

soon produce it; and that this power is sometimes lost will be seen in examining Case 5 (Worts), in which, although many gallons of water were taken into the stomach, the blood still continued to increase in specific gravity.

Assuming that such a condition of intestinal mucous membrane exists in Cholera, it gives us but little hopes of effecting much by remedies administered by the mouth, during the collapse: and experience has shown us, that very little confidence can be placed in them. The saline drinks, recommended by Dr. Stevens, must here fail, as even water is unable to be absorbed. This led to the method of injection of saline fluids into the veins; and certainly it appears that, even in the most intense stage of collapse, patients may, for a time, be restored by their employment. Unfortunately, however, the improvement has, in most cases, proved but temporary; but still enough has been seen, to cause many to think that their use is strongly called for. Should they be ever again employed, I think that more attention should be paid, both to the nature and quantity of the salts contained in the fluid, than has hitherto been done; and a solution should be employed whose composition resembles, as much as possible, the portion of the blood which has been lost. One would be apt to think, that the blood could not bear with impunity a considerable quantity of carbonate of soda in place of the phosphate; yet such a substitution, I believe, has generally been made. May not the use of improper fluids have been in part the cause of the truth of the remark quoted by Dr. Watson, in his Lectures on the Practice of Medicine, that, "However it might be with pigs and herrings, *salting* a patient in Cholera was not always the same thing as *curing* him."

Might not some agent be injected, which would tend to prevent the exosmotic action of the intestines? Certain bodies, possessing such a power on membranes, have been found. When reaction takes place, and the watery portion of the blood becomes restored, it would then seem rational to employ drinks containing small quantities of the salts; for it does not seem improbable, that the saline deficiency, which must then occur, unless supplied, may tend to prevent the due action of the kidneys and other excreting organs. At this time also, other remedies, as calomel, etc., should be given, with the intention of restoring the excretions.

63, Harley-street, March 31st, 1849.

OBSERVATIONS ON CREEPING BUBO, ✓

ILLUSTRATED WITH CASES.

By SAMUEL SOLLY, Esq., F.R.S., Senior Assistant-Surgeon to St. Thomas's Hospital, etc.

THE various aspects which Syphilis presents in its primary and secondary phenomena, and the way in which those aspects are modified by the action of medicines, have given rise to the most contradictory systems of treatment. It may be safely affirmed, that there is no subject, in the whole range of surgical pathology, on which surgeons are less agreed, than on the treatment of syphilis. The true Hunterian

chancre is seldom seen presenting the same clear, bold, and decided character, which the Father of British Surgery so graphically delineated; but there are innumerable sores—the result of impure connexion—which are equally syphilitic, and which require the use of mercury to prevent all those effects, of which, if unrestrained, they are but the *avant couriers*.

The number of the cases of secondary syphilis, which are now daily met with, must, I think, be painfully obvious to every reflecting and conscientious surgeon. No one, who has extensive opportunities of observing this disease, either in private or public practice, can deny that such cases are on the increase. This increase, I believe, has arisen from the adoption of a too indiscriminate plan of *non-mercurial* treatment. Some years ago, it used to be considered a disgrace to a surgeon, if secondary symptoms made their appearance; and he was held responsible for such a result. But it appears, in the present day, that surgeons regard it as an accident which may occur to any one. Of this they are quite certain, that if they err, they err in good company. It is true that those horrible cases of syphilis, in which the bones of the head and face were destroyed by slow but undeviating steps, are not so frequent as when mercury was employed more abundantly than at present. But those dreadful ravages may be regarded as the result of the abuse of mercury, in combination with the debauched and intemperate habits of the patient, and not as the necessary effects of this invaluable mineral.

The object of this paper is not to advocate the use of mercury in all cases of decided syphilis, but to point out the advantage of using it carefully in one peculiar form, which this destructive malady occasionally assumes. I must, however, take this opportunity of saying, that I believe mercury is the only safe and certain remedy which we possess for the cure of syphilis, either in its primary or secondary stages; and when its use is once decided on, it must be employed strictly and firmly, not allowing the patient, whatever his rank or circumstances may be, to suppose, for one moment, that he is the subject of a slight disease, or of one from which he will speedily recover by a little simple treatment, which will not interfere with his general health or usual habits of life. I believe that it is the duty of the surgeon to state distinctly to his patient, that the poison, which has entered his blood, will not confine its effects to the spot where it first appeared, but will pervade the whole system, making shipwreck of his constitution, if he do not aid the surgeon, by temperance and sobriety, in every sense of the words. I am induced to speak thus strongly on the subject, because I see daily the difficulty, in which the conscientious medical practitioner is placed at the present time, from the unsettled state of professional opinion on this subject. When I find such men as Astley Cooper, Brodie, Travers, Colles, Lawrence, Copeland, Green, Bacot, and Ricord, recommending the use of mercury, I am surprised that the question of its employment should still be so unsettled. The last-named surgeon, Ricord, says (Drummond's Translation, p. 287): "The surgeon, who leaves an indurated chancre without general treatment, is, in a measure, responsible for the consecutive symptoms; and mercury is by far the most prompt and efficacious in its action. If a mercurial treatment be indicated, it ought to

be pursued till the symptoms disappear." I must not, however, dwell longer on the general treatment of syphilis, but proceed at once to that form of the disease, to which I wish to direct the attention of the profession.

Venereal Buboës have been divided by some writers into different kinds, depending principally on the constitution of the patient and his habits of life. For instance, if a man in robust health, with a plethoric constitution, accustomed to a stimulating diet, contract syphilis, and go on living in just the same way, he will most probably have a bubo in the groin, which will run its course rapidly: this may be termed *Acute Syphilitic Bubo*. In another case, where the temperament is quiet, or, rather, inclined to be sluggish, the patient's habits temperate, and a gland in the groin becomes inflamed, it is usually the consequence of a chancre, which has existed for some time, either from neglect on the part of the patient, or inefficient treatment on the part of the surgeon; this may be designated *Chronic Syphilitic Bubo*. In strumous constitutions, the glands in the groin will inflame with much less irritation, than in more robust systems. Much slighter causes, than are sufficient to produce acute bubo on the one hand, or a much shorter persistence of the poison in the system, than will excite chronic bubo in a non-strumous individual, will excite, what may be termed from this circumstance, *Scrophulous Bubo*. The surface of a bubonic abscess, like the surface of any other abscess situated in a very moveable part, will occasionally slough, if it be subjected to rough treatment; and hence the title *Sloughing Bubo*, which is only mentioned now to distinguish it from phagedænic bubo. *Phagedænic Bubo* differs materially from the sloughing bubo: *First*, in the absence of acute inflammation; *Secondly*, in the character of the constitution in which it appears—the debauched and debilitated. It occurs especially in the lowest class of prostitutes, who have been compelled to pursue their calling under the continued stimulus of gin. The sloughing bubo readily yields, in most cases, to perfect rest, purgatives, and simple local antiphlogistic measures. But not so the phagedænic bubo; when once this form of ulceration has commenced, its ravages are awful, for the depraved condition of system, which brought it into the world and feeds it, is not easily corrected. It is a gangrenous ulceration; a process in which both destructive operations appear to act simultaneously and in combination.

These classifications have been adopted by most writers on syphilis, but I do not find that any *generic* title has been given to the form of bubonic ulceration to which I now wish to direct attention, though its peculiar appearance has not escaped observation, as I shall show further on. If true *chronic syphilitic bubo* proceed to ulceration, unstayed by mercury, it assumes a most serious and intractable form, which I have designated, from its most prominent feature, *Creeping Bubo*. I believe, that by some surgeons it is designated *chronic phagedænic*, but I do not think that the term phagedænic should be applied to any ulceration, where the sloughing or gangrenous action is absent, notwithstanding the etymology of the word.

It frequently happens, that a patient presents himself with a bubonic ulcer in the groin, but without either any ulcer on the penis, or gonorrhœa. In such cases, it is of great importance to ascertain, whether such ulceration be syphilitic or not. If the history be, that he has

only had gonorrhœa, and there be no cicatrices of former sores on the penis, there is little difficulty in the diagnosis. But it more frequently occurs, that there has been a sore of some kind or another, preceding this ulceration. The ulceration following gonorrhœa, or any other simple source of irritation, generally heals kindly, and the patient remains under the practitioner who first treated him; but it is not always so with the syphilitic. I have occasionally met with cases where the original chancre has healed without mercury, leaving behind it a bubo, as truly syphilitic as the original chancre. I have also seen cases, in which the chancre has been healed under the influence of mercury, and still a bubonic ulcer has been left behind.

Ulceration in the groin, following syphilitic inflammation of an absorbent gland, is often a most intractable kind of sore. I believe that it scarcely ever heals, without the employment of mercury. If its true character be recognized, when the surface which it occupies is small, and but a short time has elapsed from the first absorption of the poison, it is easily arrested by mercury. But if it has attained any size, and the system has been for some months under the influence of the poison, then it is one of the most difficult sores to heal, in the whole range of surgery. It is then a long while before this mineral will arrest its ravages; and it is often necessary to desist from the use of mercury for some time, employing tonics, and returning to it again.

If my views regarding this treatment be correct, it is unnecessary to dwell on the importance of distinguishing its character at the onset. This disease, in its most aggravated form, when it has existed some time, unstayed by mercury, presents a very peculiar appearance, by which it is easily distinguished. Its most striking feature is the manner in which it burrows under the skin, creeping onwards from place to place. This creeping character has induced me, for some time past, to designate it in my clinical observations, as *Creeping Bubo*. It often creeps upwards on the abdominal parietes, as high as the umbilicus; down the thigh, as low as the knee; round the thigh, to the anus; and over the buttock, nearly to the spinous process of the ilium.

The formidable nature of this ulcer is best seen in those cases, where no mercury has been administered; for, in these, there is scarcely any attempt at the healing process. Some years ago, I had an opportunity of witnessing several cases of this kind occurring about the same time. Their extreme obstinacy astonished me. I saw every local application in the *Pharmacopœia* tried, but in vain. Mercury was not made use of, and they continued to extend. One case sank under the disease, apparently exhausted by its depressing effects.

The appearance which *Creeping Bubo* exhibits in its *early* stage, presents some peculiarities by which it may be distinguished. The surface of *Creeping Bubo* is of a yellowish colour, the discharge is thin and ichorous, the edges are inverted, overlapping, corrugated, in dotted points, white, hard, and very irregular. In its early stage it is most like the strumous or scrophulous bubo, with its overlapping edges; but it differs, inasmuch as the edges of the strumous bubo are inverted, not everted, and soft, not hard and corrugated. The distinguishing marks, however, are not so easily described by the pen as by the pencil.

I was at first much surprised, in searching the records of surgery, to

find so few clear and distinct notices of this formidable effect of the syphilitic poison. This most probably arises from the fact, that mercury was so extensively, and, as I believe, judiciously used in former days, that the poison seldom remained so long uncontrolled, as to produce the form of ulceration in question.

Swediaur¹ dwells, with his characteristic force, on those phagedænic and also scrofulous buboes, in which mercury is contra-indicated; but he does not describe any form of bubo which especially requires this medicine.

Mr. Pearson, in his Lectures on Syphilis, used to speak of this form of Bubo in the following manner:—"Instead of bubo healing after the completion of a mercurial course, it sometimes happens, that a very painful ulcer remains, which occasionally spreads to the external part of the thigh, and in a contrary direction as far as the scrotum, or even to the anus. The ulcer is ill-conditioned, and attended with bad health, often resisting every mode of treatment that can be tried."

Mr. P. has encouraged the suppuration of the part; but, though it has poured out a greater quantity of matter, it has shewn no disposition to heal. He has used the actual cautery, has applied cicuta, oxymuriate of mercury, bark, sarsaparilla, and myrrh, without any perceptible advantage; in many cases he has given internally cicuta, sarsaparilla, opium, bark, decoctum Lusitanicum, muriate of baryta, chalybeates, compound lime water, blue and white vitriol, without essential benefit to the patient. He has recommended the patient to take chiefly raisins, and decoction of guaiacum; has varied the diet in every possible way; has tried the effect of pure air, exercise, rest, and confinement, but no particular advantage has ensued. Great attention, he says, must however be paid to the general health; the sore should not be stimulated, but kept easy without being relaxed. That mode of treatment is the most efficacious, which gives the least pain. The warm sea-bath, good air and exercise, with generous diet, promises most success. The cure must be effected by the efforts of the constitution. He says, "sometimes, when a bubo is nearly healed, it becomes changed into an ill-conditioned sore, with jagged irregular edges; the ulceration begins to extend from some part of the ulcer, attended with a sensation of pruritus or tingling; and, though small at first, will spread so rapidly, as to reach almost across the body. The aspect of the sore is foul and irregular; its edges jagged and flabby, resembling a leaf that has been injured by caterpillars; when it occurs on the penis, it will sometimes extend to near the area of the pubis, entirely or partially, destroying the integuments. In these cases, the patient's ease must be consulted. Mercury will generally do considerable harm; muriate of barytes and sarsaparilla have been found most useful. The cure depends on the powers of the constitution, and the patient may ultimately do well. It is seldom very painful. Mr. P. has known the sore to run down the thigh to a great extent; he relates one case in which the disease lasted

¹ F. SWEDIAUR, M.D. *Traité complète sur les symptômes, les effets, la nature, et le traitement des Maladies Syphilitiques.* 4me Ed. 1801. A Comprehensive Treatise upon the symptoms, consequences, nature, and treatment of Venereal or Syphilitic Diseases; translated from the seventh French edition of F. Swediaur. 1819.

seven years. "These sores, he says, "will frequently baffle all your attempts. Do nothing to irritate: keep them clean and easy by ointment, containing the extract of lead, calomel with lime water, decoction of guaiacum; and these will keep them dry and easy. The cure depends on some particular and inexplicable change in the constitution; and when this has taken place, the sore will generally heal in a very short time." Mr. P. used to advise his patients to take no notice of it, but to go about as usual. One gentleman, with such a sore, took a tour of the Highlands!

That admirable champion of mercury, the late Dr. Colles, of Dublin, has noticed this disease, denominating it the *Horse-Shoe Ulcer*. He says, that "mercury, in general, does not serve this symptom; yet, in some cases, very minute doses of mercury will be found most useful in disposing the ulcer to heal." He then relates a case, which forcibly supports my views of the importance of the mercurial treatment; and affords decided encouragement to those who are disposed to continue its use, even under the most discouraging circumstances. (*Colles on the Venereal Disease*, p. 104.) Colles, however, does not say that these ulcers cannot be cured without mercury. On the contrary, he says, "I have seen them yield, though slowly, to other treatment, and I have known some to have been made worse by the use of mercury." With all this I agree; but I am convinced that the cases, which are not benefited by mercury, are the exception to the rule, and are very few in number, and then only *when they have existed for a long time*. That mercury is the most powerful instrument we possess to arrest the disease, I can confidently assert, as the result of above fifteen years careful observation. I believe that the sore scarcely ever attains any great size, if mercury has been judiciously and efficaciously administered, at the *onset* of the disease.

My attention was first called to this subject by my late valued friend Mr. Tyrrell. He considered, that nothing but mercury had any control over it. His observation made a great impression on me, because he was not in the habit of using mercury extensively, and he always desisted as soon as the primary sore, for which he ordered it, was healed.

In this form of syphilis, as in many of those truly called secondary, mercury is very useful up to a certain point; beyond which it disagrees with the system, making it necessary to abstain from it for a time. But, by waiting a few weeks, or even months, we may return to its use; and its efficacy is again exhibited, in the rapid improvement of all the symptoms.

I will first relate some cases, in illustration of the extreme obstinacy of this form of ulceration, when mercury has not been steadily and judiciously administered. There are very few of our hospital syphilitic patients, who do not assert that their mouths are sore from mercury, long before they really are so. I now never trust to their words, but I examine carefully the condition of the gums. In the three following cases I was deceived into the belief, that the mercury was not arresting the disease, and was therefore useless, when it really had not been thoroughly absorbed. I therefore abandoned its use too soon. I am also convinced, that the beneficial effects of a mercurial course are very often delayed and intercepted, by giving large quantities of what in hospital

language is called support; but which really stimulates and excites, producing fever, not strength. Most of our hospital patients are men who have been addicted to the use of ardent spirits, and large quantities of porter. They are bad subjects for a mercurial course. They generally require a small proportion of their usual stimulants; but they must be given sparingly, otherwise their action will interfere with, and mask the operation of mercury, so as to render it impossible to judge correctly of its operation.

CASE I. *April* 8th, 1842. A. P., æt. 25, shopman to a grocer, consulted me, with two chancres on the penis; one on the glans, and one on the external surface of the prepuce. He says that he has had them five weeks: that they came with a pimple. He has also a bubo in the groin, the surface of which is red, and it evidently contains matter. He has been under treatment four weeks, but is not aware that he has had any mercury. The sore on the glans penis is on the side of the frænum, small; that on the prepuce is larger, with irregular edges, but without a hardened base. Infricetur unguenti hydrarg. ʒ i omni nocte. 12th. Sores not altered. A pustular eruption has appeared on the thigh, from the rubbing in. To leave off the ointment and apply lotio plumbi. ʒ Hydrarg. chlorid. gr. i, opii gr. ss, ol. carui m. i M. Ft. pilula, nocte et mane sumenda. 13th. Sores much the same; healing at one point, but not healthily. The lotion was applied by mistake to the penis. Mouth not affected. Calomel to be increased to gr. ij, in each dose. 15th. Mouth still unaffected; no indication of the effect of mercury. Sores dry but not healing. Cold water the only application. ʒ Hydrargyri chloridi gr. iij, pulv. capsici gr. i, olei carui m. i. Fiat pilula statim sumenda, et horâ somni repetenda, nisi priùs alvus soluta fuerit. 16th. Mouth tender; submaxillary glands sore. Has taken one pill; to continue calomel and opium. 19th. I opened a large suppurating bubo. 27th. Sore nearly healed: bubo granulating; presents a tolerably healthy surface. Sumat calomelanos gr. i mane, alternis diebus. *May* 5th. Sores healed; very little hardness remaining: bubo unhealthy, presents an excavated appearance. To continue the calomel as before, and to take a mixture containing iodine, gentian, and fluid extract of sarsaparilla. 7th. The bubo is so extremely unhealthy and more excavated, the skin surrounding it of so deep a purple hue, and his general health so much affected, that I ordered him to live well, and discontinue the calomel; and to add to each dose of the mixture two ounces of decoction of sarsaparilla. 13th. Bubo very indolent and unhealthy: touched with tinct. of iodine: he was ordered also to apply the ung. hydrarg. nitrico-oxydi. 24th. He has been at Gravesend for a week. The bubo is still very sluggish and unhealthy. Being now convinced that the unhealthy character of the bubo was not from debility of constitution, but from the poison of syphilis, I ordered the strong mercurial ointment to be applied. 30th. Very slight improvement. I ordered him to leave off the medicines, and to take, night and morning, a pill containing one grain of calomel and half a grain of opium. *June* 28th. Progressing very slowly. I ordered to be taken, night and morning, a pill containing two grains of blue pill, one grain of calomel, and half a grain of opium. *July* 18th. Has continued the mercury since the

last report. The mouth has been slightly affected all the time: the original ulcer of the bubo has healed, but small ulcerations have commenced at the edge of the old cicatrix. The mercury to be continued. *August 4.* To take two pills at night and one in the morning. *16th.* Mouth very sore: bubo healing. *19th.* Mouth very sore: omit mercury internally: continue to apply the ointment to the sore. *22nd.* Mouth a little better: sore healthy. ℞ Hydr. bichloridi gr. i, decoct. sarzæ lb. ij., extracti ejusdem ℥ss. F. mistura. A tenth part of this mixture to be taken thrice daily. *25.* Better: continue medicines. Apply zinc ointment. *September 7th.* Not so well: sore unhealthy. ℞ Hydrargyri chloridi gr. ij, pilulæ hydrargyri gr. ij, opii gr. i. Fiat pilula, nocte et mane sumenda. Bis die sumat decocti sarzæ lb. ss., cum extracti sarzæ ℥i. *14th.* Bubonic sores very unhealthy. ℞ Hydrarg. iodidi gr. ss., opii gr. i. Fiat pilula, nocte et mane sumenda. Pergat in usu sarzæ. *19th.* Bubonic sores much more healthy; increase the dose of iodide of mercury to gr. i. *24th.* Improving: one sore has been touched with tincture of iodine. *26th.* The tincture of iodine has appeared beneficial, and is to be repeated. *October 7th.* Sores quite stationary: to leave off the iodide of mercury, and to take the following: ℞ Hyd. chlorid, gr. ij, opii gr. ss. Ft. pilula ter die sumenda. *14th.* Very little progress: mouth very sore. To have a purge; to leave off the calomel, and apply the following ointment:—℞ Hydrargyri chloridi ℥i; pulveris opii ℥ss; cerati cetacei ℥i. M. Fiat unguentum. *18th.* Rather better; to continue the ointment, and to use a gargle of chlorinated soda. *December 10th.* The sores, which have been gradually creeping over the symphysis pubis, now nearly healed: mouth very sore. To continue the mercury. *January 23rd, 1843.* Mouth tender: has continued the mercury; but the sores are not yet healed. As the mouth is not much affected, to take the following:—℞ Calomelanos gr. iij; opii gr. ss. Ft. pilula nocte et mane sumenda. Continuatur sarza. *February 4th.* Sores nearly healed. *15th.* The mercury has been continued, and has produced profuse salivation, but the sores have not improved. He is suffering much from sickness. To leave off the mercury, and to take no medicine for the present. *18th.* Sores rather larger and very sore. Ter die sumat liquoris hydr. arsenicalis iodid., m. x v. *March 2nd.* Sore larger and more unhealthy. Omittatur liquor hydr. arsen. ℞ Hydrargyri chloridi gr. ij; opii gr. ss. Fiat pilula ter die sumenda. *7th.* The ulcer has diminished in size; but, in consequence of his walking, the discharge has irritated the surrounding skin, and brought out a slightly pustular eruption. Mouth sore. *24th.* Sore looking healthy, but not smaller. To take two instead of three pills daily. *April 4th.* Mouth very sore, profuse salivation; but not much progress in the ulcer. The yellow lotion was prescribed: and he was ordered to take half a grain of the iodide of mercury, thrice daily. *12th.* Mouth rather easier: sore better. *May 9th.* Much better: sore nearly healed; mouth not tender. The dose of the iodide of mercury was increased to one grain. *16th.* Better. He was ordered to take two grains of calomel, with half a grain of opium, every night, and to continue the iodide of mercury. *18th.* The iodide of mercury has been omitted by mistake, and the wounds are not so well. *June 2nd.* Mercurial inunction ordered. *28th.* Has continued rubbing in; and is nearly well. He thinks that the

rubbing in agrees with him better than anything else. To continue the mercurial inunction. *July* 6th. Better. 8th. Showed me an eruption on the chest and abdomen, which, he says, has alternately appeared and disappeared for six or seven months. It is simple lichen. 12th. Wounds stationary. To continue mercurial inunction every other night. One of the sores has been touched with nitrate of silver. 20th. Wounds healed. Mouth still tender. *August* 30th. He has been taking sarsaparilla, but has omitted the mercury, and has remained perfectly well since the last report.

In reviewing this case, I cannot but regret that I did not pursue the mercurial plan of treatment with greater decision and severity in the first instance; I wavered in my purpose, more than I shall ever do again. Of this I feel certain, that if I had not carried on the mercurial course as I did at last, the bubo would have still remained unhealed; and that, if I had not given it at all, it would have assumed a still more unfavourable appearance. There is another practical point which this case illustrates, viz., the superiority of the use of mercury by inunction, over its administration by the mouth. When this disease is first influenced by mercury, it is curious to observe, how it will still keep travelling on, before you can entirely arrest it. In the case just related, on the 4th April, the ulceration had cicatrized in the groin, but it continued to travel over the pubis; and before it had healed, it had reached the opposite side of the pubis. The action of the mercury was evidently interfered with, by the too early exhibition of sarsaparilla. I was also deceived by the assertion of the patient, that his mouth was sore, long before his system was really affected by mercury.

CASE II. The following case is instructive, though I cannot give its termination. George Foster was admitted into St. Thomas's Hospital on the 14th *June* 1842, under my care, with chancre and bubo. The bubo was unhealthy (but not exhibiting the creeping appearance), and his general health was very much impaired. ℞ Hydrargyri chloridri gr. ij; opii ss. Fiat pilula. Carrot poultices to be applied to the bubo. The calomel was only continued a week, and quinine was given instead. He had also meat daily, with porter. After a short time, calomel was again administered.

August 11th. The same treatment was continued, but without any improvement. *November* 10th. The ulcer had extended on its circumference, and cicatrized on the interior. On the 1st of *July* 1843, he commenced mercurial inunction; on the 12th his gums became affected, and on the 16th the inunction was omitted. For fifteen months he took no medicine, but he had porter and brandy. The disease, in the mean time, kept advancing on the circumference, and cicatrizing in the centre. The local remedies were varied from time to time; that which appeared to suit it best was unguentum hydrargyri cum opio. On the 2nd of *November*, he was moved to a convalescent ward. At this time I made the following note: "In front, the disease has nearly disappeared; the lower part of the abdominal muscles, and the upper third of the thigh, is occupied by an enormous eschar, which is corrugated, like that left by a burn. At the extreme points, superiorly, and inferiorly, are ulcers about the size of a half-crown; the superior over the spinous process

of the ilium, the inferior at the lower part of the upper third of the thigh. Posteriorly, there is a large eschar; and at the superior part over the crest of the ilium, the ulceration still exists in the form of a horse-shoe, and also on the nates on both sides." I now gave him two grains of disulphate of quinine twice a-day; and on the 19th of December he left the hospital, improving, though not well. The change of air, however, benefited him very much, and he got well in about two months.

CASE III. This case was also tedious, from not adopting the simple mercurial treatment. Edward White was admitted into St. Thomas's Hospital on the 24th of *January* 1843, with a sinus in the groin; he had also pains in his limbs. He was ordered to take the iodide of potassium and sarsaparilla. On the 18th of *February* he commenced rubbing in mercury, but this was not continued more than a week, and he was then ordered sarsaparilla and nitric acid, with meat and porter daily. He came under my care in July, and was in the hospital a year and a half. I at first employed mercury by inunction, and gave him porter, etc. (but did not continue it very steadily), with quinine, from which he certainly derived benefit for a time. Calomel, with opium, was also given with advantage. When he left the hospital, the sore had healed at the upper part, but not at the lower. He continued under my care as an out-patient, taking the iodide of potassium for two months; at the end of which time he was quite well.

CASE IV. George Leach, æt. 28, a stout hearty-looking man, a navigator, who had been working at the Dieppe and Havre Railway, was admitted into St. Thomas's Hospital on the 21st of *February* 1843, with an extensive ulceration and deep sinuses in the groin, and ulcerated sore throat. He stated that he had worked hard and drank hard; earning good wages, and wine being very cheap. He was ordered to rub in, to take decoction of sarsaparilla, to use muriatic acid gargle, and apply black wash and poultices to the groin. The mercury was soon discontinued, and sarsaparilla given instead.

He came under my care on the 5th of *July*. I immediately ordered him to rub in; this he continued for three weeks, but I was obliged to substitute calomel and opium for the inunction, in consequence of the irritation which the ointment produced on the thighs. The mouth was slightly sore for five months; the ulceration extending at the edges, but cicatrizing in the centre. During this time he had porter and brandy, with meat, daily. The mercury was now abandoned, and sarsaparilla substituted. *November* 10th 1843. From this time I varied the treatment, giving wine, iodide of iron, quinine, infusion of gentian, cascarilla, Fowler's solution, and cusparia. On the 4th *November* 1844, I resumed mercury in small doses, and the disease healed slowly, in about three months.

CASE V. William North, æt. 25, was admitted, on the 23rd *Nov.* 1842, into St. Thomas's Hospital, with an extensive superficial sore in the groin, about the size of three half-crowns, and presenting all the characteristics of Creeping Bubo. He states, that he had a chancre

about two months ago, which was succeeded by others in succession, round and beneath the corona glandis. He was in Guy's Hospital for only eight days. At that time he had one chancre, and a bubo, which was opened. He never took mercury sufficiently to affect his mouth, and left the hospital with an open bubo and chancre unhealed. The chancre healed gradually; but the bubo went on extending from three different points. He had not had any venereal eruption; but he had suffered from pains in his limbs and sore throat, for which he took iodide of potassium and sarsaparilla. I ordered him immediately on his admission, ℞ Calomel anos gr. ij; opii ss.; Fiat pilula nocte et mane sumenda; black wash to be applied to the ulcer. I gave him no stimulants. His mouth soon became affected under the mercury; and the sore healed in one month from the date of his admission.

CASE VI. The following case occurred in my private practice, and illustrates the value of mercury, and the importance of its steady administration; though, I have no doubt, the case would have been far less obstinate if mercury had been properly and steadily administered in the first instance. On the 5th of *February* 1846, I saw the patient, in consultation with Mr. Harris, of Fenchurch-street, suffering with an extensive Creeping Bubo in each groin. His complexion was very fair, and his appearance rather indicative of a strumous diathesis; but he stated that he has always enjoyed very good health; that his habits have always been temperate; and that he was never intoxicated in his life. *History.* On the 8th of *November* 1845—that is, eight days after intercourse—he found that he had got gonorrhœa, and some sores at the extremity of the penis, for which he took copaiba and applied the lotio plumbi. On the 19th, the sores presented such a decided syphilitic character, that his medical attendant determined to give him mercury. *Omni nocte sumat, pil. hydrarg. gr. ij;* to take a mixture of iodide of potassium, and to use a lotion of nitrate of silver. On the 26th, he was ordered to rub in, as the blue pill purged him. The inguinal glands had just begun to swell. On the 28th, leeches were applied to the groin. On the 29th, he was ordered to take sarsaparilla with five grains of the iodide of potassium. He only continued the rubbing in for four nights, in consequence of the irritation of the skin of the thigh. The mercury was not therefore continued more than eight days, and his mouth never made tender. On the 16th of *December*, one bubo was opened; and on the 24th, the other. During this time he had continued the sarsaparilla and iodide of potassium. The buboes were poulticed, but they gradually assumed an unhealthy sloughy appearance, for which nitric acid was applied, but without effect. About the end of *December*, he consulted an eminent hospital surgeon, who made some local application, and ordered him sarsaparilla, and opium at night. On the 5th of *February* I first saw him. I told him that he had a most intractable form of syphilitic disease; and that nothing but entire rest, strict temperance, and a mercurial course, carried on for at least ten or twelve weeks, would have any effect on it. I ordered him to rub in the unguentum hydrargyri fortius, and take gr. iss of quinine for a dose. This time he managed his rubbing in better, and no rash followed. I desired him to keep his bed; but he only complied with this

direction for about a week. He improved, however, very decidedly. He continued the mercury only one month, when he left town on business, and for some time pursued no regular plan of treatment. On his return to town, he used the unguentum hydrarg. nitrico-oxydi; but on leaving town, the creeping ulcerations recommenced with fresh power; and on applying for surgical advice in one of the provincial towns, he was told that he had been badly treated. He says—"The surgeon undertook my cure by the application of simple ointment, and also balsam of Peru, sulphate of copper, and nitrate of silver; together with a variety of medicines, as decoctions of bark, and rhubarb. He enjoined perfect rest; but in two months I was no better. I then applied a red ointment to the affected parts, and took mercurial pills, until the gums were made sore. I then discontinued them, and applied other forms of ointment for another month, but no benefit resulted: the ulcers, if any thing, still spreading. I then applied the chlorinated soda lotion, with much relief to myself, and a great improvement in the aspect of the sores. I then returned to London, after having kept my bed 116 days. In a short time, the ulcerative process was again set up, the chlorinated soda lotion having apparently lost its effect."

He again consulted me, saying that he had spent all his money, and that he should feel obliged if I would admit him into the hospital. He was accordingly admitted on the 23rd of *November*, 1847, and his condition is thus described by my dresser, Mr. Bull—"There is an indolent unhealthy Creeping Bubo in each groin; that in the right groin is irregular in shape and extent, with indurated, serrated, and everted edges, extending upwards from the origin of the gracilis, obliquely across the pubis (but without implicating the penis) into the inguinal region in the line of Poupart's ligament. Its width, superiorly and inferiorly, is from a quarter of an inch to three inches; and its whole length nearly six. The ulcer is deepest at the base of the penis, being there at least half an inch in depth. The ulcer in the left groin likewise extends, from the origin of the gracilis, upwards and obliquely across the pubis, into the left inguinal region, in the course of Poupart's ligament; it is about six inches in length. It is much narrower than the bubo on the opposite side. The surfaces of both are very unhealthy, discharging a sanious acid pus in small quantity. He complains of an aching pain around the sore, increased by exercise. His look is care-worn, and his health impaired by anxiety of mind." I ordered him to rub in a drachm of the strong mercurial ointment every other night, to keep his bed, and apply the lotio sodæ chlorinatæ to the buboes, so as to keep them thoroughly cleansed from discharge. 27th. The sores are cleaner and more healthy. *December* 3rd. The lotio sodæ chlorinatæ seems too strong, and irritates the sores. To be diluted. 5th. Leave off the lotion, and apply unguentum hydrargyri nitrico-oxydi to the ulcers. 10th. Surface of the sores granulating kindly; and beginning to heal. *January* 24th, 1847. Up to this time the aspect of the sores has been most favourable. The ulcers have nearly healed, but there still remains a deep sinus near the pubis, about the size of a halfpenny. He has continued to rub in every other night, since his admission, which has kept the mouth slightly affected. His diet has been principally farinaceous, with milk, and a little meat occasionally.

February 1st. The ulcer on the left side is quite healed; that on the right side does not improve. He was ordered to discontinue the ointment of nitric oxide of mercury; and to use zinc ointment instead. *12th.* Complains that he cannot sleep at night. *Sumat opii gr. i omni nocte.* A few days after this date, he left the hospital to attend to some business matters, which I afterwards learned had been making him very anxious; and I have not seen him since. I understand, however, that he sailed for Portugal, very soon after quitting the hospital.

CASE VII. The following is the next case that I had under my care; and the rapidity with which the sore healed, I believe, may be attributed to the decided employment of mercury, unadulterated with stimulants or tonics. James Haley, æt. 48, labourer, a tall spare man, was admitted on the *2nd August, 1848*, into St. Thomas's Hospital, under Mr. Solly, with Creeping Bubo. He states that he has always had good health, and that his habits have been temperate. There is an ulcer on the outer side of the right thigh, nearly over the trochanter major. It is about the size of a crownpiece, of irregular form, with ragged everted edges. It looks sluggish, and is of a dirty yellowish colour; the discharge is unhealthy. The ulceration has evidently spread from the groin to its present position, as there is an hardened cicatrix extending from the sore across the groin, about three inches in length. *History.* He states, that about two years and a half ago, he had several small chancres on the glans penis, which were soon followed by a bubo in the right groin. He took mercury for three or four days; but not more, the sores healing with the application of black wash and copper wash. He was living very irregularly at this time. He would not consent to the bubo being opened with the lancet, but left it to ulcerate under a poultice; since which it has never healed, during a period of two years and a half. It has been creeping on to its present position, healing on one side and spreading on the other. During three or four months, he attended very irregularly to the advice of a medical man, whose treatment was confined to local applications; for six months he was his own doctor, but he still took no medicine. For one month he was in one of the large London hospitals, where he took the iodide of potassium, black wash and zinc lotion being applied to the sore, but no mercury. The sore diminished in size, but did not heal. For the last thirteen months he has not had surgical advice, but has dressed the sore with various lotions. On his admission, he was ordered to keep his bed. The edges of the sore to be destroyed with potassa fusa; and linseed meal poultices to be applied. *August 3rd.* ℞ Hydrargyri chloridi gr. ij, opii gr. ss. Fiat pilula nocte maneque sumenda. *7th.* Surface looks more healthy. *14th.* Improvement very gradual. The edges to be again destroyed with potassa fusa, and linseed meal poultice to be applied. *16th.* The ulcer is less painful since the application of the caustic; and looks more healthy. *20th.* Gums tender. Mercurial fœtor of the breath. The sore is healing. *25th.* Mouth more sore. To take the pills less frequently; but to keep up the action of the mercury. Bubo healing rapidly. General health good. *September 3rd.* Sore quite healed. Mercury has been taken only one month.

CASE VIII. Andrew Lappy was admitted into St. Thomas's Hospital, on December 5th, 1848, with an unhealthy looking bubo, which I pointed out to the students as a Creeping Bubo in its early stage. He had chancres about four months ago; there is no hardness where these were situated. The bubo appeared a month after the chancres, so that it had existed three months. It has been open six weeks. He has lived well, and has taken no mercury. To rub in the strong mercurial ointment. 24th. Much better: the mouth has been tender one week. January 2nd, 1849. Bis die sumat decocti sarzæ lb. ss. To use an acid gargle. 12th. Bubo quite healed. He has employed mercurial inunction for five weeks and two days.

I am perfectly convinced, that if this bubonic ulcer had not been diagnosed as Creeping Bubo, and the patient submitted to mercurial influence, that it would have ultimately attained the size and obstinate character which has been recognized by other surgeons, but has hitherto baffled their surgical skill. It fortunately happened, that I admitted at the same time another patient, with a bubonic ulcer of nearly similar extent, and presenting something the same appearance to superficial observation. I pointed out to the students the distinctive characters of each, and told them to watch the effects of the different means of treatment, as that would test the correctness of my diagnosis. The two patients got well rapidly, the one with mercury, the other without.

My object in entering thus minutely, and it may be thought perhaps rather egotistically, into the successful diagnosis and treatment of these cases is to show, that there is some practical value in the paper. I will conclude these observations, by expressing the hope that the facts and opinions now offered may be found suggestive, if not instructive.

POSTSCRIPT by the Editor. MR. SOLLY sent to us along with his MS., a series of beautiful coloured drawings illustrative of the Essay, but which could only have been published in the Journal at an expense much beyond our means, and, indeed, at an outlay exceeding the entire cost of producing this month's number. This must be a sufficient apology for the non-appearance of the plates.