cacy in restoring appetite—of its utility as an external application as a poultice with milk, in relieving hæmorrhoids, and internally in gonorrhœa. A quarter of a drachm of *bangh* is given in water as the dose in gonorrhœa. He states, also, that the habitual smokers of *gunjah* generally die of diseases of the lungs, dropsy, and anasarca, “so do the eaters of *majoon* and smokers of *sidhee*, but at a later period. The inexperienced on first taking it are often senseless for a day, some go mad, others are known to die.”

In the 35th chapter of the 5th volume of “Rumphius’ Herbarium Amboinense,” p. 208, Ed. Amsterd. A. D. 1695, we find a long and very good account of this drug, illustrated by two excellent plates. The subjoined is an epitome of Rumphius’ article:—

Rumphius first describes botanically the male and female hemp plants, of which he gives two admirable drawings. He assigns the upper provinces of India as its *habitat*, and states it to be cultivated in Java and Amboyna. He then notices very briefly the exciting effects ascribed to the leaf, and to mixtures thereof with spices, camphor, and opium. He alludes doubtfully to its alleged aphrodisiac powers, and states that the kind of mental excitement it produces depends on the temperament of the consumer. He quotes a passage from Galen, lib. i. (de aliment. facult.), in which it is asserted that in that great writer’s time it was customary to give hemp seed to the guests at banquets as promoters of hilarity and enjoyment. Rumphius adds, that the Mahomedans in his neighbourhood frequently sought for the male plant from his garden, to be given to persons afflicted with virulent gonorrhœa and with asthma, or the affection which is popularly called “stitches in the side.” He tells us, moreover, that the powdered leaves check diarrhœa, are stomachic, cure the malady named *pitao*, and moderate excessive secretion of bile. He mentions the use of hemp smoke as an enema in strangulated hernia, and of the leaves as an antidote to poisoning by orpiment. Lastly, he notices in the two subsequent chapters varieties of hemp, which he terms the *gunjah sativa* and *gunjah agrestis*.

In the *Hortus Malabaricus*, Rheede’s article on the hemp is a mere outline of Rumphius’ statements.

Among modern European writers the only information I could trace on the medicinal use of hemp in Europe, is in the recent work of Nees v. Esenbeck, from which the following is an extract kindly supplied by Dr. Wallich:—

“The fresh herb of the hemp has a very powerful and unpleasant narcotic smell, and is used in the East in combination with opium in the preparation of intoxicating potions, &c. It is probable that the *nepenthe* of the ancients was prepared from the leaves of this plant. Many physicians, Hahnemann among them, prescribe the vinous extract in various nervous disorders, where opium and hyoscyamus used to be employed, being less heating and devoid of bitterness.”*

No information as to the medicinal effects of hemp exists in the standard works on materia medica, to which I have access. Soubeiran, Féé, Merat and de Lens, in their admirable dictionary; Chevalier and Richard, Roques (*Phytographie Medicale*); Ra-

tier and Henry (*Pharmacopée Française*); and the *Dictionnaire des Sciences Medicales*, are all equally silent on the subject.

In “Ainslie’s *Materia Indica*,” 2nd vol., we find three notices of the plant and its preparations.

At page 39 “*banghie*” (*tamul*), with the Persian and Hindee synonyms of “beng” and “subjee,” is described as an intoxicating liquor prepared with the leaves of the *gunjah* or hemp plant.

Under the head *gunjah*, Ainslie gives numerous synonyms, and tells us that the leaves are sometimes prescribed in cases of diarrhœa; and in conjunction with turmeric, onions, and warm gingilie oil, are made into an unction for painful protruded piles. Dr. Ainslie also gives a brief view of the popular uses and botanical characters of the plant.

Majoon, lastly, is described by Dr. Ainslie, page 176, as a preparation of sugar, milk, ghee, poppy seeds, flowers of the datura, powder of nux vomica, and sugar. The true *majoon*, however, as prepared in Bengal, contains neither datura nor nux vomica. I have already described the process by which it has been manufactured before me.

In the “*Journal de Pharmacie*,” the most complete magazine in existence on all pharmaceutical subjects, we find hemp noticed in several volumes. In the “*Bulletin de Pharmacie*,” t. v. A. 1810, p. 400, we find it briefly described by M. Rouyer, apothecary to Napoleon, and member of the Egyptian scientific commission, in a paper on the popular remedies of Egypt. With the leaves and tops, he tells us, collected before ripening, the Egyptians prepare a conserve, which serves as the base of the *berch*, the *diasmouk*, and the *bernaouy*. Hemp leaves reduced to powder, and incorporated with honey or stirred with water, constitute the *berch* of the poor classes. The same work also (*Bulletin*, vol. i., p. 523, A. 1809) contains a very brief notice of the intoxicating preparations of hemp, read by M. De Sacy before the Institute of France, in July, 1809. M. De Sacy’s subsequent analysis of Makrizi, of which I have given an outline, is, however, much more rich in details than the article in the *Bulletin*.

Professor Royle in his admirable work, entitled “*Illustrations of the Botany, &c. of the Himalayas*,” p. 334, gives a very brief notice of the synonyms and epithets of the hemp resin, and mentions its intoxicating properties, but affords us no information on its medicinal effects.

(To be concluded in our next.)

ON THE
TREATMENT OF SYPHILIS WITHOUT
MERCURY,
IN THE GENERAL HOSPITAL, VIENNA.

By DR. LIBAY.

The result of the author’s experience in this establishment is in favor of the non-mercurial treatment. During seven months only a single case of secondary venereal occurred; the rest supervened on mercurial treatment, or were the result of neglected primary affection.

The number of patients admitted during the year 1840 was 1176; of these 998 were cured, one re-

* *Handbuch der Medicin. und Pharmac. Botanik*, von F. Nees von Esenbeck und Dr. Carl Ebermaier, vol. i., p. 338.

mained improved, 37 were transferred to other wards, and 4 died.

The following table indicates the relative frequency of the different forms, from October 1839 to April 1840:—

10	Chancres on Prepuce.
131	Chancres on Glans.
2	Chancres on Scrotum.
33	Chancres with Phymosis
21	Chancres with Paraphymosis.
8	Chancres with Condylomata.
3	Chancres with Gonorrhœa.
85	Chancres with Bubo.
6	Secondary Eruptions on the Skin.
5	Secondary Eruptions on Mucous Membranes.
1	Secondary Symptoms in Bones.
47	Balanitis.
52	Gonorrhœa confined to Urethra.
52	Urethral Gonorrhœa with Hernia Humoralis.
24	Gleet.
1	Strictures.
9	Condyloma on Glans.
60	Condyloma on Nates and Scrotum.

1. *Primary Chancre and its Treatment.*—There can be no doubt but that the primary symptoms of syphilis are now much milder than they were some thirty or forty years ago; and hence the distinction of real from pseudo-syphilitic ulcer is more difficult. Some rely on the external characters of the ulcer, others affirm that the only certain test is inoculation; but as the latter and more certain proof cannot be readily obtained in private practice, it becomes a matter of great importance to ascertain some character on which to found an opinion of the nature of the disease, or at least of the probable occurrence of secondary symptoms. This character Dr. Ratter finds (and my experience confirms, with very few exceptions, his remark) in the nature of the inflammation which accompanies the sore. The more acute the symptoms of this inflammation are—the quicker they terminate in destruction of substance—and the deeper the sore penetrates—the more likely is it to be followed by secondary symptoms.

The most common seat of chancre was the edge of the glans, then the inner surface of the prepuce, and finally the glans itself; in a few cases it occupied the frænum, and in one only the orifice of the urethra.

The most frequent complications were inflammatory or congenital contraction of the prepuce, paraphymosis, bubo, and condyloma. The period at which bubo supervened was within the first fortnight after the development of the primary sore; for we never had occasion to witness the occurrence of this complication after the twenty-first day. The period of healing of the sore varied from three to six weeks. Corroding, sloughing chancres on the edge of the glans, or on the glans itself, healed quickest; those seated on the outer fold of the prepuce were the longest in healing. It was particularly remarked, that after the termination of the ulcerative period, the healing of chancre when once commenced proceeds in a very rapid manner. We had frequent opportunities of seeing that the primary sore loses, after an uncertain period, the power of propagating the disease, and according to our observation this takes

place within four or five weeks. In cases where congenital phymosis renders the healing of the sore very tedious, excoriations are apt to occur on the prepuce, but the pus of the original sore lay in contact with these wounds, without affecting them in the slightest manner.

The chief points in the treatment are—1, destruction of the specific character of the sore by cauterisation; 2, careful attention to cleanliness; 3, the avoidance of sudden changes of temperature; 4, rest; and, 5, the frequent use of purgatives.

As a general rule, all chancres were cauterised up to the fourteenth day after their first appearance. The excepted cases were those in which the inflammation ran very high, or where the sore was of a corroding or sloughing character; for here nature does the work for us. Cases were also excepted, where the chancre was accompanied by inflammatory phymosis, paraphymosis, or bubo; for experience shows that, with respect to the latter complication, the sore undergoes a change on the appearance of bubo, and assumes the character of a simple ulcer; while it is unnecessary to state the reasons for abstaining from cauterisation in cases of phymosis, &c. The cautery always used was the nitrate of silver; and it seems unnecessary to remark that the extent and frequency of its application must depend on the appearance of the sore, and the influence which the caustic may exert on it.

In a few cases where the sore presented the Hunterian character, with clean-cut edges, excavated appearance, and dirty-looking base, Judd's method of applying calomel to it was employed with advantage. Where the sore was very long in healing, red precipitate was used; and in cases where it was florid and bled readily, a solution of sulphate of copper (one drachm to one ounce) was had recourse to with advantage.

Experience shows that ulcers from other infectious matters are best combated by the cautery, and the same remark equally applies to syphilitic primary sores; and it is fully proved, that the more quickly the primary sore is healed the less have we to dread the occurrence of secondary infection.

It cannot, indeed, be denied that secondary symptoms occasionally occur after the use of the caustic; but as long as we have no mode of treatment which will effect this in a certain manner, we are not to lay much stress upon these few exceptions.

Cleanliness of the body, and of the affected parts especially, is also very conducive to the cure. For these purposes the patients had a local tepid bath every two hours, and a general one every second day; unless the period of cauterisation happened to interfere with the former. Experience proves that the influence of temperature depends, not so much on heat or cold, as on the keeping up a regulated and equable temperature.

Quietness and rest in the horizontal position, though often neglected, are indispensable, especially for the prevention of bubo. All our patients were confined strictly to bed during the first three weeks of the treatment.

Low diet is also an indispensable adjuvant to the non-mercurial treatment of syphilis. Hence the patients were restricted to low diet during the first two or three weeks. A cup of soup was given thrice a day, and some broth once, with a single roll of bread.

When the patient was old or enfeebled by previous use of mercury, &c., better diet was allowed according to circumstances. In cases of bubo the quantity of food was increased, after opening the tumor; and when the healing process commenced animal food was first permitted.

A mild purgative of saline mixture was administered every two or three days, aided by a few grains of jalap in cases where the bowels were constipated.

Treatment of Complications.—Phymosis, occurring as a consequence of inflammation in a moderate degree, was treated antiphlogistically. In most cases of this kind the phymosis was cured by the use of warm lotions and the tepid bath. When the inflammatory symptoms, however, were more severe, and seemed to threaten mortification, the main reliance was placed on cold applications; the use of leeches was of little service. When a portion of the prepuce had already sloughed, the separation of the mortified parts was left to nature, and the healing promoted by a gradual change from cold to tepid local applications.

Paraphymosis of short duration, and accompanied by slight inflammation, yielded to pressure with the fingers; but in more severe cases the greatest benefit was obtained from the application of ice-cold lotions.

As to the use of the knife in any cases of paraphymosis, I regard it to be both superfluous and useless. Superfluous, because the stricture has been overcome by the use of cold in many cases where division was thought necessary; and useless, because the operation is inapplicable to such cases where the stricture is produced by the inner layer of the prepuce embracing the edge of the corona glandis.

Inflammation of the lymphatic glands is always an unpleasant complication. As a primary symptom without previous chancre I saw only one example; this occurred fourteen days after unclean connection, and no ulcer or trace of ulcer could be detected.

The treatment of bubo consisted in rest, the use of fomentations, purgatives, and compression. According to my experience the most efficacious means are rest and the horizontal position, next to fomentations and purgatives. Warm emollient fomentations were preferred to cold. As compression was used in conjunction with many other means, it is not easy to estimate its real value.

Suppurating bubos were opened by incision in the long diameter, and then treated as simple abscesses, being carefully protected from the air. When granulation commenced, this process was aided by a lotion, or touching the part with lunar caustic, or an ointment containing fifteen grains of red precipitate, and two drachms of tincture of opium to two ounces of lard. When the integuments were extensively detached, thinned, and livid, the Vienna caustic was employed to open the bubos. When the tumor is opened in proper time it generally heals within twenty-one days; if the incision be made before fluctuation is evident, the edges of the wound are apt to become everted and callous, and it is subsequently necessary to pare its edges with the knife or cut them down with caustic; on the other hand, if the opening be delayed too long, we have to apprehend sloughing or burrowing of the pus under the integuments.

Indurated bubo, arising from external causes during gonorrhœa, required the persevering use of iodine or

some of its preparations. I saw only one example of bubo resulting from condyloma. A patient, twenty-three years of age, had several pedunculated condylomata on the glans; these were removed by the knife and by ligature; a bubo ensued and was opened with the bistoury; the wound, however, soon degenerated into a deep ulcer, with hard edges and uneven unhealthy base. It extended to the scrotum and perineum, then to inner surface of the thigh, and continued, in spite of treatment, for six months. On the following summer, while the treatment consisted in tepid baths, fomentations, and the local application of lunar caustic, the ulcer suddenly took on the healing process and soon cicatrised.—*Med. Jahrbücher*, Nov., 1842.

PRACTICAL OBSERVATIONS ON DISEASES OF THE SKIN.

By THOMAS H. BURGESS, M.D., &c.

No. III.

ERUPTIONS OF THE FACE.

Sycosis.—The history of sycosis or mentagra naturally follows that of *acne*, described in the preceding paper, inasmuch as it is a disease peculiar to the face, of an obstinate and rebellious character, and possesses many symptoms in common with that eruption. Indeed, some dermatologists seem to regard sycosis merely as a variety of *acne rosacea* (*couperose*) both being the result of a lesion of the follicles, and this view is in a manner supported by the circumstance of these diseases being pustular, and their anatomical seat apparently the same. For example, *acne* is produced by inflammation of the sebaceous follicles, and sycosis is pretty generally admitted to be the result of inflammation of the piliferous follicles; hence those who believe in the identity of the diseases in question say, that wherever one of these follicles is found the other is also present, and is equally involved. But this view of their identity is not correct, for sycosis is in reality the result of lesion of the piliferous tubes, in which the hair is encased as in a sheath, an opinion that has been fully substantiated by Bielt and Caze-nave. Moreover, these eruptions are further distinguished by the tubercular indurations of sycosis, showing that the subcutaneous cellular tissue is much involved, and especially by the absence of hypersecretion of the sebaceous follicles, one of the principal phenomena of *acne*. In a word, sycosis is a pustular disease characterised by an eruption of acuminate pustules, although at a certain stage of its course, and under certain circumstances, it assumes a tubercular appearance.

Its seat is principally the chin, but it may appear wherever the beard grows, and it occurs most frequently in persons whose beard is thick and shaggy. The disease generally occurs in those parts of the face covered with hair, in the form of an eruption of small acuminate and painful pustules, especially on the chin, frequently on the upper lip, and sometimes along the maxillary region. Although, in some rare instance, this eruption runs its course pretty rapidly, and terminates in ten or fifteen days, it commonly assumes a chronic form—for example, a number of small pimples without any definite character, may