

rence. The system appeared to be so much oppressed by the influence of the disease, that it was incapable of producing even a temporary reaction.

The symptoms which I have now detailed were uniformly present in all the cases of puerperal fever, which I have seen and treated, and were the prominent and striking symptoms of that disease; and as they did not appear, even in a modified form, in the case which I have now reported, I think I am entitled to conclude, that in the person of Mary King I treated a well marked case of peritonitis occurring in the puerperal state, but that I had to contend with a disease essentially different from puerperal fever.

ART. IX.—*On the Fungating Venereal Ulcer*. By JOHN HART, M. D., M. R. I. A., Member of the Royal College of Surgeons in Ireland; Lecturer on Anatomy and Physiology at the Park-street School of Medicine; Surgeon to the Dublin General Dispensary, &c.

PRACTITIONERS who have had experience in venereal affections, can recognize several forms of ulceration affecting the genital organs, and communicable by impure connexion, which can be distinguished from the Hunterian chancre by a careful examination; some of these are purely of a local nature, being never followed by any secondary symptoms. Such is the leading and most important characteristic of the form of ulceration, which is the subject of this paper, and which I have had frequent opportunities of observing while a pupil, and afterwards while acting as Assistant Surgeon at the King's Military Infirmary, where venereal diseases, in all their varieties, and in every stage, generally formed the majority of the surgical cases. I have subsequently seen numerous cases of this affection in my practice at the Dublin General Dispensary.

It is of great importance to distinguish the form of ulcer which I am about to describe, from the ulcer so accurately described by Mr. Hunter as chancre, inasmuch as the one might be mistaken for the other, by a hasty or superficial examination ; although there are most important differences in the progress, consequences, and most appropriate mode of treatment of each.

This form of disease commences in one or more vesicles, seated on the outer or inner surface of the prepuce, on the cervix, more rarely on the glans, or corona glandis. In females it mostly occurs in the recess between the labia and nymphæ, on the inner surface of the latter, at the posterior commissure, and sometimes at the verge of the anus. Each vesicle, after a few days, is succeeded by an ulcer, which presents the following characters, a well defined sharp edge, with an elevated border, when on the prepuce, the surface of the ulcer is generally concave, and covered with a yellow, or greenish yellow coating of tenacious pus : often there is a profuse discharge of pus, more especially if the ulcer be on the inner surface of the prepuce, or at the cervix : the pus, in this case, is mostly cream-coloured, and of uniform consistence. This form of ulcer is not so frequently solitary as the Hunterian chancre, but generally occurs in a crop consisting of two or more.

There is generally a good deal of pain accompanying this affection. The inguinal glands sometimes become tender and enlarged, but scarcely ever suppurate.

When this ulcer is neglected or improperly treated, an exuberant granulation sprouts from its surface, which is hard and firm when its seat is the glans, and softer when it occurs on the prepuce. I have seen this excrescence generally larger, softer, and of a paler colour, on the genitals of females than on those of males.

When the fungus is allowed to continue for any length of time, it acquires a greater degree of hardness, and is more diffi-

cult of removal ; it often expands, so as that its edge overlaps the skin around the margin of the ulcer.

I have not known a single instance where this ulcer was followed by secondary symptoms, and I therefore consider it to be a purely local affection. I have had frequent opportunities of ascertaining that it was contagious. Men under my treatment for this affection frequently communicated it to their wives, in whom it invariably exhibited exactly the same appearances as those above described.

Treatment.—Mercury, given internally, is not only unnecessary but totally useless in this disease, which I have often seen it continue, not altered in the least, although the patient had been fully salivated. It is to be treated altogether by the application of escharotics. I have found nitrate of silver, applied in substance, the most effectual means of removing the excrecence, if soft, or preventing its formation if applied to the ulcer which precedes it.* I have also used the sulphate of copper in substance, with advantage in such cases. It is sometimes, however, necessary, especially when the fungus acquires a considerable degree of hardness, and overlaps the surrounding skin, to excise the growth with a knife or pair of sharp scissors : but if the excision be not followed up by the application of the solid nitrate of silver or sulphate of copper to the surface exposed by the removal of the fungus, the latter will be reproduced in three or four days.

I have found some persons so timid as to refuse submitting to excision, or even to the application of caustic. In such cases I have recommended strong solutions of the above mentioned escharotic substances, and the frequent use of a powder composed of savine and sal ammoniac, in equal parts, or the acetic acid as recommended by Mr. Carmichael. This treatment has in

* The nitrate of silver prepared by Mr. Scanlan of this city, is the purest I have seen, and much more effectual than that which is usually obtained from druggists.

a few instances been successful, after having been persevered in for a sufficient length of time ; but it has more frequently failed, and the mode of treatment originally objected to has been at last submitted to, and with its usual good effects in removing the disease.

17, *Clare-street*.

POSTSCRIPT.—I have, since writing the above, looked into the work on the venereal disease, lately published by Mr. Wallace, who considers the use of mercury necessary in the treatment of what he terms “the fungous primary syphilis :” but as my experience leads me to consider the affection described in this paper as a purely local disease, distinct from syphilis, and never followed by secondary symptoms, and that I have never seen it cured by mercury, I still adhere to the opinion I have advanced as to the mode of treatment best suited to it.

ART. X.—*Observations on Epidemic Catarrh*. By JOHN COLVAN, M. D., Licentiate of the King and Queen’s College of Physicians in Ireland. Armagh.

TO THE EDITOR OF THE DUBLIN JOURNAL OF MEDICAL AND
CHEMICAL SCIENCE.

SIR,—Supposing that any notice of the prevailing epidemic, even though cursory and imperfect, as this must be, from the hurried manner in which I am obliged to send it to you, will not prove altogether unacceptable, I beg to lay before your numerous readers a feeble outline of its appearance in Armagh and neighbourhood,

And am, Sir, sincerely yours,

JOHN COLVAN.

CATARRHAL Fever, or the acute catarrh of Laennec, with more or less of an epidemic character, has prevailed here to a considerable degree, almost every spring for several years past, according to my observation, chiefly, however, among farmers