

general practitioners in England and Wales?—I can offer no other reasons. Upon something like an equality of examination being established, through the means of this Committee, the Apothecaries' Society are fully prepared to admit of the most complete reciprocity.

140.—Whether of the two would be the best school for learning materia medica and pharmacy? the shop of an apothecary, or that of a chemist and druggist in this metropolis, in a large way of business?—There can be no question between the two: the apothecary's shop would be the proper situation for a young man entering the medical profession.

141.—Is there not a far greater variety of prescriptions made up in the establishment of a large chemist and druggist, than in the shop of even the most thriving apothecary?—That is very likely, but the quantity of business done has nothing at all to do with the learning gained by the parties. Perhaps a good deal might be learned at a large chemist's and druggist's were they advanced in the scale of the profession; but as they stand at present I think it very objectionable.

142.—Are the receipts and expenses of your Society as a licensing body kept entirely separate from those of your Society, as a trading company?—Yes.

143.—The total amount received for certificates since the passing of the Act is 39,974l.?—I cannot give an accurate account of the receipts and expenditure from 1815 until 1825, as the accounts to 1825 were not so kept as to form a proper estimate of them. Up to then, the receipt and expenditure arising out of the Act of 1815 were blended with the general corporation accounts. During the twenty years 18,295l. have been paid to the court of examiners; and the law charges and other miscellaneous expenses have amounted to 14,100l.

PRODUCTION OF
GONORRHOEA AND CHANCRE
BY
LEUCORRHOEA.

To the Editor of THE LANCET.

SIR: I should feel obliged by the insertion of the following remarks, illustrative of opinions previously developed by me in your excellent journal. I am, Sir, your obedient servant,

FRANCIS EAGLE.

29, Poultry, June 27, 1836.

Observation 1.—A gentleman, aged 28, had intercourse with a female during the

period of her menstruation, and in about a week afterwards, called upon me to ask my opinion whether a pustule, which he had discovered on the prepuce, was a chancre or not. The colour of the matter, or rather the pustule, was a bright yellow; there was little or no thickening at its base, indeed the appearance was very like the pustules produced by friction with tartarized antimony. My patient being rather out of health, I advised entire abstinence from mercury in every shape, and in about six weeks the sore healed, leaving, however, an imperfect cicatrix, surrounded by a mottled copper-coloured scurfy irritation. This sore was not followed by any secondary eruption.

Obs. 2.—A gentleman had connection with a girl at the termination of the period of her menstruation, and found himself in two days the subject of a discharge, which ran on for a considerable time, but was not attended by great pain or irritation.

Obs. 3.—A gentleman, who was intoxicated, had connection with his wife during her menstrual period, and contracted a smart gonorrhœa. He continued to have intercourse with her as usual, without any injury being experienced on her part.

Obs. 4.—A gentleman, aged 51, requested my opinion as to the best mode of preventing an occurrence extremely unpleasant both to himself and wife. The lady herself was of nearly the same age, and suffered much from leucorrhœa; at particular, but uncertain periods, intercourse with her is followed by sores on the penis, or a discharge from the urethra, or sometimes both these effects take place simultaneously. The discharge generally runs off, with little attention, and the sores are speedily removed by a solution of sulphate of copper.

Obs. 5.—A married gentleman, aged 33, of sedentary habits, is frequently the subject of indolent ulcers on the prepuce, which at times are long in healing, if no mercurial be used. His wife is healthy in appearance, although the subject of leucorrhœa.

Obs. 6. A gentleman, aged 46, whose wife is in delicate health, in consequence, partly, of a troublesome leucorrhœa, is several times during the year attacked with a corresponding discharge from the urethra.

Abundant cases might be added illustrative of the opinion, that both a gonorrhœa (a purulent or muco-purulent discharge) and sores, are not uncommonly the result of sexual intercourse with a modest female, either during the period of menstruation, or while labouring under a leucorrhœa. With such facts in our possession, it appears somewhat extraordinary that the specific character of the venereal poison has not been more frequently called in question. But as "all seems yellow to the jaundiced eye," so, having previously taken up the

idea of its obscure and individual origin and its specific character, the proximate cause was never sought after, and therefore its effects were clouded and unintelligible. Even Mr. Hunter partook of the opinion of its foreign origin, and believed that its cause was beyond our reach and observation; he does not appear to have been aware of the foregoing facts, as regards the production of sores. Alluding to the power of a leucorrhœa in exciting a discharge, he says, "Such cases, as far as I have seen, have only been in form of a gonorrhœa, they have not produced sores in the parts; nor, so far as I know, do they ever produce constitutional diseases."

To establish the fact, then, that sores do arise on the penis from the discharge of leucorrhœa, where there can be no question of the honour and respectability of the parties, is a very material link in the chain of evidence in favour of the opinion, that venereal gonorrhœa and chancre, or venereal sores, are neither more nor less than productions of a more acrid discharge or leucorrhœa. If delicate and modest females, whose habits of life are moderate, who are cleanly in their persons, and who have never been tainted by venereal poison, *can* inflict a gonorrhœa and sores, is it not a fair, nay, is it not an unavoidable conclusion that a "woman of the town," labouring under high local excitement from venery, and high bodily excitement from drink, would inflict a proportionably severe gonorrhœa, and a proportionably severe sore, in other words, a venereal gonorrhœa and true chancre?

This opinion is freely illustrated by what occurs in hospital practice; since of twelve females admitted with sores, four may be leucorrhœal, four may have put on what is called a specific character, while the remainder are set down as doubtful; and this occurrence I have seen repeatedly, with one of the most able, experienced, and intelligent surgeons in this metropolis.

What is this then but an admission that from the simple excoriation from leucorrhœa, to the elevated ulcer or chancre, numerous gradations take place, and so imperceptibly, that it becomes impossible in all cases to say where this the *mild* character ceases, or where that, the *severe*, or, if you please, the *specific*, begins. The old law, as delivered by Moses to the Jews in xv. chap. Leviticus, has one or two points bearing upon this subject, which are not unworthy of passing notice, since it is now pretty generally believed, that it must have applied to a contagious disease, and that this contagious disease was gonorrhœa; it is however extremely probable that all genital discharges were included, as coming under that law, but especially leucorrhœa and gonorrhœa. If this be true, it appears also that sexual intercourse was prohibited *during the existence of any issue*, either from the man or

the woman, it being a common opinion, that such discharge was poisonous, and that children conceived under those circumstances, were infected with leprous, scrofulous, and other diseases; this applies more particularly to the menstrual issue.

In consequence of the unaccountable loss of my former reply, I now proceed briefly to answer the queries of "INVESTIGATOR" in No. 654 of March last.

1st. If many effects imputed to venereal poison are produced by mercury, "how is it that of the tens of thousands who are daily taking mercury for other diseases, numbers are not similarly affected?"

Now admitting that tens of thousands are taking mercury daily for other diseases, I would ask, for what other disease is this medicine administered so as to produce pytalism, and that effect too kept up for a period of two or three weeks at least? I apprehend there are but few, very few, diseases where this is done in the present day, and even in those few, is not the disease generally of a nature which compels in-door confinement?

The ill effects of mercury need not necessarily be immediate; nay, in many instances, they occur so long after its use as to be entirely overlooked as a consequence; careful investigation and inquiry, however, will frequently develop that the hitherto occult cause of phthisis, of disordered action as well as organic disease of the heart, and scrofula, is to be found in the long-continued excitement of the circulating apparatus, in other words, in mercurial irritation. Mr. Hunter truly observes, "That the visible effects of mercury on the constitution are, to produce universal irritability, making the body more susceptible of impressions; it quickens the pulse, also increases its hardness; producing a kind of temporary fever; but in many constitutions it exceeds this, acting as it were as a poison."

I do not ask what particular disease may supervene upon this state of system, but simply whether to render the constitution morbidly susceptible to impressions be not to lay the foundation for any or almost every disease to which the human body is obnoxious? Is the patient born of consumptive parents or of phthisical diathesis? You have produced an increased flow of blood to the lungs and developed more acutely their sensibility to disease.

Is he subject to rheumatism, a disease arising from atmospheric changes? You have constituted him a living mercurial barometer.

Is he of strumous habit of body? You have the whole absorbent system in a morbid state of excitement.

The other principal effects more properly referable to mercury than to the venereal poison, are rheumatism, nodes or periostitis, inflammation of the mucous membranes of

the nose and mouth especially, and of the skin. Space will only allow of illustrating the first.

The rheumatism following syphilis, and commonly called venereal, is in very many cases a consequence of the remedy; it is mercurial rheumatism. The following case will serve as an example, more especially as it is of very common occurrence.

Case.—August 1835. Summoned to visit a gentleman aged 35, and married, who had been, as he expressed it, “a martyr to venereal rheumatism” for the last three years, and for which he had been salivated five times. He believes he took cold while under a course of mercury for the cure of syphilis, and so produced the disease. I found him labouring under the full effect of mercury, pyalism, fever, quick pulse, difficult perspiration, pain in the region of the heart, with frequent palpitation, extreme tenderness over the forehead, and still suffering excessive pain; frequent vomiting. I was very anxious to avoid blood-letting in this case, and ordered merely the following mixture:—

R. *Dec. Sarsæ Co.* ℥xij; *Vin. Ant.* Tart. ʒiij. *M. Cyathum* 5tis horis sumendus.

To discontinue mercury, brandy, &c., which he had been taking rather freely, and to live exclusively for the present on milk, rice, and gruel. He soon materially improved, when I advised his taking Ferri Carb. ʒj three times a day for one month, and up to the present date he has had little or no return, although the winter and spring have been abounding in rheumatic cases.

I am not a slave to the doctrine of Hahnemann, or of *similia similibus*, on the one hand, or to the opposite, of *contraria contrariis*, on the other. I am allied to no particular system. I endeavour to throw off all prejudiced and preconceived opinions, and take a calm and dispassionate view of facts as they arise; “*INVESTIGATOR*” need not be alarmed then when I relate the following case of rheumatism cured by mercury.—

Case.—A young woman, who had a severe attack of rheumatism, which proved very obstinate, underwent a mild course of mercury, in a public institution in this metropolis, and was discharged cured. Some weeks afterwards she was admitted into one of the Bow hospitals, with caries of the frontal bone, the surgeon under whose care she was observing, in the course of conversation, that four of the worst cases of caries he had ever seen, were the result of the administration of mercury. My object in relating this case is to show that at the very moment this medicine is presumed to be effecting a cure, it may be exciting a much more formidable disease.

This case was, I believe, reported from the first institution, in one of the public

journals, as a cure of rheumatism by mercury.

2ndly. If the venereal poison be not absorbed, how can the system be contaminated?

If “*INVESTIGATOR*” have facts for his belief in absorption and contamination, will he be kind enough to state those facts; otherwise I am contending with a shadow. If he will turn to my paper, he will find that my conclusion was,

3rdly. That there is no legitimate ground for believing that the venereal poison is ever absorbed into the body.

4thly. “What evidence has Mr. Eagle to prove that chancre will produce gonorrhœa and gonorrhœal chancre?”

My position was as follows:—“Now while the cause which produces these diseases, is one and the same, when once removed from the woman it does not necessarily maintain its original character; the effect is not necessarily the same as the cause.” Certainly not. What better illustration can there be than the foregoing cases? A woman with leucorrhœa (*without breach of surface*) inflicts a sore (*with breach of surface*). While, therefore, I am clearly of opinion that the nature of the irritating cause or discharge producing venereal gonorrhœa and chancre, is one and the same, but varying in acrimony, such a belief requires some little explanation, for I do not consider it a necessary admission that when falling on two different surfaces, observing, therefore, different actions and different periods of incubation, its production must also be the same in both. The occurrence daily of chancre, without producing gonorrhœa, where it is almost impossible to prevent some portion of the matter secreted from touching the lips of the urethra, is alone quite sufficient to question the tenability of such an opinion. As gonorrhœa and chancre are, however, but effects, it is better to satisfy ourselves first of the nature of the cause producing those effects. I conclude then,—

1st. That a modest female labouring under leucorrhœa may inflict both a gonorrhœa and sores.

2ndly. That as the more severe the cause the more intense the effect, it follows,

3rdly, and principally,—that the same discharge occurring in a female, under the continued and combined excitement of venery and drink, would possess so much the more acrimony, that it would produce venereal gonorrhœa or true chancre.

F. E.