PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 137.]

LONDON, SATURDAY, MAY 13, 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 M'Carthy, Esq.,
Interne of the Hospitals of Paris.

LECTURE I.

March 21, 1843.

Introduction—Definitions—Classification—Non-virulent affections—Virulent affections—History of syphilis.

GENTLEMEN,—For twelve successive years have we met, in order to study together the various modifications of syphilis; and, whatever a late writer* may have stated, the recollection of former years, and the following rapid glance at the present condition of our wards, will, I have no doubt, permit you to judge for yourselves, whether or not the Hopital du Midi is a proper place wherein to study venereal affections.

One hundred and twenty-two beds compose at present the service. Exclusively of a few unoccupied, and of twenty-four devoted to scrofulous and surgical cases, such as cancer of the rectum, hydrocele, urinary fistula, &c., ninety-eight beds are filled by patients laboring under venereal diseases, twenty by patients affected with gonorrhœa and its consequences, epididymitis, stricture, &c. We have also twenty-five cases of non-indurated chancre, whereof fourteen are complicated with bubo; five cases of phagedenic or spreading sore, and thirty-three of indurated primary ulcers, in twenty-seven of which secondary eruptions have already appeared, four cases of tubercle of the skin and iritis, and seven beds occupied by tertiary disease, in all of which chancre has existed as an antecedent symptom. These form, for the present, our field of observation; and, as our patients are constantly recruited by two consultations a week, you will find that field sufficiently extensive and sufficiently rich to answer all the necessities of observation.

We shall give the name of "venereal diseases" to all those morbid phenomena which are the consequences of sexual intercourse.

In the immense mass of disorders which may be contained within the wide circle of this comprehensive definition, long continued observation has led me to establish two great classes which may, it is true, be occasionally met with in combination, but which are ever distinct, both in their nature and in their consequences.

1. *Non-virulent diseases*, which may also result from other causes than sexual connection; the prototype of this class is "gonorrhœa."

2. *Virulent affections*, recognising as a proximate

cause the action of a specific morbid poison. "Chancre" is their first manifestation.

I shall not, Gentlemen, detain you long with historical investigation. Beyond what is absolutely indispensable for understanding some generally received facts, the chronological account of the errors of the human mind is as fruitless as it is devoid of attraction; I shall, therefore, abstain from an easy display of erudition. I shall not "quote the Scriptures for my purpose," nor Hippocrates, nor Celsus. Pliny, Galen, Aëtius, I shall not bring before you in solemn array to bear witness to the statement, that in those early ages vice met, as in our own times, with its proper chastisement. We shall not delay you upon this point; but one circumstance must perforce strike those who are familiar with "ancient lore"—it is the evident ignorance in which the old writers stood of the connection between primary and secondary infection. We cannot possibly be surprised at the fact, when so many learned men of our own times willingly shut their eyes to the light of the sun, and declare they do not see it!

At the close of the fifteenth century a fearful epidemic raged in the sunny climes of Southern Europe. Owing its birth to many causes, it comprised, no doubt, various diseases, and amongst others, inveterate syphilis, which, impelled by the dire influence of the pestilential epidemic, acquired an excessive degree of violence.

From that time forwards the constitutional symptoms of syphilis appear almost exclusively to have occupied the writers on the subject, and to have absorbed their attention to such a degree as to make them lose sight of primary ulcers. The acknowledgment of the necessity of a special cause (of itself a marked progress in the pathology of syphilis) was first made by Alex. Benedetti, in 1497, who maintained the presence of a virus; but Fernel really established, on firm grounds, the doctrine of a particular poison, differing in its nature from any possible transformation of the natural secretions.

The silence of John of Vigo, Ulric de Huten, Maynard (1519), with respect to gonorrhœa, although they must have been well acquainted with it, clearly shows they did not connect it with syphilis.

Bétancourt, Paracelsus (1528), again, attach gonorrhœa to the disease; and this opinion prevailed until Balfour, Duncan, and Todd, in particular, dispelled the error. Benj. Bell ably, I will say victoriously, defended Todd's views; but since that time most pathologists have again reinstated gonorrhœa, and been blinded by its unjust pretensions, as will be seen in Dr. Lagneau's works on the subject.

In 1786, John Hunter, whom I may safely call the "prophet of syphilis," laid the grounds of that classification which I have adopted and, I believe, completed; for, I feel proud to state, there exists such a

* M. Cazenave.

resemblance between that great man's theories and mine that I consider myself as the mere executor of what he has planned.

Caron in 1811, and Broussais a few years later, assumed a much easier mode of classification; denegation was their sheet-anchor. In syphilis, according to Broussais, there exists no virus, no morbid poison, and the therapeutics has only to measure and restrain the various degrees of irritation; and yet, some men of the "so-called" physiological school, carried away by the strength of facts, which are "stubborn things," freely exhibit mercury as a *specific* in these "irritations!"

You perceive, Gentlemen, that since some thousands of years syphilis has worn the garb of the most influential doctrines, which have, in rotation, set "the fashion" in pathology; the humorists at one time, the solidists at another, have invested venereal diseases with their own modish robes; and the self-christened "physiologists" have clad them, in their turn, in a short coat of their own making, which, unfortunately, has left syphilis shamefully exposed.

At the close of this, our first meeting, we must request you all, Gentlemen, to examine our patients with the assistance of your own senses, and not to rely exclusively upon our words. It shall be my endeavour, in the course of these lectures, to avoid the moving sand of theory, and, also, too frequent reference to authors; our unchangeable motto shall be, "Facts, not names."

SECOND REPORT

OF

PRIVATE MEDICAL PRACTICE FOR 1841.

By CHARLES COWAN, M.D. E. and P.,

Physician to the Royal Berkshire Hospital and Reading Dispensary, &c. &c.

[For the *Provincial Medical Journal*.]

(Continued from p. 111.)

SPECIAL REPORT.

Fever.

Sex.—16 males; 11 females.

Ages.—Under a year 1
 1 to 5 years 7
 5—10 1
 10—20 2
 20—30 11
 30—40 3
 40—50 2

Season.—March, 2; April, 1; May 1; June 3; July, 4; August, 1; September, 1; October, 8; November, 3; December, 2.

Anterior Duration.—Under a week . 11
 1 to 2 weeks 6
 2—3 6
 3—4 1
 More than a month 3

Average Duration of 12 cases cured, 8 days.

Result.—Cured, 13; convalescent, 2; irregular, 12.

Symptoms.—Pyrexia of a mild character, frequent recurring chills, muscular prostration, cerebral inertia, headache, constipation, and mild diarrhoea, were the prevailing features. The respiratory mucous membrane was either free or only slightly affected. The disease was only prevalent in October, when the

weather was mild, moist, rain falling twenty-two days, with boisterous winds from the west and south-west, the barometric mean being lower than in any other month, 29.457; the mean temperature was also eleven degrees higher than the preceding month.

They were all comparatively mild cases, with no tendency to a malignant type, and were treated in the early stages with emetics, laxatives, and salines; and in the latter with quinine.

Fever of severe type we have seldom witnessed in this neighbourhood, and when present has generally been traced to local and removable causes. It is, however, occasionally met with of a very slow and lingering character, and is generally dependent on chronic intestinal mischief. We have also seen some well-marked instances of prolonged hectic disturbance apart from all discoverable local disease. A mild tonic plan with change of air and the use of sedatives seem the most efficacious means; but this form of disturbance sometimes resists all medical treatment, and after very variable periods subsides without any evident crisis.

We shall now briefly advert to the experience of others in the treatment of fever, selecting that which may not have sufficiently attracted the student's attention. A surgeon in extensive practice has found the following powder very advantageous in 140 cases of simple fever, continuing its use until the gums were slightly affected:—

Nitrate of potash, four grains;
 Tartrate of potash, a quarter of a grain;
 Mercury with chalk, five grains. Mix. Repeated every four hours.

And in all fevers of a low type he was convinced of the benefit of the saline treatment. His formula was—

Chloride of soda, three drachms;
 Carbonate of soda, two drachms;
 Hydrochloric acid, half a drachm;
 Camphor mixture, six ounces. Mix. Half an ounce every hour.

He founded his experience upon notes of 120 cases.

In reference to the use of mercury, Dr. Macartney says, "In no single instance have I known mercury fail in arresting the progress of fever, provided it be not combined with visceral affections or characterised from the beginning with great prostration of strength."

Mr. R. Stevens (*Lancet*, 25 June, 1842) asserts the value of mercury in all contagious diseases, and he has met with more than ordinary success since employing it in the treatment of fever.

Dr. Elliotson, and many other writers, speak favorably of the mild use of mercury in this disease; and when the type was inflammatory it might, perhaps, be always judiciously prescribed.

Mr. George Ross, of Enfield (*vide "Lancet,"* March 4, 11, and 18, 1843), in some very interesting and able observations on fever, well worthy of careful perusal, strongly recommends the employment of ipecacuanha emetics, followed by fifteen to thirty grains of calomel, and an equal quantity of jalap, four hours afterwards. This is repeated on the recurrence of exacerbation of the symptoms, which assume in almost every case a quartan type, two or three times, and neither excites excessive purging or any inconvenient constitutional disturbance. The quantity of calomel necessary seldom exceeds a drachm; the