









A

PRACTICAL TREATISE

ON

168

VENEREAL DISORDERS:

AND

MORE ESPECIALLY

ON

THE HISTORY AND TREATMENT

OF

CHANCRE.



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## EDITOR'S PREFACE.

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OUR readers will remember that we announced some time ago a translation of M. Ricord's Practical Treatise on Venereal Disorders by a medical gentleman of this city. Engagements of another nature having prevented our friend from going on with and completing his task within the period contemplated, we are fain to have recourse to other sources of supply. Happily this is open to us in the pages of that excellent Journal, the *Edinburgh Medical and Surgical*, from different numbers of which we have derived the following Treatise,—for such in fact it may be called—complete and coherent, too, in its several parts.

The distinctive portion of M. Ricord's work is that on the nature of chancre and its uniform transmission by inoculation. The arguments and experiments illustrative of this view, most opportunely for us, have been clearly and yet succinctly set forth by M. Ricord himself in the *Bulletin General de Therapeutique Medicale et Chirurgicale*. A translation of this article with notes by Mr. George Bell, has been published in the *Edinburgh Medical and Surgical Journal*, and is now transferred to the pages of the Library. This article, and an analytical review of other matters

contained in the volume of M. Ricord, in the *Edinburgh Journal*, place the whole subject before the reader, divested of the critical and historical disquisitions in the original, which add little if any to its intrinsic value; and of a long array of cases, which is susceptible of much abbreviation.

The Treatise of M. Ricord comes in now very seasonably, in completion of the experimental inquiries on the Venereal Disease and of its treatment by John Hunter.

## PRACTICAL TREATISE, ETC.\*

IN every disease whose presence is indicated by local evidences, it is interesting and no less important to inquire, whether these appearances constitute the disease, or are mere indications of a constitutional malady. The subject is interesting, because its tendency is to excite a perception of the beautiful constitution of the animal œconomy; and it is important, because it is by detailed inquiry of this kind that the great principles of the science are established.

The strictly local nature of primary syphilis is no longer a question. It is a demonstrated truth. It is equally certain, however speculatists may doubt, that from the local infection results a constitutional disease, which is at once dangerous to the individual and his posterity. As the hope of eradicating syphilis is about equal to that of chasing other contagious diseases from among mankind, it becomes an object of prime importance to learn how to mitigate the severities of a plague. Early recognition of disease is the first great step towards lessening its evils; and if this be true as regards disease in general, it is especially so, as concerns chancre in particular.

Inoculation has often been applied to the diagnosis of venereal disorders; but the unerring accuracy of the test has only been fully appreciated of late years. In the work before us, this subject is treated in detail, and with a precision which is truly admirable, and deserves the attention of the profession.

Like the majority of writers on the venereal disease, M. Ricord commences with proving the materiality of the syphilitic virus. But this seems to be a work of supererogation; for although the profession has been frequently surprised, and sometimes puzzled, by the fanciful reasonings of hypothetical writers, no real argument

\* *Traité Pratique des Maladies Veneriennes, ou Recherches Critiques et Experimentales, sur l'Inoculation, appliquée à l'étude de ces Maladies.* Par PH. RICORD, M.D. Pp. 808. 8vo. Paris, 1838. A Practical Treatise on Venereal Disorders, or Critical and Experimental Researches on Inoculation, applied to the study of these disorders. By M. RICORD.

exists against the entity of the poison of chancre. We may safely defy, alike the most subtle and profound, to prove the negative proposition, that regular unvarying phenomena, the constant successors of certain antecedents, are not what they are seen to be.

That peculiarity of constitution modifies the appearance and progress of local disease, is a position maintained by every scientific physician; but it seems to have been forgotten that chancre is amenable to the same law; and out of this forgetfulness has issued a cloud of hypotheses which shrouded what was previously sufficiently dark. Difference in form is the ground-work of the argument in favour of a plurality of syphilitic poisons; for it has been imagined that, because the matter of chancre is specific, the effects of the specific cause should always be identical in appearance. This no doubt would be the case if all constitutions were alike, and the same tissue in each the seat of disease; but constitutions vary, and each tissue is endowed with a peculiar irritability. Hence, when the same specific irritant is applied, the effects, though identical in nature, will be different in form. Thus the multitude of forms which chancre may present forbid that its diagnosis should be founded on its external characters alone; and while inoculation is valuable as a differential means of diagnosis, it becomes invaluable as a method of certifying the specific nature of sores which, to appearance, are not chancres.

It has been remarked, however, that inoculation is not a test for syphilis; that there is no characteristic syphilitic pustule; and that, excepting in the case of Hunterian chancre, the disease can only be certainly known by its effects. Now if the inoculation of the secretion of a sore, known by its external characters to be syphilitic, viz., the Hunterian chancre,—give rise to a pustule of definite character in every case; if, as the disease goes on, this pustule becomes a sore which secretes a matter possessing the same properties as that from which it originated; we have a right to conclude, not only that the disease thus artificially produced is chancre, but that all sores secreting matter possessing the same property are chancres likewise. If our opponents are in the right, then medicine can no longer be a science; the doctrine of Hume must be true; and disease may be only an idea existing in the brain of the physician.

Inoculation has been condemned as a means only of satisfying curiosity, while it multiplies the sources of danger; and it has been argued that, for this reason, it is a practice which ought not to be tolerated. But if truth be the object of our search; if success in treatment depends on a just diagnosis; if diagnosis be the basis of prognosis; and, above all, if it be true, that the number or size of the primary sores has little influence in determining the occurrence of constitutional symptoms; this objection can no longer be valid in the eyes of the rational physician. Empirics live on our ignorance, and the acquisition of truth is the surest way to rescue mankind from the fangs of two ruthless destroyers,—the syphilitic poison and quack-doctors.

Mankind is deeply interested in the solution of the question, *what is syphilis?* and although this scourge has too long been an object of observation to admit of difficulties in replying to the general question, still the puzzling inquiry is daily made, is *this* sore a chancre? Such a problem can now readily be solved; for M. Ricord has demonstrated that chancre, in the period of increase or when stationary, is always inoculable, and gives origin to the characteristic pustule alluded to above. Chancre, in order to be properly understood, must be studied in its different phases. The disease consists of two stages or periods; 1st. The period of increase, or the stationary period, in which it furnishes an inoculable secretion; and, 2d. The period of reparation, when it assumes the form of simple ulceration, and is no longer contagious. The importance of this distinction is too evident to require being insisted on.

If we inoculate the matter secreted by chancre during the first period, constant and regular phenomena take place. In twenty-four hours the part becomes red as after vaccination, and passing through the stages of vesicle, pustule, and incrustation, it finally assumes the form of the Hunterian chancre, and engenders a virus proved by experiment to be identical in nature with that which produced it.\*

Numerous experiments and observations authorize the following conclusions:

1. Chancre can only be recognised with certainty, by the quality of the matter it secretes, and the constitutional symptoms it determines.

2. Chancre alone can produce chancre.

3. Inoculation never fails, if the proper conditions are observed regarding the taking and applying of the matter.

4. The matter of the pustule of inoculation is equally virulent with that of the original sore.

5. The pustule is always developed on the precise point where the inoculation was performed, and never at another.

6. The chancre of inoculation is never preceded by phlegmon, unless the matter has been introduced into the cellular tissue or a lymphatic vessel.

7. The constitutional malady which results from this antecedent only, is not a *necessary* consequence of it, and appears only when the primary disease has endured for a certain time.

8. In order to perceive the truth of this important observation, it is necessary to distinguish between the real and factitious commencement of the disease, that is, to date its commencement from the day on which it was contracted, and not from that on which it was first perceived.

9. By making observations in this way, it will be found that, if the sore be destroyed with caustic or other means on the third,

\* The phenomena which occur on the inoculation of the matter will be fully described in the following pages, under the head of *Practical Observations on Chancre*.

fourth, or fifth day after the application of the cause, all risk of constitutional infection is removed.

10. Indurated chancre is the common antecedent of constitutional syphilis; induration commonly commences on the fifth day, it apparently announces that the poison is entering the system, and, in so far as it has not occurred, the disease may be regarded as still local.

M. Ricord's experiments further prove,

1st. That the fact of an individual *having been* or *still being* the subject of chancre, does not prevent his contracting other chancres to an indefinite number.

2d. That chancre does not multiply itself, *i. e.*, if a man is affected with a primary syphilitic sore, we never see sores of the same nature appearing on other parts of the body, unless from the application of matter from the first sore, or by contagion from another individual.

3d. The presence of constitutional syphilis is no hindrance to the occurrence of chancre.

4th. The frequency of secondary symptoms bears no proportion to the number of primary sores developed at the same time.

Numerous cases are recorded in which wounds, leech-bites, &c., assumed the characters of chancre, or were poisoned by the constitutional malady. M. Ricord has tested these cases, and relates the following interesting history in proof of the position, that "chancre does not multiply itself," &c.

A woman had on the vulva numerous chancres, which were in the period of increase, and secreted abundantly. She was seized with rheumatic pain in the right external malleolus, and leeches were applied. A few days after, she complained of much pain in the leech-bites, and on examination it was found that some of them were inflamed, and had assumed the appearance of the pustules of ecthyma. These pustules were soon succeeded by ulcerations presenting all the characters of true chancres, and it was believed by those attending the hospital, that they were the result of general infection.

M. Ricord directed that leeches should be applied to both limbs, and every precaution used to prevent the contact of contagious matter; and then performed the following experiment. He inoculated matter taken from the vulvular chancres, and matter secreted by the ulcerated leech-bites, both which gave rise to true chancres. The bites which had been protected cicatrized in the usual way.

It sometimes happens that, when leeches are applied to buboes, foul ulcerations occur, which cannot be attributed to the contact of contagious matter. In this case one of two things has occurred; either the bites have been irritated, and succeeded by a kind of furunculus which suppurates, in which case the matter is not inoculable; or the infection has been communicated from within outwards, that is, the matter of the *glandular chancre* has inoculated the leech-bites in its progress towards the surface, in which case the ulcerated bites furnish an inoculable secretion.

*Table of experiments with the secretion of primary symptoms,  
1834-1837.*

MALE WARD.

Symptoms, the inoculation of whose secretion gave rise to the characteristic pustule :—

Chancres in the period of progress,	{	of the penis, . . . . .	347
		of the anus, . . . . .	9
		of the urethra, (larvés,) . . . . .	21
		of the lips, . . . . .	3
		of the throat, . . . . .	1
Primary pustules,	{	of different localities, . . . . .	8
		of different localities, the result of impure sexual intercourse, . . . . .	59
Virulent abscess or encysted chancre, }	{	on the thigh, the result of artificial inoculation, . . . . .	
		of different localities, . . . . .	
Symptomatic lymphatitis, or chancre of lymphatics,	{	inoculation practised in the day they were opened, or some time	11
		afterwards . . . . .	
Symptomatic buboes or glan- dular chancres }	{	inoculation on the day they were opened, . . . . .	42
		inoculation practised one or more days after they were opened, . . . . .	229

N.B.—Of these latter 214 were inoculated the day they were opened, without any result.

*Table of experiments with the secretions of primary symptoms,  
1831-1836.*

FEMALE WARD.

Symptoms, the inoculation of whose secretion gave rise to the characteristic pustule :—

Chancres in the period of progress,	{	of the vulva, . . . . .	139
		of the vagina, . . . . .	2
		of the neck of the uterus, . . . . .	12
		larves (hidden chancre), . . . . .	6
		of the anus, . . . . .	28
		of the lips, . . . . .	4
		of the throat, . . . . .	2
Primary pustules,	{	of different localities, . . . . .	6
		consequent on impure sexual intercourse . . . . .	27
Virulent abscesses }	{	consequent on artificial inoculation, . . . . .	
		of different localities, . . . . .	
Symptoma- tic buboes,	{	inoculation, day of opening, . . . . .	21
		do. one or more days after they were opened, . . . . .	16

N.B.—Of these latter 20 were inoculated the day on which they were opened, without any result.

*Gonorrhœa*.—Many years have not elapsed since the doctrine prevailed, that chancre and gonorrhœa are the same disease, differing only in form. Hunter maintained this opinion, and accounted for the difference of form by the difference of seat; but that these diseases are distinct in nature, and very different in importance, was first taught by Sigwart, John Clement Tode, and Dr. A. Duncan, Senior, and afterwards demonstrated by Benjamin Bell, in his Treatise on the Venereal Disease. Although this doctrine now prevails, daily observation furnishes cases which puzzle the practitioner, and cause him to waver in the faith which he professes. Some men contract chancre from intercourse with females who exhibit only symptoms of gonorrhœa; while others are seized with symptoms of gonorrhœa after connection with individuals who are affected with chancre, and in whom this symptom may or may not be apparent. It is by no means rare to meet with cases of constitutional syphilis in persons who refer the symptoms to a previous gonorrhœa, or who disclaim having ever been affected with any primary venereal disease. But these cases can be explained in a manner confirmatory of the doctrine established by M. Ricord, that chancre alone can produce chancre. Every experimenter is satisfied of the fact, that, in the vast majority of cases, the inoculation of gonorrhœal matter is innocuous; but it is equally true, that the secretions furnished by the urethra of the male and vagina of the female are sometimes inoculable, and give origin to true chancres. Superficial observers would conclude from this, that the matter of gonorrhœa is sometimes inoculable; but M. Ricord has demonstrated the contrary, and shown that the matter of gonorrhœa *per se* never gives origin to chancre.

We here insert the table of his researches on this subject.

*Table of Inoculations performed with the secretions of venereal symptoms not syphilitic, 1831-1837.*

Symptoms, the inoculation of whose secretion was succeeded by no positive result:—

Buboes occurring as the first symptom (d'emplées), . . . . .	38		
— sympathetic, . . . . .	249		
Acute Go- norrhœa	{ of the glans and prepuce,—Balanitis, . . . . . 28 urethral, . . . . . 291 vaginal, . . . . . 82 vulvular, . . . . . 31 uterine, . . . . . 27 anal, . . . . . 36 ophthalmic, . . . . . 6		
		Chronic gonorrhœa of different seats, . . . . .	112
		Suppurated Epididymitis, . . . . .	3

*Symptoms not characteristic, which may succeed venereal affections, either simple or virulent.*

Vegetations, ulcerated and not ulcerated, of different forms and localities, . . . . . 28

From such data we should be entitled to conclude, that, when the matter of gonorrhœa gives origin to chancre, something more than gonorrhœa exists. But that this fact may be incontestably established, M. Ricord demonstrates it.

1st. He has proven by experiment, that the matter of chancre remains inoculable when mixed with the products of secretion, morbid as well as normal, viz., urine, the mucus of the vagina, the muco-purulent matter of urethritis, balanitis, and vaginitis, saliva, fæcal matter, sweat, and spermatic fluid.

2d. He details cases of chancre situated on the glans or elsewhere, and accompanied by urethral gonorrhœa, in which inoculation of the secretion of either symptom indicated the virulence of the first disorder, and the non-syphilitic nature of the second.

3d. He records cases in which the urethra and vagina furnished inoculable secretions, and where he found, by induration, &c., in the one class of cases, and ocular inspection, by aid of the speculum vaginæ,\* in the other, that the urethra and deep parts of the vagina were the seats of chancre.

We shall here detail two of the numerous cases recorded by our author, to serve as specimens of his method of experimenting.

*“Chancre on the Neck of the Uterus, accompanied by Vaginal Gonorrhœa.*—Haul. Catherine, aged 23, admitted April 8, 1834. This patient had nearly recovered from a former infection, seven months ago, when she again exposed herself and contracted chancre and gonorrhœa from a person who was the subject of chancre only. She has not been subjected to any treatment. It is worthy of remark, that she has long been affected with chronic discharge, which determined the appearance of gonorrhœa, in those who had connection with her; but if these latter continued their connection with her after being cured, they resisted the contagion by a species of habituation.

“At present there is a chancre on the left labium, and another on the corresponding nympha. By examination with the speculum, the vagina is found to be the seat of puriform discharge;—an opaline secretion proceeds from the uterus, and on the anterior lip of the *os uteri* is situate an ulcer, of a gray colour, and with raised irregular edges.

“18th. The acute stage has disappeared under the influence of emollient injections and opiate cerate; the discharge is whiter and less abundant, but the ulceration on the neck of the uterus retains its former aspect. Both thighs inoculated; the right with matter taken from the surface of the sore, and the left with the muco-puru-

\* For a detailed account of M. Ricord's researches with this instrument, vide *Mémoire sur quelques faits observés à l'Hôpital des Veneriens*. Par P. Ricord, inséré dans le 2e fascicule Tome 2e des *Mémoires de l'Académie Royale de Médecine*.

lent matter found in the *cul-de-sac* formed by the mucous membrane, where it is reflected from the vagina on the neck of the uterus.

“19th. The points of inoculation red and elevated.

“20th. Well-formed vesicles on both thighs.

“Pustules; full of matter.

“May 1st. Well-characterized chancres in the parts inoculated; the edges of the sores are smooth and perpendicular, (*taillés à pic*,) and the surface of a grayish colour. Chancres cauterized and dressed with the calomel and opium ointment. The chancres of the labium and nympha are in the stage of reparation. The ulcer on the neck of the uterus is much diminished in size, and what remains is granulating. It has been cauterized six times.

“10th. Chancres of inoculation covered with fleshy granulations; they are indurated at the base.

“20th. Gonorrhœa and chancre of uterus have disappeared. Pills of the proto-ioduret of mercury, &c., were ordered with a view to remove the induration.

“30th. No ulceration; induration nearly gone.

“June 7th. Discharged cured.”

“*Gonorrhœa: Chancre of the Urethra (Chancre larvé)*.—Br. —, aged 19, admitted 9th of March, 1833. This patient perceived a slight purulent discharge from the urethra, three days after a suspected coitus; the discharge gradually increased in quantity; he experienced acute pain during micturition; inflammation of the glans with partial phimosis took place, and, although there are some red spots, there are no excoriations.

“11th. Gonorrhœal matter inoculated on the right thigh by three punctures.—Camphor and opium pills and emollient baths prescribed.

“15th. The characteristic pustule has resulted from the inoculation, but it is not well developed. Inoculation repeated on the left thigh.

“17th. Characteristic pustules have appeared on both thighs. The chancres on the right thigh extend to the thickness of the skin. On pressing the urethra in the situation of the *fossa navicularis*, induration can be felt, indicating the presence of a chancre.

“22d. Bubo in each groin, which were leeches. The secretion from the urethra has inoculated an excoriation near the frenum; the prepuce has become œdematous; phimosis complete.

“17th. (27th?) Pills of the proto-ioduret of mercury were ordered, with a view to remove the induration; and the gonorrhœa was treated with acetate of lead injections.

“April 6th. The frenum is nearly destroyed by the chancre of inoculation. The discharge from the urethra is much diminished in quantity, and has lost its green colour.

“10th. The patient complains of tenderness of the gums; no pyalism; gums touched with hydrochloric acid. Inoculation repeated on the left thigh with matter from the urethra.

“18th. No result from the inoculation; induration of urethral chancre is diminished; the chancre has arrived at the period of reparation.

“May 1st. Chancres on the thighs have healed; the discharge is nearly gone.

“3d. All induration has disappeared; the chancre of the frenum is cured. Mercurial treatment suspended.

“14th. Discharged.”

These cases speak for themselves; but we cannot help asking how the chancre on the frenum would have been accounted for a few years ago.

*Bubo*.—It was a question much agitated in former times, whether bubo should be regarded as a symptom of syphilis, that is, whether it can be a source of general poisoning.

M. Ricord's experiments and observations have led him to the following conclusions on this subject:

1st. Bubo may be the result of simple inflammation, which arises either sympathetically in the part affected, or by the gradual propagation of the inflammation, whether the primary lesion be gonorrhœa or chancre.

2d. It may be virulent, that is, due to the direct application of the poison by lymphatic absorption. This kind is the legitimate consequence of chancre, for chancre alone can produce it.

3d. It may be superficial or deep, or both at the same time.

4th. It may be situated in the cellular tissue, in a lymphatic vessel, or in glands; or in the cellular tissue and a lymphatic vessel; or in all three at the same time.

5th. It may be acute or chronic.

6th. It may be preceded by other symptoms, or be itself the first.

7th. When it is preceded by other symptoms, it may either immediately succeed these, and constitute what is called chancre by succession; or it may occur when the disease has become constitutional, and form a secondary symptom.

Bubo has frequently been subjected to the test of inoculation, both before and since M. Ricord published his researches. The test sometimes succeeded, but more commonly failed, and hence it has been decried as a method of diagnosis of no value. But “this pretended infidelity of inoculation is precisely the circumstance in which its absolute value as a means of diagnosis consists.”

According to M. Ricord's experiments, the symptomatic bubo alone furnishes an inoculable secretion. But in order that bubo may supply a specific purulent matter, it is not enough that it has been preceded by chancre; it must be the result of irritation from the absorption of matter from that chancre, and not a simple sympathetic irritation. Bubo from absorption is situated in the superficial glands; and although those more deeply situated may be inflamed and tumid at the same time, and even advance to suppuration, the inflammation, of which they are the subject, is simple, and

altogether different from the specific inflammation, with which the first mentioned superficial glands are affected.

"It was some time," says M. Ricord, "before I discovered the reason why all buboes are not inoculable; why a bubo which does not furnish an inoculable purulent matter to-day, supplies it to-morrow; and why, in multilocular buboes, we find an inoculable matter at one part and not at another. I learned to experiment with greater precision; I inoculated the matter which first escaped on opening the bubo, and generally without any result; I then inoculated with matter taken one or more days after the opening was made, which frequently gave rise to the characteristic pustule. In many cases the inoculation continued innocuous, and I found that all those buboes, which did not supply an inoculable secretion, followed the course of simple phlegmon, and advanced towards a cure, while those which secreted an inoculable purulent matter speedily assumed the characters of chancre.

"But it might be argued that those buboes which at first furnished a secretion which was not inoculable, acquired the power of secreting a specific pus, by the application of matter from the chancre or some other cause. A case occurred which explained this difficulty. A patient came under my charge with a large suppurated bubo connected with chancre. I opened the abscess, and after having evacuated the pus from the cellular tissue, I found an enlarged lymphatic gland in the middle of the cavity, which presented signs of fluctuation. I punctured the gland, and inoculated at the same time the matter which escaped from this latter, and that which flowed from the surrounding cellular abscess. The result proved that the difference in the result of these experiments depended on my not looking for the virulent matter where it is to be found.

"After this I instituted a series of experiments which prove that inoculation is not a fallacious test. I made choice of buboes which were well advanced, and were preceded by chancre; I inoculated with the matter which escaped on their first being opened, and again with that found at the bottom of the cavity. The first inoculation was innocuous, while the second gave rise to the characteristic pustule."

Such is M. Ricord's method of research; and his experiments fully explain the cause of the conflicting testimony of authors touching the origin of buboes, and inoculation as a test of their nature.

Bubo is frequently the first and only symptom complained of, and is generally observed about a fortnight after the suspected coitus. Inspection commonly proves that a chancre does or has existed; but cases sometimes occur in which bubo is in reality the first symptom, constituting what our author denominates *bubons d'emblées*. In such cases we find that the deep-seated glands\* are

\* M. Ricord observes that the symptomatic bubo is situated in the superficial glands; that virulent inoculable purulent matter never passes the first gland by

first affected, that their progress is chronic, and that they evince little tendency to suppurate.

The most important observations made by M. Ricord on this subject are,—

1st. When the *bubon d'emblée* suppurates, the matter, according to his experiments, is never inoculable.

2d. He has never found it succeeded by symptoms of secondary syphilis.

There is room to doubt, therefore, whether *bubon d'emblée* is determined by the fact of the coitus being impure.

From all his experiments, M. Ricord concludes,

1st. That virulent bubo, or bubo resulting from the absorption of the matter of chancre, is identical with chancre in nature, and differs from it in form only.

2d. That the symptomatic bubo is the only inoculable species.

3d. That all the signs indicated by authors as characteristic of virulent bubo, only serve to establish a probable diagnosis, and that inoculation alone is an unexceptionable test.

4th. That if a correct diagnosis is essential to guide us in our prognosis of suppurated *bubon d'emblée*, we should never neglect to inoculate its secretion at every stage of its progress; for observation has demonstrated, that buboes which are not inoculable, when the experiment is well performed, are never succeeded by secondary symptoms, and, therefore, that they are not syphilitic. Besides the syphilitic poison, other causes, which often escape our notice, may give rise to inflammatory obstruction of the lymphatic system of one part of the body as well as another, and, therefore, it would be absurd to pronounce a bubo to be syphilitic because it has occurred a short time after coition; the more so, as at a certain age there is no disease which may not be preceded by this act, so often performed, and so frequently suspected.

*Mucous Tubercle*.—This symptom, though reputed to be primary, has never, in M. Ricord's experience, supplied an inoculable secretion. "The morbid matter it secretes has been inoculated with the lancet, applied to blistered surfaces, rubbed upon denuded parts, retained on portions of the skin from which the hairs have been newly plucked, and in every case without effect."—"It seems to constitute a sort of transition between chancre and constitutional syphilis."

Chancre is the regular and constant antecedent, the specific cause of mucous tubercle; it always originates from chancre either in the infected or infecting individual. All persons are not susceptible of it; the mucous membranes are its ordinary localities, and the skin is only liable in certain parts, as in the vicinity of the anus, behind the ears, around the umbilicus, &c.

It is often difficult to distinguish mucous tubercle from chancre in the state of vicious reparation.

Everybody knows that mucous tubercle is more frequently a

direct absorption; and that when deep glandular swellings suppurate they never afford an inoculable secretion until they have been infected by matter from a chancre or diseased superficial gland.

secondary than a primary symptom, and if we consider that it occurs most frequently in women and infants, in whom the chancre to which it succeeds may remain hidden or unperceived; that it appears at a time after the occurrence of chancre, when true secondary symptoms may be developed; the genuine origin of the symptom will be admitted to have been chancre, and that it is chancre undergoing a vicious reparation or transformation *in situ*. Mucous tubercle is a common constitutional symptom, and it never is consequent on simple uncomplicated gonorrhœa.

M. Ricord concludes;

1st. That mucous tubercle is not inoculable.

2d. That it should be regarded as a secondary symptom, or an evidence of constitutional disorder.

3d. That its secretion can act as an irritant, and determine inflammation in parts with which it comes in contact.

4th. That when chancre is communicated by an individual affected with mucous tubercle, some other specific affection existed at the same time.

5th. That, like other secondary symptoms, mucous tubercle is only hereditarily transmissible.\*

*Constitutional Syphilis.*—Hunter proved that constitutional syphilis is not inoculable. M. Ricord has experimented with every morbid secretion which are reputed to result from syphilitic poisoning, and confirms the doctrine propounded by the great Scottish physiologist.

This subject admits of demonstration. The virus of chancre may be absorbed by the lymphatics, and remain inoculable until it has passed the first gland in relation with these vessels; but it is remarkable that, although the veins likewise absorb, we can never find an inoculable matter in these vessels, however close to the chancre we make the search. The virus ceases to be inoculable immediately after it is blended with the circulating fluid.

It has been remarked that, in cases of chancre of the glans or

\* Mucous tubercle is frequently seen on the external parts of the vulva, fourchette, and in the vicinity of the anus of women who are affected with chancre; and the author of this article has seen some cases which appeared to warrant the opinion, that mucous tubercle may originate from the application of matter from a chancre passing into the stage of reparation, and thus constituting a symptom, strictly speaking, neither primary or secondary. The tubercles were ulcerated or not, according to the moisture of the part, and frequently disappeared spontaneously under the influence of repeated ablutions, and guarding against the application of morbid secretions.

Though the Editors are unwilling to obtrude their opinion, where a person so experienced as M. Ricord has deemed it proper to refrain, they think it requisite to say, that the tumour denominated *Mucous Tubercle* is, in all cases, merely inflammation, acute or chronic, of one of the muciparous follicles, in consequence of the application to its aperture of foul secretions or syphilitic or gonorrhœal matter. The application of any of the secretions specified induces swelling of the follicle, obstruction of its orifice, and consequently more perfect and general swelling; and this obstruction and enlargement gives rise, we conceive, to the phenomenon denominated Mucous Tubercle.—*Editors, Ed. Med. & Surg. Jour.*

prepuce, the dorsal veins of the penis are liable to inflame; but it will be found that the appearance which gives rise to this opinion is, in reality, due to inflammation of a lymphatic, for the hard swelled cord (which is frequently knotted) extends from the chancre to the glandular region without ever passing it, and that its progress is not so uncertain as that of phlebitis. When the part suppurates and is opened, the pus is never mixed with blood. M. Ricord has had opportunities of examining this lesion anatomically; and the information thus obtained confirms his statement, that the appearance in question is due to inflammation of a lymphatic vessel, and not to phlebitis.

The majority of observers agree that secondary syphilis is not contagious; but many have been deceived by symptoms which from their situation, and the time of their development, might be referred to the inoculation of a constitutional sore. M. Ricord has met with primary ulcerations of the lips, tongue, anus, and even of the pharynx, contracted by the direct application of matter from a primary sore, and which consequently furnished an inoculable secretion. Many persons have been puzzled to account for the presence of chancre on different parts; but when such diseases as itch or prurigo coexist with chancre of the penis, we can easily understand how the disease may be propagated by inoculation to other parts of the body. Superficial observation and inquiry thus expose us to deception, for these chancres or primary pustules might be taken for pustules of *ecthyma syphiliticum*, and the ill appreciated event quoted as a proof of the inoculability of secondary syphilis.

M. Ricord has made numerous experiments with the matter of secondary symptoms, occurring both during the continuance of the chancre to which they owed their origin, and at greater or less intervals of time, after the disappearance of the primary sore. Of these experiments we here subjoin tables.

*Table of inoculations with the secretions of secondary symptoms, 1831-37.*

Symptoms, whose secretion were found not to be inoculable:—		
Symptom of transition.		
Chancres in the period of reparation,	. . . . .	62
Secondary syphilis.		
Mucous tubercles, &c. } of different localities,	. . . . .	221
Ecthyma syphiliticum,	. . . . .	10
Rupia,	. . . . .	9
Ulcers (consequent on mucous tubercle, ecthyma, rupia, impetigo, &c.) } of the	nasal fossæ, . . . . .	19
	lips, . . . . .	14
	palate, . . . . .	4
	throat, . . . . .	81
	anus, . . . . .	41
	2*	

## Tertiary symptoms.

Tubercles, ulcerated, occupying the whole thickness of the skin,	21
Tubercles of the cellular tissue in the state of abscess and ulceration,	11
Periostitis suppurated,	15
Caries of different bones,	10

Table of inoculations with the secretions of symptoms not syphilitic, 1831-37.

Comparative researches.		Inoculation, negative result.
Atonic ulcers of the limbs,	.	6
Ecthyma simplex,	.	5
Herpes,	.	4
Ulcers, scorbutic,	.	2
scrofulous,	.	6
Caries, scrofulous,	.	4
Stomatitis, ulcerous,	.	8
Eczema, intertrigo, ulcerated,	.	2
Ostitis,	.	2
Cancers, {	of the uterus,	5
	rectum,	6
	breast,	2
	penis,	3
	nose,	4
Abscess of different localities,	.	15

About the same time that M. Ricord's work was given to the public, there issued from the English press a book in which a doctrine, contrary to that promulgated by our author, is maintained. The work to which we refer is that by Dr. Colles on the Venereal Disease, in which the doctrine is upheld that secondary syphilis is contagious.

We do not think that Dr. Colles has established his position; and we proceed to show how the cases he adduces in proof of it do not militate against the doctrine propounded by M. Ricord, but admit of a confirmatory explanation.

At the 13th page of his work, Dr. Colles relates the following case.—“Many years ago a young surgeon of my acquaintance, paying his addresses to a young lady, had unfortunately at the time a secondary venereal ulcer on the lower lip. The lady contracted an ulcer on her lip, which was soon followed by an enlarged lymphatic gland under the lower jaw; the ulcer had the character of venereal so strongly marked, that the case was pronounced to be syphilitic, and she was directed to use mercury.” This lady died shortly after from the combined effects of mercury and distress of mind, acting on a constitution of great delicacy.

We are here informed of two circumstances, one, that the gentleman had a *secondary* sore on the lip, and, the other, that the lady contracted *chancre* from contact with that sore. Granting

that the sore communicated was primary, the sore on the gentleman's lip must be shown to have been secondary, and not primary, before it can be received as evidence of the doctrine, that a secondary sore can give rise to the primary disease.

The next case is more fully stated. An accoucheur received an injury of the finger, by the falling of a window-sash; he continued to practice his profession; a sore appeared at the injured part; this sore was brought in contact with the genital organs of certain ladies; and, from this contact, *primary* syphilitic sores originated. It is further stated that this gentleman had contracted chancre on the finger at a former period. From all this series of facts we would infer, that the accoucheur had unfortunately contracted chancre again, and this the rather when we are told that his finger was in the most favourable condition for receiving the contagion of syphilis. The argument adduced by Dr. Colles hinges on the fact of the gentleman having been the subject of syphilis at a previous date; but it is not mentioned that he was *not* exposed to infection. A sore is not secondary, merely because it has the appearance of being so, and occurs in company with a syphilitic eruption.

The next case adduced in proof of the inoculability of the secondary syphilis, is that of a "nipple-drawer," who contracted an ulcer on the tongue, and continued the practice of her calling during the time of its persistence. It is stated that she communicated disease to several ladies of distinction; and the following are the appearances observed.

"The nipple first became slightly inflamed, which produced an excoriation, with a discharge of thin liquor; from thence red spreading pustules were dispersed round it, and gradually spread over the breast, and, where the poison remained uncorrected, produced ulcers. The pudenda soon after became inflamed, with a violent itching, which terminated in chancres, that were attended with only slight discharge; and in a short time pustules were spread over the whole body." \* \* \* "The husbands of several had (contracted) chancres, which quickly communicated the poison, and produced ulcers in the mouth, and red spreading pustules on the body; but such of them escaped as had timely notice of the nature of the disease, before the pudenda were affected. Some infants received it from their mothers, and to the greatest part of them it was fatal." This case is extracted by Dr. Colles from the 3d volume of the Edinburgh Medical Essays and Observations.

We do not consider this a distinct history of a case of syphilis; but, waiving all objection on this head, we shall start with the data allowed us, that the sore on the nipple-drawer's mouth and those on the nipples of the ladies were *chancres*.

The order of events was as follow: chancre on the nipple; *pustules* on the breasts, which became ulcers; an inflammatory itching state of the pudenda, which terminated in chancres attended by a scanty discharge; and, finally, a general pustular eruption. Several

of the husbands contracted *chancres* from contact with the pudenda of their wives, and in all cases the same pustular eruption supervened. This is a curious circumstance, for the pustular form of eruption does not, for the most part, quickly follow the primary symptom.

The local nature of the constitutional symptoms, the red spreading pustules appearing first round the nipple, and being *gradually* dispersed over the breast, finally becoming sores, would, on the supposition that the original sore was chancre, lead us to consider these pustules as primary, and style these *chancres by succession*. Further, we are told that the genital organs became itchy and inflamed, and that chancres or sores appeared thereon. It would suffice, were we to show that a doubt exists concerning the secondary nature of the sores on the pudenda, for no doubts should shadow facts, subversive of a principle fixed on so broad a foundation as that propounded by M. Ricord. But more than a doubt exists; for it is not only possible, that the poison of syphilis may have been conveyed by the patients themselves from the nipple to the pudenda, but it is highly probable that women who have been lately delivered, and in whom the breasts and genital organs are so circumstanced as to demand more than common attention, would communicate a contagious disease of one organ to another. Thus we would not think, that if the nipple-drawer contracted *chancre* during the exercise of her profession, she had received the infection of constitutional syphilis; for in the person from whom she received it the order of events was merely changed:—the disease had been conveyed from the pudenda to the nipple. We consider, then, that this history does not tend to prove that contact with a secondary ulcer is equally to be dreaded as contact with a primary sore: that *ecthyma syphiliticum* is identical in essence with chancre; that secondary syphilis can give rise to the disease of which it is a consequence.

With regard to children born syphilitic infecting their nurses, the question is more intricate. That syphilis, as a constitutional malady, is hereditarily transmissible from parent to offspring, is a fact familiar to every medical observer; but that children who are the subjects of constitutional syphilis alone can communicate chancre is very apocryphal, and contrary to what we positively know of the natural history of the disease. Experiment and observation have amply proved that the secretion of a secondary pustule, abscess, or ulcer is not inoculable,—that the purulent matter is not specific; and, therefore, when a child primarily infects its nurse, we have a right to doubt whether that child was not the subject of chancre. When we consider that the presence of the secondary disease does not forbid the inoculation of the primary form, and that chancre is frequently situated in the deep parts of the vagina, we can readily understand, how a child which inherits the constitutional disease, may have the primary form superadded, and how a nurse infected by such an infant may be supposed to have received the infection of secondary syphilis. When it is further remembered, that the

venereal disease has but lately commenced to be understood in its details, and that our judgment of the constitutional evidences of the presence of the disease is for the most part founded more on partial examination, and on the history of the case, than on accurate inspection of these evidences, we can readily perceive how a small chancre may escape detection amidst the eruption which marks the constitutional disorder, and, consequently, how we may be deceived touching the contagious nature of secondary syphilis.

Hunter not only denies that nurses can be contaminated by infants secondarily affected, but asserts that children cannot receive the constitutional disease from their parents; for, according to his experiments and observations, secondary syphilis is not inoculable: and if contamination from it could once take place, "it would be possible to contaminate for ever." He makes some observations on the nature of secondary syphilis, and refers it to the diffusion of the venereal poison through the circulating fluids, forcing, as it were, "certain parts of the body to assume the venereal action, which action is perfectly local, and takes place in different parts, in a regular succession of susceptibilities." This theory implies the indefinite circulation of a poison, for years frequently elapse between its absorption and the appearance of constitutional evidences of the event. It likewise implies that these evidences should be chancres, the symptoms being produced by the actual application of syphilitic matter to the parts in which the disease is manifested. But secondary pustules, etc., are demonstrated not to be chancres, and therefore secondary syphilis, though dependent on the absorption of the matter of chancre is a disease *sui generis*, having no symptom in common with that which it recognises as its cause. It appears that the circulating fluids are contaminated by the poison of chancre; that the irritability of the capillary system is modified by its stimulus being changed; that the disease is dependent on a poison having circulated, and not on a poison circulating. The irritability of the capillary system being modified, common exciting causes become morbid stimuli; and thus we find ordinary exposure determining ulceration of the throat instead of slight cynanche; and a blow on the shin giving rise to ostitis in place of slight temporary pain and discoloration. Amidst the multitude of affections termed secondary, we find none which bears any analogy to chancre, either in property or appearance. We vainly inoculate the matter of abscesses, secondary buboes, ecthyma, rupia, ulcers, etc., from which we conclude (logically, it is conceived), that they are different, distinct from chancre, which, when properly inoculated, always gives rise to chancre. The matter of these affections may be specific; but as yet we are ignorant of what constitutes their specificity; and before cases like those we have reviewed can be received as evidence of the contagious nature of secondary syphilis, it must be shown that the sore on the accoucheur's finger could not have been chancre: that the sores on the pudenda of the ladies were not chancres; and that the children referred to were not the subjects

of chancre. All this must be proved beyond a doubt, before the doctrine can be set aside, that "chancre alone can produce chancre;" and the converse established, that "secondary venereal sores can produce primary ulcers."

We have thus endeavoured to show, that the arguments advanced by Dr. Colles in favour of the doctrine he professes do not establish his position; but, at the same time, we confess that cases are recorded, and have even come within our own knowledge, which cannot be so easily explained. Benjamin Bell relates, at the 426th page, volume 2d, of his work on the Venereal Disease, the following fact:—"About ten years ago I was desired to visit a child seven or eight days old. It was covered with a rash, which had much the appearance of being venereal; and finding that the only other child which the parents ever had was born with a similar rash, of which it died, I inquired at the father whether there was any cause to suspect that he was affected. He informed me that he had been poxed about six months before his marriage, and that his symptoms were chancres and sore throat; but that, having taken as much mercury as was judged to be sufficient, the symptoms having disappeared while under the course, and none having occurred again, although he had now been married three years, he could not possibly believe that the child was affected with this disease, particularly as no symptoms had appeared upon his wife."—"Two nurses were infected by the suckling of this child. The first became so much distressed with ulcers on her nipples, and pains in one of the mammæ, that she was obliged to leave the family; and although warned of her situation, and of the necessity of giving no suck to other children till the course of mercury she was put under was finished, she foolishly took home her own child, and in the course of two or three weeks he also was poxed."—"The nipples of the other nurse ulcerated, and she was soon thereafter seized with a venereal ulcer in the throat," &c.

The case thus distinctly stated by Mr. Bell is complete in its kind, and we fully perceive how it bears upon the point in question. It is as strong a proof as can be advanced, of the inoculability of secondary syphilis. But there is a hiatus in the history; we are not told that the child could not have received the infection of chancre. On reading such a case, however, and in ignorance of researches so numerous, so precise, and so uniformly demonstrative of the fact, that secondary syphilis is not inoculable, as those of M. Ricord are, we should rest satisfied with such a proof of the opposite doctrine; but a series of questions naturally arises in the mind, after we have had ocular demonstration, that while the matter of chancre is always inoculable, the secretion of secondary symptoms has never proved contagious in the experience of the same most skilful experimenter. How does this happen, if the secondary syphilis is in reality inoculable? How is it that the proofs of its contagious nature are spoken of as something rare, and not as matters of daily experience, as the language of the up-

holders of this doctrine would lead us to suppose they should be? Opposed as these varieties are to the unsophisticated belief of all men, as exhibited in their conduct, however in accordance with the theory they uphold,—contradicted as they are by daily experience and clinical observation,—how are we to receive them in company with the thousand facts introduced to us by M. Ricord? Surely, in the absence of opportunity to examine their real merits, we may be allowed to express a doubt whether the whole facts have been properly appreciated. Remember that chancre has been detected where it was not suspected either by the patient or his physician; and that, in contradiction to the strongly expressed opinion of such a man as Hunter, it has been demonstrated to exist in the urethra. Consider that secondary syphilis has appeared in many who were, in reality, ignorant of having ever been the subjects of the primary disease; that chancre itself has been present, and the patient stoutly denied that such could be possible. Reflect that if it is always an object to conceal one's shame from the world, it is frequently a source of joy to hide from ourselves a truth, which would mortify and distress us. Recollect by how many quibbles and lies the physician is daily thwarted in his search after a truth, from whose exposure the deceiver himself would be the first to benefit, and then say whether a great principle like that propounded by M. Ricord, and grounded on a mass of facts, distinct and precise, must give way to a doctrine with observations few and general for its basis. We confess our inability to explain these cases; but we believe that enough will be found in this paper to warrant our emphatically expressing a doubt whether their intricacies were fully and fairly appreciated.

In fine, we cannot understand, how diseases, which are merely modified in their nature by a state of the system dependent on a cause which may have existed yesterday or ten years ago, should secrete a poison identical in essence with that to which they remotely owe their modification. Such a supposition is unsupported by reasoning, either directly or analogical.

The test of inoculation may sometimes prove valuable in medico-legal investigations.

Circumstantial evidence frequently aids in the elucidation of questions brought before the medical jurist. Cases sometimes involve questions relating to the venereal disease, and it would be difficult to decide whether we should be most surprised at the ignorance or rashness which characterize the manner in which they have oft-times been decided.

The presence of chancre is frequently adduced as a circumstance aiding in the proof of rape having been committed; and the time is not long past when the coincidence of gonorrhœa in the man, and chancre in the woman alleged to have been violated by him, would have been at once received as strong corroborative evidence of the fact. But M. Ricord inquires, "if the gonorrhœal matter secreted by the accused be found not to be inoculable, is it not evident, if his

disease be recent, that the coincidence of disease in both parties ought not to be received as condemnatory evidence? Could we not, by this method of inquiry, show that persons accused of having communicated chancre, have determined only simple inflammation? Could we not, by this direct and certain mode of diagnosis, negative hurtful imputations, and remove the doubt which otherwise would remain in the mind of the conscious physician? Such results would of themselves justify the numerous experimental researches I have made, independent of their having elucidated questions previously insoluble, and aided in the destruction of prejudices consecrated alike by authority and time."

*On the employment of Mercury in the treatment of Chancre.*—As the practice pursued by M. Ricord is detailed in the paper formerly referred to, we deem it unnecessary to republish his observations. We presume that the readers of this Journal are acquainted with the principles which guide him in the management of chancre generally, and are aware that indurated chancre is the only form of primary syphilis, for the cure of which he makes use of mercury. Without entering into detail, therefore, we shall endeavour to state in a few words what seems to be the state of science in reference to this most important question.

Syphilis and the whole train of morbid effects which result from the promiscuous congress of the sexes, were formerly ranged under one head; and the doctrine was established, that what is necessary for the cure of one symptom, is equally demanded for the treatment of the rest. Mercury was deemed a kind of panacea; patients were anxious and confident; physicians were generous; and rottenness and death were the frequent results of the indulgence of these sentiments.

But some men have continued to observe, the reason of things has been diligently searched for, and a degree of success has rewarded scientific efforts to discover the truth. As knowledge expanded, contracted views gave way. It was found that all the effects which result from impure sexual intercourse are not syphilitic, and the ancient doctrine was consequently condemned as being too inclusive.

The ground which was divided by the plough of the husbandman has been more thoroughly broken up by the spade of the gardener; and the consequence has been, that the dogma which declares that mercury is required for the treatment of venereal diseases, was supplanted by the doctrine, that mercury is essential for the cure of chancre, which in its turn has been succeeded by the sounder statement, that mercury is not a specific for the extinction of syphilis.

The power of this mineral has been chiefly recognised in its most striking effects, and conclusions deduced which a more perfect knowledge of the physiology of the tissues in which these effects are seen, and an acquaintance with the more delicate workings of this agent, may or may not warrant. When an opinion is formed on

individual experience, subversive argument is of little avail, for self-esteem is attacked, and is interested in making a vigorous resistance; and when this opinion is backed by other individual experiences, the moral combat becomes more hopeless, because the self-estimation of many is assailed. Prejudices attaches us to the principles in which we are educated, and renders them objects of affection; and hence the obstinacy with which men cling to ideas with which they are familiar. The experience of the world has shown that partisans are sternly adhesive; that truth is more frequently imagined than perceived; that the value of a reason is too seldom accurately measured; and that minds satisfied with partial knowledge far out-number the warm conscientious lovers of philosophy. We can readily perceive the reason why men spurned the great principle promulgated by Rose and Thomson. It was a heavy blow aimed at a favourite, long cherished opinion; but the truth will stand fast, despite the efforts of the boisterous declaimer, or the insidious endeavours of the smiling sophist. Rose and Thomson demonstrated an important truth, they incontrovertibly proved that mercury is not necessary for the cure of chancre as chancre; and this the intelligent ingenuous mind will acknowledge, however much it may dissent from their method of applying it.

Chancre, as a local disease, is of little importance, but as a source of serious disaster, it demands our most anxious attention. M. Ricord has found that the chances of constitutional poisoning are in the direct ratio of the duration of the primary disease, and that the means employed for the removal of the primary sore have no specific influence in preventing the occurrence of subsequent calamities. It becomes a question of time, therefore, and ample experience has shown that unindurated chancre yields more rapidly to local than to mercurial treatment. But indurated chancre disappears sooner under the influence of mercury than simple local means, and as rapidity of cure is our object, we have recourse in this case to the agency of this mineral. There is a compound half-acknowledged belief in the minds of many, that mercury cures indurated chancre, by virtue of a kind of antidotal property, and that the constitutional disease is less likely to originate from a sore which has been removed through its agency, than from one which has been subdued by simple means. This, however, is a mere fancy, and is not supported by accurate observation. Mercury has no specific action on chancre, whatever it may have on the constitutional effects consequent on the absorption of the poison of syphilis; and, far from guaranteeing against the occurrence of the signs of general empoisonment, it does not even modify these evidences, unless the constitution has been injured by its mal-administration.

The indication for the exhibition of mercury in primary syphilis, is to remove the induration, which is a bar to the healing of the sore. We do not deny that simple chancre may disappear under its influence, but we think that it cures the disease on a common principle,—a principle identical with that which we recognise

in the cure of chancre by local stimulants. Mercury is a general stimulant to the capillary system, and it cures a local specific inflammation, by inducing a general inflammation of another kind, in which the local disease participates. The same principle is illustrated in the cure of the constitutional symptoms, for, as it is certain that these symptoms are referrible to a poison or morbid stimulant having circulated, by which the irritability of the capillary system of vessels has been modified and rendered obnoxious to common causes, rather than to a virus circulating and presently urging them to diseased action, so, by virtue of its generally stimulating property, mercury excites these deranged vessels to another action, and the symptoms of uncleanness fade and disappear.

The great object with many practitioners is to induce ptyalism or mercurial stomatitis; but although these are evidences that the constitution feels the influence of the remedy, they are effects to be avoided, and not indications to be fulfilled. M. Ricord has shown that the indication for the exhibition of mercury is the removal of the induration which prevents or retards the healing of the sore. The indication no longer exists when this induration is so far removed as to cease to be an impediment to the salutary operation of local means, or when the mercury has commenced to exert a baneful influence on the constitution, as evidenced by inflammation of the salivary glands, soreness of the mouth, &c.

Much importance is justly attached to the induration which characterizes the Hunterian, the typical form of chancre; but, so far as we are aware, no one has attempted to indicate the cause, or point out the real nature of this induration. It is dependent either on simple or specific inflammation. If it depends on a specific inflammation, why are the exceptions to its presence so frequent? We believe that it occurs independently of any specific nature in the irritant, and that the inflammation which occasions it is as different from the specific inflammation of syphilis, as that which gives origin to phlegmon in the cellular tissue which envelops a diseased gland is different from the specific inflammation of which that gland is the subject. It seems to be determined by the tissue which is the seat of disease; for, when the sore is superficial and confined to the mucous membrane, no induration occurs, whereas if the inflammation extends to the cellular tissue, lymph is effused, and we have the true Hunterian chancre. The effusion of organizable lymph is a healthy process; it is a means adopted by nature to arrest the progress of local mischief, and in it we see an additional evidence of chancre being a local disorder. If the constitution is seriously deranged, the adhesive inflammation will not take place, but the chancre will assume another character, and operate more destructively on the tissues. Induration, or the effusion of organizable lymph, is an every day effect of common inflammation, and we see no reason why in this case it should be regarded as the specific effect of a specific cause.

So far as we have seen, we are warranted in making the observation, that ulceration or suppurative inflammation are necessary effects of the presence of the syphilitic virus; and from this we would infer, that, when the cicatrization of a chancre is complete, chances of relapse ceases to exist. We say all chance of the recurrence of chancre ceases, not the recurrence of ulceration. These remarks we offer, because it is a common belief, and one in which our author participates, that induration *per se* is a source of danger. But although ulceration may recur after cicatrization has been complete, we are aware of no facts which prove such relapse to be syphilis, except when induced by sexual intercourse; and consequently we think that those practitioners are in error who persevere in the use of mercury until all hardness is discussed. Hardness sometimes persists for years, or even for life.

In conclusion, the existence of chancre, or the supposition that a sore is syphilitic, is no reason in itself for mercury being exhibited; for experience has amply proved that chancre, as chancre, does not require the administration of this mineral either to heal itself, or to prevent its effects from taking place; and we are practically taught, that when it cures the primary disease, it does not guarantee against the occurrence of secondary syphilis. Although mercury is frequently required to aid us in the cure of chancre, we are not warranted either in rendering the present state of the patient worse than it was, or in so modifying his constitution, that affections as bad as those we wish to avert, may occur at some future period on the application of common causes. Mercury is only applicable to the cure of indurated chancre, and its exhibition should cease when the sore is susceptible of the influence of simple local remedies.



## PRACTICAL OBSERVATIONS ON CHANCRE.\*

NOTWITHSTANDING all that has been written on the subject of venereal disorders, it is an indisputable fact, that under the names of venereal and syphilitic diseases, so many different things have been and are still confounded, that, without the exercise of candour as well as accurate observation of complaints reputed identical or very similar, and much precision in distinction, in ascertaining the true characters of disorders really different, they will never be understood, and both confusion and obscurity will continue to prevail.

\* By Philippe Ricord, M.D., Surgeon to the Venereal Hospital of Paris, &c. (Extracted from the Bulletin General de Therapeutique Medicale et Chirurgicale.) Translated by George Bell, M.D., &c.

Whosoever will observe without prejudice or preconceived opinions, the diseases of which we now speak, and the multitude of forms which they assume, which by no means spring from the same causes, possess the same nature, or give rise to the same consequences, will likewise see, that there is one which is always the same, regular even in its aberrations, and which can be discovered by the practised and observing eye, notwithstanding the general obscurity in which they seem involved. This form alone constitutes the disease properly denominated Syphilis, and is that form vulgarly termed Chancre.

Chancre is as distinct from all other diseases, as cow-pox and small-pox are; it is as different from a simple ulceration or ordinary solution of continuity, as the wound of a viper or the bite of a rabid dog are; and it is impossible that any one could seek to deny its existence as a disease *sui generis*, unless through error, bad intention, as the difficulty of a diagnosis frequently troublesome to establish. If, after what I have myself observed, I were to define the syphilitic ulcer of which we now speak, I should take care not to assign to it as constant pathognomonic characters those drawn from its aspect or form. It is because an opposite method has been adopted, that there have been so many grounds of dispute.

I should say, the chancre or syphilitic ulcer, is a specific ulcer, arising from a cause always special, identical, and of the same nature, under whatever form it presents itself; it is produced by an ulcer like itself, and at a certain stage of its progress can in time produce another; it is a local disease in the commencement, and is the source of that general poisoning known by the name of secondary syphilis.

If we study chancre according to its seat, we find that while it may be situate on any part of the integuments, the mucous membranes are liable only at certain points. This is generally explained by saying, that the least discerning surfaces, and those, therefore, which are least protected by their secretions, are for this reason the most exposed to infection. It would be useless at the present time to detail the particular points in which they are found, but I observe, that since my researches with the speculum, every one is convinced that they are much more frequent in the deep parts of the *vagina*, and the neck of the *uterus*, than was formerly believed. For the truth of this statement I appeal to a comparison between the works of the same authors written before and after my labours.

With regard to causes, dividing them into predisposing and specific, are there idiosyncrasies—as has been maintained, especially after Thomas Rose,—which can resist the infection of syphilis? Can this be concluded, because certain individuals have not suffered effects after having been exposed to causes? It would require, before such an absolute conclusion be established, that the persons considered to possess this privilege should likewise resist inoculation properly performed.

Until these experiments are made, I shall sustain the following proposition, to wit, *that the matter of chancre, taken in the wished-for conditions, and properly applied, will, in every individual, give rise to the development of a chancre.* If any one contradict or disbelieve this statement, let him undergo the test which I propose, and submit to inoculation.

But if the cause of chancre is the matter secreted by a chancre, what are the conditions under which this matter must be taken? What are those under which it must be applied in order to its acting? It is during the ulcerative stage that the chancre produces its specific secretion, its specific purulent matter: after this it loses its character, its nature changes, its poisonous properties are destroyed. The less it is mixed with other substances the more certain is its action.

The matter of chancre can alone produce chancre. If, therefore, a chancre appears after the contact of other matters of secretion, it is because these secretions were mixed with the matter from a syphilitic sore, in proper proportion. It is thus that saliva from an infected mouth, milk from an ulcerated nipple, or sweat from a diseased skin, can transmit the pox. It will never be possible, except through great credulity or a misplaced confidence in the appearances of morality, too often mistaken, to find another original, or to review the story of Cardinal Wolsey, who was arraigned before the House of Lords for the crime of regicide, in as much as he whispered into the ear of the king, and thus exposed his majesty to this dreadful malady by the contact of his impure breath. Neither is the primary venereal disease ever hereditary. In the usual sense of this term, infants never exhibit it at the moment of birth; and if they show it at a later period, it is because the mother was affected with the disease at the time of her delivery; and the infant, either then or at a later period, came in contact with the diseased organs of the mother.

But, in order that the cause may act, and the disease be produced, is it necessary, as Bru has said, and others have repeated, that certain organic and physiological conditions should exist; that there should be orgasms, electro-syphilism, or sympathetic action between the organ that communicates and that which receives the disease? In a word, is the influence of the genital organs over all that governs these functions an indispensable condition of the disease? No, doubtless and cool unsophisticated experiment has cancelled at one stroke all the long pages, more or less ably written, in which this position is maintained. Syphilis can perpetuate itself without the aid of the genital organs, and without any difference arising from this, either in its nature or general consequences.

Before a part can be infected, it must be deprived of *epidermis* or *epithelium*; it must not be the seat of an acute inflammation; and the secretion from it must not be morbid, or so abundant as to serve as a protection.

If, in order to obtain these conditions, we take the purulent mat-

ter of a chancre during the ulcerative stage, and insert it with a lancet below the *epidermis*, on the inside of the thigh, or any other part of the body, we observe the following to take place.

In twenty-four hours the point where the matter has been introduced becomes red, as after vaccination; on the second or third day, there is slight tumefaction, similar to a small pimple surrounded with a red *areola*; on the third or fourth day, the epidermis is raised by a liquid more or less consistent, and we observe a vesicle with a black speck on its apex, which is owing to the blood effused when the puncture was made; on the fourth or fifth day, the morbid secretion is augmented, it becomes purulent, and there it now a pustule depressed on the summit, which renders it similar to the pustule of small-pox. At this time the areola which had been increasing both in extent and intensity, frequently begins to diminish, especially if the disease does not advance; but after the fifth day, the subjacent tissues, which are often, as yet, unaffected, are only slightly œdematous, become infiltrated and hardened by the effusion of a plastic lymph, which gives to the touch a feeling of resistance, or that sensation of elasticity communicated by certain kinds of cartilage. Lastly, at the end of the sixth day, the matter becomes thick, the pustule shrinks, and crusts soon begin to form. If these crusts are not removed, they increase by the base, they become more and more elevated by the secretion of new strata, and assume the form of a truncated cone, depressed at the apex. If the crusts are detached, or fall off spontaneously, an ulcer is exposed, resting on the hard base already mentioned. It extends through the entire thickness of the skin, and its surface, which is of a grayish colour, consists of a lardaceous and sometimes pultaceous substance, which cannot be removed by washing. At this stage the sides of the ulcer, neatly cut out as if with a circular instrument or punch, are nevertheless more or less rough, and present, when examined with a magnifying glass, slight denticulations, and a surface similar to that of the bottom of the ulcer. Their margin is the seat of a degree of swelling and induration, like that of the base, and presents a ring of a reddish-brown or violet-colour, which is more prominent than the neighbouring parts, and the borders of the ulcer being thus raised and slightly turned over, it assumes the common infundibuliform appearance of these sores in the early stages.

Such are the results furnished by more than two hundred experiments, from which we have further deduced the following propositions.

1. The best method of producing chancre is inoculation with a lancet.
2. Inoculation never fails, if the proper conditions are observed, concerning the taking and applying the matter.
3. The purulent matter, taken from the pustule which has been produced by inoculation, will likewise in its turn produce a chancre in the same way; and thus we may experiment, with one pustule

after another, without any limit, except that which is consequent on a want of skill.

4. When we inoculate in several places with matter from the same sore, so many pustules are produced, succeeded by chancres. Of three punctures we never see one succeed and the rest fail. There are never more and never fewer pustules than correspond with the number of punctures made.

5. Whatever may be the varieties and complications which the inoculated chancre may present at an advanced stage, its progress at the commencement is always what we have described.\*

6. There is no period of incubation in the ordinary sense of that term. As regards chancre, only one action takes place, from the time the matter is applied, to that when the ulcer is formed. It is easy to explain the tardy development of certain chancres without having recourse to the doctrine of incubation.

7. Chancre, therefore, is a local disease at its commencement, the first morbid process beginning and finishing in the place that was infected, and never in another.

8. The constitutional infection is probably produced at a more or less advanced stage, which might perhaps be pointed out with greater precision.

9. In order to arrive at a result so important, it is necessary to distinguish between the real and fictitious commencement of the chancre, that is to say, to date the origin of it from the day on which the disease was contracted, and not from that on which the patient first perceived it.

10. By making a series of observations in this way, it will be found, that if the ulcer is destroyed by caustic or otherwise on the third, fourth, or fifth day after the application of the cause, the patient runs no risk of secondary symptoms.

11. It will be likewise found, that induration commences about the fifth day; that it is from indurated chancres that secondary symptoms commonly arise; and that this induration seems to be

\* The truth of this statement we have observed in a great number of cases at the Venereal Hospital. It is M. Ricord's practice to test every patient with a sort of tube, who is admitted, and almost all the cases of gonorrhœa are dealt with in a similar way. Hence he is always certain of the nature of the disease he treats, and many urethral chancre is detected, which otherwise would have been the prime cause of disaster to the patient and perplexity to his physician. An instructive experiment was performed in the beginning of last October. A lad, aged 19, was admitted with a small superficial chancre on the part where the mucous membrane is reflected from the *frenum*, slight pain and swelling of a gland in the left groin, and a small abscess on the pubis. Matter from the chancre was inoculated on the inside of the right thigh; inflammation, vesicle, pustule, with characteristic induration took place, when the chancre was destroyed by the nitrate of silver. The abscess was opened, and the same thigh inoculated with the matter without any result, and the abscess speedily healed. The bubo suppurated, was punctured, and the left thigh inoculated with the matter, without any result. The opened tube was poulticed, and the experiment repeated with matter from the bottom of the abscess, when the same events took place as in the inoculation with the secretion from the chancre.—G. B.

the announcement of the poison having penetrated more deeply into the economy. In so far as induration has not taken place, we may consider the disease as still local.

12. The researches we have made on the inoculation of venereal diseases enable us to say, that the contradictory facts found in authors depend only on an erroneous appreciation of the circumstances under which they experimented, and this we shall prove in a more extensive work.

Chancre, however, does not commonly develop itself in the manner we have described. A mucous or sebaceous follicle is the common seat of disease; sometimes a mechanical lesion, a sore, an erosion, or even an ulcer, is the part infected; or the matter of chancre may be carried into a lymphatic vessel or gland, and there produce the same result. It is sufficiently clear that, as the conditions differ under which the cause acts, so will the effects differ in the forms the chancre assumes. These forms may be reduced to three, to wit:

I. Pustules at the commencement.

II. Phlegmon followed by abscess, and succeeded by a true chancre.

III. Chancre, or ulceration from the beginning.

Thus, whenever the matter is placed beneath the *epidermis* or *epithelium*, it will give rise to the first form of pustular chancre, about which there has been so much dispute, but whose existence has been incontestably established by my experiments.

Again, when the virus penetrates into a mucous or sebaceous follicle,—whose orifice afterwards becomes obliterated—a small tubercular abscess is produced, which afterwards presents all the characters of chancre. The same will take place in the subcutaneous or submucous cellular tissue, if we introduce the matter by the medium of a leech-bite, whose edges, not being inoculated, will afterwards unite. If the matter has passed into a lymphatic vessel or gland, suppuration likewise will occur, and be succeeded by an ulcer of the nature of chancre. The inflammation of the lymphatics and *adenitis* in this case, are one and the same disease, different only in the form of its commencement.

Lastly, whenever the matter is applied to a denuded surface, there will be ulceration from the commencement.

Besides the varieties now mentioned, so important to be known, and from which the observation of physicians has been seduced, by the received idea of the Hunterian chancre, there are other varieties or deviations from the normal form, which, to the superficial observer, seem to be so many distinct diseases. Difference of seat, as the individual conditions, physiological, pathological, hygienical, or therapeutical, in which we find the infected persons, will explain these deviations; for they are never inherent in the intimate nature of the cause, the effect of which is always the same at the commencement, whatever its source may have been.

Without insisting on all the irregularities of aspect and form,

and speaking of the differences that may exist between the cutaneous chancre, which has always a tendency to incrustation, and that of the mucous membrane, unexposed and protected by its secretion, I deem it important to point out the following forms.

1. *Masked Chancre*.—(Chancre larvé.) I have proved incontestably that uterine chancres, deep vaginal chancres, and those situate within the *urethra*, which are as frequent as they were once considered rare, only give rise to symptoms of *blennorrhagia*, and this virulent kind of *blennorrhagia* at first gives rise to symptoms under which the chancre for the most part remains concealed. I have proved beyond doubt that chancre alone can produce chancre, and that it never can be produced by the mucous or muco-purulent matter of simple gonorrhœa. This fact enables us to detect the incorrectness of the observations, of men or women who communicate syphilis to others, yet declare that they themselves labour under gonorrhœa alone. At the present day, these cases will be regarded as cases of concealed chancre by acute observers; or at most, of chancre which, by reason of its seat, gives rise to symptoms of *blennorrhagia*.

2. *Superficial Chancres*, by which the skin has not been destroyed through its entire thickness. These chancres may or may not be attended with induration, and their borders are more or less raised according to the depth of the ulceration.

3. *Phagedenic Chancres*.—It is the nature of chancre to destroy, but when no complication or untoward predisposition exists, its local progress is soon limited. The limits seem in a certain degree to be fixed by the deposition of the plastic lymph which constitutes the induration, and is one of the most constant characters of chancre, as was first remarked by John de Vigo, and afterwards by Hunter. Beyond certain limits, the increasing ulceration assumes the name of phagedenic, and the different conditions under which this process goes on, allow of the practical establishment of the three following distinct varieties.

1st. *Pultaceous, Diphtheral, Phagedenic Chancre*.—This variety is analogous in many respects to hospital gangrene. Although in general serpiginous, it also assumes an annular form, rather creeping along the surface, than burrowing among the tissues. Skin, mucous membrane, and cellular tissue resist it less than other textures, which often happily oppose its progress, and this is the reason why its superficial extent for the most part greatly exceeds its depth. The parts in which these sores are situate generally present but little tumefaction; the swelling is œdematous or phlegmonous, and offers none of the characteristic induration. Secondary symptoms bear no proportion either to the extent or duration of these chancres. We have seen them of great size, and persisting for many months without any consecutive symptom taking place. One patient, among others, had a sore of more than six inches in extent, which followed a bubo in the inguino-crural region, and persisted for fifteen months; and another patient from the country

had one ten inches long, which remained for eight months, yet neither of these men had secondary symptoms.

2d. *Phagedenic Chancre from excess of induration.*—It frequently appears that an excessive effusion, or kind of apoplexy of plastic lymph, causes the death of the part in which it is deposited. The indurated parts become the seat of a kind of molecular interstitial gangrene, commencing at the surface in the part most distant from the centre of circulation, and afterwards increasing in depth, if the induration be not otherwise dissipated. These ulcers are generally indolent, unless when irritated, and never extend like the others. The induration, indeed, always circumscribes their progress.

3d. *Inflammation, gangrenous, phagedenic Chancre.*—In this form the characteristic circumstance is a slough of a gray or black colour. This depends on the tissue affected, and on some other conditions, which do not constitute a difference in nature, as some assert. In this case, the cause of the extension of the ulceration is gangrene from excess of inflammation—a gangrene that differs in no respect from that which is occasioned by ordinary inflammations, and which would not give rise to the admission of a particular variety of chancre, were it not that this mode of extension of ulceration of the chancre is for the most part badly studied, badly understood, and frequently the cause of serious errors. When true gangrene occurs, the chancre is commonly destroyed by the sloughs, and after their removal there remains only a simple ulceration, situate on the tissues, which are more or less infiltrated or phlegmonous. If gangrene, which may be called a good complication, takes place early, no characteristic induration remains, and the patient runs no risk of secondary symptoms.

But though we frequently meet with well-marked cases of these varieties, it will perhaps be found, that they are often combined with one another, and more or less complicated with irritation, sensibility, and pain.

Whatever is the particular form of chancre, let its progress be acute, subacute, or even chronic during the period of increase, a cure nevertheless takes place. The cure may be spontaneous, or, as more frequently happens, under the influence of remedies, and that in a space of time difficult to limit, between three and five weeks, as some have believed can be done; for nothing is more irregular than the duration of this disease.

However this may be, the cure announces itself by the passage from the period of ulceration to that of reparation. The bottom of the chancre presents healthy fleshy granulations, the borders are no longer swelled, but sinking down incline towards the bottom of the sore. Their brownish-red and livid tint disappears, giving place to a whitish or pearl-gray circle; while the areola, if it still remains, becomes more and more circumscribed, and finally vanishes. Cicatrization commences at all parts of the circumference, and tends towards the centre; but when the ulceration has been very exten-

sive, it sometimes begins at many points of the centre and circumference simultaneously. At last the base is absorbed. When the ulcer has been situate on the skin or mucous membrane, and these parts have not been destroyed through their entire substance, the cicatrix is on a level with the surrounding parts. When a small portion only has been absorbed it is more raised. And finally, if the ulceration has occurred in such parts as a gland, or in the neck of the uterus, which contain no cellular tissue, the cicatrix is depressed.

The period of reparation, when the sore is no longer specific or contagious, does not always observe the regularity we have described. It is not uncommon to observe a partial reparation of the borders or bottom of the ulcer, through a third or half of its extent, while the remainder is still in the period of progress; neither is it rare to see ulceration re-attack the parts that had begun to heal from inoculation in the circle of ulceration itself. Chancre is a genuine phœnix, which springs from its own ashes, and furnishes the food for its own nourishment. Other irregularities of this period are observed, which, according to some, should be regarded as distinct species of ulceration. Sometimes the bottom of the ulcer is developed, rises above the diminishing edges of the sore, and, presenting a surface more or less granular and convex, constitutes a variety of the *ulcus elevatum*. When the chancre is raised by the indurated base, it constitutes another variety of the *ulcus elevatum*. At other times, true vegetations succeed the fleshy granulations, and constitute what is called the fungous or vegetating chancre.

Lastly, the chancre may undergo a transformation *in situ*, during the period of reparation, and become a secondary symptom, assume the characters of that class of ulcers, or be converted into mucous tubercles or pimples. The edges may remain callous after complete cicatrization has taken place, and this induration, which leaves the cure imperfect, merits the greatest attention.

II. *Diagnosis*.—Nothing is more difficult than the diagnosis of chancre. The antecedents, the pretended incubation, the seat, aspect, progress, complications, and the influence of treatment furnish only equivocal signs. Nevertheless, as regards the regular chancre, the habituated eye will seldom be deceived by the signs we have described, or by that peculiar kind of induration which, after being once carefully examined, is always recognised. It is necessary to remark, however, that the unequivocal, incontestible, pathognomonic signs of chancre, are the production of certain symptoms of constitutional infection, which alone succeed the antecedent; and, above all, the effects of inoculation with the matter taken at the period of increase, which effects are both regular and constant.

III. *Prognosis*.—In studying the prognosis of chancre, we should consider it first as a local disease, and then as a source of general poisoning.

The first head embraces the probable duration of the disease, its possible deviations from the normal state, the occurrence of com-

plications, the development of successive symptoms, and the possibility of its being still communicable.

The regular chancre, in a person living properly, and otherwise healthy, constitutes a local disease of small importance. Taken at the commencement, and treated properly, cicatrization may be effected in eight or ten days, and when left to itself, it may undergo a spontaneous cure, in from three to five weeks, as already remarked. It always yields to skilful treatment, without working any serious mischief. The particular seat of chancre should have great influence on our prognosis, as regards its probable duration. Thus a chancre situate on the *frenum*, which is easily perforated; a chancre in the *urethra*, constantly bathed by the urine; and a chancre on the anus, irritated by the stretching of the parts when at stool, and soiled by the *fæces*, although uncomplicated; *cæteris paribus*, take a longer time to heal. In like manner, chancres of the neighbouring parts, which we are obliged to keep covered, and those situated in parts liable, from their functions, to undergo changes of volume, are long in healing.

However regular chancre may be at its commencement, we should dread the occurrence of complications and deviations whenever any of the causes already specified are present. It does not follow that the disease shall be slight, because it was trivial in the person by whom it was communicated. The most troublesome case I have met with during the six years that I have been surgeon to the Venereal Hospital of Paris, was derived from a woman in whom the disease was so trivial, that the most careful examination could discover only a minute chancre, which was cured in twelve days.

With regard to successive affections, we must take into account the disposition of the parts affected, and the particular seats of the ulcerations. By successive affections are meant those which are only a gradual continuation of the same malady, such as the production of new chancres, the development of sympathetic buboes from extension of the inflammation, and the occurrence of symptomatic buboes, arising from the transport of the venereal virus. Whenever the virus is retained in the parts, or touches points susceptible of inoculation, we should dread the formation of successive chancres. Of this kind are chancres of the anus, succeeding those of the *fourchette* in the female; and, in some cases, chancres commence at the posterior extremity of the raphé, which, becoming swelled, assumes the appearance of a condylomatous excrescence, and may be mistaken by the unaccustomed eye for a hemorrhoidal tumour.

To conclude, whenever a wound or other solution of continuity is situated in the vicinity of a chancre, we should dread the occurrence of inoculation.

Important differences exist in the prognosis of the varieties of chancre, resulting from certain complications or conditions, which make it deviate from its normal progress; and we here resume that subject.

When a chancre has assumed the phagedenic form, its duration ought to be much longer. It is the cause of deformity by destroying the tissues in which it is situated, and may give rise to hemorrhages, by attacking important vessels. Urethral, vulvular, and anal *fistulæ*, are a few of the serious disasters which ensue.

The diphtheritic, phagedenic chancre, considered as a local affection, is the most troublesome variety, because we can neither foresee the length of its duration, nor the extent of the ravages it will commit. Next to it is the gangrenous phagedenic chancre, from excess of inflammation, in which case we must always fear the extensive destruction of the tissues affected. Its duration is short as in ordinary gangrene, which advances with sufficient rapidity. Lastly, indurated chancre, the final cure of which is generally tedious, is, *cæteris paribus*, much less serious than the preceding, both as regards possible local alterations, and the extent to which it may proceed.

But the question most frequently asked refers to *bubo*; for, it rarely happens that a patient affected with chancre does not interrogate you as to the risk he runs in this respect. Without entering at length into a discussion of all the causes which affect the development of *bubo*, some of which, referring exclusively to chancre as the origin of this symptom, merit attention in this place. The particular locality of the primary sore exercises the greatest influence on the production of *bubo*; and we may say that, of 100 cases of *bubo*, more than 80 are preceded by chancre of the *frenum* or inferior part of the glans or prepuce in the male, and in the vicinity of the urethra in the female. This fact, so remarkable as regards seat, and which can only be reasonably explained by the connection which exists between the part primarily affected, and the lymphatics going to the glands, is completely at variance with the theory of exclusive venous absorption, but accords with the doctrine of imbibition. A small chancre in the neighbourhood of the *frenum*, in the vicinity of which the tissues are little affected, acts much more efficaciously as a cause of *bubo*, than a more extensive sore in another part. Thus *bubo* has never supervened from the numerous inoculations we have made, whatever was the progress of the pustule, or of the chancre by which it was succeeded. The extreme readiness with which absorption takes place in the neighbourhood of the *frenum*, requires a more minute study of the extremities of the lymphatic vessels, which may perhaps explain the primary production of certain buboes.

If, therefore, we take into consideration the particular seat of chancre, it will be seen that the observations made by Bell and others, with a view to discover the effects of local treatment, especially cauterization, are faulty as regards prognosis; for after what I have just said, it is necessary to take into account the seat of the chancre before judging of these results.

However this may be, so long as the chancre is in the ulcerative stage, it is impossible to predict its termination with exactness;

and we cannot therefore promise a speedy cure, until the period of reparation commences, and the process goes on with regularity.

Syphilis is the source of the most frightful calamities to which the human race is exposed, and the possibility of its transmission is a question so delicate, and so frequently proposed, as to merit the greatest attention. To expose oneself to the disease, because we have a light and superficial appreciation of the causes from which it springs, is doubtless a great fault; but to transmit it is more than a fault; to which the physician, who makes a mistake on the subject, is an accomplice. When consulted regarding the transmissibility of an ulcer, call to mind the difficulty of the diagnosis; recollect especially that chancre, susceptible of all the most troublesome influences, is far from always assuming the typical form, called Hunterian; remember that it is neither the base, nor the bottom, nor the borders, which show it to be chancre, but that the sore is characterized by the quality of the matter which it secretes. Whenever an ulcer, therefore, be its aspect what it may, has been contracted in the way chancres are contracted, let no argument be wanting to prevent the exposure of a healthy female to the contagion, and do not affirm, because such and such is its seat, that there is no risk of infection, and cause an individual with an ulcerated bubo, to transmit the evil of which he thought himself free.

If the prognosis of chancre is a subject of so much interest in the light in which we have just regarded it, it is, nevertheless, in another point of view, that we see its importance.

Does chancre necessarily give rise to general infection or constitutional syphilis? Will this always take place when the disease is left to take its own course? Can we by any treatment prevent these consequences?

Such are the problems to be solved, on which the actual existence of the patient who consults us depends, and the lives of the children also, whom one day he may beget.

The solution of these questions involves the whole history of *lues venerea*, a subject on which we have neither ability nor inclination to write at present; but admitting as a fact proved, that general disease can result from the local affection called chancre, it is sufficient, so far as prognosis is concerned, to point out those circumstances which would especially lead us to dread its occurrence.

It rarely happens that secondary symptoms show themselves before the second week, but they generally occur after the sixth week, or at a much later period. The form of chancre, from which we can predict the occurrence of constitutional syphilis, is that accompanied by the characteristic induration, and we can affirm that the frequency of general infection is in the direct ratio of the extent of the induration.

Secondary symptoms, although they sometimes manifest themselves, while the primary sore is still present,\* rarely occur during

\* An interesting case was admitted into the hospital in the month of July last, of a middle aged man of robust frame, who had a chancre on the under lip,

the period of increase; at least when the increase of ulceration is not due to excess of induration. They generally occur during the period of reparation, or rather after cicatrization has taken place; and this more especially, if a nucleus of induration occupies the place of the chancre.

Indurated chancre is the principal source of constitutional syphilis; next to it is the phagedenic chancre, which, however, may be of considerable extent and duration, without giving rise to general disease; and the least dangerous of all, in this respect, is the gangrenous phagedenic chancre, from excess of inflammation.

The number of primary symptoms with their complications, (except *induration*,) do not aid us in forming a prognosis, and bubo, in the majority of cases, is far from proving that the disease has become general. Bubo, as has been already remarked, is frequently sympathetic, or distinct from syphilis; when it is virulent or symptomatic, it constitutes a disease identical with the chancre, whose consequences are neither more nor less troublesome, than if the patient, instead of having *one*, has actually *two* primary sores.

It is an incontestable fact, confirmed by daily observation, that all persons are not equally susceptible of general syphilitic disease. It is as clear to my mind, that certain idiosyncrasies can resist consecutive poisoning, as that no constitution can resist inoculation from a primary sore.

Certain conditions are necessary, in order to the development of general symptoms; which, although they often escape notice, we are frequently able to detect. If we reflect on the ages of our patients, we are struck with the facility with which constitutional syphilis develops itself in children, especially through the medium of hereditary taint; and, on the other hand, how much less frequent it is in old persons after a recent infection. The sexes present differences which have not always been well explained, secondary symptoms being much less frequently observed in women than in men. The primary symptoms most frequent in women are discharges, which never give rise to them; but, on the other hand, if women with chancre were placed in the same hygienic conditions as men, they would be much more subject to secondary symptoms than the latter, for there are individuals of this sex, whose constitutions are more favourable to their development, and who are the subjects of more frequent and more serious derangements. The lymphatic temperament should perhaps be regarded as the con-

chancre on the prepuce, suppurated bubo in the groin, and a lenticular eruption all over the body. The following was the order of events; sore on lip, of 5 weeks' duration: sore on prepuce, 24 days do.; bubo, 18 do.; eruption. 15 do. The eruption had all the characters of a syphilitic, and occurring as it did, three weeks after the appearance of disease in the mouth, and only nine days after that in the prepuce, we conclude that the syphilitic poisoning of the system which determined it, arose from absorption of matter from the first-mentioned chancre.

The first proof we can have that primary syphilis is a local disease, arising from a local irritation, is, that a chancre may be produced in a person whose system is already contaminated by syphilis.—G. Bell.

dition most favourable to the development of general symptoms, and next to it, vices of regimen, to which men are much more exposed than women. Certain antecedent pathological states seem to predispose the body to general infection, and it likewise appears to be a fact, that they determine the particular form in which the secondary symptoms manifest themselves.

After the general considerations which precede,—the limits of this paper forbidding that we should go into details,—we shall not perhaps be considered rash, in hazarding the opinion that general infection may take place, the patient acquire a syphilitic temperament, and remain under its influence, without any symptom occurring, until the application of an incidental adjuvant cause favours the development of the disease. Could not the incubations, so various and indefinite in their duration, be explained in this way? Would it not afford a reason, for the differences which we observe, in the secondary symptoms in different people, arising from the same cause? Does not the explanation apply equally well to syphilis, as to hereditary disease? Would not the same happen here, as in the case of individuals predisposed to scrofula, on the application of an incidental cause?

III. But the treatment of the primary symptoms, should have great influence on their consequences, and remove the difficulties which beset us in the prognosis of secondary symptoms. There is no question in therapeutics more debated than this, and none further from being solved; there is none of higher interest, and more needful of solution, for in no disease has the patient more need of a physician. The better ranks of society believe that the venereal disease is always curable. Secondary symptoms are considered as the result of bad treatment, and the blame is laid on the physician; for these people never reflect, that they are a natural consequence of the primary evil, aided by individual conditions. But this is not all. Faithful to that law which, according to Riche- rand, declares that all medical prejudices originate with physicians themselves, these latter strive to replace ancient blunders by modern errors. By one party it is declared, that no cure can take place, no repose be enjoyed, no future health anticipated, unless mercury be used; and by the other, future disease and death are predicted if this remedy be employed. In the presence of opinions so positive and precise, by what laws and authorities is the physician to be sheltered from responsibility? which party is he to believe? Brilliant names are to be found in the long ranks of both; but the list of the mercurialists, if it is often equalled in talent, has an enormous majority, which in this numerical age adds great weight to the argument. A calm, disinterested examination of facts, made by men equally uninfluenced by a desire for novelty, or a dread of being considered antiquated in their notions, would be productive of sound opinions on the subject; for, although they might differ on many points, still the concessions which each would be obliged to make, would in the end prove, that the principles of the mer-

curialists do not differ so much from those of their opponents, as might at first be imagined. In order to be convinced of this, it will be sufficient to examine the data on which they have founded their argument, and to analyze the facts which have been accumulated, from which it would appear evident, that the absence of a good diagnosis, and the want of a just appreciation of particular facts, can of themselves perpetuate the discussion. Although I am convinced that much has been done by modern authors, still I think that they have only proved one thing, which was already known, to wit, that bad treatment is hurtful, and that the same remedy is not universally applicable. On the other hand, the course pursued by certain visionaries is fatal; and we cannot forbear saying, that, so far from elucidating the question, they have embroiled and altogether confused it, by the denial of special causes, which can be recognised by whoever candidly examines the subject.

However this may be, whatever be the treatment, if the local symptoms have been promptly removed, secondary syphilis is less to be feared, provided the patient have a good constitution, and the treatment have not produced any morbid alteration, which may become the cause of the future outbreaking of disease.

Before entering on the treatment of chancre, let it be well understood, that, however paradoxical it may appear to the ignorant, the primary syphilitic sore can frequently undergo a spontaneous cure, and this even in spite of bad treatment. The spontaneous cure of chancre, however, is, for the most part, tardy and uncertain; and the patient continues exposed, so long as it remains, to secondary symptoms, and troublesome local affections. Art, therefore, when well understood, should never remain inactive; but every effort should be made to quell the disease at its commencement, where we can always cut it short.

But it is at once strange and unfortunate, that, while all agree about other poisons, none hesitating to destroy the venom of the viper; and whilst precise rules are laid down concerning the treatment of wounds inflicted by rabid animals, chancre, so analogous to both in its origin and consequences, is unfortunately the subject of suppositions; and although it allows more time for us to act, false reasoning and absurd theories throw doubt and uncertainty on the means by which it is opposed.

In order that the treatment of chancre may be rational and efficacious, let us adapt it to its different phases, to its regular state, its deviations, and its complications.

Chancre, at its commencement, imperatively requires to be treated by what is called the abortive, or the eradicating method. This is an important precept, for there are no well attested cases, in which ulcers, destroyed within five days after infection, have been the cause of secondary symptoms, provided these ulcers were without any other actual complication.

But if it be evident that chancre should be destroyed as soon as possible, it is at the same time clear, that the same means cannot

be employed in every case; and in order to appreciate properly those which have been proposed, viz., excision and cauterization, direct or mediate, we shall here examine them.

Hunter is decidedly of opinion, that the progress of chancre should be promptly arrested; and without noticing any distinctions which the sore may exhibit at its commencement, he gives the preference to cauterization, when the sore is situated on the *glans*, where it excites less pain, and does not cause hemorrhage. On the other hand, when the skin is the seat of disease, he prefers excision, because it is difficult to reach the limits of the disease with caustic. However good the precepts of the great English surgeon may be, supported as they are by the authority of M. Ribes, Senior, the subject may be rendered more clear and precise, by attending to the differences which chancre presents at its commencement.

1st. *Pustule at the commencement*.—This form, the rarest when the disease is contracted in the usual way, may be easily confounded, during the early days, with *herpes* or *eczema*. It yields to a single cauterization, if early applied. Cauterization of the pustule, which can certainly precede the syphilitic ulcer, is denominated by M. Ratier, the ectrotic method. This method would have been less contested, if, on the one hand, its proposer had given a true description of the time of appearance, the mode of development and the consequences of the pustule of chancre; and if, on the other hand, persons were not contented with the simple denial of its existence, by men who, though otherwise well informed, can furnish no other reason than that arising from faulty experiment, and incorrect observation.

It should be a rule to open and freely cauterize every pustule which appears on the exposed parts, during the first days succeeding suspected intercourse. This practice should be pursued, whatever may be the nature of the pustule, and without waiting to make a rigorous diagnosis, for there is no harm if the pustule were only a vesicle of *herpes* or *eczema*. The slight pain occasioned by caustic is not to be compared with the chance of permitting the development of a chancre.\* We prefer the nitrate of silver as a caustic in the first stage of this form of chancre; and it ought to be pointed, so that we may reach the bottom of the pustule, and apply it below the edges of the little ulcer which is discovered when the pustule is ruptured.

Whenever a doubtful pustule is situated on a moveable part, and can be readily isolated, excision should be practised. It is the operation to which we should always give the preference in these circumstances, were it not that patients in general have a great repugnance to cutting instruments. I have frequently performed

\* If *herpes praeputialis* have characters exclusively peculiar, which can generally be appreciated, is its appearance after exposure to infection a sufficient reason for cauterizing it in every case? We ask this question, because it is injurious, so far as the *herpes* is concerned, having seen troublesome sympathetic bubo result from it in one case, and painful ulceration in another.—G. Bell.

the operation with success, making use of the curved scissors, and dividing healthy tissues only, which afterwards cicatrize with great rapidity.

2d. *Ulceration, or Chancre from the commencement.*—This form, which, by reason of the ordinary condition of the parts affected, and the facility with which the pustule bursts so soon as it is formed, is the most common of all, and is to be treated like the former. As every doubtful pustule should be cauterized or excised, so every doubtful ulceration should undergo the same treatment.

3d. But we have said that chancre may succeed abscess, the result of phlegmon, and have for its seat a follicle, cellular tissue, a lymphatic vessel, or a gland. Can we in this form have faith in the efficacy of the abortive method?

Whenever a part has been exposed to the contagion of chancre, and enlargement of one or more follicles succeeds, we should unhesitatingly extirpate the part, and apply the nitrate of silver.

If follicular abscess exist, and the disease be still limited, the same treatment should be adopted; but if the disease have gone any length, the abscess should be opened, and the part deeply cauterized.

The same treatment applies to the small circumscribed abscess of the cellular tissue, arising from the imbibition of matter from a chancre in the neighbourhood, as produced by any of the processes already described.

When the disease is situated in a lymphatic vessel or gland, this treatment is no longer applicable, but we must have recourse to those means which are employed for the destruction of bubo.

The method of M. Malapert, so powerful in the hands of M. Renaud of Toulon, offers the greatest advantages, since it cannot be denied that, if we attack the disease at its commencement, before the surrounding cellular tissue is affected, the most happy results frequently follow; and I willingly give the name of mediate cauterization to this disturbing treatment.

This manner of treating the lymphatic or glandular chancre consists in blistering the tumour, the blister being large enough to cover the part affected. When the blister has produced the desired effect, and the raised *epidermis* is removed, the denuded surface should be covered with a pledget soaked in a solution of the deutochloride of mercury, of the strength of five grains of the salt to an ounce of water. The pledget should be fixed, if there is any chance of the patient removing it, and remain applied for three hours. This caustic solution is not equally well borne by all patients, some not being able to endure the acute pain it excites, for more than one hour. Instead of the solution of mercury, we may employ analogous preparations, such as a solution of two or three drachms of the sulphate of copper in an ounce of distilled water. An eschar must be produced, in order to obtain the desired effect. The eschar should not extend through the entire thickness of the skin; it is usually of a gray or brown colour, more or less distinct; it is sel-

dom black, and is generally thicker than the portion of skin destroyed, which at first seems to be infiltrated, and afterwards to become the seat of a deposition of plastic lymph. When the eschar is formed, it should be covered with an anodyne cataplasm during the first day, for which should be substituted on the following morning a compress dipped in white wash,\* to be retained till the slough separates. When this event has taken place, the simple ulceration that remains should be covered with lint spread with ointment. I have not found it advantageous to encourage suppuration, when our object is to cut short the disease. If the bubo resists the means employed, and symptoms of acute inflammation do not appear, the treatment must be persevered in, and the blister and caustic solution repeated.

It frequently happens, both from the patient having been too late in asking advice, and from the means recommended not acting with sufficient energy, that the disease is not destroyed, and the chancre is developed. Whatever be the time of its duration, and whatever the form under which it has appeared, we must endeavour to destroy the chancre as quickly as possible, if its seat and limits permit. This precept, the truth of which is strengthened by daily observation, cannot be too often repeated. Of those affected with constitutional syphilis, who have come under my observation, in none had the chancre existed for less than ten, twelve, or fifteen days; and in the great majority of cases the primary symptoms had remained for three, four, five, six, or a greater number of weeks.

If we consider, in addition to this, that individual conditions are necessary, in order to the production of general disease, and that these conditions, though absent at first, may show themselves at a later period of the primary disease, it will be evident, that, so long as the chancre is permitted to remain, the chancres of general poisoning exist. I add further, and still in opposition to received prejudices, that if it is certain that secondary symptoms have no connection with the rapidity of the cure, the local treatment by which this is effected has no influence upon them, and we may say, that whatever treatment cures the local disease most rapidly is, without doubt, the best antisyphilitic.

If the tissues in which the chancre is situated have become infiltrated, or if the chancre itself has acquired a certain size, the nitrate of silver will not act to a sufficient depth, and if we practise excision, there is a risk of cutting into parts already the seat of disease. Having observed that gangrene, when it attacks a chancre, reduces it to the state of a simple ulceration, I have obtained the most happy results from the use of caustic potash, and the *pâte de Vienne*.† I prefer the latter escharotic, but it should be employed with caution, in order that its effects may extend one or two lines

\* The white wash consists of one part of the *Liquor Plumbi Subacetatis*, and thirty of water.—G. B.

† The *pâte de Vienne* is made by mixing five parts of quick-lime, with six of caustic potash, and making it into a paste with alcohol.

only beyond the actual disease. One objection to this method is, that, in a great number of cases, if the cauterization *en emporte-pièce*,—if I may be allowed the expression—be carried to the necessary extent, parts are exposed which it is our wish to save; otherwise, wherever it is applicable, and skilfully applied, it will afford the best results. It must likewise be remarked, that, as considerable œdema frequently results from this method of treatment, it ought not to be adopted when the chancre is situated on the inner surface of the prepuce, or on the *glans penis*, where there is any degree of phymosis; but, excepting in this case, it is a practice not to be neglected.

The chancre which we have been unable to attack in this way, or that which retains its specific character in spite of our efforts, demands another kind of treatment.

1st. Although an ulcer should not be too frequently dressed, when the process of cicatrization is going forward, it is quite otherwise with the chancre in the stage of increase, for it must be remembered, that the matter secreted by the sore becomes a permanent cause of the disease, for which reason it should not be permitted to remain. The dressings, therefore, should be regulated according to the abundance of the suppuration.

2d. As the affected parts, except in the cases to be pointed out afterwards, should be uncovered, great care ought to be taken in the case of cutaneous chancres, that they do not become covered with crusts under which the pus may lodge and burrow.

3d. Cauterization with the nitrate of silver should be repeated so long as the ulcerative stage continues, and when, on the removal of the eschars thereby produced, any of the characters of this stage are observed in the bottom or on the edges of the sore. When reparation commences, we must abstain from the use of caustic to the healthy part of the ulcer, and continue its application to the parts that retain a specific character.

4th. If greasy substances are generally hurtful in the treatment of chancre, mercurial ointment, except in a few cases, is especially injurious; for nothing is more common than to see chancres multiply, extend, or become inflamed when, free from induration, they are dressed with mercurial ointment.

5th. As it is wrong to allow the matter of chancre to remain in contact with the surface that secretes it, so it is very advantageous to diminish the secretion. The first of these indications is fulfilled by the application of dry charpee, and the best mode of fulfilling the second is by the use of the *Vinum Aromaticum* of the pharmacopœia.\* The following is the manner in which I employ this remedy.

\* The *Vinum Aromaticum* is prepared by macerating four ounces of the *Species aromut.* of the Parisian codex, in two pounds of red wine, for six days, straining and adding two ounces of the *Alcoolat de vulnéraire*. The aromatics employed are the dried leaves of sage (*Salvia officinalis*), Thyme (*Thymus vulgaris*), hyssop (*Hyssopus officinalis*), water-mint (*Mentha hirsuta*), marjoram (*Origanum vulgare*), and wormwood (*Absinthium vulgare*), in equal parts.—G. B.

The ulcer is well washed with the liquid, care being taken at the same time not to cause it to bleed; it is afterwards covered with a small quantity of lint, moistened only with the same fluid, for when it is too wet, the cure is retarded by the kind of maceration that takes place. At each dressing the lint should be moistened with the fluid prior to its removal, because, having become dry and adherent, the part would otherwise be irritated by its separation.

Those who attend my clinical course at the *Hôpital des Vénériens* may be convinced of the good effects of this treatment, for unless the dressing be ill applied, successive chancres never appear, as is too often the case when other dressings are employed. The *Vinum Aromaticum* diminishes the purulent secretion, and tends to promote cicatrization, by modifying the surface of the virulent ulcer. It likewise protects the neighbouring parts from inoculation, by acting as an energetic astringent.

I have met with some cases where the secretion continued to be very abundant, in spite of this treatment, and in these I have succeeded perfectly, by making use of the vinous decoction of oak bark. If there is pain, and if this is increased by the *Vinum Aromaticum*, it will be found very advantageous to combine the wine with opium, in the proportion of eight or ten grains to the ounce. It ought to be observed, however, that in some cases the pain disappears on augmenting the quantity, while in others it must be diminished, in order to produce the same effect.

It is sometimes necessary to suspend the use of the medicated wine, or even to renounce its employment altogether. Thus we occasionally meet with cases where the sore remains stationary, though the suppuration has ceased, in which event the sore should be dressed with opiate cerate, or an emollient poultice applied for several days, and the use of the wine afterwards resumed; and in other cases, the chancre being accompanied by induration, the latter is increased by the stimulating application, and the process of cicatrization prevented from taking place. With these exceptions the vinous dressing is what I generally prefer.

6th. When the process of reparation has commenced and goes on with regularity, we must continue the vinous dressing, and only make use of caustic when it is necessary to destroy exuberant granulations. It often happens, that although the surface of the ulcer is on a level with the surrounding parts, and is no longer discerning, the disease is not completely cured, for the finishing of which process, the sore must be covered by a kind of epidermis. This event may be brought about by the superficial application of the nitrate of silver, so as merely to whiten the surface without acting as a caustic.

In the case of regular uncomplicated chancre, local treatment will suffice, provided no induration remains. Although rest and proper regimen should be prescribed when this treatment being applied, there is no necessity for an absolute system; for while antiphlogistic treatment, local and general, is indicated, when the

patient is robust or prone to inflammation,—a tonic regimen, with all the means calculated to correct the evils arising from a bad constitution, from co-existing ailments, or from a previous bad meagre diet, must be prescribed; for it must be remembered, that the complications and vicious characters that chancre may assume, result from a depraved state of constitution, or other co-existing maladies.

When sound cicatrization has taken place, and the parts have resumed their normal condition, the cure may be considered as completed, unless any induration remains, which leaves much probability of a relapse.

We now proceed to consider therapeutically, the principal varieties of chancre, the existence of which we have admitted.

1. *Masked Chancre.* (*Chancre Larvé.*)—When the chancre is situated in the urethra, and accompanied by symptoms of acute gonorrhœa, antiphlogistic measures must be had recourse to; leeches to the perineum and penis, local emollient baths, general bathing, opiate applications, diluents, &c. We must likewise endeavour to prevent erections, which irritate and augment the ulceration, by distending the affected parts. In order to fulfil the latter indication, I prescribe two of the following pills, to be taken every night.\*

*Camphoræ, ʒij. Opii, gr. viii. Mucilaginis, q. s. M. Divide in pil. sexdecem æquales.*

If small abscesses form at the orifice of the urethra, they should be opened early, and when all inflammatory symptoms are gone, the patient should make use of the *Vinum Aromaticum*, diluted with an equal quantity of the decoction of poppy heads, as an injection. If no irritation is produced, the wine may afterwards be used pure. When the symptoms of gonorrhœa are not too intense, we may frequently have recourse to cauterization with the nitrate of silver at the commencement, the caustic being applied by the aid of M. Lallemand's instrument. Cauterization of the urethra is of great benefit when the acute symptoms of gonorrhœa are passed, and when the chancre exists uncomplicated, acting in the latter instance as in the case of external chancre.

When the sore is situated at the entrance of the canal, so as to be visible, the same treatment is applicable as in other cases, and it will be found of great benefit, when the patient can bear it, to retain a small cylinder, impregnated with the substance with which

\* The combination of the extract of hyoseyamus with camphor will perhaps be found as powerful, and more generally applicable than that of opium. Some persons cannot take opium in any form, and the idiosyncrasy which prevents the use of hyoseyamus, is much less common.

A paper by Mr. B. Bell on the employment of hyoseyamus and camphor in gonorrhœa, with a view to prevent nocturnal erections, will be found in the 2d volume of the Edinburgh Journal of Medical Science. His formula is—*R. Gum. Camphor. gr. vi., Ext. Hyoseyam, gr. iv. M. et div. pil. ii. St. S. sumend.*

the chancre is dressed, in the orifice of the urethra, so as to prevent its lips from coming in contact.

When the blennorrhagic symptoms depend upon the urethral chancre, they cease when the sore is healed; but if they constitute an independent concomitant affection, they require the usual treatment for gonorrhœa.

In those cases where the deep parts of the vagina, the neck of the uterus, or the cavity of that organ, are the seat of chancre, the speculum should be employed at each dressing, in order that we may make the necessary topical applications. Great cleanliness should be observed, when the sore is situated at the inferior part of the rectum, or on the anus, and the dressing repeated every time the patient goes to stool. Every possible means should be employed to render this latter operation easy, and, lest the affected parts should be irritated by the passage of hardened fœces, it ought, if possible, to be preceded by a clyster of mucilaginous fluid. This practice indeed cannot be dispensed with, unless the introduction of an elastic gum tube occasions more pain than the excretion of fœces. The dressing may be retained by the aid of a small *mèche*, but simple injection must suffice, should too much pain and spasm of the sphincter be occasioned by the presence of a foreign body. Care must be taken not to mistake ulcers of this kind for simple fissures, as we have seen done, for if we practice excision in these cases, we shall not fail to aggravate the disease.

2. *Superficial chancre*.—In the majority of cases, these chancres do not present any particular indication. When they are situated on the glans or prepuce, when they are not indurated, and when symptoms of balanitis at the same time exist, they may be mistaken for the simple erosions which accompany this catarrhal inflammation. A single superficial application of the nitrate of silver, followed by the interposition of fine lint between the glans and prepuce, will generally suffice to make them disappear. Should they persist, the treatment detailed above should be adopted.

3. *Phagedenic chancre*.—When the frenum is destroyed, a fistulous opening made, or bridges formed by the peculiar way in which the soft parts are sometimes acted on by this kind of chancre, the ulcerated surfaces must be excised, for adhesion is prevented and the mischief kept up, by their remaining in contact with each other. When the frenum is perforated, the cure is much accelerated by detaching it at either adherent extremity with the curved scissors, and afterwards freely cauterizing the part.

1st. *Phagedenic chancre, pultaceous, diphtheritic*.—It is necessary that the conditions which give rise to this form of chancre should be studied with great care. It frequently happens that the patient dwells in a cold, damp, unhealthy situation, and we find that when he changes his place of residence, the disease undergoes improvement. Thus, if he removes from a warm to a cold climate, it often undergoes a frightful change, while in opposite circumstances it frequently goes on to a happy termination. This will perhaps ex-

plain, how certain effects are obtained by removing the patient from one hospital to another, or by transferring him to a town in the south, more salubriously situated than the one he previously inhabited.

In this variety of chancre there is some concomitant visceral affection, under the influence of which the disease is apparently developed. This concomitant disease, for the most part, consists in a depraved condition of the *primæ viæ*, which either maintains or favours the disease, and it is our chief duty to obviate the operation of this cause, for if it persists, or is aggravated by bad treatment, we cannot hope to cure the syphilitic ulcer, whose particular form it has determined.\*

In fulfilling all the therapeutical indications, which the different pathological states, accompanying and complicating the chancre, may present, we must beware of attributing the troublesome and rapid progress of this variety to a peculiarity in the nature of the specific cause, or a particular intensity of the venereal virus. This is a common error, and is the source of much evil, for the practitioners who adhere to the old doctrine, run to their specific, and administer mercury, in quantities proportionate to the strength of the poison they wish to counteract.

It should be remembered, that the essence of syphilitic diseases, like that of small-pox, is always identical, (the differences they exhibit being dependent on individual conditions,) and our best efforts should be employed to combat them with rational means.

With few exceptions, nothing can be more injurious than the use of mercury, in any way, in this form of chancre; and the more so, if, instead of induration, it is accompanied by nervous irritability and inflammatory symptoms. It is not uncommon to see these ulcerations throw out troublesome granulations, when on the point of passing into the state of reparation, and chancres which were limited become phagedenic under the baneful influence of mercury.

Whether the variety of sore now under discussion originates from a chancre on the skin, a chancre on the mucous membrane, or from a virulent bubo, the treatment most frequently and rapidly successful, consists of the combined use of caustic and the *Vinum Aromaticum*. The cauterization should be frequent and deep, so as

\* The constitutional state, which apparently determines this form of chancre, is analogous to that which causes the development of certain forms of *erysipelas*, and the sloughing degeneration of wounds and ulcers. I have frequently observed in the London hospitals, that phagedenic chancre, cellular *erysipelas*, and sloughing of ulcers, &c. are most common in those whose constitutions are depraved from bad diet, or the abuse of stimulants, and that they are symptoms of a general disorder. The most successful practice in those cases, consists in regulating the diet, mild alteratives, gentle aperients, anodynes, and relieving urgent local symptoms, by incision, cauterization, application of poultices, or opiate lotions. The local affections so frequently disappeared under the influence of constitutional treatment, that we are warranted in considering it as being, generally, more important than local means. The alterative most frequently consisted of *Hyd. c. Creta* gr. ii. *P. Ipecac.* gr. i. *Ext. Conii.* gr. ii. in the form of pill, and repeated three times a day.—G. BELL.

to follow the ulceration in its progress, and the dressing with the aromatic lotion should be repeated according to the abundance of the secretion. In some patients the disease can only be removed by an almost perpetual washing of the sore. Care must be taken not to rub or fret the edges of the ulceration, on removing the dressing, for each excoriation becomes a point of inoculation, and whenever the skin is raised, a new surface is presented for the absorption of the venereal virus, and consequent extension of the evil. It has been recommended to apply leeches to the chancre when the local inflammation is very vivid; but I am extremely doubtful of the soundness of the practice, which is far from being so beneficial as some practitioners have described. Independent of the difficulty of making them fasten on the ulcerated surface, the disease extends to the depth of the wound made by them; while, on the other hand, if they are applied to the parts surrounding the sore, each bite is exposed to the contact of the poison, and may become the centre of a new ulceration. When the local inflammation renders blood-letting necessary, the leeches should be applied at a distance from the sore, the bites being afterwards protected by a compress wrung out of white wash, until cicatrization is complete. In the inflammatory complication, the best results are obtained by regulating the diet, rest, the use of diluents, tepid bathing, and the application of emollient or narcotic decoctions, and soothing cataplasms to the part.

When the chancre is accompanied by much irritability or pain, to the presence of which inflammation is not essential, we must prescribe both the general and local use of opiates. The sore may be dressed with the following preparation, if inflammation be present.

R. *Aq. Lactucæ destil.* ℥viiij. *Ext. Gum. Opii* ʒi. *M.*

If there be no inflammation, it will be found advantageous to combine the opium with wine.

Cauterization with the nitrate of silver is a remedy not to be neglected; and no error in doctrine should prevent its application, because pain and inflammation are present; for when properly applied, it generally proves the best sedative, and most certain antiphlogistic.\* Proofs of this fact are exhibited daily in the wards of the venereal hospital, where it is common to hear the patients themselves demand the application of the caustic. The acute pain, excited at the moment, soon subsides, and is succeeded by a degree of comfort which we vainly look for from other remedies. In a few cases it is necessary to abandon these means for a time, and to make use of unguents, particularly the opiate cerate.

The phagedenic chancre sometimes makes no progress towards a cure, but either continues to advance, or remains stationary. In

\* For a detailed account of the sedative and antiphlogistic effects resulting from the local use of nitrate of silver, *vide* Lallemand *Sur les Pertes seminales involontaires*, and the chapter on *irritable urethra*, contained in Mr. Macilwain's work on stricture.—G. B.

these obstinate cases, where we cannot destroy the cause of the evil, we sometimes succeed by making use of carot poultices, or the application of melted wax or digestive ointments. Powerful caustics, such as the butter of antimony, potash, and the actual cautery, have been tried. I have employed *pâte de Vienne* successfully, and as means less violent, blistering ointment, and the powder of cantharides.

Whenever the treatment above described proves abortive, we must change our method. If the ulceration be shallow, I either apply a blister, or sprinkle over it powder of cantharides, and if it be deep, if it have succeeded a virulent bubo, and if the raised integument be still sufficiently thick, I likewise have recourse to the blister, and at the same time introduce the powder of cantharides into the suppurating cavity. This dressing remains applied for twenty-four hours, when the treatment of ordinary chancre is resumed. The ulcer soon becomes clean under this treatment; healthy granulations appear; the cavity, if such existed, rapidly fills up; and the separated integument unites. In some patients it is necessary to repeat this treatment, re-applying the blister when it has not fulfilled the end required, or when the surface of the ulcer is dry, and repeating the application of the powder of cantharides every three or four days, until fleshy granulations appear.\*

\* With regard to the lymphatic chancre, or virulent bubo, when the abortive treatment, antiphlogistics, &c. fail, and suppuration takes place, I puncture the swelling whenever fluctuation can be perceived. If the cavity be small, I evacuate all the matter, cauterize, and dress it like an ordinary chancre: but if it is large, the part should be poulticed for twenty-four hours, the cavity filled next day with the powder of cantharides, and a blister applied. The vinous dressing is employed on the following days, and the blister, or cantharides, repeated only when the healing process is long in commencing. It is worthy of remark, as a circumstance not devoid of interest, that of more than 400 patients who have been treated in this way, in three only have slight vesical symptoms occurred, and in one, inoculation of isolated points on the blistered surface.

This is a remarkable fact. We have seen a number of cases treated in this way, but in none was there strangury, or any of the disagreeable symptoms which result from the absorption of cantharides. How is this to be accounted for? Numerous facts increase the difficulty of the explanation, for we know that ulcerated surfaces are highly absorbent, and it is not uncommon to make use of them as the channel for introducing medicines into the system. It is a matter of general experience, and stated before in this essay, that the best way of producing a chancre is by inoculating a denuded or other absorbing surface with the matter of chancre. That a blistered surface is absorbing, is proved by the strangury which not unfrequently results from a blister being too long applied. and by the constitutional effects of strychnine, opium, &c. applied to such a surface; yet it is remarked by our author, and truly, as we have observed in many cases, that chancre is very seldom produced by the application of the syphilitic virus to a blistered surface. I am inclined to doubt whether the length of time a blister remains applied favours the absorption of cantharides, but rather consider that the absorption takes place prior to the development of acute inflammation. Facts seem to warrant this supposition. If any doubt the specific character of the matter secreted by the glandular chancre, we may observe that the same matter, when inoculated, produces a chancre. It is true that the experiment has often failed, and not being repeated, the disastrous conclusion has been deduced, that the patient had not syphilis. M. Ricord notices this fact in

Daily experience authorizes me to recommend this treatment, but should it happen to fail, and the disease continue to advance, we must cauterize the part with the *pâte de Vienne*, and afterwards apply an appropriate dressing.

It frequently happens that the edges of the phagedenic chancre are so small and thin, that it is a waste of time to attempt to induce adhesion, and it is the best practice, in this case, to destroy the altered tissues. In order that we may act with promptitude and vigour, it is necessary to establish certain distinctions. In some cases of ulceration succeeding abscess, there is extensive separation and thinning of the skin, from the previous lodgment of matter, without the chancre assuming the phagedenic form, while in other cases it undergoes this deviation. When the phagedenic form has not occurred, the diseased integument may be excised. We prefer the curved scissors for this purpose, our object being to give that form to the sore most favourable to cicatrization; for it is a matter of great importance to avoid deformity, which in certain regions bear everlasting witness to an evil, which one always wishes to forget. When the ulceration continues to extend phagedenically, nothing is more injurious than the use of cutting instruments; for instead of limiting the evil, they aggravate and extend it, unless followed by cauterization of the bleeding points. It is better in this case to trust to cauterization alone, especially to the *pâte de Vienne*. In addition to the facility and neatness with which the diseased parts may be removed by this caustic, there is a good chance of completely destroying the virulent surface, or at least of preventing the new borders of the sore from being quickly inoculated by the interposition of an eschar. A vital reaction likewise is produced, the absence of which in some cases is the chief cause of the continuance of the ulceration.

After what has been said, is it necessary in every case to shun the use of mercury, and other medicines reputed anti-syphilitic? If it is true that, in the great majority of these cases, mercury,

his clinical lectures, and fully explains the fallacy. The disease is situated in the gland, and is a specific inflammation. Suppuration does not take place so quickly as in the case of common phlegmon, and it very frequently happens, that simple inflammation, going on to suppuration, occurs in the cellular tissue, which envelopes the diseased organ, and this at a period anterior to that when the same event occurs in the infected gland. If the patient is inoculated with the matter of such a bubo, it is impossible that chancre can result; for the matter of chancre alone can produce chancre. Again, supposing that suppuration of the diseased gland has taken place, we can easily understand how the experiment of inoculation should fail, if it is performed with the matter which first escapes from the bubo, for we are experimenting either with healthy pus, or with venereal matter too much diluted to produce any specific result. Before we form any conclusion, then, we should be certain that the suspected gland has suppurated, and that the experiment is performed with the matter resulting from such suppuration.

The matter of chancre produces chancre, by its acting as a local irritation, and its non-action on a blistered surface is an additional proof of one of the positions maintained by our author, to wit, that acute inflammation most frequently protects the part from the infection of syphilis.—G. B.

sudorifics, &c., are hurtful, it is no less true that, in certain circumstances, these alone have been of use; and this fact has been frequently proved by the practice of the men who avow the greatest aversion to the use of mercury. But is it possible, in the present state of the science, to point out the circumstances which render mercury useful, or even indispensable? I am ignorant of them, and I abandon myself to a rational empiricism. Thus, if the disease goes on in spite of the means pointed out above, I have recourse to the treatment so long regarded as specific. I make use of mercury, first, as a local application, and afterwards as a general agent introducing it by the mouth or skin, according to the circumstances to be mentioned hereafter. The local application, the general administration of the mineral, or both together, are continued according to the amelioration which takes place, while, on the other hand, both must be suspended if the disease increases during their employment.\* In the cases where, according to the old doctrines, it is thought necessary to commence with mercury, which I do not advise, it is wise to suspend the mercurial treatment as soon as adverse symptoms appear.

With regard to other remedies styled antisyphilitic, some may be employed when we wish to exhibit a general tonic; or to stimulate the digestive tube, the urinary organs, skin, etc. Soothing applications, with local and general antiphlogistics, will be frequently indicated, but useful in his hands only, who, free from prejudice, knows how to use them properly.

2d. *Indurated Chancre*.—Induration, an essential character of the Hunterian chancre, is a condition never to be lost sight of in the treatment of venereal sores; for if it is incontestible that chancre will disappear under a variety of kinds of treatment, it is no less true, that induration is a source of danger, and may persist after cicatrization is complete. Induration most frequently has a tendency to increase, and not only opposes the healing process, but causes the sore to assume the phagedenic form, by determining the peculiar gangrene of which we have already spoken.

This form of chancre is seldom complicated with pain or inflammation, and the chief object of treatment is to remove the induration.

The common indurated chancre should be dressed two or three times a-day, with fine lint smeared with ointment consisting of six grains of calomel intimately triturated with two drachms of opiate ointment.

If the suppuration is copious, this dressing should be preceded by the use of a lotion containing the *Vinum Aromaticum*; and should it continue too abundant, it may be dressed with the wine unmix'd.

In cases where the disease is attended by inflammation, nervous

\* Vide Matthias on the Mercurial Disease, for most judicious remarks on the exhibition of mercury in syphilis.—G. B.

irritability, and interstitial gangrene makes progress, the preference should be given to the concentrated solution of opium, as a local means of cure; and this dressing should be continued until the sore is reduced to a simple state, by the combination of emollient and antiphlogistic treatment.

When the indurated spot is small, canterization, which cannot go beyond the limits of the sore, is much less efficacious than in other forms of the disease. Nitrate of silver may, nevertheless, be used, for it modifies the surface of the ulcer, frequently arrests the progress of gangrene, and represses the fleshy granulations, which, in this form of chancre, have sometimes a tendency to become vegetating and fungoid. Nitrate of silver can do harm only when ill applied.

Whatever be the seat of chancre, or the form of its commencement, if the induration persists after the cicatrization has taken place, this induration should engage the attention of the physician, inasmuch as it is the forerunner of evils to come. Delpech and others recommend its excision; but this operation has been so often succeeded by fresh ulceration in the part operated on, that it should only be performed when the chancre is small and distinctly limited. Mercurial ointment frequently removes the induration following cicatrization; but it is of importance to be aware, that in certain circumstances it soon excites irritation, and a return of the ulcerative stage. This is particularly the case with rancid ointment.

If the ulceration be extensive, as when it accompanies a virulent bubo, a cure may still be obtained by local means. When one knows how to profit by the good effects resulting from the combined use of blisters, mercurial ointment, and pressure, deep cauterization, or division of the indurated parts should be seldom practised. The treatment consists in covering the surface of the induration with a blister, dressing it afterwards with mercurial ointment, and applying a poultice. When the blistered surface becomes dry, and the tumour is diminished in size, the process must be repeated, until no further benefit is derived, when we have recourse to resolving liquids, and pressure, the last of which is continued until it ceases to be of use, when it is suspended, in order that the use of blisters may be resumed.

Although indurated chancre is frequently completely cured by well directed local treatment, the process is generally very tedious and may in the end be imperfect. The difficulty with which indurated chancre yields to ordinary means, and the good effects resulting from the use of mercurials in its treatment, are the principal reasons why it is considered as the only form of primary syphilis, and mercury as the only cure.

Without engaging in a discussion too extensive for the limits of this essay, I may remark, that, if mercury does not act specifically in this form of chancre, it is most assuredly one of the most power-

ful therapeutic agents we can oppose to it, and that there is none more rapid in its action.\*

If we set out with the physiological doctrine, that chancre is cured on the day cicatrization is complete, and are heedless of what remains, simple means will sometimes act more rapidly, and the patient be an inhabitant of the hospital for a shorter time; but if the removal of induration be necessary to a cure, the rapidity of such removal will be found greatly in favour of mercurial treatment; for induration in the former case often remains for a long time, and not unfrequently until secondary symptoms appear.

\* The reader will acknowledge the truth of this remark, and perceive the principle which guides the author in the treatment of syphilis. He sees that rapidity of cure is his object, and that, wedded to no exclusive system, his whole efforts are directed to this end, equally uninfluenced by those who regard mercury as a panacea, and those who eschew it as a deadly poison.

Indurated chancre, as a local disease, is of little consequence. As a source of disaster to the individual and his offspring, it is one of the most serious ills to which mankind is exposed. Constitutional syphilis has this form most frequently as its antecedent; the certainty of the occurrence of secondary disease is in the direct ratio of the duration of the primary chancre; the primary sore disappears most rapidly under the influence of mercury; therefore it is not only right to take advantage of the known powers of this mineral, but it is a fault to neglect such a potent remedy. We speak, in general, admitting exceptions. The author attempts no explanation of the action of mercury. It is difficult to understand why secondary eruptions, ulcerations, and diseases of the bones, should be referred to mercurial action, when the identical diseases can, for the most part, be clearly traced to the operation of the venereal poison. When mercury produces mischievous results, the mischief generally commences, and is evident, during the time when it is being administered. The mischief resulting from mercury used to be attributed to the venereal poison, and served only as an indication for "throwing in" the medicine. Even at the present time the hint is not always taken, and many still make an indiscriminate use of mercury. It is sometimes administered with other intentions than the cure of the venereal sore; and I remember a case of phagedenic sore on the *corona glandis*, accompanied by the swelling of the prepuce, and phimosis requiring incision, where the surgeon administered calomel and opium with the view of reducing the febrile symptoms attending the local disease. It need scarcely be observed, that the sore was not improved, nor the fever diminished by such treatment. It has not been proved that the secondary symptoms, appearing a greater or less length of time after the treatment of a syphilitic sore by mercury, are commonly dependent on the poison of mercury and not on the poison of syphilis. It is not too much to assert, that the mischief dreaded by the anti-mercurialists never results from mercury when prescribed by an intelligent physician, and that most of the ill consequences arising from the use of this invaluable medicine are met with in such as have fallen into the hands of empirics. Accidents, then, from mercury, are exceptions to the general rule, and prove nothing. Further, it is ascertained that affections, identical with those attributed to the baneful influence of mercury, are more frequent when the primary disease has been left to undergo a spontaneous cure.

The subject is too extensive to be entered on at length; but it is a fair question to ask, Why secondary disease does not occur in India, where patients are prostrated by the mercury which is given them, and why children escape to whom this remedy is so often freely administered? Because it rarely affects the mouth in the latter class of patients we are not to conclude that they are not mercurialized; for *stomatitis* is not a necessary evidence of constitutional action of mercury, and in no case do we wish our patient to spit out his disease.—G. BELL.

Although I acknowledge that other remedies may have analogous properties, still I make use of the most powerful and certain, and have recourse to mercurial treatment, wherever the chancre is accompanied by a certain degree of induration, and when this induration prevents cicatrization, or persists after the superficial healing of the sore. If mercury is hurtful in other forms of chancre it is highly advantageous in this, where the excess of induration tends to the production of the phagedenic form of disease.

The rules which guide me in the treatment of chancre by mercury are entirely the result of observation, and form no part of an exclusive system.

Without agitating the question, to what class of medicines should mercury be referred, it is certain, that, among the effects it produces on the economy, there are some which cannot be disputed, and are acknowledged by the upholders of the most opposite doctrines. These effects are pathological modifications and curative results. It is an error to suppose that the dose of mercury is the same for every subject, for there are some who resist its action up to a certain point. There are some persons on whom mercury has no effect, others who are injured by it, and not a few who are cured by its exhibition;\* but this latter fact has not always been acknowledged, and hence the proceedings which, in these latter times, have frequently been taken against this powerful medicine.

Guided by clinical observation alone, I will not conclude that mercurial treatment is useless, because it has been continued for a long time, or repeated without results; neither will I consider it as hurtful, because, having been administered in doses disproportioned both to the individual and his disease, momentous accidents have occurred. In fine, I do not require of it what it cannot bestow, viz., a cure of present symptoms, and a guarantee against secondary accidents.

In order that mercury may produce all we have a right to expect from it, it must be administered in doses proportioned to the individual treated. The proper quantity for each patient will be discovered, by beginning with a small quantity, increasing the dose until a favourable change is produced in the lesion we are treating, or till adverse symptoms warn us to stop. The increase of quantity, so necessary in many cases, has appeared to me to be more efficacious when a sudden change is made from a small to a large dose,—five or six days being allowed to intervene between each increase,—than when the alteration is daily, and by insensible gra-

\* One patient whom we treated for indurated chancre on the inferior surface of the glans, accompanied by bubo in the left groin, took three blue pills daily, and rubbed in a drachm and a half of mercurial ointment every night, for five weeks, without the mouth being affected, or the digestive organs being in the least deranged. The sore on the glans, as well as the bubo, disappeared under this treatment; and the patient remains well to this time, now two years.

Profuse salivation occurred in another patient, from the administration of two grains of calomel. Many examples of both these idiosyncrasies are on record.

dations. From what has been said, the impossibility of limiting the daily quantity of the medicine in every case will be apparent, for the greatest individual differences exist. Further, we are to calculate more on the action of each dose, than on the total quantity taken; for the person who takes a large quantity of mercury, in divided doses, and during a long time, will be less mercurialized, than one who takes in a short space a less quantity in daily doses better proportion to his constitution.

With regard to the symptoms which should make us limit the dose, suspend the medicine, or altogether renounce its use, they should be reduced to their proper value. Its action on the mouth is now generally considered as much an inconvenience as it was formerly hailed as a favourable event. Mercurial *stomatitis* (ptyalism, mercurial salivation,) should be regarded as one of the worst effects of mercury. If, in some cases, the venereal symptoms improve during its presence, they are more frequently aggravated. This is especially the case when the buccal cavity is the seat of syphilitic disease; and when matters do not become worse, the disease is stationary during the continuance of salivation.

If it is certain, then, that salivation rather tends to suspend than to promote improvement,—that it constitutes a disease of itself, if not serious, at least painful and tedious, we should carefully guard against its occurrence, by ceasing to augment the dose of mercury whenever the mouth begins to be affected. The medicine should be suspended if *stomatitis* is developed, and the symptoms allowed to fade before we resume its employment. On resuming the use of mercury, the quantity should be much smaller at first, augmenting it afterwards; for we frequently find, that in this way a greater quantity may be given without ptyalism being induced.

Sensibility of the mouth being commonly the first indication of the patient being constitutionally affected with mercury, and an event which guides us in determining the dose of the drug, it is a circumstance which must be examined with great care, in order that we may not be led into error by the presence of other accidental affections of the mouth.\* Every time we commence the treatment, we should be well acquainted with the state of the cavity, and should take into consideration the unhealthy dispositions, which may rapidly determine the action of the remedy.

Next to *stomatitis*, derangement of the stomach and bowels is the most frequent bad effect of mercurial treatment. Here, likewise, by inquiring into the previous conditions of the patient, we can act according to the rules just laid down regarding the diminution or suspension of mercurial treatment.

We should act in the same way in the rare case of mercurial

\* The value of this advice will be acknowledged, when it is remembered, that while the gums are liable to inflammation, independent of the effect of mercury, and their connection with diseased teeth, an inflammation, or even ulceration, attended by a fetor somewhat like that produced by mercury, is sometimes dependent on the presence of tartar, or even a simple want of cleanliness.—G. BELL.

eczema, when it is not a direct consequence of friction, and likewise in every bad symptom at all referable to mercury, such as wandering pains, tremors, &c. In a word, every morbid symptom not belonging to syphilis, developed during the use of mercury, and augmented by its continuance, ought to determine us in limiting the dose, or suspending the employment of mercury. But the curative results are better guides than the bad effects of the remedy; and when a symptom is improving under a particular dose, the quantity should not be altered till the improvement ceases.

The preparation I prefer, both in the secondary and primary disease, is the proto-ioduret of mercury, beginning with one grain\* in the following formula.

R *Proto-iodur. Hydrarg. Lactucarii a. a. ʒss. Opii gr. ix. Gum Guaiac. ʒi. tere probe. Ft. mas et div. in pil. xxxvi.*

In some patients the dose may extend to six pills daily, and the treatment ought to be continued until every symptom has disappeared. The total quantity sometimes amounts to 200 pills. According to my experience, it is better to exhibit the medicine by the mouth than by the skin; and the latter should only be preferred when the state of the digestive organs prevents our administering by the mouth.

Although I prefer the proto-ioduret, it must be observed, that in some cases the form of mercury should be changed, when that first chosen is inefficacious or productive of inconvenience.

3d. *Gangrenous phagedenic chancre from excess of inflammation.*—The inflammation which determines this form of chancre, should constitute the chief object of attention, forgetting for a time the primary cause of the evil. What evils have we not seen result from the rash and empirical use of mercury, in cases of syphilis where it was contra-indicated by complications? If gangrene supervene in spite of our efforts, it should be regarded as a simple case, uncomplicated with syphilis, and dealt with accordingly. When these untoward events have disappeared, and the chancre is left in one of the conditions already specified (generally a simple sore), cicatrization will be produced by ordinary local means.

\* The same preparation is generally used at the Hospital for Cutaneous Diseases in Paris, in secondary eruptions and ulcerations,—G. B.







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