

CASE II.

Mrs. J. aged about 35, who has been separated from her husband seven years, and is the mother of several children, has been afflicted with leucorrhœa, previous to and since her separation; is a woman of slender habit of body, and pale countenance, has a weakly, downcast look—complains of weakness of the loins, also of the stomach; a dragging sensation in the abdomen, referring to the situation of the uterus; has irregular menstruation, occurring once in two and three weeks; says the fluor albus continues during the time of menstruation. Has loss of appetite with indigestion, and aversion for solid food; is very subject to constipation of the bowels; has cough occasionally and pain in the left side. For some years past has been a subject of medical care for *apparent* complaints of the chest. Having experienced the favourable effects of the nitrate of silver in the foregoing case, I prescribed pills of the same, containing each one twelfth of a grain, and on taking *ten* of these pills, the discharge totally ceased without any unpleasant consequences, and has not yet returned, a period of several months. With the discharge the other symptoms subsided, and the woman, who before was pale and wan, is much improved in appearance and performs the labour of a kitchen maid with ease and cheerfulness.

Sherburne, August 22, 1820.

Some account of the late experiments on Syphilis, with remarks on the nature and treatment of Venereal Diseases. By JOHN WARE, M.D.

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NOTHING in medical science has probably been considered as so firmly established, and been so generally admitted, for so great a length of time, as the fact, that mercury was the appropriate remedy for the venereal disease; was a specific, and therefore certain remedy, and the only one upon which ultimate dependence was to be placed. It is not, perhaps, too much to say, that if any thing was considered certain in medical practice, it was this. Other remedies have had their advocates and their periods of partial adoption and apparent success, but their administration has been confined principally to the few individuals who have first brought them into notice, and their use has been discontinued

when those individuals have ceased to be engaged in practice. Surgeons have differed about minor points of treatment, they have disagreed with regard to the mode of administering mercury, the preparations to be preferred, and the extent to which it should be given, but there seems to have been no serious question as to the propriety of administering it at all. The venereal disease, unchecked by this article, was believed to move on with a sure, certain and accelerated progress, from part to part, from structure to structure—steadily destroying as it proceeded,—never relaxing its hold—never retracing its steps, till the whole system was subjected to its influence and reduced to one common mass of loathsome disease. This is, in fact, now, the opinion of a majority of practitioners; it is only within a few years that there has been any doubt of it; and it is not a little singular, that the very first attempts made to test the accuracy of the received opinions, should have been supported by so many and such undeniable experiments and from various quarters, that they leave almost as little doubt that mercury is not necessary to the cure of the venereal disease, as there formerly existed that it was. This is true, however, in its full extent only with regard to British surgeons and those of our own country. In some other countries venereal diseases have been treated without mercury, and none of those horrible consequences have in fact followed, which would have been expected. This has been remarkably the case in Portugal,* and yet there the disease does prevail in a more aggravated form than in other countries. But such has been the prejudice in favour of mercury, that it would have been difficult for an English surgeon to believe that the disease in that country was the same as that which he had been accustomed to treat—he would either believe with Mr. Carmichael, that it was originally and specifically distinct, or with Mr. Fergusson, that it had grown milder and become modified by being suffered to take its natural course, through a number of generations, unchecked by any powerful remedies.

The way has been gradually preparing for that thorough investigation of this subject which is now taking place. Cases were met with in the practice of every surgeon, in which mercury was manifestly of no service and sometimes injurious, although every symptom indicated genuine syphilis. These when accurately inquired into, were traced to a different origin; and many valuable observations with regard to these—as they were considered—anomalous cases, were collected and recorded by different indi-

* *Medico. Chirurg. Transactions*, vol. 4. Mr. Fergusson's Paper on the Venereal Disease in Portugal.

viduals. Mr. Abernethy, particularly, distinguished himself in his work on diseases resembling syphilis, and though entertaining no suspicion that syphilis was curable without mercury, led the way to those results at which we have now arrived, by his accurate inquiries into those cases mistaken for it and treated by mercury, which yet were not so and did not require that treatment. They were partly the consequence, he believed, of distinct specific poisons, and partly arising from a disordered state of the constitution at large, or of some morbid propensities in the parts themselves, disposing them to take on unhealthy actions from slight causes. He did not pretend to be able to distinguish, from appearance alone, between the primary sores of syphilis and those of the diseases resembling it; but formed his judgment of their nature from the history of the case, the course it took, and the manner in which it was affected by medicine. Even the regular progression of the symptoms from bad to worse, he allows will often fail us in the detection of the real nature of the disease, though this had been so long considered as the special characteristic of genuine syphilis.

Mr. Carmichael, in his works on Venereal Diseases,* has followed in the same train of investigation, but has entered into the subject more minutely, and proceeded to discriminations peculiar to himself, the result no doubt of a great deal of accurate observation and of an acute sensibility to nice distinctions. In his last work, where he has reduced his ideas into a regular systematic form, he divides venereal diseases into four classes, whose characteristics he founds upon distinctive marks taken from the constitutional appearances, believing these to be more settled and more perfectly discriminated than the primary sores. But these he has likewise distinguished and arranged according to the secondary symptoms which they precede and produce. His classes are—First, *The papular venereal disease*, with papular eruption, accompanied by febrile symptoms—with excoriation of the fauces—rheumatic pains in the joints and iritis; proceeding from the simple primary ulcer without any specific quality—from excoriation of the glans penis, and from gonorrhœa.—Second, *The pustular venereal disease*, with pustules terminating in scabby ulcers, which heal from their margins—with white apthous ulcers of the fauces—pains in the joints, nodes, preceded by the primary ulcer with elevated edges, but without induration.—Thirdly, *The phagedonic venereal disease*, of which the primary symptoms are pha-

* It will be observed, that in this paper the general term *venereal disease* is used to designate all complaints produced by sexual connexion—whilst *syphilis* is restricted so as to include only the true Hunterian chancre, and the symptoms produced by it in various parts.

gedenic and sloughing ulcers of the penis—and the constitutional—the eruption of tubercles, accompanied by fever, terminating in ulcers, with thick conical scabs, healing from the centre and extending with phagedenic edges—ulcers of a phagedenic character in the fauces, sometimes affecting the larynx—ulceration of the ossa nasi—pains of the joints and nodes.—Fourth, The *scaly venereal disease*, or *syphilis*—in this, the primary symptom is the true chancre with hardened base, as described by Mr. Hunter, and the secondary symptoms are the eruption of scaly blotches—scaly from the first, either bearing the character of lepra or psoriasis without fever—excavated ulcers of the tonsils—pains of the joints and nodes. For the cure of diseases of the three first classes, Mr. Carmichael has been convinced that mercury is not necessary—that for the most part, especially in the phagedenic species, it is absolutely pernicious; whilst for those of the fourth class he has considered mercury as the appropriate remedy, and been of opinion that a case of syphilis could not get well without it. More recent observations, however, the result of which is communicated in an appendix to his last work, have convinced him that even true chancre may be healed without mercury, though he does not relinquish his opinion of the great efficacy of this substance in accelerating the cure. On this point, however, his experience has not been great; his views having principally been directed to the establishment of lines of distinction between syphilis and other venereal diseases, so as to enable surgeons to make the very important diagnosis between them.

So far, (for the recantation of Mr. Carmichael, has been of recent date) there seemed to have been no idea entertained that syphilis itself was curable without mercury; it was not even thought worthy of an experiment. Still, as it has been since ascertained, some individuals had been in the habit of treating all cases of venereal disease successfully without its exhibition, or had at least satisfied themselves, that the practice was safe. This was the case in Portugal, as stated by Mr. Fergusson. The same writer mentions also, the fact, that in the German regiments in the British service, some surgeons pertinaciously, even officially, refused to prescribe mercury in syphilis, asserting, that it was not necessary—"Such alarming conduct," he adds, "as being referable only to the most brutal ignorance, of course met with no quarter."—Mr. Rose observes, that he was assured by Dr. Banks, that the surgeon of one of the foreign regiments to which he himself was attached, used no mercury for several years in venereal complaints, and believed, that secondary symptoms did not occur, except where that medicine was employed. The possibility of curing a chancre without mercury, according to Mr. Guthrie, has

been well known to the surgeons of Paris, and the fact is demonstrated every year to his class by M. Cullerier, first surgeon to the venereal hospital at Paris.

Mr. Rose has communicated the results of his experiments on this interesting subject to the public through the *Medico-Chirurgical Transactions*; and being surgeon to a battalion of one thousand men, quartered in London, he has had ample means for investigation. For one year and three quarters, he treated his cases without mercury, and succeeded in curing all ulcers on the organs of generation produced by suspicious connections, and in the same manner, all the constitutional symptoms which ensued. The cases were one hundred and twenty in number, where he had an opportunity of ascertaining some months afterwards, that the patients were in good health.

Mr. Guthrie has likewise reported one hundred cases of venereal ulcers, under his own observation, which have got well without mercury, as well as all the secondary symptoms they produced. He states, in addition to his own experience, that he has seen the reports of four hundred additional cases, in different hospitals, treated on the same plan and with the same success.

Dr. John Thomson, author of the work on *Inflammation*, has pursued the same plan of treatment at the consolidated *Dépôt Hospital* at Edinburgh Castle. Chancre and bubo in every instance disappeared under an antiphlogistic regimen, rest in a horizontal posture, and mild local applications, as speedily as they do when mercury is employed. The same course was followed, to the knowledge of Dr. Thomson, in the practice of two other military surgeons at Edinburgh. Constitutional symptoms followed in about one case out of ten, but were principally mild, and yielded to simple treatment, though not till after a long and tedious perseverance. The number of primary cases treated by Dr. Thomson himself, was one hundred and fifty-five; of these fifty-five had buboes, a considerable proportion of which suppurated, but were cured without mercury. Secondary symptoms afterwards supervened in fourteen individuals—one in the form of ulceration of the throat—two in that of ulceration of the throat with cutaneous eruption—ten in that of cutaneous eruptions alone, and one in that of cutaneous eruption, accompanied by iritis. But all these, like the primary sores, disappeared without the exhibition of mercury.

The publications of Mr. Hennen, likewise, support the same facts. His investigations have proceeded upon the same general principles; and have led to the same results—of one hundred and five cases, Mr. Hennen classes twenty as cases of true Hunterian chancre, which as well as the rest were treated with perfect suc-

cess. It is unfortunate that other gentlemen engaged in this investigation, should not have attempted, like Mr. Hennen, to select those cases which were probably true chancre, as objects of peculiar remark, since it is upon the evidence with regard to this disease that particular interest has been excited.

But the most satisfactory evidence of which we are in possession, is that afforded by the results of the investigation set on foot in the different regiments of the British army. An outline of the most important facts contained in the report, was published in the last Journal; but in order to offer at once a complete view of all the facts which have been collected, it will not be amiss to repeat in this place the same statement—and this statement is the more important, since it gives us a comparative view of the practice with and that without mercury. The whole number of cases was four thousand seven hundred and sixty-seven—"Of one thousand nine hundred and forty, which were treated and cured without mercury—ninety-six had secondary symptoms; but every man was fit for immediate military duty on his dismissal from the hospital. The average period for the cure of primary symptoms was twenty-one days—of secondary, thirty-six days—Of the two thousand eight hundred and twenty-seven remaining cases where mercury was used, fifty-one only had secondary complaints, but two men were rendered unfit to continue in the service. The average period for the cure of primary symptoms, was thirty-three days—of secondary forty-five." These cases, it is expressly stated, include not only "the more simple sores, but also a regular proportion of those with the most marked character of syphilitic chancre." In sixty-five of the cases of primary sores, and in twelve of the secondary symptoms, mercury was had recourse to on several accounts, either because the cure was protracted beyond the usual time, or when any impediment or embarrassment arose in the course of the treatment. There seems, however, every reason to believe, that the resort to mercury in these cases, though expedient, was probably not necessary, or at least not till after a longer trial than seemed to have been given of the antiphlogistic method.

It seems thus sufficiently established, that all ulcers on the organs of generation, succeeding to impure sexual connexion, are curable without mercury. The proof of this statement as exhibited above, is ample, and appears to be beyond dispute; and it is confirmed and corroborated by a number of circumstances, separate from that of direct experiment. The works of Mr. Carmichael, taken distinctly from the peculiar views which he entertains, contain a great weight of testimony which may be easily made to bear upon our subject. Being attached to a most ex-

tensive establishment for the exclusive treatment of venereal diseases, his opinion, as founded upon a very great number as well as a great variety of cases, has peculiar claims to attention. It is true, he has always proceeded on the presumption, that mercury was absolutely necessary for the cure of syphilis, though not for any other form of venereal disease, and the consequence has been, he has never made any full attempts to cure chancre without mercury. But when it is considered, that he has abstained from this remedy, in all cases where there were not the clear and distinct marks of syphilis, according to his rigid ideas of the nature of chancre, he has found only three clear instances of it; in a period of time during which he must have had many hundred cases of disease under his observation—when, also, we compare with this the estimate of Mr. Hennen, that twenty out of one hundred and five cases of his, were chancres—it seems almost a certain conclusion, that there must have been a great many instances of true syphilis, as most practitioners would have called them, among these complaints, which he has included under some other class and treated without mercury. And this supposition is not inconsistent with our allowing him all that acuteness and sagacity in the detection of nice and latent shades of distinction, of which he has given such abundant evidence. For when it is so universally acknowledged, and that too, by such men as Mr. Abernethy, that it is *impossible* always to decide with certainty, from appearance, alone, whether a sore be syphilitic; it would not be strange, that even Mr. Carmichael should have reckoned a multitude of cases, which he was able to cure without mercury, as not being syphilitic, especially since he all along has considered this substance as necessary to the cure of chancre, and, of course, recovery without it a proof that there was no syphilis in the case.

This, however, is only subsidiary and indirect evidence. Of the same kind are some facts in the history of this disease, which have been unaccountable upon the common doctrines, but receive a satisfactory explanation upon the newly adopted principle. The facts I allude to, are those relating to the various remedies that have at different times been in vogue for the cure of syphilis, and which we cannot doubt were often successful. How could it have happened, that it was as firmly believed in the sixteenth century, that guaiacum would cure the venereal disease, as it was in the eighteenth, that mercury would—if the disease really had not, in some cases, at least, yielded to the power of the medicine or of the constitution?

It is natural to inquire, whether there is no source of fallacy in these results, whether no other account can be given of the facts

which have been stated—whether it really is true syphilis, as described by Mr. Hunter, which thus recovers almost spontaneously. The variety of character in the ulcerations which attack the penis, renders it impossible to say, with certainty, what is and what is not syphilitic in any particular case. Yet there is a moral certainty, that, out of several thousand, taken indiscriminately, as they occur, a considerable proportion at least will have been true syphilis. One who has studied this disease in the works of Mr. Hunter, and is also conversant with venereal disorders, as they exist, and have been described at the present day, must perceive, that there is certainly a great difference between the former and the majority of the cases of the latter. True chancre, it is agreed among the best surgeons, is now, comparatively, a rare disease, though probably the most common primary venereal affection in the time of Mr. Hunter. This comparative infrequency is not sufficient however, to render it probable, that this form of disease has escaped a fair trial among all the experiments which have been instituted.

Some difficulty arises in the consideration of this subject, in consequence of the very loose, varying and uncertain nomenclature of surgeons as it respects venereal complaints. The term chancre is made by one, to include every kind of ulcer on the organs of generation, even the slight ulcerations which sometimes accompany gonorrhœa—whilst by another, its application is restricted to those sores which have the hard, almost cartilaginous base, and the peculiar surface, which were considered characteristics by Mr. Hunter. By this indiscriminate technology, many diseases are described and received as syphilis, which have no claim to that title. Few complaints have been treated with so little discrimination as this, and the mass of practitioners, impressed with the idea that the venereal disease is only one, and that mercury is its specific remedy, have confined their attention to this drug, and the different modes of using it. With many, the amount of their knowledge and their skill would appear to be this—that every sore on the penis is a chancre, and can only be cured by mercury—that every running is a clap, and is to be treated by injections. The consequence has been, that different diseases are called by the same name, considered as the same, and treated as such; hence, there has been much contradiction and apparent inconsistency between different writers when treating this subject. It was a consequence of this inaccuracy of language, that Mr. Hunter was led so confidently to believe, that syphilis had been introduced and propagated at Otaheite by the European sailors; though it has since been proved, that it had never existed there at all; but that a different complaint, affecting likewise the or-

gans of generation, and probably of domestic origin, had and continues to prevail in that Island. The fact before mentioned, of the different judgment made by Mr. Carmichael and Mr. Hennen, of the proportion of instances of true chancre among the cases under their care, is also a consequence of this indeterminate and unsettled state of nomenclature.

Now this circumstance, undoubtedly, renders the subject under consideration liable to much mistake, and to a variety of incorrect views, when the observations of one man are compared with those of another, unless we first assure ourselves, that both use the same words in the same sense. But, though this uncertainty in language is the source of some doubt and confusion, yet its influence cannot have been so great, as to cause any fallacy in the results, which should induce us to lay aside the positive evidence we have, that syphilis can be cured without mercury, whilst we are deficient in any positive evidence that it cannot.

This I believe to be a fair view of the facts upon this interesting question—every one can judge for himself what weight he will allow them—they seem to me fully sufficient to establish the possibility, indeed almost the certainty, of curing all cases of venereal diseases without mercury. But allowing this to be proved—it is next important to inquire, whether there is any real advantage in the new method of treatment—as to the length of time occupied in the cure—the comparative liability to a return of the disease, either locally or constitutionally—and the state in which the system is left, after the disease is eradicated. It is obvious, that upon the decision of these questions, depends the expediency of the adoption of this practice in opposition to the mercurial. The great evils from syphilis arise, not so much in ordinary cases where the cure is speedy and complete; but in those where the disease is protracted, where the constitution is affected—where the disease becomes complicated with the effects of the remedies employed upon the general system, and terminates in a permanent injury of some of its important functions. If the method of treatment, newly adopted, lessens the danger in any of these respects, there can be no question of its superior recommendations.

As to the length of time occupied in the cure, Dr. Thomson states, that the primary sores which he has treated without mercury, have healed as speedily as any he has ever seen treated with it—but, that it seemed to him, some of the cases of constitutional disorder might have been made to recover more rapidly, by its administration in a small quantity. The army report, however, furnishes the most decided testimony, with regard to this point. From this source we learn—as has been before stated—that

the average length of time for the cure of primary venereal sores, without mercury, was twenty-one days—and for that of secondary symptoms, thirty-six days ; but, that, when mercury was administered, the average period for the primary disease was thirty-three, and that for the secondary forty-five days. This statement would seem to be conclusive, and so it certainly is, with regard to venereal diseases in general, but not syphilis in particular. For it is to be recollected, that in these experiments, no distinction is made of the different kinds of venereal sores, which were subjected to the new method of treatment—all were treated in the same way. Now, since it is allowed on all hands, that true syphilitic cases form but a small proportion of the sores which occur on the organs of generation it is very probable that all instances of chancre, may have really been longer in getting well under the new treatment, although when thrown in with the rest, the common average might give a shorter period than was necessary to their cure with mercury. If pains had been taken to select all such cases, and arrange them by themselves, the result might have been very different. And we may observe in confirmation, that where the sores did not heal in three weeks, or when some other untoward circumstances happened in the course of the treatment, mercury was occasionally resorted to, and this was done in sixty-five cases of the one thousand nine hundred and forty reported. Now it seems to me not an unfair conclusion, that the greater obstinacy of these might have arisen from their actually being chancres, and that this was the reason that mercury had some influence in these instances, though it had none in others. Besides, it seems to be a common opinion, even among the advocates of the anti-mercurial practice, that mercury, though not necessary to the cure of syphilis, does very sensibly promote it—and Mr. Guthrie remarks, that ulcers possessing the true characteristics of chancre required in general a longer time for perfect recovery than those which did not—that is, from six and eight to ten, twenty, and even twenty-six weeks—and he observes also, that he has reason to think, that almost all these protracted cases would have been cured in one half, or even one third of the time, if a moderate course of mercury had been resorted to after common applications had been found to fail.

The report of the army surgeons makes the proportion of cases of secondary symptoms, about one in twenty, when no mercury was employed, and about one in fifty-five when it was. Mr. Rose states the proportion to be much greater ; about one third, he observes, were subjected to some form of constitutional affection, though often so light as not to have been noticed, except it

had been particularly sought for. Dr. Thomson and Mr. Guthrie make the average of cases to be one in ten, reckoning none where the secondary symptoms were not of some importance—whilst under the use of mercury, Mr. Guthrie found the average of constitutional cases to be only one in seventy-five—founding his remarks upon two sets of cases; one of which gave fourteen out of one thousand four hundred, and the other, ten out of five hundred and twenty-one primary sores. Here is a prodigious difference in the proportion of secondary symptoms, even under the same method of treatment; and there seem to be no facts by which to come at any account of this singular circumstance. All the statements, however, agree in the general fact, that cases of constitutional disease are much more frequent when the mercurial practice has not been adopted, than when it has, and this is true of all venereal diseases—whether it be more strikingly so with regard to syphilis in particular, is left to conjecture, and can only be determined by such a selection and arrangement of cases as was before suggested, when speaking of the length of time required for recovery. But this greater number of instances of constitutional disease is more than counterbalanced, it would seem, by the mildness of the symptoms, and the facility with which they yield to the exertions of the system, for their removal, or to the influence of remedies. In Mr. Guthrie's cases, he particularly remarks, that the symptoms were all of a mild nature, in two instances only affecting the bones. In those of Mr. Rose, they were generally mild. "The constitutional symptoms," he observes, "were evidently not such as could be regarded as venereal, if we give credit to the commonly received ideas on the subject. Caries of the bones, and some of the least equivocal symptoms, did not occur. In no instance was there that uniform progress, with unrelenting fury, from one order of symptoms, and parts affected, to another, which is considered as an essential characteristic of true syphilis." From the report of the army surgeons, the same conclusion is to be drawn. All the cases treated without mercury perfectly recovered, both from the local and constitutional disease; and either were doing their duty as soldiers, or had been discharged for reasons unconnected with their previous complaints—whilst of those who had undergone the mercurial treatment, two had suffered so severely as to be obliged to relinquish the service—one in consequence of the injury to his constitution during the cure of primary sores, the other during that of the secondary symptoms—and in general, it is remarked, "that the secondary symptoms are more severe and more intractable, than when mercury had not been used for the primary sores."

The origin, nature, and relations of the constitutional symptoms arising from diseases of the genital organs, are extremely intricate and obscure, and seem scarcely to have received that thorough investigation from surgeons which so interesting a subject demands. It is the opinion of Mr. Carmichael, that their different species are dependent upon specific poisons, and originate from primary ulcers peculiar to each. In this opinion, few would be inclined to agree with him. It is not found, that secondary symptoms of any particular character, have been always preceded by a primary ulcer of the same kind—and the voice of the profession seems to be united against the admission of the principle defended by Mr. Carmichael, and laid down as the basis of his classification. It is, in the first instance, extremely improbable, that there should be three or four distinct species of morbid poisons existing and kept up in the organs of generation for any length of time; and it appears to me, that we can account for the differences in the diseases with sufficient probability without having recourse to this supposition.

It seems probable, that syphilis, in the restricted sense in which I have used that word, depends upon a specific morbid poison; that other primary ulcers do not, but are produced by those common causes, which might give rise to them in any other part. It is a well known fact, that a variety of venereal ulcers on the organs of generation were well known as existing long before the introduction of syphilis, and even so far back as the time of Celsus. The tender and delicate structure of these organs, renders them extremely liable to become ulcerated from sources of irritation, even slighter than those which would effect any other parts. Simple want of cleanliness will sometimes produce little sores round the glans of the penis; and among prostitutes of the lower classes, where so little attention is ordinarily paid to this circumstance, nothing can be more likely, than, that sores should spontaneously take place, and from their manner of life, become ill-conditioned and unhealthy, as they would any where else on the body. I have known these organs in the female the subject of a disease very similar to aphthæ in the mouth, where there was not the slightest suspicion of venereal infection, but where they seemed to arise from a disordered state of the constitution, and yielded to remedies which amended that state. Now it is easily conceivable, that all these sores, from whatever cause, should be capable of producing other sores upon the penis, simply from the irritating quality of their secretions, while the character of the new sores would be determined, not so much by the nature of the matter applied, as the habit of body of the individual who was exposed to the infection. The case is similar to that of the

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production of ulceration on the nipple, in consequence of apthæ in the mouth of a nursing child. The matter applied calls the ordinary principles of action in the part, into operation, and the result is, a healthy, an irritable, a foul, or a phagedenic ulcer, according to the previous dispositions of the parts affected.

That ulcers are capable of producing a disease which does not in character exactly resemble themselves, is proved by many facts. A female who has only sores, will produce a running in a man, and the contrary. Two men may have intercourse with the same woman who is diseased, and the local affection in each shall be different; and on the other hand, another individual will have sores of precisely similar character, from whatever woman he derives his disorder, of which Mr. Guthrie has related a remarkable case. That gentleman, likewise observes, that—"Where many men have had intercourse with the same woman, they have not all had the same complaint, although one of the ulcers so originating, has become phagedenic, or sloughed, neither has the same woman herself suffered from this distemper; indeed the nature of an ulcer of either kind must, after a short time, effectually prevent any intercourse, and we often found, that their peculiar characters only appeared after the ulcer had existed for several days." Mr. Carmichael himself, virtually admits, that a true syphilitic chancre may take up the phagedenic action under a peculiar state of constitutional excitement.

As to the constitutional symptoms, it seems to me doubtful whether they are ever specific, even when arising from true chancre. This indeed seems a direct inference from the fact, that they arise indifferently from the various kinds of primary sores. Practitioners cannot distinguish between those which arise from syphilis and those which proceed from other ulcers. Symptoms exactly resembling them, and indeed in many cases confounded with them, are caused by a disorder of the digestive organs, as has been abundantly shown by Mr. Abernethy, and cases of the same kind are related by Mr. Carmichael. Local irritation of various kinds will produce an affection of the constitution similar in its general character to that occasioned by venereal diseases. This is exemplified in those instances, in which a transplanted tooth has produced symptoms mistaken for syphilis; and the same is true of many cases of disease produced by the nursing of a child. One fact of some importance in relation to this question is, that the number, degree, and extent of the constitutional symptoms is much influenced by the method of cure adopted. Where the simple treatment is pursued, where the processes of nature are not interfered with—the system sympathizes, if we may so speak, more readily with the local disease, but the general

affection is mild, and easily subdued; whilst if mercury be given freely, the sympathy is interrupted, secondary symptoms do not so frequently occur, but they are more severe and more difficult of cure. This connexion between the administration of mercury and the secondary affection, appears to me to indicate, that the latter depends upon something which we do not understand in the state of the general system. In no other way can we account for the fact just stated, since the great influence which the mercurial action has upon the health, is well known. It will be found, I think, upon looking over records of syphilitic cases, that the long, protracted, obstinate instances of constitutional disease, have been invariably those treated very freely with mercury at the beginning, and followed up with the same article wherever there was any symptom of an increase of the complaint.

The causes, then, which determine one case of primary ulcer to be followed by constitutional symptoms rather than another, are not known; they depend upon the influence of some external circumstances, or of some of the general laws of the system, of which we are at present ignorant. That they may depend upon something in the mode of treatment, the situation of the individuals, their manner of living, &c. seems probable from this circumstance, that in one regiment, out of twenty-four, there were four secondary cases—whilst in another, out of sixty-eight, twenty-eight of which were considered as instances of chancre—there was no return of the disease. Particular forms of disease are supposed by Mr. Carmichael to be prevalent, or even, in a certain sense, to be epidemic at particular times. The phagedenic or sloughing ulcer was at one time the prevailing venereal complaint at Dublin, whilst in the course of a few years its appearance was comparatively rare; the chancre appears, from every account, to have been the most common sore in the time of Hunter, though now how small a proportion it forms of the cases which occur, has been mentioned more than once in the preceding pages.

It seems obvious to inquire before concluding, what are the ultimate results to which we are brought, by the investigations which have been carried on. If mercury is not *necessary* to the cure of venereal diseases, is its use to be therefore entirely relinquished? The fact is, enough has not yet been done to state any thing definitely with regard to this question. We should suppose it almost impossible, that the profession could have been for so long a time mistaken as to the efficacy of this remedy, and attributed such decided powers to it, which it did not possess; and in general, even those who have relinquished their belief in its specific qualities, are willing to admit the great advantages to

be derived from its administration under proper restriction and with due moderation. The evils produced from mercury on the constitution of patients, and in aggravating the disease, having arisen rather from the excess to which the mercurial action has been carried, than from the real deleterious influences of the remedy itself.

In treating cases of primary sores, it is by no means settled, that it is always best to proceed without giving mercury, but a great advantage derived from the new views entertained, is, that we never need feel anxious to hasten the exhibition of this remedy. There is no danger in any case from some delay; and we may always allow ourselves time to examine and inquire into the case, and assure ourselves that it is one in which this practice is the most expedient, before we begin it. Chancre is not, as has been supposed, a rapid sore, speedy in its local progress and soon affecting the constitution—it is amply proved to be chronic in its nature, extremely slow and deliberate in its changes, and admitting consequently of a cautious method of procedure in its treatment.

When the patient is treated without mercury, for the venereal disease, it has been usual to confine him to his lodgings or to a hospital; and for the most part to the horizontal position, the diet has been of the simplest kind and principally in the liquid form, in short, the antiphlogistic regimen has been strictly enjoined. Medical means have been confined principally to general bleeding, where necessary, purgatives, diaphoretics, particularly antimonials, sarsaparilla, and other remedies of the same kind—whilst to the parts themselves, soothing, cooling, mercurial, astringent or irritating applications have been made, according to the state and stage of the complaint.

It has not been distinctly stated, that this strict attention to the antiphlogistic regimen is *essential*, when conducting the treatment upon the new system; if it is, it would be exceedingly difficult, for obvious reasons, to substitute it in private practice for the mercurial. This point requires farther examination, and is of considerable importance towards determining in what cases we should attempt the cure without mercury. Where, however, there are no objections arising from the difficulty or inconvenience of submitting to the strict regimen required, especially where there is any doubt that the primary ulcer is really syphilitic, it certainly appears advisable, on every account, to refrain from the active practice to which we have been accustomed, and to leave the cure of the disease to nature, with such slight assistance as it may be necessary to give. Where no amendment is perceived, after a perseverance in this course for a few weeks, un-

less the sores are decidedly not syphilitic, a very gentle alterative course, has been generally found sufficient, and it is seldom any benefit is to be expected from a more violent affection of the system. It ought, however, to be particularly borne in mind, as an established fact, and as having an important relation to our practice, that the amendment and cure of a venereal disease, either in its local or constitutional form, by the use of mercury, is no proof whatever, that it is syphilitic, or that this remedy acts as a specific. It has been abundantly proved, that diseases not syphilitic, not even venereal, which have yet all the external appearance of being such, are benefited, and even entirely cured by the judicious administration of mercury. Yet how often is it confidently stated, as if a conclusive proof of the syphilitic character of a doubtful case, that it yielded to the use of this remedy. One circumstance in particular, appears to me to have occasioned some wrong inferences on this point, which is, that a disordered state of the digestive organs, especially when connected with any hepatic derangement, may be frequently much improved by a gentle course of mercurials; and when a local disease of any kind—such as a chancre, or other primary ulcer—an ulcerated throat or venereal eruption—is kept up by this cause, it speedily gets well when the system becomes affected by the medicine. No conclusion, therefore, can be more false, yet at the same time more common, than that this circumstance proves the disease to have been in the first instance venereal. It only proves, that the action of the medicine has removed that irritation which kept up the local disease—and this is exactly what takes place in syphilis—the mercury does not directly assist in healing the sore, it removes in some way that specific poison which by its irritation produced and keeps up its actions, and then having brought it within the ordinary laws of the system, leaves it to be healed up like any other ulceration. The disorder of the constitution in the former case, and the specific poison of the ulcer in the latter, act in the same way as causes of irritation to keep up the local disease, and are removed by the same remedy, yet so distinct are the ultimate sources from which they take their rise, that every circumstance forbids us to suppose them to be of the same character.

It is particularly important in the treatment of local sores to be able to distinguish those which will be injured by mercury; and these have, perhaps, been better understood and more accurately described by Mr. Carmichael than any other writer. It is probably from injudicious perseverance in the use of mercury in these cases, that those terrible instances of suffering from secondary symptoms take their rise, of which every work on venereal

diseases is full. In general, secondary symptoms require more caution in the use of mercury than the primary, although there are not fewer cases in which its administration becomes either necessary, or expedient. In this state of the disease, it probably does good more frequently, by its power in amending the state of the digestive organs, since it is not unlikely, that their derangement frequently renders the system liable to their occurrence.

The limits of this paper forbid my entering more largely into this part of the subject, which is extensive and interesting. Enough has been said to convey some tolerable idea of what has been done within the last few years, and of the vast field which yet remains for observation and experiment. The attention of practitioners in this country, seems not yet to have been sufficiently awakened to the important questions at issue. The opportunities here for investigation, are, it is true, extremely limited; but it is due to the character of our profession, that we should not, on this account, forbear to contribute something, however little, to the general stock of knowledge.

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