PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 153.]

LONDON, SATURDAY, SEPT. 2, 1843.

PRICE SIXPENCE.
[Stamped Edition Sevenpence.]

COURSE OF LECTURES

ON

VENEREAL AFFECTIONS

DELIVERED

AT THE HOPITAL DU MIDI, PARIS.

By Dr. PHILIP RICORD.

Translated and arranged by Daniel McCarthy, Esq.,
Interne of the Hospitals of Paris.

LECTURE XIII.

June 20, 1843.

Part III.—Indurated Chancre.

Causes of induration—Symptoms—Nature of induration—Irregularities of chancre in general during its period of cicatrisation.

GENTLEMEN,—In my last lecture I introduced to your notice the subject of chancre in two of its deviations from the natural course. Induration is the third, the most important, perhaps, particularly with respect to the history of syphilitic symptoms, and shall this day occupy our attention.

The indurated sore, also called "callous," was described by John of Vigo, and formed the type from which Hunter drew his celebrated definition of the primary ulcer.

Causes of Induration.—In any part of the human body a chancre may become indurated; the seat of the sore is not, however, without some influence. The induration appears more complete in the furrow, which separates the prepuce from the glans, than in any other region. Induration has been stated to result merely from the cauterisation of chancre, and Fricke's experiments are produced to prove the assertion. The Hamburg physician showed that the application of corrosive sublimate to the prepuce may give rise to the development of ulcers supported by a hard base, in all respects similar to that of indurated chancre. The remark is true, and those observers who depend for the accurate diagnosis of chancre on the mere physical appearances, must of necessity be frequently thrown into very great uncertainty and hesitation. I assert that the plastic infiltration of the sores, produced by corrosive sublimate, does not differ in any of its characters from that of chancre, and that the diagnosis rests altogether upon the impossibility of producing the results of the inoculation of primary sores with their secretion, and also upon their being never followed by constitutional symptoms—two circumstances which are constant concomitants of indurated chancre.

Symptoms.—Indurated chancre, generally indolent, often exists unperceived. In such cases, which, I regret, are far from uncommon, it is not to be wondered at if incubation has been admitted, although no interval really did exist between infection and the inflammation of the affected spot. Mr. Babington is

of opinion that these chancres *begin* by induration. Ever since I have been attached to this hospital—that is, for a period of twelve years—I have made these ulcers the special objects of my attention, and I have constantly observed the contrary to be the case.

A chancre *never* becomes hard before the fifth day from infection; but induration may occur at a much later period, being, in my opinion, influenced by a particular state of the constitution, which may not exist at first, but may set in at a later period of the existence of the primary ulcer; hence the precept, which I deem of immense importance, to destroy the chancre as *early* as possible.

Nature of Induration.—All that we know of the nature of the induration is, that it is formed by plastic coagulable lymph, effused either in the cellular tissue, or, what I am inclined to think more probable, in the capillary lymphatics. Induration begins at the base of the chancre. Bell accurately compares the hard chancre to the half of a broken pea, observed in tissues of the same dense structures; the hardness is regular, but if the tissues occupied are not homogeneous (for instance, induration seated in the same tissue, on the prepuce and glans), it deviates more or less from its usual round form.

The density of the infiltration is very great, and is possessed of a truly cartilaginous elasticity. The edge of the hardness frequently stands out in relief, and its color is the dead white of a cartilage, visible through a semi-transparent medium. The base of a chancre may be indurated, whilst its edges are not. The contrary may occur, as Wallace has mentioned, and as I have myself observed in the *chancre induré annulaire*; but in general the edges and base are equally occupied.

The edges of callous chancre are not jagged; the sore has little tendency to the secretion of diphtheritic matter, and the areola is habitually absent. The white cartilaginous circle forms for the indurated sore an areola of its own, contrasting, by its color and its density, with that of simple chancre. The indurated ulcer is slow in its manifestation and in its increase; spontaneous cure is very seldom observed, and this chancre remains in general longer than any other in a state of *statu quo*.

I purposely abstain from any special description of the grooved chancre of Dr. Desruelles, or the chancre "*en œil de perdrix*;" they are unimportant modifications of indurated chancre, depending simply on its particular seat. But I cannot omit mentioning the gangrenous variety. The irritation caused by untimely stimulant applications, excessive inflammatory action, or unusual rapidity in the induration, incarcinate, as it were, the distended cellular tissue within the areolæ of the infiltrated dermis, and cause mortification, from a kind of local plastic apoplexy.

The chancre, hitherto indolent, becomes, when gangrene sets in, painful and irritable; its surface is dotted with black spots, and cannot better be compared than to the aspect of the sore consequent on furunculus.

Indurated chancre, whatever be its particular form, is also remarkable by the extreme frequency of the occurrence of secondary symptoms after it.

Irregularities of Chancre in general during its Period of Cicatrisation.—Deviations from the typical form are not only observable in the incipient stage and further progress of chancre, but also in its period of cicatrisation. Excessive, exuberant granulations, may induce a fungoid appearance, or even become the cause of vegetations. In neither case has the surgeon to cope with a special sore, but with accidental deviations, depending on imperfect treatment or total neglect. During granulation, the patient being under the influence of the syphilitic diathesis, chancre may put on the aspect of mucous tubercle; hence the error of many writers, who have considered this form of constitutional disease as a primary result of infection. For a shorter or a longer time induration persists after complete cicatrisation.

I feel confident that in one half of the chancres no cicatrix whatever remains to bear witness to the previous infection; but when a cicatrix remains, it may be elevated, depressed, or on the same level with the surrounding tissues, according to the degree of granulation, and the extent of destruction undergone by the dermis.

M. Cullerier and myself were both called to give medical evidence in an important trial at Versailles. A gentleman stood inculpated of having communicated syphilis to his wife; the accused party presented no trace whatever of primary or secondary disease. We were called upon to state if it was possible that primary syphilis might disappear without leaving any trace whatever of its previous existence. M. Cullerier answered in the negative; I was of a contrary opinion. In the particular case, collateral evidence proved that I was right, and a verdict of "guilty" was returned.

In support of my opinion, I may say that I have seen many cases similar to the following:—A patient presented a sore on the penis, which inoculation showed to be a chancre; and the results of the inoculation in the thigh still existed, when all trace of the chancre on the genital organs had vanished.

EXTRACT OF INDIAN HEMP.

Mr. Savory has communicated to the "Pharmaceutical Journal" the following formula for preparing the extractum cannabis Indicæ:—Take of gunjah (finely bruised), four pounds, avoidupoise; rectified spirit (0·838), five gallons, old m.; macerate the gunjah in two gallons of the spirit for seven days, then strain off, and add one gallon more of the spirit; let this stand four days, and strain; mix the two tinctures, and filter; then boil the hemp in the remaining two gallons for fifteen minutes, and filter *while hot*. Let all the tinctures be mixed; then distil off the spirit and evaporate the remainder in a water bath to the consistence of an extract. Produce—twelve ounces.

ON THE PROPRIETY OF OPERATING IN CASES OF CATARACT, WHERE ONLY ONE EYE IS AFFECTED.

By THOMAS NUNNELEY, Esq.,

Lecturer on Anatomy, &c., at the Leeds School of Medicine, and Surgeon to the Eye and Ear Infirmary, Leeds.

[Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, Aug. 2, 1843.]

In presuming to bring the following short communication under the notice of the members of the Provincial Medical and Surgical Association, two circumstances have been fully impressed upon my mind, which I trust it will be found I have not violated. The first is, that whoever presents himself before the meeting, should remember the persons who constitute it, as well as the objects for which the Association was instituted, and by which its proceedings ought to be characterised, which will, I apprehend, lead him to select subjects of a practical nature, rather than to present to the meeting a lengthened or elaborate dissertation, which, however important the matter treated of may be, or however learnedly handled it may prove, is, I consider, much more fitted for the instruction of the student or the study table of the more advanced man, than for occasions like these; where persons who have already acquired the principles of their science, and are actually engaged in the arduous duties of active practice, have met for the purpose of asking each other the results which experience in the application of those principles has taught them, and how each may thus benefit by the information of the many.

The second point, which is intimately connected with the former, indeed follows from it, is, that regard should be had to the claims of others and the business of the society, so that too much time should not be occupied by a single communication. Indeed, so necessary do I hold this latter consideration to be, that, at the risk of being thought abrupt, I shall at once enter upon the subject, to which I request the attention of my auditors; nor shall I add to its length by many quotations from those authors whose names I may mention.

Cataract is one of those affections which are so frequently met with in all parts of the country, that there is probably no individual here present who has not oftentimes met with it among his patients; and, from the importance of the organs involved, has not considered the best means of removing it. When both eyes are affected, there appears to be no difference of opinion as to the propriety of an operation of some kind being undertaken at one time or another, and either upon one eye or upon both. But the state of opinion as to the propriety of interfering by any operative measure when only one is involved, is most contradictory. Into the general question of the nature of cataract, the advantages of the different kinds of operation hitherto proposed, the period of disease at which the operation is most advantageously to be undertaken, and whether both eyes ought to be operated upon at the same time, or only one, I do not purpose in the least to enter; although some of these