



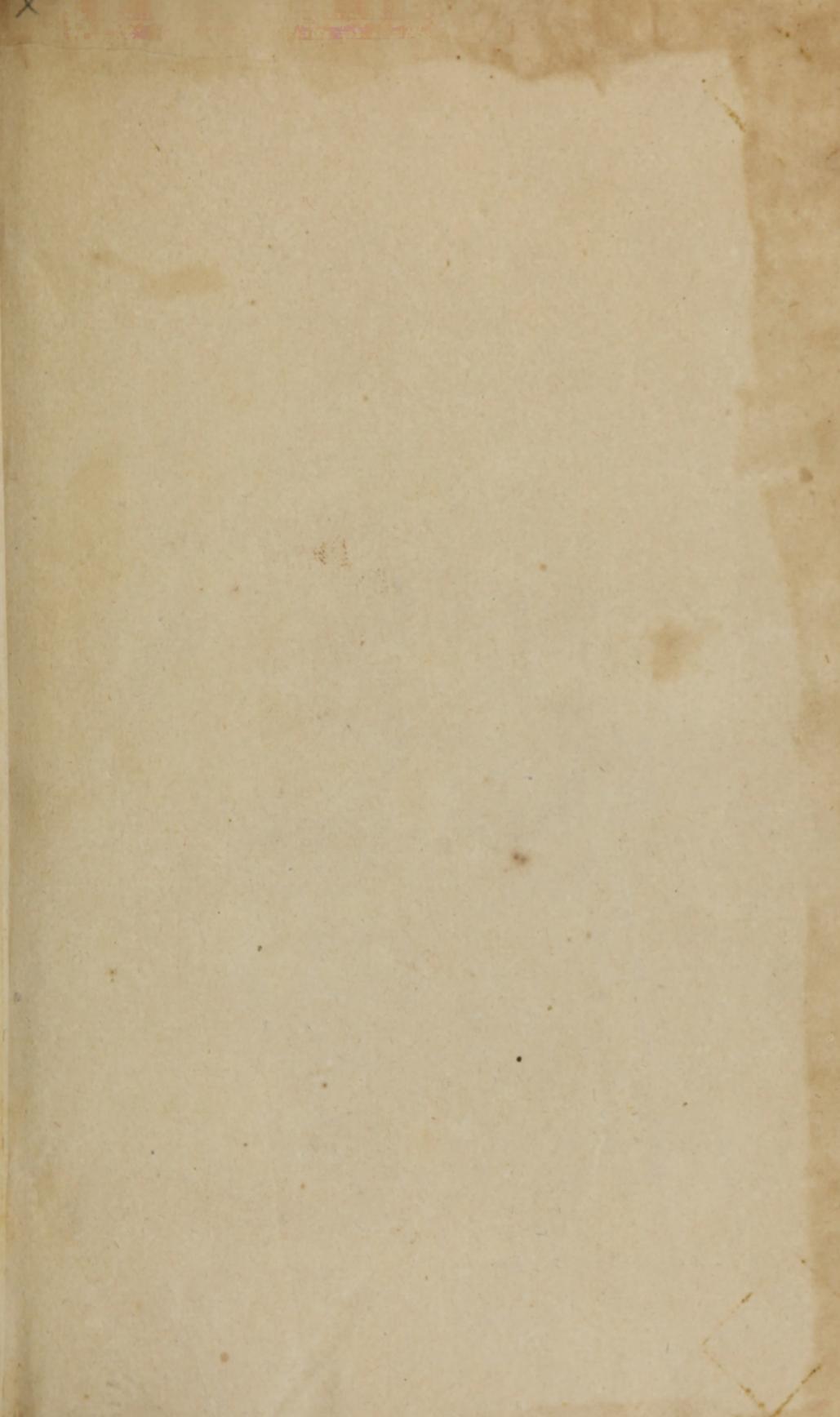
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AN ESSAY  
ON THE  
VENEREAL DISEASES

WHICH HAVE BEEN CONFOUNDED WITH

SYPHILIS,

AND THE

*Symptoms which exclusively arise from that Poison.*

ILLUSTRATED BY DRAWINGS OF THE CUTANEOUS ERUPTIONS OF TRUE  
SYPHILIS, AND THE RESEMBLING DISEASES.

---

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

PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND, AND ONE OF THE  
SURGEONS OF THE LOCK HOSPITAL, DUBLIN.

*FIRST AMERICAN EDITION.*

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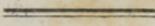


MS. MILKORY. 20 MAR 1959

TO

**SOLOMON RICHARDS, ESQ.**

*&c. &c. &c.*



**MY DEAR SIR,**

IT has been with no small pleasure that I have heard you expatiate on the advantageous and extensive field afforded by the Lock Hospital of Dublin, for the investigation of the Venereal Disease, at a time when my mind was intent upon this very subject, and pursuing the inquiry in the manner you would most probably have prescribed.

Such investigation must be esteemed far from unnecessary, notwithstanding the possession of an inva-

luable remedy, and the recorded experience of more than three centuries. That this disease is still imperfectly understood, is a circumstance too clearly demonstrated by the numerous instances every day to be met with of constitutions broken down, sometimes by its ravages, but more frequently by the reiterated and long protracted courses of the medicine intended for its relief.

In compliance with the language of the day, I have just now called it the Venereal Disease; but I have satisfied myself, and I trust, in the following pages I shall satisfy the Profession, that there is not one only, but several entitled to that denomination. These novel views, and the advantages which I am so fortunate to possess, as a Surgeon of the extensive Institution already alluded to, will be a sufficient apology for venturing to obtrude the fruits of my observations on the Public; and to you, my dear Sir, I more particularly beg leave to present them, not merely to testify the pride I feel in your friendship, but to renew, in a more intimate manner, the gratification I have so often enjoyed, in observing how much every exertion to improve our Art, is sure to meet with a favourable

reception from one who has had so large a share himself, in raising the Profession to the rank which it at present holds, and of which, in this Country, he has been so many years the distinguished Head.

I am, my dear Sir,

With the highest respect and esteem,

Most faithfully yours,

**RICHARD CARMICHAEL.**

Gardiner's Place,  
January 1st, 1814.



TO THE  
STUDENTS OF MEDICINE,  
IN THE  
*UNIVERSITY OF PENNSYLVANIA.*

GENTLEMEN,

EXHIBITING views of the Venereal Disease, very analogous to those, which my own inquiries very early led me to adopt and publicly to inculcate, I have caused an edition of the ensuing work to be printed, and especially for your use.

It will, however, be perceived by such of you as attend my Lectures, that, though agreeing with the author in his leading opinions, there are some differences between us, in relation to less important points.

Distantly separated as we have been, and without ever having had the slightest intercourse, it is somewhat extraordinary, that he and myself should have arrived

at results so essentially the same. But, coincidences of this sort, will frequently occur.

It is to me a very great gratification, to have my sentiments respecting this disease, hitherto considered for the most part, as abominable heresies, thus powerfully supported. The authority of Mr. Carmichael cannot be contemned. Distinguished, as his writings show him to be, by no ordinary talents, and with the enlarged experience derived by a long attendance, as chief surgeon, in a very extensive Venereal Hospital, he is surely entitled to a respectful hearing, on this subject. Nor does he stand alone. Consult the recent publications of Europe, particularly the periodical journals, and you will find, that substantially, his opinions, are very widely entertained.

As regards myself, I have never hesitated for a moment, to commit my views to you. However singular they might appear, and whether in your estimation right or wrong, they have, and I am persuaded, will always be received with candour and liberality.

With my best wishes,

I am Gentlemen,

Very faithfully your friend,

N. CHAPMAN.

## ADVERTISEMENT.

THE object of the following Treatise is chiefly to elucidate an important class of diseases hitherto confounded with syphilis, but to which the attention of the Profession has of late been attracted by Mr. Abernethy; and it will be satisfactory to state, in the first instance, the opportunities which conduced to enable the Author to investigate a subject requiring a very ample field of observation; and, in the second place, to make the Reader acquainted with the manner in which that investigation was prosecuted.

The Lock Hospital of Dublin is probably the most extensive institution in Europe, for the exclusive reception of patients affected with venereal diseases. It is supported by Government, and, in general, contains from two hundred and eighty to three hundred patients. The Hospital is visited daily by five Surgeons, each of whom attends his allotted wards; but the entire institution is, of course, open to the observation of all; so that each has the advantage of witnessing any peculiar or interesting case which may occur in this extensive institution.

The manner in which the investigation was prosecuted, was on the most simple plan. Whenever a

primary ulcer on the genitals occurred, which was destitute of the characteristics of chancre, *the hardened edge and base*, it was treated without the exhibition of mercury; and the same system was pursued in those cases of constitutional symptoms which had a doubtful appearance. *The scaly syphilitic blotch*, as described in page 129 of Willan on Cutaneous Diseases, and the *excavated ulcer of the tonsil*, as described in page 482 of Hunter,\* were alone esteemed to be syphilitic, and treated with mercury.

As to the affection of the bones: Whenever a patient complained of *nocturnal pains in the shafts of the long bones, or had a decided node or enlargement of the bone*, his disease was esteemed syphilitic, and the use of mercury adopted; but if the patient merely complained of pains in his joints, or if there was an indication, that the coverings of the bone only were affected by an inflammatory swelling, of a doubtful character, an occurrence which was not unfrequent, the employment of mercury was postponed, until the nature of the disease manifested itself by indubitable syphilitic appearances.

All the cases which did not coincide with these appearances, were carefully noted in the following manner:—

1st. The appearances on the patient at his admis-

\* The Edition edited by Dr. Adams is referred to in this Work.

sion were marked down; his statement of his complaints, as far as could be collected from him, previous to his admission, was added; and, lastly, the progress and treatment of his disease were noted, in general but once in a week, but oftener, if the symptoms required any change of treatment.

The cases were noted before an intelligent class of pupils, and the information contained in the following Work, was detailed in general and clinical lectures during the two last winters, in which the nature of the diseases, that have been confounded with syphilis, were elucidated by a frequent reference to the noted cases, and the pupils had opportunities of observing every variety of the symptoms of these diseases on the patients themselves in the Hospital, and of contrasting them with those of true syphilis.

As a number of isolated facts can only acquire importance by leading to general conclusions, so it will be necessary in this Work, in order to render it useful, to take a short view of circumstances already known. In the first instance, therefore, a brief view is taken of some morbid poisons, which stand in nearest relation to venereal diseases; under which denomination are included all complaints propagated by sexual intercourse: and the term syphilis is restricted to that disease supposed to be brought to Europe by the followers of Columbus, about the conclusion of the fifteenth century. The symptoms of syphilis are next adverted to; and afterwards, the more immediate

object of the Work is entered on at large. By which preliminary matter, the nature of the pseudo-syphilitic diseases, as they are termed by Mr. Abernethy, and the relation in which they stand to syphilis, and other contagious disorders, will be more clearly understood.

Some novel, and probably important matter will be found in the chapter which treats of syphilis; and those chapters that relate to the diseases which have hitherto been confounded with syphilis, are altogether the fruits of the Author's observations under the plan already explained.

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AN ESSAY  
ON  
THE VENEREAL DISEASES  
WHICH HAVE BEEN CONFOUNDED WITH  
*SYPHILIS, &c.*

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CHAPTER I.

Observations on those Morbid Poisons which stand in nearest relation to the Syphilitic, and evidence of the existence of Venereal Diseases which do not arise from that Poison.

IT is a curious fact that morbid poisons, which excite considerable fever, such as the small-pox and measles, yield to the powers of the constitution, and are capable of a spontaneous cure; while, on the contrary, the poison of syphilis, which produces scarcely any fever, or one so low as in general to escape observation, does not yield to those powers, but indispensably requires for its extinction the intervention of art. In the former instance, the increased action of the system is sufficient to overcome the poison; but,

in syphilis, it seems to be altogether insufficient. Thence, it would appear, arises the necessity, in this disorder, of artificially raising an action by means of mercury; which, though capable of superseding the influence of the poison, does not, however, extinguish, like the natural fever in small-pox, the susceptibility of receiving the disorder again.

From the accounts we have had of the yaws, a disease common among the African slaves in the West Indies, it seems to arise from a poison which holds a middle station between those of small-pox and syphilis, and has many symptoms which resemble those of both disorders. It may be suspended, but cannot be cured by mercury, or any other remedy as yet discovered; and the unassisted powers of the constitution, after a struggle of many months, at length subdues the poison, and the patient loses afterwards all susceptibility of the disease. The pustules in small-pox and yaws, we are told by Doctor Adams, in his observations on a case of the latter disease, are much alike;\* each begins with a pimple, the law of each is to induce a slough, and each has its period and decline; the powers of the constitution being in both equal to the cure. The constitution is susceptible of either but once during life; but, the chief difference between them is in the slower progress of the yaws, which commonly continues for many months before it is exhausted. The ulcers of the throat which attend this disease, resemble those of syphilis so

\* See Adams on Morbid Poisons. 2d Ed. p. 196.

nearly, that, according to the same practitioner, it is impossible to distinguish the one from the other; and this circumstance, and the pustular eruption of the skin which resembles that of small-pox, would lead us to class it as the connecting link between syphilis and small-pox, in the chain of contagious diseases.

Dr. Bateman observes, in his *Synopsis of Cutaneous Diseases*, “ that the practitioners in the West Indies soon learned by experience, that active preparations retard the natural progress of the yaws, and that mercurials, although they suspended it, and cleared the skin of the eruption, yet left the patient still susceptible of, or rather, still impregnated with the virus; which speedily evinced its presence, by a reappearance of the symptoms more severe and tedious than before. In truth, the disease, it would seem, like the pustular and exanthematous fevers of our own climate, will only leave the constitution after it has completed the various stages of its course, and removed the susceptibility of the individual to future infection; and no medicine, yet discovered, has had any influence in superseding this action, or in accelerating its progress. Unless, therefore, any urgent symptoms should require alleviation, (which seldom or never happens,) it is advisable to dispense with the administration of medicine, and to be content with restricting the patient to a moderate and temperate regimen, during the first stage of the malady. When the eruptions begin to dry, or as soon as they cease to multiply and enlarge, the disease seems to require the same management as other slow and superficial

ulcerations, accompanied with a cachectic state of the system, viz. a light but nutritious diet, a dry and wholesome air, warm clothing, moderate exercise, and a course of tonic medicine, especially of sarsaparilla and cinchona, with the mineral acids, or with antimonials, and small doses of mercury, according to the circumstances of the individual habit. The effects of mercury, however, exhibited so as to excite salivation, as the early West India practitioners recommend, seem to be of a very questionable nature, especially when it is unaccompanied by the vegetable decoctions; and, it is certain, that patients have, in some cases, soon recovered under the use of the latter, when the mercurials were omitted. The native Africans employ decoctions of the bark of two or three trees, which are gently purgative as well as tonic; and likewise wash the sores with them, after carefully removing the crusts.”\*

Such are the observations on the yaws, which Doctor Bateman has collected from the writings of Doctor Winterbottom, and other medical men, well acquainted with the disease in the West Indies. Upon reading them, I was forcibly struck with the strong coincidence which exists between that disease, and the constitutional form of some of those complaints which have been hitherto confounded with syphilis. This coincidence is not only striking, with regard to their form, the eruptions being alike composed of papulæ and pustules, and attended with pains

\* Dr. Bateman's *Synopsis of Cutaneous Diseases*, p. 313.

in the joints; but also, in the circumstance that, like the exanthemata, they will run their course, and not relinquish the constitution till they have completed their various stages. This is a remarkable fact, and will be elucidated in the course of this work, by the statement of a great variety of cases. We shall find that the exhibition of mercury, in those resembling diseases, produces the same effects as when prescribed for the yaws, viz. it may suspend the disease, and clear the skin of the eruption, but will leave the patient still impregnated with the virus, which evinces its presence as soon as the mercurial irritation has subsided, by a reappearance of the eruption, and other symptoms, more severe and tedious than at first.

It is supposed by many that *sivvens*, a disease endemic in Scotland, is a peculiar modification of syphilis; but Doctor Adams, who took particular pains to investigate the nature of this disease, and visited Scotland for the purpose, is of opinion that it is different, although approaching nearer to it than any other morbid poison with which we are acquainted. The primary ulcers of the two diseases have this difference, that the syphilitic are attended with a callous edge and base, and *sivvens* consists only in the clean phagedenic ulcer.

The eruption is pustular, and hardens into a dark brown crust. In syphilis we shall find that the eruption is scaly. Another circumstance universally admitted, with respect to *sivvens*, in which it differs from syphilis is, that it never attacks the bones but by

the extension of an ulcer of the soft parts in their vicinity.\*

The primary symptoms of *sivvens* usually takes place on the lips and mouth, the disease being commonly communicated by drinking out of a vessel, or smoking with a pipe which had been previously used by a person infected; and, Dr. Adams remarks, that the ulceration can hardly be propagated, like syphilis, by the genitals, on account of the rapidity of the primary ulcers, which are attended with high inflammation. But, before we discard the supposition of its being disseminated by sexual intercourse, we should recollect, that phagedenic ulcers, attended with high inflammation, are every day to be met with on the parts of generation.

When we consider the constant communication that exists between the people of that part of Scotland where the disease is most prevalent, and the inhabitants of the north of Ireland, it would be extraordinary to believe that the disease has not been communicated to this country: and, in fact, I am informed, by a medical friend, well acquainted with *sivvens*, that he met with many instances of it in the county of Antrim, but particularly in Belfast. It cannot be supposed, that the disease would remain confined to the north of Ireland, if once admitted into it; and I long suspected, that cases of *sivvens* were to be met with every day in the Lock Hospital of Dublin, as I had observed many patients whose symptoms strongly resembled

\* Adams on Morbid Poisons, p. 187.

those which were pointed out to me in the hospitals of Edinburgh and Glasgow, as constituting that disease. These conjectures were afterwards verified; for in the summer of 1812, Doctors Hamilton and Heenan, of Glasgow, visited the Lock Hospital with me, and recognized the disease as that which they were well acquainted with in Scotland. The disease was in its constitutional form, and exhibited a good number of ulcers about the size of a shilling, covered by large brown irregular crusts, and accompanied by a few pimples and pustules.

This eruption disappeared under the solution of corrosive sublimate, and decoction of sarsaparilla; but, the above-mentioned practitioners informed me, that though the disease may be suspended by mercury, it will return after the most protracted courses of that medicine. This event I have myself witnessed in more cases than one of the disease, which these gentlemen recognized as *sivvens*; and, it is a circumstance in which we shall soon find, that it resembles those other diseases which are confounded with syphilis.

There is a very imperfect account of a disease nearly resembling *sivvens*, by Doctor Swediaur, which made its appearance in Canada, shortly before 1785, and became so general in that year, that five thousand eight hundred persons were discovered to be infected with it, besides many who concealed the disorder. The disease we are informed, from the statement of a Mr. Bowman, "First manifests itself by little ulcers on the lip, tongue, and inside of the mouth. These ulcers are of a very corrosive nature, and were observed

in many children to have nearly destroyed the tongue. They first appeared in the form of little pustules, filled with a whitish purulent matter; the poison of which is so infective that it communicates by eating with the same spoon, by drinking out of the same vessel, by smoking with the same pipe, nay, it is even observed that it is communicated by linen, clothes, &c." We are also told that it seldom affects the genitals, and that like the small-pox, "It is capable of being communicated without immediate contact or coition."—"Children form a large proportion of the infected."

The constitutional symptoms of this disease have a near resemblance to those of syphilis, siveens, and the yaws, and chiefly consist of "buboes in the axillæ, groin, or throat, which sometimes inflame and suppurate, and at others, remain hard and indolent."—Also "Tetters, itching crusts, and ulcers, which appear coming and going in different parts of the body."—"Pains in different parts which increase during the night time, or when the patient takes some violent exercise."—"The bones of the nose, palatum, cranium, clavicula, tibia, arm and hand, grow carious, or tophi appear in several parts of the bones; at last pains of the breast, cough, loss of appetite, sight, hearing, smell, and falling off of the hair, close the scene before death."—The disease we are told is contagious in all its stages, and may continue to harass the patient for many years; but it is worthy of observation, that Mr. Bowman saw some children who recovered without the aid of medicine.

The mode of treatment is very imperfectly detailed—we learn “That dock and burdock roots, sarsaparilla and spruce, have been generally made use of, and with some appearance of success: most success, however, has been observed from a decoction of the branches of hemlock spruce, (a tree so called on account of the resemblance of its smell to hemlock,) but we are afterwards informed, that none were cured radically without mercury, and that it is necessary to continue that medicine three weeks after all symptoms have disappeared.”\*

From the whole of the information to be derived from the imperfect account of this disease in Dr. Swediaur’s work, I should be inclined to infer, that like the yaws and sivvens, it is capable of yielding to the powers of the constitution, and that mercury is only of service, when the disease is on the decline, and has begun to yield to those powers. For if that medicine was capable of curing the disease, with the same certainty as attends its employment in syphilis, we should not find those vegetable remedies resorted to in the first instance, which, according to Mr. Bowman’s account, greatly forwarded the recovery of the patients; yet it seems they were not radically cured without the assistance of mercury, although in another place, we are informed that some affected with the disease, recovered without the aid of that medicine.

However, the circumstances detailed, I conceive, afford sufficient grounds to conclude, that the Canadian

\* *Practical Observations on Venereal Complaints*, p. 169.

disease is not syphilitic, but that it is another instance of a contagious malady which commences with ulceration, and is followed by bubo, eruptions and ulcers of the skin, pains, nodes, and caries of the bones. A train of symptoms very generally supposed to appertain exclusively to the syphilitic poison, but which, as I hope to convince my reader, may derive their origin from primary ulcers which are not syphilitic, and are still more common in this country than syphilis itself.

The organs of generation are subject to a variety of ulcers, destitute of the characteristics of chancre—the hardened edge and base; yet most practitioners look on them as chancres, and treat them as such, imagining that inflammation, peculiarity of constitution, or some accidental circumstance, has deprived them of the usual character of the primary syphilitic ulcer.

To discover whether chancres may be altered by peculiarity of constitution; or accidental causes, we should look to the analogous symptoms of other contagious diseases, and inquire, whether the pustule of small-pox, or the vesicle of cow-pock is ever so altered, as no longer to display the characteristic marks by which they are distinguished the one from the other, and from all diseases with which they might be confounded.

It must be admitted that these diseases are obedient to certain laws, from which there is seldom or ever any departure, and if any deviation does occur, it is not sufficient to deprive the disease of those characteristics by which it is distinguished from other disorders.

Thus, small-pox is seldom so varied from its usual appearance, as to be mistaken by any practitioner of experience, for any other disease. It is the particular law and character of the small-pox poison, as Doctor Adams remarks, to form a slough under every individual pustule, and this essential property of the disease is never wanting. We never find, says that accurate observer, the pustules running into phagedenic ulcers, or throwing up a callous edge and base like chancre. If the disease is in excess, as when the pock is confluent, the character of the poison is only more strongly heightened, and the sloughs become more extensive.

Cow-pock is as strong an instance of the same regularity. If the vesicle of the cow-pock is broken, we often find a troublesome ulcer succeed, yet, the areola is never absent at the usual period, which is looked upon by many, as the most marked character of that poison. The yaws and sivvens have their appropriate laws, and stated appearances, from which there is no departure. Why, therefore, should we suppose, that peculiarity of constitution, or any adventitious circumstance, should prevent the syphilitic poison from producing its accustomed and characteristic effects. It is rational to think, that its laws are as invariable as small-pox, cow-pock, or any other morbid poison with which we are acquainted. But, in those ulcers which have hitherto been considered as syphilitic, we should expect the presence of the hardened edge and base, if they were caused by the poison of syphilis; and, in the phagedenic and sloughing ulcers, whose ravages seem to have arisen to the very acme of virulence, we

should naturally expect to find the hardened edge and base marked with the greatest strength of character; yet, we find, on the contrary, these peculiarities are totally wanting, from the mildest to the most destructive of those ulcers.

In an inquiry like the present, it should not be forgotten, that the very organization, secretions, and functions, of the genitals, dispose them to ulceration beyond all other parts of the body.

They are organized in the highest degree; their secretions are various, their functions complicated with those of the urinary organs, they are at one moment in a state of quiescence, and the next in a state of the highest excitement.

Their secretions, particularly in the female sex, are liable to become vitiated, and consequently acrimonious and irritating, and the same effect may follow from inattention to cleanliness. The parts of generation must, therefore, be disposed, more than others, to derangement in their functions, and, consequently, more subject to the ravages of ulceration.

Since Mr. Hunter's work upon the Venereal Disease, it is very generally admitted, that not only certain modifications of animal matter, but the healthy secretions of one animal applied to a susceptible or crude surface of another, is capable of exciting ulceration. It is unnecessary to add how frequently this occurrence must take place during sexual intercourse; and, from the facts and observations brought forward by Mr. Hunter, and Mr. Abernethy, it appears that this local ulceration may be followed by constitutional

symptoms, resembling, in some degree, those of syphilis: viz. eruptions on the skin, ulceration of the throat, and affections of the bones.

These facts are proved and elucidated by those diseases which are induced by the suckling of children, and the transplantation of teeth, as mentioned by Mr. Hunter, and which I shall consider more at large in its proper place.

The frequency of ulcers on the genitals, not arising from the poison of syphilis, is fully proved by the testimony of authors who wrote on the subject previous to the latter end of the fifteenth century, when syphilis was first observed in Europe, and who could not fall into our error of imputing every ulcer on the genitals to that source. Celsus describes eight species of ulcers to which the organs of generation are subject;\* three of which are at present, as common as the syphilitic ulcer: viz. an ulcer which causes phymosis, but is readily cured by detergent washes: and the phagedenic and sloughing ulcers; for the former of which, he recommends the actual cautery, a certain proof of its obstinacy; and the other, he describes as beginning with a slough, and which is prevented with difficulty from spreading to the bladder.

Other ancient writers, Greek, Roman, and Arabian, as Hippocrates, Galen, Paulus Æginetæ, and Avicenna, describe ulcers of the genitals as common and frequent occurrences.

The indefatigable Astruc, not contented by addu-

\* Celsus, Edinburgh edition, 1809, p. 330 to 335.

cing a sufficient body of evidence, to remove doubts from the minds of the most sceptical, in order to prove that syphilis was not known in Europe before the year 1494, also examines the writings of a number of physicians and surgeons, who lived before that time, which seemed to contradict these testimonies.

The following are a few of those passages, and are confined to authors who flourished between 1270, and 1470; and by them we are distinctly informed of the infectious nature of some ulcers of the genitals:—

“Gulielmus de Saliceto, a physician of Placenza, observes, in his chapter de Apostemate in Inguibus, that a bubo sometimes comes upon a foulness of the penis, contracted by lying with a slovenly woman.”

“Lanfranc of Milan states, that ulcers proceed from hot pustules growing upon the penis, which afterwards burst, or from sharp humours ulcerating the part, or from coition with a foul woman, who had lately had to do with a man whose penis was ulcered.”

“Bernard Gordon, professor of physic in the University of Montpellier, states, that the diseases of the penis are numerous, as impostumes, ulcerations, cancers, inflation, pain, and itch.”

“Guido de Cauliaco, in his *Chirurgia Magna*, also treats of heat and foulness of the penis from lying with a foul woman.”

“Velescus de Taranta, Professor of Montpellier, in his Chapter de *Ulceribus et Pustulis Virgæ*, states, that ulcers break out upon the penis from coition with a woman who has an ulcer in the matrix.”

“And lastly, Peter de Argeleta, of Bologna, Doc-

tor of Arts and Physic, has a chapter, entitled, *De Pustulis quæ adveniunt Virgæ, propter Conversationem cum fœda Muliere, quæ albæ sunt vel rubræ.*”\*

Astruc very sensibly contends, that the different ulcers and buboes, mentioned by these authors, could not have been syphilitic, because they were found to yield to external applications, and that internal medicines were not thought necessary. “Whence it is plain, he says, they did not treat of venereal ulcers, which are not so easily cured.”

He also adduces the testimony of John de Vigo, who wrote about the period in which syphilis first became known; and who, as might be supposed, found it necessary to lay down diagnostics, by which the new disease, syphilis, might be distinguished from the ulcers to which the parts of generation were at all times subject.

After describing the characters of those ulcers of the genitals, which were at all times known, John de Vigo proceeds (lib. 5. cap. 1.) to detail the appearances of the new disease, and states, “That venereal pustules, from infectious coition, arise in the genitals: viz. in the vagina in women, and on the penis in men, and are sometimes of a livid colour, sometimes black, and sometimes whitish, *with a callosity surrounding them.*”

It is satisfactory to remark how soon the surrounding callosity of chancre caught the observation of practitioners, and how early it was esteemed the character-

\* See Astruc, Book I. p. 41.

istic, and distinguishing mark of the primary syphilitic ulcer; but the necessity of attending to this discrimination was soon forgotten, and has been, to this day, most strangely neglected by the great body of practitioners.

Those other ulcers, to which the parts of generation were at all times liable, began soon to be confounded with the new disease; and we find authors stating, that it was only occasionally that the callosity surrounded venereal ulcers. Nicholas Massa, for instance, in the year 1532, observes, "That frequently obstinate ulcers on the penis appear, attended with surrounding induration, which are cured with great difficulty." And Aloysius Lobera, physician to Charles V. about the year 1540, says, "that sometimes the patient is affected with ulcers on the penis, which are hard and callous, and that this appearance is a certain mark of the French disease."\*

But, to return to our subject, we learn from the authorities collected by Astruc, the prevalence of infectious ulcers on the organs of generation, long previous to any knowledge of syphilis. But, the most curious document he produces on the subject, is a transcript of the statutes made by Jane I. Queen of both the Sicilies, and Countess of Provence, for the regulation of the public stews established at Avignon in 1347. He takes no small pains to confirm their authority, but whether their truth, or the decorum of the high per-

\* See Astruc, Book I, p. 97.

sonage to whom they are ascribed, stand in the most questionable predicament, I shall venture to quote the fourth of these very salutary enactments, which is as follows: "The Queen commands, that on every Saturday, the women in the house be singly examined by the abbes, and a surgeon appointed by the directors; and if any of them has contracted any illness by their whoring, that they be separated from the rest, and not suffered to prostitute themselves, for fear the youth, who have to do with them, should catch their distempers."\* In fine, there is scarce an authority collected by Astruc, which does not, directly or indirectly, point out the infectious nature of the ulcers in question, and inform us, that buboes were frequent attendants upon them: but, it must be acknowledged, that we do not find any intimation that constitutional symptoms were observed to follow the attack of the ulcers. With the view to ascertain this fact, I shall examine the writings of Mr. William Becket. But even if we were without any testimony whatever, that constitutional symptoms were the consequence of these venereal complaints, which, as we have seen, infested Europe at all times before syphilis was known, it does not follow that such symptoms did not exist. For although the ancients may have had them before their eyes every day, yet they might not have had any suspicion of their origin, or a conception of the connexion that exists between the primary ulcer of a morbid poison, and the constitutional maladies which follow it. Even

\* Astruc, Book I. p. 61.

when syphilis first appeared, it was thought to be epidemical; and, like other pestilential distempers, to be owing, either to “the malignant influence of the stars,”—“an unwholesome disposition in the air,”—“a spontaneous corruption in the humours, contracted by an error in diet, or the abuse of the non-naturals.” Of the latter opinion, we find, was Benedict Victorius; who, in the third chapter of his book, *De Morbo Gallico*, published in Florence in 1551, protests, “that he is firmly persuaded that the infection itself is not absolutely necessary for producing the venereal disease; but that the state of the air, together with that of the putrid humours, are sufficient.” But, to put the matter beyond all doubt, he testifies, “that he happened once to know some honest and religious nuns, who were confined in the strictest manner, unfortunately contract the venereal disease from the peculiar state of the air, together with that of the putrid humours, and the *weakness* of their habit of body.”\*

It was supposed for several years, that the infection of syphilis was conveyed, like the plague, from one person to another; hence, those who were infected, were driven from society into the very forests; and, in large cities, it was conceived necessary to provide for the public safety, by the most severe laws against these unfortunates. Thus, there is extant a decree in the Acts of the Parliament of Paris, dated the 4th of March, 1496, by which such as were infected with the venereal disease, were prohibited, under pain of

\* Astruc, Book II. Chap. 1. p. 118.

death, from conversing with the rest of the world, and obliged to retire into the suburbs of St. Germain, to places set apart for their reception.”\*

In the year 1717, Mr. Becket, the writer I have alluded to, presented a paper to the Royal Society, in which he endeavours to prove the antiquity of the venereal disease, and that it was known long before the discovery of the West Indies. He undoubtedly fails in his prime object, but he sufficiently demonstrates the frequent occurrence, at the period in question, of gonorrhœa, and ulcers of the genitals, as also constitutional affections, which were esteemed to be symptoms of leprosy.

In this inquiry, he confines himself entirely to those diseases, as they occurred in England. He contends, that the term *brenning*, or *burning*, for many hundred years was used to signify the same disease which we now call a gonorrhœa. This he endeavours to prove in many ways.

1. There were licensed stews in those times, under certain rules. Among the regulations relating to the lordship of Winchester in 1162, it is ordained, that no stew-holder shall keep any woman who hath the perilous infirmity of burning, under the penalty of a hundred shillings; which was a very sufficient precautionary measure; for it has been ascertained that such a sum, in that day, was equivalent to seventy-five pounds of our money.

2. He quotes a passage from the manuscript of

\* Astruc, p. 110. Book I.

John Arden, surgeon to Richard II. in 1380, in which the brenning is defined to be an inward heat and excoriation of the urethra, and capable of being cured by local means. Among several passages which he quotes from old English authors, the following is most deserving of attention. It is from a work written by Andrew Boord, Doctor of Physic and Romish Priest, printed in the reign of Henry VIII. in the year 1546. "If a man," he says, "be burnt of with an harlot, and do meddle with another woman within a day, he shall burn the woman that he shall meddle withal;" and, as an immediate remedy against the burning, he recommends the "washing of the pudenda two or three times with white wine, or else with sack and water; but if the matter have continued long, he prudently advises the patient to go to an expert surgeon, to have help."—"In another chapter, he gives advice what is to be done if the patient gets a dorser or two; so called, from its protuberancy, or bunching out; for, at that time, the word bubo was mostly made use of to signify that sort of swelling which usually happens in pestilential diseases."

The subject is continued by Becket, in a second paper, inserted in the 31st vol. of the Philosophical Transactions, in which we find the following observations. "John Arden, surgeon to Richard II. takes notice of those contumacious ulcers, which we now call chancres, and the great trouble our ancient authors found in attempting their cure, sufficiently discover them to have had their original from a venereal infection." He afterwards proceeds to give a quota-

tion from a manuscript in Lincoln College, by Thomas Gascoigne, Chancellor of Oxford, dated 1430, who states, that he knew many men to die of a disease gotten by connection with women, which caused a putrefaction of the genital organs and of the entire body; among whom was the celebrated John of Gaunt,\* who, before his death, sent for his nephew, Richard II. to witness the ravages of his distemper, and receive a salutary lesson from his misfortunes.

The remainder of Becket's paper is an endeavour to prove, that the venereal disease was constantly confounded with leprosy: and, indeed, he brings forward sufficient facts to evince, that diseases acquired by sexual intercourse, which afterwards affected the skin and the bones, were esteemed to be symptoms of leprosy.

With this view, he gives a quotation from John Gadissen, a very learned and famous Physician, that flourished about the year 1340. In a work he entitles *Rosa Anglica*, speaking of the mode of preventing infection *from connection with a leprous person*, he says, "sed si quis vult membrum ab omni corruptione servare cum muliere recedit, quam forte habet suspectam de immunditie, lavet illud, cum aqua frigida mixta, cum aceto, vel urina propria intra vel extra preputium." "From hence, says Becket, some of their leprous women, (as they called them) were capable of communicating an infectious malady to those

\* Mortuus est ex tali putrefactione membrorum genitalium et corporis sui causata per frequentationem mulierum.

that had carnal connection with them; which proves, that the pudenda of women must be diseased, inasmuch as we are absolutely assured, that infections of that nature only happen, where a sound part comes into contact with a diseased one; for the symptoms always first display themselves in those parts through which the virulency is first conveyed. Now, in a leprosy, we *never meet with the mention of any disorder in those parts*; which, if there be not, must absolutely secure the person from having that disease communicated to him, by coition with leprous women; but, it proves, there was a disease among them, which was not the leprosy, although it went by that name." These observations of Becket, I conceive, are unanswerable, if it is allowed that leprosy is a disease incapable of being communicated by coition. On this part of my subject the following passage, in Dr. Bateman's Synopsis of Cutaneous Diseases,\* is so apt, that I shall take the liberty of transcribing it. "Notwithstanding the care with which the separation and seclusion of lepers have been enforced, in compliance with the ancient opinion, there is great reason to believe, that elephantiasis is *not contagious*. M. Vidal long ago controverted that opinion, having never observed an instance of its communication from a leprous man to his wife, or vice versa, although cohabiting for a long series of years. Dr. T. Heberden daily observed many examples of the same fact, in Madeira; and affirms, that he never heard of any one who con-

\* Page 296.

tracted the distemper by contact with a leper. And Doctor Adams has more recently given his testimony to the same truth; remarking, that none of the nurses in the Lazar House in Funchall, have shown any symptoms of the disease; and that individual Lazars have remained for years at home, without infecting any part of their family."

In those details we find strong reasons for believing, with Becket, that disorders which commenced on the organs of generation, and afterwards affected the constitution, were very general; *and that they were confounded with, and mistaken for, leprosy.* Becket mentions, that it was very much the practice, among physicians in England, to smear the ulcers, which they conceived to be leprous, with mercurial ointment. This, on account of the great number of the ulcers, frequently brought on salivation; and the ulcers, to their astonishment, healed. But he argues, that as it is universally acknowledged, that mercury does not cure a true leprosy, it follows, that those ulcers which became well under the use of that medicine, were not leprous, but belonged to another disease.

Venerereal nodes on the bones, the same writer contends, were common before the time assigned to the introduction of syphilis into Europe; and "that they were termed by the old English writers, the Boon, or Bone Hawe; a name which gives us a perfect idea, not only of the part affected, but after what manner it was diseased; for the old English word *harwe*, signified a swelling of any part. Thus, for instance, a little swelling upon the cornea was anciently called

hawe in the eye; and the swelling, that frequently happens on the finger, on one side of the nail, was called the white hawe, and, afterwards, white-flaw."

Such are the facts stated by Becket; from which we learn, that a running from the urethra, and ulcers on the genitals, followed by diseases of the skin and bones, which yielded to mercury, but which were generally looked upon as symptoms of leprosy, were common in England before the period when syphilis was first observed in Europe. We can not conclude, with him, that these complaints were symptoms of a true syphilis, and that that disorder was at all times prevalent in Europe; because there exists the strongest evidence, in the writings of all medical authors, about the year 1500, that syphilis was a new disorder, and baffled the skill of the most eminent physicians. On the whole, it will scarcely be disputed, that syphilis was first brought to Europe by the followers of Columbus; and that, previous to that event, there existed, throughout the Old Continent, venereal disorders, both local, and constitutional, which strongly resembled the new-imported disease, and, to the disgrace of our profession, (with two or three splendid exceptions) have continued from that day to the present, more than three centuries, to be confounded with it, by the general body of practitioners.

It is to Mr. Hunter we are indebted for the first steps in an inquiry, which is of the greatest consequence to society, inasmuch as it is likely to prevent the indiscriminate and excessive employment of mercury, in diseases which do not require it, or are pre-

judiced, more or less, by its use. Mr. Hunter observes, "that diseases which resemble others, seldom do it in more than one or two of the symptoms, therefore, whenever the nature of the disease is suspected, the whole of the symptoms should be well investigated, to see whether it agrees in all of them, with the disease it is suspected to be, or only in part. This observation, he continues, seems to be more applicable to the venereal disease than any other; for there is hardly any disorder that has more diseases resembling it in all its different forms than the venereal disease; and when a disease resembles the venereal in some of its symptoms, but not at all in others; then, those other symptoms are to be set down as the specific, or leading ones of the disease to which it belongs, the resembling symptoms to the venereal being only the common ones." "Other diseases," he says in the same chapter, "shall not only resemble the venereal in appearance, but in the mode of contamination; proving themselves to be poisons, by affecting the part of contact; and, from thence producing, not only immediate consequences similar to buboes, but remote consequences similar to the lues venerea."\*

In elucidation of these opinions, Mr. Hunter relates some cases worth adverting to. The first case is that of a gentleman, who inoculated himself with the matter of yaws in his finger, while opening an abscess in the shoulder of a negro woman. In consequence, he was affected with tumours, which extended up the

\* Hunter, p. 567.

arm to the axilla; nocturnal pains in his bones, scabby eruptions in different parts of his body, nodes on the tibia, and ulceration of his throat. From the beginning he took mercury in large quantities, which seemed to have no effect upon the disease.

The next instance is that of a lady, whose milk being abundant, and her own child too weak to draw her breasts sufficiently, suckled a child, who, it was afterwards discovered, had the thrush, of which it died tabid, with many sores on different parts of its body. The lady, at first, had several small ulcers about the nipples, followed by swelling of the axillary glands; the former healed, and the latter subsided in the course of three months. Immediately afterwards, the patient complained of shooting pains in different parts of her body, which were succeeded by eruptions on her arms, legs, and thighs, many of which became ulcers. About two years afterwards, she was delivered of another child in a diseased state, the cuticle peeling off in various parts, and a scabby eruption covering the whole body. The child lived but nine weeks. The nurse, to whom the child had been committed, complained of head-ache and sore throat, together with ulceration of the breasts: the bones of her nose and palate exfoliated, and, in a few months, she also died tabid, without having derived any benefit from mercury, with which she had been salivated.

Of the various remedies tried by the lady herself, among which was mercury in a variety of forms, none succeeded so well as sea-bathing, and the Lisbon

diet drink, under which treatment the sores were healed.

After having had another child, who died under the same symptoms, in the course of a month after its birth, the sores broke out again, and although internal medicines were given, remained for a twelvemonth, when they began to heal.—This case demonstrates, that poisons are evolved similar to the syphilitic in many respects, though not in all. It also evinces, that notwithstanding the use of mercury, they will pursue their course, and that the means most capable of removing their effects, are those calculated to increase the secretions, and strengthen the constitution. Mr. Hunter gives another remarkable instance in the same chapter, which still farther elucidates those principles, but I shall refer the reader to his works, as the detail is too long to be introduced.\*

The several cases he relates of diseases arising from transplanted teeth, which, I believe, no one of the present day will esteem to be syphilitic, offer corroborated evidence of the existence of diseases which closely resemble syphilis. Ulceration of the gum and jaw was the first symptom, and, in general, took place a month after the insertion of the transplanted tooth; blotches on the skin, ulcers of the tonsils, and nodes on the tibiæ succeeded. Two of the patients recovered without mercury; in others, the constitutional symptoms gave way to that medicine, but recurred several times, after the most severe courses.

\* See Hunter, p. 578. et seq.

This is particularly obvious in the third of those cases; the symptoms, we are told, yielded to corrosive sublimate, three years after the commencement of the attack, and Mr. Hunter remarks, "all who seemed to be cured by mercury, had not a treatment similar to those who are indisputably poxed." Mr. Hunter was of opinion, that not one of the persons from whom the teeth were taken, had the lues venerea. "When we consider, that the girls, from whom the teeth were taken, had not the least appearance of disease at the time, and had none when the disease broke out in the person who received the teeth, it becomes strange that it should break out in the receiver, and not in the giver: For, he says in another place, I consider it impossible for parts to have the power of contaminating, which are not themselves diseased; and, in these cases, the parts contaminating, were never known to have been contaminated themselves.

"If it were asked, what is this disease, there would be more difficulty in answering what it is, than what it is not. I should say, that a sound tooth transplanted, may occasion such an irritation as shall produce a species of disease, which may be followed by the local complaints above mentioned, and that *undescribed diseases, resembling the venereal, are very numerous; and what I have said, is rather to be considered as hints for others to prosecute this inquiry farther, than as a complete account of the subject.*"

This inquiry, which Mr. Hunter so happily commenced, has been only followed by Doctor Adams and Mr. Abernethy. These gentlemen, after a farther

pursuit of the subject, are of opinion, that not only a certain modification of animal matter, being applied to a susceptible surface of the body, will excite an ulcerative disease, but that the healthy secretions of one animal, when applied to a crude wound, or denuded surface of another, will also excite ulceration, of which, Mr. Hunter's cases of transplanted teeth, afford strong evidence; and that the ulcer, thus formed, is capable of producing constitutional affections, which bear a resemblance to those of syphilis. Mr. Abernethy details several cases in support of this opinion, from which I shall select the first and third, as they are very brief, and elucidate sufficiently the subject under consideration.

#### *Case First.*

“A gentleman was connected with a female who was kept by another gentleman, and derived, from such connection, several very irritable and foul sores, which broke out on the prepuce, but which, however, had not the syphilitic characters. As neither the woman nor her keeper had any disease, he had no wish to take mercury, nor had I, being consulted on his case, any desire to recommend it to him. The sores did not heal until between two and three months, though a variety of local applications were employed. He at length, however, became perfectly well, and I cautioned him not to be again connected with the same woman. But his inclination got the better of his prudence, and another crop of sores, equally irri-

table, foul, and tedious, took place, in consequence of a second connection. These sores were treated in the same manner as before, and slowly healed. After some lapse of time he again erred in the same manner; and again received the same punishment. He had no constitutional disease from these sores."

*Case Third.*

"A gentleman, lately married, complained to his surgeon of a running from the urethra, which so strikingly resembled a venereal gonorrhœa, that the latter could not but ascribe it to infection. He had afterwards a swelling of the prepuce, and sores on that part, which confirmed the surgeon in his opinion, and produced a kind of dissention between his patient and him; the one affirming that the disease was venereal, the other, that it could not possibly be so, as his wife had no disease, and he had connection with no other woman. The effect of this litigation was, that the surgeon would not urge the taking of mercury, nor would the patient require the administration of that medicine, though a bubo, sore throat, and eruptions succeeded, which could not be distinguished from similar complaints of a syphilitic nature, but all of which spontaneously got well."

Having, as I conceive, adduced sufficient evidence to prove, that ulcers on the generative organs, were at all times common before there was, in this part of the world, any acquaintance with syphilis; and that these ulcers were frequently followed by constitutional

disorders; we must acknowledge the necessity of discriminating them, from those of true syphilis, and from each other, and not condemn all, however unlike, to a similar mode of treatment, because they happen to be found on the same parts, and are produced by the same kind of communication. We might, with as much consistency, treat all ulcers of the throat alike, whether arising from scrofula, scarlatina, or simple inflammation; yet, strange to tell, at this improved period of surgery, and notwithstanding the valuable observations of Mr. Hunter, Mr. Abernethy, and Dr. Adams, it is very generally the practice, to treat every ulcer on the genitals as syphilitic, whatever may be its appearance, character, or distinction.

## CHAPTER II.

Of the Local and Constitutional Symptoms of Syphilis.—Mode of Treatment, and Action of Mercury upon the System.

THE primary syphilitic ulcer has been admirably well described by Mr. Hunter in the following words: “The sore is somewhat of a circular form, excavated, without granulations, with matter adhering to the surface, and with a thickened edge and base. This hardness, or thickening, is very circumscribed; not diffusing itself gradually and imperceptibly into the surrounding parts, but terminating rather abruptly.”

Every word of this description should be strictly attended to, as conveying an exact definition of chancre; so far, at least, as it occurs on the glans and prepuce, though not on the body of the penis, where a slight difference is observable. Ulcers which are not syphilitic may, but seldom have, a fulness and slight induration round the circumference; but then, this induration does not convey that sensation of solidity and firmness to the touch, which that of a real chancre possesses, neither does it terminate abruptly, but diffuses itself gradually and imperceptibly into the surrounding parts; in which circumstance, it differs from chancre so evidently, as to be at once distinguished by an experienced practitioner.

The induration of a chancre is not confined to the edges only, but extends under the entire surface of the ulcer. We often meet with chancres in which the ulceration is inconsiderable, when compared to the extent of the induration; and even instances of an indurated knob, or tubercle, on the penis, without any visible ulcer, which have been followed by the constitutional symptoms of syphilis, are not uncommon; but, on inquiry, we shall probably learn, that in every such instance, a small ulcer existed at first on the callous part, which healed under the use of some local applications. Chancre is, in fact, an indolent ulcer, and makes but slow progress, compared to those ulcers of the parts of generation, which are destitute of any surrounding induration, and particularly the phagedenic and sloughing ulcers.

In the treatment of chancre, we should not desist from the exhibition of mercury, till the entire of the surrounding induration is absorbed. And, when this is accomplished, if the system has felt the full influence of that mineral, the ulcer may be allowed to cicatrize. As soon as the action of the poison is superseded, the parts will evince a disposition to heal, if not prevented by an indiscreet perseverance in the use of the remedy; which may produce the mercurial phagedena in the part, and thus effectually prevent the ulcer from healing. A person ignorant of this effect of mercury will, under these circumstances, suppose that the chancre is spreading; he will, therefore, be induced to exhibit that medicine in redoubled quantities, till the farther progress of the ulceration convinces him, at

length, that mercury is no longer of service to his patient.

Chancre, when situated on the body of the penis, is of a dark livid colour; the ulcer is not excavated, but is on a level with the surrounding parts. It is attended with less induration than the excavated chancre; and is, in general, from the size of a six-pence to that of half a-crown; and even, sometimes, it extends round the body of the penis. Its edges are a little raised, and the surrounding induration very perceptible to the touch, though not in so great a degree as the chancre described by Hunter.

If mercury is employed, the ulcer soon assumes a healthy appearance; but if that medicine be not resorted to, its livid surface is alternated, every third or fourth day, with that of a light brown or tawny colour. The ulcer, at the same time, extending its dimensions slowly, and, as it advances, the surrounding induration obviously increases. As few have witnessed this alteration of colour in a chancre, on account of the immediate exhibition of mercury, it may be of service to relate an instance, selected from a considerable number.

### CASE I.

William Murray, ætat 25, was admitted, February 11th, 1813, into the hospital. He was affected with phymosis, accompanied by discharge under the prepuce. An ulcer, about the size of a bean, of a livid colour, with callous edges slightly elevated, was situ-

ated on the body of the penis; he had not used mercury previously to his admission, and I directed him merely to poultice the penis with bread and water.

On the fourth day from his admission, the ulcer had assumed a light brown, or tawny colour, and its edges had become more callous and elevated.

On the sixth, it again exhibited the dark livid appearance, the penis was considerably swollen, and the patient complained of pain which deprived him of rest.

On the ninth day, the livid surface of the ulcer was changing to the same tawny appearance as before, a rash, or efflorescence (*roseola annulata*) overspread different parts of his body, agreeing with the appearance described by Mr. Hunter in the following words: "The disease in the skin first shows itself in discoloration, making the skin appear mottled, many of them disappearing, while others continue and increase with the disease."\*

On the eleventh, the entire ulcer assumed the tawny colour. The efflorescence of the skin had disappeared in some places, while it appeared in others, and there was a swelling of the glands in the right groin.

On the seventeenth day, the ulcer was again livid, and had extended to the size of a shilling; the surrounding induration had also increased.

As the character of the ulcer was sufficiently established by the increase of the callosity, mercurial frictions were now prescribed, and these, in a few days, caused a favourable change in the ulcer. He was dis-

\* Hunter, p. 476.

charged the hospital well in a month afterwards, having undergone a smart mercurial course.

The dark livid appearance of this chancre, when extensive, bears some resemblance to that of the sloughing ulcer, and may possibly be mistaken for it. They may, however, be distinguished from each other, by the indurated edge and base of the chancre, which are not attendants upon the sloughing ulcer; and, on a close inspection, the surface of the chancre, though dark, will not exhibit a state of slough or mortification. Its progress is slow, and, in both of these circumstances, there is an obvious and remarkable difference between these ulcers. If any doubt, however, should still remain, a little delay will disclose the true nature of the ulcer. If chancrous, it will, in three or four days, assume the tawny appearance already mentioned; and, if sloughing, the process from which it derives its name, will continue to extend, or the sloughs to separate and expose to view a corroding ulcer, to all appearance phagedenic, but which is soon covered by a slough that is again thrown off, again to be renewed, till the part is destroyed, or perhaps the patient.

Phymosis and inflammation are less frequently attendants upon chancre, than upon those ulcers which are destitute of its characteristic marks; but when they accompany the former, they ought probably to be ascribed to a very irritable habit, or to some irregularity in the patient, rather than to any stimulating quality of the poison which disposes it to excite inflammation.

Whenever these symptoms are threatened by a thickening in the prepuce, and increased uneasiness of the part, the patient should be strictly confined to a recumbent position, and desired to apply warm fomentations and poultices, and to inject tepid water frequently between the glans and prepuce; low diet and mild opening medicine will also be requisite.

These means, conjoined with the use of mercury, will, in most instances, be sufficient to subdue the disease. But when the inflammation is violent, and the penis considerably swollen, and attended with acute pain, if the most active measures are not immediately adopted, the inflamed parts will fall into a state of mortification. In these cases, the symptomatic fever runs so high, that the pulse is from 110 to 130, with thirst and restlessness. Under such circumstances, I immediately direct blood to be taken from the arm, in proportion to the urgency of the symptoms and strength of the patient, and repeat the venesection every six or eight hours, until the inflammation begins to yield. It is as necessary to have recourse to the lancet in those cases, as in pleurisy, or in the most acute ophthalmia. However beneficial local blood-letting may be in inflammation of other parts, it is scarcely admissible in this; for if the matter which flows from beneath the prepuce, should come in contact with the wounds inflicted by leeches, troublesome sores might ensue, which would still farther add to the inflammation it was intended to subdue.

In those cases in which violent inflammation is superadded to chancre, some practitioners rely entirely

upon the use of warm fomentations and poultices, and defer the use of mercury until the inflammation has subsided; or, as is more frequently the case, until mortification has set in, and the mortified parts have sloughed away.

Other practitioners, on the contrary, esteeming all the mischief to be the consequence of the poison, throw mercury into the system with the greatest possible rapidity; for which purpose, three or four drams of ointment are commonly directed to be rubbed in daily, and as much calomel to be taken as the patient's stomach and bowels can well bear. This practice, as well as the other, may, perhaps, occasionally succeed; but I have witnessed so many instances of gangrene, sometimes of a part, sometimes of the entire penis, under both systems, that I have no hesitation in deprecating the one as feeble and inefficient, and the other, as in the highest degree inconsiderate and hazardous.

I early conceived, that active depletions might be conjoined with the use of mercury in those cases of combined inflammation and chancre, with the view of subduing, in the most effectual manner, this dangerous combination of disease, and I adopted and pursued this practice with the most unvarying success.

I had afterwards the satisfaction to find the same mode of treatment recommended by Astruc. The following passage is taken from his section of the treatment of phymosis and paraphymosis. "Blood must be drawn at first, from either arm, not only three or

four times, but, if the violence of the disease seem to require it, every fourth hour for a day or two; that by these means the vessels being emptied, and the too frequent pulsation of the heart and arteries lessened, the afflux of blood to the part affected, may be weaker, but the reflux more plentiful and free."\* Astruc, however, does not advise the adoption of mercury, until the violence of the inflammation has abated. Nor would I recommend its use, except in cases wherein we had an opportunity of ascertaining that the ulcers were truly chancrous. This we may probably have learned before the occurrence of phymosis, or afterwards, from the character of any ulcer that may be found at the orifice of the prepuce, or on its exterior surface; or the nature of the concealed ulceration may be discovered, with a tolerable degree of certainty, by the touch, which will readily ascertain, whether or not it is attended with induration.

The following are instances of the utility of the employment of mercury, in conjunction with bloodletting, in those cases:

## CASE II.

Patrick Dunn was admitted into the hospital, on the 23d of December, 1811; he was affected with phymosis and profuse discharge; the entire penis was violently inflamed and swelled, a chancre, situated on the external surface of the prepuce, disclosed the na-

\* Book III. chap. 8. p. 371.

ture of the ulcers which were concealed. He complained of severe pain, pulse 120, tongue white and furred, and excessive thirst.

Twenty ounces of blood were immediately taken from his arm. He was directed to confine himself to bed, to support the penis in the most easy and convenient manner, to make use of emollient fomentations and poultices, and to inject warm water frequently between the prepuce and glans.

He was also ordered to take a grain of calomel, and to rub in a dram of strong mercurial ointment, night and morning.

The day following, the pain was lessened, but the inflammation and sympathetic fever remained unabated. Sixteen ounces of blood were taken from his arm, and he was desired to persevere in the other means recommended.

On the third day, the pain, inflammation, and swelling, were considerably diminished. On the fifth day, his mouth was affected, and the chancre on the external prepuce, had assumed a healthy appearance. The swelling of the penis was rapidly reducing. He was directed to discontinue the pills, but to persevere in the ointment.

A strong mercurial action was preserved in the system till the 24th of February, and he was shortly afterwards discharged well.

### CASE III.

Daniel Dunn was admitted, January 1st, 1812, on account of phymosis with discharge, and high inflammation of the entire penis, symptomatic fever considerable, pulse 120. On examining the penis, induration was evident near the corona glandis, where he complained that an ulcer was situated.

Twenty ounces of blood were immediately taken from his arm, and all the other means in the preceding case were prescribed. On the day afterwards, no perceptible change was apparent. The patient, however, had not confined himself to bed as directed. The venesection was repeated to sixteen ounces.

On the third day, the pain and swelling of the penis were diminished, and the ninth they were entirely removed; at which time, his mouth was severely affected by the mercury, and on the third of February he was discharged well.

### CASE IV.

William Bryan, admitted January 10th, 1812, into the hospital, was affected with phymosis, swelling and inflammation of the penis, and a livid coloured chancre, the size of half-a-crown, was situated on the external surface of the prepuce. He was bled to sixteen ounces, and directed to pursue the other means adopted in the preceding cases, except the use of mercury.

On the third day, the chancre had spread considerably, with increase of pain, and swelling of the penis, and the symptomatic fever was more obvious; pulse 110, tongue white and furred. Twelve ounces of blood were drawn from his arm, and small nauseating doses of tartar emetic were directed. On the following day, twelve ounces more of blood were taken, as the pain and swelling remained undiminished.

On the sixth day, as no amendment had taken place, he was put upon the use of mercury.

On the ninth day, the pain and swelling were materially lessened, and on the twelfth, his mouth was affected, and the chancre looked clean and healthy. The chancre soon began to heal; it was, however, deemed necessary to put him through a severe mercurial course, and he was not discharged from the hospital till the 9th of March.

We thus find, that in this combination of disease, blood-letting, and the other means, calculated to reduce inflammation, are not sufficient for that purpose, and that it is also necessary to subdue the influence of the poison by the assistance of mercury. There is no want of cases to prove, that this medicine, used alone, is unavailing in preventing mortification: the two remedies must, therefore, be conjoined to be efficient.

I might add a considerable number of similar instances, treated in the same manner, and with the same result; but the above are sufficient to elucidate the advantages to be derived from the mode of treatment adopted.

In cases, however, of phymosis, attended with vio-

lent inflammation and discharge, in which such ulcers as come under observation, do not possess the character of chancre; or in those cases, where we cannot ascertain the nature of the ulcers that are concealed from view, I would withhold the use of mercury, and rely on the other means recommended, until the true nature of the disease should develop itself. But if the inflamed prepuce has assumed, in any part, a livid hue, which is the forerunner of mortification, our only resource is in depletions; which probably, may not be too late, as long as inflammation and symptomatic fever still continue. These circumstances will be elucidated by the following case.

#### CASE V.

Owen Kettlewell was admitted into the Richmond Surgical Hospital on the 17th November, 1813, on account of violent inflammation of the penis, attended with phymosis and discharge. A portion of the prepuce, about the size of a shilling, was of a bluish cast, and it was sufficiently evident, that mortification was impending. But as the pain, inflammation, and symptomatic fever were unabated, I directed the same depletions as in the preceding cases, but did not order mercury, as there was not any proof of the existence of chancre. Twenty ounces of blood were drawn immediately from his arm, and he was directed cathartic medicines, combined with the antimonial solution. As this is a medicine to which we shall often have occasion to recur, in the subsequent cases, I shall take

this opportunity of giving the formula under which I prescribe it in the hospital.

R. Tartari Antimoniati grana quatuor, solve aquæ unciis septem, et adde Tincturæ Opii drachmam, Tinct. Cardamomi comp. drachmas tres, syrupi simpl. drachmas quatuor. M.

Of this mixture, a table spoonful is usually directed to be taken every third or fourth hour; or, if it should excite vomiting, a desert spoonful. I employ it, not only in those cases where high inflammation is present, but constantly resort to it in those diseases which resemble syphilis, when I commonly exhibit it in combination with the simple or compound decoctions of sarsaparilla.

On the following day, the greater part of the prepuce had sloughed away, and exposed a superficial ulceration round the corona glandis, and on several spots of the glans penis; all of which were destitute of the characters of chancre. The pain and fever were gone. He was directed to continue the emollient poultices, and to take the antimonial solution.

On the 7th December, the ulcers were nearly healed, and I removed the remaining portion of the prepuce, which formed a useless and awkward tumour beneath the glans.

On the 18th he was discharged the hospital, the ulcers being perfectly healed. He had not taken any mercury either before or after his admission.

If blood-letting, and the other means employed, had

been adopted in time, in this case, the prepuce would, no doubt, have been saved; but, though they were not employed till evident symptoms of impending mortification had ensued, yet I attribute to their adoption, the preservation of the glans, and the greater part of the penis.

IN some cases, a portion of the prepuce will slough in such a manner, as to leave an *OPENING*, through which the glans penis passes out; and the remainder of the prepuce lying behind, or at the frenal side of the glans, forms an useless appendage when the parts are healed. There is also another, not uncommon attendant upon inflammation of the penis, viz. the formation of matter under its ligament. When this event takes place, the pain is excessive, from the unyielding nature of the ligament; and the entire penis acquires a state of constant tension, and becomes indurated in an extraordinary manner. The integuments are of that red colour which indicates the presence of matter underneath, but no fluctuation can be felt, on account of the thickness, and unyielding nature of the investing ligament of the penis. This circumstance can only be discovered by the previous symptoms, the pain and tedious obstinacy of the disease, the callous state of the penis, and the discoloration of its integuments. The matter, at length, usually makes its way through that part of the dorsum penis nearest the pubis, where the ligament is found less dense than elsewhere; and a probe will freely pass into the small round opening through which it flows, and may be moved, in any di-

rection, under the ligament. But instances sometimes occur, where the matter points over or above the pubis; and, in this case, a deep abscess is always formed. In the progress of the complaint, the ligamentous covering of the penis will occasionally ulcerate, and slough away; in which case, a foul and extensive ulcer, with everted edges, will occupy the dorsum penis, closely resembling, in appearance, that produced by a deep-seated paronychia, a day or two after a free incision has been made on the anterior part of the finger. Nor can we adopt a more certain mode of arresting the progress of the disease under consideration, than by a free incision of the dorsum penis, longitudinally through the ligament, before ulceration takes place; for if we wait for this event, the organization of the penis may be destroyed. But the matter, once allowed an exit, the pain, tension, and other symptoms, soon give way under the use of emollient applications. I have noted a number of instances in illustration of the subject, but I think it unnecessary to introduce them, as the nature of the disease is so evident, and the means of relief so obvious, that any farther detail would be altogether superfluous.

When WARTS are numerous, and their bases comparatively broad, they will, in some instances, almost conceal the surface of the glans and prepuce; and it has been long a desirable object, to possess an application capable of destroying them. Practitioners agree, that mercury does not affect them; and the common caustics, savin, or verdegris, will, under the circum-

stances in question, require, in the most favourable instances, months for their removal; and, perhaps, fail, after the most patient and continued perseverance in their use. But I have had the satisfaction of introducing an application which I have never known to fail, in any instance, however numerous and extensive these untractable excrescences.

The idea of applying acetic acid to warts, was first suggested by a knowledge of its extraordinary effects upon those well known indurations of the cuticle called corns, which it will remove with certainty in one or two applications; and, if not carefully managed, all the surrounding cuticle which it happens to touch. But, however efficacious this remedy, I would only recommend its application to large warts with broad bases. Where they have narrow necks, the most expeditious way, and one which is perfectly safe, is to cut them off with scissors; and afterwards, if it is thought necessary, apply lunar caustic to the wound, after the oozing of blood has ceased.

It is not very likely, that the distinction existing between syphilitic BUBOES, and those from other causes, before ulceration takes place, will ever be discovered; and, even in the ulcerated state, it is almost impossible, with any certainty, to point out such discriminating marks as will clearly distinguish them. The following circumstances, in conjunction with the history of the disease, may assist in forming a diagnosis. Syphilitic buboes have frequently aching pains; in which respect they differ from indolent ulcers of the

groin, which seem to maintain themselves by habit. The bottom of the syphilitic bubo, which has not been affected by mercury, has frequently a callous feel, and is either of a dark foul appearance, or of a light brown tawny colour. If an ulcer of this description spreads, we may, with confidence, have recourse to mercury; and we will, in most instances, find, that quick amendment follows its exhibition.

If the tumour in the groin has not been preceded by an ulcer on the genitals, mercury is unnecessary, and may be highly injurious. I am not in the habit of ordering that medicine for buboes which have not been preceded by chancre; yet the subsequent appearance of syphilitic constitutional symptoms has never, in any instance, occurred; or any other circumstance, to induce me to repent of this line of practice. When I come to treat of ulcers of the genitals, which have not the characteristics of chancre, we shall find that they are frequently followed by buboes; and that mercury is as generally unnecessary for the one as for the other.

WHEN the syphilitic matter is absorbed into the general mass, the first CONSTITUTIONAL SYMPTOMS appear upon the skin, throat, or mouth, and afterwards upon the periosteum, bones, fasciæ, tendons, ligaments, eyes, and ears; in fact, there is not any part of the body which can be considered exempt from the secondary symptoms of syphilis.

The eruption on the skin is usually considered the first constitutional symptom, but ulceration of the

throat is as frequently the earliest intimation we have that the disease is become general. Before the occurrence of these local symptoms of a general disorder, there is observed, considerable derangement of the patient's constitution. His countenance is dull and palid; and he complains of restlessness, want of sleep, and often head-ach. This derangement is analogous to the fever which precedes the eruption in the exanthemata; but in this class of disorders, as the eruption appears, the fever usually diminishes; and, at length, the constitution gets the better of the disease, by its own unassisted powers. Not so in syphilis, the slow fever which precedes the constitutional symptoms, may subside on their first appearance, but the irritation from the unsubdued poison still remaining, the same effort for relief is renewed; in other words, the fever returns, but at uncertain intervals, till the constitution is worn out, or the intervention of medicine excites an action sufficient to supersede the syphilitic irritation. Hence, Mr. Hunter very properly observes, that this habitual fever of syphilis partakes very much of the nature of hectic fever, which he esteems to be an effort of the constitution to rid itself of a disease, but which it is inadequate to accomplish.

The eruption in syphilis is frequently preceded by an efflorescence of the entire skin, which has been noticed by Hunter. Doctor Willan remarks, that it is similar to the *reseola anulata*, and gives the skin a mottled red appearance; an instance of which I have already adduced, in a case of livid chancre.

The true syphilitic eruption is scaly; a circum-

stance by which it may be distinguished from the eruptions of the pseudo-syphilitic diseases, which are either papular, pustular, or tubercular. No author describes this eruption so clearly as Doctor Willan, in his admirable work upon Cutaneous Diseases. It is true, he also describes as syphilitic, the papular eruption, under the term of lichen syphiliticus; and I am perfectly aware, that the first writers on syphilis introduce this epithet, pustular, in their description of its eruption; as, also, that the disease, in many countries of Europe, received its name from the appearance of the eruption. But whether that appearance was papular, pustular, scaly, or tubercular, is not very evident from those denominations; which, singly, might afford a clue, but taken in conjunction, seem to confound together all those different species of eruption.\* But we are under the necessity of recollecting, that at the period in question, there was but little regard paid to the distinctive characters of cutaneous diseases; and that every appearance on the skin, which happened to terminate in ulceration, or produce a discharge of matter, was termed a pustule.

This is apparent in the writings of all the older authors, who treated on the subject; and even Astruc himself, who published his work in 1735, seems to confound every species of eruption together, as is

\* According to Astruc, the Spaniards called it *Las Bubas*, *Buvas*, *Buas*, or *Boas*. The Genoese, *Le Male de le Tavelle*. The Tuscans, *Il malo delle Bolle*. The people of Lombardy, *Lo malo, de le Brosule*; and the French, *La Vairole*, or *Verole*. See book I. page 4.

evinced by the following passage. "Pustules, or ulcerous tubercles of the skin, both such as are purulent, and such as are dry and crusty, not only appear in the venereal disease, but likewise in many others; as, in the scurvy, tetter, scab, and in all other cutaneous distempers,"\* In fact, there was not any accurate distinctions of the various eruptions that occur on the skin, till our own time; when Dr. Willan classed, according to their external characters, diseases, which previously were not under any regular arrangement.

I have to add, that I have not, in any one instance, observed the eruption to be papular, pustular, or tubercular, when it arose from the true syphilitic primary ulcer; or to be scaly, when it followed those ulcers which do not possess the characters of chancre, the indurated edge and base. A few pimples, occurring on the face of a man, affected with the scaly syphilitic eruption, ought not to be considered as an exception to this statement, for, in order to form a fair judgment on the nature of a general eruption, the appearance of the entire surface of the body should be taken into consideration.

The following is Doctor Willan's description of the syphilitic eruption, which he places among the scaly eruptions, and in the order lepra. "In the venereal disease, circular patches sometimes appear, which resemble those of the lepra nigricans in size and colour, but which are not incrustated. The dryness and harshness of the skin, so remarkable in the lepra vul-

\* Astruc, p. 50.

garis and alphoides, do not occur in the venereal lepra; its patches, when somewhat advanced, being as soft and pliable as other parts of the skin. It is, however, proper to observe, that every patch originates from a small, hard, reddish protuberance. As this gradually dilates, the increase of its circumference is not attended with an increasing ulceration of the centre; on the contrary, the sides of the patch are somewhat raised, and the central part of it appears a flat surface, covered with thin white scales. The patches are generally distinct, and at a distance from each other. There is seldom seen any of them exceeding the size of a shilling; yet, it is probable, they might acquire a greater magnitude, if the progress of the disease were not arrested by the use of mercury. When the constitution is under the full influence of mercury, the sides of the patch shrink, and become paler; the centre is also depressed, but the desquamation proceeds slowly; and the disease cannot be removed, without a perseverance in the course for six or eight weeks. A circular red spot usually appears, for some time, in the place of every declining patch; and a minute shallow depression, like a cicatrix, is left at the centre, but no permanent discoloration of the skin remains, as in some cases. The leprous form of the syphilitic eruption, takes place, like other venereal eruptions, at very different periods after infection, in different cases. If no medicines were employed, it would at length terminate in ulcerated blotches.”\*

\* Willan, p. 129.

Doctor Willan also describes another scaly appearance of the syphilitic eruption, under the species psoriasis, of the same order. The only difference between this and the other is, that the spots in the former are circular and larger, and in the latter, they are irregular, smaller, and less elevated. (See plate I, fig 1.)

The scaly syphilitic eruption is almost in every instance, to be found on the forehead, breast, back of the neck, on the groins, and adjoining surface of the pubes. On the back of the neck and groins, those spots situated near the parts covered with hair, spread into each other, so as to form extensive copper-coloured blotches, as are represented in plate I, fig. 2 and 3.

On the palms of the hand, or soles of the feet, its appearance is different from that on other parts. The cuticle separates, and is quickly succeeded by another; and this process may be several times repeated, for the thick skin of those parts has not the same disposition to form scurf, as the common skin; for which reason if a case would arise in which the appearances were confined to the hands and feet, it would be impossible to determine, whether or not it were syphilitic; for all diseases affecting the cutis of those parts, produce a separation of the cuticle, attended in all with the same appearances.

When the eruption affects a skin which is opposed by another skin, as, between the nates, or between the scrotum and thigh; or under the arms, or between the thighs, it is not scaly; but the skin becomes elevated into a moist, soft, flat, or somewhat convex sur-

face, which discharges a whitish matter. These are the appearances which, I believe, in authors, are termed condylomata, fici, cristæ, mariscæ, &c. denominations, applied, according to their figure, or perhaps, the fancy of the practitioner.

In this stage of the disease, that part of the fingers and toes upon which the nail is placed, is often attacked. A separation of the nail follows, similar to that of the cuticle in the eruption of the skin; but Mr. Hunter well observes, there cannot be here that regular succession of nails, as of cuticle.

If mercury is not employed, the eruption proceeds to ulceration in the following manner. Each spot is covered by scales, or by scurf, which is thrown off, and succeeded by another, every succeeding scurf which is formed, becomes thicker than the preceding, till, at length, it forms a crust, under which matter collects, and it becomes a true ulcer; in which state it spreads but very slowly.

THE next constitutional symptom of syphilis, is the ULCERATION OF THE THROAT; where the tonsils, in most instances, are the seat of the disorder. The ulcer forms, without much previous pain or swelling, although it soon produces a considerable excavation in the tonsil. It is, as Mr. Hunter observes, "a fair loss of substance; part being dug out, as it were, from the body of the tonsil, with a determined edge, and is commonly foul, with thick white matter adhering to it, like a slough, which cannot be

washed away.”\* This is the description of a well-marked syphilitic ulcer of the throat; and, although I would not go so far as to assert, that no other description of ulcer seated in this part is syphilitic, yet I am persuaded that it would be doubtful; and, therefore, previous to the use of mercury, we should endeavour to gain every possible information on the subject, by a most careful examination of the patient, in order to discover the character of any other ulcer, or eruption he may have; which, together with an accurate knowledge of the history of the case, will seldom leave us in doubt, with respect to the nature of the disease.

When I come to treat of the resembling diseases, I shall have an opportunity of accurately describing ulcers of the throat, differing materially, both in situation and appearance, from that under consideration; and these I have been fortunate enough to trace to primary ulcers of the genitals, which had not the characteristics of chancre.

It is scarcely necessary to mention here, a very common affection of the tonsils, noticed by Mr. Hunter, which is not unfrequently mistaken for a syphilitic ulcer, viz. chronic inflammation of those glands, attended with irregularity of their surface, which is covered with coagulable lymph, that gives it the appearance of ulceration.

Any mercurial affection of the throat is easily recognized, by the mercurial fœtor of the breath, which accompanies it. The use of this medicine may cause

\* Hunter, p. 482.

considerable inflammation and ulceration of any part of the fauces, particularly if the patient should expose himself to cold and wet, when under its influence.

I HAVE witnessed, in a very considerable number of instances, profuse PTYALISM, in patients who had not used mercury; but all thus affected had, at the same time, syphilitic ulcers of the tonsils. It is probable, that this spontaneous salivation is a constitutional symptom of syphilis, and analogous to a similar occurrence in small-pox. I am not inclined to attribute it to the irritation of the ulcers of the throat upon the mouth and salivary glands; for the syphilitic ulcers in question were attended with scarcely any pain. It is a curious circumstance in these cases (but one which I would naturally expect from this view of their nature), that as the patient becomes affected with mercury, the salivation begins to diminish, and, at length, entirely ceases; but is renewed again, as the mercurial process is farther advanced; first arising from the disease, and afterwards from the remedy.

THE BONES, PERIOSTEUM, FASCIÆ, AND LIGAMENTS, are the deep seated parts most liable to the attacks of the syphilitic poison, and are affected after the disease has appeared constitutionally on the superficial parts of the body, if the disease has not been arrested in its progress by mercury, which disturbs the regular succession of the symptoms.

Of the bones, it is observable, that those nearest the surface are most liable to the disease, as the tibia, ster-

num, clavicle, and cranium. When the deeper seated parts are affected, the progress of the disease is more gradual than in the superficial. Swellings of the testes, tendons, and fasciæ, are, in general, very indolent, do not excite any pain, and have very much the character of scrofulous swellings.

THE true syphilitic NODE is a solid enlargement of the bone, and is not at its commencement, nor for a considerable period afterwards, accompanied by any discoloration of the integuments. It is, in most cases, a very indolent swelling, increasing by slow degrees, and exciting but little pain and inflammation until in an advanced state.

The nodes of those diseases which resemble syphilis, on the contrary, seem, in the first instance, to affect the periosteum and soft parts covering the bone, and not the bone itself, as there is, from the commencement, swelling and redness of the integuments, which arise suddenly, increase with rapidity, and frequently disappear as quickly as they arose, without the intervention of mercury. They possess, in short, far more of the inflammatory character than the syphilitic nodes.

THE true syphilitic PAINS are generally supposed to affect the centre of the long bones; while those of the resembling diseases, as we shall find, affect the joints, and all in common with other aches or pains, have their exacerbation at night.

It is most satisfactory to observe the certainty and rapidity with which the constitutional symptoms of

syphilis, affecting the soft parts, yield to mercury. The scaly eruption begins to decline, even before it is observed to affect the system, and ulcers of the skin and throat, as soon as that event takes place, assume a healthy granulating aspect, and soon afterwards cicatrize. The same good effects are also observable in the soft elevations of the skin which are found between the nates, under the scrotum, and in the axillæ. The ulcers of the tonsils also immediately amend. All these secondary symptoms yield much more rapidly than chancre to mercury; in illustration of which, it is but necessary to mention, that if the same person is at the same time, affected with chancre and the constitutional symptoms above enumerated, the latter will yield much sooner than the former to this remedy. A circumstance, which I have elsewhere stated, would induce us to suppose, that the syphilitic virus undergoes some change in its transmission through the system, and is thereby rendered less virulent; and this supposition, as observed by Dr. Adams, is farther confirmed by the incapability of the matter of constitutional ulcers to communicate the disease, contrary to the effects of the other poisons, as for instance, that of small-pox.

It must be allowed, that syphilitic nodes by no means yield to mercury with the same regularity and quickness as the constitutional affections of the surface of the body; a circumstance most probably owing to the organization of the bones, which is so low, that the strongest mercurial action in the skin and throat, may be accompanied by a very weak one in the ves-

sels of the former. Yet, in the most obstinate instances, I doubt the propriety of continuing a full mercurial action longer than two months. This period is more than sufficient to supersede the syphilitic action, if the course is managed with judgment. I have always found it unnecessary to persevere in the use of mercury, until the tumour of the bone is entirely removed. And there can be no doubt, that if the node remains after a judicious course, we should regard it merely as a simple enlargement of the bone, deriving no character whatever from its syphilitic origin.

I have thus taken a view of the appearances of constitutional syphilis on the skin, throat, and deep seated parts, and should next advert to its effects on the organs of hearing and sight; but I may happily relieve my reader and myself from any farther investigation of this part of my subject, for although the syphilitic poison often affects the ears, producing total deafness, such cases are at first supposed to arise from another cause, until some symptom of syphilis, appearing in another part, develops the nature of the complaint. With respect to the eye, I have found in every observation that I have had an opportunity of making, that I have been anticipated by the late John Conyngham Saunders, in his *Treatise on diseases of that organ*. Were I to enter upon the subject, it would be but to repeat, without amendment, all that he has accurately and ably accomplished. His pen and his pencil equally entitle him to the character of a close observer of nature, and society has much to regret in the early ter-

mination of labours so useful, and a career so promising.

Syphilis, like other contagious diseases, is obedient to certain laws, from which there is little deviation; but from the details of most authors, it would appear, that it possesses but little uniformity in its symptoms, or regularity in its progress. This opinion of the multi-form appearance, and irregular course of the disease, is occasioned by several circumstances:—

1. Ulcers on the genitals, which are not syphilitic, are frequently mistaken for syphilitic, and treated accordingly, and this is a source of error, not only in respect of the original disorder, but in the entire train of complaints which may arise from the distemper thus mistaken.

2. If the primary complaint is syphilitic, the progress of the disorder is interrupted by the use of mercury, and if it is not totally subdued by that remedy, its return occurs at uncertain intervals.

3. There are a number of complaints which arise from the use and abuse of mercury, which are frequently mistaken for the symptoms of syphilis; for instance, erratic pains, diseases of the viscera, nervous affections, mania, fatuity, and a variety of other complaints, which can evidently be traced to the imprudent use of this medicine.

In the treatment of true syphilis, there is nothing perplexing or dubious, if we except the mercurial phagedena, and other effects of that mineral, which may be mistaken by the inexperienced, for the symp-

toms of syphilis. But the remedy in the hands of the experienced practitioner, will remove, I may say with certainty, every symptom of that disease, both local and constitutional.

I AM decidedly of opinion, that MERCURY acts by exciting an irritation capable of superseding that of the syphilitic, and in this point of view, it can be of little consequence, by what quantity of mercury, whether little or great, that irritation has been excited. By referring to the hospital books, I find that numbers have been cured, both of primary and secondary symptoms, by a very small quantity of mercury. Frequently from an ounce to two ounces has been found sufficient to cure the disease, and of preserving a strong mercurial irritation in the system, from one to two months; and this, I suspect, is all that is required; even if one dram was found capable of producing this effect, I should not think of administering an additional grain. But whatever be the quantity, it is necessary for the cure of syphilis, to excite a strong mercurial action, and to make the constitution feel and suffer under the debilitating effects of the mineral. Alterative courses, as they are termed, may suspend, but will seldom supersede the poison altogether.

In stating the very small quantity of mercury I have found capable of exciting strong mercurial action in the system, and of thus curing the disease, we must take into consideration the warmth and mercurial atmosphere of an hospital; and, therefore, in private

practice, we are not to expect a result perfectly similar.

It is not a little perplexing, that a primary venereal ulcer may be affected by the mercurial phagedena, without having the action of its poison entirely superseded, for after the phagedena is removed, we too frequently find, that the ulcer, instead of healing, assumes again the venereal character, so that it appears as if the venereal action had only been suspended, and not extinguished, in the part. We may, perhaps, better account for these successive morbid changes, by supposing that the mercurial phagedena had not extended to every part of the ulcer, but that some minute portion of it still continued under the syphilitic action, and consequently secreted a contagious poison; but as soon as the mercurial phagedena has subsided, there is reason to believe, that the remainder of the ulcer becomes infected by the poison, and the entire sore consequently assumes the syphilitic action. These circumstances are elucidated by the progress of ulcerated buboes, in which the mercurial phagedena more frequently occurs than in any other venereal ulcer, on account of the practice of opening them while the system is mercurially affected. The crude wound inflicted by the lancet in opening them, if the system is affected by mercury, will immediately assume the mercurial phagedena, which will rapidly extend, although a sufficient quantity of mercury has not been exhibited to supersede the venereal irritation in the part. The same circumstance will occur in the suppurating sore made by caustic, and in either case

we have an instance of mercurial action in one portion, and of venereal action in another portion of the same ulcer.

I have never seen the mercurial phagedena as it appears in chancre and bubo, (in which it exhibits a peculiar fiery red colour), affect ulcers of the throat in the same manner, but I have frequently seen a dark foul phagedenic ulcer make its appearance, and extend along the edges of the velum and uvula in patients strongly affected by mercury, which I suspected was caused by that medicine. But to decide that this was actually the case, requires much farther observation than I had an opportunity of bestowing. It is, however, certain, that we every day meet with cases in which mercury produces high inflammation of the fauces; and, on inspection, the velum and uvula appear of a deep red colour, and their edges exhibit a peculiar white excoriated appearance.

The ulceration of these parts is the same as that which occurs on the tongue and inside of the cheeks, during a severe salivation; and which is occasioned by the pressure of the dentes molares. The mercurial foetor in the mouth is sufficient to point out the true nature of these affections, whenever they occur.

There is some reason to suppose, that mercury is capable of producing nodes upon a sound bone, as they very frequently occur while the constitution is under its influence; but I should be unwilling to admit this as a fact, until I shall have an opportunity of witnessing the appearance of nodes, in persons under the influence of mercury, for any disease not venereal;

because I have frequently found, that the mercurial irritation of the system will not prevent the accession of nodes, in those diseases which are liable to be mistaken for syphilis; and, therefore, their occurrence may have been erroneously attributed to the mercury employed; while, in fact, they were produced by the agency of a morbid poison.

But although I would not, without farther proof, ascribe the production of nodes to the operation of mercury, I will, without hesitation admit, that it is often the cause of pains, which are frequently mistaken for the effects of the venereal poisons. Such as are produced by mercury, are found to affect the muscles, tendons, and joints, and have a strong resemblance to those of rheumatism. These pains are usually produced by exposure to cold, while the patient is under the influence of mercury. I have not, however, any doubt, but that pains in the joints, very generally ascribed to mercury, are, in fact, attributable only to one or other of those poisons which resemble syphilis in their symptoms; for we shall hereafter find, that one of their most prevailing characteristics is to excite pains in the larger joints, which mercury is incapable, in the greater proportion of cases, of removing; and even if they are diminished by its influence, they return with increased severity, as soon as the mercurial irritation of the system has subsided.

Besides the usual and characteristic local and constitutional effects of mercury, there are two singular affections, which not unfrequently attend its use. The one is the *erethismus mercurialis* described by Mr,

Pearson, (p. 156, 2d Ed.) and the other is a peculiar eruption, which has received different appellations from the authors who describe it.\* These diseases are not dependant upon the quantity of mercury absorbed into the body, or upon the preparation, or mode of administering that remedy, but seem rather to arise from a peculiarity of constitution in the patient; the cause of which, in our present state of knowledge, is not likely to be discovered.

I have observed, that females are in general more easily affected by mercury than males; and, therefore, always direct them to begin with half a dram of ointment every night; and, in almost every instance find, that this quantity is sufficient to induce a proper degree of irritation in the mouth, in the usual time, which may be estimated at six or eight days after the commencement of the course; and if a considerable soreness is produced in twelve, it may be esteemed an adequate commencement. On my first appointment to the Lock Hospital, I prescribed as is the general practice, a dram of ointment every night for the females, not making any distinction between them and the other sex. But, having continued this plan for some time, I found that no precaution could prevent the most excessive salivations, attended with dysenteric affections, extreme debility, and sometimes dropsy; but when I adopted a more considerate practice, I

\* Doctor Alley calls it Hydrargyria; Doctor Moriarty, *Lepra Mercurialis*; Doctor Spens, *Erythema Mercuriale*; and Doctor Bateman places it as a variety of *Eczema Rubrum*, in the order *Vesiculæ*.

found the most beneficial advantages. These severe effects, from the usual mode of exhibiting mercury, may appear surprising, but we should recollect the debility arising from frequent courses, to which those women who frequent Lock Hospitals are accustomed, and the influence of a mercurial atmosphere, such as must always be present in hospitals restricted to venereal patients.

When a patient, whether male or female, has been salivated several times, and the system thereby habituated to mercury, it is incredible the small quantity of that mineral that is sometimes capable of exciting the severest effects. The following case, one of the most remarkable I have met with, will elucidate the fact.

#### CASE VI.

Daniel Nowlan, ætat 30, was admitted into the hospital on the 26th of December, 1811, affected with syphilitic ulcers of the tonsils, and an enlargement of both testicles. He recently was in the hospital for six months, and had been discharged the preceding April, after suffering repeated heavy salivations for an ulcer on the glans penis, which entirely destroyed the part.

I directed him to rub in half a dram of ointment every night. In four days his mouth was so severely affected, that he spat two quarts in twenty-four hours; and, although he had used but two drams of ointment, the mercurial affection of his system increased, afterwards to so alarming a height, that his face and entire

head became swollen in an extraordinary degree. His tongue projected from his mouth, its edges were ulcerated, and of a white sloughing appearance. He lay in a state of insensibility, or coma, and his breathing was laborious, like a man affected with apoplexy.

He was removed to the convalescent ward, and was directed a smart opening medicine daily; under this, and other appropriate means, the dangerous lethargy in which he lay was removed, but he was not able to resume the use of mercury until the beginning of February following; and it is remarkable, that he afterwards bore the exhibition of mercury like other patients, being able to rub in three ounces and a half of ointment before the 20th of March following.

If a similar case were again to occur, I should conceive it necessary, during the comatose state, to take blood as freely as I would in a case of apoplexy.

If the system has been debilitated by reiterated courses of mercury, œdematous swellings of the legs is a very frequent occurrence. It is an event which should warn the surgeon not to give another grain of mercury, but to make use of such means as are calculated to recruit the broken constitution of his patient. And I believe, for this purpose, country air, generous diet, and exercise proportioned to his strength, will be found more effectual than medicine. If mercury be persevered in after œdema makes its appearance, general dropsy will follow; and it is surprising the rapid progress it makes in such cases. In a few days, I have seen the entire cellular membrane of the body

œdematous, with ascites, and every symptom of hydrothorax.

Nitrous acid, given in as large quantities as the stomach and bowels can bear, conjoined with digitalis, is of the greatest service in these cases. The following instances will evince the rapid progress of dropsy, under those circumstances, and the utility of the practice recommended.

### CASE VII.

Patrick Bryne, ætat 30, was admitted into the hospital on the 12th of August, 1812, labouring under the following constitutional symptoms: Two large irregular crusts were situated on his forehead, one of which covered the entire right eye-brow. The right testicle was enlarged, at least, four times beyond its original size; and what is a little extraordinary, he positively stated, that the enlargement only commenced four or five days before his admission. He had also a deep foul ulcer, as broad as the palm of the hand, on the calf of the right leg.

He stated, that eighteen months previous to his admission, he had a large spreading ulcer on the glans penis; the greater part of which, on examination, I found had been destroyed. For this complaint, he had taken a great quantity of mercury, in an irregular manner; and was afterwards admitted in October, 1811, into the Lock Hospital, where he remained four months, during which time he rubbed in up-

wards of five ounces of ointment, and was discharged apparently well.

On the 12th of August, the day of his return, I ordered him mercurial frictions; and twelve days after his admission, his mouth was severely affected, and, with respect to his complaints, amendment was visible.

September 7th, both his legs were œdematous. The mercury was therefore discontinued; and he was removed to the convalescent ward, where he was directed wine and nourishing diet.

14th. His legs were more swollen, and his abdomen was also considerably swelled. He scarcely passed half a pint of urine in the 24 hours. He was put on the use of nitrous acid, of which he took the usual quantity, two drachms of the diluted acid in the day.

21st. His legs and belly were more swollen, and his respiration was oppressed, although the secretion of urine had considerably increased. He was directed to take 16 drops of the tincture of digitalis three times a-day, in his nitrous acid mixture.

28th. His urine was natural, in respect of quantity; the swelling of his legs and belly had diminished, and the ulcer of his leg was improved in its appearance. The dose of digitalis was increased to twenty drops.

He persevered, during three weeks, on this plan; under which the anasarca swelling of his legs, ascites, and difficult respiration, symptomatic of hydrothorax, were entirely removed.

He remained in the hospital, however, till he reco-

vered his strength, and was discharged on the 20th of November, not only recovered of his dropsical symptoms, but even of his venereal complaints, although he had only rubbed in twelve drams of ointment.

### CASE VIII.

John Delany was admitted into the hospital the 26th of January, 1813, on account of a foul ulcer, situated on a remnant of the glans and prepuce; the greater portion of those parts having been destroyed by former ulceration. There were also numerous ulcers on his arms and shoulders, covered by large crusts. During the preceding year, his constitution had suffered under reiterated courses of mercury, administered on account of an obstinate ulceration of the glans and prepuce; and at the time of his admission, his countenance was bloated, and his legs and thighs anasaralous.

Under these circumstances, I did not deem it expedient to employ mercury, but merely ordered him nourishing diet, and decoction of sarsaparilla.

Feb. 1st. His dropsical symptoms having increased, with considerable dyspnœa, and œdematous swelling of the scrotum, I put him on the use of nitrous acid, conjoined with digitalis, as directed in the last case.

8th. He passed urine in large quantities; the swelling of his limbs and scrotum, had considerably diminished; and I had the satisfaction of observing, at the

same time, that the ulcer of the penis had assumed a disposition to heal.

16th. The dropsical symptoms had nearly disappeared, but the ulcers on his arms were extending, and he complained of severe pains in his wrists. The nitrous acid and digitalis were discontinued, and he was ordered the decoction of sarsaparilla, and 30 drops of antimonial wine three times a-day.

March 1st. The ulcer of the penis had healed, and many of the crusts had fallen off, and left the parts underneath perfectly cicatrized; at the same time several papulæ appeared on different parts of his body, and he complained of severe pains in his wrists and shins, particularly at night. The decoction and antimonial wine were continued.

14th. He was discharged the hospital, all the constitutional ulcers having healed: the pains being dissipated, and the œdematous swelling entirely removed.

This case has not only afforded an instance of the efficacy of nitrous acid, conjoined with digitalis, in broken down dropsical constitutions, long harassed by mercury; but also exhibits a good example of a disease, which I conceive was not syphilitic; for the ulcer of the penis had not the characters of chancre. The eruption was not scaly, but papular; and, as well the primary as the constitutional symptoms, resisted the most powerful courses of mercury, yet afterwards yielded to sarsaparilla and antimony.

The fatal effects of mercurial courses in patients labouring under scrofula, I have had many opportu-

nities of witnessing. In these cases, phthisis pulmonalis was the immediate cause of death; and by the way, I may remark, that the appearance of scrofula, at an adult age, is very generally followed by phthisis. Be this as it may, the greatest circumspection is necessary in the exhibition of mercury in persons labouring under the slightest pulmonary affection, whether it be hemoptoe, asthma, or dyspnœa, from whatever cause it may originate. I have seen in the hospital *repeated instances* of the fatal effects of mercury in such cases; but it is certain, that the mercurial atmosphere of the house contributes, in no small degree, to the danger of the patient; and it is absolutely necessary that there should be annexed to every foundation of this description, convalescent wards detached from the hospital, and enjoying the advantage of a pure atmosphere. The justice of these remarks will be confirmed by the following case:—

#### CASE IX.

Owen O'Neale, ætat 30, was admitted, with chancres attended by considerable inflammation of the prepuce, on the 6th of December, 1811. He had a large curvature of the spine, and a corresponding distortion of the chest, and his countenance was of that livid hue which marks impeded or imperfect respiration; he had also a severe cough.

I directed twelve ounces of blood to be drawn immediately from his arm, not only with a view to the affection of his chest, but to the inflammation of the

penis. The antimonial solution was also ordered. Three days afterwards, his breathing was so much relieved, that I did not think it necessary to postpone any longer the exhibition of mercury, and I directed him to rub in but half a dram of ointment every night, and to persevere at the same time, with the antimonial solution.

On the 29th, the chancres had improved, and his mouth was slightly affected by the mercury; but his breathing, on the preceding night, had again become laborious, and his pulse was upwards of 100.

He was removed immediately to the convalescent ward, sixteen ounces of blood were taken, the ointment was discontinued, and the antimonial solution persevered in.

On the 21st, 22d, and 23d, the venesection was repeated each day. Blisters were applied to his breast and back, but the different means employed were ineffectual in checking the progress of the affection of his chest. On the 25th, his respiration was rapid, pulse 130, and countenance livid; in short, there was every symptom that effusion had taken place into the chest or lungs; and on the 27th he died, not having rubbed in more than four drams of ointment from the time of his admission.

This is a striking example of all the ill effects of mercury, and a mercurial atmosphere, in persons labouring under pulmonary complaints. No necessary precaution was omitted before the adoption of the medicine, and the caution that was observed during its exhibition, would, under other circumstances,

have been altogether superfluous. But in such cases, no caution can be excessive. The *frequency and rapidity* of effusion into the lungs or chest of patients labouring under pulmonary complaints, while exposed to the mercurial atmosphere of an extensive Lock Hospital, is too common a subject of observation, and can only be remedied in the mode I have already recommended.

Before I conclude this chapter, it may be of service to recapitulate the usual and characteristic effects of mercury on the frame, and likewise those effects which now and then occur from its use, and which seem to originate in peculiarity of constitution:—

1. Mercury induces a specific fever different from all others, and attended with an increase of the various secretions.

2. When the constitution has been incessantly harassed by mercury, it induces dropsy, various nervous affections, epilepsy, mania, and fatuity.

3. It produces peculiar local effects. A crude wound or suppurating sore, under its influence, will immediately become spreading phagedenic ulcers, of a fiery red appearance. The ulcers of morbid poisons, after the peculiar action of their respective poisons has ceased to act, may become, in the same manner, mercurial ulcers. But if the poison retains its influence in any portion of the ulcer, as soon as the mercurial phagedena has subsided, it may infect the remainder of the ulcer, which will consequently re-assume its original character.

4. It occasionally produces pains resembling rheumatism, and swellings of the joints, particularly when the patient exposes himself to cold.

5. It is asserted to be capable of producing nodes, which resemble the syphilitic; but this I doubt, because there is no authenticated instance of nodes of the bones occurring under courses of mercury for any diseases except venereal.

6. It produces two affections of the constitution; the mercurial eruption, and mercurial erethismus, which, unlike its usual and characteristic effects, are evidently owing to some peculiarity of constitution. In the same manner, most medicines, and many of our common aliments, produce phenomena in some constitutions, attended with great disorder of the system, totally different from their accustomed and well known effects.

7. Mercury, and more particularly a mercurial atmosphere, are in the highest degree prejudicial and dangerous to patients labouring under any pulmonary affection, by producing a rapid state of excitement, and consequent effusion into the lungs or chest.

## CHAPTER III.

First class of Primary Diseases, which have been confounded with Syphilis, consisting of four species; viz. Superficial Ulcers, without Induration, but with elevated edges.—Similar Ulcers without Induration or elevated edges.—An Excoriation of the Glans and Prepuce, attended with purulent discharge.—Gonorrhœa Virulenta.—Constitutional symptoms arising from those Affections, and which are alike in all.

WHEN I first commenced an inquiry into the nature of those primary ulcers of the genital organs, which are destitute of the characteristics of chancre, the variety seemed to be so great that I almost relinquished the expectation of being able to arrange them in distinct classes. However, as I proceeded in the investigation, the task became less difficult, and I soon ascertained, that the variety was not so great as I was led at first to suppose. For, on a careful comparison of an infinite variety of cases, I found reason to conclude, that there are altogether but six species of primary pseudo-syphilitic disorders. Four of these may be conveniently arranged under one class, and the remaining two under another.

In the first class I would include:—1. A superficial ulcer without induration, but with elevated edges:—2. A similar ulcer, destitute not only of induration, but of elevated edges:—3. An excoriation of the

glans penis, and internal surface of the prepuce, attended with purulent discharge:—4. Gonorrhœa virulenta. I have not been able to trace any constitutional symptoms arising from the first species. The constitutional symptoms of the other three species are precisely alike, and can not, in the slightest degree, be distinguished from each other.

In the second class may be comprized the two remaining species of pseudo-syphilitic disorders; viz.—1. The phagedenic ulcer; and—2. The sloughing ulcer. There is a strong resemblance between these two primary diseases, as the sloughing ulcers, when the sloughs separate, can scarcely be distinguished from the phagedenic. Whether their constitutional symptoms are alike, is more than I am willing to decide, not having witnessed more than one case of the constitutional symptoms of the sloughing ulcer; but I should not omit to mention, that the appearances were favourable to the presumption of their similarity. But I have had an opportunity of observing numerous instances of the constitutional symptoms of the phagedenic ulcer, and they are materially distinct from those which arise from the primary affections comprized in the first class.

So common is the occurrence of those ulcers which have not the characteristic marks of chancre, that if I were to estimate their relative frequency from my own experience, I would, at the lowest computation, infer, that we meet with five cases of those disorders, for one of true syphilitic chancre, and my opportunities have been such as enabled me to observe,

not merely the trivial, but those which would be esteemed the most malignant cases. Nor should I omit that it has frequently happened, that among a number of venereal patients seeking admission into the Westmoreland Lock Hospital, and amounting perhaps to thirty, I have not found a single instance of chancre on the most accurate investigation.

I. ACCORDING to the arrangement I have laid down, the first ulcer to be described, is THE SUPERFICIAL ULCER WITHOUT INDURATION, BUT WITH ELEVATED EDGES, and I may add to these its principal characteristics, that it sometimes displays a whitish, and at others, a reddish brown surface, without any appearance of granulations. It is not excavated, but is either on a level with the surrounding skin, or considerably raised above it; yet it is necessary to observe, that it sometimes seems indurated to the eye, and the elevated edges of this ulcer give it the appearance of excavation. On examination by the touch, it will be found, that it possesses neither of these characters. At its commencement, it appears in the form of a small pustule, attended with itchiness of the part. It will be sufficient to contrast this description with that of chancre, in order to observe the distinctions between them.

These ulcers are most frequently found on the external surface of the prepuce, body of the penis, and occasionally on the scrotum, and occur from the size of the smallest pea, to that of a shilling; of the former size, they frequently form a circle round the orifice

of the prepuce, and occasion a very obstinate phymosis. The internal exhibition of mercury, however extensively employed, and applications of caustic, do not produce the slightest beneficial effects upon them. My chief reliance in their treatment, is upon the constant application of astringent and mercurial washes. Those I in general employ, are the muriate of mercury and lime water, in the proportion of a grain to an ounce;—the sub-muriate of mercury and lime water, in the proportion of ten grains to an ounce;—or the compound spirits of lavender, sometimes plain, and sometimes diluted with once or twice their mass of water.

Although I have not observed constitutional symptoms to follow this species of ulcer, I have frequently found it to be attended with buboes, as obstinate as those arising from the other venereal poisons. I therefore treat it internally, as I do the other pseudo-syphilitic affections mentioned in this chapter, ordering decoctions of sarsaparilla, and small doses of antimony, either separately or in conjunction. Under this treatment, the ulcers in question generally heal in a period extending from a fortnight to six weeks, although the buboes originating from them are often very indolent, tedious, and difficult to cure. While these ulcers are healing, granulations are not observable, and they cicatrize with rapidity once the healing process commences. I shall not take up the time of my reader in relating instances of the inutility of the internal use of mercury (a fact of which there can scarcely be a practitioner who has not ascertained the certainty), but

proceed at once to give a few examples of the efficacy of the plan I have recommended.

#### CASE X.

Hugh M'Gomery was admitted, April 19th, 1813, on account of two large ulcers with raised edges, situated on the dorsum penis. One of these ulcers was raised above the surrounding surface, and both were destitute of any induration of their base or edges. He was put upon the use of antimonial solution and decoction of sarsaparilla, and the sores were touched daily with lunar caustic.

On the 26th, there was not any change in their appearance, and he was directed to keep dossils of lint, moistened in the lotion of muriate of mercury and lime water, constantly to the ulcers, and to persevere with his internal medicines.—On the 10th of May, the ulcers exhibited a disposition to heal, and they cicatrized before the 23d, on which day he was discharged the hospital well.

#### CASE XI.

Andrew Walsh, admitted June 9th, 1813. His complaints were a superficial ulcer, the size of a shilling, with raised edges, but without induration, on the under part of the body of the penis, phymosis without discharge, and a large bubo, containing matter, in the right groin. He had been disordered five weeks, and had not used any mercury. I directed him to take the

antimonial solution, and to use the lotion of muriate of mercury and lime water.

On the 19th, the ulcer was healing; the bubo had broken, and discharged a large quantity of matter.— On the 28th, the ulcer of the penis was healed. And on the third of July, he was discharged the hospital well.

## CASE XII.

Barnaby Brady, admitted September 29th, 1813. Was affected with phymosis and discharge; the prepuce was considerably swelled, and round its orifice there was situated a circle of small ulcers. The means recommended in the preceding case were adopted.

October 6th, the prepuce was more swelled, and the ulcers had extended. He was directed to apply poultices of bread and water to the part.

11th. The swelling was allayed, and it was ascertained, that the discharge proceeded from the urethra. He was desired to use an injection frequently, composed of two grains of muriate of mercury to eight ounces of lime water.

18th. The running was stopped: the ulcers had assumed a healing appearance, and were cicatrized before the 2d of November, on which day he was discharged the hospital well.

## CASE XIII.

Larkey Sheil, on his admission, October 20th, 1813, was affected with phymosis, without any discharge from the inside of the prepuce, the extremity of which was contracted into a round knob, spotted with several small ulcers, some of which were covered with crusts, but without any surrounding hardness. He had been disordered five weeks, and had not used mercury. I directed the same treatment as in the preceding cases.

The ulcers did not begin to improve until the 3d of November, and were finally healed on the 16th, at which time the stricture of the prepuce disappeared, and he was discharged the hospital.

He was, however, re-admitted on the 14th of December, on account of a bubo which appeared shortly after he had left the hospital. The bubo suppurated and healed in three or four weeks, without being followed by any constitutional symptoms.

## CASE XIV.

T. Connolly was admitted October 25th, 1813. His complaints were phymosis, and discharge from beneath the prepuce, ardor urinæ, and gonorrhœa. The orifice of the prepuce was covered with an ulcer with elevated edges, and there was a large ulcer of the same character on the external surface of the prepuce. There was also considerable fulness of the parts surrounding these ulcers, but it wanted that remarkable induration which

terminates abruptly, and which characterises chancre. I therefore treated this case in the same manner as the preceding.

November 2d. The ulcers had assumed a pale ashy colour, and there was more fulness of the surrounding parts, which approached nearly to the induration of chancre.

November 8th. The ulcers looked cleaner and more healthy, but there was no appearance of granulation; indeed, I may venture to assert, that we are not to expect their appearance during the healing process of a primary ulcer of a morbid poison.

15th. A great portion of the ulcers had healed, and the entire was cicatrized before the 22d, on which day he was discharged the hospital well.

It would be needless to offer any farther illustration of this species of ulcer, of which, out of numerous instances, I have noted twenty-six cases; in every one, the symptoms yielded to the plan of treatment recommended. It is probable that they were not followed by any constitutional symptoms, as the patients were enjoined to return to the hospital if any suspicious appearances occurred, and I am satisfied they would have availed themselves of the invitation, had there been a necessity. The general practice in this, as well as in every other species of venereal ulcer, has hitherto been the exhibition of mercury, and the obstinacy of the one under consideration, if appropriate local applications are not used, must necessarily induce the practitioner to administer that medicine in the most extensive manner. We have, therefore, no difficulty

to conceive how the constitution must suffer under protracted courses of this active mineral, employed for the purpose of subduing ulcers unattended with danger, which in time would, perhaps, spontaneously disappear, or with the advantage of appropriate treatment, leave the constitution whole and uninjured.

II. We have now to proceed to the consideration of the second species of *ULCER*, WHICH IS *DESTITUTE, NOT ONLY OF INDURATION, BUT OF ELEVATED EDGES*. In general, it is raised above the surrounding skin, and exhibits a smooth surface, the colour of a healthy sore, but without granulations, and has somewhat a fungous appearance. Sometimes it is on a level with the surrounding surface, and seldom is excavated. These ulcers, which are far more general than any others, to which the parts of generation are liable, vary from the size of a pea to that of half-a-crown, and are more frequently found on the glans and internal surface of the prepuce than elsewhere, in which situation they, in general, excite phymosis; and it is, therefore, extremely probable, that this is the identical ulcer mentioned by Celsus,\* as inducing phymosis, and readily cured by lenient remedies and mild detergent washes. They also occur on the external surface of the prepuce, body of the penis, and scrotum, in which last situation they are considerably raised above the surrounding surface, so as to resemble fungi or soft warts, and are rapidly cured by

\* See Celsus, p. 332.

an application of a strong solution of muriate of mercury, in the proportion of two or three grains to an ounce of water. In women, they usually occur on the labia, perineum, and fossa of the nates.

When phymosis has taken place, it is difficult or impossible to ascertain from what source the discharge proceeds, whether from the ulcers, or from a peculiar excoriation of the glans and prepuce, by some called chancrous excoriation, and by others, spurious gonorrhœa, or whether the discharge flows from the urethra, and is a true gonorrhœa. The discharge, however, is frequently occasioned by these three affections at the same time, a circumstance which would induce us to suppose that they all arise from the same poison; and this supposition is farther supported by the fact, that in the majority of cases, the superficial ulcers which we are considering, even when situated so far back as the scrotum or body of the penis, are, in the majority of cases, accompanied by one or both of the other two affections. But we shall postpone the consideration of this subject till we have elucidated more clearly, by example, the nature of those different complaints, and I shall first proceed to give some examples of the superficial ulcer last described, which we shall find readily yields to the applications I have already noticed, the muriate or sub-muriate of mercury and lime water.

One of these combinations forms a precipitate, and the other an insoluble compound, which, however unscientific as chemical preparations, are most efficient in these disorders. The patients in the hospital call

them, from their colour, the black and yellow washes. Male patients, affected with gonorrhœa only, are not admitted, but women, labouring under that complaint, soon become so sensible of the benefit derived from these lotions, that they anxiously solicit that they should not be forgotten in their prescriptions. But it is necessary to premise, that not only local applications were employed, but also, as in the first species of ulcer, small doses of tartarized antimony were exhibited three or four times a-day, either alone or in conjunction with sarsaparilla. These medicines may, by some, be deemed superfluous for the primary symptoms; but having experienced the utility of the practice after their peculiar constitutional symptoms supervened, I conceived that they might also be of service in the primary complaints, and I found them even of more advantage than I expected, but particularly when the glans and prepuce were affected. There is, in general, some inflammation attending this species of ulcer, which I find this medicine well calculated to allay; nor is it a hint to be neglected, that if patients are discontented, as is often the case, if they are not ordered internal medicine when labouring under venereal complaints, the remedies in question will prevent the necessity of ordering a medicine of more dubious operation.

## CASE XV.

James Byrne, admitted 16th Sept. 1812, on account of two large superficial ulcers, without induration, engaging the greater part of the glans penis. They were covered with a white glutinous matter; there was also a similar ulcer on the corona glandis, of a raised fungous appearance, accompanied by a strong tendency to phymosis. He was directed to wash the parts repeatedly in the lotion composed of calomel and lime water, and to take the antimonial solution.\*

Sept. 28th. The ulcers looked clean, and were healing round the edges, and October the 10th he was discharged the hospital well.

## CASE XVI.

William Moore, December 8th, 1812, was admitted, with phymosis, and discharge of purulent matter from the glans and prepuce. The lotion, composed of muriate of mercury and lime water, was directed for him. In four days he was able to retract the prepuce, which exposed three or four superficial sores, each about the size of a silver penny. In four days more they were healed, and he was discharged the hospital well, on the 20th of December.

\* See Formula, p. 44.

## CASE XVII.

William Lucas, October 26th, 1813. There was an ulcer, the size of half-a-crown; situated on the prepuce; it was superficial, smooth, and without induration. The prepuce was considerably swelled, and he was affected with ardor urinæ and gonorrhœa. He stated, that he was three weeks disordered, and had not used mercury.

The antimonial solution, and poultices of bread and water, were directed.

On the 2d of November, the swelling and pain were removed, and he was desired to inject frequently into the urethra, a lotion, composed of two grains of muriate of mercury to eight ounces of lime water, and to keep dossils of lint, moistened in the same application, to the ulcer.

15th. The ulcer was healing, and the discharge, and ardor urinæ, were entirely removed.

November 29th, the ulcer was healed, but he remained in the hospital till the 6th of December, when he was discharged well.

## CASE XVIII.

The rapidity with which a cure is effected, under the means recommended, as instanced in the following case, is by no means singular. Richard Wild, admitted December 30th, 1812, was affected with superficial ulcers on the glans and corona glandis; they

were raised above the surrounding surface, and had a fungous appearance; one of them was the size of a sixpence, and the purulent discharge from all the ulcers was very considerable. He stated, that he was disordered four months previous to his admission, and had not used mercury.

He was directed to use frequently the lotion composed of calomel and lime-water, under which they were completely healed within the short period of three days. He was discharged the hospital, well, five days after his admission.

III. THESE cases are sufficient to elucidate the nature and treatment of the superficial ulcer, which is without any defined or raised edges, or surrounding induration; and we shall now proceed to consider, in the same brief manner, the third species of diseases resembling syphilis, *viz.* EXCORIATION OF THE GLANS PENIS, AND INTERNAL SURFACE OF THE PREPUCE, ATTENDED WITH PURULENT DISCHARGE. This complaint usually causes a phymosis; and more than two thirds of the cases I have noted, were accompanied with gonorrhœa.

When the prepuce can be retracted, and the matter washed off, the surface of the glans and prepuce does not appear, on close examination, to be wholly excoriated, but the excoriation occurs in patches, with intervening spots of sound cuticle. The corona glandis was, in every instance, the part most severely affected, and the latest to recover from the disease. It yields to the same plan of treatment as was employed in the

preceding species of ulcer; which, in order to complete my plan, it will be necessary to elucidate by one or two instances, although I fear the patience of my reader is nearly exhausted, by the recital of cases so very similar; but I shall encounter this difficulty, rather than neglect any opportunity of rebutting the present indiscriminate use of mercury, in diseases for which it is not only unnecessary, but injurious.

#### CASE XIX.

Bartholomew M'Credy was admitted on the 18th of August, 1813, on account of a purulent discharge from under the prepuce, attended with phymosis, and slight inflammation of that part. He had been four weeks disordered, and had not used mercury.

I directed him to take a table spoonful of the antimonial solution every third hour, and to inject eight or ten times a-day between the glans and the prepuce, the lotion composed of the muriate of mercury and lime-water. Before the 29th of August his complaints were removed, and on that day he was discharged the hospital.

#### CASE XX.

Patrick Campbell admitted September 16th, 1813. His complaints were excoriation and purulent discharge from the corona, glans, and prepuce. The excoriation of the corona was so considerable, as nearly to approach to ulceration. He had also a bubo in the

right groin, and was affected with gonorrhœa and ardor urinæ.

He stated, that he was five months disordered; during which period he underwent several severe salivations, without any effect upon his complaints, and, at the time of his admission, he was under the influence of mercury.

I directed him to use frequently, both as an injection and lotion, twenty grains of calomel, combined with an ounce of mucilage, and seven ounces of lime-water. The antimonial solution was also prescribed, as in the preceding cases. In six days after he commenced the use of these medicines, the discharge from the urethra, glans, and prepuce, was altogether removed. But I directed him to persevere as before, until the 10th of October, on which day he was discharged the hospital well.

### CASE XXI.

Edward Martin admitted September 29th, 1813, afflicted with excoriation and purulent discharge of the glans and prepuce, ardor urinæ, and gonorrhœa, accompanied with a bubo in his right groin. He stated, that he was disordered three months, and that he had been salivated once, without any beneficial change in his complaints. I directed for him the antimonial solution, and two grains of muriate of mercury, dissolved in eight ounces of lime-water, to be used as an injection and lotion on the parts affected, as in the preceding case.

On October 18th, the discharge from the prepuce and glans had ceased; *that* from the urethra, though diminished, still continued. The strength of the injection was increased to three grains of the muriate of mercury to eight ounces of lime-water, and with the view of exciting a new action in the vessels of the part, as the discharge was probably continued from habit, I directed a grain of calomel to be taken every night. Before the 25th, the running from the urethra had also ceased, and he was discharged the hospital well. The injection, as last directed, excited a degree of heat in the part every time it was employed, but did not produce any sensation amounting to pain. It is scarcely necessary to mention, that the same proportion of muriate of mercury, to eight ounces of plain water, employed as an injection, would have excited violent pain and inflammation.

#### CASE XXII.

Edward Hanlon was admitted on the 29th of September, 1813, on account of ardor urinæ, and discharge from the urethra, prepuce, and glans. He stated, that he was disordered seven months, and had not taken any mercury. The antimonial solution was directed, and also an injection, composed of two grains of muriate of mercury to six ounces of lime-water. Under this treatment his complaints were removed in a fortnight after his admission, and he was discharged the hospital on the 20th of October.

IV. THESE cases of purulent discharge from the glans and prepuce, naturally lead us to the fourth and last species of venereal diseases, comprised in the first class, GONORRHŒA VIRULENTA, to which they bear the closest analogy. In all those cases I have stated, that the discharge did not proceed from the entire surface of the glans and prepuce, but from irregular inflamed excoriated patches, leaving interstices of sound cuticle between; and I find that Mr. Whately, in his work upon Gonorrhœa, adduces some facts and arguments to prove, that the lining membrane of the urethra is affected precisely in the same manner in gonorrhœa virulenta; and asserts, that he has even been able to observe these appearances within the orifice of the urethra. He supports his opinions by the authority of Doctor Monro, who, in describing in his lectures, the manner in which the lining membrane of the urethra is affected in gonorrhœa, proceeds as follows: "The application of the poison to the urethra, is seldom equal and universal. There is no great comparison between it and the catarrh upon the nose, where the membrane is every where affected equally; for here, one part always suffers more than another, and it is seldom that we find external ulcers occupying the glans uniformly, but it is affected in spots. It is, in like manner, the same within the urethra, as particular spots of it are chiefly affected. We find eschars in a few places, and an obliteration of certain of the mucous ducts; and the patient, in making water, finds the pain more in one place than in another; so we are

to compare the affection of the membrane of the urethra to the effects produced on the glans."\*

These observations of Doctor Monro and Mr. Whately, on the similarity of appearance in the lining membrane of the urethra, and surface of the glans and prepuce, when secreting purulent matter, lead to an opinion, that the discharge from these surfaces may be produced by the same poison, and is, therefore, in both instances, the same disease affecting different parts: an opinion which we would naturally be induced to adopt, on considering that both parts have the same continuity of surface, and that there exists a great similarity in the affections in question. But although there is the strongest probability that these two affections arise from the same poison, I have strong grounds to assert, that *that* poison is totally different from the poison which produces chancre.

The converse of this proposition, it is true, indulges our propensity to generalize, and favours our natural indolence, by subjecting many diseases to the treatment adapted for one; and we also feel inclined to shut our eyes against every circumstance, however cogent, that would shake our faith in the reigning theory of the day; which, if it happens to be the first we are taught on the subject, will often pre-occupy the mind with so much strength, as not to be dislodged even by truths the most obvious. Having said so much, it is scarcely necessary to acknowledge, that I cannot agree with those who are of opinion that

\* Whately on *Gonorrhœa*, p. 20.

gonorrhœa and chancre spring from one common virus. The dissimilarity of the symptoms, the different modes of treatment under which they are cured, and the history of the two diseases, all concur to demonstrate that they are not produced by the same poison, but that the difference of appearance merely arises from the difference of the parts it affects.

The experiments of John Hunter, which go to prove, that the matter of gonorrhœa will form a chancre, and that the matter of chancre will reciprocally produce gonorrhœa, are directly contradicted by those decisive experiments detailed by Mr. Benjamin Bell, which were instituted by two gentlemen in Edinburgh, on their own persons, and witnessed by him and Doctor Duncan.

In one experiment, the matter of chancre introduced into the urethra, produced chancre, and in the other, the matter of gonorrhœa, placed between the prepuce and glans, produced gonorrhœa of those parts, and chance rendered the experiment more perfect than was looked for, the matter in the last experiment having found access into the urethra, it affected it also with gonorrhœa. If these experiments will not enable us to decide on the fact, arguments can make but little impression. It is, however, too important a question to pass by without every illustration in our power to give it.

Independent of the total dissimilarity in the symptoms, appearance, and progress of gonorrhœa and chancre, the following considerations could not but have decided our judgment, if they had not been op-

posed by experiments intended to prove the identity of the poison in the two diseases, and which were promulgated by the most respectable authority.

1. If the matter of chancre and gonorrhœa was the same, we can not well conjecture how any man could escape a chancre, who had been exposed to the infection of gonorrhœa, as the glans and prepuce must be immersed in the contagious matter, when a gonorrhœa is induced.

2. Chancre requires mercury for its removal, whereas it is unnecessary in gonorrhœa, which is allowed even by the abettors of the identity of the poison, to be capable of a spontaneous cure.

3. Gonorrhœa was not described as a symptom of syphilis, till half a century after its introduction into Europe, and after chancre and the other symptoms of the disorder had been accurately described by the practitioners of the day. At the same time, we are aware that a running from the urethra is noticed by successive authors, from the earliest periods in which we have medical records. But although syphilis immediately after its introduction, was accurately described and discriminated from all other ulcers and symptoms with which it was liable to be confounded, yet, in a few years, all complaints of the genitals were indiscriminately confounded together, and supposed to arise from one and the same poison. There is, therefore, no room for surprise, that gonorrhœa should be included in the number.\*

\* Astruc is decisive on this point, as may be seen from the following passage:—"In the fourth period, from 1540 to 1550,

4. It is exceedingly probable, that the matter of gonorrhœa introduced between the prepuce and glans, will always, as in the experiments related by Mr. Bell, produce gonorrhœa of these parts, unless, indeed, the matter should happen to be applied to a crude or abraded surface, and then most probably, *ulceration* will follow, for even healthy secretions, applied to such a surface, is capable of exciting troublesome ulcers. Thus we are furnished with an obvious explanation of the *mistake* of those persons who inoculated the glans with the matter of gonorrhœa, and asserted that it produced a chancre.\*

5. Chancre, if not treated with mercury, is constantly followed by the constitutional symptoms of syphilis, which yield only to mercury. But gonorrhœa is not followed by similar constitutional symptoms, several of the symptoms, which had shown themselves from the first eruption of the distemper, seemed daily to abate of their violence, such as pustules, *gummata*, pains, erosions of the parts, &c.; but on the other hand, there appeared a new symptom to make up for this abatement, never observed before, though from that time the most common, if not perpetual symptom in the beginning of the venereal disease, I mean a virulent *gonorrhœa*, of which we have mention first made by Brassavolus in his Treatise *De Morbo Gallico*, which he wrote in 1551, and published in 1553; by Fernelius in 1555, *Lib. 2. de abditis rerum causis, Cap. 14.* and *Lib. 6. de partium morbis et symptomatis, Cap. 20;* and by Fallopius in *Cap. 23. Tract de Morbo-Gallico*, which I imagine was written about the year 1560."—See Astruc, Book I. p. 98.

\* [Hunter's experiment proves that chancre and bloches, and nodes, &c. all followed inoculation with matter of gonorrhœa.—*Am. Ed.*]

but by a papular eruption altogether different, and which is readily cured without the aid of that medicine; and though I must acknowledge, that I have not met with any male patients affected at the same time with gonorrhœa, and the papular eruption, and its accompanying constitutional symptoms, yet I have seen many female patients thus affected, a circumstance which is probably owing to the regulation of the hospital already noticed, by which males affected with gonorrhœa only, are not admitted. However, I have had several of the latter labouring under the papular eruption under my care, who, in the most positive terms, assured me, that gonorrhœa was the only primary symptom with which they had been affected. I at first doubted their veracity, or supposed that ulcers might have existed on the parts of generation, which had escaped their observation; but having met innumerable instances of the same eruption in persons affected with gonorrhœa, combined with a purulent discharge from the glans and prepuce, a little consideration led me to conclude, that it was the same disease affecting different parts. This papular eruption, which is occasionally observed to follow gonorrhœa, furnished a strong support to those practitioners who adopted the opinion, that gonorrhœa and chancre arise from the same poison. But the facts I have stated, and the analogies I have brought forward, will I hope, dissipate at least some of the doubts and perplexities attending the subject, and perhaps set at rest this long disputed and intricate question.

But another occurs, and of similar importance in

the extraordinary and interesting circumstance I have already recommended to notice: viz. that the same constitutional symptoms arise as well from gonorrhœa virulenta, as from the peculiar excoriated affection of the glans and prepuce, and the superficial ulcer of the genitals without induration or elevated edges; but I hope it will not be long till this question shall also be considered at rest, and that the future observations of practitioners, added to the evidence already detailed, will, in time, leave us little room to doubt, that these three disorders have their source in the same venereal poison, and are the same identical disease assuming some little variety of appearance, in consequence of the coarseness or delicacy of the surface affected.

With respect to the treatment of gonorrhœa on the plan I have recommended, it may be necessary to mention, that if the inflammation should be considerable, and the ardor urinæ severe, it might be improper to employ any injection, as even the introduction of the point of a syringe will, in some cases, excite irritation; but there are few instances of gonorrhœa, even in the first stage, in which the injections I have recommended will not effectually ease the ardor urinæ, lessen the discharge, and, in a very short time, remove the disease altogether. But they should be continued eight or ten days after the running has ceased; as a discharge, whether proceeding from the urethra, or from the glans and prepuce, is apt to return, if this precaution is not adopted.

I have been a sufficient length of time in the habit

of employing astringent injections, composed of the acetates of lead and zinc, and the sulphate of zinc, to be assured of their inefficacy, and to deprecate the embarrassment and disappointment they occasion both to surgeon and patient. I have, therefore, entirely laid them aside, and now only employ those which I have already described, and with which, I may venture to say, I am perfectly satisfied. Some are inimical to the use of any injections whatsoever, and lay to their account the different unpleasant consequences which are so frequently attendant upon gonorrhœa; such as chordee, inflammation of the neck of the bladder, of the testes, and strictures of the urethra.

There is no doubt, that the imprudent use of injections (which are most frequently irritating, though intended to be astringent), may induce the complaints alluded to; but at the same time, those complaints occur every day in patients who have not employed an injection. Strictures are more generally attributed to the use of injections, than any other attendant of gonorrhœa, but I have as frequently witnessed their occurrence where injections have never been used, so that I am more inclined to ascribe these affections to the irritation of gonorrhœa than to any other cause. The sooner such irritation is removed, the more likely is the patient to avoid those unpleasant visitations, which are far more to be dreaded than the original disease. I have therefore no hesitation in putting as speedy a termination to the discharge as I can, by the use of the injections above recommended.

John Hunter divides injections into the irritating,

the emollient, and the astringent; but if it was requisite to place the injections in question under one of those classes, I should rather be at a loss which to select. They are slightly astringent, but they are far more efficacious than some of the common injections, which possess this quality in a much greater degree. Neither can we give them the name of irritating injections, for they remove the disease without exciting either irritation or pain.

They are not sedative or emollient, as their ingredients sufficiently testify; and, therefore, as it is so difficult to find them a fit designation, it is probable, that in times when specifics were fashionable, that these would have obtained that mystical title, for we are totally ignorant of their *modus operandi*: and they remove the disease without exciting any sensible action in the part. I have witnessed many instances of gonorrhœa which had continued for several months, yet were cured in a fortnight, and sometimes a week, by these most useful applications. Though composed of the same materials, they were more dilute than the lotions already described; and were composed of the muriate of mercury and lime-water, in the proportion of from one to three grains of the former to six ounces of the latter; or of the sub-muriate of mercury, in the proportion of from ten to twenty grains, suspended, by means of mucilage, in six ounces of lime-water. It may be necessary to add, that I commence with the weaker proportion, and gradually increase it to the stronger, according to circumstances. The syringe, containing about half an ounce, is not discharged more

than once at each application, nor oftener than six or eight times in the day.

Having described the first class of pseudo-syphilitic affections, it may be necessary to mention, that I do not include under that name such ulcers as are produced by external violence. Among which I would comprise those which the tight stricture of a paraphymosis occasions.

I have also met with several instances of ulcers, which do not coincide with the description of any of the pseudo-syphilitic ulcers; but in these insulated instances, the organization of the parts had been deranged, or injured by previous extensive ulceration, so that their peculiar appearance, and want of similarity to the other ulcers, are readily accounted for in this cause alone. And we should also recollect, that the organs of generation are as liable to *constitutional* ulcers as any other part of the body, and consequently, that such ulcers do not come under either of the classes of *primary* ulcers, into which I have divided all those that resemble the syphilitic.

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**THE CONSTITUTIONAL SYMPTOMS** which arise from the superficial ulcer which is without elevated or indurated edges, and the constitutional symptoms which are derived from the excoriation of the glans and prepuce, attended with purulent discharge, and

from gonorrhœa virulenta, I have already stated to be alike in all those complaints. They consist of more or less fever, which ushers in a *papular eruption*, inflammation and soreness of the fauces, attended with difficulty of swallowing, severe pains which affect the head and larger joints, and sometimes inflammatory swellings over the superficial bones, which many would distinguish by the name of nodes.

I have already contrasted these symptoms with the constitutional symptoms of syphilis,\* and have only to remark, that in all their stages they differ as widely from each other, as their primary ulcers or affections, and that they require, from their commencement to their termination, a mode of treatment totally different. Were I not certain, that the utmost practical utility must be promoted by an accurate knowledge of the several diseases that arise from venereal infections, I should be in the last degree unwilling to call the attention of the profession to the subject. Mere systematic distinctions are worse than unnecessary, if they answer no other purpose than to burthen the memory, or distract the attention, without appealing to the judgment for any decision with regard to the treatment. But I fancy that my reader is by this time inclined to acknowledge, that this is very far from the case, with respect to the diseases in question. Indeed I scarcely think it possible that a surgeon, who is not accurately acquainted with all that can distinguish (I will not go so far as to say, these several venereal complaints from

\* See p. 57.

each other, but) those which are not, from those which are, syphilitic, must be of more detriment than advantage to his patient, undermining his life, in the hope of restoring his health.

The fever, which ushers in the eruption, is in general strongly marked, and attended with quick pulse, white tongue, and severe pain in the head, shoulders, hips, knees, and ankles. In one instance, indistinctness of vision took place, and continued for several days; it was during the eruptive fever, which was extremely acute; but there was no inflammation or change in the appearance of the eyes. In another instance, in which the fever was equally high, the patient complained of frequent attacks of severe pain above the eye, where the branch of the ophthalmic nerve passes through the superciliary notch. Inflammatory swellings of the ankles and insteps, are a frequent occurrence; and I have had opportunities of remarking, that they are more frequent in those cases in which mercury had been employed.

The fever does not subside on the appearance of the eruption, although it is at its height just previous to that event. It exists as long as fresh crops of the eruption continue successively to appear, and is usually accompanied with pains of the several joints, which are most severe at night.

In every instance, in which these complaints were attended with eruption, it was (except in two cases) of the papular form, and of the genus lichen; which, according to Willan, is "an extensive eruption of papulæ, connected with internal disorder, usually termi-

nating in scurf, recurrent, not contagious." The papulæ varied from a pale red to a deep crimson, as represented in plate II. fig. 5, 6, 7. Some of them were simply pimples, while others were almost advanced to the pustular form. The time of the appearance of this eruption after infection, is probably as uncertain as the eruption of syphilis. In a few instances, I have observed it to occur in four or five weeks after infection. The papulæ in some patients were numerous on every part, but particularly on the face, back, and belly. In others, they were more thinly scattered over the surface of the body. They do not all make their appearance together, as in the eruptions of the exanthemata, but follow each other in succession; so that on the same patient some spots will appear in their commencement like small pimples, others, which have arrived at maturity, form larger pimples, with acuminated tops, containing pus or lymph, while others, on their decline, consist of exfoliations of the cuticle. Their colour, in their latter stages, becomes paler, and assumes a copper tint, while the exfoliation of the cuticle gives an appearance of scaliness, a state in which it is most liable to be confounded with the scaly eruption of syphilis. But they may be readily distinguished from each other; for when the papular eruption is on the decline, and has assumed a pale red or copper colour, on examining the patient, we shall find other spots in their papular or pustular form, which will at once point out the character of the eruption. But the very appearance of the declining papulæ will, to a dis-

criminating eye, be sufficient for this purpose; for its copper-coloured scaly surface is more raised in the centre than its circumference, while the reverse is the case in the scaly leprous eruption of syphilis; as was more particularly insisted on when treating of that eruption.

In plate II. fig. 5, 6, 7, the most frequent appearance of the papular eruption is delineated; the colour and general dispersion of the spots, and their acuminate heads, terminating in small pustules.

In fig. 6, is represented a form of the eruption less frequently met with than the appearances delineated in the other two figures. The spots are considerably smaller, and at the same time more numerous. Few of the papulæ have acuminate heads containing matter; they are, in fact, minute red pimples clustered closely together. In some instances, papulæ, similar to those delineated in this figure, are clustered together in separate patches, which are of an irregularly circular form. The papulæ, as exhibited in those figures, continue a week or two before they begin to decline, and two or three weeks elapse before the discoloration of the skin which they produce entirely disappears.

In all cutaneous eruptions, attended with any degree of fever, there is, as Dr. Bateman observes, "a general tendency to sore throat, and even to affections of the eyes." We need not then be surprised, that the disease under consideration, should have soreness of the throat as one of its most frequent constitutional symptoms. It is, however, widely different from that

which takes place in syphilis, in which there is a deep excavated ulceration of the tonsils, with little inflammation or difficulty of deglutition. In this disease, on the contrary, the patient complains of considerable soreness, and difficulty of swallowing, and, on examination, the entire fauces, but more particularly the back of the pharynx, exhibit an inflamed raw excoriated appearance, and the tonsils are sometimes enlarged and superficially ulcerated. In one instance, the primary symptoms were followed by a deep ulceration on the back of the pharynx, covered with a white slimy adhesive matter. Although I have noted many cases of the same ulceration, yet this was the only instance in which I had an opportunity of tracing this constitutional symptom to its primary ulcer on the penis, which was the smooth superficial ulcer, without induration or elevated edges.

In a few cases, swellings occurred over the tibiæ, and might be denominated nodes. They differed, however, from the syphilitic node, in possessing much more of the inflammatory character, and in affecting obviously the coverings of the bone, and not the bone itself; for they appeared suddenly, and after continuing a few days, as rapidly disappeared, without the exhibition of mercury. All circumstances, in which the nodes of the resembling disorders, materially differ from those of true syphilis.

The eruption, after having entirely declined, will return again and again at uncertain intervals, of from one to several weeks; each successive crop, however, being less than the former, and attended with less con-

stitutional derangement. The intervals between those attacks are also greater, as the disease exhausts itself, or yields to the powers of the constitution. But if the progress of the disease has been interrupted by mercury, before it has arrived at its latter stages, it becomes more obstinate and complicated than it would otherwise have been.

If that medicine is exhibited on the first appearance of the eruption, and while there exists considerable fever, with severe pains of the joints, which often demands the use of the lancet, the patient is, in general, rendered much worse, his fever is increased, and the pains become more severe.

But if the exhibition of mercury is postponed until the eruption has begun to decline, it will, in most instances, disappear under its use, and the pains, though not removed, will be alleviated. However, as soon as the mercurial irritation has subsided, a fresh crop of the eruption will, in general, make its appearance, together with an increase of pains in the joints, and, perhaps, with soreness of the throat; and a tumour, such as I have described, over one or both tibiæ.

Under these circumstances, another mercurial process is, in general, recurred to, and the symptoms yielding to that medicine, as in the first instance, induces a firm belief, that the right path is pursued, and that the former failure was owing to the employment of an insufficient quantity of mercury. The patient is, therefore, doomed to a severe and protracted course of that medicine, and while he is under its full influence, the symptoms will often return, with additional

severity, to the great perplexity of the surgeon, and disappointment of the patient. The return of the symptoms, under these circumstances, demonstrates, that the mercurial irritation on the constitution is no longer capable of suspending that of the poison; a fact, which is probably owing to the effects of habit; for the constitution having now become accustomed to the mercurial irritation, no longer feels the same impression, or is excited to the same actions as formerly under its influence.

When the symptoms of the disease re-appear, at a time when the mercurial action is at its height, it is found to be absurd to persevere any longer in its use. It is, therefore, at length discontinued, from a belief that the symptoms under which the patient labours, is not the effects of the poison, but of the antidote. He is, therefore, directed to adopt a plan, under which he might probably have recovered in the first instance. The mercury is discontinued, and sarsaparilla, or other vegetable tonicks, which, without weakening the constitution, promote the several secretions, are resorted to, and he is advised to enjoy nourishing diet, moderate exercise, and country air. Under these plans, if his constitution has not been irreparably injured by the courses of mercury to which it was subjected, he, in general, recovers with a rapidity that even surprises his medical adviser.

My mode of treating the constitutional symptoms of those disorders, is, with little variation, the same as that employed for the primary symptoms. If, however, the fever is considerable, as was frequently the case,

the pulse being often upwards of a hundred, full and strong, with furred tongue, attended with severe pain of the joints, I never hesitate to order blood-letting to twelve or sixteen ounces; and I seldom fail to find, that this measure is attended with the same benefit as would follow its adoption in acute rheumatism. The blood appears highly buffed, the pains are considerably mitigated; but a repetition of the venesection is frequently required. It will also be necessary to pay attention to the state of the bowels, and endeavour, by means of antimonials, to promote perspiration, and lessen the increased arterial action of the system. When the febrile symptoms are reduced, I combine the simple or compound decoctions of sarsaparilla with antimonials.

Although I seldom or never exhibit mercury in those diseases, yet I would not altogether decline its use; but it ought to be employed in a very different manner from that which is necessary for constitutional syphilis, and should only be adopted at a time when the disease has nearly exhausted itself. It is difficult to point out the precise juncture in which mercury may be employed with advantage; but the disease, in my opinion, should have continued for several weeks, and the fever have arrived at a stage when it is scarcely, or not at all perceptible. The mercurial salts, in alterative doses, in conjunction with sarsaparilla, are to be preferred to frictions.

The general treatment of these disorders should be the same as that which has been found most serviceable for the yaws, in which mercury is injurious, un-

less employed at a late period, after the disease has nearly yielded to the powers of the constitution; because its exhibition, as I have elsewhere observed, merely suspends the influence of the poison of this disease for a time, but does not supersede its action altogether, as is too certainly evinced by a return of the symptoms, as soon as the mercurial action subsides, when it becomes more severe and tedious than before. In fine, our object in the treatment of the disorders, which are the subject of this chapter, should be—1. To moderate the action of the system, if the fever which attends and accompanies the eruption, should be violent:—2. After the fever is subdued, to promote the secretions, and strengthen the system by vegetable tonics (such as sarsaparilla, &c.) and nutritious aliment, taken in proportion to the digestive powers of the patient, warm clothing, moderate exercise, and a pure atmosphere:—3. When the eruption has declined, but the patient still complains of lingering pains in his head, elbows, hips, or knees, and it appears that the disease is nearly exhausted, it may be subdued altogether by alterative doses of some of the mercurial salts, conjoined with the vegetable decoctions, without interdicting the patient from the advantage of enjoying exercise in the open air.

I shall now give a few examples, selected from an infinite number of cases of these diseases, commencing with those in which I had an opportunity of observing the primary affections in their progress to the constitutional symptoms, and shall pursue the same order as in detailing the primary affections; that is, I

shall first relate instances from case XXIII. to XXXVI, inclusive, of the constitutional symptoms of the superficial ulcer without induration or elevated edges, and then cases of the constitutional symptoms of the excoriation of the glans and prepuce, attended with purulent discharge, and frequently with gonorrhœa, from case XXXVII. to case XL, inclusive.

I should next bring forward cases of the constitutional symptoms of gonorrhœa; but not having had an opportunity of tracing those symptoms in males, to the simple primary complaint, (that is to say, gonorrhœa unaccompanied by other primary affections), I greatly regret that I did not take notes of a multitude of instances in which I traced, in the most satisfactory manner, the one to the other, in females. The cases XLI. and XLII, relate to male patients affected with the papular eruption, and the other constitutional symptoms described in this chapter, who asserted, in a credible manner, that the only primary symptom with which they had been affected, was gonorrhœa. And, lastly, I shall subjoin a few instances of similar constitutional symptoms, with respect to whose primary affections, I was not able to obtain any certain light, either from observation, or the statement of the patients, but which agreed in every material point with the constitutional symptoms described in this chapter, and whose origin my reader will, by this time, be as much inclined as I am, to ascribe to one or other of the primary affections comprised in the first class of those venereal diseases which have been confounded with syphilis.

## CASE XXIII.

Patrick M'Guinness, admitted January 7th, 1812, on account of a small superficial ulcer on the prepuce, without any surrounding induration, and a large tumour in the right groin, containing matter. He stated that the ulcer appeared three weeks before his admission, and the tumour of the groin a week after the ulcer.

I put him on the use of nitrous acid, and directed him to poultice his groin.

January 25th. The ulcer of the prepuce had healed; the bubo had ulcerated; and the enlarged gland was projected through an opening in the skin, forming an ulcerated tumour of considerable size.

Feb. 6th. A thick eruption of small papulæ, of a dark red colour, and similar in all respects to those represented in Plate II. fig. 6. had appeared on his face, neck, and shoulders, attended with considerable fever, and severe pains in his shoulders, elbows, knees, and ankles. He also complained of soreness in his throat, and difficulty of swallowing. On examination, there was not any ulcer, but a general inflammation of the fauces, and a peculiar raw and excoriated appearance of the back of the pharynx. He was directed to discontinue the nitrous acid, and to take the antimonial solution.

Feb. 22d. The eruption continued; many of the spots, after forming minute pustules in their acuminate tops, had declined in exfoliation of the cuticle,

while fresh papulæ, at the same time, appeared in other parts. He complained of the severity of the pains, particularly in his knees, which shot along the muscles of his legs; but he did not complain of any pain affecting the tibiæ; his pulse was 112, with considerable thirst and restlessness. I directed that twelve ounces of blood should be taken from his arm, and the antimonial solution continued. The blood taken was buffed and cupped, and he felt considerably relieved after this depletion.

On the 1st of March, he was directed to take decoction of sarsaparilla, in conjunction with the antimonial solution, the febrile symptoms having nearly subsided. And before the 8th, the eruption had every where declined, and, in some places, disappeared. He still complained of the pains in his joints, which, however, were considerably alleviated. As a remedy for these, I directed fifteen grains of the compound powder of ipecacuanha, the decoction to be continued, and the tepid bath to be daily employed. Under this plan, his pains were soon removed, and the eruption disappeared, leaving the skin discoloured with indistinct red marks; the ulcer of his groin had also healed, and he was discharged the hospital on the 15th of March, apparently well.

On the 1st of May, he again returned to the hospital, complaining of severe pains in his joints, and an eruption of papulæ on his arms. His pulse was 110, with thirst and general fever. He stated, that since he left the hospital, he was exposed to the inclemency of the weather, and that he had been affected with three

several crops of the eruption, accompanied with pains resembling those of rheumatism. I directed that he should be bled to sixteen ounces, and that he should take the antimonial solution. The blood taken from his arm was thickly buffed. His pulse was next day reduced to 90, and the pains considerably alleviated.

10th. The eruption had declined, and there had not appeared any fresh spots. He stated that his hair was falling off; a circumstance which was noticed fifty or sixty years after the introduction of syphilis, as a new symptom of that disease; but no other instance of the kind has come under my observation, and this case was certainly not syphilitic.

On the 17th, his ankles were swelled and painful, and as I conceived the influence of this morbid poison was nearly exhausted, I did not hesitate to order alterative doses of calomel, which I combined with antimonial powder; of those medicines he took, in the form of pills, half a grain of calomel, and three grains of antimonial powder, three times a-day. Under this plan his pains were relieved, and his complaints, to all appearance, removed, and he was discharged the hospital on the 7th of June, with an injunction to return if he should again suffer any relapse of his disorder; but he has not since returned.

## CASE XXIV.

Henry Scully was admitted March 24th, 1813. His complaints were a superficial ulcer on the prepuce, without induration, and papular eruption, which extended to every part of his body; in some places, the spots, when on the decline, ran into each other, so as to appear true syphilitic blotches to a superficial examiner. The papulæ on his scrotum were larger than elsewhere, and were moist on their surface. He complained of pains in his shoulders, hips, and other joints. As there was not any febrile symptoms in this case, I directed for him, on his admission, the decoction of sarsaparilla, conjoined with the antimonial solution; he was also desired to keep lint, moistened in the lotion of muriate of mercury and lime-water, to the sores on the penis.

29th. The eruption was of a less livid red colour, and his pains were considerably alleviated.

April 5th. The eruption had nearly disappeared; he scarcely felt any pain in his joints, and the sores on the penis had healed.

13th. His complaints being all removed, he was discharged.

## CASE XXV.

Cornelius Leary, admitted April 1st, 1813, on account of small superficial sores on the corona glandis, excoriation and discharge of the glans and prepuce,

gonorrhœa, and a bubo in the right groin. There was also an eruption of papulæ on his breast and belly. He stated, that he was disordered six months, and that he underwent several courses of mercury, which had no effect whatsoever on his complaints. I directed him to use frequently every day, an injection of a scruple of calomel, suspended by means of mucilage, in six ounces of lime-water, and to keep lint, moistened in the same, constantly applied to the surface of the glans and prepuce; also the antimonial solution.

7th. The sores and excoriation of these parts were healed, the bubo was lessened, and the eruption was declining.

13th. The discharge from the urethra had ceased, and the eruption had disappeared. He was discharged the hospital well.

### CASE XXVI.

Michael Whelan was admitted April 19th, 1813. His complaints were superficial ulcers on the corona and glans; a large ulcerated bubo in the right groin, of a projecting fungous appearance, and a papular eruption on his breast, back, and face, nearly similar, but not of so deep a colour, as those represented in plate, II, fig. 5. He complained also, of pains in his shoulders, elbows, and ankles; the last were swelled, red, and painful on pressure. The lotion of muriate of mercury and lime-water, the antimonial solution and the decoction of sarsaparilla were directed for him.

May 3d. The ulcers of the penis were healed, and the pains lessened.

10th. The eruption had declined, and the pains no longer remained. The ulcer of his groin was healing, and he was discharged the hospital well, on the 23d of the same month.

### CASE XXVII.

William Flinn was admitted into the Richmond Surgical Hospital, on the 2d of May, 1813. His complaints were two ulcers, without induration or elevated edges, situated on the body of the penis; one was the size of half-a-crown, and the other that of a shilling. The surface of these ulcers was raised above the integuments. The entire penis was considerably swelled, with phymosis, and a purulent discharge from the glans and prepuce. There was also an eruption of papulæ on his breast, back, and shoulders, and he complained of pains of all the larger joints.

He stated, that he was six weeks disordered, and had not used mercury. I directed the same means as were employed in the preceding case.

June 1st. The ulcers were healing round their edges; the purulent discharge of the glans and prepuce had diminished, and the constitutional symptoms, the eruption and pains, had considerably declined.

14th. The ulcers were healed, and the eruption had entirely disappeared. He was, at this time, able to retract the prepuce, by which were exposed two or three fungi, or soft warts.

On the 20th, the acetic acid was applied to these fungous excrescences, which completely removed them in the course of a week, and on the 5th of July he was discharged the hospital apparently well. But on the 25th he returned, with an eruption of papulæ less extensive than the preceding crop, many of which approached the state of pustules. He also complained of pains in his head, shoulders, and elbows. As he had not any febrile symptoms, I conceived, from the length of time he was affected, that the disease had nearly exhausted itself, and that small doses of mercury might be of service in the declining stage of the complaint, as in the yaws; I directed that a grain of calomel should be taken morning and evening; under which the eruption rapidly disappeared, and his pains diminished. His complaints being all removed, he was discharged the hospital on the 10th of August; since which period I have not seen him, although I enjoined him to return to the hospital, should any suspicious symptoms occur.

#### CASE XXVIII.

Patrick Caffry, admitted July 7th, 1813, on account of a superficial ulcer as large as a shilling, situated on the glans penis: there were several smaller ulcers of the same character, on the corona and prepuce, and also a great excoriation and discharge of the surface of these parts. He stated, that he was five months disordered, but had not taken any mercury. I directed

the antimonial solution, and the lotion of calomel and lime-water.

22d. The ulcers of the penis were considerably improved, and showed a disposition to heal; but an extensive ulcer, covered with a slimy discharge, had appeared on the back of the pharynx, attended with considerable inflammation of the velum and tonsils, accompanied by a difficulty of deglutition. The only alteration I made in his treatment for this complaint, was to direct a gargle acidulated with muriatic acid.

26th. The ulcer of his throat considerably improved, and he could swallow without difficulty: but he was affected suddenly with an erysipelatous inflammation of the left side of his face, which closed the eye of that side. I directed a smart cathartic mixture for him, and in a few days the erysipelatous swelling was removed. The ulcers of the penis were improving slowly, and some of a smaller size had healed.

August 2d. The ulcer of his throat was well, those on the penis were nearly healed, and completely cicatrized before the 9th, on which day he was discharged.

#### CASE XXIX.

William Denham was admitted on the 29th of July, 1813. His complaints were an excoriation of the glans penis and internal surface of the prepuce, attended with purulent discharge. Large elevated smooth sores, of a fungous appearance, situated on the scrotum, inside of the thighs, and fossa of the nates. Some of these were as large, and nearly as projecting as the

shell of a walnut. The tonsils were also considerably enlarged, and irregularly ulcerated on their surface. These ulcers were superficial, and not excavated, like those of syphilis on the same parts; and the back of the pharynx had a dry, parched, and excoriated appearance, accompanied with pain in swallowing.

He stated, that the discharge from the glans and prepuce occurred two months before his admission, and a week afterwards, the fungous sores on the scrotum, and the other parts mentioned, made their appearance. He had not used mercury. I directed him to take the antimonial solution, and to apply the lotion of muriate of mercury and lime-water to the primary symptoms.

August 2d. The excoriation of the glans and prepuce was healed, and the discharge stopped. The fungous sores were unaltered. For these I directed a strong solution of muriate of mercury in plain water, in the proportion of a dram to eight ounces, with the addition of a little spirits of wine; with this the sores were washed five or six times a day, which excited considerable smarting at each application; and, under its use, were completely healed in less than a week. The antimonial solution was continued, the swelling and ulceration of the tonsils disappeared, and his complaints being all removed, he was discharged the hospital on the 16th of August.

I have witnessed the most severe and protracted courses of mercury employed for ulcers similar to those I have just described, without producing any effect whatsoever upon them; and have afterwards seen

them yield, in a week or two, to the means adopted in this case.

## CASE XXX.

John Molloy was admitted, September 23d, 1813. His complaints were an excoriation of the corona glandis, attended with purulent discharge; ulcers between the toes of both feet; enlargement and superficial ulceration of the tonsils; and an eruption on his face and entire body, of a doubtful character. The spots on his trunk and extremities had the appearance of papulæ after they have terminated in exfoliations of the cuticle, and caused discoloured blotches of the skin; but these blotches had not the character of the syphilitic lepra or psoriasis.\* Those on his face more nearly resembled the syphilitic lepra, as they were, in a slight degree, raised above the surface like that eruption. However, the primary affection which had not the characters of chancre, and the appearance of the eruption on his trunk and extremities, determined my opinion, and I did not order him mercury, but directed the decoction of sarsaparilla and the antimonial solution, internally, the lotion of calomel and lime-water to be applied to the excoriation of the corona glandis, and the ulcers between the toes to be dressed with the weak nitrated mercurial ointment.

The event proved that I had decided right, for all his complaints were removed, under this plan, before

\* See page 51.

the 18th of October following, on which day he was discharged the hospital perfectly well.

I should have mentioned, that he stated that he was disordered four months, and that six weeks previous to his admission, the eruption and ulceration of his throat appeared, and that he had not taken any mercury.

### CASE XXXI.

James Corrigan, admitted September 9th, 1813. His complaints were excoriation of the glans and prepuce, with purulent discharge; a small superficial ulcer on the prepuce, without induration; a thick eruption of papulæ on his face, arms, and neck; a dry excoriated appearance of the posterior part of the pharynx; superficial ulceration and enlargement of the tonsils, accompanied with difficulty of swallowing; and he complained of pains in his shoulders and elbows.

He stated, that he was six months disordered, and that he had been repeatedly salivated under different courses of mercury.

I directed the same medicines as were employed in the preceding case, under which his complaints gradually amended, and he was discharged the hospital, well, on the 18th of October following.

## CASE XXXII.

Thomas Kelly, admitted September 29th, 1813. His complaints were excoriation of the glans and prepuce, attended with purulent discharge; a superficial sore, without induration, surrounding the orifice of the urethra. Two other ulcers of the same character, each about the size of a six-pence, one situated on the body of the penis, the other on the scrotum; a clean looking cleft or sore upon each tonsil, and general soreness of the fauces, with swelling of the sub-maxillary glands; and he complained of pains in his wrists.

He stated, that he had been four months disordered, and that a fortnight before his admission he was attacked with pains in his shoulders, elbows, and wrists; the latter only continued to affect him, although he had not taken any medicine.

The same plan was pursued as in the preceding cases, with the same success, and he was discharged the hospital, well, on the 18th of October following.

## CASE XXXIII.

Owen M'Guire, admitted October 23d, 1813. His complaints were excoriation of the corona glandis, attended with purulent discharge; a smooth ulcer on the glans penis, considerably raised above the surrounding surface, the size of six-pence, and without induration or elevated edges; similar ulcers were situated on the fossa of the nates. The constitutional

symptoms were an inflamed excoriated or raw appearance of the tonsils and entire fauces, attended with pain and difficulty of swallowing. There was also a round ulcer, slightly excavated, of a dark appearance, without granulations, and about the size of half-a-crown, situated on the calf of the right leg. He stated that he was three months disordered, and had not used mercury. I directed him to take the antimonial solution, and to apply the lotion of muriate of mercury and lime-water to the ulcers.

October 25th. All the primary ulcers were perfectly healed; that on his leg was considerably improved, as was also the affection of his throat; and before the 16th of November, these complaints were totally removed, on which day he was discharged the hospital.

#### CASE XXXIV.

Daniel Ennis, admitted November 16th, 1813. His complaints were a superficial sore, the size of six-pence, without induration or elevated edges, situated on the body of the penis, and a small ulcer on the external surface of the prepuce, with a fulness surrounding it, which might be mistaken by the inexperienced for the indurated edges of a chancre; it wanted, however, the callous hardness, and the abrupt termination which characterize the edges of that ulcer. There was also a chronic inflammation and rawness of the fauces, attended with pain and difficulty of swallowing; and he complained of pains in his shoulders, elbows, hips, and knees, which were

most severe at night. He stated, that he was two months disordered, and had taken mercurial pills three weeks, under which his complaints were not amended, though they produced salivation.

I directed the same means as were employed in the preceding cases, from the use of which, his complaints gradually amended, and he was discharged the hospital, well, on the 6th of December, 1813.

#### CASE XXXV.

I have stated, that in every instance, except two, of the diseases considered in this chapter, the eruption was papular. In these exceptions, the eruption was composed of large tubercles, more resembling the common furunculus than any other affection with which I am acquainted.

Michael Carpenter, who furnished one of those instances, was admitted on the 13th of January, 1813. His complaints were three smooth ulcers, raised above the surface, of a fungous appearance, each about the size of a six-pence, situated on the body of the penis, which was considerably swelled. There was also phymosis, and discharge of purulent matter from the glans and prepuce, which I could ascertain also, proceeded from ulcers of the same description, situated on those parts. The same remedies were directed as in the preceding cases.

20th. Several large spots appeared on his belly and thighs, each of which had a red inflammatory base, and was of a conical figure, terminating in an apex con-

taining pus; and corresponded to the description given by Dr. Willan and Dr. Bateman, of the pustule termed *phlyzaciūm*,\* except that it was not succeeded by a thick dark-coloured scab; but, on the contrary, each spot gradually receded after the matter was discharged from the small pustule situated in their acuminated top.

February 6th. The swelling of the penis was nearly dissipated, and the ulcers were almost healed. The discharge from beneath the prepuce was also diminished, but he complained of pains in his shoulders and arms. These complaints, however, under the plan adopted, were all removed before the 22d, on which day he was discharged the hospital well.

#### CASE XXXVI.

John Dalton, who furnished the second, and only remaining instance of the peculiar eruption above alluded to, was admitted December 30th, 1812. His symptoms were phymosis, a purulent discharge from the glans and prepuce, and a bubo in each groin. He stated that he was disordered five weeks, that he took a few mercurial pills, which affected his mouth; and that while under the influence of that medicine, inflammation and phymosis of the penis took place. I directed him to inject the lotion of muriate of mer-

\* " *Phlyzaciūm*; a pustule commonly of a large size, raised on a hard circular base, of a vivid red colour, and succeeded by a thick, hard, dark-coloured scab."—Bateman's *Synopsis*, p. xxi.

cury and lime water, frequently between the glans and prepuce, and to poultice the tumours in his groins.

January 7th, 1813. The inflammation was so far diminished that the prepuce could be retracted, which exposed several smooth ulcers without induration, situated on the glans and corona.

17th. The ulcers were healed, the tumours in his groins increased slowly, and suppurated; they were opened on the 2d of February.

On the 9th, he showed me a soft red inflammatory tumour, which appeared suddenly over the left tibia. I directed him to keep a few folds of linen, moistened in saturnine lotion, constantly to this tumour, and to take the nitrous acid mixture daily.

11th. An eruption, similar to that described in the preceding case appeared on his back, belly, and breast. It was preceded and accompanied with considerable fever.

15th. The eruption was declining, as was also the tumour over the tibia; but he complained of pains in his ankle-joints, which had become swelled, and of an œdematous appearance.

20th. All his complaints were removed, and he was discharged the hospital well.

### CASE XXXVII.

Thomas Trainer admitted, December 23d, 1812. His complaints were phymosis and purulent discharge from the glans and prepuce, an ulcerated bubo in the

right groin, and an incipient bubo in the other. There was also considerable swelling and thickening of the scrotum, but the testicles were of their natural size. He stated, that he was four months disordered, and that the first symptom with which he was affected, was gonorrhœa, and that the other complaints shortly afterwards succeeded. I directed the antimonial solution, and the lotion of calomel and lime-water.

28th. The discharge, and swelling of the penis were entirely removed; on retracting the prepuce the parts were free from ulceration. The ulcerated bubo was healing, and that of the other was declining fast. The swelling and thickening of the scrotum was also considerably lessened. He complained, however, of severe pains in his joints, particularly at night.

January 12th, 1813. The swelling of the scrotum had again increased, and he complained of soreness in his throat. On examination, the back of the pharynx appeared raw and excoriated; and the velum and uvula, swelled and relaxed. I directed the decoction of sarsaparilla, in conjunction with the antimonial solution.

15th. An eruption of papulæ broke out all over his body, attended with high fever, pain in his chest, and difficulty of breathing. The scrotum and penis were very much swelled, and the prepuce so much swollen as to resemble a bladder of water. The soreness of his throat was increased, and the pains of his joints had become more severe. I directed, that he should be bled to sixteen ounces, and the antimonial solution to be continued without the sarsaparilla. On the following day his fever seemed to be considerably di-

minated, and his breathing was free. There appeared numerous small ulcers on the scrotum, which were probably the papulæ, altered in their appearance by the friction to which they were exposed on this part during locomotion.

21st. The swelling of the penis and scrotum had disappeared, and the eruption had entirely declined, and on the 25th, he was discharged the hospital well. The speedy termination of the constitutional symptoms in this case, was probably, like those of the exanthemata, owing to the acuteness of the fever, which was so high as to require the use of the lancet. The eruption closely resembled that represented in plate II. fig. 5.

#### CASE XXXVIII.

Michael Dunn admitted December 31st, 1812. His complaints were phymosis, with purulent discharge from the glans and prepuce, and a deep foul ulcer of the right groin. He stated, that he was disordered two months before his admission, and that he had not used mercury. I directed him to take the nitrous acid mixture daily, and to use the lotion of calomel and lime-water.

January 6th, 1813. An inflammatory red swelling, the size of a dollar, appeared suddenly over the right tibia, to which I directed him to apply saturnine lotion, by means of folded linen.

12th. The discharge from the glans and prepuce was stopped, and he could retract the latter. The tu-

mour over the tibia was nearly dispersed, and the ulcer of his groin looked healthy, and was granulating.

17th. He was discharged the hospital well.

### CASE XXXIX.

Patrick Gordon admitted Feb. 20th, 1813. His complaints were phymosis, purulent discharge from the glans and prepuce, and an eruption of small red papulæ on every part of his body. He complained of pains in his shoulders, arms, hips, and in the small of his back, which were most severe at night. He stated, that he was five months disordered; that six weeks before his admission, he was attacked with pains in his joints, attended with feverishness, and that three weeks afterwards the eruption appeared. He had taken mercurial pills, which did not produce any beneficial effect upon his complaints.

I directed him to take the nitrous acid mixture, and to inject the lotion of calomel and lime-water between the prepuce and glans.

22d. The discharge was stopped, but the pains were more severe. On this day, the drawing, as represented in fig. 6. plate II. was taken of the eruption.

March 1st. The eruption had declined, and its vivid red colour was changed to a pale copper hue; the pains were more severe. I therefore discontinued the nitrous acid, and directed in its place, decoction of sarsaparilla, and antimonial solution.

4th. The pains still continued to increase, with thirst, fever, and head-ach, pulse 110, difficulty of re-

spiration, and severe cough. I directed that sixteen ounces of blood should immediately be taken from his arm, the decoction to be omitted, and the antimonial solution continued. The blood taken was highly buffed, and the following day, he stated, that he received the most decided relief by the depletion. His pulse was reduced to 90, and his thirst and fever were considerably lessened.

15th. He no longer complained of pains, the eruption had disappeared, and he was discharged the hospital, apparently well. But he was re-admitted on the 26th of April following, on account of a fresh crop of the papular eruption, which had made its appearance since he quitted the hospital, attended with pains in his joints as before. There were also swellings over the tibiæ, near the ankle joints, which were painful upon pressure; and he called my attention to a small hard tumour, the size of a hazel nut, situated on the right testicle. I directed the antimonial solution, and venesection to twelve ounces.

April 30th. The pains and eruption continued as before; the tumour on the testicle was, however, considerably reduced. Twenty grains of the compound powder of ipecacuanha were directed to be taken in the evening.

May 1st. The pains had become more severe, with oppressed breathing and cough; pulse 106. Venesection was directed to sixteen ounces, and the antimonial solution. The blood, as was the case in the former depletion, exhibited the usual inflammatory characters, and was followed by considerable mitiga-

tion of the severity of the pains, and relieved his chest altogether; however, as I conceived that the most likely means to prevent a recurrence of these symptoms, were to persevere in the plan from which he had derived so much relief, I directed that the venesection should be repeated on the 3d, from which he felt still farther relief.

10th. The eruption was declining rapidly; he scarcely felt any pain; and he was discharged the hospital, perfectly well, on the 20th instant.

#### CASE XL.

Michael O'Neil, admitted into the Richmond Surgical Hospital, on the 25th November, 1813. His symptoms were phymosis, and purulent discharge from the glans and prepuce, gonorrhœa and ardor urinæ, and a bubo in the right groin. His throat was inflamed, raw, and excoriated, and there was an eruption of papulæ, of a paler colour than usual, scattered over the entire surface of his body. The drawing, Plate II, fig. 7. was taken on this day, and exhibits the eruption as it appeared on his belly. He complained of severe pains in his shoulders, elbows, knees, and legs. I directed the decoction of sarsaparilla, antimonial solution, and the lotion of muriate of mercury and lime-water.

November 20th. The eruption had declined, but many fresh spots, nearly approaching the form of pustules, appeared on his face. He complained of severe

pains in his heels, but those of his joints were much alleviated.

December 13th. The discharge from the glans and prepuce was stopped, the eruption and pains were almost dissipated, and he was discharged the hospital, on the 2d of January, 1814, apparently well. I saw him in about a fortnight afterwards; he was complaining of a return of the pains, but they were not so severe as at first, and there were a few papulæ on his face and breast; they were removed in a fortnight, under the use of the antimonial solution.

#### CASE XLI.

Peter Sutherland, admitted into the Lock Hospital, December 17th, 1812. His complaints were an eruption of papulæ, and pustules on the penis, nates, and thighs. Many of the spots were full formed pustules, and others had advanced to the state of crusts, which were not much larger than the pustules which preceded them. He stated, in the most positive manner, that the only primary symptom with which he had been affected, was *gonorrhœa*, which stopped three weeks before his admission, and a week afterwards, the eruption made its appearance. I directed for him the antimonial solution.

20th. The eruption had spread over the entire surface of his body, and was, in a great measure, composed of full formed pustules, about the size of peas, containing yellow matter, which, in a few days, dried into thin crusts; and these falling off in a few days

afterwards, exposed spots of new formed cuticle, of a red colour; fresh spots appearing while others were in their advanced stages; so that, from the middle of December to the middle of January, the entire surface of his body exhibited papulæ, pustules, crusts, and red discoloured patches. From this period, no fresh spots appeared, and the skin gradually became clear of the eruption. While it was breaking out, the patient laboured under considerable disturbance of his constitution, and complained of pains in his joints, with thirst, restlessness, and general fever. The only medicines I directed for him, were the antimonial solution, and decoction of sarsaparilla.

He was discharged the hospital, well, on the 7th February, 1813.

#### CASE XLII.

C. Gibbs, admitted August 24th, 1813. He complained of an eruption of papulæ, and small pustules over his entire body, which were most numerous on his back, also of pains in his joints, of which those were most severe which affected his shoulders. He stated, that the only venereal complaint with which he had ever been affected, was a gonorrhœa, which he had some months previous to his admission. Under the means detailed in the preceding case, the eruptions and pains were gradually removed; and he was discharged the hospital, well, on the 27th of September, 1813.

## CASE XLIII.

The characters of the constitutional symptoms of the venereal affections described in this chapter are so well marked, that even when we have not witnessed the primary complaints from which they have arisen, we have very sufficient grounds to conjecture what they have been, from the nature of the constitutional symptoms. The four following cases, which I have selected from a multitude of others, will elucidate this observation. I had not an opportunity of seeing the primary affections; yet I presume, that few persons, on comparing the similarity subsisting between them and the preceding cases, will doubt that they arose from one or other of the primary disorders which form the subject of this chapter.

I have carefully avoided to illustrate the principles inculcated in this work by cases which occurred in private practice, because those which present themselves in a large hospital, are supposed to furnish more authentic statements than those which are witnessed by a single practitioner. But the same objection does not lie against cases which have been observed in their progress by a second medical attendant. Of cases so circumstanced, I shall bring forward one or two instances:—In the following case, I had the advantage of Dr. Cheyne's assistance, and, in addition to the importance which attaches to his cooperation, I am anxious to satisfy my reader with the detail, as one of the drawings was taken from the

young gentleman who is the subject of it. He consulted me in the beginning of January, 1813, on account of a large inflammatory tumour in the left groin; it was hard, but the integuments were discoloured, and suppuration was evidently going forward. There was not any sore or ulcer on the penis. The patient himself attributed the tumour to a strain, but he acknowledged that he had exposed himself to a suspicious connection. I merely directed him to poultice the tumour until it broke, to keep himself quiet, and take occasionally some opening medicine.

He went to the country, and I did not see him till the 3d of April, three months afterwards. He was at that time affected with severe pains in his shoulders, elbows, knees, and ankles; the last were swelled, red, and œdematous. He also complained of pain in his chest, and his breathing was oppressed. His throat was painful, and exhibited the excoriated appearance I have so often described; and there were several dark red papulæ on his breast, back, and arms.

I immediately took sixteen ounces of blood from his arm, and directed the antimonial solution, abstinence, and diluting drinks. The following day his respiration and the pains were greatly relieved; but more papulæ had appeared. The decoction, and extract of sarsaparilla were directed, in conjunction with the antimonial solution.

7th. The eruption continued to extend, and the pains of his joints and chest, attended by difficulty of respiration, had recurred with additional severity; his pulse was 100. The sarsaparilla was discontinued, and

he was directed to take four grains of antimonial powder every third hour. This medicine excited perspiration, and the pains were very much alleviated under its use.

On the following day, and every succeeding visit, Doctor Cheyne saw the patient with me; I stated my views of the disorder to him, and he agreed with me in the propriety of pursuing the plan adopted.

April 12th, many fresh papulæ continued to appear, while others were declining, with the usual exfoliation of the cuticle. On this day the drawing I have alluded to, which is fig. 5. plate II. was taken, and exhibits the appearance of the eruption on his back and shoulders. The pains of his joints were milder, but he complained of severe pain over the left eye, where the branch of the ophthalmic nerve passes through the superciliary notch; pulse 80. He was directed to take a decoction of bark, with carbonate of soda and lemon-juice, in a state of effervescence, frequently in the day; and to apply over the left eye a fold or two of old linen, moistened in a lotion composed of seven ounces of aq. ammon. acet. and one ounce of sulphuric æther. By these means, the pain over his eye was removed, and the eruption and pains of his joints gradually declined. He however showed me on the 16th, a node on the left tibia, just above the ankle joint, which had suddenly taken place, and was painful upon pressure. However, as his other symptoms were nearly removed, I complied with his anxious desire, and consented that he should return to the country; but predicted, that he

would be troubled by another, and perhaps successive crops of the eruption.

The opinion which I gave him was afterwards verified; for, on the 9th of May following he returned to town, affected with general indisposition; he complained of severe head-ach, his left ankle was swelled, and the node was undiminished: but he had not any pains as formerly, in his joints; and though his appetite was bad, his tongue furred, and pulse 90, yet he was much better than when he consulted me in the preceding April. There were a few large papulæ on his face and back. I directed him to take a pill, containing half a grain of the submuriate of mercury and three grains of antimonial powder, three times a day, and also the decoction of sarsaparilla. The disorder had evidently declined, and there was little fever, so that I conceived the interference of mercury could not now be injurious, but would probably be of service in superseding the remaining influence of the poison.

20th. His strength, appetite, and appearance were much improved. He still, however, complained of the pain in his head, which attacked him every evening, and continued until morning. The calomel, which had not affected his mouth, was discontinued, and he was directed to persevere with the antimonial powder, and the decoction of sarsaparilla.

30th. He felt himself completely well, and returned to the country; but he was troubled for some weeks with lingering pains in his shoulders and ankles, which at length entirely subsided, and he has since enjoyed the most perfect health.

If mercury had been exhibited in the early stages of this disorder, it is probable that the eruptions and pains would have been removed, while the system was under the influence of that medicine; but as soon as the mercurial irritation had subsided, the pains and eruption would have returned; mercury would, according to the usual practice, have again been administered, and the result would have probably been that which I have before pointed out; but these are circumstances which cannot be too strenuously insisted on, or too frequently forced on the attention of practitioners.

## CASE XLIV.

Michael Conway, a Scotchman, recommended by Doctor Cheyne, was admitted April 26th, 1813. His complaints were an eruption of papulæ, resembling in size and colour those represented in fig. 6, plate II., but they were clustered together in patches, irregularly circular; and there were tumours about his neck of a scrofulous character, which he said made their appearance shortly before his admission. He complained of pains in his joints, that were particularly severe at night, and his ankles were swelled. He stated, that four months previous to his admission, there was an ulcer on the prepuce, which healed without the aid of medicine. I directed the antimonial solution, and decoction of sarsaparilla.

May 10th, the eruption had declined very much, but the pains were more severe, pulse 108, with thirst and restlessness. I directed, that twelve ounces of

blood should be taken from his arm, and the antimonial solution to be continued, without the sarsaparilla; and, on the following day, found that his pains were considerably relieved.

June 7th. He was attacked with considerable fever, pulse 120, tongue white, with thirst, and great lassitude. The pains of his joints were not more acute than before, and there were not any fresh papulæ appearing; so that I was uncertain whether or not this fever was connected with the disorder for which he was admitted. I directed, however, that the antimonial solution should be continued, and on the 14th the fever was considerably lessened.

June 28th. He complained of severe pain in his hip; the pains of the other joints, and the eruption, were entirely removed. I directed a blister to be applied to his hip, which gave almost immediate relief. The decoction of sarsaparilla was again ordered.

July 24th. He was discharged the hospital well.

#### CASE XLV.

The obstinacy of the symptoms, which, however, at length yielded to the plan of treatment recommended, the inefficacy of mercury for their relief, and a spontaneous ptyalism, are the circumstances most remarkable in the following case.

Patrick Campbell was admitted July 29th, 1813: his complaints were an eruption of papulæ of a large size, on his arms and thighs, and a rawness of the back of the pharynx, almost amounting to ulceration.

He complained of the most acute pain in his head, and he had also pains in his shoulders, elbows, and knees; his pulse was 110, tongue brown and furred, with thirst, and general lassitude.

He stated, that he was disordered in the preceding December, and had an extensive ulcer on the prepuce, followed by a bubo, for which he was admitted into the Lock Hospital in January, where he remained seven weeks, and underwent a severe course of mercury; during which the ulcer healed. That about a month after he left the hospital, he was attacked by the pains in his joints, and that the eruption and soreness of his throat appeared a few weeks previous to his admission. I directed that twelve ounces of blood should be taken from his arm; and, on account of the foulness of his tongue, and the severity of the pain in his head, directed an active cathartic, composed of electuary of scammony and infusion of senna.

On the following day, the pains were somewhat reduced, but still severe; the blood was cupped and thickly buffed, which circumstance induced me to repeat the bleeding, and to direct the antimonial solution.

August 3d. The last blood taken from him, indicated inflammatory characters as strongly as the former. The pains of the joints were considerably lessened, but those in his head were not diminished. I directed the venesection to be repeated, and that he should be removed to a convalescent ward, in which the air is less vitiated by the use of mercury.

5th. The pain of his head was less severe, though

his pulse was 100, and the last blood taken was also buffed; considerable ptyalism had supervened, although he had not used mercury for several months. Indeed, it was obvious, that it was not owing to that mineral, as his breath did not betray the mercurial fœtor. I have already observed, that the same circumstance occurred in a case of constitutional syphilis.\*

14th. The pain of his head was again extremely acute. On being questioned as to the precise seat of the pain, he observed, that it appeared to be situated between the skin and the bone; his countenance was pallid, and his hands trembled, pulse 120, with great thirst, debility and lassitude. I directed that a large blister should be applied to the back of his neck. On the following day, the pain of his head was considerably lessened; the spontaneous ptyalism above mentioned, gradually increased to at least three half pints in the day, his pulse was reduced to 100.

23d. The pains in his head and joints, though alleviated, still continued; the eruption had almost disappeared, his pulse was reduced to 90, and his appetite and strength were improved. I prescribed a pill, containing a grain of calomel, and three grains of antimonial powder, to be taken morning and evening. These pills affected his gums before the 31st; but the pains, at the same time, were increased, and his ankles were swelled, and painful upon pressure; pulse 100, full and strong.

As the adoption of mercury seemed to increase the

\* See p. 56.

severity of his symptoms, I discontinued the pills, and had recourse again to blood-letting and antimonials.

September 6th. The pains were considerably alleviated, and the pulse reduced to 70.

12th. He was put on the use of decoction of sarsaparilla, and took fifteen grains of the compound powder of ipecacuanha every night.

October 12th. The pains were entirely removed. He remained, however, in the hospital until the 18th, on which day he was discharged well.

#### CASE XLVI.

Christopher Nulty applied for admission into the hospital on the 7th of November, 1813; on which day I observed an eruption of papulæ on his back, arms, and belly; there were also some spots on the penis and scrotum. On the latter, the tops of the papulæ being rubbed off, they had the appearance of small superficial ulcers. His throat exhibited the usual excoriated raw appearance I have so often mentioned, and he complained of pains in his shoulders and elbows.

On the 12th, he was admitted, at which time the eruption had considerably declined, but he complained more of the severity of the pains. His head and chest were also affected, and his breathing was oppressed, pulse 110, tongue foul.

He stated, that a year previous to his admission, he was affected with ulcers, the cicatrices of which, on

examination, I found to be extensive, and situated on the prepuce and body of the penis. For these complaints he had taken mercurial pills, under the use of which the ulcers healed, but they soon afterwards broke out, and healed again; and he observed, that the circumstance of their breaking out and healing, occurred three or four times.

I directed venesection to twelve ounces, and the antimonial solution. This depletion was followed by some little relief; but on the 18th, the pains of his head and chest, with oppressed breathing, and a pulse beating 120, rendered the use of the lancet again necessary, and I directed twelve ounces of blood to be taken. A cathartic mixture was also ordered, as his tongue was white and furred. These measures were followed by the most decided relief; so that on the 25th, the inflammatory symptoms were so far reduced, that I put him on the use of decoction of sarsaparilla, and the antimonial solution.

On the 13th of December, he was discharged the hospital well.

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IT is unnecessary to detain the reader any longer on the subject of those diseases resembling syphilis, which I have comprised in the first class of these venereal disorders; a sufficient number of cases have been adduced to elucidate their nature, and demonstrate the frequency of their occurrence.

Mr. Hunter, as I have already observed, was the first in later times, who suspected the existence and frequency of diseases resembling, but differing from true syphilis. He does not, however, attempt to discriminate them by the appearance of their symptoms, but by their history and progress under the use, or in the absence of mercury. For instance, if symptoms spontaneously disappeared before its adoption; or if others arose while the patient was under its influence, he concluded that the disease was not syphilitic. His reasoning, however, in those doubtful cases, will be better understood by a perusal of the following case from his works:—

“A gentleman had for some time blotches on his skin; the face, arms, legs, and thighs were in many places covered with them; and they were in their different stages of violence. In this situation he applied to me; and I must own they had a very suspicious appearance. I asked him what he supposed these blotches were; he said he supposed them to be venereal. I asked him when he had a recent venereal complaint; he told me not for above twelve months. I then asked him how long he had had the blotches; and the answer was, above six months. As this was a sufficient time for making observations upon them, that might ascertain better than the mere appearance what they were, I asked him if any of the blotches, that came first, had *disappeared* in that time; and he said, *many*; I desired to see where those had been; and on examination I found only a discoloured skin, common to the healing of superficial sores. I then declared to

him, that they were *not venereal*, for if they had arisen from that source, *none* of them would have *disappeared*. He now informed me, that he had been taking mercury; and this information obliged me to have recourse to further inquiries; and I therefore asked him, whether, while he was taking mercury, many of the first got well? The answer was, Yes. And was the cure of those imputed to mercury? The answer was again in the affirmative. I then asked him, if while he was taking the mercury, which appeared to have cured some, *those, that now remained, arose?* Yes. My next question was, how long had he taken mercury? He said, for six months. I then declared, that they were not, nor never had been venereal. I asked him, what was now the opinion of his surgeon? He said, that his opinion still was, that they were venereal, and that he should go on with the mercury. I advised him to take no medicines whatever; to live well, avoiding excess, and to come to me in three weeks, which he did, and then he was perfectly well, only the skin was stained where the blotches had been. He now asked me, what he was next to do? I told him he might go to the sea and bathe for a month. This he did, and returned well and healthy, and has continued so.”\*

If Mr. Hunter had lived some time longer, he would most probably have persevered in, and enlightened this obscure and intricate subject; but this case entitles him to the merit of pointing out to his successors, the necessity of discriminating between sy-

\* Hunter on the Venereal Disease, p. 436.

philis and the resembling disorders. His Commentator, Dr. Adams, has added many useful observations; and Mr. Abernethy has prosecuted the inquiry with great advantage. He is of opinion, that the pseudo-syphilitic diseases can not be distinguished from true syphilis by their appearances, but that we must trust to their history alone. A very simple fact, he says, has enabled him in most cases to distinguish between the two diseases, which is, "that the constitutional symptoms of syphilis are generally progressive, and never disappear unless medicine be employed; and it may be added," he continues, "that they are as generally relieved under an adequate effect of mercury on the constitution."\* The criterion by which Mr. Abernethy decides on the nature of those diseases, is that which guided Mr. Hunter's judgment in the case which I have just extracted from his works; but however excellent this criterion, which should never be neglected, I do not hesitate to say, that in the great majority of cases, these disorders may not only be distinguished with ease from true syphilis, but from each other, by the eye alone, and *that* whether the symptoms be local or constitutional.

In these diseases included in the first class, we have seen that the eruptive fever is more strongly marked than that of syphilis; and, in many cases, is so acute, as to require repeated blood lettings. The eruption is not scaly, like that of syphilis, but papular, disappearing and recurring repeatedly. The affection of the

\* Abernethy on Diseases resembling Syphilis, p. 46.

throat is not a deep ulceration of the tonsils, but an inflammation and superficial excoriation, or rawness of the fauces, but particularly of the posterior part of the pharynx. The pains do not affect the centre of the long bones, but the large joints; and the nodes, if they can be so called, are inflammatory swellings which occur suddenly, and as suddenly disappear, without the assistance of mercury. But although the actual appearances of the symptoms, thus point out the nature of the disease, yet I would not, by any means, neglect such assistance as an inquiry into the history of the case may afford. On the contrary, when instances occur of doubtful character, we should endeavour to ascertain, whether the primary ulcers have healed spontaneously, or by the aid of medicine; or, while they healed in one place, if they broke out in another. If the eruption disappeared without the use of mercury, and afterwards recurred. If it has happened, that mercury has been exhibited, its effects will also assist our diagnosis; nothing can be more certain or more decided than the improvement that follows the use of this mineral in all cases, either local or constitutional, which are truly syphilitic. Its effects in the diseases in question, are by no means similar. Sometimes it flatters with an early amendment, sometimes the mischief is immediate, and an increase of ulceration the consequence; but whether, in spite of the mercury, its progress continues, or, suspended for a time, again resumes its ravages, the disease, we may be certain, is not syphilis, but one of those

disorders so constantly and unphilosophically confounded with it.

In the middle of a full course of mercury, the practitioner is often confounded by the appearance of a constitutional ulcer, node, or eruption, and he redoubles his efforts to conquer the disease, by the exhibition of more mercury. But if that mineral is capable of superseding the syphilitic poison, it is absurd and contradictory to suppose, that while it is operating with sufficient energy to cure the symptoms for which it was directed, it is possible for the poison to contaminate new parts; but there is little absurdity in acknowledging, that a poison of another nature, over which mercury does not possess any certain influence, may contaminate new parts while the constitution is under the fullest operation of that medicine.

As the powers of the constitution are, in many instances, found competent to the cure of these diseases, we should make use of every means capable of increasing and strengthening these powers. Therefore when the attending fever is subdued, generous diet, country air, and active exercise should be particularly recommended, if the chronic nature of the symptoms, and the means of the patient will admit of their adoption. It frequently happens, that the secondary symptoms of a disorder which was considered to be syphilis, whether eruption, ulcers of the throat, or nodes, have disappeared unexpectedly, during an accidental journey or excursion; and most practitioners have been acquainted with, and surprised at the circum-

stance; but there can be little doubt, that in every such instance, the disease has not been syphilitic.

I trust that the facts I have detailed, will be the means of removing some of the most glaring obstacles which opposed a true knowledge of venereal diseases. The variety of symptoms, both local and constitutional, hitherto attributed to the syphilitic poison, not only baffled all attempt at description, but seemed to set at defiance every rational arrangement, and rendered the disease an exception to all other morbid poisons: a class of disorders which are remarkable for the uniformity of their symptoms, and obedience to laws known and determined. But syphilis, according to the received opinion, unlike to other poisons, assumed every possible shape and appearance, both in its local and constitutional symptoms. To awaken the reader's attention to this point, I shall transcribe the following passage from Dr. Bateman's most accurate and useful work on Cutaneous Diseases:—"In the course of this Synopsis I have made only cursory allusions to a very important class of cutaneous eruptions, which are often the source of considerable embarrassment to the practitioner; I mean those which are the result of the venereal poison. *The subject indeed, is difficult, and not as yet sufficiently investigated; for these eruptions assume such a variety of forms, that they bid defiance to arrangement according to their external character; and, in fact, they possess no common or exclusive marks, by which their nature and origin are indicated. There is perhaps no order of cutaneous appearances, and scarcely any genus or species of*

*the chronic eruptions, already described, which these secondary symptoms of syphilis do not occasionally resemble. Dr. Willan pointed out, among the papular, scaly, and exanthematous affections, several species to which the resemblance was most obvious; and the pustular and tubercular eruptions would furnish still more accurate examples of similarity.* Nevertheless, there is in many cases, a difference, which a practised eye will recognise, between the ordinary diseases of the skin, and the syphilitic eruptions, to which the same generic appellation might be given; this is often observable in the shade of colour, in the situation occupied by the eruption, in the mode of its distribution, and in the general complexion of the patient. Hence, to a person conversant with those ordinary diseases, a degree of anomaly in these respects will immediately excite a suspicion, which will lead him to investigate the history of the progress of such an eruption, and of its concomitant symptoms. And it will frequently happen, that the most experienced observer can only arrive at a satisfactory conclusion, by comparing the cutaneous appearances with these concurring symptoms, and with the previous history of the disease.”\*

This uncertainty, of which Dr. Bateman so forcibly, and, in the present state of our knowledge, so justly complains, I believe never existed; and I trust I have offered strong grounds to infer, that the appearance of the syphilitic eruption is far from irregular, but that the embarrassment of the practitioner has

\* Bateman on Cutaneous Diseases, p. 329.

arisen, not from any want of uniformity in the *effects* of that virus, but in the circumstance of his confounding *them* with eruptions attendant on other venereal poisons.

These diseases have hitherto been attended with more danger than true syphilis; not because they are, from their nature, in reality more formidable, but because they have not been distinguished from that disease, and have been subjected to an inappropriate remedy. Thus it happens, that the symptoms of those disorders recurring after the use of mercury, *that* medicine is again resorted to, and the mercurial irritation is alternated so often with that of the disease, that the patient at length falls a victim to their combined effects, and in this way numbers are annually destroyed. When once known and discriminated from syphilis, they are no longer formidable. The powers of the constitution, assisted by simple remedies, are sufficient for their cure; they may be tedious, but they will not be destructive.

## CHAPTER IV.

Second Class of Primary Diseases, which have been confounded with Syphilis, consisting of two species.—The Phagedenic Ulcer.—The Sloughing Ulcer.—Constitutional Symptoms arising from these Ulcers.

IN this chapter, I purpose to enter on the consideration of the second class of primary diseases, which have been confounded with syphilis, viz. the phagedenic ulcer, and the sloughing ulcer, together with the constitutional symptoms arising from both species.

The profession, as far as I am acquainted, is indebted to Doctor Adams, for distinctly pointing out the wide difference which exists between these ulcers, and the true syphilitic chancre; and in support of his opinion, he has extracted some passages from Celsus, which prove that they, or similar ulcers, were well known to the ancients.\* But notwithstanding his observations, and the testimony of Celsus, the great body of practitioners still continue to look on them as chancres, altered or modified by inflammation, or some morbid disposition in the constitution of the patient. I have ascertained a fact however, which I trust will dissipate these doubts, and demonstrate that they arise

\* Adams on Morbid Poisons, 2d Edition, p. 31.

from a poison totally distinct from the syphilitic, and obedient to other laws. This fact is, that the constitutional symptoms of the phagedenic, and sloughing ulcers, are totally different from those of chancre, and can not like them be superseded by mercury.

The ulcers which formed the subject of my third chapter, were of a mild superficial nature; and from the similarity of their constitutional symptoms, probably owe their origin to one common virus. Those however, which I am about to consider, are violent and destructive, but seem to be also closely connected with each other; for the sloughing ulcer will occasionally assume the phagedenic, and the phagedenic ulcer the sloughing appearance. The constitutional symptoms also of both species are much of the same character; so that it is not unlikely, that they also arise from one and the same virus; yet that virus totally distinct from the subject of the preceding chapter.

The phagedenic ulcer as its name implies, has a corroding appearance, and neither exhibits granulations, or surrounding induration. It spreads sometimes with rapidity, causing the most destructive havoc in the course of a few days; and unlike a chancre, instead of being checked by mercury, it is almost always rendered more inveterate and rapid in its progress by that mineral. It more frequently attacks the glans penis than any other part; but the ulcer usually proceeds to affect the prepuce, which it often entirely consumes, and continuing its depredations on the corona and glans, at last effects their total destruction. When this event takes place, the ulceration usually receives

a sudden and permanent check. At other times, a spontaneous hæmorrhage, owing to the destruction of the coats of an artery, occasions a favourable change. The hæmorrhage from this cause is often so profuse, that I have frequently found the patient's bed-clothes drenched in blood; and in most instances found it necessary to stop the hæmorrhage by ligature. It is an occurrence however, that is in general fortunate to the patient, for in many cases the ulceration is stopped in its progress by this cause alone. More rarely it happens, that notwithstanding every anodyne, and lenient application, the ulceration will gradually proceed, until the entire penis is destroyed. There is also another characteristic of this ulcer worthy of remark, viz. the frequent return of ulceration, after the part has healed, to the very same spot which was at first affected.

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THE CONSTITUTIONAL SYMPTOMS of the Phagedenic ulcer, are a pustular eruption, which does not, like that of the superficial mild ulcer described in the preceding chapter, terminate in exfoliation of the cuticle, and thus disappear; but each spot degenerates into an ulcer covered by a crust. Some of these ulcers are small; scarcely larger than the pustules from which they are produced; while others increase to the size of a sixpence or a shilling, or often to a

much greater magnitude. They are covered by crusts, which are sometimes large and irregular like those delineated in Plate III. Fig. 7, 8, 9; in which are exhibited spots in all their stages, from a pimple to an ulcer, as they existed in the same subject at the same time. In other instances they are elevated, and conical, as represented in Plate IV. Fig. 10, and 12. But more frequently they are flat, or slightly convex, corresponding to the extent of the ulcer underneath.

The affection of the throat in the phagedenic ulcer, is characterized by a white slimy looking ulceration of the back of the pharynx, which in its progress engages as much of that part as comes within view. Extending upwards the nares become affected, followed too frequently by caries, and exfoliation of the spongy bones, and tenderness of the ossa nasi, with a foul discharge from the nostrils. This ulcer, in its progress towards the mouth, also affects the tonsils with a similar ulceration; and seizing upon the velum, and uvula, rapidly destroys them. So that in looking into the mouth of a person in this lamentable state, there appears one vast continuous ulcerated cavity, covered with white viscid matter, and extending from the palate to the lower part of the pharynx. Before this species of ulcer appears, there generally exists for some time a tenderness and pain in swallowing, with an excoriated appearance of the fauces, similar to that described in the last chapter, as accompanying the papular eruption of the smooth superficial ulcer. In a very few instances, I have seen the ulceration attack the tonsils before it affected the pharynx; but it

did not exhibit a deep excavation, as is the case in the syphilitic sore throat. It rather resembled those superficial ulcers, which so frequently appear in the mouth, of a white aphthous appearance.

At the same time that the patient is affected with the eruption and ulceration I have described, he is in general attacked with severe and obstinate pains in his joints; particularly in his knees, wrists, and ankles, which become swelled, red, and so painful that they are highly sensible to the slightest touch. The small joints of the fingers and toes also often become similarly affected, and nodes sometimes suddenly occur, which it is impossible to distinguish in appearance from those of syphilis.\*

The primary as well as constitutional symptoms, which I have here detailed, form one of the most untractable, as well as destructive diseases to which the human frame is liable; and compared to which, syphilis must be esteemed a mild and manageable disorder. Many practitioners will no doubt be averse to subscribe to these novel opinions, with respect to the poison which generates this disease; and adhere to the established supposition, that all venereal complaints arise from one virus; but the most averse must allow, that it can not but be of decided advantage to know, that a primary ulcer of phagedenic character, will not

\* The reader by comparing this description of the constitutional symptoms of the phagedenic and sloughing ulcers, with that of syphilis, in p. 48, et seq. will see the wide difference which exists between them.

receive the same salutary aid from mercury which certainly attends its use for a true syphilitic chancre; and that the same medicine is inoperative or uncertain in its effects on the constitutional symptoms, which I have been fortunate enough to trace to this ulcer. It may be useful here to elucidate these circumstances by the recital of a few

*Cases which exemplify the uncertain or injurious effects of mercury on the venereal phagedenic ulcer.*

#### CASE XLVII.

Joseph Hacket was admitted on the 5th of December, 1810, on account of a phagedenic ulcer, which engaged the superior surface of the glans penis, attended with much irritation, and a partial phymosis, that prevented the entire of the ulcer from being seen. He had been two months under the care of a surgeon, who during that period had subjected him to a severe mercurial course.

At the time this case and the three following occurred, I was not as well aware, as at present, of the injurious effects of that medicine on ulcers of phagedenic appearance; yet on account of the great irritation and pain with which it was accompanied, I postponed the exhibition of mercury until the inflammation was removed; and desired the patient to use warm fomentations and poultices of bread and water, and to take daily the nitrous acid mixture, which consists of two

drams of the diluted acid, to eighteen ounces of water, and four of syrup.

10th. The pain and inflammation had diminished so far, that it was thought unnecessary to postpone any longer the use of mercurials; and he was therefore desired to rub in two drams of ointment every night. But the inflammation which had subsided under the former treatment, increased rapidly under this plan; so much so, that it was found expedient on the 15th to remove him from a mercurial, to a convalescent ward. There the cooling plan was again resorted to, with the same success; and the pain and inflammation having subsided, he was removed to his former ward on the 26th, where he used two ounces and a half of ointment before the 21st of January, 1811, which salivated him severely.

Under the use of the mercury, the ulcer on the penis rather amended; but he was attacked with severe pains in his hips and knees, and a node made its appearance upon each tibia. On account of these fresh symptoms, it was thought advisable to urge the mercury still farther; but no good effect followed; on the contrary his pains became worse, and the ulcer began to spread. He had rubbed in before the 10th of March, three additional ounces. But I then desired him to desist, for the purpose of trying solution of muriate of mercury, with decoction of sarsaparilla. But this plan not producing any amendment in his complaints, recourse was again had to the ointment on the 1st of April; and he continued to use it, till the 16th of May; during which period he rubbed in four

ounces of ointment, without experiencing the slightest favourable change in his complaints. He was so much reduced by the courses of mercury he had undergone, that he could scarcely rise from his bed. Such debilitating effects from so small a quantity of ointment, will appear extraordinary to those unacquainted with the mercurial atmosphere of an extensive Hospital. But in some time he recruited a little strength, and I advised him to go to the country, and in consequence he left the hospital on the 25th of May.

On the 21st of July following, he again applied for admission into the hospital. There were nodes on both tibiæ; his ankles and insteps were swelled, and of an œdematous appearance; and he complained of severe pain in his legs, ankles, knees, and hips, which were most severe during the night. The ulcer of the penis had healed, during his residence in the country.

I determined upon a renewal of the mercurial plan; he accordingly resumed the mercurial frictions, and rubbed in four ounces and a half of ointment before the 5th of October following, which produced a full mercurial action on his system. During the first month he improved rapidly: the nodes diminished, and the pains were mitigated; but during the latter part of the course, all his complaints increased; his insteps swelled and became œdematous: one of his great toes ulcerated about the nail, and his strength and appetite were greatly reduced. I now put him on the use of nitrous acid; but little improvement taking place, he was on the 14th of the same month directed to take the compound decoction of sarsaparilla, and

fifteen grains of the compound powder of ipecacuanha, morning and evening; the tepid bath was directed three times a-week, and he was allowed the best diet the hospital could afford. Under this plan, he daily improved; the nodes and pains were gradually dissipated, his appetite, strength, and constitution were renewed, and he was discharged the Hospital on the 1st of January, 1812, with every appearance of health. But on the 21st of the succeeding July, he again applied at the hospital, on account of difficulty of swallowing, and pain and swelling of his left instep and right knee. On examining his throat, the pharynx appeared raw and excoriated.

About this time, in consequence of having witnessed the inefficacy of mercury in similar cases, I adopted a new view of the subject; and in pursuance of these novel ideas, directed him to abandon the use of mercury altogether, and to adhere merely to the use of the compound decoction of sarsaparilla. Under this treatment his complaints rapidly diminished, and he was discharged the hospital well on the 24th of August, 1812. Since that period he has not returned, though he was desired to do so if any relapse should occur.

This case seemed to strengthen my new opinions; but many other similar cases occurred to me, before I was perfectly decided on the general ill effects of full mercurial courses in the peculiar disease under consideration.

## CASE XLVIII.

Barnaby M'Garry admitted on the 28th of October, 1811, on account of a phagedenic ulcer of the prepuce, attended with phymosis, high inflammation, and considerable discharge. He stated that there had been for some weeks previously, an ulcer situated near the frenum, that had made an opening into the urethra, through which all his urine passed. For these complaints mercury had been employed, but the inflammation and phymosis which ensued, induced the practitioner, whose care he was under, to lay it aside.

I directed that twelve ounces of blood should be taken from his arm, a cathartic mixture to be given him, and that he should confine himself to bed, and make use of emollient poultices, and fomentations. By these means the pain and inflammation were so far diminished, that in six days after his admission, I thought it advisable to direct mercurial frictions. But of this plan we soon had reason to repent, as the fourth rubbing was followed by a return of the inflammation. He was accordingly desired to discontinue the ointment, to lose twelve ounces more of blood, and to have recourse again to the poultices and fomentations. Nauseating doses of tartarized antimony were also directed. This treatment again reduced the pain and inflammation; and on the 24th of November, he began to rub in the small quantity of half a dram of mercurial ointment every night; but as soon as his system became affected by the mercury, the pain and inflamma-

tion returned a third time; so that it became necessary to have recourse to the same measures as before to reduce the inflammation. These means not only answered the purpose for which they were directed; but also caused such an alteration in the state of the ulcer, that it assumed a healing appearance, which I was prudent enough not to disturb by another trial of mercury; and it cicatrized before the 16th of December, on which day he was discharged the Hospital.

## CASE XLIX.

Hugh Jennings, admitted 9th of January, 1812, on account of a phagedenic ulcer, which engaged the greater part of the glans penis, a considerable portion of which was destroyed by previous attacks of the same infection. The orifice of the urethra was closed, and his urine passed through an opening, in the situation of the frenum. He stated that he was nine months disordered, during the greater part of which time he was under the influence of mercury, and had suffered considerably by severe salivations. He also mentioned that a node appeared on the sternum, which yielded to the last course of mercury he underwent.

I directed him to commence another course of mercurial frictions, which he continued until the 7th of March, in such a manner as to preserve a full mercurial action in his system during that period. But so far from amendment ensuing, the ulceration had slowly extended, and destroyed almost the entire of the glans penis. In consequence of this circumstance, and his

extreme debility, I stopped the farther use of mercury, and removed him into the convalescent ward; there he was directed to take decoction of sarsaparilla and a grain of opium every sixth hour to allay the irritation of the ulcer, to which, with the same view, poultices of bread and water were constantly applied. On the 30th of March, the bones of his nose appeared to be affected; there was an offensive discharge of matter from the right nostril, tenderness of the ossa nasi upon pressure, and a depression of that part of the nose where the cartilage joins the bones. Notwithstanding the accession of these symptoms, I did not conceive it advisable, after so many inefficacious courses of mercury, to recur again to that medicine; but trusted to nourishing diet and decoctions of sarsaparilla, which latter was occasionally alternated with bark and soda. I had no reason to repent of my forbearance, for the affection of his nose gradually disappeared; and at the same time the ulcer on the penis amended. All his complaints were removed before the 14th of April following; on which day he was discharged the Hospital, and I have not since that period seen him.

#### CASE L.

Edward Tynan was admitted March 28th, 1812, on account of a phagedenic ulcer situated on the lower surface of the glans and body of the penis: a considerable portion of which it had destroyed, laying open near an inch in extent of the urethra. He was under

the influence of mercury at the time of his admission; and stated that the ulcer, in place of improving, extended and became more painful, from the time he began to use that medicine.

He was ordered to take the antimonial solution, and to poultice the penis with bread and water. The ulcer, however, continued to extend under this plan, and the pain became more severe; I therefore directed, on the 3d of April, a grain of opium every sixth hour; the carrot poultice was shortly afterwards tried without any advantage, and before the 20th, the ulcer had extended to the interior part of the glans; the prepuce also became greatly swollen, and soon afterwards ulcerated.

Conceiving that the mercurial atmosphere of a rubbing-ward was injurious to him, I removed him to the convalescent ward, where immediate improvement took place in the appearance of the ulcer. This, however, was but of short duration, for on the 27th it again became irritable, and began to spread. He was put upon the powder and decoction of sarsaparilla, which he continued till the 12th of May; but no amendment ensuing, I conceived that the impure air of the Lock Hospital was the chief cause of the obstinacy of his complaints, and therefore had him removed to the Richmond Hospital. In a week after his removal, the ulcer had considerably improved under the same plan of treatment which was found ineffectual in the Lock Hospital. But about the same time an ulcer of a white aphthous appearance formed on one of his tonsils. I now put him on mercurial frictions;

and under their influence, the ulcer of the penis, and also that of the tonsil, were healed in less than three weeks. While he was under the full influence of mercury, he insisted, contrary to my wishes, upon leaving the Hospital on the 14th of June.

In the beginning of the following July, he was admitted again into the Richmond Hospital, on account of an ulcer of the same character as before upon the prepuce, and an ulcer of an aphthous white colour on the opposite tonsil to that formerly affected. I put him on a full mercurial course of inunction for eight weeks, under which his complaints were removed, and he was discharged the Hospital apparently well on the 8th of September following.

On the 9th of the succeeding December, I admitted him again into the Lock Hospital for the following complaints.—There were numerous ulcers on his breast, back and arms, each about the size of a shilling, which exhibited a clean granulating surface; an eruption on his scalp, covered with thick crusts; and also two large ulcers of an irregular form, covered by adhesive matter, situated on the back of the pharynx; his ankles were swelled, red, and painful; and he complained of pains in his knees, elbows and shins.—He stated that about a month before, an eruption of large pimples took place, which spread into the ulcers with which he was at the time affected; that he was attacked at the same period, with the pains in his limbs, and general fever, for which his friends sent him to the Cork-street Fever Hospital, where he remained a

month; and had just left it previous to his application for admission into the Lock Hospital.

From the bad success of the two last courses of mercury by inunction, and from the appearance of the constitutional symptoms, which differed essentially from those of true syphilis, I determined to try other means, before I should have recourse to another full mercurial process. I conceived however, that it was a fair case for a trial of the muriate of mercury in conjunction with sarsaparilla, and therefore adopted this intermedial plan.

In a week after he had entered upon this course, his complaints seemed to be gaining ground; and his strength and appearance, which were considerably impaired, became still more reduced; probably in a great measure owing to profuse perspirations, with which he was affected every night. I therefore, on the 16th, directed him to discontinue the muriate of mercury, and put him upon decoction and powder of sarsaparilla.

Under this plan immediate amendment ensued: In eight or ten days the greater number of the ulcers were healed. Those of his throat were considerably improved, and the pains of his joints and perspirations at night were diminished. Before the 10th of January, 1813, all his complaints were removed; and he was discharged the hospital on that day, with an injunction to return if a relapse should occur; but I have not seen him since that time.

These cases have nothing novel in them. Every practitioner who peruses them will recollect in his own

practice, many similar instances of the uncertainty of mercury for the cure of venereal ulcers; I have taken them at random from many others in my case books, equally illustrative of the uncertainty of mercury; but my object in detailing them is to exemplify the species of primary ulcer, in which we are invariably to expect an injurious, or at least uncertain operation from this medicine. From these cases we find that the constitutional symptoms usually amend when the patient is slightly affected by mercury; but that when a full mercurial action is induced, not only do the existing symptoms become worse, but the appearance of others render the case more complicated; yet happily, under these circumstances, the disease will often yield to comparatively milder remedies, such as the simple or compound decoction of sarsaparilla alone, or combined with antimonials, or the compound powder of ipecacuanha, assisted by the removal of the patient to a purer atmosphere.

It is scarcely necessary to add, that I strongly reprobate the exhibition of a full mercurial course either for the primary or constitutional symptoms of the disorder under consideration. As to the first, mercury in the smallest quantities is in general found to promote, instead of slackening the progress of the ulcer; and therefore, even in alterative doses, it is not admissible, except constitutional symptoms are present. With respect to the treatment of the constitutional symptoms: if antimonials, and the decoctions of the woods fail, alterative courses of the mercurial salts, combined with the latter, will almost always be found beneficial.

And even although a recurrence of the symptoms should take place, the practitioner, in the present state of our knowledge, ought not to be accused of exhibiting an insufficient quantity of mercury; for we have seen in the cases detailed, that the most extensive mercurial courses afford no security against a relapse.

There is scarcely a day in which I do not see some fresh instance of a constitution broken down by reiterated and protracted courses of this mineral for this species of venereal disease; yet the faith of the practitioner is still undiminished in his specific; and the patient is, year after year, assailed by some new symptom, for which he is again to submit to a remedy more destructive than the disorder.

The phagedenic and sloughing ulcers, probably present the most unfavourable form of venereal diseases, the most uncertain in their progress, and the most fatal in their result; but they have been rendered still more destructive by the manner in which they have been hitherto treated; and I have the strongest grounds to believe that the constitutional disease which they produce may be retarded, or suspended, but cannot be superseded altogether by the mercurial action on the system. It may yield to the powers of the constitution, but will not to mercury. If that medicine was capable of superseding the disease, we should not find new symptoms, such as constitutional ulcers and nodes, appearing while the patient was suffering the severest mercurial action. So little are the symptoms of this disease inclined to yield to mercury, that we find the primary are always rendered more inveterate

by its use, except the disease, as in case L, had existed so long as to produce constitutional symptoms; a stage in which there are grounds to suspect that venereal diseases, and probably all morbid poisons, are rendered milder by the re-action of the constitution. The effects of mercury upon syphilis afford a strong presumption that this is the case; for the constitutional affections of the soft parts, yield more rapidly, and to a considerably smaller quantity of mercury, than the primary symptoms. But let us account for the circumstance as we may, phagedenic ulcers, which are at first rendered more inveterate by mercury, amend under its use as soon as the constitutional symptoms appear; and I do not hesitate to direct that medicine in alterative doses in this stage of the disorder, if the ulcer resists other treatment, and continues to extend.

Mercury, in this complaint, deserves the character of a ready and valuable instrument in our hands, well calculated, under peculiar circumstances, to check the progress of a dangerous ulcer, or to alleviate the severity of the pains of this species of venereal disease; and in this respect, the constitutional disease of the phagedenic ulcer bears a close analogy to the yaws and sivvens. One of the great errors in practice, arises from an inference that all ulcers or pains which are relieved by mercury, must therefore be syphilitic; and consequently that a full course of mercury is required for their cure. If we esteemed mercury merely as an instrument, by which we have it in our power to raise an action artificially in the system, capable of superseding that of some poisons, but only of suspending

that of others, we should avoid a source of inextricable error, and might then more usefully direct our attention to the discrimination of those which may be superseded or cured, from those which can merely be suspended or alleviated by its influence.

In relinquishing the hope of curing this disease, like syphilis, by a full mercurial action, and of leaving it in a great measure to the powers of the constitution, we certainly resign the too often disappointed expectation of the eclat which the rapid and decided recovery of our patient might produce; but we shall probably have the satisfaction, in the end, of guiding him through a most difficult and perplexing malady, and of escaping the mortification of seeing his complaints rendered more inveterate by our efforts to remove them, and of the unpleasant feelings that must result when we are conscious that those very efforts have tended more to subvert his constitution than the poison which they were intended to subdue.

I shall now proceed to give a number of instances of the phagedenic ulcer, and its corresponding constitutional symptoms, which were treated according to the views I have unfolded; many of which were cured without mercury, and where it was thought necessary to resort to its use, it was employed not as a principal agent, but merely as an occasional, and very subordinate instrument; and first I shall detail a few

*Cases of the primary phagedenic ulcer, unaccompanied by any constitutional symptoms, in which mercury was not employed.*

### CASE LI.

John Wright was admitted December 16th, 1812, on account of a phagedenic ulcer which had destroyed the entire prepuce, and committed considerable ravages on the lower surface of the glans penis. He complained of considerable pain in the part, and stated that he had been disordered three weeks before his admission, and had not used mercury.—I directed him the antimonial solution in nauseating doses, and emollient fomentations and poultices.

In three or four days the entire ulcer looked clean, and had ceased to spread; and on the 28th was nearly healed, a small portion excepted, which had a foul appearance. It was touched with lunar caustic, and the decoction of sarsaparilla was added to the antimonial solution; and on the 12th of January, 1813, he was discharged the Hospital well, with an injunction to return if any constitutional symptoms should make their appearance, but he has not since returned.

A course of mercury, in an appropriate case, would have occupied a much longer period.

## CASE LII.

John Hicky, admitted February 8th, 1813, on account of a phagedenic ulcer which engaged the superior part of the glans penis, attended with considerable pain.—He stated that he was disordered upwards of four months, and used mercury, which had no effect upon the ulcer.—I ordered him to take decoction of sarsaparilla and to poultice the penis with bread and water.

13th. There was no amendment. The ulcer, on the contrary, had gained ground. I directed him to take five grains of the extract of cicuta three times a day, which dose, on the 22d, was increased to ten grains.

28th. The ulcer had assumed a healing appearance; and before the 5th of March, on which day he was discharged the hospital, it was perfectly healed.

## CASE LIII.

Charles Sterne, admitted May 13th, 1818, on account of an extensive phagedenic ulcer, engaging the entire prepuce. Part of it was clean but without granulations; another portion about the size of a shilling, was of a livid colour, and there was an oozing of blood from another portion of the same ulcer. The prepuce was also swelled and thickened, so as to cover the greater part of the glans, which could not be denuded; the pain was severe; his pulse 120. He stated, that the ulcer commenced a fortnight before his admission,

near the frenum, which it destroyed, and also the adjoining portion of the prepuce. He had not used mercury.

I directed venesection to eighteen ounces, the antimonial solution to be given to him in nauseating doses, and that he should remain in bed and use warm fomentations and poultices.

On the 17th, the ulcer and inflammation of the penis were much in the same state; his pulse was 112; tongue white and furred; bowels confined. I directed that sixteen ounces of blood should be taken from his arm, and that he should get a smart cathartic mixture. These measures were attended with immediate improvement. On the 23d, the ulcer looked clean, and was not painful. The antimonial solution was continued, under which it was completely healed on the 31st, and he was discharged the hospital well on the 7th of June.

#### CASE LIV.

Michael Lawlor, admitted May 24th, 1814, on account of an ulcer of phagedenic character, engaging the under surface of the glans penis, orifice of the urethra, and part of the prepuce. He complained of considerable pain, and stated, that he was two months disordered, that he took pills which affected his mouth, but that the ulcer extended under their use. I directed him to take five grains of the extract of cicuta three times a-day, and to keep lint applied to

the ulcer, moistened in the lotion of muriate of mercury and lime water.

On the 31st, the ulcer was stationary, neither better nor worse. I desired him to discontinue the cicuta pills and lotion, and in place of them, to take the antimonial solution, and to poultice the penis with bread and water.—This plan succeeded better than the first, for on the 6th of June, the ulcer, though extensive, looked cleaner. The penis, however, was considerably swelled, and he still complained of pain and erections at night. In addition to the other means, a grain of opium was prescribed, to be taken every evening.

14th. The ulcer continued to look clean, and was granulating. The painful erections were relieved by the opium, and on the 18th of July, he was discharged perfectly well.

#### CASE LV.

James Ecton was admitted September the 8th, 1814, on account of a phagedenic ulcer, which engaged the right side of the glans penis and corresponding surface of the prepuce. The entire penis was inflamed and painful; his pulse 98; his tongue white and furred; and his gums swelled by the effects of mercury, which he had used previous to his admission.—He stated, that he was a month disordered, that he was put upon a course of mercury, by his medical attendant, but that it was deemed prudent to discontinue it, on account of the increase of pain and

rapid extension of the ulceration. I directed that sixteen ounces of blood should be taken from his arm, and ordered him the antimonial solution, and poultices of bread and water.

9th. The blood taken from his arm was highly buffed. The inflammation and symptomatic fever were however unabated. I ordered the venesection to be repeated.

13th. The inflammation was considerably reduced, the pain was relieved, and the ulcer improved.

20th. The ulcer looked clean and healthy. In addition to the antimonial solution, I ordered the decoction of sarsaparilla, and directed him to keep dossils of lint, moistened in the lotion of muriate of mercury and lime water, to the ulcer.

27th. The ulcer had healed, and he was discharged the hospital on the 3d of October.

### CASE LVI.

Michael Whelan was admitted September 15th, 1814, on account of an extensive and deep phagedenic ulcer, which had destroyed the superior surface of the glans penis, and nearly occupied the entire circumference of the corona glandis. It was attended with severe pain, which prevented him from enjoying rest at night. He had also a bubo in his right groin. He stated, that he was three months disordered, during which period, he had used mercury extensively; notwithstanding which, the ulcer had continued to spread.

I directed venesection to sixteen ounces, the antimonial solution in nauseating doses, two grains of opium, to be taken every night, and poultices of bread and water, to be applied to the penis.

20th. The ulcer looked better, and had ceased to spread.

26th. It again looked foul, and was extending. He complained that severe pain was caused by erection at night. I directed him to poultice the penis with bread and a solution of opium; and to continue the other medicines as before.

Oct. 3d. The ulcer was improving, but it had penetrated to the very centre of the glans.

6th. The ulcer was rapidly healing, but (as is always the case in morbid poisons) without any regeneration of substance in the place of that destroyed, so that a deep excavation remained in the glans. At this period he felt himself so well, that he was anxious to leave the hospital. He was accordingly discharged, although I could have wished that he had remained till the sore was healed, but as I have not since seen him, I presume that he continues well.

#### CASE LVII.

Patrick Hart was admitted September 15th, 1814, on account of violent inflammation and swelling of the entire penis, attended with phymosis and a discharge of thin ichorous matter, mixed with blood from within the prepuce. His pulse was 100; his tongue white and furred; and he was affected with incessant thirst

and restlessness. I directed venesection to sixteen ounces, the antimonial solution, and the bread and water poultice, as in the preceding cases.

19th. The entire prepuce had sloughed away, which exposed an extensive phagedenic ulcer of the glans penis. The symptomatic fever had increased; pulse 120; his thirst still incessant. I directed the venesection to be repeated to the same extent as before.

20th. The blood removed was highly buffed; his pulse was reduced to 100.

26th. The ulcer was less painful, but did not yet seem to be checked in its progress; pulse 110. The venesection was again repeated, and I directed him to poultice the penis with bread, and a solution of opium, and to continue the antimonial.

Oct. 3d. The ulcer was healing rapidly; but as already stated, it had destroyed the entire prepuce, and it had also committed considerable ravages on the glans penis.

10th. The ulcer was perfectly healed, and he was discharged the hospital.

*Cases of the phagedenic ulcer, attended by its peculiar constitutional symptoms, in which mercury was either not employed, or merely employed in slight alterative doses.*

### CASE LVIII.

Michael Malone, admitted August 5th, 1812, on account of an extensive phagedenic ulcer, irregular and irritable, engaging the whole upper surface of the glans penis; one half of which was at least destroyed by its ravages. The surrounding prepuce was of a bluish colour, as if ready to fall into a sloughing state. He complained of severe pain in the part, particularly at night, which prevented him from resting. On examining his throat, I found superficial ulceration on the back part of the pharynx. There was no other appearance of secondary symptoms.

He stated, that he had been admitted into the Lock Hospital the preceding January, where he had remained eleven weeks, during which period, he rubbed in seven ounces of ointment, which salivated him severely; that under its use the original sore healed, but immediately another broke out, and a succession occurred, till at length he was discharged, labouring under the present ulcer, for the benefit of country air; that during his absence he also used mercury, which at first had been of service, but that the ulcer again became worse, as soon as salivation commenced.

I desired him to keep a poultice of bread and water to the penis, and to take pills containing five grains of extract of cicuta three times a-day, which on the 10th were increased to ten grains. He was also directed to take decoction of sarsaparilla.

17th. The pain was considerably lessened, and the entire ulcer was improved; and on the 27th, it was completely healed, and he was discharged the hospital. He returned to it, however, on the 29th of the November following, with a painful and œdematous swelling on the lower part of the leg, extending over the tibia, which either seemed to be slightly enlarged, or the periosteum affected. This complaint came on six weeks before his present admission. He also complained of pain in his right hip and elbow; his tongue was foul, and appetite bad. I therefore ordered him a smart opening medicine, and after its operation, to take antimonial solution, and decoction of sarsaparilla. He was also directed to keep cloths moistened in saturnine lotion to the tumour on his leg.

Dec. 10th. He was ordered fifteen grains of the compound powder of ipecacuanha, night and morning, and to continue the decoction. Under this plan, in the course of a week, the tumour of his leg was considerably reduced; his throat became well, his appetite improved, and on the 28th, he was discharged the hospital, perfectly well.

## CASE LIX.

William Ruxton, admitted March 6th, 1813, on account of an extensive phagedenic ulcer, engaging a great portion of the prepuce, which could not be retracted, nor could any remains of the glans be discovered. The patient stated, that it had been destroyed by the present ulcer. There were several large irregular crusts on his face, interspersed with pustules: and his back, arms, and shoulders, exhibited an appearance of ulcers, covered with crusts; discoloured spots, which remained after other ulcers had been healed, and numerous papulæ and small pustules. These appearances are exhibited in Plate III. Fig. 7, 8, and 9. There were also two superficial ulcers, covered with white adhesive matter, situated on the posterior part of the pharynx; and he complained of pains in his knees and legs.

He stated that he was disordered in July 1812, and that the first symptoms were two ulcers on the glans penis, which remained stationary for six weeks; that he then applied to an eminent surgeon who gave him pills, which affected his mouth, and caused his sores to heal; but about three weeks afterwards, a third ulcer made its appearance on the lower part of the glans and adjoining portion of the prepuce. For these complaints, he placed himself, in the October following, under the care of another surgeon, who put him on a course of mercurial frictions. That after using twenty-four rubbings, his mouth was affected; but

the ulcer grew worse, and spread to so great a degree, as to destroy the glans penis: that he then was ordered emollient poultices; afterwards saturnine poultices, bark, and nitrous acid, under the use of which the ulcer healed; but that in the beginning of the preceding January, the eruption appeared on his body, attended with considerable disorder of his system: that the ulcer on the prepuce attacked him about the same time, and gradually spread to its present size; and that about three weeks before his admission, the ulcers on his throat had appeared.

I directed that the ulcer on the penis should be poulticed with bread and a solution of opium; and put him on the use of nitrous acid.

10th. The ulcer of the penis had become more painful, and was spreading. I directed him to discontinue the nitrous acid, and to take six grains of the extract of cicuta three times a day; and also decoction of sarsaparilla.

15th. The ulcer of the penis looked cleaner, and was less painful. His throat was also improved, but the eruption and cutaneous ulcers were unaltered. the cicuta was increased to ten grains, three times a day, and the decoction was continued.

22d. The eruption was disappearing; the large crusts on his face had almost all fallen off, and left the parts healed underneath: the ulcer of the prepuce looked healthy, and was beginning to heal.

27th. A fresh crop of the eruption had made its appearance on his arms and hands. The greater number of these were like large pimples; some were more

advanced, and contained matter at their apex; while others, particularly on the hands and wrists, were pustular, containing thick yellow matter, and were as large as those of small-pox. (The drawing Fig. 9. Plate III. was taken on this day.) A few fresh spots had also appeared on his back. He stated, that the eruption, and constitutional ulcers, which he had on his admission, appeared at their commencement in the same manner.

29th. A further crop of the eruption had appeared on his arms and face. The ulcer of the penis was completely healed: I therefore discontinued the cicuta, and directed him to take antimonial solution with the decoction.

April 7th. The eruption had altogether declined, and no fresh spots had appeared. He was discharged the hospital, but was desired to return on the slightest indication of a relapse.

In the following May, he showed me several small spots covered with crusts, which made their appearance on his scalp. One of these increased about the beginning of June, to an ulcer the size of a shilling. I did not think it necessary to admit him into the hospital for this complaint, but directed him to take antimonial solution and decoction of sarsaparilla.

August 11th. I again saw him. The ulcer on his scalp had healed, and he appeared in robust health, but still complained of lingering pains in his knees and shoulders. There were two or three fresh pustules on his back, and he mentioned that they continued to appear from time to time. As the disorder seemed to

have nearly exhausted itself, I conceived that a slight mercurial irritation in his system, might now be sufficient to supersede it altogether: I therefore ordered him a grain of calomel every night, which he continued to take for three weeks, and has since remained perfectly well.

### CASE LX.

Terence M'Cahy, admitted November 16th, 1813. An ulcer of a dark appearance and phagedenic character, the size of a bean, was situated on the glans and corona. There was some inflammation and consequent fulness of the surrounding parts; but the ulcer wanted the decided induration, terminating abruptly, which marks a chancre. He stated, that he was ten weeks disordered, and had not used mercury. I ordered the antimonial solution, and a poultice of bread and water.

29th. The ulcer was considerably improved, and the surrounding fulness, which made its character somewhat doubtful, had disappeared. But he complained of pains in his arms, hips, knees, and chest, attended with dyspnœa; his pulse was 100, and his tongue white and furred. I directed venesection to sixteen ounces, and a perseverance in the antimonial solution.

Dec. 6th. The ulcer was healing without any appearance of granulations, and still exhibited the same dark red colour. He showed me a large spot covered with a crust on his elbow, which he stated to have been there a fortnight; and he complained of soreness in

his throat. On examination, I found an inflamed excoriated appearance. I directed him to take decoction of sarsaparilla with the antimonial solution.

13th. The ulcer was nearly healed. The crust on his elbow fell off, leaving the part underneath healed. The soreness of his throat, and the pains in his joints were also removed.

20th. The ulcer was healed, and he was discharged the hospital.

### CASE LXI.

Michael Clinton, admitted February 24th, 1814. A phagedenic ulcer engaged about one third of the surface of the glans penis, and encircled the orifice of the urethra. It exhibited a white sloughy appearance. He complained of pain in swallowing; and on examination, I found the back of the pharynx raw and the fauces inflamed. He also complained of pains in his loins, shoulders, and back of the neck. There was thirst, restlessness and general fever; his tongue was white, and his pulse 126 and hard.—He stated that the ulcer had appeared four weeks before his admission, and that the pains attacked him a fortnight afterwards.—I directed venesection to sixteen ounces, the antimonial solution, and poultices of bread and water.

March 1st. The ulcer continued to extend, and was covered by white sloughs. The venesection was repeated to sixteen ounces. The blood taken away appeared to be highly buffed.

7th. There was not any amendment. I directed three grains of extract of cicuta, every fourth hour, the antimonial solution to be continued, and poultices of bread and a solution of opium to be applied.

11th. The appearance of the ulcer was unaltered and the pain severe. I ordered a grain of opium to be taken three times a day, and the former medicines to be discontinued.

17th. The ulcer was considerably improved since he commenced the opium pills. He was directed to continue them, and also to take decoction of sarsaparilla daily. Under this plan the ulcer, as well as his other complaints, gradually amended; and he was discharged the hospital well, on the 18th of April.

#### CASE LXII.

Charles Rooney was admitted 3d of May, 1814, on account of an extensive phagedenic ulcer of the prepuce, a considerable portion of which it had destroyed. There was a fulness surrounding the ulcer, and his mouth was affected by mercury; circumstances which rendered the character of the ulcer extremely doubtful. I thought it, however, advisable, as the step was taken, and that he was under the influence of mercury, to treat it as a syphilitic chancre, and therefore directed him to rub in a dram of ointment every night, which he continued until the 12th inst. during which period the ulcer extended its ravages to the glans, and made an opening into the urethra. The frictions were in consequence discontinued, and he was directed to

take the antimonial solution in nauseating doses, and to poultice the ulcer with bread and water.

21st. The ulcer was improved, but on the 30th, again looked foul, and had become painful. I directed that he should be removed to the convalescent ward, to take five grains of cicuta three times a day, and to continue the poultice.

June 7th. The ulcer was extending and extremely painful. His tongue was brown and furred, pulse 96 and strong. I directed venesection to sixteen ounces, and the antimonial solution in place of the cicuta.

14th. The pain of the ulcer was lessened after the bleeding; but on the inferior surface of the glans and prepuce, it looked particularly foul, and was covered with white adhesive matter, which was probably in some degree owing to the irritation of the urine which passed through an opening near the corona, and trickled over the surface of this part of the ulcer. An eruption of imperfectly formed pustules had taken place on his forehead and breast, and his throat was inflamed and raw. He was directed to continue the cicuta, to poultice the ulcer with bread and a solution of opium, and to use warm fomentations.

20th. The ulcer continued slowly to extend, and exhibited more strongly the phagedenic character through its entire extent.—I directed ten grains of cicuta three times a-day.

26th. The ulcer was improved in appearance and was less painful, but as it remained stationary afterwards, he was discharged the Hospital on the 7th July,

for the purpose of trying how far a change of air might affect it.

August 1st. He returned to the Hospital. The ulcer, though he had not used any medicine, was nearly healed, and had entirely lost its phagedenic character. The eruption which appeared shortly before he left the Hospital had extended all over his body, but was more general on his face than elsewhere. A great number of the pustules had spread into spots, each about the size of a silver penny, covered with a thin flat crust. He complained of pains in his knees, and there was an extensive foul and deep ulcer, covered with white adhesive matter situated on the back of the pharynx.—I directed for him the solution of muriate of mercury in conjunction with decoction of sarsaparilla.

8th. The eruption appeared to be stationary; but those spots that had spread into ulcers, covered with crusts, were evidently checked, and he felt himself better. The ulcer on the penis had healed, with however the loss of the greater part of the glans and prepuce.

31st. The eruption had nearly declined; no fresh spots had occurred, and those which had spread into ulcers, had thrown off the crusts, and exhibited newly cicatrized surfaces, marked by discoloration of the skin. The pains of his knees were also relieved, and the ulcer of his throat was completely healed. His gums were slightly swelled by the muriate of mercury, but there was not any ptyalism.

Sept. 13th. He was discharged the hospital well.

The primary ulcer in this case was irritated in so

great a degree, by the mercury originally employed, that its ravages were not checked by any of the means resorted to; but at length, when amendment took place, it seemed to arise, either from that favourable change which usually takes place in the part when constitutional symptoms occur; or else from the beneficial effects which are so often apparent upon a change of air. On his return to the Hospital, I had immediate recourse to the muriate of mercury; because the rapid increase of the constitutional ulcers on his skin and throat, demanded the adoption of those means most likely to excite a new action, and put an immediate stop to their ravages; and we find that those symptoms yielded quickly to this medicine, in conjunction with sarsaparilla, merely in alterative doses that affected his gums slightly, but were not sufficient to excite salivation.

These cases afford sufficient proof, that the phagedenic ulcer, however destructive, will yield to simple remedies; and that it frequently heals, merely by the use of those means which are calculated to remove pain and inflammation.—It is necessary in every painful ulcer, on the organs of generation particularly, to attend to the degree of symptomatic fever which exists. The pulse in the cases under consideration is frequently 120 or even higher, accompanied with thirst, furred tongue, and other symptoms of pyrexia. But when it is at all accelerated beyond 90, general blood-letting should immediately be resorted to, and employed in proportion to the degree of pain and fever present; and ought to be repeated day after day, until

these symptoms are reduced; at the same time warm fomentations should frequently be employed, together with poultices of bread and water, or bread and a solution of opium. The patient at the same time should remain in bed, and carefully support the penis in the most easy and convenient manner. During the inflammatory stage, antimonials in nauseating doses should also be employed; and while this medicine is exhibited, we need not fear the inflammatory tendency of opium given with a view to lessen the pain and irritation of the ulcer.

Afterwards when the pain and symptomatic fever are abated, cicuta in large doses is often attended with decided benefit; and when the primary ulcer is accompanied with constitutional symptoms, I have added with advantage, decoction of sarsaparilla to this medicine. When the patient is merely affected with constitutional symptoms, the decoctions of the woods alone, or conjoined with antimony, with the compound powder of ipecacuanha, or lastly with the muriate of mercury, will in most instances free him from this formidable train of symptoms. I usually give a trial to these medicines in the order in which they are detailed; not conceiving it necessary to go beyond that under which the symptoms disappear.

THE SLOUGHING ULCER is still more untractable and destructive than the phagedenic; but the surgeon has seldom an opportunity of seeing its commencement, as the disease excites so little uneasiness at first, that in general its attack is unobserved even by the patient, until it has existed for several days. A small black spot that resembles a grain of shot, in colour as well as in size, is its first appearance; which if seen by the experienced eye of a surgeon, even at this early period, will at once be recognized as a slough or mortification extending to some depth below the surface. The slough will continue to increase sometimes to only three or four times its original extent, and at others till it engages a considerable portion of the penis before a line of separation can be observed between the living and mortified parts. When the separation at length takes place, we do not find a clean granulating sore, as occurs in simple mortification; but a corroding phagedenic ulcer, which begins a new kind of depredation on the surrounding parts, equalling the virulence, but not the rapidity of the sloughing process, by which it was preceded.

Suddenly those parts are attacked by severe pain, and afterwards assume a bluish cast, and on the following day they are found to be covered by a slough; and in this way this destructive malady continues to extend its ravages by alternate sloughing and ulceration, until in one sex the entire penis, scrotum, perineum and pubes are destroyed; and in the other, until

the labia, nymphæ, vagina, anus, nates, and I believe even the bladder and uterus, are engaged in one extended and malignant putrefaction.

But if the ulcer is fortunately stopped in its progress, and a portion only of the penis is destroyed; the orifice of the urethra becomes so contracted in the new formed cicatrix, that the urine passes with the greatest difficulty, unless the utmost care is taken to preserve the passage open during the healing of the ulcer. These circumstances are noticed by the accurate Celsus, who describes a certain blackness, which, though it does not excite pain, gradually spreads; and if we do not resist it, makes its way to the bladder, when no assistance can be given. His manner of treating this ulcer is by the application of the actual cautery if it is confined to the glans penis; but first he directs a small probe to be introduced into the urethra, in order to prevent that passage from closing. If however the ulcer has penetrated far, he recommends the excision of such parts as are engaged in the disease; and to be treated afterwards in the same manner as other gangrenes.\*

It is unnecessary, after this description, to point out

\* Quædam etiam nigrities est, quæ non sentitur, sed serpit, ac, si sustinuerimus, usque ad vesicam tendit; neque succurri postea potest. Si id in summa glande circa fistulam urinæ est, prius in eam tenue specillum demittendum est, ne claudatur; deinde id ferro adurendum: si vero alte penetravit, quidquid occupatum est, præcidendum est, cetera eadem quæ in aliis cancribus, faciendæ sunt.

the difference between chancre, and the sloughing ulcer. In fact no two ulcers can be more unlike, not only in their appearance and progress, but in the manner in which they are affected by mercury. The former, an indolent ulcer, is immediately amended by its use; while on the contrary it only increases the malignity of the latter.

The constitutional symptoms do not, as far as I have observed, differ in character from those of the phagedenic ulcer, as will be sufficiently apparent, in the cases I shall hereafter detail. But they so seldom occur, that their infrequency deserves to be marked, as one of the characters of the poison.

As to the treatment of the sloughing ulcer, I must acknowledge that I am at a loss to lay down any general plan; as what I have found to be of service in one case, has been of no benefit in another. However there are a few facts relative to its treatment, which may be of advantage to practitioners to know.

1st. Mercury, as I have already hinted, should be carefully avoided, for even a mercurial atmosphere or alterative doses of that medicine will exasperate the disease.

2nd. Change of air in every instance in which I tried it, was attended with decided advantage; and I am so fully assured of the benefit to be derived from this source, that the first thing I should recommend on being consulted by a patient affected by a sloughing ulcer, would be his removal to another situation.

3d. I have not observed any advantage to result from the use of emollient or fomenting poultices. When the sloughs are extensive, the constant application of a lotion composed of camphorated mixture and tincture of myrrh, combined in such proportion as will not excite pain, has been attended with much more benefit. It corrects the fœtor of the sloughs, and stimulates the sound parts to cast them off, but unfortunately it has not the power of preventing their renewal.

4th. Bark appears to me to be injurious in this ulcer. I never observed any amendment under its use; but on the contrary, found that the ulcer always rapidly extended during its exhibition. Indeed from the high degree of fever present, we might, a priori, conclude that bark would not be serviceable. The pulse is in general from 100 to 130; and when the ulcers are very extensive, the tongue is dry, brown, or even black, such as it appears in the advanced stage of typhus fever. A contrary mode of treatment seems to be indicated by the fact that a spontaneous hæmorrhage from the ulcer, frequently induces a favourable change.

5th. The exhibition of opium or cicuta in large doses, has frequently been attended with the most decided good effects.

6th. When the ulcer has gained considerable ground, we should entertain but a very unfavourable prognosis of the event. Thus if the ulcer has already destroyed one half of the penis, the most judicious treatment will scarcely save the remainder, or prevent the scrotum from falling into mortification; in which

case the patient (if he can think himself so) will be fortunate in escaping with life. But if only a part of the prepuce or glans is engaged in the ulcer, however alarming the state of the patient, we may hope, under judicious management, to retrieve him from his perilous situation. I shall exemplify the circumstances I have advanced by the relation of three

*Cases of the rapid progress of the Sloughing Ulcer, which ended in the death of the patient.*

### CASE LXIII.

Thomas Weldon, admitted March 18th, 1812. The entire penis was in a state of mortification—the glans had fallen off—the patient was in a very exhausted state—his pulse 120.—He stated, that hæmorrhage had frequently occurred since the commencement of the complaint, which was upwards of six weeks previous to his admission. He had used mercurial frictions under the direction of a surgeon; and was at the time of his admission, under the influence of mercury. All these circumstances sufficiently indicated that the further exhibition of that medicine would not be productive of any advantage.

I ordered bark in powder, in such quantities as his stomach was capable of bearing; a pint of wine daily was also ordered, and a fermenting poultice was applied to the parts. I also directed a grain of opium to be given to him three times a day, for the purpose of relieving irritation and pain; and in the hope that it

might cause the same beneficial effects in this case, which it was known to produce in other instances of mortification.

He derived considerable relief under this plan; for the pain was mitigated, and in a few days the sloughs began to separate; and on the 25th, were entirely removed, leaving a clean phagedenic ulcer; but the entire penis, even to the pubis, was destroyed. His appetite and strength daily improved. He complained however, of severe pain whenever he passed his urine; as it necessarily trickled on the ulcerated parts.

On the 31st, at a time that he had made considerable progress towards recovery, he was seized with severe pain at night; and in the morning, the ulcer exhibited a blue and livid appearance, evidently evincing that another attack of the sloughing process was impending. The following day the entire surface of the ulcer was in a state of slough. The process in a few days extended with severe pain over part of the integuments of the pubes, and down the anterior portion of the scrotum; his pulse was 120; tongue dry and brown. The bark, wine, and opium were repeated; and warm fomentations and fermenting poultices were applied to the parts.

The sloughing process continued to extend slowly till the 16th of April, and then stopped, having destroyed a portion of the integuments of the pubis, and the interior part of the scrotum. The ulcer, after the separation of the sloughs, which left the testes completely uncovered, looked clean until the 2d of May, when the sloughing process recommenced on the pos-

terior portion of the scrotum, which was soon destroyed. Considerable hæmorrhage took place during the night from the ulcer. The little powers of life he possessed, became completely exhausted by this third attack. He however survived till the 9th of May.

#### CASE LXIV.

Mary Murray was admitted into the hospital in the beginning of March, 1812, on account of a discharge from the vagina, attended with considerable soreness of the parts, and some swelling. The circumstances which took place after her admission, and which I am about to detail, induced me to suppose, that she was affected with ulceration in the vagina: but if there was any, it was not sufficiently exposed for examination. She was put on mercurial frictions, and had rubbed in two ounces of ointment, which affected her mouth before the 21st of March.

On the night of that day, she was seized with the most violent pain, which was so acute, that she screamed incessantly. The nurse and patients in the ward imagined that her pains were those of labour, and consequently did not think it necessary to acquaint me with her situation. It happened to be on the night of Saturday, that she suffered this violent attack, and as the hospital is not visited on Sunday, this unfortunate woman remained all that day without assistance, and I did not hear of her situation till the hour of visiting on Monday. She was then incapable of articulating, from the effects of her vehement and continual screaming. I

could only therefore guess at the cause of her pain; which, from her pointing to the lower part of her belly, I judged to arise from an attack in her bowels. I therefore directed a dose of castor-oil, warm fomentations to the abdomen, and on account of the pain she suffered, and the quickness of her pulse, which were 120, and strong, sixteen ounces of blood were taken from her arm.

The day following, March 24th, it was evident by her screams, that the pain was unabated, though her bowels had been sufficiently opened by the medicine; and there was not any tension of the belly. The blood taken away exhibited a buffy appearance.

On the 25th, the nurse reported to me that she was considerably swelled; on examination, the labia appeared tumid, and inclining to a livid colour, and the vagina was black, and in a state of actual mortification. The perineum, anus, and the adjoining part of the nates, also exhibited an appearance as if verging to the same state; and on the following day, the 26th, formed together with the labia one extensive sphacelated mass.

She now lay tranquil, and was able to articulate, but continued exceedingly exhausted; her countenance was sunk and pallid; her pulse varied from 120 to 130, and her thirst was incessant. She was ordered bark in powder, and a pint of wine daily; the fermenting poultice was applied to the mortified parts. Her wine was afterwards increased to a bottle in the day, and the fermenting poultice was changed for an embrocation of camphorated mixture, and tincture of

myrrh. A line of separation took place between the sound and mortified parts, but her powers of life were so much exhausted, that it was evident she could not long survive. Her stomach soon began to reject every thing she swallowed; diarrhœa also set in, and she died on the 8th of April.

### CASE LXV.

James Carroll was admitted July 23d, 1812, on account of an extensive sloughing ulcer, which engaged both the glans and prepuce. He stated, that the ulcer was observed two months before his admission; and that he rubbed in six drams of mercurial ointment, which only excited pain in the ulcer, and seemed to make it spread more rapidly. After the exhibition of a cathartic, I directed him to take bark in powder; the fermenting poultice was applied to the part.

30th. The sloughing process had extended to the body of the penis, which had become swelled, red, and painful. His pulse was 130; tongue parched; and thirst unremitting. In addition to the bark, he was ordered a pint of wine, and bottled porter ad libitum.

August 10th. The entire penis had sloughed away; part of the scrotum was also in a state of mortification. The same mode of treatment was continued.

15th. The disease had extended to the integuments of the pubes; and the entire scrotum was in a state of mortification: his strength was at this time greatly reduced. In place of the fermenting poultice, an embrocation composed of three parts of camphorated

mixture, to one of tincture of myrrh, was ordered to be kept constantly applied to the mortified parts, by means of lint: and he was obliged to discontinue the bark, as it affected his stomach and bowels, in every form in which it was tried. A bottle of port-wine was allowed him daily, and such nourishment as he was capable of using.

18th. The sloughs had begun to separate, particularly about the pubes. The embrocation corrected the fœtor, and seemed to stimulate the living parts to throw off the dead, and was found to be a far better application than the fermenting poultice.

24th. The sloughs were still separating. The testes were exposed, but not in a state of mortification.

31st. He had been affected with diarrhœa the two last days, which the chalk mixture, with catechu and opium, could not check. His countenance was sunk; pulse 130 and weak. He died the following day.

These three melancholy instances sufficiently evince the inveterate malignity of the sloughing ulcer; and demonstrate, that when the disorder has gained considerable ground, bark and wine, so serviceable in stopping the common progress of mortification, are quite inefficacious in this extraordinary species. These were the only fatal instances which occurred to me. I shall proceed to relate a few of my successful cases; but I must apprise the reader, that at the time they came under my care, the disease had not extended by any means so far as in the foregoing cases.

*Cases of the Sloughing Ulcer which terminated  
favourably.*

CASE LXVI.

Owen MacSherry was admitted December 21st, 1812, on account of a sloughing ulcer, about the extent of a shilling, situated on the inferior surface of the penis. He stated, that he was disordered three weeks; and that he had rubbed in but three drams of mercurial ointment previous to his admission. I directed him merely to confine himself to bed, and to poultice the penis with bread and water.

25th. The slough was cast off, and the ulcer assumed the true phagedenic character, and had extended considerably. He was directed to take the antimonial solution.

27th. A slough had again formed over the surface of the ulcer. I directed that dossils of lint, moistened in the lotion of camphorated mixture, and tincture of myrrh, should be applied. This, however, was of little service. The ulcer continued to extend more rapidly than before; it became more painful, and was accompanied by an œdematous swelling of the prepuce. He complained of pains in his arms and chest; pulse quick; tongue white, with symptomatic fever. The antimonial solution was ordered to be continued in nauseating doses; and poultices of bread and water were directed in place of the lotion.

Jan. 4th, 1813. The slough had separated, and the sore looked clean and red. It could scarcely be said to be phagedenic, but it did not exhibit any appearance of granulations. The swelling of the prepuce remained unabated; and he complained of the severity of the pains in his shoulders and arms.

16th. The sore was healing, and the pains in his arms were not so severe. On the 29th, it was completely healed—the pains were entirely removed; and he was discharged the hospital perfectly well.

#### CASE LXVII.

Patrick Harrison was admitted January 30th, 1812, on account of a large foul phagedenic ulcer on the upper part of his right thigh, immediately below the groin, which bled occasionally, or whenever touched or irritated. He stated, that he had rubbed in a few drams of ointment, which affected his mouth. I directed for him some opening medicine; and a poultice to the ulcer. On the following day, as there was considerable pain and symptomatic fever, twelve ounces of blood were taken from his arm; and the antimonial solution was prescribed. The ulcer on this day was covered with sloughs, and the surrounding parts were considerably inflamed.

Feb. 3d. The sloughs had in part separated. The symptomatic fever was still considerable; pulse 112; tongue white and foul. He was ordered to a convalescent ward.

8th. The ulcer had become clean and granulating,

except towards the pubes; where a part about the size of a half crown, exhibited the phagedenic appearance.

10th. There was an increase of pain and fever; his pulse was 120, and the sloughing process had again extended over the entire ulcer.

14th. The sloughing process, as well as the pain, had ceased. I directed for him pills, containing four grains of extract of cicuta, and four of blue-pill, to be taken three times a-day.

18th. The sloughing process was again renewed with pain and symptomatic fever. The pills were discontinued, and he was directed antimonial solution, with decoction of sarsaparilla: on this day, and the succeeding, eight ounces of blood were taken from his arm.

28th. The ulcer was clean and looked well. I now had him removed to a rubbing ward, and put on a course of mercurial frictions; but as soon as the mercury affected his system, the ulcer again became foul, and the sloughing process recommenced with more violence than ever. He was then sent back to the convalescent ward, where he was ordered the antimonial solution; and the carrot poultice was applied to the ulcer. Under this treatment it again improved; but unfortunately, I had not relinquished at that time, the opinion that mercury was necessary to supersede the virus; and in the present instance, I conceived that it might be advantageously combined with cicuta. I therefore repeated the pills of cicuta, and blue-pill, as prescribed on the 14th of February.

March 11th. I found that his system was affected by the mercury; but so far was it from being of benefit, that the sloughing process was renewed with so much violence, that I was fearful of the safety of the femoral artery. The ulcer had extended in all directions, so as to cover the upper and interior part of the thigh. He was once more put on the use of antimony and sarsaparilla.

The sloughs were cast off under this plan; and all the ulcer looked clean, except about the size of a shilling, which had a foul phagedenic appearance.

20th. It again relapsed into its former sloughing state, and spread with more rapidity than ever. I advised him to leave the hospital, as I conceived the mercurial atmosphere of the house would prevent effectually any amendment; but as he had not any place to go to, I took him into the Richmond Surgical Hospital; where I ordered him five grains of the extract of cicuta, three times a-day. The dose was afterwards gradually increased to ten grains, and the carrot poultice was continued to the ulcer.

Under this treatment an immediate amendment ensued; and this extensive ulcer, which so long resisted the means employed in the Lock Hospital, was perfectly healed in a fortnight after his admission into the Richmond Hospital. These are important and striking circumstances; strongly illustrative of the injurious effects of mercury upon the sloughing ulcer, and of the beneficial consequences of removing to a pure atmosphere.

The upper part of the thigh is an unusual situation

for a primary venereal ulcer; yet as I have seen chancres in the same situation, and on the integuments of the pubes, I did not hesitate to consider it a primary ulcer. It did not either in its commencement or appearance, correspond to the character of a bubo, or constitutional ulcer; and the patient had not been affected with any previous sore on the penis.

#### CASE LXVIII.

In the subject of the following case, I had an opportunity of seeing the sloughing ulcer at its commencement.——A gentleman who was familiar with the venereal disease in his own person, was alarmed five days after a suspicious connexion, at the appearance of a small pimple on the prepuce, which he said he knew to be the commencement of a chancre. Being a thinking man, he conceived (without knowing that he was supported by the authority of John Hunter in what he was about to do,) that he might remove the disease entirely, and prevent the absorption of the poison by an early excision. He therefore, without farther delay, pinched up the part of the prepuce upon which the pimple was situated, and snipped it off with a pair of scissars. The wound healed like a common sore, but he observed that the cicatrix was tender, and of a deeper colour than the surrounding skin. A month after this operation, while the cicatrix was still tender, he had connexion with another woman, who, he had strong reason to believe, was not disordered. Whether he judged rightly or

not,—on the 8th of August, 1812, the day after this connexion, an unpleasant sensation induced him to examine the penis; when he perceived near the extremity of the prepuce, on the very seat of the former suspicious appearance, a dark spot, not larger than a small pea; this he showed to me the same day, when I perceived it was a gangrened spot, without any surrounding induration or inflammation. I advised him not to take any medicine, until the true character of the disease should be fully developed.

14th. The blackness had increased, attended with inflammation of the surrounding surface, and a strong disposition to phymosis. In consequence of which, I advised him to remain at rest, to take some opening medicine, and apply poultices of bread and water to the affected part. Notwithstanding these precautions, the swelling and inflammation of the prepuce continued to increase; so that on the 17th, it was with great difficulty that any part of the glans could be denuded. There appeared on the right side of the glans, and immediately in contact with the ulcer of the prepuce, a black slough, which extended as far as could be examined. At the same period, the slough on the prepuce had separated, and left a phagedenic ulcer. He repeated the opening medicine, and injected frequently between the glans and prepuce a lotion composed of seven ounces of decoction of bark, to one ounce of tincture of myrrh, which did not excite any pain.

19th. From the discontent of my patient, that mercury was not exhibited, I was in a manner compelled

to allow him to rub half a dram of mercurial ointment every night, with a determination to stop, as soon as it should appear to disagree with him. He persisted till the 28th, when his mouth became slightly affected, and at the same time, the pain, swelling, and inflammation of the penis had considerably increased. The prepuce could not be retracted, but thin ichorous matter, mixed with particles of sloughs, constantly distilled from beneath it. The injection even of warm water now excited intolerable pain, so that it was probable the sloughs had all separated, and exposed an irritable phagedenic surface.

He was desired to desist from the further use of mercury, and to take thirty drops of antimonial wine three times a day, in six ounces of decoction of sarsaparilla; and to apply poultices of bread and water to the penis.—Under this treatment, amendment soon followed, the swelling and inflammation diminished, and the discharge became thicker and of a better quality.

Matters continued to go on well till the 12th of September, but on this day, he was chilly and feverish, and on the following day, the fever was considerable, attended with great lassitude, thirst, and pains in the knees, extending down the tibiæ.

14th. There appeared on a part of the prepuce, hitherto unaffected, a small black spot, like the first that was observed; and on the 16th, this slough separated, leaving a round hole, which passed quite through the prepuce, and formed an ulcer, which afterwards extended along its internal surface. He continued to

take the antimonial wine and decoction until the 20th when his uneasiness was so great, at not using mercury, that to pacify him, I was under the necessity of allowing him to rub in a dram every night.—In five nights his mouth was affected, and at the same time, the ulcer, which exhibited the true phagedenic character, grew more painful, and spread with such rapidity, as to destroy in two days, a considerable portion of the prepuce. At this period, he also gave a trial to cinnabar fumigations to the ulcer.

26th. But as it soon became obvious that mercury in every form was injurious to the ulcer, he was at length prevailed on to desist from its farther use, and to take in its place, five grains of extract of cicuta, three times a day; which was increased on the 28th, to six grains four times a day. This dose exciting unpleasant sensations in his head, was not increased; but it lessened the pain of the ulcer, and put a decided stop to its progress.

Oct. 2d. I divided a tight band of skin, which connected two portions of the ulcer together, and seemed by keeping the parts in a state of tension, to excite irritation. After this he felt himself considerably relieved; and passed a better night than he had done since the commencement of his complaint. Next day the ulcer appeared less irritable, and on the 5th, the amendment was obvious. On the 10th, part of the ulcer had already cicatrized without granulations; and in a week afterwards was perfectly healed: till which event, he continued the use of the cicuta. He had

however, lost a considerable portion both of the glans and prepuce.

On the 20th of the same month, after enjoying the air, and recovering considerably his strength, he felt uneasiness in the bones of his cheek. On examining it a day or two afterwards, I perceived a considerable enlargement of the maxillary bone, attended with redness of the integuments, so as to threaten a rapid ulcerative process. My patient now became greatly alarmed; regretted, notwithstanding his former experience of its injurious consequences, that more mercury had not been used, and seemed to wish for a consultation, with which I gladly complied: a surgeon of eminence saw the patient with me. We agreed upon the plan to be pursued, though we had different views of the nature of the disease. He was of opinion, notwithstanding the first appearance and history of the complaint, that it was syphilis, modified or altered by the peculiarity or morbid state of the patient's constitution; and considered the tumour of the maxillary bone, to be a true syphilitic node; while on the contrary, I was persuaded that the ulcers were not syphilitic, as they had not the character or appearance of chancres, and did not pursue the same progress under the use of mercury.

The treatment adopted, was the exhibition of one sixth of a grain of muriate of mercury night and morning, with a pint of decoction of sarsaparilla daily, and the benefit of country air. Two days after he had entered upon our plan, the tumour began to subside;

and in less than eight days, was totally dissipated. Since this time, he has not taken any mercury, or had any return of the disease. I saw the gentleman after a long interval, and he had remained perfectly well.

My reader will no doubt have observed that the constitutional symptoms had commenced, as evinced by the enlargement of the bone; and I have already remarked, that a small quantity of mercury is often useful at this particular stage. In the present instance, however, it may be doubted if the agency of mercury had much influence in the reduction of the tumour, as it began to lessen in two days after he commenced its use, and in so short a period, we can scarcely imagine that it could have entered the system, so as to produce any sensible effect. Had the complaint been syphilis, a full course of mercury would have been necessary to remove it; and it would never have yielded to a quantity, the sum total of which was not three grains.

#### CASE LXIX.

John Geoghegan, admitted November 12th, 1813, on account of an extensive phagedenic ulcer, which engaged the lower surface of the glans penis, and the entire circumference of the corona glandis. The prepuce had been totally destroyed by the ulceration, and also a considerable portion of the glans penis. He stated that he was disordered ten weeks previous to his admission; and that he took mercurial pills, which did not check the progress of the ulcer.—I ordered for him a cathartic mixture, and after its operation, five

grains of the extract of *cicuta*, three times a day. He was also directed to poultice the penis with bread and water.

16th. The ulcer was improved, and showed less of the phagedenic character. But on the 22d, it had considerably extended, and again become painful. The phagedenic character was very obvious. The dose of *cicuta* was increased to ten grains, three times a day; and he was desired to poultice the penis with crumb of bread, and a solution of opium.

Dec. 4th. The ulceration continued to extend round the glans, and had nearly separated that part from the body of the penis. The *cicuta* was increased to ten grains four times a day.—The greater part of the glans, in a few days afterwards, separated from the body of the penis, and the ulcer immediately assumed a better appearance. It did not however continue to improve, but remained stationary till the 22d, when it again became painful and began to extend itself on the body of the penis.—I now discontinued the *cicuta* which had received a sufficient trial; and ordered in its place, one grain of opium three times a day. It is remarkable that the *cicuta*, though of a good quality, and taken to the extent of forty grains daily, did not produce vertigo, or any other of its characteristic effects.

The ulcer increased in its progress, but in a different and more rapid manner than before; viz. by the formation of white sloughs, which separating in a couple of days, left a clean phagedenic ulcer. In this manner by alternate sloughs and phagedena, the ulcer con-

tinued to extend till almost the entire penis was destroyed.

On the 20th of January, in compliance with advice which I had before repeatedly given him, he quitted the hospital; and the ulcer immediately ceased to extend, and actually healed in less than three weeks afterwards; during which period he took thirty grains of cicuta daily. This medicine however seemed to produce no beneficial effect while he remained in the hospital.—It is tedious so often to call the attention of the reader to the practical inference which this case, like so many preceding, affords in elucidating the advantages resulting from a change of air in the treatment of the sloughing ulcer.

He called upon me afterwards in the ensuing April, on account of pains in his shoulders, for which I ordered him antimonials and sarsaparilla, and under these medicines he soon became well.

#### CASE LXX.

Peter Conway, was admitted June 29th, 1814, on account of a painful sloughing ulcer, which engaged one half of the glans penis, including the orifice of the urethra. His throat was sore, and exhibited an inflamed excoriated appearance. He stated that he was disordered two months previous to his admission. The first appearance was an ulcer on the dorsum penis, which healed while he was taking mercurial pills. On examination, I found that its cicatrix was as large as a shilling, and without induration. At the time that it

was nearly healed, the present ulcer appeared, but had been rendered more inveterate by the use of mercury. —I directed venesection to twelve ounces, the antimonial solution, and a bread and water poultice.

July 11th. The ulcer continued to extend by successive sloughs, and two thirds of the glans penis was destroyed. He was advised to quit the hospital for the benefit of a change of air, and to take on his return home, five grains of extract of cicuta three times a day.

I afterwards attended him in his lodgings, which were unfortunately in a narrow and confined court. A week after he left the hospital, I saw him. The ulcer had not made any progress, neither did it show any disposition towards amendment, except that it exhibited a phagedenic and not a sloughing appearance.—I directed him to take the antimonial solution, and two grains of opium every night.

29th. The ulcer looked somewhat better, but was still phagedenic. An eruption had taken place on his arms of about half a dozen spots, covered with thin brown crusts, which were not elevated, but adhered closely to the ulcers underneath; the spots at this time were about the size of a silver penny. He could not give me any satisfactory information with respect to the appearances which preceded them; but there was at the time a small pustule on his forehead, which a day or two afterwards exhibited the same appearance as the spots on his arms, and soon after spread into a deep ulcer. This was the only instance that afforded me an opportunity of witnessing the eruption which attends the sloughing ulcer. I regret that the artist

who executed the other drawings, happened not to be in Dublin at this period; but from the description I have given, I trust that it will be easily recognized.

As I had observed in former instances, that when the constitutional symptoms have appeared, mercury may then be exhibited with advantage, although it was injurious before, I directed a grain of calomel with three of cicuta to be taken three times a day.

August 8th. Considerable amendment had taken place in the primary ulcer, but it still exhibited phagedenic edges. The spots on his arms had thrown off the crusts and formed circular ulcers.—I did not see him again until the 27th, when I found that the ulcer was considerably improved, and in one part healed, leaving a deep cleft in the prepuce and glans. Several of the constitutional ulcers had also healed; one on his forehead, and another on his elbow, remained stationary. They were each about the size of a shilling, circular, and covered by a thin pellicle of crust. He complained of severe pains in his knees and ankles; the latter were red and swelled, as were also the balls of his great toes, which resembled those joints under gouty affections. Some of the joints of his fingers at the metacarpal bones were also similarly affected.—I directed him to discontinue the pills; and ordered one sixth of a grain of muriate of mercury to be taken twice a day, in conjunction with decoction of sarsaparilla.

September 1st. The pains were decidedly relieved, and the swelling and redness of the ankles and other affected joints almost removed. The ulcer on his fore-

head and another on his upper lip, had however rather extended, and they looked foul.

8th. The pains of his ankles and knees had returned with great severity. The ulcers on his arm and forehead were clean, granulating, and healing round their edges. The ulcer of the penis had healed in one part, but still exhibited phagedenic edges. His gums were swelled by the mercury.—From the return of the pains and the foulness of some of the constitutional ulcers, I concluded that the mercury had ceased to produce any beneficial change, and therefore discontinued it, and directed ten grains of the compound powder of ipecacuanha three times a day, with decoction of sarsaparilla. I soon found the advantage of these alterations, for on visiting him on the 21st, he stated, that the pains were completely relieved, the ulcer of the penis, and those of his arm, forehead, and lip, had also healed. In consequence of the cicatrix of the primary ulcer, which engaged the orifice of the urethra, the passage for the urine became so restricted, that he made water with great difficulty: an effect of the sloughing ulcer which Celsus has prudently advised us to prevent, by the timely introduction of a probe; it was however afterwards alleviated by the use of bougies. He did not subsequently take any mercury, and he is now perfectly well.

From these instances, and I might adduce many others, it is apparent that the sloughing ulcer is curable by the same means that I found successful in the phagedenic. The first cases detailed, in which mortification formed the prevalent feature, deterred me from

venesection to the extent in which I employed it in phagedenic cases. But I cannot too strongly impress it on the reader, that in the commencement of the attack, and before the putrefaction has made such progress as to bring the system to a state bordering upon that existing in the advanced stages of typhus fever, it ought to be resorted to with boldness, and repeated as long as quickness of pulse, and other concomitant symptoms evince a high degree of symptomatic fever. The check which these ulcers receive after a spontaneous hæmorrhage, prove the advantage of lowering the system; and in Case LXVII. we find that decided amendment followed the use of the lancet: but it ought to have been employed more freely. I am inclined to believe that the reason that cicuta and opium so frequently failed of producing benefit in some instances, while their influence was most salutary in others, was owing to the degree of excitement and fever under which the patient laboured, and which ought to have been reduced before medicines of this description could be expected to afford relief.

The reader will recollect, that the cases are faithful records from which he may draw *his* inferences independently of mine; and that in the detail of many, he will find a mode of treatment not altogether consonant with my present practice, but which may be considered as the steps by which I gradually approached it. I deemed it advisable to state in the order they arose, the cases in which I was induced to depart from the established practice, or to introduce any of those changes which I am now disposed to consider as im-

provements, that the reader may be the better able to decide on the justice of my views, and the validity of my practice. In following this plan, a kind of history is formed of the progress of the author's mind; and the reader is enabled to travel the very same road that he has done, in arriving at the results; and therefore, is better able to view them narrowly, and judge of them impartially, than if they were suddenly placed before him, with all the mystery that so much contributes to the eclat of stage effect.

In the following instances of constitutional affections, I had not an opportunity of seeing the primary symptoms. I judged, however, that they arose either from the phagedenic or sloughing ulcer, as they corresponded in appearance, history, and progress, with those constitutional affections which I had the satisfaction of tracing to one or other of the ulcers in question. The reader will bear in mind, that the more early of these cases occurred before my present views were adopted.

*Cases of Constitutional Symptoms, which corresponded with those of the Phagedenic or Sloughing Ulcers, but which were not traced to their origin.*

### CASE LXXI.

Luke Boland was admitted into the hospital on the 10th of January, 1812, on account of an extensive ulcer of the back of the pharynx, the entire of which, as far as could be seen, was engaged in the ulceration, and covered with a white, slimy, adhesive matter. The velum and surrounding parts were inflamed, and he swallowed with pain and difficulty. I could not obtain any satisfactory account of the primary symptoms.

He was ordered the antimonial solution, and a gargle containing borax and honey, which he continued to use until the 31st, when no amendment being perceptible, I put him on mercurial frictions. Under the influence of mercury, amendment immediately ensued, and on the 3d of March, the ulcer was nearly healed; but at the same time, a small ulcer of a white aphthous appearance occurred at the velum; which, with the uvula, was of a deep red unhealthy colour. He also began to complain of tenderness and pain in the ossa nasi. He was directed to continue the mercurial frictions.

March 24th. His mouth was severely affected by the mercury—the ulcer on the pharynx had not yet

healed—that on the velum had considerably increased—the ointment was continued.

April 1st. The ulcer of the pharynx looked foul, and was accompanied with considerable inflammation of the entire throat. The mercurial frictions were therefore discontinued.

20th. The ulcer of the pharynx was nearly healed.

27th. It had relapsed into its former state, and was almost as extensive as at the time of his admission. I conceived the farther trial of mercury unnecessary, as he had used upwards of six ounces of ointment, had been two months under the full influence of that medicine, without any permanent advantage, and therefore, ordered him the powder and decoction of sarsaparilla.

On the 12th of May, he was discharged the hospital by the late Doctor Hartigan, who prescribed for my wards during a temporary absence. The ulcer I understood had not healed, and he was dismissed, because the air of the hospital was considered injurious to him.

On the 25th of August following, he was again admitted, with the same ulceration as before, on the pharynx, and an ulcer of a deep phagedenic appearance on the left tonsil. He stated, that the ulcer of his throat had not healed from the time he left the hospital.

I ordered him the compound decoction of sarsaparilla, with thirty drops of antimonial wine, three times a day, with which he persevered for ten days; but not finding any amendment under their use, I had again

recourse to mercurial frictions, with which he persevered till the middle of October; and he underwent during that period, a strong mercurial action, which induced the ulcers to heal before the 28th of October, 1812, on which day he was discharged the hospital.

In the January following, during the illness of one of the surgeons of the hospital, it fell to my lot to attend his wards; in one of which, I found my old patient. He was affected nearly with the same degree of ulceration in his throat as when I first saw him, notwithstanding that on this occasion, he had been thirteen weeks in the hospital, and had rubbed in eight ounces of ointment, which preserved a continued salivation during that time. I conceived it would be useless for him to continue this plan any longer; and therefore, ordered him decoction of sarsaparilla, and thirty drops of antimonial wine, three times a day. Amendment immediately ensued, and the ulcers healed in a very short time. I discharged him from the hospital on the 3d of February, 1813, with an injunction to return to me if any relapse of his complaints should occur; but I have not seen him from that period.

### CASE LXXII.

Margaret Malone was admitted January 26th, 1812, with an ulcer in her throat, precisely similar to that described in the preceding case. Decoction of sarsaparilla and antimonials were first employed; which,

not producing any amendment, the latter was on the 2d of February, changed for the solution of muriate of mercury. This plan received a week's trial without producing any change for the better, when it was discontinued for a trial of the nitrous acid.

On the 16th, the ulcer looked cleaner, and she could swallow with less difficulty; and on the 8th of March, it was nearly healed: at the same time, she was much improved in her appearance and general health.

16th of March. She complained of difficulty of swallowing; and on examination, I found a renewal of the ulceration on the left side of the pharynx, attended with inflammation and swelling of the velum. I had again recourse to the antimonial solution and sarsaparilla; but these not producing any beneficial change, were on the 29th of March, discontinued for the nitrous acid, which produced once more a favourable disposition; for under its use, the ulcer which had engaged the back of the pharynx and left tonsil, with the velum on the same side, before the 10th of April had healed to an extent of at least two thirds of its surface.

These favourable appearances were not, however, permanent; for before the 18th of April, the ulcer recommenced its ravages, and destroyed the uvula in a few days. I now directed fumigations of cinnabar to be employed every third hour, and a grain of calomel, with half a grain of opium, to be taken three times a day. Amendment soon followed this plan, and the ulcer was nearly healed before the 11th of May. But at this period, and while she was under the mer-

curial irritation, she was attacked with severe pains in her elbows, shoulders, and knees; a circumstance that in my opinion, evinced that the mercurial irritation had ceased to supersede that of the poison. I therefore discontinued the mercury, and directed the antimonials and sarsaparilla; under which, a rapid improvement took place: for before the 31st of May, the pains of her joints were gone; the entire of the ulcer of her throat was completely healed, and on the 7th of June, she was discharged the hospital.

She was admitted again on the 29th of July, much emaciated and reduced in her appearance. The ulcer of her throat had re-appeared; and on examination, I found that it engaged the superior part of the pharynx, and extended into the nares. It exhibited a dry foul appearance, as is frequently the case of ulcers in this situation, from their exposure to a constant current of air. The cinnabar fumigations, with solution of corrosive sublimate, and decoction of sarsaparilla, were directed for her. Notwithstanding these means, the ulceration continued rapidly to extend. I therefore, on the 8th of August, laid them aside for the nitrous acid, from which she had more than once before derived decided benefit. An obstinate diarrhœa however followed the exhibition of this medicine; which, with all she had previously undergone, so lowered her powers of life, that it became evident she was sinking. The ulcer at the same time continued to extend, and her friends seeing there remained no hopes of her recovery, removed her from the hospital on the 23d of August, and I understood that she died

shortly afterwards; perhaps her death is to be attributed rather to the exhaustion of her strength, from her poverty and wretchedness in the interval above noticed, during which she was absent from the hospital, than to the effects of the disease; for the ulcer, though extensive, had not, to all appearance, committed such ravages as to affect her life.

### CASE LXXIII.

Thomas Dunn was admitted February 23d, 1813, on account of the following appearances:—a circular crust the size of a shilling, situated on his forehead, with a surrounding red pimply eruption, which extended to his cheeks. There was also a similar crust on his arm; and he complained of pains in his shins, which were most severe at night.

He stated, that he was affected ten months before his admission, with an ulcer on the glans penis, for which he was put on a mercurial course of six or seven weeks duration, by a surgeon of eminence—that the ulcer healed; but that five weeks after he had discontinued the use of mercury, an eruption broke out over his body, for which he was admitted into the Lock Hospital—that he remained there twelve weeks, and rubbed in fifty-four drams of ointment, and that the eruption soon disappeared under its use; but that three weeks after his discharge from the hospital, it re-appeared, for which he again took mercury in the form of pills. I directed for him antimony and sarsaparilla in the usual manner.

1st March. The eruption had diminished on his face; but the large crusts on his arm and forehead, remained as before. The nocturnal pains in the tibiæ had somewhat abated; and before the 16th, were completely relieved. At this time also, the large crusts above alluded to, had fallen, leaving the surface underneath perfectly healed, and being much improved in his health and appearance, he was discharged the hospital.

#### CASE LXXIV.

Peter Murphy was admitted July 13th, 1813, on account of a deep foul ulcer, covered with white viscid matter, which engaged the back of the pharynx, as far as it could be seen. He stated, that he had been in the hospital two years before, for pains in his breast, head, and shoulders, and an ulcer on his right arm, the cicatrix of which, on examination, I found to be as large as the palm of the hand—that he was severely salivated during three months which he had remained in the hospital, and was discharged apparently well—that the disease some time afterwards appeared in his throat, for which he was again taken into the hospital, a year after he had left it—that he remained in it five weeks, during which period he was again salivated severely, and discharged the hospital a second time, apparently well; and that two months after he left it, his throat became again ulcerated.

The inadequacy of mercury to remove the disease, as was apparent from the former trials he had made of

that medicine, induced me to order him antimonial solution and decoction of sarsaparilla.

19th. The appearance of the ulcer was unaltered; he stated however, that it was less painful.

26th. The ulcer was very much improved, and was healing round the edges.

August 3d. The ulcer was nearly healed, and on the 9th, he was discharged the hospital well, and has not since returned.

### CASE LXXV.

In the case I am about to detail, the constitutional symptoms indicated a degree of virulence and rapidity, which I have not witnessed in any other instance; but their resemblance in character to those of the phagedenic species, perhaps entitles them to be considered among the constitutional diseases attributable to that ulcer. The eruption in this case was formed of larger and more distinct pustules, and the ulcers which succeeded, were more rapid in their progress than any I had observed in other venereal cases.—The patient was Martha Lloyd, who was admitted September 10th, 1813, on account of a discharge of an acrid excoriating matter from the vagina; but from the swelling and excoriation of the parts, it was impossible to ascertain the nature of the surface from which it proceeded. There were pustules scattered over her body; but more numerous on her back, than on any other part, which were of a large size, and as distinct as those which occur in a case of mild small-pox. There

was also an ulcer on the outside of the left leg, extending from the ankle upwards, as large as the palm of the hand, and of a black sloughy appearance. A white superficial ulcer was situated on each tonsil, and she was affected with ptyalism, although, as she asserted, she had not used any mercury. She also complained of pains in her shoulders, and her strength and constitution seemed to be greatly reduced.

She stated, that she was affected with the discharge and soreness of the pudenda, three months before her admission; and that about the middle of that period, the constitutional symptoms had begun to appear. I directed her to take the antimonial solution and decoction of sarsaparilla. The symptoms were not however in the smallest degree checked by these medicines; the pustules became more numerous: those that at first appeared, had become dark brown crusts, concealing ulcers, the largest of which, formed on the sacrum, and was at least six inches in circumference; the ulcer of her leg also increased, and the ulcers of the tonsils extended to the back of the pharynx, and engaged the velum and uvula in their progress. On the 21st of September, a drawing was taken of the appearance of the eruption and ulcers on her back, (see Plate IV. Fig. 11 and 12.) I did not any longer delay the exhibition of mercury; but directed that she should take a pill, containing one grain of calomel, and half a grain of opium, three times a day.

28th. The greater number of the pustules had changed their appearance into dark-brown conical crusts, which were in general at their bases, about the

size of a sixpence. The ulcer of her leg looked somewhat better, as did also those of her throat.

Oct. 12th. She was evidently affected by the mercury, and her swallowing was easier; but I could not examine the state of her throat, as from the number and extent of the ulcers on her back, she was obliged to lie upon her face. The crusts on the smaller ulcers, closely resembled in appearance the common limpet-shell. No fresh pustules had appeared, and many of those on her limbs had formed crusts, which falling off, left the parts underneath cicatrized; an evident indication, that the disorder was giving way to the means employed. She was however greatly reduced, and her legs became œdematous. These circumstances induced me to discontinue the mercury, and the rather as the progress of the disease was decidedly checked. She was now ordered bark and wine, which however, with every attention to diet, were insufficient to support her declining strength; although such ulcers as were exposed by the falling off of the crusts, exhibited a granulating appearance. The great extent of ulcerated surface so harassed a debilitated broken down constitution, that she did not survive longer than the 2d of November following.

#### CASE LXXVI.

Cornelius Hone was admitted October 17th, 1813, on account of a small deep ulcer with elevated edges on the back of the pharynx. He also complained of pain in the right knee.—He stated that two years pre-

vious to his admission he had ulcers on the penis, which healed under a solution of corrosive sublimate; and that afterwards ulcers appeared on different parts of his body, particularly on his knee, for which he underwent a mercurial course, and rubbed in seven ounces of ointment; and that a week before his admission, the ulcer on his throat had appeared.

I directed him to take the nitrous acid mixture, daily, which he persevered in until the 18th of October, without any amendment. I therefore discontinued it, and put him on the use of antimony and sarsaparilla. Before the 1st of November the ulcer was considerably improved; and he was discharged the Hospital well, on the 10th of the same month.

#### CASE LXXVII.

I have stated in the beginning of this chapter, that the eruption which attends the phagedenic and sloughing ulcers is pustular; and that each pustule instead of terminating in exfoliation of the cuticle, like the papulæ of the smooth superficial ulcer, degenerates into an ulcer covered by a crust. Sometimes this crust is flat and circular, and sometimes it is raised and irregular like that delineated in plate 3, fig. 7. However, I have met with a few instances, in which one or two of the crusts rose into projecting hard cones, resembling horns.

My attention was called to a remarkable instance of this description on the 26th of October, 1813, by one of the Surgeons of the Hospital, under whose care the

patient, Patrick Kenny, was placed. He had three spots at that time on his face formed by large brown conical crusts, one of which, in particular, projected like a horn from his forehead, and is delineated in plate 4, fig. 10.—He complained of pains in his shoulders, elbows, knees, and ankles, which last were red and swelled. On examining the penis, I discovered the cicatrix of a deep ulcer which had excavated the corona and superior surface of the glans penis.

I learned that this ulcer had made its appearance in October, 1812; and that it healed with difficulty towards the conclusion of a severe course of mercury of two months continuance, during which period he had taken pills and rubbed in six ounces of ointment. He had, however, scarcely finished the course, when a frill of soft warts, or fungi, subject to frequent bleeding, sprouted up round the corona glandis. For this complaint he was again put upon a mercurial course of several months, during which he took pills night and morning, and rubbed in eleven ounces of ointment.

On the 10th of March, 1813, he was seen by an intelligent pupil of the Hospital, Mr. Adams, who has attended my lectures on these diseases, and seen my practice in the Hospital, who favoured me with the following history of his complaints from the time he first saw him, until he came under my observation.

He found the patient labouring under severe ptyalism, and at the same time affected with excessive inflammation of the penis, owing in a great measure to some corrosive application which had been applied to

the fungi. He directed him to discontinue the mercury, took blood from his arm, confined him to low diet, and ordered him antimonials. In a few weeks, under these means, the inflammation was reduced, the fungi disappeared, and the patient considering himself well, returned to his business.

But on the 23d of May following, he was again taken into the Lock Hospital, on account of pains in his arms, and an ulcer which had formed on the back of the pharynx.

For these complaints he was again submitted to another full course of mercury, under which the ulcer of his throat healed; but while he was affected with ptyalism, even to a quart daily, he was attacked with severe pains in all his joints, and his wrists and knuckles became red and swelled. At the same time an eruption of pustules which formed ulcers covered with crusts, appeared in different parts of his body. In consequence of the appearance of these symptoms in the midst of a course of mercury, that medicine was very properly discontinued, the pains were considered to be rheumatic; and he was advised to leave the Hospital for the benefit of pure air, and for the purpose of recruiting his shattered constitution.

But in the beginning of the September following, he was admitted for the third time into the Hospital, for the symptoms described in the beginning of his case.

From the 26th of October already mentioned, though he was not under my immediate care, I saw him daily. The medicines he took were decoction of sarsaparilla and solution of muriate of mercury, under

which he perfectly recovered from his pains, and the conical crusts already described, fell off, leaving the surface underneath perfectly healed. On the 24th December, he was discharged the Hospital well. He was desired to return if any relapse should occur, but he has not since returned.

### CASE LXXVIII.

Thomas Farrell, admitted March 10th, 1814, was affected with soreness and enlargement of the ossa nasi, a purulent discharge from the nostrils, and a separation and sinking of the cartilage of the nose. An extensive granulating sore with raised edges, and surrounded by discoloured integuments, was situated on his right arm; and on the lower part of the left tibia there was a large node. He complained of pains in his head, knees, and shoulders, and difficulty of swallowing. On examination, I found the pharynx raw and inflamed, but there was not any appearance of ulceration.

He stated that he was near two years disordered,—the first symptom was an ulcer on the prepuce, which healed under the internal use of the muriate of mercury.—The next symptoms that occurred were ulcers under his knee, and an eruption on his body which disappeared also under the use of mercury, but again recurred.—The node and affection of his nose appeared three months before his admission, and from the commencement of the disease, he was constantly using mercury under the direction of different sur-

geons; almost every one of whom subjected him to mercurial frictions.

I directed him to take fifteen grains of the compound powder of ipecacuanha, morning and evening, and the decoction of sarsaparilla; but on the 14th, none of his symptoms being relieved, I ordered him to discontinue the powders, and to take the solution of muriate of mercury with the decoction.

22d. The pain of his head was alleviated; that of his knees and shoulders completely removed; and he was in every respect better. He continued the same plan as long as he remained in the Hospital, from whence he was discharged well on the 11th of April.

It would only exhaust my reader's patience, to adduce farther instances nearly similar to each other, of the nature and progress of a disease, which resembles in all points, that which we have traced to the phagedenic and sloughing ulcers; and although it did not in the majority of instances come under my care until the primary symptoms had disappeared, there is every reason from analogy, to believe that it arose from the same poison. Among the cases I have noted, there are many exemplifying diseases of the bones of the nose, which yielded to the solution of muriate of mercury, and decoction of sarsaparilla, although full and protracted courses of mercurial inunction had been previously resorted to without effect. This formidable affection I have found to occur in several instances, while the primary symptoms, an ulcer of the phagedenic species, was still present; and I am inclined to believe, that this common, but most dreaded effect of

a venereal virus, is a characteristic constitutional symptom of the ulcers under consideration.

It was with no small degree of satisfaction that I lately perused Mr. Ferguson's "Observations on the Venereal Disease in Portugal, as affecting the British soldiery and natives;"\* as I conceive his statement of the progress of the symptoms, and the manner in which they were affected by mercury, together with the treatment found most applicable, strengthen the opinions I have offered on the nature of the phagedenic and sloughing ulcers. 'Tis true he no where designates the primary venereal ulcers of Portugal by these terms; nor could it be expected that he should, as he evidently seems to be of the general opinion, that all venereal maladies spring from one common poison, the syphilitic. But I am inclined to believe, that the phagedenic and sloughing ulcers, are far more general in Portugal than in these countries; and that their constitutional symptoms were actually the subject of Mr. Ferguson's observations. I ground my opinion on the following reasons, chiefly deduced from his own paper. The frequent melancholy mutilations which occurred among our soldiers, could only have arisen from the ravages of the phagedenic and sloughing ulcers; and not from the slow progress of a true syphilitic chancre, which would not probably have been checked by the mercury, that was in every instance of venereal infection, recurred to by the sur-

\* See *Medico-Chirurgical Transactions*, Vol. IV.

geons of our army. Besides the name which the venereal disease in Portugal acquired among the British soldiery, *the Black Pox*, reminds us of the most remarkable character of the sloughing ulcer. In the next place, the appearance of secondary symptoms, while the patient was strongly under the influence of mercury; and lastly, the manner in which the disease was treated by the native practitioners; viz. by local applications, decoctions of the woods, and the exhibition of an insignificant quantity of mercury, when the disease attacked the bones.

Mr. Ferguson, after stating a variety of interesting particulars of the venereal disease of Portugal, which one and all reminded me of the symptoms and progress of the phagedenic and sloughing ulcers, comes to the following conclusion, which equally applies to those maladies as known in this country.

1. "That the disease, in its primary state, is curable in Portugal without mercury."

2. "That the antisiphilitic woods, combined with sudorifics, are an adequate remedy for constitutional symptoms; the quantity of mercury being always insignificant, and often altogether omitted; or,"

3. "That the virulence of the disease has become so much mitigated by reason of general and inadequately resisted diffusion, or other causes, that, after running a certain (commonly a mild) course, through the respective orders of parts, according to the known laws of its progress, it exhausts itself, and ceases spontaneously."

As to his last deduction, we have to regret, that the constant interruption to the progress of the disease, by means of mercury, has, in these countries, prevented us from witnessing the gradual decline and exhaustion of the virus, as it seems is the case among the natives of Portugal: and there are strong grounds for believing, that the ravages which the venereal disease of that country committed on the British troops, arose not so much from the inflammatory disposition manifested in the constitution of the inhabitants of colder climates, on their arrival in a warmer, as from the indiscreet exhibition of mercury: a medicine from which Mr. Ferguson informs us, the “native practitioners religiously abstain, considering it with horror, as one of the poisons which foreigners madly wield.”

Among several instances which came under my observation of the malignity of the venereal disease of Portugal, and the inadequacy of mercury for its removal, the following was the most remarkable.

#### CASE LXXIX.

On the 9th of April, 1814, I was consulted by a young officer, who three years before, had received a venereal complaint in Lisbon, which had produced the following catalogue of melancholy mutilations. The septum, alæ and cartilage of his nose had been destroyed by ulceration, leaving a wide extended opening into the nares. It had ceased to extend, and was nearly healed,

but it still produced an offensive discharge. There was also an ulcer of the left leg, extending from the ham to the heel; the upper part was granulating, the lower foul and phagedenic: the calf of his leg had been entirely destroyed by the ulcer; and his leg was contracted into a perfect semi-flex position.

He stated, that the first symptom of his disorder was an ulcer, which, on examination, I found had destroyed the glans, and great part of the body of the penis. For this complaint, the surgeon of his regiment put him on a course of mercury, which he stated, was of no service to his complaints; and that the ulcer extended rapidly, and by sloughs, under its influence—that in a few months afterwards, an eruption of what he described as pustules, appeared on his back—the ulcer of his leg followed, hard bumps rose on his cranium, and the bones of his nose became affected—that the ulcer of the penis healed, and the bumps on the cranium disappeared under the use of nitrous acid—that he afterwards came to England, where he remained near two years, and underwent several severe courses of mercury by inunction.—In short, that from the commencement of his disease, to the period of his application to me, he was under the almost incessant action of that medicine. His gums were all destroyed by the repeated salivations he had undergone; and he was at the time he applied to me, under its influence.

A stronger instance than this, of the inefficacy and injurious consequences of mercury, cannot be adduced.

I sent him to the country, where his family resided, with little else than directions respecting his diet; to abstain from mercury; and to take the compound decoction of sarsaparilla and antimonials. Since that time I have heard that his health has considerably improved.

## CHAPTER V.

Constitutional Symptoms which have not been traced to their Primary Ulcers.—Inquiry into the probability of the Spontaneous Origin of some Diseases which bear a resemblance to the Constitutional Symptoms of Syphilis.—General Observations.

WE have now to enter upon the consideration of such constitutional symptoms as have not been satisfactorily traced to the primary ulcer; but the task will not be very burthensome, for one species of eruption only remains to be discussed: all the others which I have met with, having been already described, and traced to their source. That which now demands our attention, I shall venture to name the tubercular eruption, as it is composed of distinct tubercles of a deep red or crimson colour, and usually as large as a common boil, (Furunculus,) and frequently larger. Instead of rising like that tumour into a conical form, it is perfectly convex, representing a segment of a sphere, but little raised above the surrounding surface. In the course of a week or two, the skin, at its most prominent part, usually ulcerates, and a crust is formed. When the crust, from the increase of the ulceration, is thrown off, a foul ulcer, with jagged and undermined edges, of an irregular figure, presents itself. These

ulcers form on every part of the body; but in the cases which came under my observation, they were most numerous on the back of the legs, hams, and thighs. In some obstinate cases, they are diffused in such a manner as that the legs and thighs present throughout a chequered appearance: the sound skin and ulcerated surface alternating with each other. When any of the tubercles recede, previous to ulceration, under the means employed, it may be esteemed a sign that we are successfully combating the disease. In Plate II., Fig. 8, 9, and 10, are delineated tubercles of their natural size, previous to, and just entering upon ulceration. Together with these appearances, we usually find a few pustules, and the crusts which they produce, particularly on the face.

In one case, I had the satisfaction of tracing these constitutional symptoms to that description of ulcer bordering on the phagedenic, which Mr. Abernethy describes under the name of the Burrowing Ulcer. But it would be rather unphilosophic to conclude from a single and unsupported observation, that the tubercular eruption arises exclusively from the burrowing ulcer. I shall, therefore, wait for the necessary corroboration, but the reader will find the case alluded to in the Appendix.

The symptoms accompanying the tubercular eruption, are a destructive ulceration of phagedenic character, to which all parts of the throat seem equally liable—severe pains of the joints, among which the knees are particularly engaged, and become acutely inflamed, as evinced by the pain, redness, and swell-

ing, with which they are affected: during which, the legs are frequently drawn up to a semi-flex position, as is the case in almost every painful and obstinate affection of the knee joint—and even after the disease has either exhausted itself, or has yielded to the means employed, the legs remain for a length of time in the same contracted state, and the patient cannot move without the aid of crutches.

Cases of this description are the most obstinate and untractable that I have met with. In all of them mercury is of uncertain operation, and if it produces any amendment, it is but temporary. The decoction of the woods and antimony seemed of little avail. Cicuta, in some instances, was of remarkable, but not of lasting advantage. The compound powder of ipecacuanha was in many cases of considerable utility. Bark was of no service whatever. But nitrous acid was of more efficacy than any other remedy, though it also often failed. Among the patients who came under my care, affected with this species of disease, I had not an opportunity of trying the effects of sea-bathing and country air, supported by an invigorating regimen; but it is possible, as there is not any fever, except when the joints are severely affected, that these simple means of invigorating the frame might have a more decided effect than medicine.

*Cases of Tubercular Eruption.*

## CASE LXXX.

Peter Phelan was admitted into the Hospital on the 5th of April, 1813, on account of an extensive mild-looking ulcer of the scalp, which engaged the upper part of his head—he also complained of pain in one of his ankles. He stated that he was affected with ulcers on the penis nine months before his admission, which healed under the use of mercury; that in the preceding October he was affected with an ulcer in his throat; for which he underwent a severe course of mercury in Stephens's Hospital—that while he was under the influence of that medicine, the ulcer of his throat healed, but that on his head made its appearance, and also another on the side of his nose, which destroyed a considerable part of the left ala nasi; but that this latter ulcer afterwards healed under the use of decoction of sarsaparilla. I directed him to take the mixture with nitrous acid daily. On the 9th, three large tubercles appeared on his back and belly, which soon afterwards formed crusts; and on the 19th, two small ones appeared on his left cheek, and several others on his thighs and back, which in a few days also formed crusts. He complained of soreness of his throat, which, on examination, appeared raw and inflamed, but was not affected by ulceration. Fig. 9 and 10, Plate II., were taken this day, of two tubercles situated on his

belly, in which ulceration had just commenced. The nitrous acid was discontinued, and antimonial solution, with decoction of sarsaparilla directed, in the use of which he persevered until the end of May.

May 17th. Several fresh spots had appeared on his back, while the crusts had fallen off from some of those that had previously formed, and left the parts cicatrized. The ulcer of his scalp had healed to one-third, when amidst those favourable appearances, the right knee became swelled and painful. To this he was desired to apply warm stupes.

31st. Many of the tubercles had formed thick brown crusts, the ulcer of his head was nearly healed, the pain and swelling of his knee was dissipated, and his general health much improved. As the disease seemed to be declining, I conceived that small doses of mercury might be employed with advantage, and therefore ordered a pill, containing half a grain of calomel, with three grains of antimonial powder, to be taken three times a-day. But I soon had reason to repent of this interference; for as his mouth became affected under these small doses of mercury, the ulcer on his scalp became foul and more extensive; I therefore laid the pills aside, and had recourse again to the antimony and sarsaparilla. Under these medicines, amendment for a short time ensued; but the ulcers becoming worse, on the 11th of July, I ordered the solution of muriate of mercury, in conjunction with decoction of sarsaparilla. This medicine affected his mouth severely, without producing any favourable change on his complaints, which were gradually becoming worse.

The different spots on his skin had, towards the end of August, thrown off the crusts, and extended into circular excavated ulcers, an inch, or an inch and a half in diameter. The ulcer of his head was also much worse than before. Under this embarrassing failure of all the means that had been employed, I determined to try the effects of a regular course of mercurial inunction, and therefore directed him, on the 3d of September, to rub in a dram of ointment every night. He continued the course for one month, and during this period, he rubbed in three ounces of ointment, which produced a smart degree of ptyalism. During the first fortnight his complaints amended; they then became stationary for ten or twelve days, after which the ulcers began to look worse, and he was again attacked with pain and swelling of his right knee—I therefore conceived it prudent to discontinue the mercury, and recommended him to leave the Hospital for the country, with which advice he promised to comply; and I discharged him on the 22d of October, 1813. I did not see him again till the month of August, 1814, when there appeared a most material alteration in his health and appearance for the better—all the old sores, except two slight ones on his arms, had healed, and the pains had entirely forsaken him. He informed me, that on leaving the Hospital, instead of going to the country, according to my recommendation, he went into Stephens's Hospital, where he remained three months, and was discharged without any amendment of his complaints. He then returned to his friends, who reside in an airy part of Dublin, among whom he

remained till the time he called upon me, without taking any medicine whatever. He was, however, anxious for my advice, on account of some uneasiness in his throat, which he felt a few days before. On examination, I perceived an ulcer upon each tonsil, of a foul appearance, and forming a deep cleft close to the velum; the back of his pharynx was also sore and raw. I directed him to take the antimonial solution, and to use a gargle, acidulated with muriatic acid. These medicines were not, however, attended with any benefit; and on the 12th of August, the ulcer on the left side had extended to the back of the pharynx, where it formed a deep excavation. With the view of immediately checking its progress, I directed him to take a grain of calomel, with half a grain of opium, three times a-day. In this, however, I was disappointed, for although he persevered in the medicine until the 3d of October, and during the period, his mouth was severely affected, the ulcer continued to gain ground. I thought it useless to persevere longer with the mercury, and therefore directed him to discontinue it and all other medicine, and to confide in the counter-irritation of successive blisters on the back of his neck.

These means, assisted by a gargle, acidulated with muriatic acid, were of little more avail than the former. For although the ulcer of the right tonsil had healed under their influence, that of the left had prodigiously extended, so as to destroy, apparently, the entire tonsil, a great part of the velum and uvula, and to engage the back of the pharynx, exhibiting, alto-

gether, a great ulcerated cavity of a phagedenic appearance.

On a review of this case, can any doubt remain that the disease we are considering, like so many others, whose nature we have already investigated, is altogether incapable of being superseded by mercury; though that medicine may interrupt, for a time, its progress, and in this way, prove serviceable whenever the ulceration is making rapid or dangerous advances. When my reader has travelled over a few more of my cases, he will, perhaps, be satisfied that the most judicious practice he can adopt in this peculiar disease, is to refrain from the exhibition of mercury altogether, except under the circumstances I have just alluded to—and till we discover the means of superseding this most obstinate poison, treat it as a disease which must gradually exhaust itself, or in other words, yield to the powers of the constitution.

The oldest practitioners are perhaps the most unwilling to theorize; but when a disease is perverse and perplexing, and every medicine employed for its removal, is not only inadequate, but too often injurious: it is surely not inexcusable to make an attempt to discover whether nature contains, in her manifold resources, any remedy yet untried, that may possibly be of avail. I am, perhaps, about to startle my reader, but the progress we make in perfecting our contrivances, is so gradual, that the inventor himself is seldom astonished, even when he lights on the happiest and most unthought-of discovery—but whether our experiments fail or succeed, it is but honest to detail them.

A hint is often productive of the most beneficial results, and it cannot too often be repeated, that the failure of one attempt commonly leads to the success of another. More than one morbid poison is superseded or suspended by the inoculation of the cow-pock. That there are others which it might also supersede, is a rational conjecture, and that some of those irremediable diseases might be among the number, struck me most forcibly: or if the experiment with cow-pock should fail, as would be the more likely from the few adults who remain liable to its influence, I persuaded myself that still a remedy might be found in the inoculation of a more analogous poison: for instance, that of the smooth superficial ulcer described in CHAP. III. or even of syphilis itself. It is a strange proposal, but let my reader consider how frequently it happens that a venereal disease resists every effort for its removal by mercury, until, perchance, the patient receives another venereal infection, and then, it is found that both diseases disappear under the use of a medicine which one had singly resisted, a circumstance, that, in my apprehension, would only take place by the first disease being superseded by the second, and the second by the powers of the constitution, or the influence of mercury, in case the second is syphilitic. This is so common an occurrence, that I know a very experienced surgeon, who, when he meets with a perplexing case, which resists mercury, seriously advises his patient to get himself disordered again, that he may the more readily cure him of both infections together. If such advice could ever be con-

sidered as rational, it were surely more prudent to select our poison for inoculation, either from a syphilitic chancre, which we know will yield to mercury, or from the smooth superficial ulcer, which excites a disease unaccompanied by danger, and which almost ceases spontaneously, than to allow the patient to trust to a fortuitous connexion for imbibing the poison, which may be of a nature as inveterate as that which was before found untractable.

Influenced by these views, I inoculated Phelan on the 6th of October, with the vaccine infection; but, as he had had the small-pox, the inoculation produced no other effect than a small pustule, which dried up in the course of eight or nine days. I therefore, on the 19th, admitted him again into the Lock Hospital, with a determination to inoculate him with the virus of the first venereal ulcer, of the description alluded to, which I could find uninfluenced and unaltered by the exhibition of mercury.—At this time the ulcer of his throat was still gaining ground, and rendered deglutition so difficult, that any liquid he attempted to swallow was forced into the posterior nares, and would have been driven through the nostrils, except for the precaution he practised, of closing them with his fingers.

On the 21st, I inoculated him on the inner and upper part of the thigh with virus, taken from two or three small ulcers the size of pin heads, situated on the corona glandis of a person who stated that he had not used mercury, and had only observed the ulcers two days before.

It may be satisfactory to state more particularly the nature and progress of the ulcers, from which the virus for inoculation was taken, before I proceed to the sequel of Phelan's case. At the time I took the virus from them, they looked like incipient chancres, except that they were not attended with any perceptible induration. In two or three days they spread considerably, and exhibited the characters of the smooth superficial ulcer, without induration or elevated edges. In place of being excavated like chancre, they became raised above the surrounding surface, and exhibited rather a fungous appearance. I directed the patient, whose name was John Brogan, to take the antimonial solution, and to apply the lotion of muriate of mercury and lime water to the ulcers. As this man obtained a livelihood by a laborious occupation, and neglected his complaints, I persuaded him to enter into the Richmond Hospital, which he did on the 26th of November, 1814, where the same plan was pursued, under which, the ulcers were healed in less than a fortnight, and he was discharged the hospital, well, on the 12th of December following, with an injunction to return if any other complaints should occur.

He was not affected, while under my care, with any observable constitutional symptoms, although the virus taken from him produced, in Phelan, a decided papular eruption, attended with pains in his shoulders, elbows, and wrists. But in the succeeding Case, (LXXXI.) in which the same virus was employed for inoculation, there were not any constitutional symptoms. However, we shall find that the disease which it was employed

to supersede, decidedly amended from the second week after inoculation, although no medicine was exhibited. From these facts we should be inclined to suppose that the poison under consideration, like the vaccine, and probably many others, affects the constitution when susceptible of it, whether it be demonstrated or not by the appearance of secondary symptoms.—We shall now recur to Phelan's case:—

October 24th. Three days after the inoculation, the inoculated spot exhibited the appearance of a small pustule on a red inflamed base.

27th. The spot had increased, and was covered by a crust, from beneath which issued, on pressure, a quantity of thin ichorous matter. There was a slight swelling and tenderness of one of the glands of the groin.

31st. The inoculated spot formed a large crust on a red inflamed base, but no induration was perceptible; a thin ichorous matter trickled from beneath the crust; the ulcer of his throat continued to extend, and he swallowed with extreme difficulty. It formed, at this time, the most extensive and malignant ulcer I had ever witnessed in the throat; and he was so greatly reduced in strength, that his life seemed to be in imminent danger. I did not think it prudent to wait for the constitutional effects of the inoculated virus, but deemed it imperative to resort to such measures as afforded any prospect of checking the progress of this malignant ulcer; and with this view, directed that his throat should be fumigated with thirty grains of cinabar three times a day.

November 7th. He swallowed with less difficulty, and on examination, the ulcer of his throat appeared to be somewhat improved. The inoculated spot on his thigh had thrown off the crust, and exposed a clean circular sore the size of half-a-crown, the surface of which was smooth and on a level with the surrounding skin. The swelling and tenderness of the gland in his groin were dispersed.—He complained of pains in his shoulders and arms, with which he was not before affected. These, it is unnecessary to remind my reader, were the characteristic pains of the smooth superficial ulcer. But it may probably be doubted that the constitutional symptoms could arise in so short a period as seventeen days after the inoculation. Be this as it may, in order to render the experiment as conclusive as possible, I directed him to discontinue the fumigations.

11th. His throat was decidedly improved, and deglutition was performed with less difficulty, but still he was obliged to close his nostrils whenever he attempted to swallow—a large superficial sore on the top of his head, which he had upwards of a year, had at this period completely healed.—He complained more of the severity of the pains in his shoulders and elbows, and there was a number of pimples resembling those in Plate II., Fig. 5., which appeared on his back, and which I found to be the commencement of the papular eruption. The inoculated spot was healing rapidly under common dressing, and had not the least surrounding induration.

14th. His throat continued to improve, so much so that he was able to swallow solids. The inoculated spot was healing, the pains of his shoulders were mitigated, and the papulæ on his back were declining. The ulcer from inoculation was healed.

22d. The ulcer of his throat was daily improving, particularly at the upper part, where it had healed to a considerable extent, but the lower portion was still foul and phagedenic.—The papulæ on his back had disappeared, he still, however, complained of the pains in his arms and shoulders. His strength had also considerably improved, and although three weeks before, it was scarcely in his power to rise from his bed, he was able to walk on the 23d, from the Lock to the Richmond Hospital, a distance of upwards of a mile. I had advised him to remove to the latter Hospital, on account of the advantage of a purer atmosphere, but I did not conceive that, in his exhausted state, and in severe weather, he would attempt to walk so great a distance.

28th. The ulcer of his throat continued to improve, and three parts of it was completely healed, but on the 3d of December, I observed that at its most inferior part, it looked foul, and did not, like the remainder of the ulcer, show any disposition to heal.—On the 7th, this part of the ulcer had evidently extended, and he complained of a greater difficulty in swallowing than he had for some time experienced. His countenance also showed that he was not improving as before.

13th.\* The ulcer had extended itself again over the newly cicatrized parts, and was covered with white adhesive matter. It did not, however, appear as virulent as formerly. He did not complain of any pains in his shoulders, nor were there any appearance of papulæ.

The reader will observe in the preceding statement, that the ulcer of the throat began to amend at the time that the patient was attacked by pains in his shoulders and arms, which are prominent, characteristic, constitutional symptoms of the virus, with which he was inoculated; and that the ulcer, after being nearly healed, again began to spread when the pains and the papular eruption had declined. These are striking circumstances, but I would not form a decided opinion on the subject until sufficient repetitions of the experiment remove every shadow of doubt on the question.

### CASE LXXXI.

James Dunn was admitted into the Hospital on the 17th of May, 1813, on account of an extensive ulcer, engaging the under part of the penis, and the adjoining surface of the scrotum. It was foul and its edges were loose, jagged, and undermined. The glans penis had been destroyed by an ulcer, for which, and other venereal symptoms, he remained in the hospi-

\* This was the last day on which I saw the patient, previous to the delivery of this part of the manuscript to the printer.

tal eleven months, and was discharged from it in the preceding October. During this period, he stated that he was severely salivated three several times, for the primary ulcer, and also for an ulcer in his throat, attended with pains in his elbows, knees, and insteps. In the February following the present ulcer appeared, and from the circumstances of the case, and the patient's declaring that he had not any sexual connexion after he left the Hospital, I was of opinion that it was a secondary ulcer, and directed for him the antimonial solution, with decoction of sarsaparilla. With these medicines he persevered till the 29th, when no amendment ensuing, I ordered in their place five grains of extract of cicuta, three times a day. The dose of this medicine was increased to ten, and afterward to fifteen grains, and under its use the ulcer was healed before the beginning of July. At this period he began to complain of pains in his shoulders, knees, and shins; and on the 5th July, five or six tubercles, attended with redness of the integuments, appeared on his legs and thighs. I discontinued the cicuta, and ordered him the antimonial solution and sarsaparilla. The tubercles, however, in the course of a week enlarged and ulcerated, forming deep ulcers with loose jagged edges. On the 12th, I changed his medicines, for a grain of calomel, with three of antimonial powder, night and morning, and he persevered in these pills during a month. At first the ulcers amended and the pains were alleviated; but when his mouth became affected, the ulcers began to look foul and to ex-

tend, and several new tubercles, during this interval, made their appearance.

On the 16th of August, I tried a combination of calomel and cicuta, in the proportion of a grain of the former to five of the latter, thrice a-day, which he persevered in till the 10th of September. Under this plan the ulcer at first improved, but afterwards became more painful, and extended considerably, while several new tubercles appeared, some of which advanced to ulceration and others receded.

The calomel and cicuta pills were discontinued for pills of opium and cicuta, in the proportion of half a grain of the former to five of the latter. They were taken three times a-day without producing any beneficial change, but he continued them until the 20th of September, on which day I directed him to commence a course of mercurial inunction. He had at this time six large ulcers on his legs and thighs, two or three on his arms, and two on his forehead.

On the 3d of October, he was under a full mercurial action, and all the ulcers, except one near his heel, were granulating, and had a healthy appearance. The ulcer I allude to, still possessed the jagged undermined edges, which characterise, in a great degree, the ulcers of the tubercles we are considering. He persevered in the use of the mercurial frictions, so as to keep his mouth extremely tender, until the 11th of October, when I was induced to lay them aside in consequence of a disposition in the ulcers to spread, and also, on account of the accession of a new symptom, which I had experienced to be a most formidable

one, *viz.* a painful swelling of the knee joint, for which I directed him to use warm fomentations, and to take decoction of sarsaparilla.

The pain and swelling of the knee declined under these means, but the ulcers continued to extend, and several of them looked more foul and with deeper and more irregular edges than they possessed before he commenced the mercurial frictions. I was therefore, induced to resume them, and he again began, on the 25th, to rub in a dram of ointment every night. After the first week the ulcers again amended: but as soon as his system became strongly mercurialized, the ulcers, as usual, became foul and painful. An extensive tubercle, nearly as large as the palm of the hand, also appeared on his right thigh, immediately above the knee. I therefore discontinued the ointment, and put him once more on sarsaparilla.

The ulcers, however, continued to extend, and I was anxious that he should try the effects of country air; but as he had not himself the means of subsistence, I removed him in the beginning of December to the Richmond Surgical Hospital, which is situated in the skirts of the city, and where the air is considerably more pure than in the Lock Hospital. In this situation, although he did not take any medicine, the ulcers gradually improved, and some of them healed. About two months after he was admitted into this Hospital, he came under the care of another Surgeon, who entertained different views of his case.—And from that time, to the beginning of October, 1814, at which period I admitted him again into the Lock

Hospital, he was, without intermission, taking a solution of muriate of mercury, in conjunction with a decoction of sarsaparilla: but with so little effect that at the period above mentioned, he laboured under an ulcer on the back of the pharynx, and eight or ten ulcers, such as I have already described, were situated on his legs and thighs—in short, the ulcerated and sound spots were chequered with each other, so that it would be difficult to determine which formed the greatest extent of surface. There were also a few prominent crusts on his forehead and eye-brows, which originated either from pustules or very small tubercles: and there was a large tubercle, the size of a pigeon's egg, situated above the left elbow. He also complained of severe pain in the left knee, and both legs were contracted to a semiflex position. He had been confined for many months to his bed, for, independent of the pain excited by change of position, any attempt at walking caused all the ulcers to bleed.

As this case was similar in many of its symptoms, as well as in its untractable nature, to the case last detailed, I determined upon trying the experiment of inoculation. I first began with that of the vaccine virus, although he informed me that he had the small-pox in his infancy. I inoculated him on the 4th of October. A small pustule (but not a vesicle), formed, which was not attended with any areola, and formed a crust on the 12th day.

This infection, as it was natural to expect, having failed, I inoculated him on the 21st of October, with virus, taken from the same ulcers, which afforded the

matter for Phelan's inoculation. This operation was performed on both patients the same day.

24th. The inoculated part, situated on the inside of the thigh, exhibited a small red pimple, not so large as that produced on Phelan.

31st. The inoculated spot was covered by a crust, situated on a red base, unattended by induration. It was not a sixth of the size of that on Phelan's thigh. —The ulcers of his legs looked better, that on his pharynx was decidedly improved. He was not taking any medicine, yet we can scarcely suppose that the inoculation could have affected his constitution in ten days.

November 7th. The ulcer produced by inoculation had healed. The ulcers of his legs and thighs were decidedly improved, and the tubercle on his arm was less painful.

11th. The inoculated spot exhibited an appearance as if it was again going to ulcerate, as it was a little tender, red, and swelled. The ulcer of his throat, and all the other ulcers, continued gradually to improve, but he still complained of the pain in his left knee.

14th. The inoculated spot formed again a small ulcer covered by a crust.

22d. It remained in the same state—the ulcers of his legs and thighs, however, were daily improving. Hitherto he could not bear the slightest pressure on them, and they were constantly poulticed with bread and water, but now he was able to bear common dressing and a roller applied with a moderate degree of tightness.

December 1st. The ulcers had so far improved, that all had lost their irregular and elevated edges, and many of them were healing. The ulcer of his throat looked clean and healthy at its upper part, but was foul below and covered with white viscid matter. He no longer felt any pain in his knee, but the crusts continued undiminished on his eye-brows and nose. The inoculated spot had again cicatrized.

8th. More than one half of the ulcers on his legs and thighs were healed. The ulcer of his throat looked better, and he was considerably improved in his general health and appearance.

16th. The ulcers of his legs and thighs had almost healed. The crusts had fallen off from the spots on his brows, and disclosed two small sores granulating and healing. The ulcer of the pharynx had also a healthy appearance.

I regret that I have been obliged so abruptly to terminate the history of the two preceding cases, but the experiment of inoculation would require many months of unremitting observation to decide upon its utility, and even were it perfectly successful, an indefinite period of time must elapse before we could be assured that the new disease had entirely superseded the old. It will, no doubt, be objected to me that I might have withheld the detail without much injury to the public, until my experiments had arrived at a decided termination, whether favourable or otherwise. But I have only to say in reply, that if I had omitted them in the present publication, I should perhaps deserve a more severe condemnation in withholding from others so

promising a field of investigation. Its progress in the two cases I have detailed, increases my desire to pursue the inquiry, but I must explicitly premise, that it is an experiment I would not resort to, except in such cases only as resist every mode of treatment, with which we are acquainted.—A case of this untractable nature, I have at present under my care. The patient is affected with the same symptoms as those of Phelan, for which it appears, by his own account, and the registry of the Lock Hospital, that since the year 1807, he has been admitted into the Hospital, for the one infection, nine different times, and has altogether lived in it from that to the present period, (December, 1814,) 112 weeks, and in all probability, during that time, rubbed in more than half a stone of mercury. In these obstinate venereal diseases, that continue for years, it is extremely probable, that were it not for the use of mercury, which only suspends the action of the poison during the mercurial influence, they would, like the yaws, gradually wear themselves out, and cease within a period of no great duration. For the purpose of varying the experiment, I purpose to inoculate this man with the virus of a syphilitic chancre, and after the constitutional symptoms have manifested themselves, to put him on a full course of mercury.

On showing my friend Mr. Todd, the improvement which had taken place on the 23d of November, in Phelan's throat, he mentioned the following facts, which he thought seemed to militate against the probability of success from inoculation.—That some years ago, sufficient care not having been taken to pre-

vent the intercourse between the male and female patients in the Lock Hospital, their state of health, it seems, did not prove any obstacle; and the surgeons of the house were not a little perplexed at finding their patients, while under the influence of mercury, exhibiting new primary ulcers, which were in general more severe and malignant than those with which they were at first affected, but at length the cause was discovered, and means were adopted to prevent the occurrence.\*

The rapid progress of the newly acquired ulcers, was so remarkable, that it reminded him of the analogous progress of a second vaccine infection, when instituted (according to Mr. Bryce's ingenious proposal,) for ascertaining if the first inoculation had succeeded, when, as is well known, the vaccine vesicle of the second inoculation runs so rapidly through its different stages, as to overtake the first before the crust is formed. The observation of Mr. Todd is as sound as it is ingenious, and it is probable, that in those cases

\* The expedient resorted to in the first instance, was rather unfortunate; a military guard was brought into the Hospital, and sentinels were posted in different places, with orders to keep the male and female patients asunder. The soldiers punctiliously performed their duty, and the patients of both sexes were put under a wholesome degree of restraint. But these conscientious guardians of morality, brought back such a stock of infection to their respective regiments, that the Surgeons of the Garrison made an outcry against the arrangement. These frail impediments to vice, were in consequence withdrawn, and the confidence reposed in them, more judiciously bestowed on stone walls and iron bars.

alluded to by him, the newly imbibed poison was perfectly similar to the old, in the same manner as the newly inoculated cow-pock, is of identically the same nature with the first. But when a poison altogether dissimilar is inoculated, it is to be expected that very different results will take place, and this was actually the case in those instances which I have adduced. The ulcer arising from the inoculated virus, so far from increasing with unusual rapidity, seemed rather to pass through its different stages in its ordinary course: and this fact, compared with that observed by Mr. Todd, rather tends to corroborate the existence so often insisted on in this work, of more than one venereal poison.

I shall now proceed to the detail of one or two other instances of the tubercular eruption, that were not altogether as untractable as the two preceding cases, and in which, therefore, I did not think it necessary to resort to the experiment of inoculation.

#### CASE LXXXII.

Elizabeth Byrne was admitted into the Hospital on the 11th of August, 1813, on account of a foul ulcer, with irregular undermined edges, about the size of a dollar, situated on the calf of her right leg. There was also a large tubercle on the inside of one of her thighs, of a deep red colour: and she mentioned that just such another had preceded the ulcer of her leg. I could not gain any satisfactory information respecting the primary symptoms; but she stated that previous to her

admission, she had been for six weeks using mercurial frictions. I put her on the use of nitrous acid, which she continued to take until the 10th of September, during which period the ulcer of her leg extended, and the tubercle on her thigh had ulcerated and formed a deep cavity. I therefore discontinued the nitrous acid, and directed her to rub in half a dram of mercurial ointment every night. As soon as the mercury affected her system, the appearance of the ulcers began to improve; but she complained on the 27th, of pains in the joints of her hands, which were attended with redness and swelling; from which circumstance, and on account of the state of her mouth, which had become severely affected, I discontinued the ointment. The ulcers, notwithstanding, continued to improve, and were nearly healed on the 12th of October, at which time, however, she complained of pains in almost every joint, but particularly in those of her knees. I directed her to take decoction of sarsaparilla, and ordered her to be removed to a convalescent ward, as she was very much reduced under the mercurial course she had undergone.

The pains of her knees continued to increase, and were attended with considerable swelling and redness of the integuments. They were in this state so extremely tender, that she could scarcely bear the weight of the bed clothes. In addition to the sarsaparilla, I directed, on the 26th, ten grains of the compound powder of ipecacuanha, three times a-day. These medicines she continued, with little variation, until the 13th of December; under their use the ulcers healed,

but the pain and swelling of her knees were undiminished, although leeches were applied to them, and she was incessant in the use of warm fomentations.

Under these circumstances, I was willing to give mercury another trial, and directed five grains of blue pill every night and morning. This medicine occasioned an obstinate dysenteric affection of the bowels; and at the same time she was affected with pain in her chest, cough, and considerable expectoration of a matter resembling pus; her pulse was 110, and from every circumstance I conceived that she was rapidly declining. These attacks were met by means usually resorted to in those cases, and contrary to my expectations, her cough became better, and she gained a little strength; but still she complained of pains in her joints. Her knees, though not so severely affected, were still swelled and bent, and she remained in bed completely crippled.

In the middle of February, 1814, I directed again the compound decoction of sarsaparilla, and ten grains of the compound powder of ipecacuanha, thrice a-day. Under these medicines the pains were considerably alleviated, and she slowly improved in strength and appearance. The pains of her knees continued obstinate though less severe, during the greater part of the succeeding summer, from which, however, she derived decided relief, by the occasional use of the ointment of tartarized antimony, which excited an eruption of pustules. This application I did not venture to use until the pains had become chronic, and the extreme tenderness, upon pressure, was removed.

She still remains in the Hospital in consequence of lingering pains in her joints, and on account of a permanent contraction in her knees, which prevents her from walking without the aid of crutches.

### CASE LXXXIII.

Patrick Timmins was admitted into the Hospital on the 10th of October, 1814, on account of four or five foul ulcers situated on his legs and thighs: the most extensive of these was on the calf of the right leg, it was as large as the palm of the hand, and there was one about half the size, situated on the other leg. There was also a tubercle on his thigh, similar to those in the preceding cases, which discovered the nature of his disease. The ulcers with which he was affected, having arisen, as he mentioned, from similar tumours.

He stated that he had never been affected with any primary ulcer on the penis, but that he had in the preceding November, a bubo in his groin, which he conceived to arise from a venereal infection, and that the first of the tubercles appeared in the April following. I put him on the use of nitrous acid, and directed him to poultice the ulcers with bread and water.

20th. The ulcers were all improved, they were granulating, and the smaller ones evinced a disposition to heal.

November 7th. Three of the smaller ulcers had healed, but the large ulcer of the right leg was still foul, had jagged and irregular edges, and bled whenever he moved. I directed him to discontinue the ni-

trous acid, and ordered for him the solution of muriate of mercury, with decoction of sarsaparilla.

15th. All the ulcers had healed except the large one on the right leg, and this was considerably improved.

22d. The ulcer, now the only remaining one, manifested also a disposition to heal, but the right knee had become swelled and affected with severe pain.—I immediately desired him to discontinue the muriate of mercury, but to persevere in the decoction, and to take ten grains of the compound powder of ipecacuanha three times a-day. I also directed him to rub on the knee, every night, the size of a nut of the ointment of tartarized antimony.

December 2d. Two thirds of the ulcer were healed, the pain and swelling of his knee were completely dissipated. The ointment had produced an eruption of large pustules, the discharge from which was encouraged by means of oatmeal poultices.

19th. The ulcer was healed, and he was discharged the hospital well.

#### CASE LXXXIV.

Arthur Basset, a seaman, was admitted into the Hospital, December 14th, 1813, on account of a tubercle, of a deep red colour, situated on his arm, resembling in appearance that represented in plate II., Fig. 8.—An ulcer the size of a sixpence on his forearm, and another, four times as large, on the back of his hand—there was also an ulcer, much larger than the latter, situated on the calf of the right leg, and two

or three small ones, covered with crusts, on the right thigh. He complained of pain in swallowing: and on examination, the fauces appeared inflamed, but not ulcerated.

He stated that in the preceding summer, while serving on board the *Ceres*, that he was attacked with pains in his joints—that on account of their obstinacy, he was, on the 13th of June, sent on board an hospital ship, where the ulcers made their appearance; and that he was finally discharged from that ship, and the service, a few weeks previous to his admission into the hospital. This patient asserted most positively, that he was not affected with any ulcer or discharge on the penis, during the preceding seventeen years; and I have no reason to doubt of the truth of his assertions. He could have had no interest in deceiving me, and similar statements are too frequently made to be altogether discredited; many had been under my care who were as positive in their assertions: and two of them are actually at present (November 1st, 1814,) under cure in the hospital, for the same species of disease. These cases I shall reserve to illustrate the next topic which is to engage our attention, and which might derive an equal support from the case we are at present considering.

I put him on the use of nitrous acid, which he continued as long as he remained in the hospital. The most troublesome of the ulcers were poulticed with bread and water, and common dressings were applied to the others.

27th. The ulcer on his hand had become clean and

granulating—that on his leg remained unaltered, and the tubercle on his arm had ulcerated.

January 5th, 1814. Several small red tubercles about the size of peas, of which I reckoned eight, appeared on different parts of his body; some of these gradually declined, while others ulcerated, and shortly afterwards healed without difficulty. All the ulcers, except that on his leg, continued to improve, and to this he was desired to apply poultices of scraped carrots. Under this application, and the exhibition of nitrous acid, this ulcer, as well as all the others, gradually improved, and were perfectly healed in the beginning of the February following. I detained him in the hospital until the 23d of February, almost three weeks after the ulcers were healed, for the purpose of ascertaining if any new symptom should appear: but none occurring, he was discharged on that day.

This case afforded the most satisfactory proof of the utility of nitrous acid, in a disease, however, which we cannot call venereal, as it could not be traced to any affection acquired by sexual intercourse, yet exhibiting no evident difference in the appearance of the ulcers, from those described in the preceding cases, which were all attributed to venereal infection. They were not indeed so extensive, foul, and obstinate, and there was not the severe pains and swelling of the knee joints, which marked the other instances. But the patient was generally affected with milder pains in all his joints, and his exemption from the severe affection alluded to, might possibly have been owing to his not having used mercury either before or after he came

under my care. In support of this conjecture, I may state that the most severe affections of the knee joint, in venereal cases, which came under my observation, were those in which mercury had been extensively employed.

The case I have just related, naturally leads to an INQUIRY INTO THE PROBABILITY OF THE SPONTANEOUS ORIGIN OF SOME DISEASES WHICH BEAR A RESEMBLANCE TO THE CONSTITUTIONAL SYMPTOMS OF SYPHILIS.

But this has been already so ably considered by Mr. Abernethy, that little remains for me, except to add my suffrage to the doctrines he has enforced. In every instance in which constitutional affections occur, that are liable to be mistaken for those of venereal diseases, but cannot be traced to any infection: it is universally the case, that the patient has been previously, for a considerable time, disordered in his health; his digestion is bad, and he feels himself dispirited and unwell, without being able to point out any particular ailment as the cause of his indisposition.

On another occasion,\* I have adduced incontrovertible facts, which demonstrate, that disorder of the chylopoetic viscera, precedes and accompanies the symptoms of scrofula, and that there are the strongest grounds for believing, that such disorder is, in a very great majority of cases, the immediate cause of the disease. A defective digestion, continued for any length

\* See Essay on Scrofula.

of time, must as certainly produce chyle or blood, of a vitiated quality, and unfit to replenish the waste of the body, as the constant use of unwholesome food, which is undergoing the putrefactive, or acetous fermentation. A disordered state of the system at first ensues, and is frequently succeeded by a variety of many local complaints, among these are swellings of the lymphatic glands, which frequently ulcerate—different species of cutaneous affections, particularly the tubercular eruption, which likewise ulcerates—and lastly, ulceration arises in the throat. Even the deep seated parts do not escape, for the patient complains of pains in the joints, which are frequently mistaken for those of chronic rheumatism, and affections of the bones or their coverings, producing a kind of node, are not unfrequent. In fact, this train of symptoms occurs every day under our eyes, in children, whose youth fortunately protects them from the suspicion which lights on their elders: for it is by no means unusual to find in scrofulous children, ulcers which arise from tubercles, and also ulcers of the tonsils, nodes on the shins, and pains in the joints, which, if they occurred at a more advanced period of life, would inevitably condemn them in the hands of a great majority of practitioners, to a severe course of mercury. In these countries, almost every chronic complaint which cannot otherways be accounted for, is suspected to be a symptom of latent venereal disease; and it is in vain for the unfortunate patient to protest his innocence, if one or two of the train of symptoms I have stated, concur to satisfy his medical attendant of the incredibility of his

assertions; whose doubts, if he had any, are completely dissipated, by the favourable change which almost always ensues on the first exhibition of mercury. The patient cannot withstand this accumulation of evidence, and begin to think that the remnant of some old venereal taint has been lurking in his system for a long series of years; or that the poison may have been imbibed by drinking out of the same cup with an infected person, or caught in some accidental way, that he can neither describe nor account for. But the opinions of friends are seldom so lenient, and many a happy family has been plunged into the deepest distress by the unqualified and unjustifiable sentence of a practitioner, who cannot rise above his prejudices, or conceive that symptoms in any degree resembling the venereal, can originate from any other than a venereal poison. I shall proceed to illustrate this part of my subject by one or two cases, selected from a considerable number of

*Cases, indicating a Spontaneous Origin of some Diseases resembling Syphilis.*

#### CASE LXXXV.

In the winter of 1810, a gentleman consulted me on account of a complaint which he supposed to be a commencing fistula lachrymalis. One of his eyes continually watered, and on examination, the bones of his nose felt enlarged, and were tender when pressed. He snuffled also, very much, and breathed with difficulty

through his nose.—He mentioned, accidentally, that he felt a soreness for a few days in his palate; on examination, I perceived a round hole, about the size of a pea, in the palate, through which the probe passed readily into the nose. There was an ulcer of the same appearance, but somewhat larger, covered with white viscid matter, on the soft palate, just above the velum.

I immediately suspected syphilis, but he positively denied having had any venereal complaint since he was married, a period of nine years, during which time, he had seven children, who were all healthy from their birth. His wife was also perfectly healthy. This gentleman had not enjoyed good health for the two years previous to his application to me. He felt himself unwell without being able to ascertain the cause, and was affected with an unaccountable lowness of spirits. He was afterwards attacked with pains in his joints, which were treated by a physician of the first eminence as rheumatic. His tongue was furred, his sleep disturbed at night, and by day he felt himself incapable of attending to any thing which required intellectual exertion.

I gave him my opinion that a course of mercury would be necessary to remove the disorder, whether or not it proceeded from a venereal infection. This advice was thought so extraordinary, that my patient would not submit to so severe a remedy, without the opinion of another surgeon. Mr. Richards was consulted, and he agreed with me in the propriety of a mercurial course, although we had no facts to lead us

to suppose that the patient had been affected with syphilis during the preceding ten years: except the appearances I have described.—In a week after the commencement of mercury, the ulcers were completely healed, but the opening in the palate bone did not close. The tenderness of the bones of the nose, and the disposition to fistula lachrymalis were also removed. The course of mercury was, however, persevered in for two months, during which period he rubbed in eight ounces of ointment, which sustained for almost all that time a full mercurial action. He has since remained perfectly well.

If a similar case was to occur to me at present, my reader is by this time satisfied that I should deem it sufficient to give mercury in alterative doses, conjoined with the simple or compound decoction of sarsaparilla.\*—The following case was so treated.

#### CASE LXXXVI.

James Haly was admitted into the Hospital on the 15th of July, 1812, on account of the following symptoms:—There was an ulcer on the left side of the pharynx, covered with white viscid matter, and an ulcer, of a healthy granulating appearance, on each arm, situated immediately above the elbow. His tongue was

\* Mr. Abernethy gives a case perfectly analogous to this, in support of similar opinions, of which he has the merit of being the first promulgator.—See Abernethy on diseases resembling Syphilis, page 80.

white and furred, his stomach flatulent, and bowels irregular.

He stated that the ulcers of his arms commenced nine months before his admission, and that they were preceded by small tumours, which he called kernels. He also stated that the ulcer of his throat was of about three months' duration, and assured me that he never had at any period of his life, an ulcer on the penis, or any venereal complaint: that he was married, and that his wife was perfectly healthy. I directed him to take the compound decoction of sarsaparilla daily, and five grains of blue-pill every second night.

25th. The ulcer of his throat had assumed a clean healthy appearance, and the ulcers on his arms were healing. He was considerably improved in his appearance and general health.

August 17th. The ulcers were all healed, and he was discharged the Hospital. The small quantity of mercury used did not produce any effect upon his gums.

On the 12th of May, 1813, he again returned to the Hospital, on account of an extensive phagedenic ulcer on the inside of his right cheek, extending to that part where the velum joins the palate. The surrounding parts were swelled and of a dark red colour. He stated that about three months after he left the Hospital, an ulcer appeared on his right arm, which healed under the application of common dressing, without any internal medicine, in the course of six weeks—that about the same period the ulcer on his cheek appeared, that he had previously complained of

severe pain in two of his teeth, and that he had caused them to be extracted.

On account of the irritable phagedenic character of the ulcer, I directed five grains of the extract of cicuta, three times a day, which, on the 18th, were increased to ten grains. He was also directed to wash the sore frequently with a gargle, containing muriatic acid. Under this plan the ulcer gradually amended.

June 18th. The entire ulcer was healed except about the size of a pea, which looked white and foul. The velum also exhibited a dark, red, and inflamed appearance, such as usually precedes an attack of ulceration upon this part. The cicuta was discontinued, and he was put upon the use of nitrous acid. The small remains of the ulceration afterwards spread a little. The patient snuffled from a seeming obstruction in his nose, and he stated that an offensive discharge had taken place from his nostrils. From these circumstances I suspected the existence of disease of the bones of the nose, which I conceived it most prudent to check by the solution of muriate of mercury, conjoined with decoction of sarsaparilla. Under this plan these unpleasant symptoms disappeared, and the ulcer was perfectly healed before the 10th of July, on which day he was discharged the Hospital, and has remained well ever since.

## CASE LXXXVII.

In the beginning of August, 1814, I was consulted by a young gentleman about 17 years of age, of a weakly frame and unhealthy appearance, on account of an obstinate soreness in his throat, which had harassed him upwards of six weeks previous to his application to me. On examination I found an irregular ulcer extending along the edge of the velum, and engaging the entire uvula—it exhibited, in some degree, the phagedenic character, but was not marked by the pain or rapid progress which attend ulcers of that description. As the entire fauces were considerably inflamed, I directed him to take for three or four days in succession, a smart opening medicine, and to gargle his throat frequently with a lotion, containing muriatic acid. These means did not, however, produce any favourable change in the appearance of the ulcer, which continued to extend until the uvula and a considerable portion of the velum were destroyed. Although he positively asserted that he never had been affected with any venereal complaint, or even had any sexual connexion, the truth of which, a natural phymosis strongly corroborated, I did not hesitate to order for him a solution of the muriate of mercury, and decoction of sarsaparilla, under the use of which the ulcer immediately amended, and was healed in three weeks.

In the October following, a large bump or tubercle, appeared below the right knee, which, in a week's

time, ulcerated and formed a foul sore, the extent of half a crown. The medicines which were serviceable in the first instance were again recurred to, and under their use the ulcer soon assumed a granulating appearance, but was not healed until the middle of the following November.

### CASE LXXXVIII.

John Finegan was admitted October 1st, 1814, on account of a series of ulcers, varying from the size of a shilling to that of a half crown, situated on his legs and thighs. A few of them exhibited granulations, but the majority had a foul appearance, and irregular jagged edges. There were also two tubercles on the inside and upper part of the thighs, of a dark red colour, each about the magnitude of a filbert. He was of an unhealthy, emaciated appearance, and stated that he had been eighteen months affected with these complaints—that each of the ulcers had been preceded by a small tumour, similar to the above mentioned tubercles, and that the ulcers were not confined to his legs and thighs, but that many appeared in succession on the other parts of his body, the cicatrices of which he showed me. He also mentioned that he was six years married, and that during that period he had not contracted any venereal distemper. I ordered him the solution of muriate of mercury, with decoction of sarsaparilla.

10th. All the ulcers were improved, and the smaller ones were healing rapidly. The two tubercles on his

thighs were diminished in size, and the integuments covering them had become of a paler colour.

31st. The ulcers had all healed. The tubercles had receded, and he was discharged the hospital well.



HAVING now detailed the various facts which presented themselves under the method adopted for the investigation of those diseases, which are devoid of the characteristics of Syphilis: it may be satisfactory to look back upon the most important of those objects which marked the intricate, and I fear, tiresome path we have been pursuing. The circumstance which most strongly forces itself upon our attention, is the constant association of a distinct and peculiar train of constitutional ailments, with corresponding primary symptoms, demonstrating that the regularity which marks the character of all morbid poisons, also has a place in venereal diseases. It is only necessary to advert to the constitutional affections of the skin, as they are the most obvious of those symptoms which can be traced to a primary ulcer; yet all the other constitutional symptoms are nearly as capable of being discriminated and arranged, at the expense, however, of a little more attention.

1. THE SCALY ERUPTION which appears under the form of lepra and psoriasis, and terminates in ulcera-

tion, is alone produced by the syphilitic primary ulcer, characterised by its slow progress, and its indurated edge and base: and we find that both local and constitutional symptoms yield with almost invariable certainty and celerity to the action of mercury.

2. THE PAPULAR ERUPTION which terminates in exfoliation of the cuticle, may either be occasioned by the smooth superficial ulcer, without induration or elevated edges—by a purulent discharge from the surface of the glans and prepuce—or by a gonorrhœa virulenta: and we have found that these different species of the same disease are alike capable of a spontaneous cure, or of being removed by external astringent applications; and that the constitutional disease they produce is, like the primary, also capable of a spontaneous cure, which is promoted by antimony and decoctions of the woods.

3. THE PUSTULAR ERUPTION which terminates in ulcers, covered by crusts, is either occasioned by the phagedenic or sloughing ulcers. These destructive venereal complaints, in their primary stage, are best treated by such means as subdue inflammation and symptomatic fever, and by anodyne medicines, such as *cicut*a and opium. In their secondary stage, the decoctions of the woods, antimony, and the mercurial salts, in alterative doses, are the means most to be depended on: but change of air, and such measures as may tend to strengthen the constitution, are also of unquestionable moment.

4. THE TUBERCULAR ERUPTION which terminates in deep irregular ulcers, has been traced, in one instance only, to a primary sore,\* which, from the manner it undermines the skin, has been named the *burrowing ulcer*. But until other cases concur to demonstrate this connexion, it would be premature to conclude that the one always occasions the other. It must, however, be observed, that of all venereal affections, these two correspond in being the most obstinate and perplexing with which we are acquainted. The foregoing observations on the treatment of the phagedenic ulcer, and its constitutional symptoms, equally apply to the burrowing ulcer and tubercular eruption, and need not be here repeated.

5. THE DISEASES likely to be confounded with syphilis, WHICH ARISE SPONTANEOUSLY from a disordered state of the constitution, frequently assume the form of the tubercular eruption; and before ulceration occurs, I have seldom been able to distinguish this spontaneous disease from that arising from a venereal infection. But after ulceration, the sores do not continue so extensive, jagged, and obstinate, and particularly under the means recommended, as those of a venereal origin. These spontaneous diseases are cured with facility, in most instances, by nitrous acid, decoctions of the woods, and mercurials, in alterative doses:

\* See page 240, and Appendix, No. IV.

but do not require, nor are benefited by a full mercurial action on the system.

From this view we learn that every primary affection has its corresponding eruption, so that we may foretel from the former what the latter will be: or if we have only the opportunity of seeing the eruption, we may judge what the primary ulcer has been. This uniformity corresponds with the uniformity of other morbid poisons, and is in itself a sufficient proof that all venereal appearances do not spring from one poison alone; but it is unnecessary to pursue this subject farther, as I should only repeat what has been already enlarged upon, perhaps to excess.\*

By attributing the different classes of venereal primary appearances to distinct poisons, and not according to the common opinion, to one only, it may be imagined that I entirely overlook the influence of constitution, the state of the atmosphere, or other equally important circumstances, which are capable of altering or modifying the appearance of ulcers. But this is by no means the fact. I allow every influence to those agents which can be rationally ascribed to them, and willingly acknowledge that the appearances of ulcers can be most materially modified by their influence: but I cannot argue myself into a belief that such causes can totally change the character of an ulcer arising from a morbid poison. I will allow that a chancre may inflame and spread, if irritated, or from that tendency to inflammation which exists in a full phlethoric con-

\* See page 150, et. seq.

stitution; but I do not think that it would, in consequence, lose its characteristics, the hardened edge and base. I will even admit, though I never witnessed the circumstance, that the foul air of an hospital may cause a chancre to assume a gangrened appearance, but I cannot be persuaded that such a cause could possibly produce the alternate phagedena and sloughing, which mark the character of the sloughing ulcer.

But the fact of which I have adduced such abundant evidence, that each class of venereal primary ulcers is attended by a corresponding constitutional eruption, and other symptoms, puts the subject beyond dispute; for although adventitious circumstances may be allowed to change the character of the primary ulcer of a morbid poison, it will scarcely be asserted that they also have the power of changing the character of the constitutional disease which follows. The analogy furnished by all other morbid poisons, is sufficient to overthrow such an arbitrary supposition.

It is probable that I have not noticed all the varieties of venereal appearances, which occur in this country; but I believe that I have drawn a strong, well defined, and faithful outline of the real and substantial distinctions which are marked by nature, and no more could rationally be expected. The shades of difference which occur in diseases are endless: but with respect to those which are more immediately our object, the judgment of the practitioner may readily fill up the outline, by placing such varieties as happen to fall in his way, in their appropriate places. In illustration, I may observe that the purulent discharge from the glans

and prepuce, and the smooth superficial ulcer, form immediate gradations, and frequently pass from the one state into the other; and the same may be observed of the phagedenic and sloughing ulcers. But the smooth ulcer may be so altered by adventitious circumstances, such as a previous morbid state of constitution, irritation, or want of cleanliness, as apparently to border on the phagedenic species, which may render the character of the ulcer doubtful, and give it the appearance of forming a link between these ulcers. But when the adventitious circumstances, which modified the ulcer in question, are removed, or when the constitutional symptoms appear, the true character of the ulcer, or of the poison which produced it, becomes obvious, and can not be mistaken.

Persons of judgment and discrimination will know how to estimate the value of the cases detailed in this work, because the great majority of them relate to persons in an humble sphere of life. Those who seek an asylum in Hospitals afford better examples of the progress of diseases, and the effects of remedies upon them, than cases of private practice. This is more particularly observable in the maladies under consideration. For as soon as a private patient has undergone a severe course of mercury, without amendment, and that his medical attendant seeing the inutility of a farther perseverance in that medicine lays it aside, he usually seeks the advice of a second professional man, who, conceiving that a sufficient quantity of mercury has not been exhibited, puts his patient through another course. The disease still gain-

ing ground, a third, or a fourth, is consulted, till at length he runs the gauntlet through the greater part of the profession, each practitioner inflicting on him his own favourite mode of administering his specific. At last the unfortunate patient, with broken constitution, spirit, and resources, possibly seeks the advice of his first attendant, with regret that he ever sought any other. But it is not from him, or those of our fraternity who were most familiar with his symptoms, that we can obtain a satisfactory history of his complaint, except in a single point—the inefficacy of repeated courses of mercury for its removal. Therefore, I say, it is only from the registry of an Hospital that we can gain a faithful account of the symptoms and progress of these obstinate diseases, where the patient is restricted to the regimen and medicine prescribed by the surgeon of his ward, and not allowed to indulge his own fancy and caprice in wandering from one practitioner to another, or in employing in a clandestine manner, means not known to his medical attendants. But as almost all our registered experience of venereal diseases seems to be taken from private practice, we should not be surprised at finding that the prominent facts stated in this work are not to be found in other publications on the subject: or if they are hinted at, that they should, either from preconceived opinions, be distorted, overlooked, or laid at the door of the remedy so long and so pertinaciously exhibited without benefit.—Thus both the acute and lingering pains in the joints, are very generally ascribed to mercury, and not to a venereal virus; and even

a modern author, who has written expressly on the subject, has attributed to the excessive use of this medicine, eruptions, ulcers on the skin and throat, and nodes on the bones. A mistake we cannot be surprised at, when we recollect how lavishly it is used in those venereal diseases which do not yield to its influence; and the frequent appearance of these symptoms, while the patient is suffering the most severe salivation.

It must, however, be acknowledged, that in one circumstance, the Hospital patient is destitute of the advantage possessed by his more affluent fellow-sufferer, the benefit of a pure atmosphere, and of enjoying, if necessary, a change of air. This privation, however, would not be among his misfortunes, if, (as I have before recommended,) a building for convalescents, situated in the country, with large airy wards, and exercising grounds, were attached to the foundation of every Lock Hospital. Had I found such an establishment in existence, I should not, in all probability, have had the unpleasant task of relating so many obstinate and perplexing cases.

The variety of venereal appearances, and the modification and change which they are perpetually undergoing, together with the fact, that these maladies are not exactly alike in any two countries: and the consequent frequent introduction of new symptoms, by means of foreign infection, require that we should be always on the watch, with a view to ascertain the nature of the most prevailing venereal complaints; for I have constantly observed that there is a predominant

infection for a season, which in general, on the succeeding, gives way to another.

It may be considered a strong corroboration of the opinions inserted in this treatise, that relapses were far more frequent in those cases of diseases resembling syphilis, when mercury had been used, than when they were treated exclusively, by the other means recommended. And in closing these pages, I have the gratification of stating, that after several years of observation and scrutiny, during which, the symptoms and progress of these diseases were constantly and carefully recorded, I have not met with any circumstance to induce me to doubt the principles I have endeavoured to inforce in the course of this work. Far am I, however, from thinking that the subject requires no farther investigation. I trust that it will be pursued as anxiously as it ought by the great body of practitioners, until those diseases (as they certainly may) shall be thoroughly understood. Nor shall I consider that I have fulfilled my portion of this great duty, as long as any thing remains to be done, or the opportunities I have had the good fortune to possess, are still within my power.

## APPENDIX.

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### I.

IN an investigation like the present, new facts perpetually come under observation, which present themselves too late to be admitted into their proper places in the general arrangement; yet are too interesting, or too closely connected with the subject of the work to be withheld from the public. For this reason I have deemed it expedient to add a few pages in the form of an Appendix, to this already too tedious, but I trust not unnecessary accumulation of facts.

It was not to be expected that in such a multiplicity of untractable cases as I have detailed, that a relapse should never occur. I have mentioned two or three in the body of the work: and I have here to add *two* others, in order to complete the whole number of those that have come to my knowledge, in which there was any recurrence of the symptoms. In the third chapter, the results of the two cases alluded to are stated to have been favourable, but it seems they

were not permanently so, for they were afterwards taken into the Richmond Hospital, under the care of Mr. Todd, for secondary symptoms. But a letter which I had occasion to address to him at the time, will briefly explain the state in which I found the patients in question: and I shall not hesitate to transcribe it, particularly, as it contains some practical observations, which I flatter myself will be useful:—

*April 5th, 1814.*

DEAR SIR,

I called yesterday at the Richmond Hospital, to see the two cases which I had reported in my Essay to have been discharged well, but in whom relapses, it appears, have since occurred. Both patients I found under the influence of mercury, a circumstance that I regret very much, as I should have been gratified to have had an opportunity of observing the symptoms, previous to the exhibition of that medicine. The eruption in Kettlewell, whose case I detailed in *page* 43, of my Essay, had so far declined, that there only remained discolorations of the skin, where the spots were situated; but from the appearance of these discolorations, it is not impossible but the eruption may have been scaly and truly syphilitic.

This case was brought forward in my Essay for the purpose of elucidating the treatment recommended in inflammatory phymosis, in which chancres are not observable, either to the eye or touch, which was the fact in the present instance. I have there stated, that at the time of his admission, mortification had

taken place, and the sore which followed the separation of the mortified parts, was destitute of the characters of chancre, and therefore that mercury was not employed, and that the sore soon afterwards healed without the exhibition of mercury, and he was discharged on the 18th of December last.

He came to me in the following February, after the work was printed off, with a small ulcer on his thigh, of a doubtful character; for this I directed a few calomel pills, and desired him to return to the Hospital, but I did not see him again until yesterday. From the eruption that took place, and the rapid amendment that followed the exhibition of mercury, under your directions, it is probable this man had been affected with a syphilitic chancre. But from the appearance of the healthy granulating sore, which ensued after the separation of the mortified parts, I am positive that no chancre existed at that period. It is then obvious that the part on which the chancre was situated, was that which sloughed away, so that it was removed with the general mortification of the prepuce, in the same manner as it would be by a powerful escharotic, or by an extensive excision of the part.

These means, however, though they may cause a removal of the ulcer, it is well known cannot prevent absorption, which, in the present instance, must have occurred before the mortification took place—a practical question then arises on the case—whether or not mercury ought to have been employed when the inflammation was removed. The general practice, I know, would be the exhibition of mercury: but mine

would be different for the following reasons:—1st, There was no evidence of the existence of chancre in this case. 2d. Mercury is unnecessary, and may be highly injurious in ulcers which are not syphilitic, but particularly when attended with inflammation, or a disposition to inflammation. 3d, I had met with numerous instances of inflammatory phymosis, and some like that under consideration, followed by sloughing, in which, permanent recovery took place without the aid of mercury. 4th, If the disease should prove to be syphilis, it will be cured with as much ease by mercury, if not with more, when the constitutional symptoms occur. For these reasons I did not exhibit mercury in the case under consideration, and I am convinced that the same practice ought to be pursued in all similar cases, because it would be highly unwarrantable to enter on a full course of mercury until we have ascertained what is really the nature of the disease.

AS TO THE SECOND CASE, that of Barnaby Brady, admitted into the Lock Hospital, September 29th, 1813, (see *page* 81,) affected with a primary ulcer, without the characteristics of chancre, and which, under my care, became well without the internal exhibition of mercury—when I visited him yesterday in the Richmond Hospital, I found him recovering from a severe mercurial course. He had no eruption—his complaints, he stated, had been at his admission, merely pains in his head and shoulders. Now those identical symptoms I have stated, and instanced in numerous cases in my Essay, to be the *characteristic constitutional symptoms of superficial primary ulcers,*

*without induration:* and that these pains may be removed by sarsaparilla and antimony, and when the usual attending fever is subdued, that alterative mercurial doses may be of service; but that full mercurial courses are not only unnecessary, but prejudicial, as the pains generally recur after such practice. The pains, in the present instance, have been relieved by the course of mercury, *but they probably will recur as soon as the mercurial irritation has subsided.*

If you will take the trouble of noting these two cases, they may be introduced in the second part of my work, and my pages cannot fail to be improved by any communication of yours.

I am yours, &c. &c.

R. C.

*To Charles H. Todd, Esq.*

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On enquiring, in the November following, of Mr. Todd, the state of these two men, I learned that Kettlewell, who is now a porter in the House of Industry, remained well; but that Brady had a recurrence of the pains in his shoulders, and other joints—that in consequence, it was deemed inexpedient to persevere in the use of mercury: and he was discharged on the 17th of May, 1814, for the benefit of air, after he had remained in the Hospital upwards of nine weeks; during the greater part of which period he was kept under the full influence of mercury—that he returned in the course of the summer, as severely affected as be-

fore, with the pains in his joints. There not being a vacancy at the time in the Hospital, he was desired to return after a short interval, but that he had not afterwards applied for admission.

For these facts I am indebted to the candour of Mr. Todd: but I was still farther satisfied of the accuracy of his statement, on the subsequent appearance of Brady at the Richmond Hospital. He still complained of a severe pain and swelling in one of his knees, and on examining him in the presence of Mr. M'Evoy, the Apothecary of the Hospital, I learned that he had never been free from pains in his joints, from the time he left the Richmond Hospital, a circumstance which confirms, in the strongest manner, the justice of my prediction in the preceding April, that the pains would probably recur as soon as the mercurial irritation had subsided.

## II.

It is stated in that part of the Essay which treats of the superficial ulcer with elevated edges, but without induration,\* that I had not ascertained the constitutional eruption with which it was attended; since that period, however, I have witnessed it in two instances. The eruption in one accurately corresponded with the other, but was somewhat different from any I have described as belonging to the other species of primary ulcers. It occurred in the form of pustules in the neighbourhood of the primary ulcer, which, in a few days extended and became covered with flat crusts, and each spot extended to about the size of a sixpence. The crust quickly falling off, exposed a foul circular ulcer, exhibiting a regular concavity. In one instance I was consulted by a young gentleman who was affected with an ulcer, of the character alluded to, on the prepuce, for which he had been using (previous to my seeing him) mercury, extensively, during five months, without experiencing the slightest beneficial change. Three months after infection, and while under the full influence of mercury, he had been attacked with pains in his shoulders and arms, and two constitutional ulcers, such as I have described, appeared, one upon each thigh—that medicine had been conti-

\* See Page 78.

nued with redoubled energy. At the time I first saw him, a favourable disposition had been just manifested in the primary, as well as secondary ulcers, and I therefore did not think it prudent to make any change in the plan he was pursuing. The full influence of mercury was continued another month, under which, both primary and secondary ulcers at length healed, after a period of upwards of six months from the commencement of the disease.

The second case I have alluded to was that of Patrick Smyth, who was admitted into the Hospital on the 29th of July, 1814. A large ulcer with elevated edges, but without induration, was situated on the external surface of the prepuce. There were several constitutional ulcers on his thighs, all of which resembled, in size and appearance, those described in the preceding case. He stated that he had been eight weeks disordered, and that he had taken pills, which affected his mouth—that the ulcers on his thighs appeared four weeks after the occurrence of that on the penis, and while his mouth was mercurially affected. I directed him to take antimonial solution, decoction of sarsaparilla, and to apply yellow wash to the ulcers.

August 8th. The ulcers on his thighs were healing, that on the prepuce was improved.

26th. All the ulcers, both primary and constitutional, were healed, and he was discharged the Hospital well.

I may take this opportunity of stating, that in many instances, the primary ulcer under consideration, was treated topically by a solution of the sulphate of zinc,

in the proportion of a grain to an ounce of water, under which it healed, as I thought, more quickly than in those cases where the mercurial washes were employed; and it is probable that any lotion of moderate astringency would be found equally efficacious as those which I have recommended.

Without taking into consideration the number of instances already adduced of the primary ulcer, which was cured without mercury, it is rational to infer from the appearance of secondary symptoms in the first of the preceding cases, while the patient was under the full influence of mercury, and from the length of time that elapsed (a period of nearly six months) before any favourable change appeared in the primary symptoms, that the disease was one of those which are not to be expected to yield to the influence of that medicine; and this conclusion is powerfully supported by the result of the second case, in which we find a similar disease cured without mercury in the comparatively short space of four weeks.

The various distinctions I have pointed out in venereal diseases, may possibly be objected to on the grounds of my attempting too nice a system of discrimination: but surely it is obvious that the facts I have recorded may lead, in a very short time, to a knowledge of a more appropriate and effectual remedy for each of those different species of venereal complaints, than even those which I have found of such decided advantage. Yet, for those who feel any reluctance to pursue the inquiry minutely, or may think it superfluous to observe the various appearances of the pri-

mary ulcers, which would qualify them to prognosticate the nature of the corresponding secondary disease, and to predict the probable consequences, it will perhaps be sufficient if they impress upon their minds the wide practical difference that exists between syphilis and all other venereal diseases, recollecting that in syphilis alone they are to employ full courses of mercury, but in the resembling diseases they are never to use it, except in alterative doses, nor even in those doses, except under the circumstances so frequently noticed in the course of this work.

The recent occurrence of many of the cases I have detailed, may be urged against me, and it may be said that it is too soon to conclude that they have been perfectly cured. This may be a just objection, with respect to those which came under my observation during the last year: but those which occurred, two, three, or four years ago, I conceive afford quite a sufficient corroboration of the principles they are brought forward to support. They are sufficiently numerous for this purpose, and the variety I have had an opportunity of observing in so limited a period, is an extraordinary demonstration of the multiplicity, and general dissemination of those but little investigated diseases.

## III.

IN page 77, I have mentioned my reluctance to state that the constitutional symptoms of the sloughing and phagedenic ulcers were alike, not having at the time that part of my Essay was written, witnessed the constitutional symptoms of the sloughing ulcer in more than one instance. Since that time, however, two other cases have occurred, one of which is already detailed, (Case LXX.) and the other is under cure at present, (December, 1814,) in the hospital. In these cases the constitutional symptoms were of the same description and character as those which the phagedenic ulcer produces, a circumstance which I conceive sufficiently establishes as a fact, the conjecture I hazarded, that those two species of ulcers spring from one and the same poison, and that some peculiarity of constitution, or inflammatory disposition in the individual, or other extraneous cause, produces either the phagedenic or sloughing ulceration. For, as I have before observed, there is so strong a resemblance between those ulcers, that the sloughing ulcers, when the sloughs separate, cannot be distinguished from the phagedenic.

With respect to the characters of the constitutional ulcers, in addition to the circumstances relating to them, detailed in page 156, I have observed that when the crusts are cast off, the centre of each ulcer fre-

quently fills up with granulations, which skin over, while, at the same time, the ulcer is progressively extending at its circumference, where it exhibits a foul appearance, destitute of granulations. These circumstances I have observed so frequently in this description of constitutional ulcer, that I conceive they deserve to be stated as distinctive characters.

## IV.

THE following is the case of burrowing ulcer alluded to in page 240.

JOHN Redmond was admitted into the Lock Hospital on the 14th of July, 1813, on account of high inflammation of the prepuce, attended with discharge, severe pain, and considerable symptomatic fever.

He stated that a month before, an ulcer appeared on the frenum, for which he took mercurial pills, in sufficient number to affect his gums, which were swelled at the time of his admission.

I immediately directed venesection to sixteen ounces, and after the operation of a cathartic, that he should take the antimonial solution—he was also desired to remain in bed and poultice the penis with bread and water. By these means the pain and inflammation were considerably reduced, but on the following day the prepuce, over the frenum, appeared black and mortified, and a slough, the size of a shilling, separated on the 17th, exposing an ulcer on the inferior part of the glans and prepuce, of a phagedenic appearance. I directed five grains of the extract of cicuta, three times a-day, which on the 19th, was increased to double that quantity. Under this plan the ulcer began rapidly to amend—on the 26th, it was healing round the edges, and before the 3d of August, it was cicatrized, leaving an opening into the urethra,

through which the urine passed; and on the 9th of the same month, he was discharged the Hospital apparently well. But on the 9th of September following, he was re-admitted on account of a phagedenic ulcer, which had destroyed almost half of the glans penis. It appeared about a fortnight after he left the hospital, on the spot which had been occupied by the former ulcer. I directed the same medicine from which he had before derived so much benefit, in the quantity of ten grains, three times a-day: but no amendment taking place, I was induced on the 13th of September, to combine with each dose of cicuta, four grains of blue pill. But under this treatment the ulcer became painful and more irritable, I therefore, on the 20th, omitted the blue pill, but continued the cicuta. The ulcer under this plan improved, but the urine passing over it, was a constant source of irritation, which probably caused it again to spread, so that I was induced, on the 4th of October, to lay aside the cicuta, and to try mercury once more, I therefore ordered him five grains of blue pill thrice a day. This change, however, was far from advantageous, for the ulcer became excessively painful, and began to extend in all directions—I therefore recurred again on the 12th to the cicuta, of which I directed five grains every fourth hour, and desired the patient to poultice the penis with crumb of bread, and a solution of opium.

The ulcer under this system healed in one place, while it extended with a phagedenic appearance in another. The glans exhibited an irregular surface, in one place, marked by a fresh cicatrix, while the ad-

joining was indented by an existing ulceration. The ulcer was also now evidently burrowing, so that the probe could be made to pass on either side, almost an inch under the skin of the penis, from the corona towards the pubis.

On the 8th of January, 1814, I laid open with the knife the most extensive of those burrowing ulcers, which was followed by some amendment, as the part afterwards filled with granulations. I also discontinued the cicuta, which he had been taking since the 12th of October, without interruption, and directed fifteen grains of the compound powder of ipecacuanha, night and morning, which seemed to produce a temporary check; but the ulcers again beginning to burrow, I resorted to the use of nitrous acid, but perhaps with as little advantage.

On the 22d of March the skin ulcerated on the dorsum penis near the pubis, and discharged matter mixed with urine: after this occurrence, the matter which collected under the skin having a free outlet, seemed to produce a favourable change, and to cause the sinuses or cavities to close. In the beginning of the following month, constitutional symptoms manifested themselves. He complained of pains in his shoulders, elbows, and knees, and a TUBERCLE, such as I have already described, appeared on his left side, and another, some time afterwards, on his forehead.

On the 20th of May, he showed me a crop of small pustules which appeared on his breast, belly, and thighs, these gradually spread into spots the size of a silver penny each, covered by thin flat crusts, which

falling off about the middle of June following, left the parts underneath healed.

From the time the constitutional symptoms began to appear, I discontinued the nitrous acid, and put him on antimonial solution and decoction of sarsaparilla. And it was curious to observe in this as well as in most other species of venereal diseases, that from the appearance of constitutional symptoms, the primary ulcer began to improve, the undermining, or burrowing process ceased, and the skin of the penis closed in on all sides, evincing that the healing process was rapidly going forward. In the mean time the tubercles ulcerated, that on his side soon healed, the other remained a longer time open, but exhibited a healthy granulating appearance. The pains also disappeared before the 4th of July, on which day he was discharged the hospital apparently well. In this case the glans was entirely destroyed, and also a considerable portion of the body of the penis.

On the 19th of the following October, he was re-admitted on account of a fresh attack of the burrowing ulcer. It engaged the extremity of the penis, and undermined the skin to the extent of a quarter of an inch all round. There were also several small spots, covered with thin crusts, on his body, but more numerous on his scalp than elsewhere, and he complained of pains in his shoulders, elbows, and wrists. I directed him to take decoction of sarsaparilla, and five grains of extract of cicuta, three times a-day.

26th. The eruption had not declined, and many fresh spots had appeared on his scalp. The pains con-

tinued equally severe, and the ulcer of the penis was stationary, I therefore directed him to discontinue the cicuta, and to take the solution of muriate of mercury with the decoction.

November 7th. The ulcer of the penis was improved, the pains were considerably diminished, and the eruption had declined.

14th. His mouth was affected by the solution. The ulcer evinced a disposition to heal. The eruption had entirely disappeared, and the pains of his joints were subdued. He was desired to discontinue the solution, but to persevere in the decoction.

22d. The ulcer was healed, and he was discharged the hospital on the 28th.



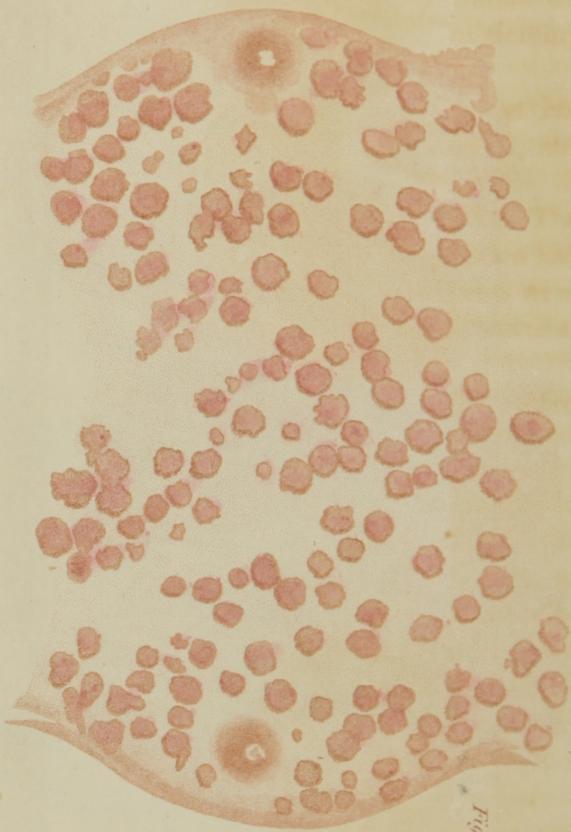


Fig. 4.

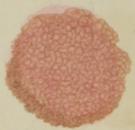


Fig. 3.

Fig. 1.



Fig. 2.



Fig. 5.



Fig. 6.



Fig. 7.

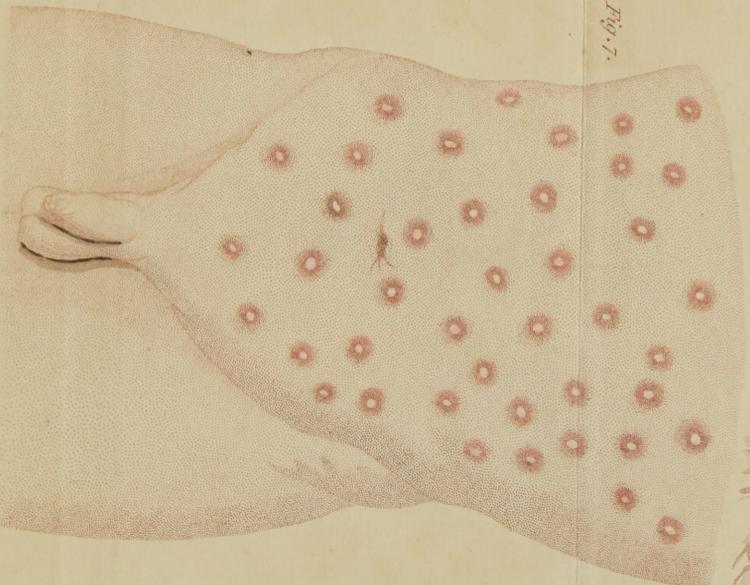


Fig. 8.

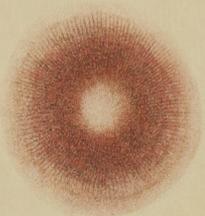
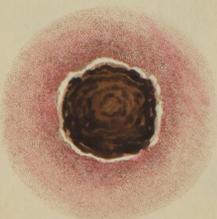


Fig. 10.



Fig. 9.



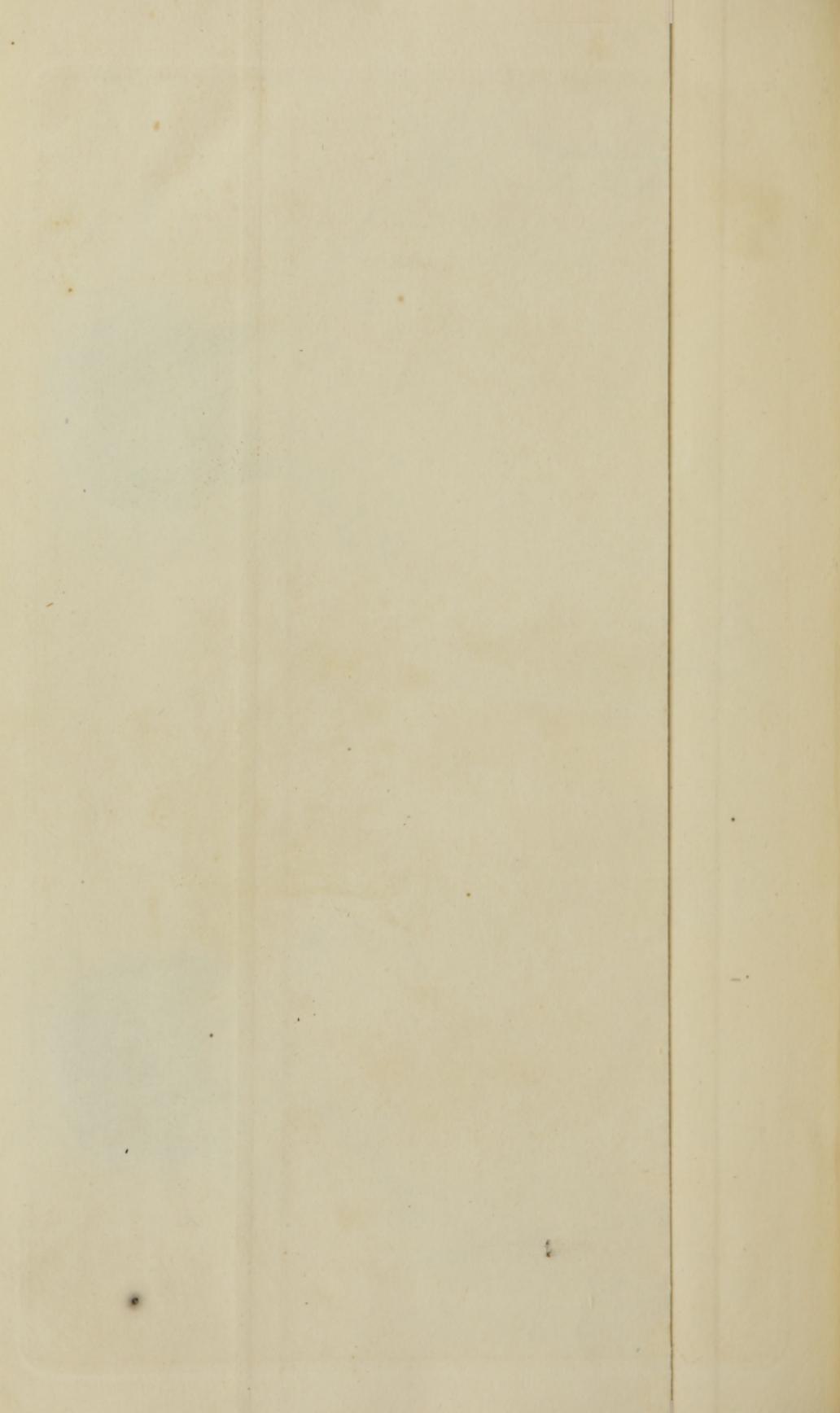




Fig. 9.

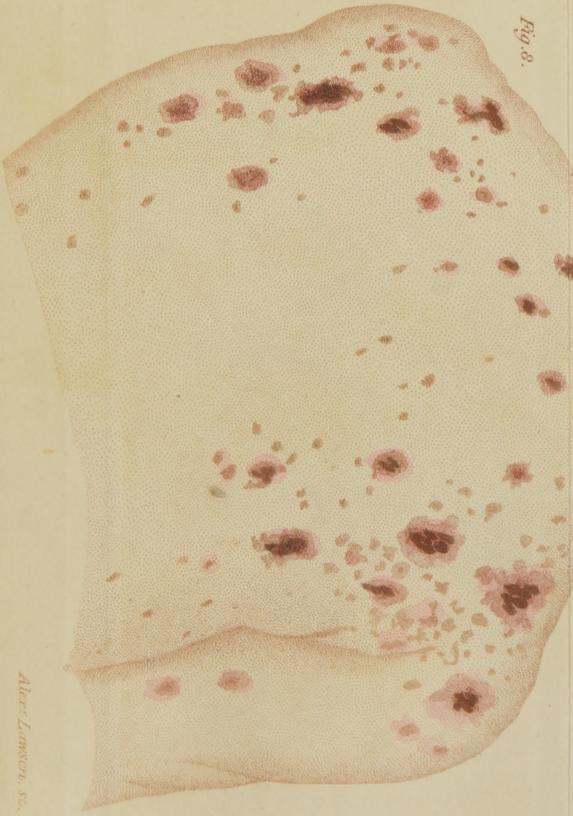


Fig. 8.



Fig. 7.



Fig. II.

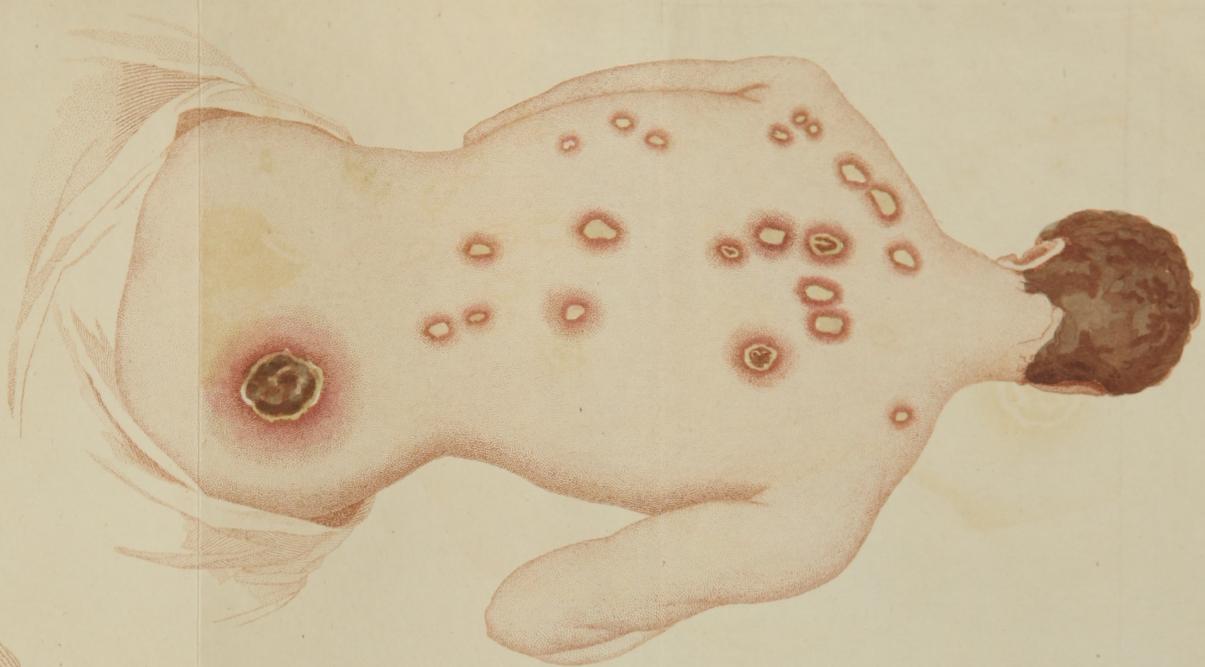
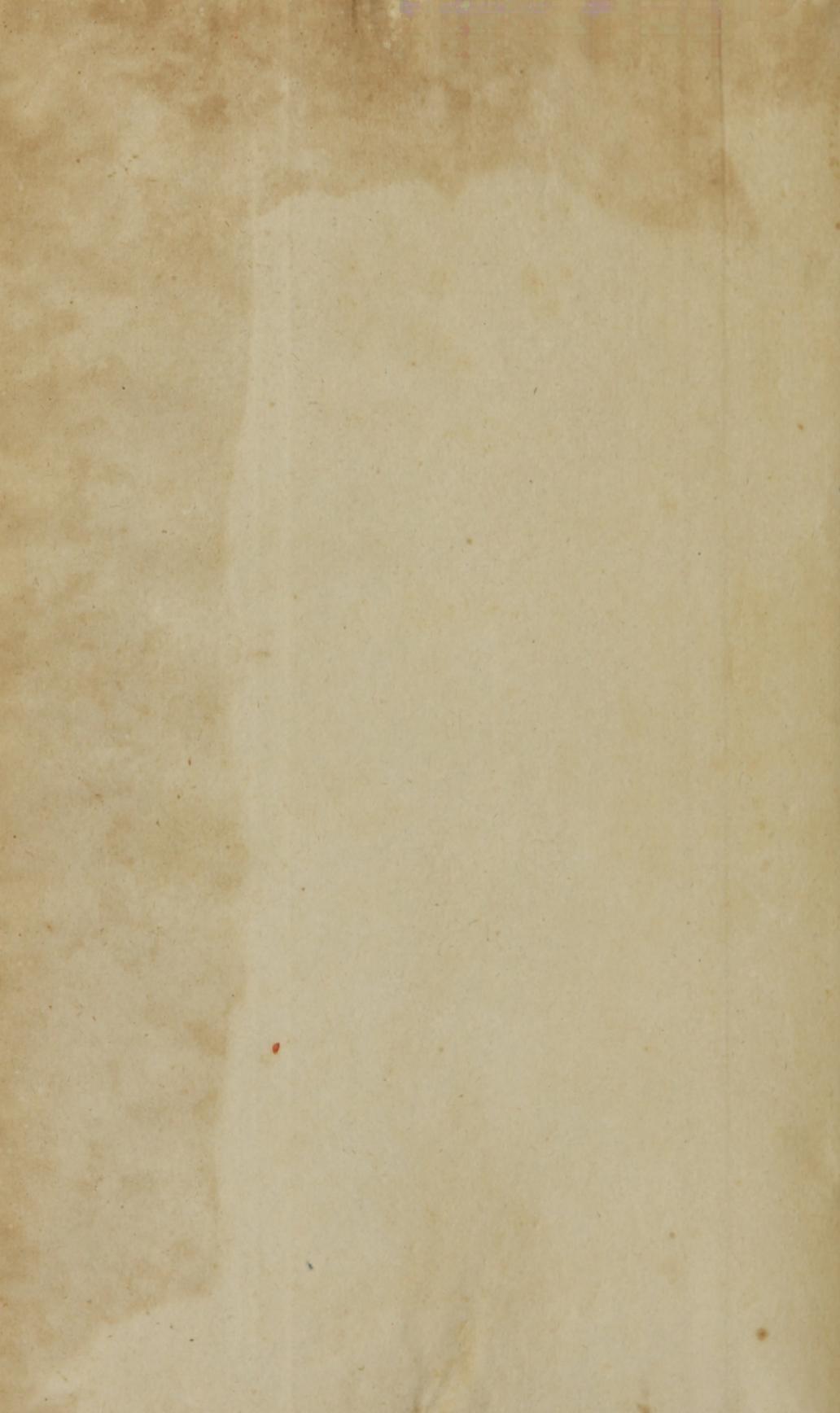


Fig. 12.



Fig. 10.





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