differing somewhat in other respects, though that remains for future research to determine, from the class to which they respectively approximate.

From this observation it would seem that the gonorrhœal and syphilitic poisons are the same in kind, and that the only difference between them consists in the degree of their intensity and the extent of their operation. The purely *local* production of the gonorrhœal matter, prior to the participation of the constitution, would lead us to expect a wide difference between the secondary symptoms of gonorrhœal sore and those of lues; in which last the sore is as much constitutional as local, and the matter secreted is in effect a poison. For I consider that the primary sore of lues is in its nature a constitutional or secondary sore, having originally been the production of a system already impregnated with the venereal poison. The matter of poison being once engendered, its communication to another requires no such conditions as a breach of surface or an impure constitution in the recipient. In its most intense and concentrated form it may at once be communicated by its proper irritation and inflammation to a novice, and the recurrence of the circumstances stated as explanatory of its origin and derivation from the gonorrhœal stock, must be sufficiently frequent to perpe-

tuates and renovates the matter of infection without limit.

It appears then that a simple or primary gonorrhœal sore may, and frequently does communicate a constitutional disease, bearing incontestable evidence of a poison analogous in general character, but milder in degree, more limited in the sphere of its operation, and from this and other circumstances capable for the most part of being distinguished from that of syphilis. The signs of distinction are becoming artificial and obscure, and the bases of them will in all probability be eventually overlooked and forgotten. Further, a sore of any kind formed on the genitals of a person whose blood circulates the gonorrhœal poison, becomes capable by its secretion *sui generis*, the type of the poison, of communicating syphilis, viz. of raising a vesicle or pustule, followed by a circumscribed, excavated, hard edged ulcer, which, if not restrained by the action of mercury, is disposed to extend in depth and breadth, and in short destroy substance indefinitely, which is the local characteristic of the most active syphilitic poison.

From what has been stated I derive the following conclusions :—

1. That absorption does not take place from sound surfaces, and therefore the poison of gonorrhœa, if it be one, is not developed in the system. In the very rare cases in which constitutional symptoms follow gonorrhœa in the absence of a visible sore, I refer their existence to absorption from an ulcer in the urethra.

2. That gonorrhœal matter, though apparently the simple secretion of an inflamed surface, is capable, when absorbed into the system, as from sores, of acting as a poison in the production of constitutional symptoms.

3. That the venereal poison is essentially one; for analogous secondary or constitutional symptoms succeed to analogous primary sores, in systems previously healthy.

4. That the distinction between the gonorrhœal and syphilitic orders of symptoms, primary or secondary, is demonstrative of the difference between the secretions of a system previously healthy and the secretions of a system already charged with a poison.

I shall endeavour to explain my views a little more fully on this subject, though it should expose me to the charge of tautology.

A sound party may copulate with one who

is the subject of syphilitic as of gonorrhœal sore, and receive no infection.

The form of sore by which the material of the poison is secreted is subject to much variety; and this circumstance, as regards the fact of absorption and the mode of action of the poison, is unimportant; for a sore possessing no character of chancre, presenting rather that of a gonorrhœal sore, instead of healing kindly, may resist healing, and secrete a matter capable of producing the worst description of secondary syphilis, if contaminated by connection with a party so affected; as on the other hand, a chancre often heals without inducing secondary symptoms: except, however, the case supposed, the gonorrhœal sore has commonly a set of symptoms associated with it, and the same may be said of chancre.

The pustule or chancre forming upon a sound cuticle is peculiar to the irritation of the constitutional poison, *i.e.* the matter of a poisoned sore, and is never communicated by matter which is the production of a simple sore.

But a gonorrhœa may give a gonorrhœal sore, and a gonorrhœal sore contracted by a

poisoned system, *i. e.* a system charged with the gonorrhœal poison, may communicate the second order of venereal symptoms, those which are denominated syphilitic.

When the blood has become impregnated with the venereal poison, and while so impregnated, whether derived from the matter of gonorrhœa or chancre, the fresh primary sores contracted by the individual secrete the poison, and of course are liable to transmit the same directly to a clean party.

To distinguish the local (gonorrhœal) from the constitutional disease (syphilis)—I employ these terms as referring to their origin—I should denominate them the first and second order of venereal symptoms. For in this relation, looking to their history, they stand to each other. For example, a gonorrhœal sore in a fresh subject produces by absorption constitutional symptoms of the first order, and communicates a similar sore, having the same tendency to propagate the first order of symptoms. But a gonorrhœal sore occurring in a person already the subject of the first order of symptoms, becomes a constitutional sore, and secretes a matter capable of producing the

second order of symptoms in the individual, and of communicating the matter of chancre to another.

Thus the poison is in the first instance formed in the healthy blood from matter having no specific local action, innoxious, as in pure gonorrhœa, until absorbed, and then shewing a mild description of symptoms; but in the second, being secreted by contaminated blood, it is at once a morbid poison, acting destructively on the part and on the system. No such poison can be generated independent of the constitution, perhaps of several constitutions. The matter of gonorrhœal sores has therefore been the leader of the disease, if we look at its course historically; the material, which being received into the circulation, has given origin to the first and milder order of symptoms indicating the venereal poison, while the pustule or chancre, which is the primary local action of the poison, and the constitutional symptoms of syphilis are the result of its more complete elaboration.

A case far from uncommon in a certain class of life, and not without precedent in the highest, is that of a man marrying shortly after

the cessation of a gonorrhœa, which soon after his marriage reappears and communicates a discharge to his wife; thus interrupting and poisoning intercourse until it is prohibited by professional authority, and the necessary treatment for the cure of the disease. If the man has been much on the town and repeatedly clapped, or has a permanent stricture accompanied, as it often is, by a sympathetic tenderness and disposition to abrasion of the cutis upon the glans and prepuce, the parties are more or less annoyed during cohabitation by permanent gleet. If from neglect or reluctance to exposure, the wife becomes excoriated and a sore follows, she is liable to be afterwards visited by sore-throat or eruption, or both; and if she breeds, the child of which she is delivered is completely pocky, and from the mercurial course, which on the appearance of the secondary symptoms has been followed out, is often still-born. I am not in either of these instances describing a case, which will not be confirmed by the experience of surgeons who see these diseases.

A man labouring under the constitutional symptoms of the gonorrhœal poison, as the

sore-throat for example, cannot communicate, by any abrasion of the cicatrix of a superficial sore, other secondary symptoms than those which may follow from a simple gonorrhœa, if it produce a sore.

A man having syphilis in a secondary form, provided he be free from all affection of the genitals, communicates no taint to his progeny, more than to his wife. But a healthy wet nurse getting a sore nipple from suckling a pocky child, and secondary symptoms in consequence, communicates the constitutional disease to the fetus of which, during the existence of these symptoms, she becomes pregnant. The evidence is thus complete, the blood of the mother being contaminated, that the embryo which is nourished by it partakes of the poison, although in the absence of genital sores the party cohabiting is quite beyond the sphere of its influence. As the seminal fluid of a syphilitic male does not infect his paramour, so neither does the milk of a syphilitic nurse infect the infant which she nourishes; the natural secretions, by a most happy economy, however they may deviate from a healthy standard, not being in any case

a vehicle of this poison. Had it been otherwise—had not sores been the exclusive medium of infection—how incalculably would the sum of human misery have been augmented!

The poison in its most destructive shape is now rarely met with; perhaps for thirty or more cases of gonorrhœal sore, we have one of eating chancre. To what is this circumstance to be ascribed?

Judging from the records of history, there is much reason to believe that in the course of centuries the disease has been essentially altered in character, and certainly it has been subjected to no influence so direct and powerful as that of mercury. It is, perhaps, as much because that remedy has formerly been so indiscriminately and freely employed, as of late years so sparingly exhibited, that we find the disease comparatively so little formidable. There is, however, ground to believe, that what we may have gained upon the disease by mercury, has been obtained at the expense of life and limb. The poison has been bereft of its virulence at the cost of the constitution, and

for the cure of syphilis in an individual, scrofula has been entailed upon his posterity.

There is likewise another and material fact to be gleaned from the preceding observations, which may be regarded as a more sufficient explanation of the comparative rarity of the Hunterian chancre, as it is called. I mean the progressive amalgamation of the gonorrhœal and syphilitic orders of venereal symptoms, which has led me to say, that the signs of distinction are becoming obscure, and the bases of them will eventually, I would add, soon be forgotten. If the form of the sore is not an unerring test, as it certainly is not, of the quality of the contagion; if a simple sore admits of contamination either by the action of its own, or that of another previously morbid system, how are we with confidence to predict or infer the constitutional affection from the character of the primary sore; or why should we feel the surprise, which is so continually expressed at the truly syphilitic ulcer of the throat, eruption, iritis, &c. following a superficial sore, little more than an excoriation, '*certainly not venereal?*' Undoubtedly

the more perfect the form of pustular ulcer, the stronger is the evidence that the sore is the production of poisoned matter; but a secreting sore will be always subjected to the influence of a poison with which the sore or the system is imbued. Hence the refinement which deprecates mercury in one class of sores and urges it in another; which is founded in fact upon the peculiar character of the primary sore and by that directed as to the treatment, becomes delusive and a source of error; whence is confirmed the practical observation that in a certain proportion mercury is beneficial if not indispensable, and unquestionably the safer practice in all sores, which must be considered as accessories, *sine quibus non*, both to the admission and propagation of the poison.

To put the opinion which I have formed on the origin of the poison of syphilis in the shortest and clearest terms before the Society, I would observe, that a man communicating successively with females, the subjects of gonorrhœa only, may elaborate in his own system the most concentrated form of the venereal poison. The false partition between

gonorrhœa and other venereal affections owes its existence to the fact, that in gonorrhœa no breach of surface occurs, and therefore no sore is formed, and no absorption or morbid secretion ensues. It is therefore under such circumstances, as generally supposed and treated, a simple disease. But let the inflammation affect or extend to the non-secreting cutis of glans or prepuce; or let an accidental breach accompany the gonorrhœa, and ulceration follow, what then happens? absorption, the secretion of a matter of which the gonorrhœal is the prototype, and the possible, not to say probable, consequence of the corresponding constitutional signs. Now I do not say, if the subject of these symptoms acquires another sore from a second infection, that sore is to take or communicate the form of a chancre.* It may or it may not. Neither

* With the exception of the broad and easily recognised distinction between the depascent ulcer which leaves its permanent vestige by a corresponding loss of substance, and that which heals smoothly and leaves no trace, I consider that the distinctions of primary sores have been descanted upon with an over minute sagacity and precision, and that the particulars of such sores are of vastly less

do I assert that the subject of the secondary symptoms of the gonorrhœal poison, on contracting a sore, invariably or immediately conveys syphilis. For first it is admitted that some parties are little susceptible of venereal infection; and it is probable that those who are very attentive to ablution after connection may sometimes escape; but secondly, it may not be until the system has been to a certain extent and for a certain period of time under the influence of the *first* order of symptoms, that the secretion acquires the degree of morbid virulence and activity which is necessary to impart the *second*. But if the *direct* supply of the syphilitic virus were from this time forward to cease, I entertain no doubt that a never failing source of the contagion of syphilis would remain in the action of the human system upon the matter which is received and communicated

importance than has been imagined. The depth and firmness of the adhesive ring indicate a slow healing character and proneness to break out afresh; it is therefore to be regarded with more suspicion, and the process should not be considered as finished until such a border is levelled by absorption.

through the medium of superficial sores, which I have named gonorrhœal, being such as often accompany gonorrhœa, and are continually produced by gonorrhœal matter.

The occurrence of bubo is incidental, not essential; the poison continually enters the system without inflaming the glands in the groin, more than other glands through which it travels.

The order of secondary symptoms in syphilis is usually the same as in the gonorrhœal poison; sometimes the throat, and at other times the skin is first affected, the periosteum last.

The great distinction of the syphilitic ulcer, primary and secondary, from the gonorrhœal, is that the inflammation of the former is deep instead of being superficial and erythematous, and the colour so intense as to approach lividity. The ulceration is exedging or depascent, instead of herpetic, extending equally and rapidly both in depth and circumference. Formerly I have seen two-thirds of the glans penis disappear in less than a week in acute cases; but these are now rare. Central sloughs are formed, but it is not by sloughing that it extends; the edges are sharp and

abrupt, not shelving. The syphilitic ulcer has none of that shifting character which belongs to lupous, carcinomatous, and cachectic sores, viz. cleansing and cicatrizing in one part and spreading in another. Its extension is in a direction from the surface. It is only when exasperated by local irritants or stimulating regimen, and that in a debilitated habit, that the syphilitic ulcer turns sloughy; its character is purely ulcerative, not gangrenous phagedæna.

Mercury is its specific remedy, but neither the condition of parts nor of constitution is at all times ready to receive the remedy. Hence its incautious and premature employment aggravates instead of curing the disease. The two states absolutely prohibitory of its immediate use are, 1st. Excessive inflammation. 2nd. Excessive weakness. In the first, the ordinary methods of resolving acute inflammation are to be employed, as blood-letting and purgative salts with antimony, and if much pain and irritation be present, Dover's powder, hemlock, or opium in any suitable form and required dose. In the second state, the sarsaparilla extract dissolved in the decoc-

tion is the most appropriate ; indeed an invaluable remedy. If a higher tonic however be required, the extract, with the decoction and compound tincture of yellow bark, are more to be depended upon than the quinine in my experience ; but a free allowance of nutrient food, wine, or porter, is most of all important.

Whoever has witnessed in three successive cases the efficacy of mercury in arresting acute syphilis must, *nolens volens*, be a believer in its absolute controul over the disease. At least if he refuse his testimony to its power, he should be prepared to deny that of quinine or arsenic over the paroxysms of an intermittent. That the active inflammation may be arrested by continued antiphlogistic measures combined with rest and soothing applications, I do not deny ; but the object is to save structure and induce healing ; and I am bound to maintain that mercury is the only remedy entitled to confidence on this ground. This is sufficient apology for having recourse to its aid, without inquiring if it renders the secondary symptoms more or less probable, or should they follow, more or less obstinate

or severe. It is obvious however that the early cure of the primary ulcer is the object most desirable to be accomplished, as well in reference to what may follow, as to that which is in hand.

With large allowance for the warpings of men's minds towards novel conceits, or their adherence to ancient prejudices, it is difficult to account for the diversities of honest journalists reporting similar facts; but when we read in one author such a monstrous extravagance as a question about the real existence of the venereal disease; in another, the unqualified assertion of its curableness in all stages without mercury; for one example, the complete and invariable restoration of the organ of vision in the most severe form of syphilitic iritis without the administration of a single grain of mercury; I, for one, am forced to the conclusion that between such dissidents the source of fallacy is neither more nor less than this, that they discourse of different things.—‘Non nostrum inter vos tantas componere lites.’

To return, if ulceration is making rapid strides, the better plan is to introduce the

remedy by the skin in frictions, night and morning; and if the system resists its entrance, to aid the process by the pill. In cases of great debility, I begin with the oxymuriate or the mercury and chalk, as a test of the capability of the system to bear it. The anodyne, if need be, and the tonic of course should be continued. In most cases mercury and bark or sarsaparilla are exhibited with excellent effect at the same time. In ulcers of the throat fumigations are of the greatest efficacy. I often depend upon them alone in weakly persons, while other medicines are directed to the support of the system. They effect an improvement more rapid in these cases than the constitutional action alone. I should say generally, that to render the action of mercury powerful over the disease and to preserve the system from its injurious operation, the support of the patient's strength becomes the principal object of the surgeon's attention. Indeed, the successful treatment of the disease turns chiefly upon his knowledge and consistent pursuance of this indication.*

* On this subject, if it be not altogether out of place, I would add that the most remarkable examples of the efficacy

The treatment of venereal ulcers, primary or secondary, requires the same attention to the prevailing character as other sores, and nothing more than this. Their excessive irritability is best allayed by a saturated watery solution of the extract of opium. The calomel and lime-water wash, with or without mucilage and opium, the dilute lunar caustic, and nitric acid washes are the best cleansers and stimulants to healing action. The mercurial ointment with opium is also a beneficial application. In sloughy ulcers of the throat the linimentum æruginis is most effective.

Syphilitic eruptions are various, and chiefly of the five following classes: Papulæ, Squamæ, Pustulæ, Vesiculæ, Tubercula, as the Lichen, Psoriasis and Lepra, Ecthyma, Impetigo, Rupia; and other species. The tint of colour, the situation in patches or clusters on certain

of medicine, which my experience has furnished, have tended to illustrate the benefit of a somewhat antithetical and mutually corrective operation of different substances; which, so far from neutralizing our intention as some apprehend, enables us to qualify and accomplish indications otherwise impracticable, and to do so at the earliest period and with the least risk of interruption.—‘*Alterius sic altera poscit opem—et conjurat amice.*’

exposed parts of the body, and a peculiar character not easy to be defined, excite suspicion, which is for the most part confirmed by the accompanying symptoms and history.

Secondary ulcers are generally the sequelæ of the eruptions, if not repressed by mercury. The circular form, livid colour, and abrupt edge are characteristic, especially when presenting an inflamed margin and sloughy bottom. The bones are only indirectly affected in syphilis; the changes are upon the periosteal membrane, such as serous effusions beneath it, adhesive inflammation and ossific deposits, forming nodes; interstitial or crebriform ulceration of the bones of the cranium; death and separation of the spongy bones, as of the face, palate, and nares. But these I suspect are all secondary, not direct effects, and would seldom if ever be traced to the poison of lues, had no mercury been employed.

The profuse and wasting action of mercury is never called for; a well sustained and equal action is most to be desired, both in reference to the disease and the bodily health. Upon what principle it acts we are and shall pro-

bably remain ignorant. The simplest solution of the problem is perhaps the nearest approach to truth. It is a stimulant at one and the same time to the arterial and absorbent actions, and consequently a purgative of the whole secretory system.

The third division of my subject is that which comprehends the injurious effects of a combination of the venereal poison and the action of mercury upon the system, subject to additional aggravation from the original prevalence of scrofula in the habit, and the operation of cold or of intemperance. The scrofula, if not original, may be engendered by the other ingredients, and often is. The cachexiæ thus derived, are a most formidable class of diseases. The susceptibility left by mercury is the ordinary predisposing cause, and cold and dram drinking the exciting causes of these diseases; and although the remnant of syphilis is not always evidenced, mercury has in most cases been used unfairly, that is, *unsteadily*, and is eventually required

in a subdued form and perhaps peculiar combination for the complete removal of the disease. There can be no doubt, that the characters of the venereal disease and its remedy have both suffered most unmeritedly from the imputation which these cases convey, when they are ascribed to either as their proper and legitimate offspring.

As to what are commonly called 'Mercurial Eruptions,' if I except the eczema, a species of ecthyma, and the impetigo rodens, I have no acquaintance with any such affections proper to mercury as a single agent. These, the first an idiosyncrasy, the latter, a malign action of mercury in a scrofulous or broken habit, we occasionally see in the absence of all circumstances of complication or suspicion. But if the skin affections attributed to mercury, independent of the venereal poison, were as numerous as some persons suppose, they would appear in connection with most other diseases to which the human body is liable; for in this country of late years, there have been few of the long catalogue for which mercury has not been freely, and in one shape or another, perseveringly exhibited.

The frequent aggravation of venereal symptoms by mercury to an injurious extent, I admit unhesitatingly; to an extent indeed, and in a manner so characteristic of this agent as may have suggested the terms 'mercurial eruption,' 'mercurial sore-throat,' 'mercurial pains;' but their meaning, like the thing they describe, is equivocal, and they should therefore be disused.

From this source are doubtless derived the caricature portraits of the venereal disease abounding in the records of medicine and the reports of empirics; and I may add the cases, not now so numerous as formerly, of direful and sometimes fatal deformity in the foul wards of our hospitals. The emaciation, pallor, fetor; the deep, eroding, foul ulcers; the worm-eaten bones, as of the whole cranium; the rupia in the form of conoidal limpet-shell crusts covering the body; the continuous slough of the whole posterior fauces, extending beyond sight; the entire loss of the parts of generation; of the soft and hard palate, and the falling in of the nose; the agonizing night pains, the severe hectic fever and excessive and offensive sweats, &c. sufficiently charac-

terize these cases. Their termination is ordinarily in phthisis or hæmoptysis, or some special visceral disorganization. No remedy, next to the adjustment of a diet as generous as the patient can take, is equal to the extract of sarsaparilla in these cases. The infusion of the root in lime-water is a form admirably adapted to a weakened stomach, and with this fresh milk may be advantageously combined in equal proportions; but the extract dissolved either in its decoction, in milk, or in lime-water to the amount of half an ounce per diem, or more, is the restorative upon which I rely in these cases. Its power is most extraordinary, more so than that of any other drug with which I am acquainted. To regard it as inert, as a mere diluent or an inoffensive nutrient, is either a proof of a very limited experience or a very prejudiced observation. It is in the strictest sense a tonic, with this invaluable attribute, that it is applicable to a state of the system so sunken and yet so irritable, as renders other substances of the tonic class unavailable or injurious.

I shall avail myself of this opportunity to notice a peculiar and very formidable dis-

temper, arising from the unlimited intercourse of young and delicate girls of scrofulous temperament, chiefly with foreign sailors, many of them lascars or men of colour, frequenting the brothels in the vicinity of the East and West India and London Docks. The district of St. Catherine's (until recently converted into docks) was the most notorious for the propagation of this pestilence, and a place in that quarter called 'Swan Alley,' has given the sore that appellation in St. Thomas's Hospital. The subjects of the disease are almost exclusively females. I remember only one instance of a boy similarly affected, in whom the disease went unchecked to a fatal termination. The girls are slender, with very thin fair skins, and often light hair, and generally from 15 to 25 years of age. They have been a few months before decoyed by the Jews who keep these houses, and are systematically on the look out in the great neighbouring thoroughfares. The girls, newly arrived in London, while in search of lodgings until they procure places, become victims to these miscreants.

They receive the visits of as many men as there are hours in the day, and are supported on scanty food and abundance of gin. Their visitors do not always restrict themselves to natural connection. When they become constitutionally ill, their keepers send them to the hospitals. The Magdalen ward of St. Thomas's is seldom without one or more of them. They have been only two or three days in the house, when the character of the sore displays itself; for by reason of the previous illness they are rarely detained in their occupation long enough for the ulcer to have assumed its genuine features. It is a circumscribed irregular ulcer with an inflamed blunt edge, usually situated at the lower angle of one labium, or in the cleft of the nates. When the sore inflames, its edge acquires a dark crimson colour to some distance around; the surface is covered with a deep, tenacious, ash-coloured slough, and it extends so rapidly, as to be increased visibly from day to day. It is generally attended with excessive unremitting pain, a very rapid and contracted pulse, great paleness of the surface, total failure of the appe-

tite, and great depression of strength and spirits. It is, in fact, acute gangrenous inflammation. Where they recover, no secondary symptom of lues appears; nor is the disease in any degree contagious. The treatment now adopted seldom fails to arrest it, unless admitted in a very advanced stage, as after the sloughing process has been some time established, when the devastation is truly terrific. In addition to the slough of the pudendum, I have seen the entire lower opening of the pelvis deprived of its soft parts. The girl dies typhoid with a dry black tongue, and is first delirious, then comatose.

When the pain is severe and the disc of inflammation strongly marked, blood-letting is beneficial to both. I usually apply lint soddened in a saturated solution of the extr. opii, over this a poultice of linseed meal, and cover the whole with a fomentation flannel. This seldom fails to relieve, if to remove the pain. The exposure of the sores and the change of dressings much augment it; the continued application of warmth and moisture as much abate it. After clearing the bowels

with castor oil, I give a draught of camphor julep with a drachm of ether, and ten minims of the tinct. opii every four hours; and half a grain of opium additionally, if the pain is very urgent. If the slough is fast, and the ulcer extends, the surface is washed freely with the strong nitric acid, and it is remarkable that very shortly afterwards the girl expresses great relief. The London treacle poultice I likewise find an excellent application, covered by the fomentation flannel. The object to be looked to for directing the application, is the colour of the surrounding skin; when this pales, the dilute nitric acid lotion, ten drops to an ounce of water, is the best application. Fresh eggs and milk, and as the stomach acquires tone, a mutton chop, and from ten to twelve ounces of port wine daily, are an appropriate support. The occasional repetition of the oil or the common enema should not be neglected under the habitual employment of opium.

The strong acid must be repeated each third or fourth day, till the whole surface granulates. When the girl sleeps and takes nourishment, notwithstanding an immoderately quick pulse,

she does well; and the sore, when once clean, heals rapidly under the dilute acid lotion and simple cerate. The bark is useful at this period, but very secondary to the opium, wine, and nutriment. The former should be gradually reduced. A lotion of the chloride of lime and caustic soda, three drachms of the first and one drachm of the last to half a pint of water, acts with magical celerity in clearing the sloughs in many cases; but I have not found it so applicable or efficacious during the stage of acute inflammation, as when it is subdued. I once saw mercury rubbed in to rapid salivation, with manifest acceleration of the destroying process, and the vital powers were further greatly sunk by it. I have seen the inflammation begin after the taking of half a dozen blue pills, one every night and morning, which had been prescribed upon the girl's admission for a sore, which was then small and indolent, in ignorance of its character and tendency.

I have known a gonorrhœa return, which had been suspended during the inflammation, accompanied by an obstinate form of warty excrescences, but never discovered any symp-

toms of the venereal poison. The girls cohabit for weeks, or even months, upon a gonorrhœal discharge or excoriation; and I believe that the continued excitement to the affected parts—in constitutions half formed, yet exhausted by incessant stimulus—and the total disregard of cleanliness induce, as soon as active ulceration commences, the gangrenous phagedæna. This character of the inflammation in its onset is sufficient to prevent the secretion of the venereal poison. Its effect is like that of a caustic to a recent chancre.

I cannot admit that this sore results from the irritation of the matter of gonorrhœa; and as little, that it is an affection altogether local and requiring only local treatment. It is sufficient answer to the first that gonorrhœa is not always present, and that it sometimes appears distinct from the pudendum, as on the ilia and abdomen, as well as consecutively to sympathetic bubo. One of the most formidable cases I ever witnessed was in this situation. With reference to the second point, it is by no means a warrantable conclusion from the occasional efficacy of local remedies in promoting healing, and repeated observation

has satisfied my mind that the disease essentially depends on the existing state of the habit. I am quite ready to admit that material difference prevails in the symptom of pain, and that occasionally a state of torpor amounting to apathy prevails. But this is equally a morbid state, and these are the exception cases. That the abuse of spirituous liquor, that worst abuse which renders its continual excitement a substitute for nourishment, has much to do in determining this gangrene, is proved by the fact that a similar description of ulcer occasionally attacks young men; for example, sailors who have kept up a continued system of drunken debauchery after their return from a voyage, and others, without any affection of the genitals; sometimes appearing upon the limbs and sometimes upon the trunk of the body. I have seen precisely such an ulcer as that above described, upon the abdomen of a young man, in circumference equal to that of a small plate, and the deep dense slough by which it was filled, irremoveable by applications of any kind.

Such are the observations, which, if they have no higher claim to notice, I offer to the Society as the result of my experience and reflection, unprejudiced by reference to authorities. It is probable that the inquiry may suggest itself, why I have not appealed to the voluminous literature on this subject, for confirmation or correction of my views. It is neither from a feeling of disrespect, nor of self-sufficiency, that I have refrained from entering a field so beaten as scarcely to leave a corner for research; but the very attempt to reconcile the many and wide discrepancies, not of opinion only, but of history as to matters of fact, would occupy a much larger space than is allotted for this discourse, and would involve me in a labyrinth of controversy with little prospect of any satisfactory issue. Had there been some evidence of authenticity and discrimination in the accounts we possess of the character of the disease which ravaged Europe at the close of the fifteenth century; if the history, as delivered by the witnesses, did not present inconsistencies irreconcilable with any rational notions

of pathology, I imagine that the fables which have been invented to explain the origin and phenomena of venereal contagion would never have seen the light, or instead of being honored with a serious refutation, would have fallen by their own absurdity. It has been unfortunate for the development of the natural history of syphilis, that, as a subject of curious speculation, it has attracted medical literati and historians, rather than plain observers of facts; and has thus, in a greater degree than other subjects of professional inquiry, been overloaded and embarrassed with the contributions of persons, very little, if at all acquainted with the practical bearings of the question upon which they wrote. The romance of its history, real and sad as are its details, and the near relation which it bears to a subject infinitely important to the species, have naturally conferred upon it an extraordinary interest. No political event in any way connected with science has excited a stronger spirit of partisanship or a keener disposition to controversy; and this is less to be regretted, as the dangerous over credulity of the syphilo-maniacs evidently

required some weighty counterpoise of scepticism to controul its mischiefs; and as the superior shrewdness and ingenuity, which generally animate an opposition, not unfrequently contribute to the development of sounder views and more rational conclusions than those which they advocate. In the same way has the enthusiastic spirit of the anti-mercurialists operated a most beneficial check upon the opinions, which within our own time and recollection have been held in reverence, while they sanctioned the abuse of mercury. In a practical view, especially as regards this latter point, the comparison of the treatment of syphilis in Wiseman's and the present day, is valuable and instructive in a high degree.

The discussions about the ancient existence of the disease, founded upon such evidence as can be gleaned, not from Moses indeed, but from Hippocrates, Galen, and Celsus, from Lanfranc, G. de Saliceto, Gordon, Arden, and other writers prior to the year 1493, the earliest period from which the disease is dated, are sufficient to establish, as indeed no supernatural authority is necessary to con-

vince us, that the generative organs partook of the malady of inflammation and its consequences, to which all parts are liable according to their texture. We have also prior to the same era accounts of the diseases of the skin, throat, and other parts subject to be affected by the venereal poison; and it is not to be overlooked, that the burning and discharge from the urethra and the foul sores of the penis are by several, and in distinct terms attributed to intercourse with diseased women and prostitutes. Who shall say, to whom shall we yield the exercise of our faculties so unresistingly, that this, though a gonorrhœa, for that cannot be denied, was not a venereal gonorrhœa? yet so says Astruc, because the leprosy, a common and infectious disease, which was frequently communicated among other means by sexual intercourse, produced an ardor urinæ and dysury! What satisfaction does this argument afford as a commentary upon the laws of the Southwark stews, drawn up considerably more than a century before the assumed first appearance of gonorrhœa in Europe, viz. “De his qui custodiunt mulieres habentes nephandam infirmitatem:”

“that no stew-holder keep noo woman wythin his hous that hath any sycknesse of brenning.*”

Again, how can Dr. Adams or any one shew in a manner to satisfy any unbiassed reader that neither of the sores of Celsus could be the vehicle of a morbid poison, since neither conformed to Mr. Hunter's sore, which by the way is now nearly as obsolete. I have said that I believe this doctrine so far erroneous that any form of sore may serve that purpose, though one is to be regarded with more suspicion than another, because it is of a character more adverse to healing. Not to question the accuracy of the doctor's distinctions, though somewhat fantastical, how improbable is it that the same technical terms of description bore precisely the same meaning in the time of the original writer and his commentator; how much more so, that the things described wore the same aspect. I must confess, without meaning any disrespect, that there has been much valuable time and intellect wasted in the elaborate disquisitions of these and

* See Beckett's Letter to Dr. Douglass, in Phil. Trans. No. 357, p. 839.

other eminent men, who set themselves to prove, not that the palpable appearances ascribed to venereal contamination did not exist, but that they were not what they were supposed to be; and this on no more tenable ground, as it appears to me, than that pathology was yet in its infancy, and that the subject which, be it remembered, has only dawned upon us, the subtle and obscure nature of morbid poisons, was altogether unknown.

I agree with Mr. Wilson, the intelligent surgeon of his Majesty's ship Porpoise—"If I may be permitted," says this gentleman, "to hazard an opinion, I think, that wherever man is found, gonorrhœa will be found also."* Yet, if we trust to Fallopius and others, gonorrhœa (*i. e.* venereal) appeared not until half a century after the pestilence, whatever it was, of the year 1493. It is abundantly clear that gonorrhœa and sores of the penis, phimosis and paraphimosis, pustules, fissures and ulcers were known to the Greek, Arabian, and Roman physicians, and glanced at by other than medical authors;

* Edinb. Medical and Surgical Journal, vol. ii. p. 283.

and even the frequent occurrence of bubo after sores of the penis is described and distinctly attributed to venereal infection by respectable authorities; but there is no evidence that any form of constitutional disease was recognised or even suspected. Were they therefore mistaken in attributing the sores to venereal contamination? or did the secretion of the sores not then, as now, communicate a poison to the system? or was the connection between primary and secondary affections overlooked or disregarded, owing to the very imperfect knowledge then possessed on the obscure subjects of absorption and the nature of morbid poisons? I regard the latter as by far the most probable of these conjectures. For they were well acquainted with ulcers of the throat and swellings of the bones, and minute in their description of cutaneous eruptions.

It appears then that all the ingredients of the composition are distributed through the writings of the ancients; but the first and second parts of the series are 'disiecta membra,' not comprehended in the relations of cause and effect; and therefore we con-

clude that the poison, of the existence of which we have no proof but that which is derived from this connection, was not in existence. There have been and are still intelligent and acute writers, sceptical of the existence of a venereal disease, who go so far as to assert that the symptoms referred to it are but an assemblage of morbid affections of different natures,* or who consider that it is not possible to assign it a distinct nosological character. Others who have investigated the subject deeply, are of opinion 'that the greater number of the morbid states comprehended under the name of Syphilis, from the beginning of the sixteenth century and much later to our own times, were evidently known and described by physicians before the appearance of syphilis;'—'and that it was only when it became epidemic, and was confounded with other foul cutaneous disorders, that it

* " Sur la non-existence de la Maladie Vénérienne ; ouvrage dans lequel il est prouvé que cette maladie, inventée par les médecins du quinzième siècle, n'est que la réunion d'un grand nombre d'affections morbifiques de nature différente, dont on attribue faussement la cause à un virus contagieux qui n'a jamais existé." Paris, Strasbourg, 1811.

attracted general attention from historians and annalists.* Why then, if such doubts and surmises be the results of modern inquiry and reflection, is it consistent with a philosophical spirit of criticism to pronounce, on the strength of *our* perfect acquaintance with the venereal disease and the laws of morbid poisons, and in contradiction I would say of all natural evidence, that a disease similar in its seat and appearance, was distinct in origin and character?

I object equally to a sweeping conclusion either way, that the disease did or did not exist of antiquity, because in truth there are not sufficient data to form an apology, though enough it seems to give scope for dogmatism. "The subject," as Mr. Hunter says, "is a difficult one, and the want of a sufficient number of facts leaves too much room for conjecture."

On the question—Whether the disease of 1493, whatever it might be, was an exotic or indigenous, endemic in Hispaniola and con-

* See an able and interesting Review of the five modern Treatises of Thiene, Huber, Handshuch, Bacot, and Titley, 'On the History, Characters, and Treatment of Syphilis,' in the Edinburgh Med. and Surg. Journal, for January 1830.

veyed thence by the crew of Columbus, or engendered among the French troops at the siege of Naples, a question debated to satiety and at this remote period little better than a question of dates, I shall only observe, that not the minute and pains-taking research, nor the learning and ingenuity of Astruc bring any conviction to my mind, that the disease had its origin in America, under circumstances which, climate excepted, operated equally to its production in every country under Heaven. They must have existed among all nations, if we except perhaps the Jewish people who were refrained by religious interdiction, from the earliest time. It was not until about five-and-twenty years after its irruption, that the idea of its being of American extraction was started, and that by an obscure writer. Of the 120 men who composed the first crew of Columbus, 39 were left, all of whom, to a man, fell victims to the natives from abuse of their hospitality; and no mention whatever is made in the Spanish or Portuguese Chronicles of any malady afflicting those who returned.

Two extant letters of Christopher Columbus are equally silent on the subject; and indeed it is clear from the accounts of their arrival at Palos and reception at Barcelona, that they were not in any degree so affected. If it is to the second voyage that the importation of syphilis is referred either exclusively, or indifferently with the first, as by Oviedo and others, this falls too late for the occasion: the disease, according to Vigo, the best reputed authority, having first appeared in December 1493, and Columbus's second return being in June 1496. Pedro Margarite, said to be a sufferer from the disease, and Father Boyle with their adherents returned, it is true, between the months of April and September 1494 to the Court of Spain, during Columbus's expedition to Jamaica. But the Spanish troops from Barcelona only arrived in Italy in 1495, where the disease had been raging the preceding year. It is therefore a palpable anachronism to refer the disease to America, if the doubtful reports of its prior existence there be credited, and the circumstances which are stated to explain its endemic origin be not

rejected as utterly extravagant and ridiculous. But without dwelling on the refutations of its American origin, which appear to be complete, let us freely admit the fact—which indeed appears the less questionable, that the newly discovered country was not then implicated even in suspicion—that a novel and formidable visitation of a disease, propagated by every possible medium of communication, visited Italy at the period of Charles the Eighth's invasion, and spread with such extraordinary celerity as well as violence, that in the space of five years scarce a country of Europe was exempt from it. We read of its ravages in Germany and Auvergne in 1493, Paris in 1494, Edinburgh and London in 1495, Bohemia in 1499, and so forth. The diseased communicated infection by every species of intercourse; for the same linen, dishes, seats, utensils, and all that could be common between them and their neighbours, was a vehicle of the pestilence. Especially the natural intercourse of the sexes operated to this end. The generative organs were affected with foul sores in common with the whole cutaneous surface; glandular enlargements and ulcerous

affections of the head, face and throat, distressing pains in the bones, &c. with much general indisposition, were symptoms quickly supervening. In the course of a short time these symptoms became greatly mitigated, so much so as to be very generally attributed to prevailing epidemic causes, and to lead many to suppose that it would ere long disappear altogether. Comparing this statement with all we know of the disease in question, I should just as soon believe that the whole was a fabrication, or join in the belief of the time that it was due to the adverse influence and pestiferous aspect of the planets, as that this was the genuine unmixed venereal poison. But that, in a crowded and licentious camp or city,* an epidemic atmosphere prevailing, and probably, as has been stated, some local circumstances favouring miasma and the prevalence of the scrofulous diathesis, the venereal disease should have shewn itself in the group in more prominent relief than heretofore, may quite well be conceived. The small-pox, scarlatina, measles, hooping-cough, nay, the

* The army of the allies was 40,000 men. Charles's force with which he won the battle of Fornova much inferior.

plague itself, are we well know subject to periodical exacerbations of severity from temporary causes, amounting to a fatality greatly exceeding the ordinary ratio. Setting aside the difference of the means and freedom of intercourse of remote countries with each other then and now, I ask, whether the extension in the space of five years of a deforming and destructive disease in all its original horrors over the continent of Europe from the Mediterranean to the Baltic, corresponds with the character of the venereal morbid poison? a disease essentially chronic, in which a distinct interval always transpires between the first and second order of symptoms, and which, except in scrofulous subjects, does not manifest in a second party either a severity or leniency of character conforming in any degree to that which it possesses in the individual;* nay, continually fails of being trans-

* "The variations of the symptoms in different persons," Mr. Hunter truly observes, "depend upon the constitution and habit of the patient at the time. Let the symptoms of the patient from whom the matter (of small-pox) is taken, be good or bad, let it be from the confluent or distinct kind, applied in a large quantity or a small one, it produces always the same effect."

mitted by sexual connection, and is not otherwise communicated. But in truth, when we consider the vague and bald style of the persons who saw these things, the evident exaggerations of those who, removed at the distance of half a century or more, retouch them for the purpose of an argument; the notoriously easy credulity and susceptibility to imposture of minds unfortified by a knowledge of practical facts; the ambitious spirit of hypothesis and the quickening effect of controversy; it becomes evident that yea or nay may be made of this question without any extraordinary effort of ingenuity.

When Mr. Hunter and others adopt the meagre and unsatisfactory reports of the English and French circumnavigators, to explain the natural order and relation of the symptoms from that which prevailed among the natives of Otaheite, reports since totally confuted upon vastly better authority; when the argument of Dr. Adams and others as to the ancient existence of a venereal disease, is dwelt upon as unanswerable, which is raised upon such negative evidence as the silence of the satirical poets of antiquity—it would be unjust

as well as uncourteous to cast reproach upon the writers of the sixteenth century, who conclude, on the orthodox principle '*ubi morbus ibi remedium*,' that because the guaiacum was a native of the West Indies, so therefore was the pox!

But if I should be asked to explain why according to Mr. Wilson's statement only a very mild gonorrhœa existed among the Otaheiteans when visited and examined by him thirty years since; a disease cured by the mildest injections and vegetable medicines, both in the natives and our own people; I would not beg the question, by supposing that they did not indulge in morally forbidden intercourse, or rigidly abstained at sexual periods from such indulgence, or were not the subjects of genital sores occasionally; but I would say they were half amphibious in their habits of life, and fastidious in rejecting communication with those suspected to be diseased, counting persons so circumstanced as criminals meriting to be shunned; and this would go a long way towards preventing the local from running into the constitutional disease. I would also add, that the limited time

of Mr. Wilson's stay, and the rare opportunities afforded of inspection, to which they are far more averse than Europeans, render it necessary to receive even the most scrupulous accounts with caution. Besides, countries have their peculiar diseases, either as to their existence or their rifeness; viz. elephantiasis and the glandular disease of Barbadoes; the idiopathic trismus, scrofula, stone, yaws, sibbens, yellow fever and its varieties, plague, &c. &c.

At Lisbon and in Canada the venereal disease is so mild as to yield to the simple antiphlogistic treatment and the decoction of woods; but with our soldiers at Lisbon it was so cruel and inveterate, that the most horrible mutilations were the consequence. These examples serve to shew that climate, temperament, customs, and other circumstances, to the effect of which the action of the human system in all its infinite varieties and vicissitudes of health and disease may be, we know not how much, accessory, are capable of so modifying the character of the disease as to render it a poison in one, and not in another country and class of individuals, although the matter of infection is derived from the same stock. However I must

remark, in reference to the venereal poison when once engendered, that it is, so to speak, more individualized than any other contagion, though all are more or less; that the kind and the degree are continually at variance; so much so, that it is not uncommon for men versed in these matters to regret that they were not the subjects of a 'chancre rongeant' instead of flat sores, which they are confidently assured by their surgeons are '*not venereal*.'

But it is time to pause—

The disease of the present day differs not less in severity, than that of the earlier ages, from the disease which is described as the scourge of Europe at the close of the fifteenth and for succeeding centuries. The Ancients were not unacquainted with the use of mercury, but they knew nothing of its indispensableness in venereal complaints, for the preservation of parts and even of life. We however, even till of late, considered, not very philosophically perhaps, the fact of the disease yielding to mercury a criterion and test of its genuineness. When we observe the tremendous havoc of this drug upon the human frame, and consider the extent to which this gratuitous

notion was carried, and the not less dangerous Boerhavian doctrine '*in dubiis suspice luem*,' it may well become a question, whether the remedy has not proved the greater evil. Especially since it has been announced as the result of experiment upon a very large scale, that the disease may be cured without the employment of mercury; an achievement worthy of the high reputation of the medical officers of the British army. Not that it so accords with my own experience that I can confide in it as a rule of practice, or recommend the disuse of mercury as a model for imitation; far otherwise; but as it is sufficient to establish that the destructive powers of the poison are now at least inferior to the preserving powers of the animal system; and as it exhibits the arch enemy in his naked form tameable by means not injurious to health. It also shews, and this is not the least valuable contribution, how large a part of the sufferings inflicted has resulted from the mal-administration of the remedy, and how much its judicious use curtails and confirms the cure. It disposes, let us hope, of that Pandora's box which Mr. Hunter opened upon us, when he

spoke of other poisons from sexual intercourse, not syphilitic, solely upon the ground that they did not yield to mercury, or were even aggravated by its use; whence the syphiloid cachexia, the pseudo-syphilis '*et hoc genus omne.*' These, there can be no doubt, were cases of the one and indivisible venereal poison, either occurring in constitutions upon which mercury, unless exhibited with great precaution, or perhaps in spite of all precaution, itself acted as a poison; or in which its influence is prejudicial, on principles before explained, to the cure of the disease; in which, from the mildness of the symptoms it was not required at all, or not at the time and in the manner in which it was employed.

THE END.

T. KEATING, PRINTER,
NO. 1, CORNWALL ROAD, LAMBETH.



