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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 XVI.

July 4, 1843.

Treatment of chancre in general—Prophylactic treatment—Curative treatment—Necessity of destroying the sore as soon as possible—Applications for the subsequent stages of chancre.

GENTLEMEN,—It is the duty of practical physicians to diminish, as much as lies in their power, the sum of suffering of their fellow-men; and amongst the many questions which call for their attention, few, perhaps, equal in their importance to the public welfare the subject of the prevention of the venereal disease.

The precautions taken in Paris to prevent the wide diffusion of syphilis, are, as you have daily opportunities of convincing yourselves in this hospital, altogether inadequate to fulfil the proposed object. Prostitutes undergo inspection once a-week or once a fortnight, according to circumstances. * * * *

But you are fully aware that in three days a chancre may be communicated, and may become inoculable. What guarantee to public health is, therefore, this illusory kind of examination? Far from being productive of any real benefit, I deem it a general nuisance, tending only to inspire the unguarded with a treacherous security, which insures an increase in the number of victims.

I would have *each* prostitute examined *every day* with the utmost care, and the investigation should extend to all men who set foot in a house of ill fame. Thus a salutary shame would cause many to shrink from passing the threshold of vice; and those who, lost to all feeling of self-respect, would not be kept back by the inquest, would be allowed to proceed only after a minute examination had ascertained that they bore no contagious symptoms. * * * *

With respect to the means of preventing the effects of contagion, the following is the result of my personal experience on the subject:—Should inoculable matter have been merely deposited upon any part, abluition with vinegar, aromatic wine, alcohol, corrosive sublimate, chlorine, or the alkalies, will suffice to decompose it; but if a crack or excoriation has become inoculated, abluition is altogether insufficient, and cauterisation, with nitrate of silver for instance, indispensable.

Curative Treatment of Chancre in General.—

“Destroy the primary ulcer as early and as com-

pletely as possible;” such is our precept. It is founded upon the following fact, that syphilis is at first a mere local disease, limited to the spot of its manifestation, and giving rise to symptoms of secondary or constitutional infection only after a time.

If that proposition be true, and I would stake my existence upon it, as I have done my professional reputation, it is evident that cauterisation will have as good results as when applied to the bite of a rabid dog, and will prevent further mischief. If false, on the contrary, my proposition can have in its practical application no injurious consequence whatever.

The practice of destroying the chancre at as early a period as possible should be adopted even by those who hold with Dr. Cazenave, that general infection exists before chancre, for, even in their opinion, the local damage of a sore, whose duration or future extension none can foretell, will at any rate be prevented.

It is argued by some, who admit the chancre to be a local disease, that cauterisation may drive the poison into the system. Common sense teaches the folly of such a doctrine, the caustic destroying that very matter, the absorption of which they so much dread.

I have *never* seen a chancre destroyed, during the first week of its existence, afterwards give rise to secondary syphilis; and moreover, a symptom dangerous to the patient himself, and dangerous to others by its contagious nature, has been by this method annihilated.

The caustics I recommend are the nitrate of silver, merely applied to the wound during the first twenty-four hours, but at a later period—the third or fourth day, for instance—kept in contact with it for several minutes; and, still better, a disc of “paste of Vienna” (lime five, potash six parts, made into a paste with spirits), spread over the ulcer and its edges. I prefer caustic to excision, praised by Hunter, because it induces in the neighbourhood a degree of inflammatory action, highly favorable to the neutralisation of the ulcer.

If the extent of the sore or its previous duration cause the surgeon to discard all idea of destroying it, it will be well in most cases to uncover the wound, except when for such purpose an incision is necessary. The prepuce should not be dragged forcibly backwards, paraphymosis being a troublesome complication. Cauterisation may be here again used, not to destroy the chancre as before, but to modify its surface; and in some patients you will find a superficial action of lunar caustic one of the best sedatives of the irritated sore.

During cicatrisation it will again be used at the discretion of the surgeon, to repress exuberant granulations.

Some ulcers remain stationary after rapidly advancing towards cure; but no epithelium forms; the surface remains red, smooth, and varnished over,

without receding, it is true, but without progressing towards complete cicatrisation. I have found, in such cases, desiccation very soon produced by the light application of lunar caustic.

During its specific period, chancre should be dressed at the least three times a-day, if its suppuration be abundant; during granulation, one dressing in twenty-four hours will suffice. At all times great caution is requisite in removing the lint, in order not to lacerate a tender cicatrix.

All local applications may cure the sore. Amongst them a choice may, however, be made.

Greasy substances in general I do not approve of they frequently develope irritation around the chancre, and even eczematous eruptions, which, by the breaking of their vesicles, may occasion extensive accidental inoculation.

Common cerate does little good, but seldom is injurious; when to an ounce of it a few grains of extract of opium are added, it frequently calms the local irritation.

The dressing I prefer to all others is lint slightly impregnated with aromatic wine (a decoction of sage, rosemary, thyme, hyssop, mint, &c., in eight times their weight of common red Burgundy). This liquid modifies, as an astringent, the ulcerated surfaces, destroys the inoculable property of their secretion, and *tans* the neighbouring parts, so as to render them harder, and less susceptible of irritation.

I have now and then found benefit from the addition of from 1 to 6 per cent. of tannin, or extract of opium, according as my object was to calm or to stimulate the sore.

Should catarrhal inflammation of the parts complicate chancre, with the five-grain solution of nitrate of silver, will be advantageous.

Mercurial ointment I do not approve of in the local treatment. It does not in the least hasten the cure, and not unfrequently give rise to eczema mercuriale.

Repose and a few baths are requisite; and in most cases, Gentlemen, you will find that the local treatment, combined as above, will suffice for the perfect cure of the primary ulcer.

Dr. Serre, of Montpellier, gives unbounded praise to silver internally in the treatment of chancre; but in his cases, the sores having lasted eight or ten weeks, we really cannot see that proof is given of a special action of the drug, inasmuch as the sores might have been spontaneously cured within the same period.

POISONING WITH SULPHATE OF POTASS.

The "Medical Gazette" of October 27th contains a communication relative to the silly letter of "Surgeon," on poisoning with sulphate of potass, which appeared in the "Times" of last week. The writer shows that, by the process of manufacture, by the heat employed, and by the crystallisation, there is scarcely any chance that the sulphate of potass could remain contaminated with arsenic derived from the sulphuric acid employed, even if the acid contained arsenic, which it does not. The same number of our contemporary contains a letter from Mr. Mowbray, stating that when the sulphate is submitted to the action of water, the finer portions are dissolved first, leaving the remainder in the form of very sharp acicular crystals, which he thinks would be extremely irritating; and contradicting the statement that it is rendered more soluble by the sesquicarbonate of soda

A CASE

OF

MALIGNANT DISEASE OF THE OS UTERI,

COEXISTING WITH PREGNANCY, AND TERMINATING FATALLY HALF AN HOUR AFTER DELIVERY.

WITH REMARKS.

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(Continued from page 46.)

Cases in which the Natural Powers were unable to effect Delivery, and in which means were used incompatible with the Life of the Child to terminate the Labor.

Dr. Robert Lee, in his "Clinical Midwifery" p. 81, gives the following case:—"On the 1st of May, 1840, Mr. Cross, of Leicester-square, requested me to see Mrs. Ayesbury, aged forty-one, who had been twenty-four hours in labor. The os uteri was hard, irregular, and ulcerated, and so little dilated that the presentation could not be ascertained. The symptoms of malignant disease of the uterus had commenced two years before, and the pain and discharge became aggravated when conception took place. The labor pains continued strong and regular the whole afternoon and night of the 1st of May. At seven, a.m., of the 2nd, the pains were violent and incessant, with restlessness and sickness at stomach. The os uteri continued precisely in the same condition, and the presenting part could not be felt. Twenty-five ounces of blood were drawn from the arm, and one drachm of laudanum administered. At eleven, p.m., the pains still continuing violent, with severe rigors, rapid pulse, and incoherence, another effort was made to reach the presenting part, though the os uteri was still undilated. Having succeeded in touching the head, the perforator was passed up along the finger, the skull opened, and the brain destroyed. The propriety of making incisions into the diseased os uteri had been considered, but the idea was abandoned after consulting an eminent surgeon. At six, a.m., May 3rd, the labor pains having continued strong and regular during the night, the os uteri opened sufficiently to allow the crotchet to be introduced, and the head extracted. The placenta soon followed the child, but she continued gradually to sink, and died on the 4th of May. The body was examined by Mr. Cross, and the neck of the uterus, extensively lacerated, presented the appearance of an irregular, dark colored, disorganised mass. The danger of dying undelivered, and the injury necessarily inflicted upon the uterus, by the extraction of the child, would have been both avoided or lessened in this case by the induction of premature labor."

Dr. Denman in his "Introduction to the Practice of Midwifery," fifth edition, p. 334, relates the following very instructive case. His remarks, too, upon it, which I shall transcribe, deserve the most careful consideration, inasmuch as they seem to me to indicate the general principle which should guide us in all our midwifery proceedings.

"In June, 1770, I was desired to see a patient in the eighth month of her pregnancy, who in the preceding night had a profuse hæmorrhage. Her countenance showed the effects of the great loss of blood she had sustained; and from the representation of the case given me by the gentleman who was first called in, I