

MERCURY AND SYPHILIS.

To the Editor of THE LANCET.

SIR:—In the No. of your valuable Journal for Jan. 20th, is inserted a letter from Mr. R. L. Davies, wherein he quotes J. Hunter's remark on pseudo-syphilis, "that it is nearly as dangerous, in some constitutions, to give mercury when the disease is not venereal, as to omit it in other cases which are really syphilitic. Many of the constitutions which put on some of the venereal symptoms, when the disease is not really present, are those with which mercury seldom agrees, and commonly does harm." He adds, "that Mr. Hunter has seen mercury, which was exhibited for a supposed venereal ulcer of the tonsils, produce a mortification of those glands, and the patient was nearly destroyed."

The indications for the employment of mercury are still amongst the desideratissima of our science, and still the wonder grows that no man of competent talent and experience applies himself to the task of elucidating so interesting a point, and the rather as the frequency of these cases adds not a little to our daily embarrassment and annoyance. To illustrate and confirm Mr. Hunter's position, and for the information of Mr. Davies and others who take an interest in the matter, I beg to offer you an outline of two or three cases.

1. A young man, æt. 19, having contracted a chancre, was severely mercurialised by a quack. When he first came under my notice, he had a phagedenic ulcer behind the corona glandis. Bark and opium were freely administered, local applications of various kinds employed, including nitrate of silver and nitric acid, but without success; the glands separated. Buboec occupied his groins, which assumed a phagedenic character on being laid open, giving rise, at length, to a false aneurysm of the femoral artery, for which it became necessary to tie the external iliac. This operation was succeeded by the usual symptoms of phlegmasia dolens. During this attack, inflammation of the superficial veins of the limb manifested itself; these veins suppurred, still bearing the phagedenic character; and the cartilages of the kneejoint were exposed. A sphacelus appeared in the front of the tibia; gangrene extended over the internal malleolus and anterior part of the foot, though apparently healthy granulations were thrown out from above downwards; the tibia and fibula were exposed, and their outer laminae necrosed. It was about four months from the time when the external iliac was secured, that the leg was removed above the knee, and in about a week the young man sunk under a pulmonary affection. No tubercle was found in the lungs, or mesentery, though he was of strumous habit.

Throughout his long and melancholy sufferings, he received the constant and anxious attendance of more than one surgeon of first rate eminence. Is it, Sir, too much to affirm that this unhappy youth was the victim of mercury misapplied? But I must place another case in juxta-position with this.

2. I was personally acquainted with a young medical man, who, about one and the same time, unhappily contracted a chancre, and the peculiar views of Dr. J. Thomson, of anti-mercurial celebrity; in accordance with which last, he proceeded, with all diligence, to starve himself, and apply a weak solution of morphia. By some neglect, part of the discharge was suffered to attach itself to the orifice of the urethra; phagedenic ulceration appeared; my friend grew alarmed, and the "great surgical leviathan of the north," then in the height of his glory at Edinburgh, was called in. He recommended nitric acid for the ulceration; and, learning that the patient had starved himself for nearly three months, advised a generous diet with porter. By the use of these means the ulcer presently cicatrised, leaving the patient in quiet possession of nearly two-thirds of the glans penis.

About this time secondary symptoms appeared; papulous and scaly eruptions, sore throat, and nodes; periostitis of almost every bone, except the vertebræ, and inflammation of many joints, the knees especially; for this a course of sarsaparilla was employed, and the extract of the acet. of colchicum conjointly, but without much benefit, change of air being also included. An eminent physician of Edinburgh, now no more, was consulted, who thought the pains and contraction of the joints rheumatic, as he "had never seen syphilis attack joints," and advised colchicum and hydoscymus, with a further change of air. The patient changed the air and his physician together, and under the judicious employment of the corrosive sublimate, with sarsaparilla, he speedily regained the use of his limbs, and all his formidable symptoms gradually disappeared. I should have mentioned, that when they first appeared, the primary ulcer broke out anew, and yielded only with the constitutional affection. Though this gentleman recovered thus far, he never gained flesh, exposed himself incautiously, and ultimately died of a pulmonary affection. If we may be permitted to judge from the beneficial effects of mercury in this instance, it is, perhaps, fair to presume that my friend fell a victim to the non-administration of that mineral at an earlier period. In one young man, a bubo put on a sloughing appearance under the use of mercury, but healed rapidly under the use of bark. He was not of strumous habit; whilst another, who was, had allowed some of the discharge from a chancre to attach to the orifice of the urethra; phagedenic ulcera-

tion commenced, at first gained ground under mercury, but finally yielded to increased doses of it, though the mouth was never affected. The loss of the glans penis in this way is abundantly common, Dr. J. Thomson, annually in his lectures, used to advert to this point in his humorous way never failing to ascribe these repeated losses, to the "triumphs of mercury." I could readily multiply facts relating to this question, in common with most medical men; let each contribute his quota, and we may yet hope for something like a general rule. I have the honour to be, Sir, your most obedient servant,

REGINALD BURRIDGE, M.D.
Physician to the Taunton and
Somerset Hospital.

Taunton, Feb. 5th, 1838.

P.S. The constitutional irritation resulting from the injudicious use of mercury, which gives rise to ulceration of a sloughing or phagedenic character, seems to be connected in some way with a curious and important fact, first publicly remarked by the late Mr. Wallace, of Dublin, viz., the power of mercury to suspend the granulating stage of syphilitic ulcers, which commonly cicatrise with loss of substance under the employment of mercury. In "Edinburgh Medical Essays," Vol. IV., is a case of regeneration of the glans penis after amputation for gangrene, where, of course, no mercury was employed. The patient was attended by Dr. Gibson and Mr. Jamieson, who record the case.—R. B.

CASE OF
POPLITEAL ANEURYSM
IN BOTH HAMS, WITH
SECONDARY ANEURYSM,

FOLLOWING THE LIGATURE OF THE FEMORAL
ARTERY IN ONE LIMB.

By **GEORGE GWYNNE BIRD, M.R.C.S.,** Senior Surgeon to the Swansea Infirmary, Glamorganshire.

DAVID PHILLIPS, aged 38, was admitted as an indoor patient at the above Institution under my care, on the 3rd of January, 1837. He was a quay-porter in this town, and had been accustomed to carry heavy weights up flights of steps, to warehouses, &c. The patient is a very powerful man, and had, for wagers, often so carried five cwt. at a time. He has lived freely and drunk hard, but chiefly beer.

The disease was first noticed by him two years since, in the right leg, but only a few weeks back in the left; the disease had latterly increased rapidly in the right limb.

On an examination of the tumours, I perceived that which was in the right ham to

be considerably the larger one; the popliteal space was completely filled by the swelling, which bulged out on both sides beneath the outer and inner ham-strings; that on the left side was smaller, and had a more compact and firm feel, and did not so bulge; it appeared about the size of an orange. On the 6th of January, I observed the tumour in the right ham had increased rapidly since his admission, and I feared the sac would give way, and the aneurysm become diffused.

On a consultation with my surgical colleague, Mr. Rowland, and Dr. Cohen, one of the physicians to the Infirmary, after having made a careful stethoscopic examination of the patient's person to discover if any aneurysmal tumours existed in the trunk of the body, which we did not detect, we decided on the propriety of tying the femoral artery on the proximal side of the Sartorius muscle, which was done on the following morning, January 7th. The case did well, and the patient had no untoward or unusual symptoms following the operation; the ligature came away on the 13th day; the wound healed by the first intention, and the patient was convalescent, and able to walk about the wards in a short time.

On the 7th of March I tied the femoral artery in the left limb, but not with such an immediately successful result. I laid the artery bare, and passed the needle under it, in the presence of several medical gentlemen of this town. Before I put the ligature round the vessel, I pressed the artery on the blade of the needle, to see that the pulsation stopped in the tumour, which was the case; I then drew the thread round the vessel, and tied it firmly; the pulsation stopped in the aneurysm, and I hoped this disease would have been as rapidly cured as in the former limb; the wound healed by the first intention, as before, but in two or three days after the operation we perceived a pulsatile movement in the tumour, which had, however, considerable diminished; I was at first in hopes this motion resulted from the jerk of the vessel above the tumour; but on minutely examining the ham, and applying the stethoscope, it was found to be otherwise, and quite evident that secondary aneurysm existed; the ligature placed on the femoral artery in this last case, did not come away for seven weeks, when it was detached, with the knot and ring entire, and is still in my possession. The ring formed on the ligature in tying the vessel was of the usual size, and evidently proves that the circulation could not, even at first, have been carried on through the trunk of the artery. I am not able to state a clearly satisfactory reason for the occurrence of this secondary aneurysm, but I suppose it arose from a free anastomosis of the arteries in the limb, to which the obstructed circulation, caused by the first ope-