

A popular treatise on venereal diseases, in all their forms : embracing their history and probable origin, their consequences, both to individuals and to society, and the best modes of treating them : adapted for general and private use / by Frederick Hollick.

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VARIOUS FORMS OF VENEREAL SKIN DISEASES, SECONDARY & TERTIARY.

A POPULAR TREATISE
ON
VENEREAL DISEASES,
IN ALL THEIR FORMS,

EMBRACING THEIR HISTORY AND PROBABLE ORIGIN;
THEIR CONSEQUENCES, BOTH TO INDIVIDUALS AND TO SOCIETY ;

—AND—

THE BEST MODES OF TREATING THEM.

ADAPTED FOR GENERAL AND PRIVATE USE,

By **FREDERICK HOLLICK, M. D.,**

Author of "The Marriage Guide," "The Male
Generative Organs," &c., &c.

FIFTIETH EDITION,

WITH MUCH NEW MATTER.

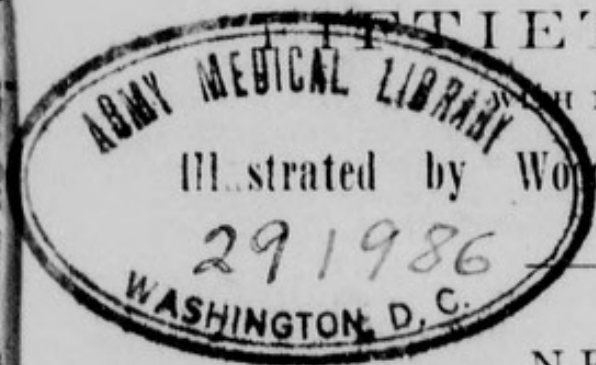
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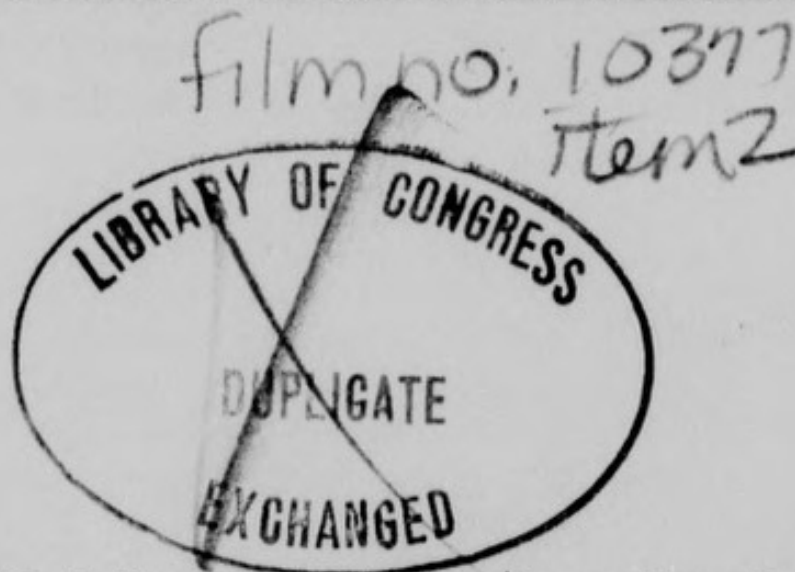


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P R E F A C E .

IT has long been a matter of remark, among intelligent men, that no complete popular treatise on *Venereal Affections* has ever yet been written. There are books on such subjects, it is true; but they are either intended for the libraries of medical men, or for mere advertisements for empirical pretenders. No treatise has ever yet appeared, that was at the same time popular, practical, and yet strictly scientific.

This has often been remarked to me by others, and has also been lamented by myself; but my numerous engagements have hitherto prevented me from attempting to supply the deficiency. With a view of ultimately doing so, however, I have always carefully recorded my observations and experience, of the numerous cases which have come under my notice; and have attentively studied all the books on the subject, of any note, ever issued from the Press. In this way I have accumulated the best kind of *materiel* for the work; and, during the few moments I could occasionally snatch from my engagements, I have also studied how to *arrange* and *display* those materials, so that they should be most readily available to those I wished to use them.

In this way, the present book has been gradually perfected, and it is therefore the matured

result of *practical experience* and laborious *study*, and not the hurried, ill-considered effusion of a mere *theorising book-reader*.

My experience as a public Lecturer and Author, upon Medical and Physiological subjects, has taught me what the *people* really require; and has instructed me in the best mode of explaining such matters to them. I have learnt from this familiar intercourse, that the *public mind* is more ready at comprehending what concerns the public welfare, than is usually supposed; and that when it does not so comprehend, the fault is most probably with the would-be instructor, who has not taken the proper course. Most medical matters when divested of technical *jargon*, and when the actual *facts* only are stated, are easily understood, and may be readily made subjects for general consideration.

The subject of this book, is one to which these remarks especially apply; and it is one above all others which should be generally understood. Where there is *ignorance* there is sure to be neglect and inattention; and, in regard to these matters, neglect and inattention are productive of the most horrible consequences. At the present time nearly the whole human race, at least in *civilized* countries, is more or less contaminated with the after consequences of these diseases and in but few cases can individuals be certain that they have entirely escaped them. Even those most circumspect in their own conduct may suffer from the imprudences or misfortunes of their predecessors, generations back, though the *real cause* of their sufferings may be altoge-

ther unknown and unsuspected, except to the philosophical observer.

In all probability those terrible affections called *Scrofulous* and *Cancerous*, are mere modifications, through a long series of generations, of what we now call *Syphylis*; and when we reflect how many of the worst forms of disease, of other kinds, are in reality but these same disguised, we can scarcely avoid regarding Syphylis as the great *contaminator* and destroyer of our race. What is *Consumption*, but a Scrofulous affection of the lungs? and numerous other wasting diseases of other parts, are also of the same nature, though the fact is not generally known.

At every period of man's existence, to the remotest times to which history penetrates, Syphylitic Diseases have prevailed, and their constitutional effects have been perpetuated, in one form or other, even among those who have escaped a direct contamination of the disease itself. The pure and the beautiful have suffered, as well as the culpable; and even the innocent child has brought with it into the world the seeds of disease and death, implanted before its birth.

Let no one, with self-satisfied complacency or ignorant pride, turn away and say the subject does not concern him, and that it is only a *just punishment* for human transgression. The narrow-minded railler, himself, may be (even at the moment he speaks.) unconsciously suffering from the very evil that he thinks is merely a punishment; and his descendants, if he have them, may be worse victims than any he has yet seen

I was once cognizant of a painful instance of this kind, in the person of a Clergyman, who even went so far as to say, that the victims of Syphilis were scarcely deserving of medical assistance, and that for his part he would "*let the unclean perish!*" Now, it so happened, that this very man was suffering at that very moment, from the consequences of Constitutional Syphilis, derived from his *Mother*, who had unknowingly contracted it from her husband, as I learned afterwards; and what was more, *his own child* bore unmistakeable indications that the terrible and subtle poison was in its system also,—in fact, it was for what he thought a Scrofulous affection of his child that he came to consult me. It is scarcely necessary to say, that when the truth was explained to him, his views underwent a complete change.

In fact, if this principle were to be acted upon we ought not to attempt to alleviate any disease or form of suffering, for all arise, directly or indirectly, from the infringement of some of the laws of our being. The proper course for rational beings, is to remedy *every evil*, as far as possible, and to endeavor to find out and remove its *causes*, so as to effect its permanent abolition.

It is remarkable how little is known respecting the *nature* of Syphilis, and the different *forms* or *stages* it assumes, and the way in which these follow each other. Very few people, for instance, know that it is *hereditary* at some stages, and not at others; and that in some forms it is *contagious*, while in others it is not so. The im

portant fact also that it is *always*, at first, merely a *local* disease, and that if it be then cured, no general *constitutional* effects will ever follow, is equally unknown; and yet, if it were, how much misery and disease would be prevented.

In no popular work are these important topics clearly explained; and I have therefore especially endeavored to present them in a clear and practical light.

With respect to the absurd idea, professed by some, that if these diseases were removed, licentiousness would increase, because the fear of them would be removed, I think it is unnecessary to say much. Every person of observation must be aware that human impulses, when not regulated by proper education and a good moral purpose, are much more powerful than any such fears, the removal of which altogether would scarcely influence society one way or the other while so many more potent causes remain in operation.

In some countries these diseases are properly regarded as *national evils*, and are made the subjects of special *legislation* and police superintendence, and with the best results. In our country we can accomplish the same objects to a great extent, in a less objectionable way, namely, by *popular instruction*; and it is my ambition to hope that the present book may, in some degree, assist in diffusing the requisite information.

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
SECTION I.

THE HISTORY, PROBABLE ORIGIN, AND CLASSIFICATION OF VENEREAL DISEASES.

NOTICE.

All letters for Dr. Hollick should be addressed "Dr. F. Hollick, No. 3606, Post Office, New York City," and if asking advice or information, they must contain the usual fee of \$5.00, or they cannot be attended to.

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INTRODUCTION

PART I.

HISTORY OF THE VENEREAL DISEASE.

IT seems to me that no one who is acquainted with Venereal Diseases, and with the social records of former times, can doubt that those diseases have existed as far back at least, as history goes. In the Bible there are numerous proofs of this, as in the 12th and 15th chapters of Leviticus for instance, where we find regulations evidently originated to prevent these evils being extended. In the 5th chapter of Proverbs, also, and in Ecclesiastics, there are allusions to certain physical evils, obviously of a Venereal character; and the same in many other places besides. The fact not being known then that *the same disease* assumed many different *forms*, in its successive *stages*, each of those forms was thought to be a distinct disease, and had a designation of its own. Very few, probably, even supposed that the *Leprosy* of former times was merely a constitutional form of *Syphylis*; but such no doubt was the fact.

A perusal of old memoirs and biographies

often discloses curious facts respecting *this matter*, to the enlightened medical reader. Thus we read of the death of some celebrated man perhaps renowned in history for his piety and morality, who died of a terrible disease, unknown by his physicians, but which modern science recognises, from the description given of it, as *Syphylis!*

An instance of this kind, is found in the old historian, Vergerius, who informs that one of the Governors of Padua, died of a lingering disease of his private parts, brought on by his licentiousness. This was in the year 1345.

If the social history of former times, was *correctly* written, it would, no doubt, be widely different from what the historians have made it in their books; and not a few great men represented as saints or demi-gods, would be put in the same list with the Governor of Padua.

At various periods we find Venereal affections treated of in old medical books, and occasionally a scrap of history indicates its existence. Thus, it is said, in an old manuscript preserved at Oxford, that John of Gaunt died in the year 1399, from a mortification of the Genitals, brought on by too much sexual indulgence.

In the year 1430, many laws were made in England to regulate Brothels, or *Stews* as they were called, in which it is ordered that *all* Prostitutes suffering from these diseases, should be kept apart, till they were well, so that they might not infect others.

These diseases were not, however, distinctly recognised, and had no common name, till about

the latter end of the fifteenth or beginning of the sixteenth century. At that time they broke out in *Naples* with such violence, and spread so generally, that it seemed like an epidemic, which broke out everywhere, and was almost as destructive as the plague

This terrible infliction was called the *French Disease*, the *Neapolitan Disease*, the *Pox*, and finally, in 1527, it was first named the *Venereal Disease*. Since then, it has been regularly observed by medical men, but has not been accurately understood till within a very short period.

In all probability, both before that time and since, Venereal diseases have done much to retard the perfection and progress of mankind; and have often, even led to the actual *extinction* of particular tribes and races. These results are partly due to a general enfeeblement of the organization, and partly to a special effect on the powers of the Generative Organs, in both sexes. In the man, the *Testes* are impaired, so that they secrete an imperfect semen; and in the woman, the *Ovaries* are affected, so that the *Ovae* they form are but partly developed. This either prevents conception altogether, or causes a weak and puny offspring to be engendered, which lives diseased, and dies prematurely.

An instance of this kind is now to be seen in the *Sandwich Islands*, the natives of which are almost extinct; and principally from this cause.

It is well known, that when Capt. Cook first went there, his crew left the Venereal Disease among the Islanders, who previously knew

nothing of it; and since then, it has apparently affected the whole population, either directly or in its hereditary forms, till they appear almost incapable of enduring more than another generation or two.

In that amusing and interesting book, "*Los Gringos*," by Lieut. Wise, some striking facts are given, in regard to this subject. Speaking of the native children at one of the schools, he remarks, that they were "all, more or less, tinged with Scurvy, Cutaneous disorders, transmitted to them through their progenitors, as an indelible mark of esteem, by the first discoverers of the Islands." On taking leave of the friendly natives, they were very eager to *shake hands*, which, however was "*pleasantly declined*," because, as Lieut. Wise very wisely remarks, they were *ungloved*, and a long way from the *sulphur baths* of Kilauea! This, by the bye, was at the principal High School for the children of Chiefs and great men, and these beings were therefore of the *first families*!—what the lower orders of the population must be can be readily imagined. "Through the whole population, in fact," the Lieut. remarks, "the disease brought by Cook, is sweeping still, with the steady strides of a pestilence."

In another most excellent book, "*Travels in Europe and the East*," by Professor Valentine Mott, it is shown that the *Leprosy*, which now prevails so extensively in Greece, and in some parts of Asia, is in all probability, only a form of Syphylis. He says, "I am of opinion, therefore, from what I saw, that the *Lepra* of the

Greeks is a more formidable, and apparently, a more chronic disease, than modern *Syphylis*, but legitimately descended from the same parentage. If the *Leprosy* of the Patriarchs of old, was the same disease as the *Lepra* of Greece, and which latter I afterwards found, to my satisfaction, to be the same as the *Lepra* of Egypt, it is my opinion, that the ancient Leprosy is the great progenitor of them all; and that climate, habits of life, constitution, and difference of race, make all the modifications which it has assumed, in different countries and ages." The Professor is evidently of opinion, that the Leprosy spoken of in the Bible, among the Hebrews, and other nations, was the actual progenitor of modern Syphylis, which has legitimately descended from it.

This formidable disease, therefore, is not of modern origin, as some suppose; but was probably known in the very earliest times. It has apparently changed its character, at different periods, and in different places, being sometimes much more virulent than at others; but it has always *existed*.

Whether it ever *originated* among any other race than the Europeans, has not been certainly ascertained; but it seems probable that it *never did*, and that the Europeans have taken it to all other parts of the world.

How it *first* came developed will be discussed in our next chapter

INTRODUCTION

PART II.

ON THE NATURE AND PROBABLE ORIGIN OF THE VENEREAL DISEASE.

WITH respect to the real nature of Venereal Diseases, there have been numerous hypotheses proposed by different persons, varying widely from each other; some thinking them merely like other similar diseases; while others, again, considered them *specifically distinct*. In like manner, the *causes* of these diseases have been much discussed, and equally diversified opinions have been entertained in regard to them.

Some of the early writers on Medicine, attributed these affections to excessive *indulgence*; while others, again, as Hipocrates and Celsus, for instance supposed them to arise from too prolonged *continence*. In the fifth century, Venereal affections were thought to depend on the *judgments of Heaven*; and in an old writer of the thirteenth century, they are said to be first produced by *hot humors* discharged from the *womb*, which afterwards affected the man. The severe epidemic already mentioned, which broke out at the end of the fifteenth or beginning of the sixteenth century, was said, by the learned

men of the time, to be caused by the fatal influence of the *stars*, and especially by the conjunction of *Venus* and *Mars*, or of *Jupiter* and *Venus*. Many of those, however, who did not believe in Astrology, supposed that this epidemic originated like any other, from general unhealthy influences, such as a bad atmosphere, poisoned wells, the use of lime in bread, and so forth; but some already began to entertain the notion that it was a *special* affection, which was *originated* and *propagated* differently from any other.

The celebrated Van Helmont, who wrote in 1640, believed that the Venereal Disease was first produced by *unnatural connexion*, between a man and a horse, that was sick with the *farcy* or *glanders*. And it may perhaps be not out of place to remark here that the discharge from a glandered horse, if it comes in contact with a mucus surface, will cause exactly the same symptoms as ordinary *Gonorrhœa*. Dr. Linden thought it first began from "Sodomy, sometimes committed between men and monkeys, or the satyrs of the ancients."

Most writers, about the period of the Neapolitan epidemic, evidently considered the disease then as *new*, and even now, modern authorities have thought it did not exist before, but the statements already made, lead to a different conclusion, and make it probable that the terrible epidemic was merely an accidental exaggeration of what had existed before, from the most remote times. This celebrated epidemic, it should be observed, followed the siege and taking of Naples; and it may be readily conceived how much

the license of a camp, and the exposure, want and hardships attendant upon the siege, on both sides, would favor its development.

The celebrated Astruc was of opinion that the Venereal Disease was first brought from *America*, by Columbus, and he considered that it existed naturally in many parts of the New World, as a consequence of the diet and habits of the people, or the virulent nature of the menstrual flux in their females. This opinion was promulgated in 1493, and was generally received; but in 1752, the equally celebrated Sanchez contradicted this opinion, and asserted that it first began in Italy, in 1493.

John Hunter considers that all kinds of Venereal Diseases arose from a peculiar *poison*, or *virus*, transmitted from one to another by sexual intercourse, but respecting the origin of which he gives no opinion.

Other modern writers deny this specific poison or virus, and maintain that Venereal Diseases are merely ordinary inflammations, modified by the peculiar structure of the parts.

According to this last view, the disease can originate at any time, spontaneously, without being taken from another person; and its advocates admit that it has often done so. From this it will be seen how completely medical men have differed upon this interesting and important subject.

All this difference of opinion, however, has arisen from the want of a correct knowledge of these affections, such as recent discoveries have enabled us to attain. Until a very few years

back. *all* Venereal Diseases were thought to be *similar in their nature*, and this mistake originated the confusion of ideas in regard to them which has been noted.

The fact is, as will be shown further on, there are two distinct kinds of Venereal Diseases, the one called *virulent*, and the other *non-virulent*; and these differ from each other in many essential particulars. Both kinds can be transmitted from one person to another, either by sexual connexion or otherwise; but in their effects on the organization, and, as far as we can judge, in their origin, they in no way resemble each other.

The *non-virulent* Venereal Diseases, such as *Gonorrhœa* for instance, will undoubtedly arise spontaneously, from various causes, besides being propagated from one person to another. Their effects are mainly confined to particular parts, and are such as often result from ordinary forms of inflammation. These complaints have probably existed, more or less, among all people.

The *virulent* Venereal Diseases, such as *Syphylitic Chancre*, or *Bubo*, are altogether different from those above mentioned, in almost every particular. As far as we know, Syphilis is always contracted from some other person suffering from it, and never arises *spontaneously*. It appears, in fact, to be caused by a special *virus*, or matter, like that of the *Small Pox*, which communicates the disease to any part with which it comes in contact. Indeed, many persons have been inoculated with it, in the same way as for Small Pox, and the disease has followed from the inoculation.

Gonorrhœa, and other non-virulent Venereal diseases, often follow from ordinary causes, without being contracted from other diseased persons, but Syphilis *never does*. At least no instance has been known, in which it has arisen spontaneously, though every means have been resorted to, likely to produce it. The non-virulent affections, also, are not *hereditary*, that is, they are not transmitted to the *offspring* of a diseased person; but the virulent affection, *Syphilis*, is *hereditary*, and this is one of its most distinct and terrible characteristics.

When or how *Syphilis* first began, cannot be told, and it is perhaps of little use to speculate upon the matter. There seems to be little doubt but it has nearly always been one of man's severest afflictions, and one with which he has not known how to deal. At different times it has varied considerably, according to the circumstances of society. Thus, in periods of *war* or *famine*, it has raged in the most fearful manner, destroying even more than those evils themselves; and in times of *peace* and *plenty* it has become modified and less destructive. The licentious habits of some people have also tended to make it almost universal amongst them, while the more reserved conduct of others has narrowed its limits.

The idea that Syphilis first originated in *America*, and was taken to the Old World by Columbus, is, I believe, altogether unfounded, and no one acquainted with its history, entertains this opinion any longer.

The most probable conclusion is that an ordi-

nary disease, at some former time, in some individual instance. became aggravated by peculiar and unusual circumstances into something like modern Syphylis, and became *contagious*. What those peculiar circumstances were however, we cannot say, and without asserting that they have never existed since, we are justified, I believe, in saying that they have never been *known* to do so in modern times. The inference is therefore, that if we could prevent the spread of the disease by direct contact, long enough for its *contagious stages* to have gone by, in all persons suffering from it, the disease would entirely *disappear*. Now, this is precisely what the police regulations of *Prostitutes* in Paris, have in view, and every friend of his race must wish them success. If *every victim* of Syphylis, during the *contagious stages*, could be kept under control *for a few months only*, we should see no more of it

One other peculiar feature of Syphylis should perhaps be mentioned here, and that is, *it attacks only the human race!* None of the lower animals have ever been found with it: nor can it be given to them, either by *inoculation*, or by any other means ever tried.

PART III.

CLASSIFICATION OF VENEREAL DISEASES AND
DISTINCTION OF THE DIFFERENT KINDS.

As before intimated, there are various kinds of Diseases called *Veneréal*, differing much from each other; and it is of the first importance, that these differences should be correctly stated.

By Venereal Diseases, as defined by Mr. Ricord, are meant "all those affections which are, more or less, directly or indirectly, the consequence of sexual intercourse, in whatever way effected." These are divided into *two orders*, or *kinds*, totally different from each other.

ORDER 1, contains the *non-virulent* diseases, which depend upon common causes, and are reproduced daily, in many people, without resulting from any peculiar *virus*, or specific agent. Thus, common *Gonorrhœa*, or Clap, belongs to this order, and also several other similar affections, including many discharges from the Female Organs, that may arise from any ordinary cause.

These diseases may be, or may not be *contagious*, though they generally are so; and they have but little, if any, *constitutional* influence. They affect the Generative Organs alone, like an ordinary inflammation, and never affect the whole system. In no way either do these dis

eases become *hereditary*; or in other words, they are not transmitted to offspring, nor can they be conveyed from one to another by *innoculation*.

Mr. Ricord calls these *non-virulent Venereal Affections*, or **SYPHYLOID DISEASES**; and it will be seen that they are quite distinct from those of the next order.

It was formerly thought that all Venereal Diseases were of one kind, only different in degree of severity. Thus the celebrated Hunter, taught that Gonnorrhœa and Syphylis are both caused by the same poison, and that the only difference between them is this;—when the virus affects a mucus membrane, it causes a Gonnorrhœa; and when it acts on the skin, it causes a Chancre.

This notion is however, altogether erroneous. The two diseases are totally different; and the treatment of one must be also quite different from the treatment of the other, as will be shown in the following descriptions.

ORDER 2, contains the *virulent* diseases, or those which depend upon a peculiar principle, or *virus*, which is not necessarily dependent upon the Sexual Organs; and which can be transmitted from one to another by *innoculation*, like Small Pox, as well as by contagious contact.

These diseases also affect the whole system, or in other words, cause *constitutional effects*, and in some stages are transmitted to offspring, and become hereditary.

Mr. Ricord calls these *virulent Venereal Affections*, or **SYPHYLLIS**.

In Syphilis there are three distinct *stages*, which invariably follow one another in a certain order, if the disease is not checked. They are distinguished as follows: 1st, the Primary stage. This is what immediately follows from the first attack of the disease, and it is always indicated by a peculiar ulcer, or sore, called *Chancre*, (pronounced shankir.) This breaks out at the spot where the Syphylitic *virus*, or *poison*, came in contact with the body, most usually, and on some part of the Generative Organs.

The Chancre is at the commencement, merely like a small pimple, but rapidly enlarges, and extends its ravages deep into the tissues. At first the disease is entirely confined to this sore, and affects *no other part*; so that if it be healed early enough, and the virus destroyed, no other effects follow. After a certain time however, if the ulcer is not healed, the poison, or virus, is absorbed from it and taken to other parts, where it causes other symptoms described below. At this stage the disease is strictly *local*, or confined to the ulcer itself. 2nd. The Secondary stage. When a Primary ulcer, or *Chancre*, has been neglected, and the Syphylitic poison has been absorbed into the system, as before explained, it then leads to the *Secondary* symptoms. These are of various kinds, such as Syphylitic *Bubo*, or ulcer in the groin, various eruptions or sores upon the skin, and on the mucus membrane of the mouth and throat. The disease has now become *constitutional*, and may break out in any part of the system.

3d The *Tertiary* stage. If the disease is not

cured in the Secondary stage, the symptoms peculiar to it become gradually modified, and after a time another class appear, called the *Tertiary symptoms*. In this stage the system is much more generally affected, and the disease has penetrated much deeper. We now see the *bones* diseased, and many of the internal tissues, which in the previous stages were not affected.

This third stage is the most tedious and the most serious of all, and every endeavor should be used to prevent the disease reaching it.

From the above description it will be seen that the three stages are perfectly distinguished from each other, and are marked by symptoms peculiar to themselves. The Tertiary symptoms never appear *before*, nor *without* the Secondary symptoms; and the Secondary never appear before nor without the Primary ones; but each follows the other in the order above described, wherever the disease continues for a certain time unchecked. If however, it be cured in either of the two first stages, the others will not follow.

The first stage, or the *Chancre* can always be cured on the spot, when it is properly treated *within a certain number of days* after its first appearance; and if this be done, none of the after or Constitutional symptoms will follow! This is a most important fact, which should be universally known. It is in reality, at first, little more than any ordinary ulcer, and may in most cases be destroyed as readily; but if it keeps on forming the poisonous matter, or virus, from the time when it opens, and if this is not put a stop to.

this matter is eventually absorbed, and carried to other parts, producing the Secondary symptoms.

The *virus*, or matter, from a *Chancre*, or Primary ulcer, will affect any part by *innoculation*, and produce there a similar ulcer to that from which it was taken. This is its distinguishing characteristic. When applied anywhere by *innoculation*, it causes another Chancre, and when absorbed internally, as it nearly always is after a certain time, from every Chancre, it produces *Constitutional*, or Secondary and Tertiary symptoms.

The *Secondary* stage cannot be transmitted by inoculation, and we may therefore apply the matter, from any of its sores to any part of any other person without any such sores being reproduced thereby. This distinguishes the Secondary from the Primary stage, and shows that the Syphylitic poison, or virus, has become changed, by being carried into the system.

The most lamentable peculiarity of the Secondary stage is, that it is *hereditary*, or may be transmitted to offspring. This is deeply to be deplored; and has caused incalculable misery and remorse in thousands of cases.

The Tertiary stage is equally incapable of being transmitted by inoculation, nor is it hereditary, so that no specific danger to offspring is to be apprehended from it; but to the individual it is often the most terrible of all the stages, as multitudes of melancholy cases too strongly testify.

Syphilis can only be caught therefore, through sexual intercourse or otherwise, from those who

have the Primary stage, or *Chancre*, and not from any one suffering only from either of the other stages. In like manner it is transmitted to children hereditarily only by those who suffer from the *Secondary* symptoms, though I believe that even in the Tertiary stage it will exert a bad influence, in various ways, upon a person's descendants.

It is *only* the Primary stage therefore, or *Chancre*, that is contracted by contagious intercourse, and not either of the other stages; and it is *only* the Secondary stage that is directly transmitted to children by *hereditary descent*.

As I before remarked, however parents suffering even from Tertiary symptoms, or who have done so *at any former period*, will be likely to have weak and puny children, liable to Scrofula and other kindred affections, unless the virus has been fully eradicated from their systems.

The great object, it will be seen is, to cure the disease always in its Primary stage, and to prevent the *Constitutional* effects. In the succeeding Chapters the time during which this can be done, and the means of doing it, as well as the proper treatment of every stage, will be fully explained

NOTE.—When this Book was written, the views here stated in regard to Syphilis were those universally received and acted upon. The majority of medical men know no other *now*; but recent discoveries have shown them to be incorrect. I have thought it best, therefore, to leave them here just as they are, and to give the new views and discoveries at the end, in the "*Appendix*."

SECTION II.

**NON-VIRULENT VENEREAL AFFECTIONS, OR
SYPHLOID DISEASE.**

NOTE.—These Diseases have nothing to do with *Syphilis*; they are simply *Venereal*, not *Syphilitic*, though they are called sometimes *Syphiloïd*!

CHAPTER I.

BLENNORRHAGIA, OR GONNORRHOEA.

§ Definition of *Blennorrhagia*.

IT is well known that there are various diseased states of the Generative Organs, in both sexes, which are indicated by *discharges*, but it is not so generally known that most of these, except such as arise from *Syphylis*, are of the *same nature*, though differing perhaps to a great extent in their indications. Thus few persons would suppose that the simple *Whites* of the virtuous maiden is essentially the same disease as the foul *Clap*, or *Gonnorrhæa*, of the licentious debauchee: and yet such is really the case. They are only different *forms*, or *stages*, of the same Affection.

The term *Blennorrhagia*, includes all those diseases which have hitherto been known under the common names *Gonnorrhæa* and *Clap*, and also those female discharges called *Leucorrhæa*, or *Fluor Albus*. These may be contagious or not, according to circumstances, as will be seen below; but they all require one general treatment, and are better included under one term.

Gonnorrhæa is an improper term, because it means *a flow of Semen*, and was first used when the disease was erroneously thought to be a dis-

charge of that fluid. I use it however, because to many persons it will best give the idea of what complaint is meant. *Blennorrhagia* is the best term, because it simply means a discharge from a mucus membrane, which is the essential characteristic of all these affections

Blennorrhagia appears to be simply an inflammation of the Mucus Membrane, which is *most usually* contracted from sexual intercourse with another affected person, but which may arise from other causes. The matter of the discharge arising from it, will not in fact always give the disease to another person; and it has no effect whatever, when used in *innoculation*.

Many of the discharges to which females are commonly subject, and which are called *Leucorrhœa*, *Fluor Albus*, or *the Whites*, are true *Blennorrhagias*, which arise from numerous common causes, even in virgins. Such discharges it is true are seldom *contagious*, or in other words, will not, as a general rule, cause any disease in the male during connexion; but *occasionally they will do so*, especially when aggravated by improper diet, and other exciting causes

This is true also of the Male, though less frequently, and the fact should be generally known that each sex may have a *Blennorrhagic* discharge, from common causes, entirely independent of sexual intercourse, which may affect other persons having sexual union with them. An ignorance of this fact has often led to unjust suspicions and accusations, especially towards females.

As a general rule these discharges occur only

from the Genital Organs, in both sexes; but they will occasionally occur from the *Rectum*, or from the *Eye*, if the diseased matter touches those parts. The *Mouth* and *Nose* however, seem never to be affected by it.

§ *Common Causes of Blennorrhagia.*

There are many causes that *predispose* to Blennorrhagia, such as cold, damp, exciting food or drink, and also excessive mental agitation. Persons of a Sympathetic temperament are also more liable to these troubles than others and females are much more disposed to them than males. Mr. Ricord asserts, that where *one* male is affected by Blennorrhagia, there are at least *a thousand* females! It must be borne in mind, however, that most of them are affected in a simple form, as from which is called the *Whites*, and that the disease rarely becomes *contagious* in them, when it arises from common causes. The *habits* of females, undoubtedly make them more liable to Blennorrhagia, than anything connected with their Organization merely. Thus many habitually give themselves *cold* by wearing *thin shoes* or insufficient clothing, while others produce a general relaxation of the system by neglect of proper exercise in the open air.

Among *exciting* causes of Blennorrhagia may be mentioned *food* and *drink* especially, which also predispose to it, as before stated. A slight impropriety in regard to these matters, may cause a person to contract the Disease, when he would otherwise have escaped; or it may convert

a simple case into a severe contagious one. All kinds of salted meats, or highly seasoned dishes are excitants of Blennorrhagia, and so are alcoholic drinks, particularly malt liquors. Asparagus and celery are also apt to act in the same way, and in some persons coffee will do so.

Many kinds of drugs, such as Cantharides, or Spanish Flies, and Phosphorus, are very apt to cause Blennorrhagia, or to aggravate it.

Constipation of the bowels, Onanism, and want of cleanliness are also frequently exciting causes. I have known many *young persons*, both boys and girls, troubled with Blennorrhagia, from the practice of Masturbation; and I have seen many simple discharges change into severe ones, simply from neglect of cleanliness. Inattention to this point is especially injurious to the Female, from the nature of her Organization, as very frequently the matter of a simple discharge will become irritating merely from being kept in the body too long, instead of being washed away. If all females were to use the syringe, daily, even with water alone, Blennorrhagia would soon become much less common, and the Female Organs would acquire a tone which would go far towards preserving them from other diseases also.

Various other diseases likewise dispose to Blennorrhagia, as Scrofula, for instance, several forms of skin diseases, and also Worms, which will also excite it even in children. The children of those who have suffered from Constitutional Syphilis are also, in my opinion, more liable to it than others.

It was once supposed that such diseases as **Blennorrhagia** arose from connection with females *during Menstruation*, and this was probably the reason why the old Hebrew Law forbid all connection till a certain period after that function had ceased. As a general rule, this opinion is no doubt erroneous, but still such association will in all probability, often aggravate the disease. It will be very apt for instance, to cause inflammation of the Female Organs, which are then unusually relaxed; and the Menstrual discharge itself is frequently very acrid, and capable of irritating the Male.

A too large size of the Male Organ will often cause **Blennorrhagia**, in the Female, by the irritation it causes; and too frequent connection will also lead to the same result, especially when it is repugnant to the female, or when the parts are unusually dry.

From the above remarks it will be seen that diseases of this kind are not always a proof of licentiousness, or improper association; nor are they peculiar to Adults, but may often be met with even in Children; and may arise in either sex, or at any age, from various common causes.

§ *Contagious Blennorrhagia.*

Notwithstanding **Blennorrhagia** is sometimes originated from common causes, as before shown, it is nevertheless most frequently the consequence of contagious intercourse, or in other words, is *taken* from some other person suffering from it. In order for this to occur, it is necessary that a portion of the *matter* discharged from

the person diseased, should come in contact with a *Mucus Membrane* in the healthy person. It may touch any other part, as the skin for instance, without producing any effect whatever; but in the *Mucus Membrane* of the Urethra, or in the Eye, or Rectum, it ordinarily causes an *inflammation*, which is soon followed by a discharge of matter more or less similiar. When arising in this way, it is usually termed *Gonorrhœa*, or Clap.

Neither the inflammation however, nor the discharge, are always the same as in those from whom the disease was contracted. Thus a mild *Blennorrhagia* in one person may cause a severe one in another, or the reverse; and two or more persons may be differently diseased from the same source.

There is also a singular difference as to the *liability* to contract this disease. Thus some men scarcely ever do so, though constantly exposed to it, while others always do so from the slightest contagious contact. What this difference depends upon, is not easy to say. Probably some are more disposed to such inflammations *constitutionally*, than others are, the same that some will take cold from the slightest exposure, while others never do so. The diet, and mode of life, undoubtedly exerts considerable influence in particular persons, in disposing to this disease, but in others they seem to have little influence.

From this it will be seen how difficult it is to give a certificate respecting the character and probable cause of an affection of this kind

Thus a female may have a mild **Blennorrhagia** from some common cause, as a cold for instance, and that may cause a severe **Blennorrhagia** in her male companion, who would at once conclude that she had caught her disease from some one else. And again, another female may contract a severe **Blennorrhagia**, by contagious intercourse, and yet her companion may not suffer from it in any way.

In the first of these cases therefore, an innocent person might be judged guilty, while in the second case, one really guilty would be judged innocent. The same remarks of course apply to both sexes, because both are thus differently affected, and differently liable.

Mr. Ricord very properly remarks that, under such circumstances, we can only give a certificate in this form, "I hereby certify, that ——— presents no indications of a *Syphylitic* disease, but has a discharge from the Genital Organs, which may, or may not, communicate disease to another person, according to circumstances." Nothing more can be said in such cases, and those persons who are so anxious to know whether their disease is contagious, will see that it is not always possible to satisfy them, although an experienced Practitioner can always form a tolerably certain opinion.

When a person has contracted **Blennorrhagia** from contagious contact, the disease usually appears in a few days after, but not always in precisely the same period. Thus in some it will appear in the third or fourth day, and in others not till the sixth or seventh, and sometimes not

till the ninth. I have also known it to appear in a few hours after.

§ *The Symptoms of Blennorrhagia.*

Blennorrhagia sometimes commences by more or less disturbance of the general health, such as slight fever, and loss of appetite, but in the majority of cases no such consequences are experienced.

The most general and characteristic symptoms are the *local* ones, which usually consist, at first, of a sensation of heat and tightness in the parts, and which are soon followed by a *discharge*, which varies much in its character, in different cases. Sometimes it is grey, and at other times yellow, or pink, or greenish; and it may be either quite thick and opaque, or glaizy and transparent, like the white of an egg.

In some persons also, the running is more or less constant, while in others it comes in gushes, at times. In the morning a quantity is generally discharged, owing to the mouth of the passage having been *glued up*, by the dried discharge, so as to make an accumulation. The first indication some men have of this disease, is this discharge in the morning, when they first go to urinate.

In most cases a quantity of matter can be squeezed out, by pressing the thumb and finger along the Penis.

Along with this discharge there is usually felt a *scalding, smarting* sensation, when passing water, which may be slight or distressingly acute. In some persons it is so severe that they dread to urinate, and frequently utter cries of pain

while doing so, or even faint away. It is for this reason the French term the disease "*chaude pisse*," or *hot p****.

The sensation may however, vary much in different cases. Thus some will experience in the first place a *pain*, usually about an inch and a half down the urinary passage, accompanied by a kind of tingling, which is sometimes even quite agreeable and exciting.

This peculiar feeling indicates the exact point where the inflammation is commencing, and it is usually experienced, as before remarked, about an inch and a half down the passage, in the wide part called *fossa Navicularis*. It may however, be experienced in other parts, even down to the Bladder, and often extends the whole length of the Canal.

In some instances there are also felt pains in the Testicles; cramps, especially in the Groin, and a pricking in the Perineum, between the Scrotum and the Anus. The Bladder may also be irritable from the commencement, causing a frequent desire to urinate.

All these symptoms may exist before any discharge appears, but most usually that follows the first of them very closely, and in some cases even appears first.

Sometimes the discharge will nearly or altogether cease soon after it sets in, though the heat and tightness may continue. This is commonly termed a *dry Clap*; but it seldom lasts long in this form, and the discharge soon returns more profusely than before.

In general the discharge has a peculiar and

strong odor, but in some cases it is hardly perceptible, especially if the patient is careful to keep the parts frequently washed.

Very frequently the *Meatus*, or mouth of the Urinary Passage, is quite tender and swollen, so that it distresses the patient whenever it touches his dress or person. In some cases the swelling even attacks the whole of the head of the Penis, which is always bathed with a glazy hot secretion, and is excessively painful. The foreskin may also be drawn over the head, or owing to the swelling it may clasp tightly round the neck, so that it will have to be cut open, as will be explained further on.

§ *Natural Termination and Complications of
Blennorrhagia.*

If not interfered with, a Blennorrhagia may terminate in various ways; thus sometimes it will altogether cease suddenly, and no more be seen of it. It is a common opinion that in these cases the disease has only shifted to some other part, but this is altogether a mistake. Most probably, the sudden cessation is brought about by an increased activity of some of the Secreting Organs, as the Bowels, or Kidneys, for example, or from some other disease breaking out, which overpowers the Blennorrhagia.

It is not unusual for a swelled Testicle, or inflamed Eye, or a severe Rheumatism to be experienced during a Blennorrhagia, though perhaps not always caused by it; and in such cases if the Blennorrhagia lessens or disappears, it is thought to have shifted to the other parts.

This however, may not be the true explanation,—these different affections may in reality arise from various common causes, and may only cause the Blennorrhagia to disappear by overpowering it. The most probable supposition is that, Blennorrhagia is never driven into the system, as it is called.

Most generally, the various symptoms go on increasing in severity until from the twelfth to the twentieth day, and then gradually subside; but they may last much longer. The scalding at last becomes less severe, the discharge less in quantity and more transparent, till it differs but little from the natural secretion of the parts.

It scarcely ever disappears altogether, however, but continues in this chronic form for an indefinite time, and is then called a *Gleet*.

Although a Gleet may seem to be a simple affair, causing but little inconvenience to the person himself, and being in no way contagious, yet it is always more or less injurious, and not unfrequently leads to *impotence* in addition to various other troubles. I have known a Gleet continue for *thirty years*.

In some rare cases a Blennorrhagia may disappear and return again many times, perhaps even periodically. Thus in some persons it breaks out every Spring, or Autumn; and in others it always appears after any little imprudence in eating or drinking, or from cold; and after enduring for a time, entirely disappears again, though most usually a Gleet continues between the severe attacks.

Sometimes a Blennorrhagia is complicated by

some other affection, either arising from it, or simply accompanying it. Thus the swelling of the parts may be so great that the passage will be completely closed, and the patient will not be able to discharge a drop of urine, though the Bladder may be quite full. The Lymphatic Glands in the Groins may also become swollen, from sympathetic irritation, giving rise to Sympathetic Buboës. These may be merely like small beads, or as large as walnuts; sometimes they are very painful, and even gather and break. Bleeding not unfrequently takes place during Blennorrhagia, from rupture of some of the small internal blood vessels, and not unfrequently relaxes the patient very much; but it is by no means a serious symptom.

One of the most distressing accompaniments of Blennorrhagia, is *Chordee*, or curving of the Penis during erection. This is owing to the inflammation having closed some of the small cells, into which the blood flows to swell the Organ. In consequence of this closure that part of the Penis cannot erect while the other parts do, and as a consequence it cannot straighten, but is turned to one side or the other, and seems to be cramped.

A *Chordee* is in general very painful, and the patient dreads an erection taking place in consequence. Some will even bind the Organ between two straight pieces of wood, while it is flaccid, so that it is compelled to keep straight when erect; but this plan gives but little relief. Others have even straightened the Penis by laying it with the curve upwards on a table and

striking it a violent blow with a book, or some other hard body, and so flattening it. This will effect the object, but it is a dangerous proceeding, and would never be practised by any one who knew anything of the anatomy of the Organs. The proper means of relief will be pointed out hereafter.

The more the Penis naturally enlarges during erection, compared with its size when flaccid, the worse will be the Chordee.

Those who have but little enlargement of the Organ, suffer but little from Chordee,

The most serious complication of Blennorrhagia, however, is *Swelled Testicle*, which seems to arise in consequence of the inflammation extending to that organ down the Seminal Tubes. This is always a troublesome and painful affection. It may lead to serious consequences after it is cured,—many a man having become affected with Spermatorrhœa, or even Impotence, in consequence.

Some patients have an idea that there is danger of Swelled Testicle, if the discharge be checked too soon; but this is altogether an error. The longer the inflammation continues the more danger there is both of Swelled Testicle, and also of other accidents; and the quicker the inflammation is subdued the less liability there is to anything of the kind.

It is not unusual for Blennorrhagia to be accompanied by Syphilis, in those who are much exposed to such affections; and this may not be known, because the Chancre, or Syphilitic Ulcer may be internal. In such cases, the inflamma

tion may be much more severe, and the disease more unmanageable than ordinary, which has caused some practitioners to suppose that there are two kinds of Blennorrhagia, one severe and the other mild. This idea however, arose only from ignorance of the fact above mentioned. The disease is the same in all cases, and only differs in degree.

Now, as Syphilis and Blennorrhagia are totally different from each other, and as the treatment proper for the one is useless and improper for the other, it becomes highly important to know whether Syphilis really exists in many of these cases. It is also of the first moment to discover this as early as possible, so that the Syphilis, if it exists may be cured in the Primary stages, and prevented from reaching the Constitutional stages.

It is in such cases that Mr. Ricord's plan of inoculation is often resorted to with great advantage. A portion of the matter of the discharge is introduced into some part of the body with a Lancet, and if there be nothing but Blennorrhagia, no result whatever follows; but if there be Syphilis as well, a small Chancre immediately appears at the point of inoculation. In this way the Syphilis is often discovered in its Primary stages, and its constitutional ravages thereby prevented, which is of the greatest consequence.

§ *The Prospect of a Cure in Blennorrhagia.*

The probability of a speedy cure, or a tedious duration, depends upon various circumstances.

When only the head of the Penis is affected, or the Fore-skin, the disease may be speedily cured, and without any complications: but when the inflammation has extended down the passage it is much more obstinate, and more likely to cause other troubles. If the Eye be diseased, the difficulty and danger is still greater; and also when the inside of the Womb is affected in the Female. As a general rule, the deeper the disease extends, the more serious it is, and the more obstinate to treat.

The earlier the treatment begins also, the more probability there is of a simple case and a speedy cure; and if the patient has had the disease before, he will probably be less seriously affected, but not so soon cured.

The occupation and mode of life of a patient, will also very much affect the progress and duration of his complaint. Thus if he be compelled to work hard, or be exposed to cold,—or if he habitually use improper food and drink, the case will of course be proportionably extended and aggravated. In all cases it must be borne in mind, that though the cure depends on the Physician, yet the duration of the disease, and to a great extent, its severity, will depend mainly on the conduct of the Patient, and on the circumstances in which he may be placed.

As a general rule the *earlier* a proper treatment is begun and steadily pursued, the speedier will be the cure; and the less fear there will be of other accidents arising.

One point upon which many patients are exceedingly anxious is, to know when the disease

ceases to be *contagious*? This is a point not very easily determined, and, as an erroneous decision, in any case, might be of the most distressing consequence, it is requisite to be very cautious.

Some patients have an idea that a *Blennorrhagia* ceases to be contagious after it has endured a long time, but this rule is extremely fallacious. It ceases to be contagious in some at a very early period after its first appearance, while in others it will continue so indefinitely.

The appearance of the discharge, to an experienced person, will often be sufficient to decide this point, and is in fact the test most usually depended upon. As long as the discharge consists only of *Mucus* it will not affect another person; but when it contains the smallest portion of *Pus*, or matter, it may do so. The difference between these two substances is readily perceived by those who have noticed them both. But it is not so easy to describe them so that they can be known by those who have not.

In general the *Pus* is more thick than *Mucus*, and is either yellowish, greenish, or gray; whereas, *Mucus* is most usually white, and frequently transparent, or glazy, like white of egg: or it may be thready, like vermicelli. Wherever there is the slightest indication of *Pus*, Sexual Connection must be forbidden, because there is danger of another person being affected.

Mr. Aeton remarks, "Patients will sometimes ask the following question; 'I am obliged to have connection with my husband. Now, Doctor, I am suffering under a discharge; what

complaint will he contract from me?" Inoculation alone will answer the question, and the Surgeon will be able at once to tell the probable consequences. The same question relates to Marriage, "and patients," says Mr. Ricord, "present themselves to me, to know whether they may marry, for often their fortune may depend upon a marriage. I persuade them against it, if they have a simple Gonnorrhœa; but if it be a virulent complaint, (Syphylis.) I wash my hands completely of the affair. If they still persist, I tell them they may give a Gonorrhœa to their wives, which if not cured previous to confinement, *may cause a loss of eye-sight to the child!*"

Supposing that Marriage is contracted in such cases, and the Lady becomes diseased with Gonnorrhœa in consequence, "then," says Mr. Ricord, when called in to cure the Lady, "I attempt to explain the Affection which she has contracted, by speaking of the *fatigue of the Honeymoon*, as well as the *dejeuner a la fourchette*, and in the interim cure both parties; of course forbidding connection. Such is the part that a medical man often has to play, and many disputes in married life may be thus avoided; and the Surgeon must in these cases lend himself to deception."

In the course of my own practice such cases have over and over again come under my observation; and few persons have any idea to what an extent such troubles prevail,—or the fear of them.

It is a curious commentary on our actual social

condition, that, in numerous instances, the husband who is chosen for a pure and innocent Girl by respectable and pious parents too, dare not marry her till he has first asked a medical man whether he is yet safe from imparting foul disease and death, both to her and to the children she may bear.

I have known plenty of such cases, and the parents are not always free from blame. They are not ignorant of the previous characters of these men, in many instances; and they know, or ought to know, that their course of life has made them liable to these Affections, which for ought that is known to the contrary, may still exist.

That abominable sentiment, that "Married Rakes make the best of Husbands," has done much to encourage licentiousness; and has consigned many a virtuous girl to the embrace of the most horrid pollution, and her offspring to suffering and disease.

I do not say this merely to moralise, though perhaps I may stand excused even on that score, but I say it as a medical man, to show the importance of these things, as respects human well-being. It should never be forgotten, that when a man has been the subject of Venereal Disease, especially Syphilis, the consequences may affect him, and his wife and children, in the most serious manner.

Those persons therefore, who merely regard wealth and station, in selecting husbands for their daughters, without thinking previous conduct of much consequence, should ponder on such facts. I knew one instance, in which

a beautiful young lady was married to a *reformed rake*, wealthy, and of excellent family, who had previously been under my care. He anxiously enquired of me whether there would be any risk to his wife, or children, if any followed his marriage; and I candidly told him I feared there was risk, because I knew his *real* condition. The marriage was contracted however, and he became a highly respectable *church deacon*

No particular physical evil happened to the wife, at least, I never knew of any; but she had *nine* miscarriages, and at last a poor sickly scrofulous child was born alive, which made the poor mother's heart ache every time she looked at it. The grandparents called this a *dispensation of Providence!* Some one else considered it the legitimate consequence of their ignorance, or cruel neglect of their child's welfare.

§ *The Treatment of Blennorrhagia.*

It is but very recently that correct views on the treatment of this and kindred diseases, have been adopted, and many practitioners are still influenced by old notions on the subject, that have long since been abandoned by unprejudiced men.

In the old days of humorism it was thought that all discharges of this kind were merely efforts of nature to expel bad humors from the body, and that it was therefore dangerous to stop them too soon. Many practitioners even encouraged them for a long time, and cured them slowly, so as to allow all the bad humors, as they

believed, to escape. They were ignorant of the fact that the diseased matter is engendered every instant while the disease exists, and that consequently the longer it continues the more bad humor is formed. The true principle is to stop them *as early and as speedily as possible*. There is no danger whatever of driving the disease into the system by doing so, as many erroneously suppose.

In regard to medical means it may as well be remarked here, that as the disease is essentially different from Syphylis, it requires essentially different remedies. The powerful Syphylitic remedies, such as Mercury and Iodine, are useless and injurious in Blennorrhagia, though many ignorantly use them.

Before speaking upon means of *cure*, it may also be advisable to refer briefly to *preventive* means, which may often be used with good success.

It has been already remarked how very general Blennorrhagic discharges are among females, arising from common causes. Mr. Ricord states that, ninety-nine women and a half out of every hundred suffer more or less from such diseases, but of course only a part of these become contagious, and what proportion we cannot determine. In cities, as a general rule, the number is greater than in the country, not so much from greater licentiousness perhaps, as from a more unnatural mode of life, which aggravates mild cases into severe ones.

Now, if these matters were more generally understood, numerous cases of infection could

be avoided. All females who suffer from Blennorrhagic discharges should avoid everything heating and exciting in their diet and drink, and should be extremely attentive to personal cleanliness. It is quite possible that a female who is suffering from a *severe* Blennorrhagia may not impart it to her companion if she simply use the syringe previous to association, with some simple cleansing injection, especially if he is careful also.

The preventive means that may be resorted to by a man, consist principally in observing the following rules. The act of association, in all suspicious cases, should not be prolonged but should be completed as soon as possible; and the man should urinate after. If this be done infection will very seldom take place, because the urine washes away any Pus that may have entered the Urethra. Any injection, as is recommended by some authors, so far from preventing, is more likely to cause infection, because it drives the diseased matter before it, deeper into the passage.

If a man does not procrastinate, and can urinate after, as well as thoroughly cleanse himself by washing, the chances of infection are infinitely lessened; and if the female uses the syringe also, previously, they are still more decreased. These precautions however, refer more especially to such diseases as Blennorrhagia. But it should be remarked, that they are undoubtedly excellent also against Syphilis as well.

Whenever a man has reason to suppose he has run any risk of contagion, he should be

careful in regard to his diet and drink. High living, exciting drinks, or fatigue, immediately after the exposure, may cause the disease to break out when it otherwise would not have done so.

There can be no doubt but that many men actually absorb the diseased matter, but suffer nothing from it, because they are afterwards prudent in their conduct; while others by their imprudence make that severe which would otherwise have remained quite simple.

As to the different quack remedies that have been brought forward at various times, as preventives of infection, I have only to say that they are unworthy of notice. There is but one means quite certain, and that is the *Condom*, or *Baudruche*. People may differ in their notions as to the moral propriety of using this covering; but medically speaking, it may often be properly recommended. Mr. Ricord remarks that, though this practice "is not sanctioned, it is true, by nature, yet Astruc has long since recommended it; and in practice, there are many cases in which the Surgeon is forced to prescribe connection once or twice a week, as he would *Aperient Pills*."

Supposing however, that the disease is actually contracted, what steps are then to be taken?

If the patient applies directly, before the disease has made very obvious progress, we must try

THE ABORTIVE TREATMENT, or in other words, that kind of treatment which will prevent it extending any further, or becoming more severe; and which will cure it at once.

To accomplish this, the patient must be commanded to entirely abstain from all irritating food and drink, and to live rather abstemiously, as a general rule. He must also take but little salt, and drink no more of any kind of fluid, than he can possibly avoid. He must take no warm baths, and must rest as much as possible by lying on his back.

If these things are strictly attended to, the disease will always be retarded, and sometimes even nearly cured, if nothing else be done. Rest is very beneficial. An occasional purge of Castor Oil, or Epsom Salts, will also assist

If the patient has always lived on poor diet, and is weak he may be allowed a more generous regimen than ordinary, taking care to avoid everything heating or stimulating, and using but little fluid.

If the urine also be very high colored and full of salts, it may be necessary to depart from the general rule above given, and prescribe copious drinking of Gum-water or Barley-water; but these exceptional cases are seldom met with.

Some men entertain an opinion that gin is of service in Blennorrhagia, or at least harmless; but this is a fatal mistake. No alcoholic liquors of any kind must be used, especially not malt liquors. Fish and oysters also must not be used. When it agrees with the patient, in other respects, milk is allowable.

In regard to internal remedies, for the abortive treatment, any of the Copaiva or Cubeb preparations, or those composed principally of Turpentine, such as will be hereafter mentioned,

may be used with advantage. They should also be used now in quite full doses, so as to act quickly and energetically. Care must be observed also, not to leave them off too soon, as the disease is apt to return after it has apparently quite disappeared, if the remedies are too early abandoned.

Some persons resort to Compression, and others to Blisters; but they are both more likely to be injurious than beneficial.

Cold lavements of the parts are generally serviceable; and the strictest cleanliness must invariably be observed, the Organs being carefully washed several times a day with a little mild soap and water. In females also, the syringe should be used internally, with the same frequency and regularity.

All the above directions, it will be observed, are to be followed only at the very commencement of the disease, before it has fully *declared* itself, and frequently they will prevent it from doing so. If however, in spite of these means, it still continues and fully develops, then we must begin the real active curative treatment.

THE CURATIVE TREATMENT of Blennorrhagia must be somewhat different, according to the stage the disease has arrived at. At first it is acute, the discharge being profuse, the parts highly inflamed, and the scalding usually intensely severe. When this state of things exists, the proceedings must be very different from what we have just advised above.

In the Acute stage the same precautions must be observed, in regard to diet, as recommended

for the Abortive Treatment, everything in the least degree heating or stimulating being carefully avoided, either fluid or solid. The patient may however, drink freely of emmollient drinks, such as Gum-water, or Barley-water, or even simple water alone. He may also use warm baths. or lavements of the parts, especially if there be any swelling of the Glands or Prepuce. The Bowels should be kept carefully open, and the most perfect rest should be taken.

Some persons recommend Leeches on the Thighs, or Perineum, but they are seldom needed, and are frequently dangerous.

These means generally reduce the inflammation and scalding in a few days, and sometimes the discharge also, will entirely cease when this occurs. Most usually, however, the discharge continues in a modified form, being less copious and more transparent. This is the Chronic stage of the disease, and it may endure for an indefinite length of time. Frequently the patient suffers no particular inconvenience from this stage of the disease, and might even be unaware of it, only for the discharge, which still reminds him that he is not cured; and makes him constantly liable to affect others.

There is also a liability at all times, when a man suffers from Chronic Blennorrhagia, of the Acute stage being brought back again. A little imprudence in eating or drinking, or a little exposure to cold, or over fatigue, may bring back the inflammation, the profuse discharge, and the scalding, as bad as it was at first. The perfect cure of the Chronic stage

becomes therefore of the greatest consequence.

All cases, it should be remembered, if not perfectly arrested at first, by the Abortive treatment, are sure to go on to the Acute stage and that naturally subsides, even without any treatment, in time, into the Chronic stage. But the object of the above treatment, is to *cut short* the Acute stage as much as possible, and bring on the Chronic stage sooner than it would naturally come. The reason for this is that the inflammation should exist as short a time as possible. If it can be entirely subdued at once, as already remarked, the disease may disappear at once; and even if it does not, there is but little danger of any serious or troublesome complications when the Acute inflammation is speedily subdued.

THE CHRONIC STAGE, usually called Blennorrhœa.—In the Chronic stage most of the means advised in the Acute stage become improper, and the general plan of treatment is similar to that advised for the Abortive end. The warm baths and emolient drinks must now be discontinued; the food must be simple and unstimulating; and rest must be taken as much as possible. All kinds of hurtful exposure and cold must also be carefully shunned; and sexual intercourse should be forbidden, except in particular cases.

It is in this stage that Medication becomes most proper, and most directly serviceable, especially by means of those remedies which usually exert a *special* influence on such diseases. Other medicines, such as purgatives, must be

used but sparingly, and only when absolutely needed. The *tone* of the system must not be in any way lowered, all its vigor being needed to restore the natural healthy condition of the parts. For the same reason the diet, though strictly plain and simple, should still be sufficiently nutritious to fully support the strength.

There are several drugs used in the treatment of Blennorrhagia, all of which directly influence it more or less. The particular action of each, with the conditions indicating when it shall be used, I will now explain:—

COPAIVA.—This is the most valuable of all the remedies we possess, in the treatment of Blennorrhagia. It is the Sampson of the *Materia Medica*, in these Affections, and is always the active agent in all quack preparations for this purpose, no matter how it may be disguised.

Neither this nor any other drug is of any use in the Acute stage, though often given then. The inflammation must first be subdued, by the general means already indicated, and then Copaiva begins to operate. If used during the Acute stage it will not cure then, and the system gets so accustomed to it, that when the Chronic stage arrives, it has lost its power. The Acute inflammation can always be subdued without it.

Copaiva most usually acts directly on the Urinary Organs, but it may also affect the Skin and the Bowels, or the Stomach. In some persons it causes such gripings and vomitings, that it cannot be used, for fear of producing inflammation of the Stomach and Bowels. This however, is seldom the case; and a slight action on

the Bowels is rather a good indication than otherwise.

It is only when absorbed by the Urinary Organs that Copaiva acts upon Blennorrhagia, and it is only in those cases when the disease affects the Urinary Passages, that it is of use. Thus, in Blennorrhagia of the Eye, Vagina Womb, or Rectum, it is of no service.

Sometimes the action of Copaiva on the Skin is very marked. It causes an eruption resembling Measles, which is sometimes followed by light scales. These effects however, seldom follow, unless the patient have some stomach derangement, or be exposed to damp and cold. They always disappear immediately on ceasing to take the drugs, and are in no way serious.

There are some persons also, in whom Copaiva affects the Nervous System, producing Apoplexy or even Paralysis. This however, is very rare, and probably only in those disposed to these affections. Such cases are seen chiefly among females.

The dose and mode of administering Copaiva, must be regulated according to circumstances. The quantity given at once, by different practitioners, has varied from one to eight drams. It is not usually, however, given alone, but in combination with other remedies which assist its action, and also prevent many of its bad effects in those predisposed to experience them.

Some practitioners have used Copaiva as an *Enema*, but the mode is not advisable, as it is less efficacious than when taken internally, and in many respects is objectionable. It may be

so used if it cannot be used otherwise, and if all other means fail.

One of the best preparations is the following, which I believe would cure ninety-five cases out of every hundred, if faithfully used, and if the patient be prudent in regard to his diet, drink, and general conduct.

RECIPE No. 1. Balsam of Copaiva and Nitric Ether, of each half an ounce ; Pulverised Gum Arabic and Pulverised White Sugar, of each one dram ; Compound Spirits of Lavender two drams ; Tincture of Thebaicae one dram ; pure Water four ounces.

To be properly mixed together, and well shaken before using.

The dose of this is a large spoonful three times a day, half an hour before breakfast, dinner, and supper.

This can be written out, and obtained at any druggists. I have purposely written all these recipes in plain English, so that the patient can better understand what it is he is taking.

I have never known this recipe to cause any unpleasant symptoms in any one, excepting such as affect the taste. To most people Copaiva is very nauseous, and it is apt to rise on the stomach a little, though seldom for long in the above form.

Care must be taken not to soil the fingers or clothes with it, because its odor is both strong and peculiar, and may betray the patients condition.

The medicine may be continued as long as no unpleasant symptoms follow its use, unless the disease is obviously not benefitted by it after some weeks. In general the discharge fully stops in from one to two, or at most three weeks. under

its use, but it should be continued at least three or four days after all trace of the discharge has totally disappeared, to prevent a return. The patient must also be strict about his diet and drink for some weeks after he seems quite well.

In very old standing cases, if the above recipe should not succeed, the following may be tried in the same way.

RECIPE No. 2. Conserve of Roses and Gum Kino, of each one dram ; Calomel eighteen grains ; Balsam of Copaiva two drams.

These are all to be properly mixed together, and the mass divided into Pills of six grains each.

Of these Pills from one to three may be taken morning and evening.

Sometimes it is better to give the Copavia unmixed, and then the dose is from two to five drams of the balsam, two or three times a day, in a little sugared water, or any other simple medium. The taste, however, is so unpleasant that few like to take it in this form, and fortunately it is not necessary. The Balsam is now enclosed in small cases made of gelatine, or gluten, of a convenient size for swallowing. These are called Copavia Capsules, and as they do not break till they reach the stomach, the taste in the mouth is altogether avoided, though it may rise from the stomach

These are sold in boxes at the druggists under the name of Copavia Capsules. They are about as large as small bird eggs, and when just wet in the mouth are very slippery, and are swallowed quite readily. Care must be taken not to crush them in the mouth. The dose is usually about

two Capsules three times a day, but more may be taken if they create no unpleasant symptoms. The Copaiva alone is more apt to act on the bowels than when mixed with other articles as in the recipe No. 1.

There is one kind of Capsules, made by M. Mothers, which is much better than the ordinary kind. It is smaller, and the Balsam is made partly solid, by being mixed with a little magnesia. These do not break till they reach the intestines, therefore no taste of the Copaiva rises from the stomach. They cannot always be procured however.

Magnesia, in sufficient quantity, will make Balsam of Copavia quite solid, and in this way many kinds of Copaiva Pills are formed, but they are very apt to become so hard as to pass undissolved through the bowels, and thus be perfectly useless.

CUBEBS.—This is another drug of great efficacy in this trouble. As a general rule, it is true, it is less valuable than Copaiva; but still it may be used in some cases where that article cannot, and it may cure in some of those occasional cases where that fails

Cubeb is usually given in the form of powder, in simple water, or a little syrup. The dose is from one to three drams, twice a day, gradually increased, if the stomach bears it well. None of the Pills or Tinctures of Cubeb appear to be so good as the simple article itself, called Powdered Cubeb. There are also Cubeb Capsules and this is the best form perhaps to take the article, when they can be procured. They should be used the same as Copavia Capsules.

Sometimes great irritation of the **Stomach** follows a few doses of **Cubeb**s, in which case it should be at once left off. It never causes any eruption of the skin, like that which sometimes follows **Copavia**, and it has but a faint smell, which makes it a more agreeable remedy to some people.

On the whole, however, **Cubeb**s is less powerful than **Copaiva**, and I never resort to it except when that fails or is hurtful. It gives a very peculiar smell to the urine, especially when it acts beneficially.

TURPENTINE.—Both solid and liquid **Turpentine** is sometimes taken for **Blennorrhagia**, and usually it does a certain amount of good; but no person of experience would ever depend on it alone, for effecting a cure, if either of the above mentioned remedies can be obtained.

Numbers of other recipes could be given, but they would only confuse the reader. These will apply to all ordinary cases; and when they fail, which will seldom be the case, there must be some peculiarity in the case, which will require special attention and study. If a long list were given, it would be difficult to choose, and after all they would be essentially the same.

LEECHES AND BLISTERS.—Some practitioners use **Leeches** and **Blisters** extensively, but, as I before remarked, they are seldom advisable, and often dangerous. If there should be any **Syphilis**, a small portion of the discharge getting on to a leech bite, or sore place from a blister, would form there a **Chancre**.

INJECTIONS.—Other practitioners principally

depend on the use of Injections of various kinds, and undoubtedly they will often cure alone; but I consider great caution is needed in their use, and that they are more dangerous than is usually supposed. They are certainly not adapted for self practice, though a careful and experienced practitioner may occasionally resort to them with some benefit.

Sometimes, however, there may be reasons why medicines should not be used, as, for instance, when they all disagree with the stomach, and then injections may be resorted to. Some patients also, have a fancy for them, it will therefore be advisable to explain how to use them.

Injections may often be used Abortively with success, if they are resorted to promptly, and used energetically. For this purpose, however, they must be introduced before the discharge appears, and before the mouth of the passage becomes red or any pain is felt in urinating.

The mode of using them is this:—Two grains of Nitrate of Silver must be dissolved in eight ounces of distilled water, to form the fluid. Then, with a *glass* syringe, an injection must be thrown into the Urethra every four hours, till at least twelve injections have been used.

The syringe must be drawn about two-thirds full, and fairly introduced, but it need not be emptied with any great force, as the fluid is sure to penetrate far enough.

Some men fear that the injection may pass into the bladder, but this fear is groundless, nor would any harm ensue if it were to do so.

As soon as the last injection has been used, let the Copavia mixture be taken, Recipe No. 1, and the same general rules observed, as before given for Abortive treatment.

The injection may cause considerable smarting and inflammation, and sometimes it brings on a discharge tinged with blood, but this need not excite any alarm; on the contrary, many look upon it as a good sign.

It will not be of any service to employ injections again, but the Copaiva should be continued for some twelve or fifteen days, gradually lessening the dose for the last four days. The discharge generally begins to lessen in three or four days after leaving off the injection.

I would not advise any other injections, nor any other way of using the Nitrate of Silver, and with this used in this way, there is but little danger. In my own practice, however, I seldom use injections at all.

The common notion that injections are liable to cause Swelled Testicle, or Buboes, is, I believe, in a great measure unfounded, though they will undoubtedly sometimes do harm when injudiciously used.

Some persons use injections during the Acute stage, while the inflammation is at its highest, but I think them then more objectionable than at other times. In Chronic *Gleet* they are often much more serviceable.

CHAPTER II.

COMPLICATIONS AND CONSEQUENCES OF
BLENNORRHAGIA.

As already remarked, there are several affections which occasionally accompany, or arise from, *Blennorrhagia*, which require special treatment. When not fully cured it also subsides into a peculiarly mild chronic form called a *Gleet*, the treatment of which may be required to be very different from that advised for the previous stages. These accidental troubles we shall now speak upon

§ *Gleet*.

If a *Gonorrhœa* be improperly treated, or if it be left alone it at least assumes the chronic form of *Gleet*. The scalding and inflammation disappear nearly altogether, and the discharge becomes merely mucus in its character.

Very frequently no running at all is noticed during the day, but in the morning the lips of the passage will be found glued together, and on opening them a small portion flows out; this leaves a peculiar stain on the linen, of a yellowish color, like gum, which betrays the patient's trouble to any one acquainted with it.

In some cases the only trace of the *Gleet* is an occasional discharge of small mucus threads, like little bits of boiled vermicelli.

These troubles, though apparently insignificant, haunt the patient's mind continually, and create

apprehensions from which he cannot escape. In fact the lives of some men are made perpetually miserable by a Gleet. It is true, also, that there are some grounds for anxiety; for not unfrequently *impotence* arises from Chronic *Blennorrhagia*, and besides there is always a liability to the acute stage being brought back again, by many ordinary causes.

The tendency to *chordee* also, is apt to remain during Gleet, and is a serious annoyance; and sometimes there arises a great difficulty in making water, from spasmodic stricture, or from thickening of the walls of the passage. Any little imprudence in eating or drinking, or a little exposure to cold, may bring on any or all of these troubles at any time

Stricture is also a frequent result of long continued gleet, and is particularly to be feared whenever there is difficulty in making water, or when injections have been improperly applied.

One of the worst consequences of continued Gleet, however, is the tendency to involuntary seminal losses, *spermatorrhœa*; these losses may occur either during sleep or at stool, or they may occur only *during urinating*, and the patient may know nothing about them

Perhaps no derangement of the sexual organs is more to be dreaded than *spermatorrhœa*, especially in this last mentioned unknown form. In my book, on "*The Male Generative Organs*," this matter is fully explained; and any man who has any reason to fear such a trouble, should by all means understand it as soon as possible

These nocturnal pollutions also bring back the

acute stage of the Gonorrhœa, in many cases, and thus the cause and effect act and re-act upon each other.

In many men also a continued Gleet is apt to irritate the nervous system, producing a variety of hypochondriacal affections, or irritability.—Many men have been hopelessly miserable in this way for life, and others have been led to insanity, or even suicide. To these extreme cases, however, in all probability, spermatorrhœa is the directly irritating cause.

As to the *duration* of a Gleet, no limits are known! I have seen cases that have continued twenty, and even thirty years, and I have known others that would disappear for a time and return again worse than ever. As a general rule, I believe Gleet scarcely ever cures itself if left alone, though it may assume new forms.

The *treatment* of Gleet, is a very difficult matter, and must be varied much, according to circumstances.

In those who are of a weakly habit, or who have suffered from insufficient nutriment, fatigue, or exposure, the chief thing required is rest, good food and general bodily comfort. In fact many cases are continued solely by want of tone in the system generally, and immediately health and strength returns; the Gleet disappears. It is seldom of much use giving medicines, unless these essential conditions can be complied with, and when they are so, but little medicine is needed.

Very often in such cases a few weeks of the Pills, Recipe No. 2, will effectually remove all

trace of the Gleet; it may, however, assist sometimes to use some *vegetable tonic* as well, such as *Stoughtons Bitters*; or, if the discharge is apt to increase *periodically*, a few doses of *quinine* will be of service.

In those of a full habit, and who have been addicted to high living, nothing more is required than greater self-denial, both in the quantity and quality of their food and drink. Medicine is often not needed at all, or at most, only a few *Copaiva Capsules*. It is however, very requisite to keep the bowels free, and to avoid all lifting and straining.

Occasionally a Gleet is kept up by some irritating quality in the urine, as when it is *gravelly* for instance, or high colored and full of salts. A few doses of *Carbonate of Soda*, will often correct this; or simply drinking *gum water*. The water a man drinks may also assist in keeping up the trouble, especially when it is much charged with lime.

As a general rule, all kinds of alcoholic drinks should be strictly avoided, except in those of a very weak habit, and they may often take a little *Claret wine* with advantage, or *Port wine* with *Peruvian bark* in it.

Some cases require an *alterative* treatment, and we may then administer with benefit, a little *Blue Pill*, or *Plummers Pill*, or a few doses of *Calomel*. If the patient be of a *scrofulous* habit, some of the *Hydriodate of Potash* will be of use

RECIPE No. 3. Hydriodate of Potash, thirty-six grains; distilled water, one ounce.

Dose, from five to twenty drops, three times a day, in a little sweetened water.

As a general rule, the pills, Recipe No. 2, forms as good a preparation for Gleet, as can be taken, provided proper attention be paid to *general* treatment also, according to the peculiarities of the case.

When the discharge is very slight, without any distress or uneasiness of any kind, and when there is no obvious cause keeping it up, we generally assume that it depends merely upon a relaxed condition of the mucus membrane, which may be remedied by a simple *astringent*, like the following :

RECIPE No. 4 Pure Tannin, two grains ; Gum Mucilage sufficient to make it into a mass, which must be divided into eight pills.

Dose, one pill, four times a day.

Some practitioners employ the injections of Nitrate of Silver in Gleet, and occasionally they will cure an old case. They are apt, however, to bring back the acute stage, and we then have the disease to deal with as at first ; in fact this is often the object aimed at, as it is thought easier to cure the actual *Gonorrhœa*, than the Gleet.

The best plan to pursue must in all cases depend upon various contingencies, all of which it is impossible to designate. Do what we will, a Gleet is very often unmanageable, and no man who suffers from Gonorrhœa should ever allow it to degenerate into this form, either from neglect or from improper treatment.

I have good reason to suppose that a long con

tinued Gleet in the father, is apt to transmit a *weakness in the bladder* to his children.

To those *very* old cases, when there is merely a *slight* sticking of the lips in the morning without any kind of irritation whatever, the following injection may be tried, without any internal medication at all.

RECIPE No. 5. Port wine, one ounce ; Tannin, five grains · Alum, three grains.

One injection of this may be used night and morning for a week, and should then be followed by the pills, Recipe No. 2.

Preparations of the *Iodide of Iron*, are also occasionally resorted to, but I would not advise the patient to try them himself.

Sometimes a cure can be effected by passing *dry linen* down the passage, by means of a hollow tube and piston, so as to keep the walls from *touching* each other ; or the same effect may be accomplished by means of a long bag of skin, the size of the canal, which is first pushed carefully down, and then blown full of air, so as to keep the passage distended.

These means, however, cannot be employed when the passage is irritable, as they are apt to increase the inflammation. In females we can use them more frequently, and they will often effect a complete cure alone. It is often the case that the disease is kept up, merely by the walls of the canal touching each other, and if they are kept apart for a time, it readily disappears ; this is especially the case when the *external lips* of the female are the parts effected. A piece of dry lint kept between, and frequently changed, will accomplish a perfect cure.

The passing of a *bougie* every day, will be of service in some cases, and it may occasionally be smeared with mercurial or other ointments.

Frequently, however, all *medical* means will fail, and change of air, sea bathing, and a new mode of life, are all we can depend upon for effecting a change.

§ *Chordee.*

Chordee is a most troublesome accompaniment of severe Blennorrhagia, and causes some patients most intense suffering; the irritation arising from the inflammation, keeps up a continued excitement and erection, which it is exceedingly difficult to control. Many patients are much disturbed in their rest from this cause, and can scarcely ever enjoy a night's undisturbed repose.

To prevent those erections, is a most difficult matter, as they are mostly involuntary, and arise from causes which we cannot altogether control.

The patient must however, be directed to avoid all female society, and to endeavor to keep his thoughts from sexual matters; he must also keep himself perfectly quiet, and dress lightly, and also clothe lightly at night; avoiding feather beds, warm comforters, and heated rooms. The Genitals should also be bathed in cold water for ten or fifteen minutes, about an hour before going to bed; and if the patient feels an erection coming on during the night, he may also use the cold water, or stand with his feet on the cold floor.

The only medicine which seems to exert a

special influence over this morbid excitability, is *Camphor*, especially when combined with *Opium*.

This Drug exerts a peculiar power over the sexual instinct, and may have a bad effect in other ways, if used injudiciously, as is shown in my book on "*The Male Organs*." The best form for admistering *Camphor* and *Opium*, to prevent *Chordee*, is that used in the *Parisian Veneral Hospital*.

RECIPE No. 6. *Camphor*, three grains ; *Opium*, half a grain ; Mucilage of Gum, sufficient to make it up into a pill.

One such a pill may be taken at bed-time.

If it does not disagree with the stomach, it may be continued every night during the *Chordee*, and if not strong enough to prevent the trouble, two such pills may be taken, providing no unpleasant effects follow from their use,—of course the patient can order any number, though the quantity is only given for one.

I would not advise any kind of contrivance to compress the *Penis* to keep it straight, or to prevent erection, because such means seldom give any relief from pain, in fact often increase it, and are apt to cause bleeding. I think also that such means often lead to *Stricture* afterwards. It is better to depend on self contra and cold water.

§ *Buboes*.

Buboes, or swellings of the Glands in the Groin, often occur in the Acute Stage of *Gonorrhœa*, and are apt to alarm the patient very

much. They are however, of but little consequence, and usually disappear as the inflammation subsides. If however, they should become very large and tender, or seem inclined to remain, they may be fomented with hot water, or poulticed, or a few leeches may be applied over them.

If the Bubo should become much swollen, and come to a head, it may be opened with a lancet, and discharged, after which it will soon heal.

This kind of Sympathetic Bubo, is a very different thing to Syphilitic Bubo, as will be seen further on.

§ *Retention of Urine.*

During the Acute Stage of Gonnorrhœa, retention of urine is apt to come on, either from swelling of the Mucus Membrane, or from spasmodic Stricture, and it may be very troublesome.

The chief thing to be done is, to reduce the inflammation as early as possible, by strictly following the directions given when treating of the Acute Stage. In severe cases, warm poultices may be applied over the lower part of the belly; and if the Bladder is much filled the Catheter must be used.

§ *Haemorrhage*

Haemorrhage or bleeding, is also apt to occur during the Acute stage, and is often alarming to the patient. In fact it may become serious from its excess.

To check it the patient must lie on his back and drink barley or gum water freely, and use the cold water frequently to the Genitals.

If these means fail the Penis must be compressed, by winding a bandage tightly round it; or in extreme case, a Catheter may be introduced and retained for some time.

Bleeding most frequently happens from a ruptured Chordee, and sometimes from sexual connection during the Acute stage. While it continues, all the means for preventing erections as directed in the article on Chordee, should be strictly followed.

One of the worst troubles connected with Gonnorrhœa is Swelled Testicle, or Epydidymitis, which is perhaps more to be feared than all the others put together. In our next article this will be fully treated of.

§ *Epydidymitis, or Swelled Testicle*

In a case of Epydidymitis, the patient usually feels first a pain in the Perineum, or part between the Scrotum and Anus, and also in the Groin, but eventually it seems to settle altogether in the back part of the Scrotum, and is confined to a very small space. The discharge most frequently becomes less when this pain is felt.

At this early stage, if an examination be made, a small hard swelling will be felt, connected with one of the Testicles, which is very painful; and the pain also extends up towards the Groin, if any pressure be made

If at this time the patient should remain per-

fectly quiet, live low, and keep the bowels free, using also cold water lavements to the parts, the disease would progress no farther, in nine cases out of ten; but if he goes about and is careless about his diet, it is nearly certain to progress

As the disease extends the swelling rapidly increases, and becomes more intensely painful, till the patient dare scarcely move, and habitually tries to support the inflamed Testicle with his hand. Nocturnal emissions also usually occur, and the Semen is apt to be mixed with blood, which causes in many persons the greatest alarm.

These local symptoms are also accompanied in most cases, by more or less fever, sickness at the stomach, constipation of the bowels, and other indications of the system being generally deranged.

The swelling seems to be confined to the Epididymis, or head of the Testicle, and is most frequently confined to one. There is however, more or less fluid in the Scrotum also, and in general a copious secretion of Semen, owing to the excited condition of the Organs.

Many things may predispose a man to have Swelled Testicle very readily; over fatigue, violent exercise, and excessive sexual indulgence appear to have this tendency, and so do particular occupations; as, for instance, those in which the Testes are subject to be rubbed and shaken. Those who have a relaxed Scrotum are also more liable to it than others; and it is noticed to be more prevalent in wet and damp weather.

The direct exciting cause of Swelled Testicle,

is the inflammation of the Urethra, by the Gonorrhœa. It is a general law of the Animal Structure, that if one end of a Mucus Canal be diseased, or irritated, the other end is apt to become the same, from sympathy. And it is in this way that the Seminal Tubes in the Testicle become irritated from the inflamed condition of the urinary passage in the Penis, with which they are all connected.

It is not during the most Acute stage of the Gonnorrhœa, that Swelled Testicle is first manifested; but most usually during the third, fourth, or fifth week after its commencement. Occasionally, however, it comes on very soon, and sometimes not till several months after. The most frequent period is between the fifth and sixth weeks. In those cases therefore, that are cured in the first two or three weeks after the Gonnorrhœa begins, there is little or no danger of Swelled Testicle; but when the case is left uncured till the fifth week, the trouble is to be apprehended.

In severe, or neglected cases, the whole Testicle frequently becomes swollen, and also the Scrotum, and Seminal Cord. The Testicle may even gather and break, so as to be totally destroyed. Most usually, however, it simply hardens, and not unfrequently remains so ever after, its functions being entirely lost.

In more favorable cases the hardness gradually wears away and the function of the organ returns; though there may be considerable pain whenever an emission occurs for a length of time.

If the patient be of a scrofulous habit or suffers from Constitutional Syphilis, there is danger of a fungus growth forming, constituting what is termed Consumption of the Testicle; which nearly always ends in its total destruction

Impotence, more or less complete, very frequently results from Swelled Testicle, and is always to be feared if the disease is not checked soon.

In my book on the Male Organs there is much information on all these matters, which cannot be appropriately brought forward here, and to which I should earnestly direct the attention of all who may have suffered from this trouble.

The greatest danger is in those cases where the Testicle has never descended from the body. If it should swell under such circumstances, it may be a serious matter, as will be seen in the Male Organs.

The treatment of Swelled Testicle requires great caution and skill on the part of the physician, and strict attention to the necessary rules on the part of the patient. In the very commencement, as before remarked, simple treatment is nearly always efficacious, and if early attended to, in a proper manner, there is no danger of any permanently evil consequences. If not fully cured, however, there is danger for a long time after, of a relapse taking place, from any ordinary cause; such as cold or violent exercise, for instance; or excessive sexual excitement

When the disease is fully established, the first

thing required is, for the patient to observe the most entire rest, not of remaining still merely, or sitting, but *by lying on his back*, most of the time, for three or four days at least. This is indispensable to a speedy and complete cure, and without it all other remedies may fail.

If there be much fever, or constitutional irritation, it will be advisable to lower the tone of the system a little, by bleeding from the arm, and by applying leeches pretty freely, on the Perineum, Groins, or insides of the Thighs. It may do however, if not convenient to use leeches, to scarify the veins on the Scrotum, so that they bleed freely. This may be followed by cold bathing of the parts, when the swelling is only just begun and the inflammation slight; or by warm poultices when the swelling is considerable, and the inflammation and pain very great. On this point, however, the feelings of the patient must be studied, that course being the best which feels most agreeable, and gives most relief. The bowels should also be kept free, by a little Castor Oil, or Epsom Salts; and a low simple diet must be strictly enjoined.

In most cases, these means, if strictly observed, will subdue the pain and inflammation considerably, even during the first twenty-four hours; and then if proper means are taken to cure the Gonnorrhœa also, there is not much danger to be apprehended.

To completely remove the swelling, however, and to prevent any after evil consequences, it will be necessary to resort to *Compression*, which will cause absorption of the effused matter, and restore the Testicle to its natural state.

The Compression is effected in the following manner: Take a number of strips of common sticking plaster, about half an inch in width, and then drawing the affected testicle away from the other, and towards the bottom of the Scrotum, wind the first strip closely round, as far above the Testicle as possible, so as to isolate it completely from the other, and prevent it rising into the groin. When this is effected, other strips must be passed round in the same way, one below the other, till the whole Testicle is thus embraced, except the bottom, which must be pressed by cross strips, fitting over the others. In this way the whole of the Organ is included in the bands, and if they be drawn tolerably tight the compression will be considerable.

In general the pain is increased a little immediately after the strips are applied, but begins to subside in about half an hour, and is then succeeded by a feeling of ease and comfort. If no relief is experienced after an hour has elapsed, or if the pain should increase, all should be taken off, as it would be of no use continuing the compression any longer. It would show that the inflammation was not sufficiently subdued first; and means should be taken to fully effect that before the strips are applied again.

When all succeeds well, it is usually necessary to remove the strips in about an hour, and replace them by others, because the swelling will be so reduced that they will become quite loose. This should be continued as often as may be required, applying new strips as often as the old ones are found relaxed. Sometimes in

twelve or fifteen hours the whole swelling may in this way be entirely removed; and then if the Gonorrhœa be cured, and the patient be quiet and prudent, there is but little danger of a relapse. It may be requisite, however, to make fresh applications for several days.

In no case should compression be resorted to while the inflammation is very great, or increasing; but always after it has been considerably subdued. Nor is it proper when there is much fluid in the Scrotum, or severe pain in the Spermatic Cord along the groin. It should also be remarked, that, if the compression is not sufficient, or not uniform over the whole Testicle it may do harm instead of good. Also, if fresh strips are not put on immediately the old ones become loose, there is danger of relapse. When once effected, the compression must be continuous, firm, and unvarying. It is sometimes advisable, when there is much fluid in the Scrotum, to puncture it carefully with a lancet, and let the fluid out.

Lately a substance has been employed in surgery, called Collodion, made by dissolving Gun-cotton in Ether. This sticks much more closely than the common sticking plaster, and is easily taken off by wetting it with ether. I have used it in many of these cases very successfully, dipping strips of fine muslin in the solution, as I needed them.

In all cases, however, it should be remembered that Swelled Testicle is a very painful, and may become a very serious affection. Every man, therefore, who has the misfortune to contract a

Gonorrhœa, should have it cured as early as possible, and thus lessen the probability of such a trouble occurring. If however, the Epididymitis appears, it is then necessary to attend to that in the same way, at the earliest moment it is discovered.

Very often, Swelled Testicle arises from the injudicious use of injections, which in unskilful hands may be productive of great injury.

Swelled Testicle Compressed



CHAPTER III.

BALANITIS, OR EXTERNAL GONNORRHOEA.

THIS affection consists of an inflammation of the Glans, and lining of the Prepuce or Fore-skin, which does not extend down the passage. It is often called *bastard Clap*, because it only resembles the true affection so called. It is generally indicated by considerable inflammation of the parts, and by excoriations, or sores, accompanied by a discharge.

The appearance of the sores often alarms patients considerably, and not unfrequently causes unskilful practitioners to think it is a case of Syphylis. The disease, however, is comparatively simple, and with proper treatment may be readily got rid of, though the sores may be extensive, and may remain for a length of time.

The causes of Balanitis are the same as those of Blennorrhagia. It may arise from ordinary irritation, the same as Blennorrhœa; but, like that, is most frequently the result of contagion. Thus, the matter of a Blennorrhagic discharge, with which a man comes in contact during impure connexion, may merely lodge under the Prepuce, instead of entering the passage, and will then be liable to cause a Balanitis instead of a Gonnorrhœa. The Menstrual fluid also, when

very acrid, may affect a man in the same way, unless washed off; and so may the discharge called the Whites. The natural secretion of the glands around the neck of the Glans Penis may also irritate in the same way those who are inattentive to cleanliness. This is often the case with boys, in whom this secretion, like white curds, is often excessive, and leads to great irritation. In short, any discharge or irritating substance under the Prepuce may cause a Balanitis.

The Prepuce, is in fact, almost the sole cause of Balanitis, for we never find the disease in those who have no Prepuce. This is one benefit of *circumcision*; and so great are the advantages of that operation, both in avoiding this trouble and also Syphylis, in many cases, that M. Ricord unhesitatingly recommends it, and remarks that the Hebrews act wisely in this matter.

The *symptoms* of Balanitis are first a slight itching of some part of the head of the Penis, or the Prepuce, which is soon followed by heat and redness, and at last by a discharge. The Prepuce usually swells very much, and becomes quite tender, and at times looks as if affected with Erysipelas. No Chordee follows; nor is there any pain in making water, unless the urine passes over the inflamed part, when it scalds considerably. Some difficulty may also be felt during erection, owing to the swollen Prepuce pressing the glans, and preventing its full expansion,

The Prepuce may also be drawn over the end.

or be fixed tightly round the neck, forming a Phymosis, or Paraphymosis, which will require special treatment, and makes the case much more difficult.

Balanitis usually runs through its acute stage rapidly, and ordinarily passes off without any after consequences of a serious nature. The Glans may, however, be extensively excoriated, as if it had been blistered, and if the treatment be improper, Gangrene may take place, or Erysipelas.

The actual danger from this disease is, in fact, solely on account of *complications*, or accidental affections which may accompany it. Thus sometimes there will be abscesses, which may extend to a considerable depth, and perhaps destroy much of the substance of the organ. The whole Penis has also been lost from Gangrene, when it has been neglected.

Buboes may also result from Balanitis, the same as from Blennorrhœa, but they are never serious; and the same remarks apply to them as have been already made.

The most serious complications are those resulting from Syphilis, which are very apt to accompany Balanitis, when that is contracted from licentious intercourse. It is of the utmost consequence to ascertain if this be the case, as early as possible, so as to prevent constitutional symptoms, and also, because Chancres are so likely to extend on the excoriated surface. It is often, however, very difficult to tell whether this is the case or not, because the Prepuce may be immoveably drawn over the glans. The only

way to be certain sometimes, is to practice in inoculation.

The treatment of balanitis, when there are no unusual complications, is quite simple, and is nearly always successful. Nothing more is required than to well wash the parts with warm water and castile soap, two or three times a day, and then pass a piece of clean dry lint under the prepuce, so as to keep it and the glans from touching each other. If this be done, and the patient keep his bowels free, and live on a plain unstimulating diet, avoiding all kinds of stimulants and excitement, a few days will usually cure the balanitis. He must be careful however, not to let the Penis be rubbed by his clothing, as the irritation would keep up the trouble. The piece of lint must cover the whole glans, and must be changed two or three times a day.

If the inflammation be considerable, it may be advisable to use the following wash two or three times a day, drying the parts after its use, and introducing the lint, as before advised.

RECIPE No. 7. Sugar of Lead, one dram ; Distilled water, eight ounces.

The parts must be *gently* wet with this, by means of a piece of soft linen.

In very severe cases it will be necessary to use Caustic. Procure a solid stick of *Nitrate of Silver* ; dry the parts well, and then *gently* rub the stick over the whole surface, till it *whitens* every part ; then put on the dry lint. For some days after this, also apply the above wash.

Phymosis, or contraction of the prepuce over the head of the glans, so that it cannot be un

covered, is a very troub'esome complication. It effectually hides the parts, so that there may be gangrene, severe excoriation, or even chancre, and we can neither get to see nor treat them. It is therefore of the first importance to overcome the Phymosis, and this may often be done, by simple warm bathing, frequently repeated. If in this way the glans can be uncovered, it should be washed with Recipe No. 7, if it be slightly inflamed, or treated with the solid caustic, if the inflammation be excessive, and then covered with dry lint, and the prepuce drawn back. This may be done as often as the included lint becomes wet with the discharge; but in no case must the prepuce be left drawn back, for fear of its contracting round the neck of the glans and forming a *Paraphymosis*.

If it be found impossible to draw the prepuce back, we may succeed in throwing injections *under* it, by means of a syringe. Recipe No. 7 may be used for this purpose, or that of Nitrate of Silver, as advised for Gonnorrhœa. Sometimes the solid Caustic may be passed under, but it should always be done by the surgeon.

If all these means fail, either in relieving the phymosis or in curing the balanitis, and especially if we have reason to fear, there may be a Chancre, or Gangrene, underneath, it will be necessary at once to *slit up* the prepuce, and throw it back, so as to get at the diseased parts. This however, should never be done if it can be avoided, especially if there be Chancre, because the cut edges may become *innoculated*, and form one vast chancre. Still it will not do to hesitate,

because the disease itself will soon destroy the prepuce entirely in such cases, and even endanger the whole organ.

Paraphymosis, or contraction of the prepuce round the neck of the Glans, is equally troublesome and dangerous. It is true, we can see the Glans, but both Chancre and Gangrene may exist in the contracted folds of the prepuce, and there is danger of the compression becoming so great as to cause *mortification*. In fact I have known the head of the penis lost in this way.

In such cases the warm baths may first be tried, and gentle attempts may be made to draw the prepuce down, but when those fail, if the glans begin to turn *black*, the prepuce must be carefully cut *immediately*.

If there be chancre, it must be treated as will be hereafter described in the section on syphilis.

These remarks apply to Phymosis and Paraphymosis, let them arise either during Balanitis or Gonnorrhœa, or in any other venereal affection.

CHAPTER IV.

SPECIAL REMARKS ON BLENNORRHAGIA IN THE FEMALE.

Owing to peculiarities in the female organization, this disease exhibits itself in a different manner to what it does in the male, and is not generally so severe. In fact females may have Gonnorrhœa for a length of time, and give it to others without being aware of it, or at least suffering but little inconvenience.

It may affect only the external opening, the Vagina, the Womb, or the Urinary passage; or it may affect them all at the same time. In general, however, it is confined to one part.

The symptoms are heat and uneasiness in the parts, which become red, and at last pour out a secretion similar to that described in the male. When the Urethra is affected there is also a scalding in making water.

The discharge varies in appearance as it comes from different parts, but in such an uncertain manner that we cannot be guided by it.

In general that from the Vulva, or Vagina is thin and transparent; that from the Urethra thicker and less transparent, while that from the womb is apt to be in threads. When the complaint has existed long, it is also of a very rusty color.

Sometimes it has no smell at all, but at others it is very disagreeable ; similar to the secretion from cancer ; especially when the parts are ulcerated, or covered with little mucus pimples, as is often the case, particularly on the mouth of the womb and inside the external lips. Occasionally the discharge is very copious, and excoriates the external parts if not frequently washed of, or coats in a hard crust very difficult to remove. It may also reach the Anus, or Navel, and establish the disease there.

When the Womb is affected, there may be similar pains and dragging down feelings to those experienced in painful menstruation, and occasionally even sympathetic buboes, but rarely. The Ovaries may also be inflamed, corresponding to swelled Testicles in the male, and may be so injured in consequence, that the female will afterwards be sterile, which is one reason why many prostitutes do not conceive.

There may be Abscesses, Fistulas, and Inflammation of the Bladder ; the same is in the Vagina, but not nearly so frequently ; ulceration is however, frequently met with.

Probably the reason why females are affected less severely, is that the passages are much larger in them, and naturally have a more copious mucus secretion. The disease however, may be more difficult to cure in them than in the male, especially when in the Vagina or Womb, in fact when it has become chronic in either of those parts, it is often incurable.

One curious fact may be mentioned, which may explain some apparently anomalous occur-

rences. A female may have association with a man who is suffering from Gonnorrhœa, and a portion of the diseased matter may be left in the Vulva or Vagina, but so mixed up with the natural mucus secretion, that it cannot affect her. It is possible, however, that another man may associate with her afterwards, and take up this portion of the virus lying in her organs, and thus contract the disease.

In such a case, therefore, one man really takes it from the other man; the female being merely the medium which conveys it from one to the other, while she, herself remains unaffected.

In regard to treatment, Internal Medicines, such as the preparations of Cubebs and Copaiva, are of no service, except in those cases where the *Urethra* is affected, as indicated by the scalding in making water, they may then be used the same as in the male, till such symptoms have disappeared.

When the external lips are affected, they may be washed with Recipe No. 7, and when dried kept apart with dry lint.

If the Vagina is affected, the same Recipe may be injected with a female syringe, and in either case if the diet and drink be simple, unstimulating, and the bowels be kept free, a cure will usually ensue. If there be Ulcerations, they may be touched with Caustic, or a weak injection of Nitrate of Silver may be used, or Alum water.

While the Womb is affected, a cure is much more difficult, and often baffles all our treatment. Sometimes an injection is thrown into the

womb itself, but this is very difficult and sometimes dangerous; usually more dependence is placed upon general means for reducing the inflammation, such as leeches on the neck of the womb, blisters or cups on the spine, and external cold bathing. Above all it is necessary to rest and be extremely attentive to the diet and drink, and avoid sexual excitement or intercourse.

Vegetations, Abscesses and Fistulas, must be treated as in the male.

To ascertain the exact condition of the parts in the female, and also to apply the Caustic, it is necessary to use the *Speculum*.

Many females have Gonorrhœa given them, suffer from it for a long time, and completely recover without even knowing what has been the matter with them. If however, every one were to syringe herself with warm soap and water before connexion, she would seldom disease her companion, and if she were equally attentive after, she would seldom contract disease herself. In fact inattention to cleanliness causes a majority of the cases in both sexes.

The female is also liable to *Balanitis*, and to the Venereal skin diseases, which are described in another part, but they are seldom so severe, and require no different treatment. The Female Urethra is seldom affected with *stricture*, because it is so wide and so short, and it is scarcely ever troublesome

CHAPTER V.

STRICTURES.

By Stricture is meant a more or less partial narrowing of the Urinary Canal, in consequence of which the passage of the urine becomes tedious and difficult, and sometimes impossible.

There are three kinds of Strictures, *Spasmodic*, *Inflammatory* and *Permanent*, which require very different modes of treatment.

§ *Spasmodic Stricture.*

This form of Stricture is apt to come on after excesses in drinking or eating, or from exposure to damp or cold, but chiefly in young persons of an irritable habit of body. For instance it often begins in this way, as described by Sir B. Brodie: "A man who is otherwise healthy, voids his urine one day in a full stream. On the following day, perhaps, he is exposed to cold or damp; or he dines out and forgets, amid the company of his friends, the quantity of champagne, or punch, or other liquor containing a combination of Alcohol, with a vegetable acid, which he drinks. On the next morning he finds himself unable to void his urine. If you send him to bed apply warmth, and give him Dovers powders; it is not improbable that in a few hours

the urine will begin to flow. After the lapse of a few more hours, you give him a draught of infusion of Senna and Sulphate of Magnesia, and when this has acted on the bowels, he makes water in a full stream."

This is in fact the most usual course and termination of Spasmodic Stricture, but sometimes it becomes aggravated by some cause or other, and the retention of urine may have become considerable before any assistance is sought. It is seldom, however, that such means as those indicated above, fail to give relief.

In some persons such attacks are liable to come on after any little imprudence in eating or drinking, or from slight exposure, and in others they occur periodically. If neglected, the retention of the urine may go on till the bladder bursts; causing death. And even when this does not occur the alarm and suffering are extreme. The fright of the patient being increased by the suddenness of the attack, and by the total absence of any premonitory symptoms.

If taken early, the above simple treatment, combined with bleeding, will be usually sufficient, but if too late for this to operate, a *Catheter* must be introduced; first trying a small one of Gum Elastic, and if that cannot be passed, using a metal one, but always with great care. When the Catheter has emptied the bladder, Opium may be given in doses of one dram, every hour, till the patient can urinate freely.

This form of Stricture is rare, and is seldom caused by any of the venereal affections now being described, though it may be occasionally induced by them

It is strictly *Spasmodic*, or like a cramp, and is not connected with, or caused by, any permanent growth growing up of the passage.

§ *Inflammatory Stricture.*

This form of Stricture is caused by the walls of the Canal being thickened by inflammation, so that the passage is in consequence more or less closed. It is apt to occur during the acute stage of Gonnorrhœa, and also from the injudicious use of Instruments.

All that is required for immediate relief, is warm bathing of the parts, and, if the inflammation be very great, bleeding from the arm, or leeches to the perineum or inside of the thighs. Of course the Stricture will disappear immediately the inflammation subsides; and to that, therefore, our chief attention must be directed; no instruments must be passed.

These two forms of Stricture are comparatively but seldom met with, and do not so frequently follow venereal diseases, as the next form, which is a frequent consequence of neglected, or improperly treated Gonnorrhœa. Many Authors in fact speak of no other form but this, and there are few surgical diseases that have met with more attention, or that have been treated in more opposite ways than this.

§ *Permanent Stricture.*

Permanent Strictures are much to be dreaded. They are both dangerous and annoying; and many a man has had his whole after life made

miserable by one. They may be produced either by diseased growths in the Passage, as vegetations, tumors, and so forth; or from cicatrices from ulcers and wounds, which may be either in the Canal, blocking it up, or on the outside making pressure upon it. Most frequently, however, the walls of the passage become thickened in certain parts, from long continued inflammation, or other causes, and its size is thus lessened at those parts

The causes of Permanent Stricture. — This partial closing of the passage permanently, may occasionally arise from ordinary causes, and sometimes is natural from childhood; but in a vast majority of cases it results from Venereal Diseases, especially Gonnorrhœa.

Chancres will often leave Cicatrices, or scars, and are followed by warts, or vegetations; and Gonnorrhœal inflammation causes a permanent thickening of the walls of the passage; in either case a Stricture following as a matter of course.

Injections also, when improperly used, or internal instruments, when forcibly introduced, will cause Stricture; and so will the violent breaking of a Chordee, in the way formerly alluded to. Every man, however, who has a long continued Gleet upon him, runs a risk of Stricture, independent of all other causes.

Masturbation may also be mentioned as a cause of Stricture; especially when it is practised so as to make much pressure on any particular part of the Penis.

It is of Permanent Strictures more especially that it is necessary to treat in full, both from

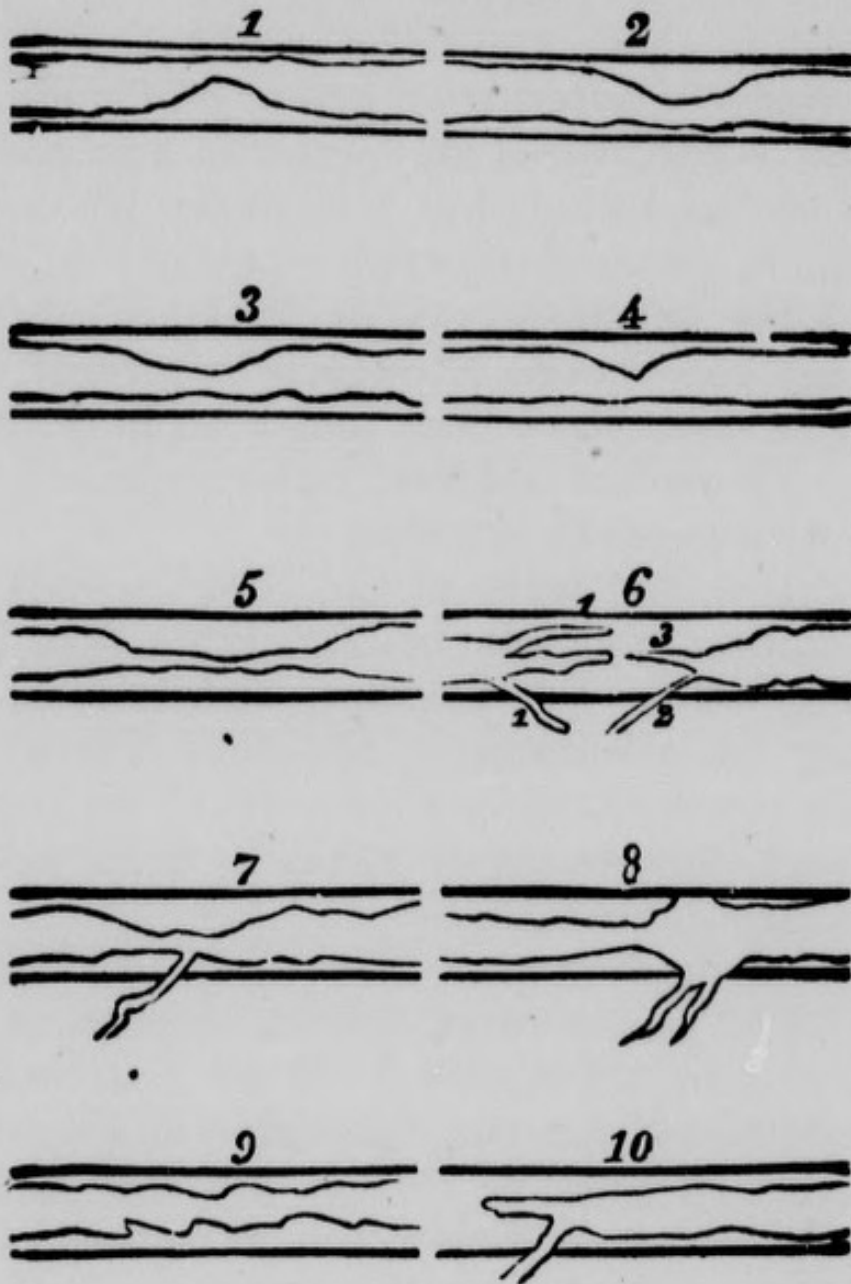
their nature and their greater frequency. The remainder of this chapter, will therefore refer principally to them and their treatment.

Situation, Number, and extent of Permanent Strictures.—Strictures may exist in any portion of the Utheral Canal, but are more frequently met with in particular parts; especially in what is called the membranous or bulbous portion. There may be only one Stricture, or several, even as many as eight have been met with in the same person. There are seldom, however, more than two; and in general but one.

The extent and form of the Stricture may be various. Sometimes it is only like a thin band stretching across the passage, either from one part only or all round. At other times it is much thicker, extending a quarter of an inch or more; and sometimes it extends from several points at the same time.

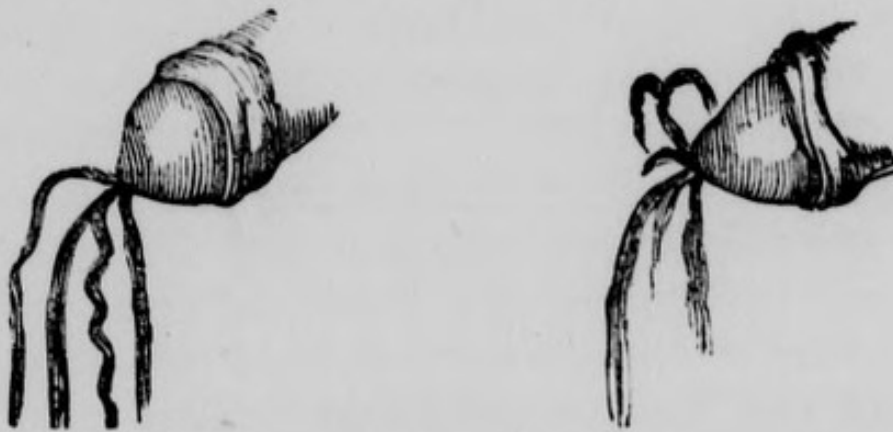
The various forms of Stricture are shown in the annexed engravings, which represent ten different kinds. The lower figure represents a portion of the Penis cut through, showing at C the contracted passage. B B are the parts of the canal above and below the Stricture of the natural size. A A are the cut edges of the walls

STRICTURES.



The symptoms of a Permanent Stricture.— Many men suffer with Stricture for a long time without knowing anything about it; the inconvenience arising being comparatively small at first. The first indications usually are more or less difficulty in passing water, owing to its coming in a smaller stream than ordinary. This may even become so bad that it will only dribble away in drops; and the expulsion may become so weak that it falls on the clothes, or person. A man so affected can always be detected when urinating by any one who has ever noticed such cases; and hundreds such may be seen daily, in all places of public convenience.

One peculiarity is nearly always observed, more or less, and that is, the twisting of the stream of urine in various ways, owing to the narrowing of a part of the passage. The urine seldom flows in one stream, but is more or less divided; and in some parts resembles a corkscrew, as seen below.



It is necessary to remark here, however, that many of these symptoms may be brought about by other causes. Thus in torpidity of the bladder, the urine often dribbles away, and falls

on the person, and also during erection, or when the Penis contracts more than ordinary. Various natural peculiarities in the form of the canal also, and in the relative situation of the opening, may lead to the same result. It does not follow therefore, that there is a Stricture in all cases, when these peculiarities are seen, though many unscrupulous practitioners often frighten their patients by saying the contrary. I have known numbers of men pay large sums of money for having a pretended Stricture treated, when they really had nothing of the kind.

Another symptom of Stricture, and one which more strictly belongs to it, is this: during sexual association, the patient feels that the semen does not pass from him at the moment of emission, but gradually oozes away afterwards, sometimes being ten minutes or a quarter of an hour in escaping. I have known cases where it did not leave the body at all in the natural way, but passed backwards, into the bladder, thus making the man, in fact, impotent; and originating Spermatorrhœa, as explained in my book on "The Male Organs."

These peculiarities in passing the urine and semen, are usually accompanied with more or less pain, and swelling of the Penis, especially over the strictured spot, where a kind of knot or hardness can be generally felt. This may not be, however, till after the trouble has existed some time. The patient is also apt to contract a habit of pulling the Penis out, which makes it longer than ordinary,—and not unfrequently we find Chordee, the same as in Gonorrhœa

Whenever a stricture has existed long, it is likewise accompanied, in most instances, by a kind of Gleet, or chronic discharge. This may be similar to an ordinary chronic *Blennorrhagia*, or it may only be indicated by the passage of a few mucus threads, like vermicelli, which are most frequently observed in the urine. Many patients watch for these threads daily, with the greatest anxiety, and when one is found it makes them wretched for a week.

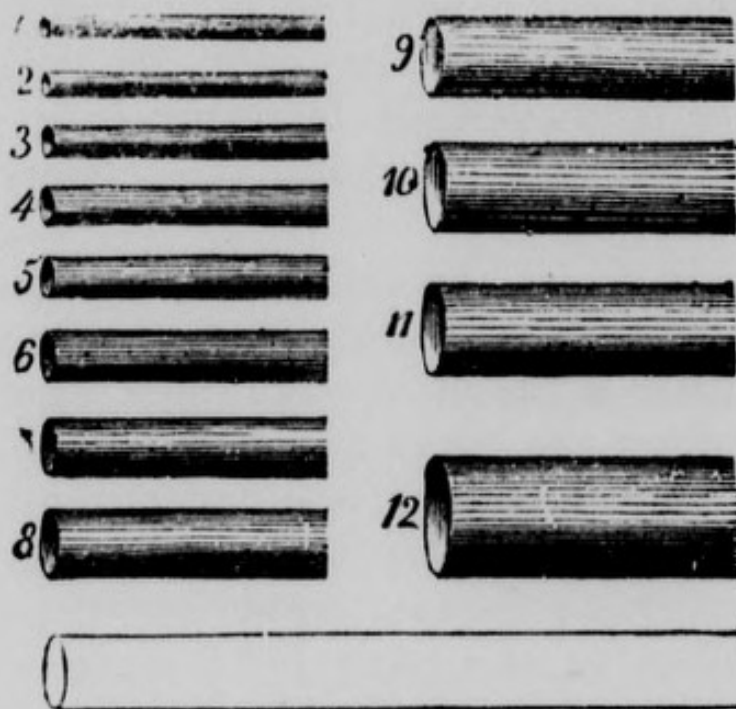
This Gleet may either be the chronic *Gonorrhoea* which has caused the Stricture continued, or it may arise anew as a consequence of the irritation caused by the constant difficulty in urinating.

It should also be remarked here, that very often a difficulty occurs in urinating, or the stream is forked and twisted, during an ordinary Gleet, merely from the thick mucus sticking to the walls of the canal, and so partially obstructing it. This, however, only occurs at times, and after it is over, all is natural; so that it is easily distinguished from the effects of permanent stricture.

All this shows how difficult it is, from ordinary symptoms, to be sure that a person really does labor under a Stricture, and how easy it is to impose upon the timid and uninformed, as is too often done. In fact if we had not other means of ascertaining the truth, more certain than any mere symptoms, the most experienced practitioner would often be at a loss; but fortunately we now have such a means, in a peculiar mode of examining the interior of the passage.

This is accomplished by introducing a round instrument called a Bougie, which passes readily down the passage where it is of natural size, but is partially stopped when it comes to the Stricture. According to the size of the Bougie which can be made to pass the obstruction, and the greater or lesser degree of difficulty in its passage, the character of the Stricture is estimated.

Bougies are made of metal, wood, whalebone, gum-elastic, and various other substances. They are of different sizes, and of various forms, so as to suit all cases. For convenience in practice the sizes are numbered according to a certain known standard, in order that any particular size may be ordered. The figures below represent their sizes, which are always the same; commencing with No. 1 as the smallest, and going up to 12 as the largest.



Some instruments of this kind are also made with a cutting edge, and others are bellied or

larger a little way from the end than in any other part. Occasionally also, they are made conical or tapering; and some have been constructed with springs, so as to open at the end after they have passed the Stricture, and then feel it while being withdrawn. Bougies are introduced either straight or curved, according to circumstances; and the materials of which most of them are made, admit of their being bent or straightened at pleasure. Some of the best are made of the new substance, Gutta Percha, which has the great advantage of being easily moulded of any form or size we may wish.

When it is desired to know the exact size and form of a Stricture, a Bougie is introduced, covered with wax on the end, which takes an impression of the strictured part, and thus gives us a picture of it. These impressions are, however, often deceptive, and must be procured and examined with great care.

Notwithstanding the great utility of Bougies, in making such explorations, they often fail in giving us a correct knowledge of a Stricture, and without great care and experience, they may even mislead. It is especially a difficult matter to judge by means of the Bougie, whether the Stricture is owing to a vegetation; to an inflammatory puffiness of the wall; to an old Cicatrice; or to an actual callous thickening of the walls. In general, however, the passage of the bougie is not so difficult when there are vegetations, and it is mostly followed by a discharge of blood, as it is also when there is inflammation. When there are Cicatrices, or callous hardenings, the

bougie passes with much more difficulty, and is held fast, and no blood follows its withdrawal, unless great violence has been practiced.

§ *The treatment of Permanent Stricture.*

The kind of Stricture most readily and most frequently cured, is that depending merely upon a puffy condition of the walls of the urethra. When there are vegetations, it is not only difficult to destroy them, but they are apt to grow again, and the place where they grew is liable to become the seat of a Cicatrix. The worst kinds of Strictures, however, are those depending upon Callous hardening or Cicatrices, and to tell the truth, numbers of them had better be left alone than touched.

Still we can sometimes succeed in relieving them, and a conscientious practitioner will always so proceed as not to injure even if he can do no good. I shall therefore explain the different modes of treatment usually adopted, and show in what cases each should be preferred.

There are many Strictures which cause little or no inconvenience, and which have no tendency to become worse; such are better left alone, for the treatment instead of curing, may only make them worse. With some exceptions, to be determined only by experience, the earlier a Stricture is treated, the better chance there is of a cure, because we may overcome it before any Cicatrix, or Callous hardness has taken place.

When the Stricture depends upon *puffy inflammation* merely, it will usually disappear

when the inflammation subsides, and requires no other treatment than such as was recommended to overcome the inflammation in *Blennorrhagia*. It should never be touched internally with the bougie, because that would not overcome it, and would probably irritate still more.

In case of *Cicatrix*, or Callous hardening, on the contrary, mechanical means must be used internally to make the Stricture give way. This practice is termed *dilatation*, and is practised as follows:

In the first place the dilatation may be sudden, by means of a large sized bougie, which is made to pass the Stricture and expand it at once. In many cases this mode of operation is the best, and succeeds perfectly, but in others it not only fails, but leads to other evils. In fact no one mode of proceeding will apply in every case; and the operator must depend upon his experience and judgment as to which he shall choose.

When the Stricture is *Spasmodic*, a large bougie will nearly always pass more easily than a small one, and so it will when there is a band or membrane across the passage, and it is less dangerous than a small one, when the lining membrane is in folds or wrinkles, because it is not so likely to get entangled, and make a false passage.

There is danger, however, in sudden dilatation of rupturing the Canal, and so causing a *Cicatrix*, which is the worst form of Stricture. In fact the mere breaking of a band in this way will often lead to the same result, and thus change a simple curable Stricture into a serious

one. Not unfrequently also, severe inflammation follows this sudden dilation, and even abscesses, or swelled Testicles.

Nevertheless, in some cases this plan is decidedly the best, but the operator must exercise great care. The bougie, bent to the proper form, must be gently passed, while the Penis is held upwards, till it comes to the Stricture, then it must be grasped close to the mouth of the passage which it is pressed upon, so that it cannot penetrate too far in case it slips suddenly in, as it often does. The pressure must be steady and uniform, gradually increasing till the Stricture relaxes; the instrument should be smeared with a little sweet oil.

Another mode is first to pass a small bougie, which will enter easily, and after that has remained awhile, succeed it by another little larger, and so on, rapidly succeeding the Instruments one after another, till a large sized one will enter easily. This plan will generally succeed, but unfortunately the Stricture is apt to return, even when the cure seems most complete; and I have known men to be cured, as they thought, many times, and yet find themselves afterwards no better. There is also danger of this frequent introduction of instruments causing acute inflammation.

As a general rule, the more rapidly a Stricture has been overcome, the more apt it is to return; and this makes a slower process more successful.

This slower process is called *gradual Dilatation*, and is the mode most usually adopted by careful practitioners. It is precisely the same as

tha: just described, except that the successive bougies are not passed so rapidly. A small one is first employed, such as will pass with gentle force, and the irritation arising from this is allowed to fully subside before the next is used, and so on.

This process is slow, but it is more safe and sure than either sudden or rapid dilatation, and the cure which it effects is much more likely to be permanent. I have been six months in overcoming a Stricture in this way, but it has then been fully overcome.

There is this advantage also, in gradual dilatation, that the patient can readily practice it himself, when he is familiar with the instruments, which he soon becomes. I have known many, whom I have directed by letter, succeed perfectly. Care should be taken, however, not to attempt to pass a Bougie when there is any kind of internal sore, for fear of making a wound; nor is it proper when there are any kind of diseased growths, as these are not removed by it but only irritated.

The general rule for using Bougies is, to pass each one so large that it will be grasped firmly at the strictured part; and it must be used till it becomes quite loose, before a larger one is employed. This must then be continued till it becomes loose, and so on, but great force must never be used. Bleeding frequently follows the passage of a Bougie, but it should not do so; and when it does, it is generally a sign either that there has been too much violence, or that the case was unsuited to the treatment.

Sometimes it is best to keep the Bougie in but for a short time at each application, especially when its presence seems to irritate; but when it does not do so, it may be left in longer, even for hours or days at a time; particularly when it continues to be tightly grasped.

Leaving a bougie in too long, however, has often led to very serious consequences, as many many have found to their cost. It should always be withdrawn immediately if it causes any irritation; and should not be again introduced till that irritation has quite subsided. Many patients suffer from fever, and general nervous derangement, while the Bougie is retained, in addition to the local irritation; and some have had their health seriously impaired in this way. Swelled Testicle, inflammation of the Bladder, and suppression of urine, not unfrequently follow this practice, and also abscesses and ulcerations.

The Bougie may act upon the Stricture in different ways. Thus, sometimes it causes an active inflammation and ulceration, by which the Stricture is destroyed; and at other times it reduces the swelling by bringing on a profuse discharge; but neither of these processes are the best, because they are apt to be followed by callous, or cicatrice.

The most favorable action of the Bougie, is when it simply causes absorption, such as commonly results from mechanical compression, without any active inflammation. This destroys the actual substance of the Stricture, and leaves no tendency to its return. In fact, if this absorption does not take place, the mere dilating

stretching, is of little use, because the parts contract again.

As a general rule, the Bougie should be made to pass the Stricture, in order to effect its dilatation; but this is not always necessary at first, and sometimes it is impossible.

In such cases, it will often be sufficient to make the Bougie press upon the Stricture slightly, every day, without entering it, and though but little progress may appear to be made, yet, eventually the instrument will pass through quite easily, and the cure will be permanent. I have continued this practice for several months in some patients, and have known others continue it themselves, under my direction, with the happiest results. It requires patience, however, and perseverance, which many patients do not possess, though often they find that time has been lost by too much haste.

This gradual daily pressure probably acts by causing continuous, though slight absorption of the strictured part, which thus becomes daily smaller, and at last totally disappears. The advantages of this process are its safety, and the little danger of any relapse, and at the same time it is, perhaps, more certain than any other mode. It is the plan I usually follow, and which I recommend to those who consult me by letter, providing there are no special indications to forbid it; for it must be borne in mind, as before remarked, that no one process will suit all cases.

It is a curious fact, that in some cases treated this way, the patient will begin to urinate freely, and in a clear stream, long before the Bougie

passes the Stricture, as if the mere daily pressure on one side caused it to relax on the other. Sometimes even when the Stricture never is overcome this practice will give great relief.

Various other plans have been proposed for dilating Strictures, besides those already described; but none of them have any superior merit, and many are very objectionable, especially when attempted by the patient himself. Thus some practitioners thrust a bundle of small Bougies into the Urethra, and attempt to pass them through the Stricture one at a time, in succession; and others first push in a hollow tube, and then a solid Bougie down that; but after trying all these plans I cannot advise them.

It is often necessary, however, to try Bougies of various forms. Thus, sometimes the common straight one with a blunt end, is best; and at others more success follows from the use of a tapering, or conical one, quite small at the end and enlarging gradually. Those Bougies also, that are bellied, or larger at one particular part are frequently of great service; especially when the Urethra is irritable, because they only make compression at the enlarged part, which should always reach the Stricture.

The substance of which Bougies are made, may also be advantageously varied, in different cases. Perhaps, as a general rule metallic bouges are best for patients to use themselves; and they should also be at least of medium size, because there is less danger of their doubling up, or taking a wrong direction; and the pressure from them seems more potent.

In all cases after we have succeeded in overcoming a Stricture, the patient should be directed to pass a proper sized Bougie every third or fourth day, or once a week at least, to see if the parts have any tendency to retract. If this is found to be the case, or if the stream of urine gets smaller, or forks, the treatment should recommence immediately.

Cauterizing and Cutting Strictures.

There are many cases of Stricture in which the ordinary treatment is of no avail, and in which other modes must be resorted to, unless we leave them altogether. Some of these may be treated by Cauterization, — a practice full of danger in unskilful hands, and applicable only in particular instances.

The process consists in introducing some substance down the Urethral canal, which shall burn or cauterize the Stricture when in contact with it, and so destroy it effectually. Many substances have been used for this purpose, by different practitioners. Some have employed Arsenic, and some Alum, or Nitrate of Mercury, but now, Nitrate of Silver, or common Caustic is used almost exclusively.

The caustic is introduced by means of a small silver tube, down which a rod is passed with a small piece of the Nitrate of Silver attached to the end. When the end of the tube has reached the Stricture, the Caustic is thrust out, so as to burn the part, and then pulled back, so that the tube can be withdrawn, without any other part being Cauterized but that we wish to be.

This is usually called Lallemand's Caustic holder, his being the form most frequently employed; though there are others differing some little in their make, some being straight and others curved. They are all however, essentially the same instrument, and it is of little consequence which is taken.

Sometimes one Cauterization is sufficient, and at other times it is necessary to repeat the operation frequently. This must depend entirely upon the nature of the case, and upon the effect of the first application. In every instance it is requisite to be careful and not apply the Caustic too long; because there is danger of destroying the parts too deeply, and also of producing so severe an inflammation that we may find a difficulty in subduing it; besides the risk of a Cicatrix being left from the wound.

The effects of one Cauterization must also pass completely off before another application is made.

Not unfrequently, the Caustic causes spasms, and fever; and besides, the severe local inflammation is apt to be followed by bleeding and by abscesses, or false passages. In many cases also, which depend upon callous hardening, and upon Cicatrices, the Stricture is made worse by the application, because those diseased conditions are aggravated by it, nor is it always possible to judge with any certainty, whether this is likely to be the case.

In fact, as a general rule, the Caustic should never be used where there are Cicatrices or Callous, for the reason above stated. It is more

generally applicable when there are vegetations, ulcerations, or inflammatory puffiness; and sometimes a single application is sufficient in Spasmodic Stricture. Occasionally also, it may be used in connection with Dilatation, especially when the Stricture depends upon a morbid condition of the Urethral walls, or when it has a tendency to return. The Bougie however, should not be introduced till all the inflammation from the caustic has fully subsided; and in such cases a single application is nearly always sufficient.

Some practitioners have proposed, instead of Caustic to introduce a piece of Platina, which can be made white hot by a stream of hydrogen gas after its introduction, and thus burn the part by actual heat. This process, though ingenious, is unmanageable, and in no respect superior to that above described.

Cauterization is, in all cases, a somewhat hazardous operation, even in the hands of an experienced surgeon, and cannot be recommended to the patient himself. I seldom resort to it, and never without a full explanation to the patient of the risk he runs, so that he may decide whether he would rather bear the ills he has than fly to others he knows not of.

We find in history, that one of the ancient kings of France, was cured of a Stricture by Cauterization; but the consequences were so serious that the surgeon was tried for his conduct.

The Cutting or Scarification of Strictures is quite a different operation, and may often be practised when Cauterization is improper. It

consists in passing a small cutting instrument along a tube instead of the Caustic, and dividing the Stricture with it. Sometimes it is thrust through downwards, and at other times it is pulled through upwards, being first passed below the Stricture.

After the Stricture is divided, a Bougie is introduced to keep the cut edges asunder; and this must be worn for an hour or so every day, for some time after, gradually using a larger instrument, till the Stricture is fully dilated. In fact, the cutting alone is of no use; but as an assistant to dilatation it is often of great service.

The cutting should never be deep, but rather a simple scarification; and as a general rule, it is only practised from below upwards; the thrusting or puncturing operation, from above downwards, being too dangerous, and only allowable as a last resource, when there would be more risk from doing nothing.

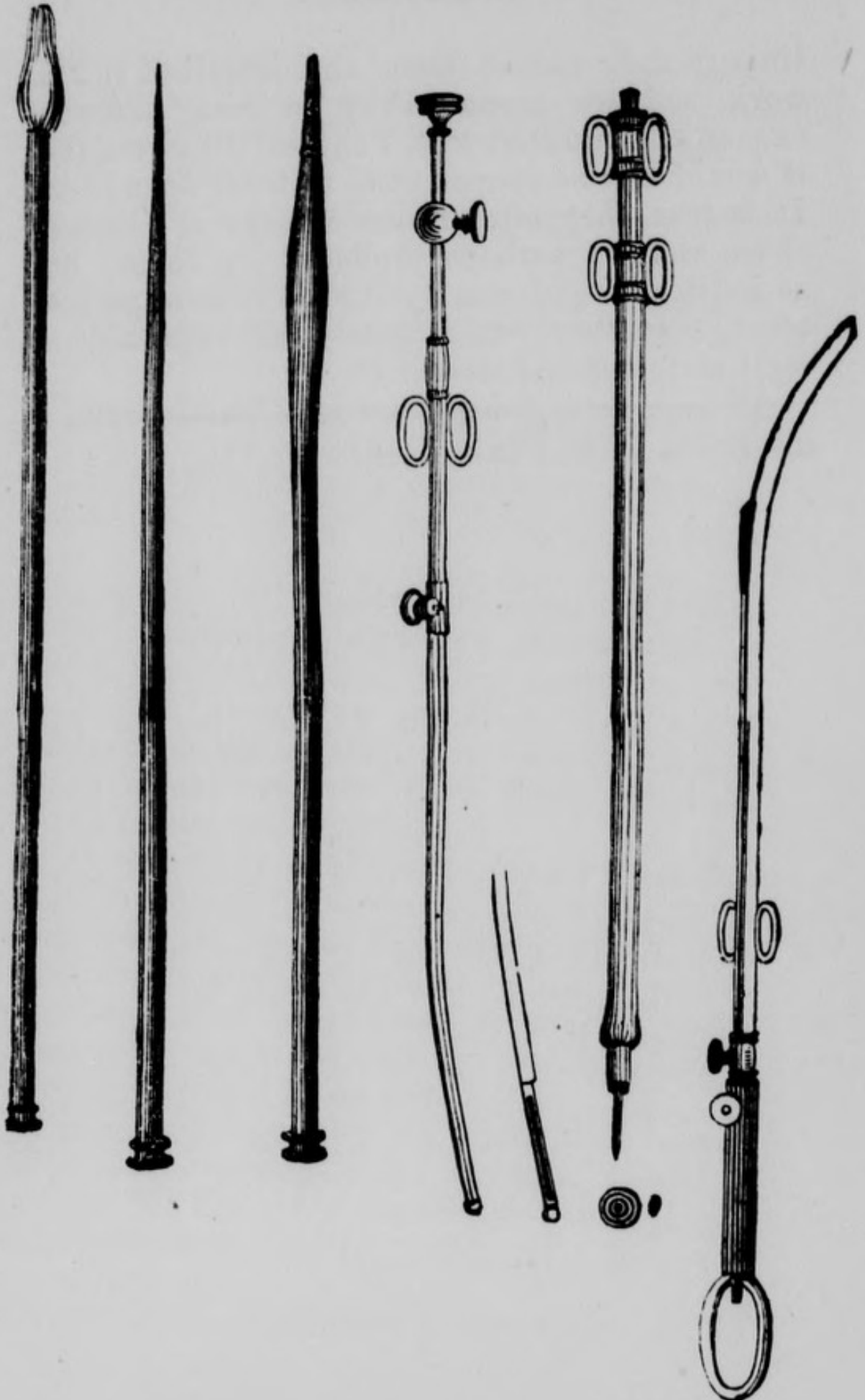
With care there is but little danger from this operation, though patients are more apt to be frightened at it than at Cauterizing, which is in reality much more hazardous. Still it cannot be recommended to patients to scarify themselves; and experience only can decide when it is proper, or likely to be useful.

It is not unfrequently the case, that inflammation and swelling of the Prostate Gland is mistaken for Stricture, especially in old people, because there are many symptoms common to both affections.

Prostatic derangements, however, are so dis

tinct in their nature from any described in this work, and are produced by so many different causes, unconnected with Venereal Diseases, that it would not be proper here to treat upon them. It is true, they often follow attacks of Gonorrhœa, and are perhaps produced by them; but so indirectly, and usually at such remote periods after, that they can scarcely be regarded as legitimate consequences.

All such derangements are fully treated upon in my Book, "THE MALE ORGANS."



CHAPTER VI.

ACCIDENTS FROM THE OPERATIONS

§ *False Passages.*

IT is sometimes the case, when passing **Bougies**, that they are thrust through the lining membrane of the canal, puncturing or tearing it, more or less, and so making an unnatural opening, or false passage. The same accident may also follow **Cauterizing**, when it is too severe, or the incautious use of the cutting instrument.

These false passages sometimes extend to the **Bladder**, or even to the **Rectum**, the instrument making its way without much difficulty, through the flesh.

In such cases the operator often thinks he has succeeded in passing the **Stricture**, and remains for some time unaware of the mischief that has been done. Instances have even been known, in which the **Bougie** has been thrust into the **Abdomen** in this way.

Singular as it may seem, it is often difficult to tell when a false passage has been made; and though the consequences are sometimes serious enough, yet at other times little or no harm follows.

The symptoms of such an accident are often quite obscure. Frequently there is no bleeding.

and the patient feels no more pain than when the instrument passes the Stricture, or perhaps even not so much. In general, however, there is more or less sensation of pricking, or tearing, with smarting. When this is complained of, after the instrument has suddenly passed quite easy, there is good reason to fear that a false passage has been made; for, as a general rule, the sound parts will tear more easily than the Stricture. The Stricture also holds the Bougie tight, whereas, in a false passage it is loose.

Fortunately, in the great majority of these accidents, if the patient be kept quiet, and there be no serious inflammation, the torn parts grow together again, and the false passage closes, providing the instrument is not again introduced. In fact there are no doubt many accidents of this kind, which are never known either to the patient or practitioner.

It is only when the parts are very much torn, or when Caustic has been used too freely, that there is much injury, and then even it may extend no further than a severe inflammation, which may with care be overcome. The principal danger is when the false passage leads to the Bladder, because then the urine passes along it, irritating and keeping it open. It sometimes happens, however, that the inflammation closes the passage and causes a complete retention of the urine, which may even necessitate the operation of puncturing the Bladder.

As long as the patient can pass his water, unless the wound be very large, rest and cooling means will usually effect a cure. When it has

reached the Bladder, however, and the urine flows along the false passage, other means must be resorted to.

In such cases the new passage will often become lined with a false mucus membrane, and the urine will take it in preference to the natural canal, especially when that is obstructed by Stricture. To prevent this, we should, if possible, dilate the Stricture, and leave a Catheter, or open tube, in the passage, for the urine to escape by, so that it may not flow down the false passage, which then has a chance to close.

When there is complete retention of urine the Bladder must be relieved in some way or other, or it will burst. Every effort must be made to pass a Catheter; and if this cannot be done, there is often no other resource than to open the Bladder itself, in front, which is exceedingly dangerous. M. Ricord intimates, in fact, that he would prefer making a false passage, as being the lesser evil of the two.

With care, gentleness, and skill, such accidents will seldom occur, though it is often difficult to avoid them. The instrument should, as one precaution, always be held quite short, so that it can be steadily guided; and its course should be carefully followed by the finger on the outside. The Penis should likewise be drawn forwards on the Bougie, so that the folds of the mucus membrane may be smoothed out, for it is frequently from catching in these folds that the accident occurs. Too great haste, is perhaps the most frequent cause of this trouble, some persons being more desirous of having a reputation as quick operators than as careful ones.

§ Infiltration of Urine.

This is a much more serious trouble even than that just described, and not unfrequently becomes fatal.

It consists in the entrance of the urine, through some opening in the lining Membrane, into the Tissues underneath along which it often extends the whole length of the Penis, and even to the Scrotum and neighboring parts.

This accident may be caused by any violence, or morbid condition, which ruptures the lining Membrane of the Urinary canal. Thus it often follows the breaking of an abscess, the forcible straightening of a Chordee, the violent pressure of the urine behind a Stricture, and also the making a false passage with instruments. Perhaps the last cause is the most frequent, and another cogent reason is thus found for extreme care and gentleness. A long continued state of inflammation undoubtedly predisposes the Urethra to burst, by softening its walls, and this makes it desirable, independent of other considerations, that such a state should be terminated as soon as possible.

When infiltration of Urine takes place, the patient observes in the first place that little or no urine leaves the body, though he is fully conscious that it has been expelled from the bladder. Immediately after, he becomes aware that the Penis, or Scrotum, or some other neighboring part, is swollen and puffy, and very painful. The whole system soon sympathizes, and he becomes restless and feverish to an extreme degree. In a very short time, if nothing is done, all these

symptoms become worse; the skin over the swollen parts becomes black, and large portions of the mortified flesh slough away, leaving fearful ulcerous openings.

In such a state the patient soon sinks, and either falls into a death-like stupor, or breathes his last amid frightful convulsions.

The treatment of this terrible accident, to be of any use at all, must be prompt and decided. Every part to which the urine has penetrated, must be at once cut into, and deep enough to let it all escape. Then a Catheter must be passed to conduct the urine the natural way; and providing the patient has strength enough to carry him through the severe sloughing which follows, and the mortification does not extend, he may recover.

With the best of treatment, however, and at the earliest moment, this is always a dangerous accident, and every precaution should be taken to avoid it.

In many cases, when I see that the Urethra is softened by disease, I utterly refuse to pass a Bougie at all, for fear that this trouble may follow; and I tell the patient he had better put up with the evil of the Stricture, than run this greater risk,—at least till the condition of the parts has changed..

Sometimes infiltration follows the use of a cutting instrument, even when the inflammation is but slight; and this is one reason why many practitioners never resort to it.

§ *Fistulous Openings.*

In consequence of any kind of false pas-

sage or abscess, a fistulous opening may take place, either externally or internally, which may be exceedingly difficult to treat.

Some of these external fistulous openings communicate with the Bladder, or Rectum, and others only with the Urethra. When they communicate with the Bladder, there is a constant dribbling away of the urine, through the opening, as fast as it is secreted, causing the patient the extremest misery and distress. When they only communicate with the Urethra, the urine escapes by them only at the time of urinating, and when they open into the Rectum, it may escape with the contents of the intestines. Those Fistulas which open internally, usually have but one opening, but those which open externally frequently have several.

The more numerous the fistulas are, or the larger, of course the more diseased surface is acted upon by the urine, and the worse are the consequences. Severe ulceration, sloughing away of large masses of substance, and consequent extensive destruction of the parts are frequent results in severe cases. Even the bones will decay, and the seat of disease will appear but one fungus or cancerous mass, rapidly hastening to destruction. It is true many *small* fistulous openings may exist for a length of time without any such terrible results, but there is always danger of even the smallest one, when constantly traversed by the urine, becoming aggravated to an unexpected degree.

The *cure* of fistulous openings is one of the most difficult problems in surgery, and but little

success has hitherto attended the attempts that have been made. This is owing to various causes, which cannot be avoided. In the first place the urine keeps them constantly irritated, and prevents them from healing, and secondly the enlargement of the parts during erection often breaks them open, even when nearly closed. In fact the presence of the urine is the main difficulty, and unless there be an unusually morbid condition of the parts, the mere keeping them clear of that fluid will often effect a cure alone.

In slight cases, which have not existed long a Catheter should be introduced, if possible, into the bladder, to convey the urine, and if it can be made to do so entirely, of course the fistula will be kept clear of it. Then the edge of the opening may be cut, or cauterized, and brought close together by sutures, so that they may unite. If all can be kept quiet long enough, and the urine can be kept away, a *cure* can often be accomplished in this way, but in the majority of cases some little accident spoils all, perhaps just at the moment of success.

When the opening has existed long it becomes lined with a false mucus membrane, which has to be destroyed before any union of the walls can take place, and in all cases the opening must be small enough for its sides to be brought together. In large openings, or when much of the substance has sloughed away, of course this cannot be done, and the case may be considered as incurable. Some surgeons however have attempted to *graft* pieces over those large openings, taken from the neighboring parts, but with very meagre success.

The most important point is to treat the case at *the earliest moment*, and the chief requisite for cure is *to keep the wound clear of the urine*. It may sometimes be healed *externally*, it is true without this being effectually done, but it is only *covering over* the evil, and in a short time it breaks out again. Very often however this is called a *cure*.

CHAPTER VII.

BLENNORRHAGIA IN OTHER PARTS OF THE BODY
THAN THE GENITALS.

§ *Blennorrhagic Ophthalmia, or Gonnorrhœa in the Eye.*

This disease is precisely the same as that described in connection with the Genitals, only it affects the *eye*.

How it is caused has been a matter of dispute, some parties believing that it arose only from *sympathy*, while others contended that it must always result from actual *contagion*, or in other words from some of the diseased matter of a gonnorrhœal discharge coming in contact with the eye. This last view of its origin is the only reasonable one, and is now almost universally adopted.

In some way or other a portion of the diseased matter touches the eye, and at once innoculates it, though we may not always discover how this has come about. Men are more subject to it than females, owing to their fingers necessarily touching the genitals at times, and thus conveying the diseased matter to the eye. In general only one eye is affected at first, though the other is sure to become so without great care. If the patient lies with the sound eye downwards the matter from the diseased one may run into it, or a small portion may lodge on the pillow and thus come in contact. In drying the eyes also sufficient care is not always taken to never pass the napkin from one eye to the other.

If a child be born while the mother is diseased with blennorrhagia it will be nearly sure to have its eyes affected, and may often be blinded in this way.

The smallest portion of the discharge is sufficient to develop the disease, if it touches the eye, and there are many ways in which this may happen, both from the individual himself and from others, as every one will see.

The *symptoms* of Blennorrhagic Ophthalmia are similar, at first, to an ordinary inflammation of the eye. The patient feels as if there were something in it, and rubs and washes to get it out, but cannot succeed. If the eyelid be turned down and examined it will be found to be red and swollen, in one spot at first, but soon over the whole lid. The tears begin to flow, and soon after a mucus or purulent discharge is observed, which becomes very profuse, and is sometimes mixed with blood. The eye also looks bloodshot and the edges of the lids are much tumefied. The lower lid is first attacked, but the upper one is soon affected also, if the disease progresses.

Not unfrequently the discharge is remarkably acrid, and will excoriate the cheeks if it flows over them, and make deep chaps. It also crusts round the lids, and often closes the eyes altogether.

After a time the lids become so swollen that they cannot be opened, and the discharge is thus kept underneath as if it were an Abscess. The upper lid sometimes closes over the lower one, and partly shuts it in

As the disease progresses the ball of the eye

itself is affected, and may even ulcerate and be totally destroyed, as has really happened, in numerous instances.

So rapidly do these symptoms all follow each other that *in twenty-four hours* from the first appearance of the disease the eye may be *totally lost*!—But if not destroyed by the fifth day it may possibly be saved, though in many cases covered with Cicatrices and false membranes.

It is unfortunate that in the early stages, and in fact even when the disease is considerably advanced, there are no symptoms which *certainly* distinguish it from ordinary ophthalmia, and thus we may be in doubt as to what the trouble really is. As a general rule however the symptoms are more *severe*, and quicker developed, than in the common sore eye. We may also have reason to suspect something more if the individual is suffering from Gonnorrhœa at the time, though he may contract it from others, as before remarked.

This is undoubtedly one of the most dangerous diseases of the eye that is known, and a complete recovery is a very rare occurrence. All surgeons agree that the most energetic treatment must be commenced *instantly*, and persevered in till all traces of the inflammation are subdued,—There must be no hesitation or half way measures, for a *few minutes* of inactivity may lose the patient his eye.

On the very *first appearance* of the redness on the lid, if there be any reason to fear *Blenorrhagic* ophthalmia, Leeches should be freely applied over the temples and behind the ears

and a good dose of salts, or castor oil should be given at once. And if the patient be of a full habit, or seem inclined to fever, blood should also be taken from the arm, in large quantities. The next thing to be done is to promptly apply the *Nitrate of silver*, or Caustic. The eyelids must be everted and a solid stick of the Nitrate rapidly passed over them, just to make them *white*, taking care not to touch the ball of the eye. Immediately this is done cold water should also be freely washed under the lids, with a syringe, so that none of the Caustic remains, or it might injure the sight.

This is the main part of the treatment, and if done promptly, and well, it will in general so change the *character* of the inflammation as to remove all danger of very serious consequences. It in fact changes it from a *gonorrhœal* to a *simple* inflammation.

After this the eye may be bathed with infusion of poppy heads, warm, but care must be taken not to wash any of the discharge into the sound eye, when only one is affected.

A little *Belladonna* placed in the Nostril, on the diseased side, will also give great relief from pain.

In addition to all this a *Seton* may also be put in the Neck, unless the inflammation is evidently subsiding without. The great object being to create a diversion as it were *away from the eye*, in the quickest manner possible.

If necessary the Cantherization may also be repeated in a few hours, several times

Some practitioners also give Blue pill instantly, to cause salivation, but others object to it.

In no case should any irritation of the eye be neglected during Gonnorrhœa, and it will be better even to act when there is no real cause than to run the risk of not doing so early enough when there is, particularly as the same treatment would not be improper even in common inflammation of the eye.

Let the gonnorrhœal patient be also specially warned, from the terrible nature of this disease, of the great importance of *strict cleanliness*, in every way. I am often surprised, when I see the carelessness of men in this respect, that Blennorrhagic ophthalmia is not more frequent than it is. In all cases the hands should be thoroughly washed after touching the affected parts, and nothing should be allowed to come near the eye that can possibly convey the infection.

Like many other poisons the Gonnorrhœal discharge may be *swallowed* without any evil consequences whatever.

§ *Blennorrhagia of the Anus.*

This is a disgusting affection, both in its nature and from the unnatural way in which it is sometimes contracted, but still as it is occasionally met with, it ought to be treated. Besides it *may* arise accidentally, and is then a real misfortune.

The symptoms are much the same, at first, as those of Gonnorrhœa of the Urethra, except that they are differently located. Considerable pain and smarting is felt whenever the bowels are moved, the Anus becomes swollen and inflamed.

and a discharge occurs precisely like that from the urethra. Occasionally the agony is very great, from the passage of the fœces over the excoriated intestine, and much blood is lost.

The great irritation may cause sympathetic buboes, and abscesses not unfrequently occur, sometimes followed by Fistulas. After the acute stage is over the gonorrhœa may become chronic, and a kind of Anal Gleet may exist for years.

Any person laboring under ordinary Gonnorrhœa may convey it to the Anus, by neglecting cleanliness, and allowing the discharge to reach that part. It may easily drop upon the Pantaloon, or linen, and be sat upon, or it may be sat upon at the water closet, either from the individual himself or from some other person. In every case, in some way or other, some of the discharge must touch the part.

But what shall be said of other modes of contracting this form of the disease? Some people will ask if it is *possible* that such instances of the effects of depravity are ever seen? Most assuredly they are, as every one extensively acquainted with hospital practice well knows. I have also known cases of Sailors being so affected, after a long voyage.

This subject may sometimes be important in a *Medico Legal* point of view, and that is the principal reason why I refer to it.

Unfortunately in this disease we have the same difficulty as in Gonnorrhœal Ophthalmia. There are few signs by which an opinion can be formed in many cases, as to whether the discharge is really blennorrhagic, or only such as often occurs

from other diseased conditions of a simple nature. It is requisite to take other circumstances into consideration, and especially to observe if there be any of those peculiar indications of unnatural crime with which surgeons are acquainted.

In regard to treatment, but little of an active nature can be done. The bowels must be kept free, cold washing must be frequently repeated, externally, and weak injections of Nitrate of Silver must be used internally. The diet must be light, and nothing heating or stimulating must be either eaten or drunken. **Cubebs and Copaiva are of no use.**

CHAPTER VIII

VENEREAL SKIN DISEASES, OF A NON-VIRULEN^{ts}
CHARACTER.

THERE are diseases of the skin, of a non-virulent character, observed either upon the Genitals or neighboring parts, which appear to be more or less dependant for their propagation upon sexual intercourse,—at least in some cases. These are called by various names among medical men, according to the differences in their character. Thus, sometimes we have Herpes Preputialis, and sometimes Eczema.

These affections usually consist of clusters of little pimples, or eruptions, often surrounded by a large patch of inflamed surface, and sometimes discharging a thin acrid fluid when broken. Occasionally small shallow ulcers are produced, and when these have disappeared, the surface, especially of the Glans, will be covered with marks and stains, as if diseased under the skin.

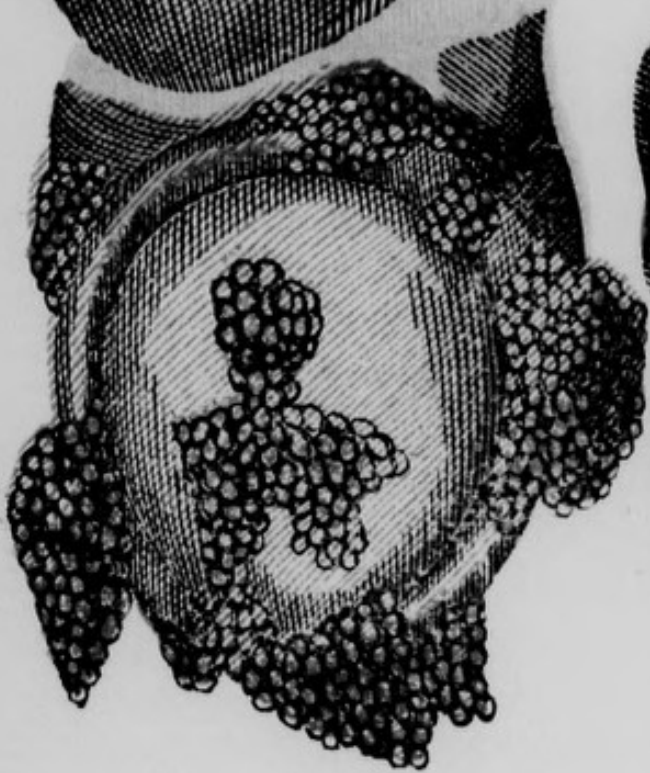
These eruptions are most frequently met with in those who live irregularly, or who are dyspeptic and bilious, and also among the scrofulous. It is questionable if they are ever produced by sexual intercourse alone, though that may convey them from one to another; and it is certain

Non Virulent Venereal Diseases.

Herpes Preputialis.



Eczema.



Vegetations.

Balanitis.



they often occur in those who have no such association at all.

It is quite possible that they are often contracted at the water-closet, and sometimes they follow any kind of chafing of the parts, especially in those of an irritable fibre.

Simple as these affections are, they are nevertheless very annoying; especially when seated on the Prepuce, or Glans; and at first they alarm considerably from their resemblance to Syphylitic Chancres. They are also difficult to cure, and after disappearing entirely will often appear again. They are particularly troublesome to females when they come on the Labia.

The treatment must consist in simple washes of Goulard-water, or Sugar of Lead, or Sulphate of Zinc; or in obstinate cases, slight Cauterizing with the Nitrate of Silver. The general health must however, be attended to, and the action of the system must be changed. A little Mercury or Iodine may be employed, or sea-bathing may be tried; but in spite of all, there are some cases very obstinate.

CHAPTER IX.

VEGETATIONS.

VEGETATIONS are peculiar morbid growths of various appearances, which frequently accompany or follow Venereal affections. Some are called Warts; some Cauliflower Excrescences; others Coxcombs, and so on. Occasionally they attain a considerable size, and are found in immense numbers, both on the exterior of the body, and in the urinary passage. They are either hard, horny, and dry, or constantly moist, soft, and tender, and sometimes have a constant tendency to bleed. They are often very red in color, though occasionally pale, and sometimes nearly black. At times also, they secrete a fluid with a very offensive odor.

These vegetations may be either attached to the skin by a broad, flat base, or only by a thin neck, or pedicel. They are most frequently met with on the Mucus Membranes of the Genitals, or close by them; though occasionally found on other parts, especially on the Fore-skin. On examining their structure minutely, before they become horny, they are found to be composed of little granules, about as large as a pin's head, but pointed. It is probably by the continual development of these granules that they increase so fast, like fungi from their spores. They are

plentifully supplied with blood-vessels, but are often nearly destitute of nerves; though at other times excessively sensitive.

With respect to the causes of these morbid growths, they are popularly supposed to arise only from Venereal diseases; but there is no question as to their also being produced, in many cases, from other causes. Thus we often see them in boys who practice Masturbation, and in those who have a profuse secretion from the Glans, and neglect to cleanse themselves. They also develop in females who are subject to discharges, and who are neglectful in the same way. In fact, any irritating agent, constantly applied for a length of time, may originate vegetations, though they undoubtedly ofteneſt arise from the discharges produced by Venereal diseases.

Perhaps these peculiar growths are most frequently connected with Syphylis, but they are also very often originated by Gonorrhœa and other non-virulent affections; and are occasionally observed even in mere children, especially those of a Scrofulous habit, or of diseased parents. Their presence, therefore, does not prove licentiousness, because they may arise without sexual association or excitement.

The vegetations may either exist alone, or be connected with other diseased conditions, such as ulcerations, chancres, and discharges. This is, in fact, most frequently the case, though they will often remain after all other forms of disease have disappeared.

Vegetations are not considered serious, nor do they often require very active treatment, but

still they may be remarkably obstinate, and re-appear as fast as we destroy them, time after time, for years. They are the most troublesome when they exist within the Urinary passage, as they are then so difficult to reach. In such situations they cause Strictures, as elsewhere explained. In general they cause no great irritation, unless constantly chafed or roughly handled.

I have known the Male Urethra almost blocked up by these growths, and the Female Vagina so obstructed by them that sexual union was impossible. In one instance, recently, I saw a mass of Venereal Warts on the end of a man's penis, almost as large as the whole organ itself.

The treatment of these morbid developments is generally very simple, and usually efficacious. In simple cases all that is necessary is to remove the irritating cause upon which their existence depends. They must be frequently washed with alum-water, dried, and covered with dry lint, to separate them from each other, and also to keep any discharge from reaching them. In a short time they will shrivel up and disappear. If any discharge exists however, it must be kept carefully from them, or they will again grow.

It is generally believed that most warty bodies emit a secretion, though it may be often invisible; and that this secretion will propagate them to other parts. This is why they should be covered with lint, and isolated from each other and from the neighbouring parts. The blood from warts has no power to reproduce them at all

If they should remain after this treatment, as is sometimes the case, they may be cut off, with scissors is best, close down to the skin. They will bleed freely, but that need not cause any apprehension; and they will only require to be covered with dry lint afterwards, and frequently washed with alum-water.

If these means fail they may be occasionally touched with Nitrate of Silver, or Caustic Potash, or they may be sprinkled with powdered burnt alum, after washing and drying them. It is a good plan to touch the roots with Caustic after they have been cut, but not till the bleeding has fully ceased.

In spite of any treatment, however, they will re-appear if any discharge flows over the parts, or if they are constantly irritated.

I have caused a mass of vegetations as large as a man's thumb to disappear in five days, without any cutting at all, and without any re-
appearance.

SECTION III.

**SYPHYLITIC, OR VIRULENT VENEREAL
DISEASES**

CHAPTER X.

GENERAL REMARKS ON SYPHYLIS.

THE diseases which are to be treated upon in the present section of this work, are of a totally different kind from those previously explained; and are only associated with them in the same book, because they affect the same organs, and because they are both popularly connected together as being more or less the penalty of licentiousness.

The non-virulent diseases which have been the subjects of previous chapters, are comparatively simple, and harmless; and their effects are confined to the individual. It is true, serious complications occasionally accompany them, but only accidentally, and not as a necessary consequence of the disease; and even in their worst forms, they in no way specifically affect offspring.

Syphylis, however, is altogether a different thing, and is a much more serious subject for consideration. Its ravages are awful, both in their extent and in the manner of their occurrence; and unfortunately, they too often include the pure and innocent, as well as the guilty.

There are certain grand distinctions between Gonnorrhœa, or its kindred affections, and Syphylis, which the public generally do not recognise, but which should be universally known.

They do not always necessarily arise from one special cause, but may be originated by ordinary agencies, like other diseases; and they are never except from accidents, dangerous to life, nor even seriously to health. Above all, they are in no way whatever hereditary.

Syphylis, on the contrary, is always caused by a peculiar poison, or virus, previously engendered by the disease, and is never originated by ordinary agencies. In its progress it is not only fearfully destructive to health, but imminently dangerous to life itself; and above all, it may descend hereditarily to offspring.

Gonorrhœa, or any other similar affection, even in its worst stages, may be left altogether uncontrolled without serious consequences; and may even pass away without any treatment at all. But not so Syphylis. When once that has entered the system, if it be not checked, the victim may be sure, in the words of the Bible, "that rottenness and worms shall have him to heritage."

In short, the two classes of disease have nothing in common, except their location and occasional association together. The popular notion that Gonorrhœa and Syphylis are the same thing, merely in different forms or stages, is totally erroneous; and such an idea should be altogether exploded, as being both false and evil in its consequences.

It is true that both diseases may exist together, and that the same person may give Gonorrhœa to one individual, during sexual association, and Syphylis to another at the same time: or a third

may contract both. It is this which has led to so many mistakes.

Gonorrhœa may be produced by Gonnorrhœa, or by other causes; but Syphylis is *never caused by anything but Syphylis*.

It is of the first importance that these distinctions should be known, both to remove apprehension when there is no urgent cause for it, and also to prevent neglect and delay in cases of a really serious nature.

Syphylis, as previously explained, is observed in three different stages, which naturally follow each other in the order already stated.

1st. Stage, or Primary symptoms. This includes the direct or immediate effects of the Virus, as we see then on the spot where it comes in contact with the person. This is called *Chancre*, or Syphylytic Ulcer. It is not hereditary, but may be given to another person by *innoculation*.

2nd. Stage, or Secondary Symptoms. These are produced by the Virus, or poison, which has been formed by the ulcer, being absorbed into the system, and affecting it constitutionally. The most usual form being various diseases of the skin and mucus membranes. These secondary symptoms cannot be conveyed to another person by *innoculation*, but they may be *hereditary*.

3rd Stage, or Tertiary Symptoms. These are the result of a still further contamination of the system, and they are chiefly exhibited in various forms of decay in the bones, and other parts underneath the skin. They are not *hereditary*, nor can they be transmitted by *innoculation*.

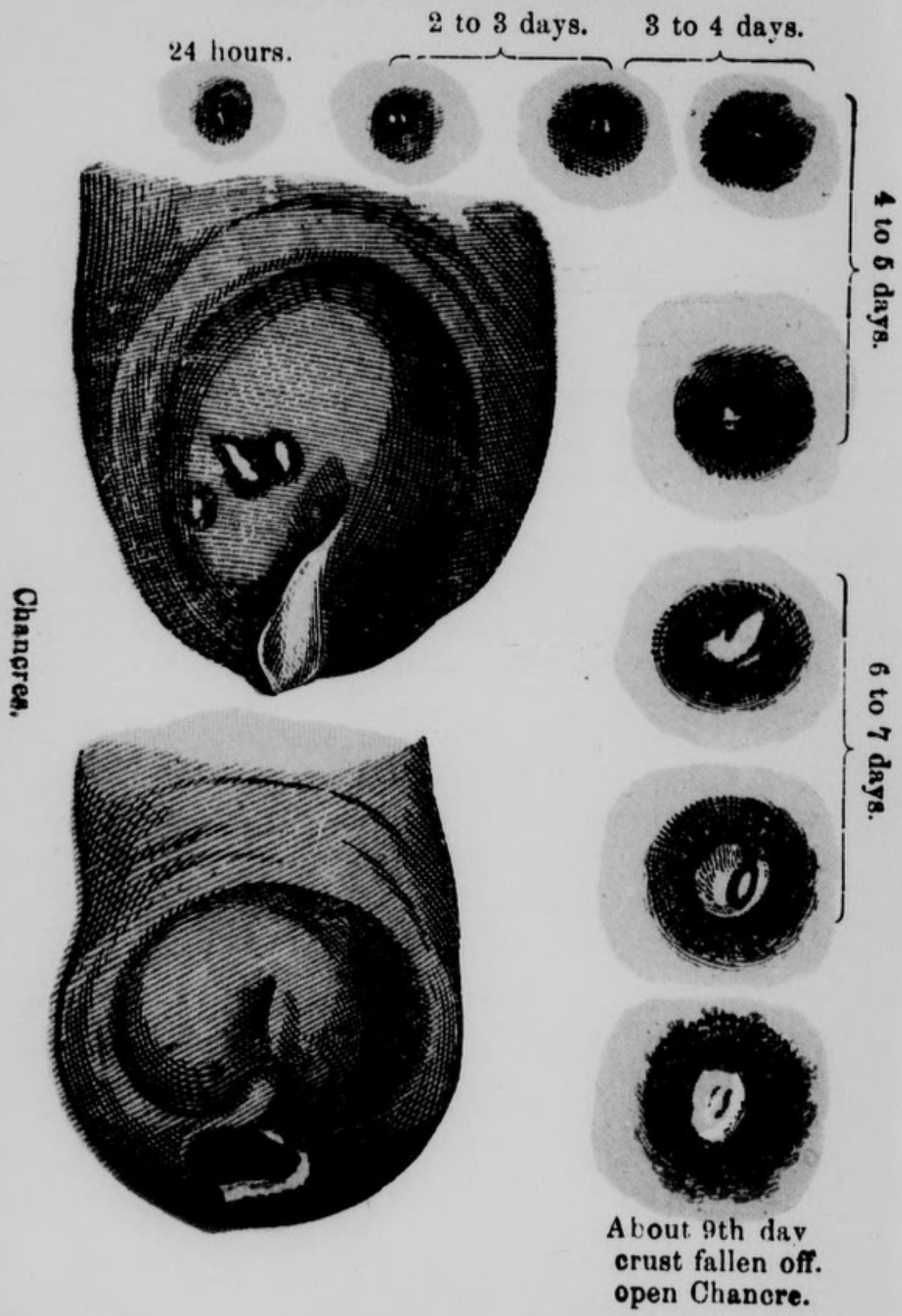
From this description it will be seen that each stage has perfectly distinct characters, which necessitates in each one a totally different line of treatment. The great object, in every stage but the last, is to keep the disease from going to the next stage, because the further it progresses, and the longer it endures, the more serious it becomes.

In the first stage its cure is remarkably easy, and almost certain, within a particular period, a fact which should be known by every one, so that the terrible consequences of constitutional syphilis may be avoided.

Each stage will now be fully treated upon separately, in a plain and practical manner, so that every man who reads this book may be made instrumental in the ultimate annihilation of this terrific scourge.

If all mankind were properly informed, and mutually agreed, Syphilis could be completely extinguished, and beyond doubt this would be a far greater blessing than the abolition of war and all its horrors!

Progress of a Chancre.



CHAPTER XI.

THE FIRST STAGE OF SYPHYLLIS, OR PRIMARY SYMPTOMS.

§ *Chancre.*

A Chancre, as before remarked, is the first effect of contact with the Syphylitic Veins. It may happen either from accidental contagion, as during impure connexion, or it may result from *innoculation*.

As the first commencement and after progress of the sore can be best studied when it is produced artificially, because we then know accurately the time when it commences, and also when it attains its various stages of development, we will give a detailed description of what follows *innoculation*, the result being essentially the same as from infection in the ordinary way.

§ *Development and Progress of a Chancre.*

If a small portion of the pus, or matter, from an ulcerated Chancre, be taken on the point of a lancet and inserted under the skin, in any part of the body, the following effects are observed.

During the first twenty-four hours the *innoculated* spot only becomes red, and slightly swollen.

By the second or third day the swelling is a little more manifest, and a small elevated point

can be seen on the red patch, something like a pimple.

On the third or fourth day the pimple, or vesicle, becomes much more distinct, and it can plainly be seen that there is a fluid underneath the skin. The red patch is also enlarged.

On the fourth or fifth day the pimple is distinctly prominent, and has a depression, or hollow, in the centre, precisely like a small pox pustule. The red patch has however become proportionally smaller.

By the sixth or seventh day, the pustule has a wrinkled appearance, owing to the fluid inside becoming thicker, till at last it looks only like a crust instead of a pimple.

If this crust is not interfered with it gradually extends on all sides, and becomes a little pointed. Finally it falls off, sometime after the seventh day, and usually by the ninth or tenth, and then the place becomes an open ulcer, or Chancre surrounded by the red circle.

The primary stage has now fully developed itself, but the after progress of the sore may vary considerably in different cases. At this period however it has a pretty uniform appearance in all, which it will be advantageous to note carefully. It is perfectly round, shallow, and surrounded by a firm border, the edges of which are a little raised and turned over. The red circle around the ulcer has become darker, or rather brownish. The bottom of the chancre is covered with a kind of sticky pulp, of a whitish color, which it is difficult to wipe or wash off, and some of this secretion is also seen on the border.

This is called the *Ulcerative stage* of the Chancre, and it is now that it begins to be capable of originating other symptoms, as will be shown further on.

This is the usual progress of an artificial Chancre, from Innoculation, when nothing occurs to retard or aggravate it, and we thus gain, by studying it, a knowledge of the mode in which Chancres always develop from contagious intercourse likewise.

There are numerous circumstances however which may cause a chancre contracted from impure intercourse, to vary considerably from this description, in some of the details, and even some from innoculation may not proceed exactly in the same way, because the condition and mode of life of the patient exerts an influence over them.

Usually, if the sore be kept clean, it seems to have but little tendency to spread, in any way, and for weeks may remain in much the same state, excepting perhaps that the red circle around becomes a little darker. In fact it appears to be, in this early stage, quite a simple affair, and in some instances it will even completely heal up, without any treatment at all.

In other cases however the ulcer begins to extend, and eats away the neighboring parts, sometimes becoming deeper, and at others spreading on each side, and in others again causing gangrene, by which large masses of the flesh are continually sloughed away, livid and dead.

The horrible appearance of some of these

ulcers cannot be conceived by those who have not seen them. The whole Penis is not unfrequently destroyed by them, and even the internal parts are exposed and eaten away. I have seen an instance, in a female, where the whole of the external Genitals had sloughed away, till the interior organs could be seen, and they too were covered with Chancres.

Medical men divide Chancres into classes, or kinds, according to their appearance, and their manner of progress, but the distinctions are not to be recognised except by great practice, and are not therefore of much practical importance to non professional persons. The progress of a Chancre after it has reached the ulcerative stage, above described, may be considerably varied, whether it has been contracted during association, or originated by inoculation.

It is of much more consequence to know how to kill a Chancre in its infancy, and thus both prevent its ravages and also the secondary symptoms that are apt to follow.

In general a Chancre simply spreads at first, when it progresses, and continues to present much the same appearance as when it first opens. The most distinguishing feature is the hardish base, or border around it, which feels like gristle, and is slightly raised. This however is at times nearly absent, and the sore is very irregular.

If the patient live improperly, or be excessively debilitated, or especially if he be of a scrofulous habit, the Chancre will be apt to assume a much more aggravated appearance, to penetrate deeper, and to gangrene, or mortify!

Also when it is in particular situations where it may be irritated it may become worse, as when it is in the urinary passage for instance. Improper treatment may likewise make it more virulent.

The healing of a Chancre commences by a more healthy, and less angry look in the centre of the ulcer, and by a decrease in the hardness of the elevated ring, or border, which at last becomes as soft as the surrounding flesh, and on a level with it. The healing begins at the outside, in the form of little granulations, and gradually extends towards the centre, which may remain some time longer, but eventually all is healed over and only a scar, or cicatrix is left which scarcely ever disappears. This scar is often lower than the surrounding parts, and is at first of a livid color but gradually it becomes paler, and at last quite white.

There is as much variety in the process of healing however as in the spreading of a Chancre. Thus sometimes the cicatrix will commence in the centre instead of the circumference, or perhaps only at one side, and at other times it will heal over on one side but keep extending on the other, and in this way its duration seems endless. In some instances also, though the sore keeps open, and discharges, yet it loses its syphilitic character, and becomes only a common ulcer, which will not affect any one, not even if they are inoculated from it. Even when the healing has been perfect, and the sore fully closed over, the danger is not always past, for often a callous hardness is left underneath

which is liable again to break out, on any little irritation, and become worse than before. The Chancre may also degenerate into a kind of fungus looking body called a Mucus Tubercle, not infectious, but very difficult to treat.

The variations of Chancre are in fact endless, but it is of no use specifying them particularly.

§ *Nature and Action of the Syphilitic Virus.*

With respect to the manner in which the Virus, or poison, gains admission into the substance of the body, to commence its morbid action, we are not very well informed, though it is certain that it must enter in some way or other, for it can have no action while it merely remains on the surface of the body. In inoculation it is placed under the skin by the lancet, and something similar must occur in ordinary infection, from intercourse. Most probably it generally enters one of the Follicles, or pores, of which there are a large number on the glans, and there causes inflammation, by which the external mouth becomes, closed, so that the poison is shut in.

The morbid process then goes on underneath, and a small abscess forms, which, when fully ripe, breaks open, and then we have a Chancre precisely like one from inoculation.

Frequently, however, some part of the Penis is more or less chafed, or tender, so that the virus can find a more direct entrance, or be readily absorbed. If the parts be not washed after connection, the mucus and virus may also

lry in a crust, in various parts, and it is then kept in contact till infection follows. Perhaps a vast number of the cases which occur are owing to want of cleanliness.

The Pus, or Syphylitic Virus, is rather thin and transparent, and usually of a pinkish color, as if mingled with blood. It also invariably contains a number of living animalcules, but which are not supposed in any way to be connected with the development or progress of the disease. No other substance but this virus will originate Syphylis; and it will do so only in the human being, all attempts at innoculating the lower animals with it, in every way, having totally failed.

The way in which this virus acts, or how it was first originated, is unknown. When once formed, it will produce its characteristic effects quite independent of where it was originated, like the matter of Small Pox. It may be kept in a well corked bottle for seven days, and still be capable of producing a Chancre. Its power however, is completely destroyed by mixing certain substances with it; and upon this is based a plan of preventing Syphylitic contagion, as will be shown further on. The secretion of this virus constantly goes on at one certain stage of the Chancre, but not at every stage, as is elsewhere explained.

As to the first origin of the Syphylitic poison we are totally in the dark, and have nothing to guide us in arriving at a satisfactory conclusion. As far as we know, it is never produced at the present day afresh, but always from some person

diseased. Still, it is remarked, some time or other it must have begun; and there must have been a first man who had it! Perhaps so; but we cannot trace out the time or the place.

It is probable that an accidental combination of circumstances first produced the disease, and that then it continued to propagate itself. Those same circumstances may never occur again, or they may. Many persons are strongly of opinion that Syphylis was first contracted from the lower animals, and that it is only a modified form of some disease belonging to them, though we cannot tell what that is. Most certainly it is not Syphylis itself, for that cannot be given to animals, at least not by any means now known.

It is not unlikely that other diseases may have first begun among us in the same way. Indeed, in one instance we see it to be so. The Cow Pox it is well known is often directly contracted from the Cow, though it may afterwards pass from one human being to another. Now, suppose that all knowledge of its having first come from the Cow should be lost, its origin would then be as mysterious as that of Syphylis is now.

§ *Necessary Conditions for Producing a Chancre.*

As before remarked, one Chancre must be produced by another, and that must also be in a certain stage of its progress. Before it has opened, or ulcerated, it cannot infect. It is only when the crust has fallen off, and the peculiar matter, or virus, begins to be secreted, that it has any such power. At a further stage

also, that power may be lost, because the peculiar matter may cease to be secreted; but as long as the ulcer retains its true Syphylitic character, it will infect, no matter how long it has existed, nor where it may be situated.

The actual existence of the infecting Chancre cannot be disputed, though it is sometimes invisible. Thus a man may have a Chancre in the urinary passage, unknown to himself, and may infect a female with whom he associates, without being aware of it. In fact he may be firmly convinced that he has no such disease, and on examining him no trace of it may be seen. In the same way a female may have one in the Vagina, or Neck of the Womb, which may be totally overlooked, even during a surgical examination.

It will be recollected also, as before explained, that one man may leave the poison in a female's body, and another man may take it from thence without its having affected her at all. In the same way a man may convey the disease by means of his Penis, from one female to another, without being affected himself.

It should be remembered, that the virus may be separated from the body for seven days, and yet retain its power. Even if dried it only requires to be made moist again.

There are various ways in which a man may come in contact with this awful poison, some of which have been mentioned; and as a means of frequent prevention, it may be proper here again to refer to them, and also to state others.

Some people imagine that if a nurse have

Syphylis it may be given to the child through the milk, but that is an error. If there be a Chancre on the Nipple, then the virus may mix with the milk, and cause the disease, but in no other way.

In a similar way there may be Chancre in the mouth, and the virus may mix with the saliva, which may then produce another Chancre. In this manner, the disease may be contracted by using spoons, knives and forks, drinking vessels, pipes, and so forth, which have been soiled by a person so affected.

In former times it was thought that even the breath could convey the disease, but it is scarcely necessary to deny such an absurdity. Nevertheless, a Prime Minister was once accused of infecting his innocent sovereign by whispering in his ear.

Dirty water-closets, chamber vessels, baths, and so on, may also convey Syphylis.

Bed-clothes, wearing apparel, and napkins may also become infecting agents in the same way, and so may surgical instruments, if not thoroughly cleaned.

It is also necessary that the parts to be diseased should be in a certain condition, or they may not take it. In inoculation the matter has to be placed under the skin, and, as before remarked, it must always find an entrance below the surface, in some way or other. Among the most frequent predisposing conditions, may be mentioned chafings, excoriations, pimples, cuts, bites, and scratches. If any of these exist on or near the Genitals the probability of infection

during an impure connexion, will be of course much increased. Some persons also have a much more tender skin than others, or the pores are more open, and they will in consequence run more danger; as also do those whose Prepuces are constantly drawn over the Glans, because the virus may be thereby retained. In fact, circumcision is as efficacious against Syphylis, perhaps, as against Gonnorrhœa.

In early life, there is more danger of contracting Chancre than at a later period, because with age the skin becomes hard and dry, and has less vitality. As long as the skin remains whole, except it be very tender, there is not much risk of Chancre when the parts have been thoroughly washed; but if this be neglected, the virus and mucus dry on in a crust, under which the disease may be developed even in the hardest skin.

It is owing to peculiarities in the structure and vitality of the skin, in a great measure, that some people so seldom become diseased. In fact we occasionally meet with men who have escaped so constantly that they think they are proof against it; but their exemption is merely owing to the peculiarities above mentioned, which may nevertheless fail any of them quite unexpectedly. No man is naturally exempt from Syphylis, though many may be difficult to infect, at the same time that others are remarkably liable. Every human being can undoubtedly be innoculated with Syphylis.

In some persons, from causes not well understood, Chancre appears to develop much more slowly than in others, particularly at its very

commencement. As a general rule, the time which elapses between the absorption of the virus, and the first appearance of the red spot, is about what was stated above, when describing the results of inoculation ; and the after progress of the sore is also nearly the same, up to the time at least, when it ulcerates, or opens. After that period, its course and character may vary, as already shown.

According to this, therefore, whenever a man contracts Chancre, it ought always to appear soon after the impure connexion, from which it was contracted ; and this in fact is nearly always the case. Sometimes, however, the sore is not perceived for days, or weeks after, when all danger is thought to be over. This may be owing to different causes. Thus, when the virus is absorbed into one of the pores, it requires time for it to act upon and destroy the walls before it can be absorbed ; and the same when it lies under the Prepuce, or under a dry crust. Whenever the virus is directly absorbed, as by a scratch or chafe, it will be sure to show its action, though perhaps slightly, within the first twenty-four hours.

Sometimes however, the red spot is small, and may pass unnoticed for several days. In fact I have known a small chancre proceed nearly to the ulcerative stage without being detected. This is very apt to be the case when it is under the prepuce, where it is not readily seen. When therefore men say that the sore did not appear for so long a time after the infection they probably deceive themselves. The truth simply is

they did not *notice it* before, but there is little doubt it was there.

Some Chancres, as before stated, may originate in the Urethra, and the patient may be totally unaware of them. In this way some persons have had *Secondary* symptoms break out without having had, apparently, any *primary* symptoms.

The old Surgeons, who were ignorant of the real progress of syphilis, were deceived by such cases as these, and supposed that secondary syphilis could be directly contracted, like Chancre. This however was simply a mistake. Chancre must *always* exist in an individual before he can have secondary symptoms.—these must come from *himself*, and can never be derived from another.

It is true the Chancre cannot always be readily detected, but still it undoubtedly exists. I remember in my own practice an individual who suddenly observed a syphylitic *Buboe*, in the groin, without his having had, as he solemnly assured me, any primary ulcer in his life. On turning down the prepuce however, in one of the folds, a small *Chancre* was detected, of which he had never had the slightest suspicion. Sometimes indeed the Chancre will *quite heal* without having been seen, and the secondary symptoms, if they follow, will undoubtedly be thought to be the first indications of the disease. In some such instances, that I have known, the *white Cicatrix* proved the previous existence of the unobserved primary ulcer.

M. Ricord, also gives us instances in which no

primary Chancres could be seen, and yet secondary symptoms occurred. In such case he frequently inoculated some part of the individual's body with the discharge from the urethra, and in this way produced a *Chancre*, thus proving that the primary ulcer really existed in the urinary passage, when it had not of course been observed.

§ *Prevention of Primary Syphilis.*

From what has been stated above, it will readily be surmised that Chancre can be *frequently* prevented, by care and cleanliness, and the question is often asked if it cannot be absolutely prevented altogether? This is an important subject of enquiry, and one which has long engaged the attention of medical men. At present however *no such means are known*, though we undoubtedly can indicate precautions which, if faithfully observed, would make infection comparatively rare. One Gentleman in France had a secret, which was, I believe, faithfully tested, by which any person could be made proof, even against inoculation. He never disclosed it however, and the secret died with him.

I have myself made many experiments and observations on this subject, and have thought that I had discovered this same secret myself. I have administered the remedy to many men, at their own solicitation, to test it. As yet I have not known it fail, but it will require a long course of invariable success to prove its infallibility, and I therefore do not choose to announce

it at present. My own opinion in its efficacy increases every day, and I shall not scruple to supply any one with it who wishes to try, at the same time that I do not intend to make *merchandise* of it. If time shows its *absolute and unerring certainty*, I will make the secret generally known.

There are however general means of prevention which all can put in practice, and which, if faithfully observed by all, would soon reduce syphilis within a very narrow field.

First and most important perhaps of all these means is *cleanliness*. If both sexes invariably washed, and the female *syringed*, both before and after association, there would not be many cases of infection observed. For simple ablution perhaps nothing is better than common soap and water, but when that has been unroughly used, especially *after* association, there are other substances which may also be employed with good effect. These are such as act upon the *Virus*, and decompose it, so that if a small portion should be left in the folds of the skin, or in the pores, it may be rendered powerless. Many substances will do this, but some are more efficacious than others, and also more available for ordinary use. Of course the article must have no injurious action on the organs itself.

My own observations and experiments have satisfied me that there is nothing better than a solution of common Salt for this purpose. Let a man take a large spoonful of common Salt, dissolve it in a pint of water, and well wash and rub the parts with it, after having cleansed them

with soap and water, and he will run but little risk of Infection.

This however must be done *soon*, and thoroughly, the prepuce being thrown back and all the folds carefully cleansed. Every part of the body that may possibly be touched by the Virus must be cleansed in this way, because it may lodge on the Thighs, or Abdomen, and especially in the wrinkles of the Scrotum. The hand may also catch it, and the Chancre may break out there. Some persons think that it is only the Penis need be attended to, but this is a mistake.

Many other substances besides that above mentioned would probably answer the same purpose, especially Carbonate of Soda, Ammonia, and weak Potash Water, but none I think are better than the Salt. Of course it may be used by the female as well as by the male, only with the *syringe*.

It must however be borne in mind that the infection may really take place *before* the act of association is over, if that be prolonged, and if the individual be predisposed to contract it. For that reason therefor, in every doubtful case, the act should be speedy, and separation should occur immediately after emission. The man should likewise *urinate*, if possible, to cleanse the Urethra.

If these matters be also attended to, the liability to Chancre will be still further decreased, but there is another precaution, which will make it more rare yet. This consists in *preparing* the exposed parts, especially in the male, so that they will not so readily admit the Virus

The means of accomplishing this desirable end consist in the regular use of *astrigent washes*, which gradually harden the skin, and close the pores, so that in time absorption is scarcely possible. The best preparation for this purpose is the *French Aromatic Wine*, which is used so extensively in treating Chancre. This may be obtained of any *good Druggists*, in the large cities, but as it may not always be easy to procure it, the following recipe will answer for common use.

Recipe, No. 8, Decoction of White Oak Bark eight ounces. Tincture of Catechu, half an ounce. Old Port wine, a quarter of a pint.

If the Penis be well washed with this daily, not drying it after, the Glans and prepuce will in time become thoroughly *Tanned*, hardened, and much less apt to contract Chancre.

If there be the slightest scratch, or chafing however, all these means may fail, because the Virus may be absorbed before they can be put in practice. If any thing of this kind therefore be either known, or suspected, no risk should be run, and if the slightest wound of any kind, be seen after a suspicious connection, it should be instantly cauterised.

If it could always be depended upon, and leaving out of view all objections to its use, —the Condom, or Baudruche, would undoubtedly prevent infection from Chancre in most cases. It is liable however to be torn, and sometimes it is porous, so that the Virus may pass through it. Besides which it only covers the Penis, and

the Chancre may be originated on the scrotum or other parts, which it does not protect.

If in connection with these individual precautions public means were everywhere adopted, to prevent the spread of syphilis, such as are practised in France, it would soon become quite rare, and in time might be *totally extinguished*.

These means consist in the establishment of *Venereal Hospitals*, where all cases are treated gratuitously, immediately on application. And also in a regular *licensing* and *supervision* of those unfortunate females whose trade is prostitution. By such means the majority of cases would be destroyed on their first appearance, and would not only be prevented progressing any further themselves but also from infecting others. The curing of a single Prostitute, when first infected, would not only save *her* from the terrible constitutional affection, but might also save many others, and perhaps even *innocent persons*, from the same dreadful fate.

I shall not stop here to discuss the propriety of such measures as these, but content myself with showing their incalculable utility, which, in my opinion decides the question. How far they may be practicable in our own country, is another matter, but that they can be advantageously adopted to some extent I am convinced.

Next to these means of public prevention comes popular instruction on the subject, such as this book is intended to accomplish. This not only operates to prevent, but also teaches how to arrest the disease, when contracted, at its harmless stage. Perhaps this is the most available

means we possess, and certainly it is the most adapted to our institutions, our habits, and the enlightened condition of our people.

It should always be borne in mind, that a single youthful imprudence, or perhaps misfortune, may plunge a whole family in distress, and entail disease upon a whole generation! Away then with the absurd talk, to speak of it in the most charitable manner, about "just punishments," "judgments of Heaven," and so forth, which would lead to the abandonment of these unfortunates. It is our duty, as well as our interest, to combat this frightful scourge in every possible way; and any man who really accomplishes good service in this way, is better deserving of a public monument than many who have received that honor.

In my own remarks I have spoken plainly and practically, because I wished to be understood, and to be of use which I could not be unless I did so speak. The object therefore, must excuse both the matter and the words.

§ *The Treatment of Chancre.*

Sometimes in spite of all precautions, but more frequently from neglect of them, a Chancre will follow from impure connexion. Whenever, therefore, the association has been suspicious, the Organ should be closely inspected at least twice each day after, till all danger is passed. If the smallest red spot appear, the stick of Nitrate of Silver should be rubbed over it at once, and the patient should be extremely prudent as to his diet and drink. He should also

rest, and carefully avoid rubbing or irritating the place.

If a pustule, or pimple be seen, large or small, it should be at once opened, and the stick of caustic cut to a sufficient fine point, should be pushed gently in and turned round, so as to cauterise the whole interior of the cavity. It is not necessary to cauterize around the pimple, but only in it, and this must be done thoroughly.

In general, when the eschar formed by the caustic falls off, the place is seen underneath quite healthy, and beginning to heal over. If however, no granulations are perceived, and especially if pus be still secreted, the caustic must be applied again. It is seldom however, that more than one, or at most two applications, are needed.

The object of the cauterizing is to alter the character of the sore, and make it merely like an ordinary ulcer, so that it will not secrete the Syphylitic virus. When this alteration is effected, the place soon heals, and the caustic must continue to be applied until it is evidently disposed to do so, as indicated by healthy granulations.

Some practitioners cut the pimples out with a pair of scissors, but I do not think the practice so good as using the caustic, and certainly it is not so available for self-treatment.

It is true many little sores and ulcers may be thus treated, that are of no account, and which would do no harm if left alone. But as it is impossible to tell these harmless ones from those of

true Syphylitic character, it is better to treat them all alike, and thus be sure that no really dangerous ones escape. The treatment can do no harm, and may prevent a great deal.

I would advise every person, therefore, who is exposed to infection, to keep a stick of caustic by him, and always if there be the least sore, no matter how simple it appears, to use it at once, and till the sore has disappeared, or at least till it ceases secreting.

If this were always done it would scarcely be possible for Chancre to develop itself, except in those few cases where it occurs in the Urethra.

After the place has been cauterized, it should be covered with lint, soaked in the Aromatic Wine, with which it should always be washed three or four times a day, till it is quite healed over. Before removing the lint to change it, care should always be taken to wet it thoroughly, so that it may not stick to the ulcer and tear it, to cause bleeding.

If the patient keeps quiet, and is careful in what he eats and drinks, this treatment will entirely cure Chancre in a few days, in ninety-nine cases out of a hundred, and there will not be the slightest danger of secondary symptoms, unless it has been left too long.

Even if the Chancre has been neglected, and has reached the ulcerative stage, the same treatment must be pursued, and usually it will be successful. The great point is to heal the Chancre as early as possible after its appearance, because the longer it remains open the greater danger there is of Secondary symptoms being

produced. In every case, if it be treated within a certain time, nothing of the kind will happen. This is a fact that all should know, without exception, and I cannot direct attention to it too pointedly:—

If a Chancre be healed by the end of the third day after its first appearance, no Secondary Symptoms will ever follow; and even till the end of the fifth day there is little or no danger.

After that time, whether it be progressing or healing, Secondary Symptoms may occur.

The longer also, the Chancre continues, the more danger there is of Secondary Symptoms, because it keeps continually secreting the virus, and there is of course constant danger of its absorption. It is true, these symptoms do not always occur, even when a Chancre has existed for a long time; but it is also true that they are liable to appear at any time after the third day.

The virus also will cause other Chancres, if it be allowed to remain in contact with any part of the body, and it undoubtedly helps to extend the sore. The great principle of treatment, therefore, is to destroy the Chancre before the third day, if possible; but if not so early, then as soon after as possible. This prevents the progress of the ulcer itself, makes Secondary Symptoms less liable, if they have not occurred, and also prevents the infection of others; because, as long as any secretion occurs, there is danger of this occurring.

Some persons suppose that after a Chancre has existed a certain time, it will not infect another person, but this is a fatal mistake. It is true

that the ulcer will often become so changed that though it pours out a copious secretion, yet it ceases to be infectious. This, however, cannot always be told, except by inoculation; and it is not worth while to resort to that for the proof, for as long as the sore remains open no connexion should be allowed. Very often patients are importunate on this point, and eagerly enquire, at every interview, if the danger of their infecting others is not yet past. It is better to be quite sure about this, and absolutely forbid association till the Chancre is perfectly healed.

If a simple Chancre be left alone, and progresses favorably, it will usually heal over in from three to **five** weeks; but with proper treatment it will usually heal in eight to ten days. The treatment, therefore, cuts the disease short, and just in proportion it lessens the liability to Secondary Symptoms.

Some patients flatter themselves when the sore heals, that the disease is cured; and they are terribly disappointed and terrified if Secondary Symptoms follow, which they are very likely to do when the Chancre is left to heal over itself.

The time that it may take to heal a Chancre by treatment, may however, be much influenced by its situation, and by its peculiar character, as well as by the habits or condition of the individual, as before explained.

The liability to Secondary Symptoms and complications, is also influenced by the situation and character of the Chancre to a very great extent. Some kinds of Chancres are scarcely

ever followed by Secondary Symptoms, while others are so nearly always, — especially that variety called indurated, which is characterised by having a firm, gristly-feeling border and base. In like manner, Chancres on the Fraenum, or lower part of the Glans, or Prepuce, are very apt to be followed by Buboës, while those on the other parts of the body seldom are. In a hundred patients who have Buboë, at least eighty have had Chancres in such situations.

The probability of curing a Chancre will therefore depend upon its age, its situation, its character, and the condition and situation of the patient. And the probability of Secondary Symptoms happening or not will depend, in like manner, on similar conditions, as already explained. Any Chancre however, in any part, may be followed by Secondary Symptoms if it exist past the third day.

In all cases when a Chancre heals but there remains a hard nodule underneath, called an induration, there is danger both of the sore breaking out again, and also of Secondary Symptoms, but especially of the latter.

Variations in Treatment. — Though the plan laid down above is applicable to most cases, yet it is necessary at times, to vary it, and also to adopt other means, principally on account of the difference in the characters of Chancres.

For instance, when the sore puts on a peculiar unhealthy appearance, and has a tendency to gangrene and slough away, we must pay attention to the general health of the individual, and recommend such a change in his mode of life as

will be likely to work an alteration in his system. Those who have lived poorly, and who have been much exposed, are liable to this kind of aggravation, and it is then necessary to advise a nutritious diet, warm clothing, and change of situation. Very frequently, a little extra comfort will effect more than any medical treatment, and without it, nothing else will be of much service.

If the digestive organs be much deranged, it will also be necessary to attend to them, and get them regulated before much improvement can be expected.

Where there is constitutional debility, particularly if the individual be of a Scrofulous habit, a little good wine or ale will be of service, with fresh meat plentifully. The aromatic wine may also be often replaced by laudanum, as an outward dressing, especially if it cause pain, as it sometimes does. A little opium may also be given at bed time, when there is general irritability.

As soon as the ulcer begins to assume a more healthy appearance, and to show signs of healing, the aromatic wine may be used again; and if there be any indications of a Fungus growth, as is sometimes the case, it may be slightly touched with the caustic.

If the patient be of a full habit, and much inflammation occurs, a strictly low diet must be observed, with an entire absence of all stimulating drinks. The bowels must be kept free, perfect rest must be observed, and the sore must be frequently washed with a solution of opium

in water. This variety of Chancre is often followed by extensive sloughing of the parts, in spite of all that can be done, especially if it be allowed to get ahead before it is treated.

Some of these Syphylitic ulcers are very obstinate, and after defying all treatment for a long time, will heal of themselves. It is often necessary to vary our applications many times in the same case, and very often the same course will be hurtful in one instance, though beneficial in another apparently exactly like it.

It is only however, in the varieties of Chancre that there is this uncertainty. In the simple uncomplicated cases, which are by far the greater number, the treatment first laid down is all that is required.

Perhaps the most unfavorable of all the varieties is that called the indurated, which is indicated by the hard, gristly border, and base. This is more difficult to heal, more likely to break out again, and nearly sure to be followed by Secondary Symptoms.

What the circumstances are which predispose to the indurated form, we do not know; and we cannot therefore guard against it. Experience has shown that induration is followed by Secondary symptoms, in at least eighty-six times out of a hundred.

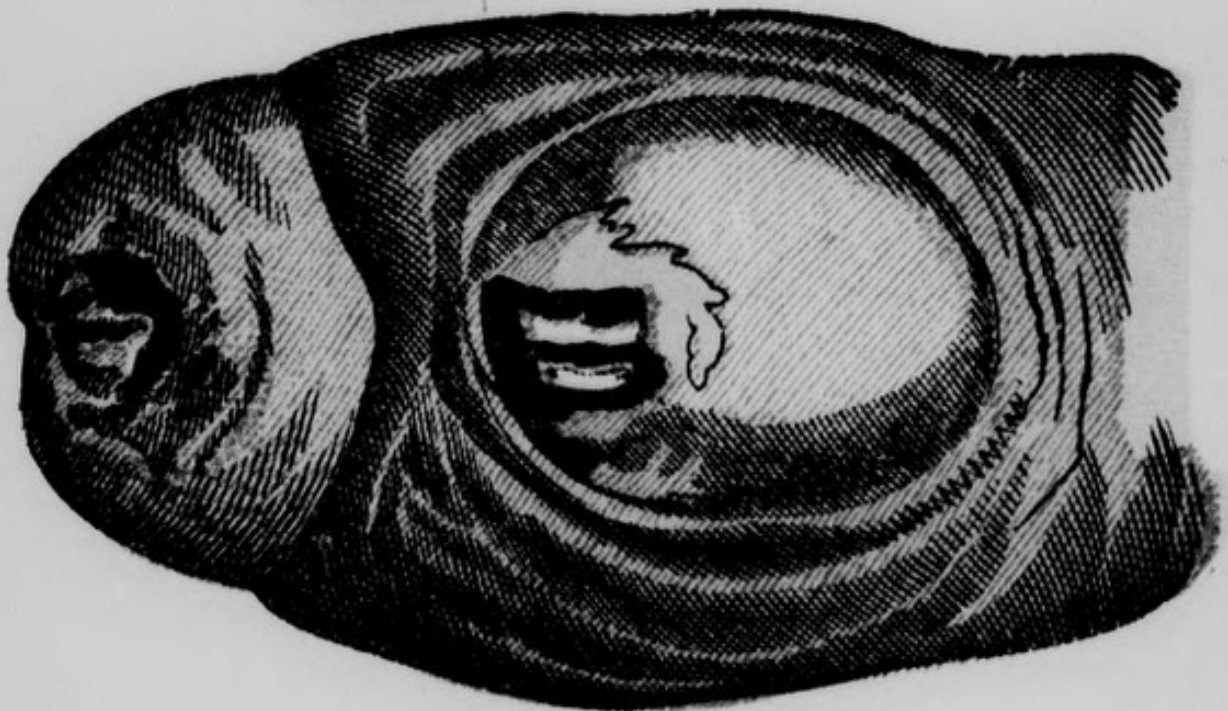
It is in this form of Chancre that medicines are used in addition to the local applications, because the induration shows that the system is already affected, or about to become so. In the previous forms, and especially in simple Chancre, medication is not called for, because we only

Different kinds of Chancres.

Cangrenous kind.



Indurated kind.



Sloughing G. Chancre.

have a local sore, and the system is not at all contaminated. As long as there is no constitutional affection, medicines are unnecessary, and the mere ulcer can be cured by external applications alone.

Immediately the Secondary Symptoms occur, however, or as soon as we have reason to expect them, medication must be resorted to, so that they may be counteracted; and induration is always considered a sufficient indication, either that they already exist, or are nearly certain to arise.

If a Chancre be indurated, or becomes so, it is of no use to Cauterize it, because if healed over it will break out again, and constitutional symptoms are sure to follow. The best local treatment is to wash it well with Aromatic Wine, two or three times during the day, and at night cover it with Lint spread with the following Ointment.

Recipe No. 9. Calomel twenty-four grains, Pulverised Opium one ounce, pure Lard one ounce.

These must all be well ground together, and thoroughly mixed.

In the morning wash the Ointment off and continue the Aromatic Wine again, being careful when the lint is removed not to make the parts bleed

In a few days this treatment will usually cause the ulcer to heal, and will often destroy the hardness, without which it is in fact of little use healing it. While the smallest hardness remains, there is danger of its breaking

out again, and perhaps worse than before, besides that the patient is almost certain to be the victim of Secondary Symptoms.

Whenever this hardness remains therefore, or sets in, we should at once resort to internal medication, to anticipate the secondary affection, or prevent it, and also to prevent the ulcer becoming unhealthy.

It is certain that proper medication in such cases will often entirely prevent secondary symptoms, and even when it does not do so it modifies them in a very beneficial manner.

The only article that can be depended upon in such cases, as an internal remedy, is *Mercury*, which when properly employed has nearly always a decidedly good effect. It is not necessary however to use it as was formerly the practice, and *Salivate* with it. All the good effects of the remedy can be obtained without salivation, in fact much better than with it.

This is a subject about which there is a good deal of misapprehension in the minds of many people, and a good deal of mal-practice also among some physicians. Many always make a point of salivating their patients, as they used to do half a century ago in the Venereal Hospitals, and ignorant people think it to be correct practice.

The injudicious use of Mercury however has undoubtedly done more harm to hundreds of patients, than the Syphylis itself, and has originated troubles that they would otherwise have been free from. The *Mercurial disease* is in fact often met with now, among those who have been in the hands of ignorant pretenders, and for

my part I would rather deal with Syphylis than it, in any form.

Experience has shown that the best preparation is a compound of *Mercury* and *Iodine*, the same as is used by M. Ricord in Paris. This may be procured at any good Druggists with the following Recipe.

Recipe No. 10. Protiodide of Mercury, and Extract of *Lactucæ*, (Lettuce,) of each half a dram, Extract of Gum Opium nine grains, Extract of Guaicum one dram.

These must be made up into thirty-six pills.

One of these pills should be taken every night, five hours after the last meal.

This Recipe should always be made up at some good Druggists, for it is not every one that keeps the *Protiodide* of Mercury, and in one instance I found the *Biniiodide* substituted instead, through ignorance. Fortunately the mistake was discovered in time.

At the end of a week a pill may also be taken in the morning, before breakfast, as well as at night.

Perhaps no immediate effects may be observed, but by persevering with them a beneficial change will ultimately take place. The *induration* will gradually become less, and will soften, and the ulcer will begin to look healthy, and heal over. Sometimes this change is seen during the taking of one pill a day, and then it is not necessary to increase the dose. In other cases however three pills a day may be needed. In every case they should be continued after the hardness has entirely disappeared, and even after the ulcer

has healed, gradually lessening the dose, and leaving them off by degrees.

These pills do not purge, nor cause any Colic nor do they scarcely ever cause the slightest *salivation*. Some people however are so readily affected that way that it can scarcely be avoided and we must therefore watch for it.

Salivation is at first indicated by an unpleasant taste in the mouth, in the morning, accompanied by a bad smell of the breath, fevered tongue, loss of appetite, disordered bowels, and an increased flow of saliva. The gums also become red and puffy.

Immediately any such symptoms are observed the pills must be omitted, the patients must keep perfectly quiet, observe a light but nutritious diet, and use the following *gargle* to wash the mouth with, frequently during the day.

Recipe No. 11. Aqua Lactuce, (Lettuce Water,) seven ounces, Strong Muriatic Acid, twenty drops, honey one ounce.

These must be well shaken together each time they are used.

Under this treatment the symptoms of *Salivation* will soon disappear, and then the pills may be recommenced, *carefully*, and in smaller doses than before.

The advantage of this treatment is that the patient does not suffer from the Mercury, while the Chancre is nearly sure to be healed by it, and there will be but little danger of Secondary Symptoms.

This is a most important point, for the Se-

Secondary Symptoms are what we have most to fear, and as they are so very likely to follow *all* cases of indurated Chancre, unless the induration is speedily removed, I would advise these pills to be taken *in every case*, though the induration may be slight. It is true this may not be always necessary, but then we cannot tell that, and it is best to be on the safe side. As another reason also for doing so, if Secondary Symptoms do follow, after using these pills, they will be much milder, and more readily cured.

Some persons *cut out* these indurated Chancres, as they do the simple ones, but it is a useless practice, and may be a dangerous one. It is scarcely ever possible to cut out the whole of them, and the smallest portion left soon spreads again. Besides, the induration shows that the system is affected *constitutionally*, so that merely cutting out the disease at one point, on the *surface* of the body, will be of no real utility, if ever so perfectly accomplished.

In old cases, and where there is much feverish irritability, and sleeplessness, one dram of Extract of Henbane, (*Hyoscyamus*,) may be added to the articles in the above pills, instead of the half dram of Extract of Lactuceae.

Chancres in the Urethra. These are the most troublesome and dangerous of all Chancres, but fortunately they are not often met with. The misfortune is they are not likely to be detected till they have made some progress, and when they have opened, the irritation of the urine hinders their healing, and aggravates them.

Most usually we find these Chancres, at first,

at the mouth of the urethra, and the first indication of their existence is a slight irritation at that part, followed by a discharge, generally mixed with blood. When the end of the penis is pressed it causes pain, and a hardness is distinctly felt. The urine also causes pain when it passes.

On separating the lips the Chancre may usually be perceived, though sometimes it is too deep down.

If this Chancre be not soon healed it will sometimes extend rapidly, and destroy the head of the Penis. The matter from it also passes down the urethra and causes other Chancres, which may even extend to the bladder, causing sloughing, abscesses, and fistulas of the most fearful character. The urine, mixed with blood and the discharge of the ulcer, pours out from numerous openings, fungus growths appear, and the whole of the organs at last become one morbid mass, from the irritation of which the patient sinks and dies.

Fortunately *all* such Chancres of the urethra do not pursue this destructive course, but on the contrary many of them heal up, and nothing remains but an induration, or rather cicatrix, which causes a stricture of the most obstinate kind.

When the ulcer is too far down to be *seen*, it is often difficult to tell whether the discharge is from a Chancre or whether it is the result of a *Gonorrhœa*. From the danger of neglecting a Chancre however every one will see how important it is that this point should be determin

ed, as speedily as possible, and hence the great value of any sign, which can be depended upon, as to what the discharge really is from.

If a man knows when the disease was contracted, and observes at what time after that the discharge began, that alone will guide to a great extent. Thus in Gonnorrhœa the discharge usually begins *soon after the contagious intercourse*, but that from Chancre is seldom seen before *the sixth or eighth day after*. It is also *thinner*, and more transparent than that from Gonnorrhœa. The pain from Chancre is also confined to the one point, where the sore is, but that from Gonnorrhœa soon extends all along the passage. In Gonnorrhœa also there is scalding, and Chordee.

Notwithstanding all this however it is often uncertain what we have to deal with, and the confusion is of course much increased when Chancre and Gonnorrhœa exist *together*, which is not unfrequently the case. In this difficulty there is only one mode by which we can decide with *absolute certainty*, and that is by *Innoculating*. If a small portion of the matter of the discharge be taken on a Lancet, and introduced under the skin in any part, say on the arm, it will cause the red spot, indicating Chancre, in twenty-four hours if any of it has come from a *Syphilitic* sore, but if it be simply Gonnorrhœa no effect will follow. In this way all doubt will be dispelled, and we shall know at once what we have to deal with. The artificial Chancre on the arm, if produced, may be readily cured, by Cauterizing.

This is the advantage of Innoculation, a prac

tice which has not yet been extensively introduced in our country.

The treatment of these Urethral Chancres, when they are simple, is much the same as that recommended for those on the surface. The Nitrate of Silver must be introduced by means of the silver caustic holder, to cauterize them; and the patient must rest. His diet must be strictly simple and unstimulating, and he must drink freely of plain liquids, to make the urine watery, and destroy its irritating quality. The aromatic wine may also be injected with a syringe, after the Caustic has been used, and care must be taken to avoid erections by taking the Camphor and Opium pills, as advised in Chordee.

This treatment will usually suffice to cure these cases, especially if it be commenced promptly. If the Chancre should appear to be indurated however, the pills, Recipe No. 9, must be used, the same as in other indurated Chancres.

On this subject I will give one observation of my own, that has an important practical bearing. In all the cases of Urethral Chancre, which I have met with, the patient has confessed that the connexion continued some time after emission, and I believe such an accident would never occur if separation took place sooner, especially if the male urinated immediately after.

Balanitis sometimes accompanies Chancre, and is a dangerous complication, unless the patient pays strict attention to cleanliness, because the matter from the Chancre will inoculate the sore from the Balanitis, if allowed to run over it,

Chancres in the Urethra.



and convert it into one vast Syphylitic sore with care however, this can be avoided.

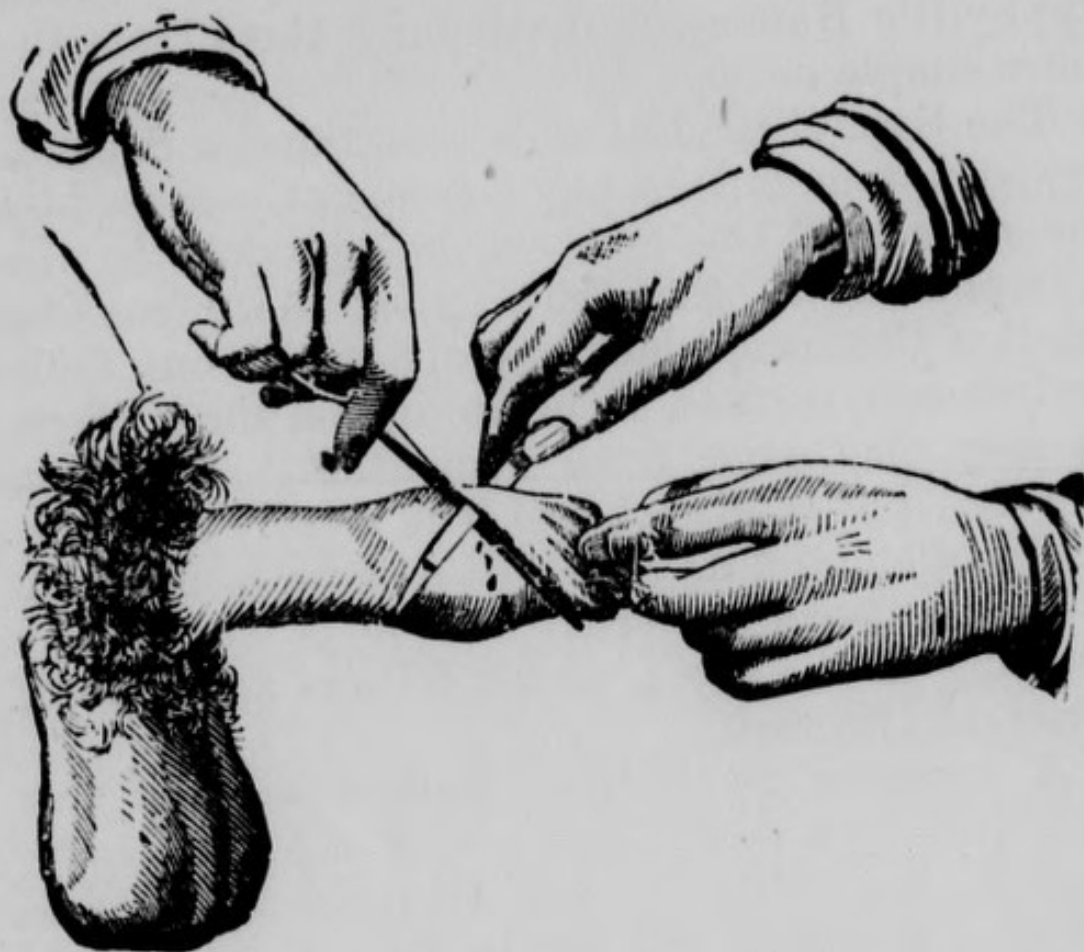
Both the Chancre and the Balanitis must therefore be treated at once, and healed as quickly as possible, keeping each carefully separate from the other.

I have seen cases of this kind, where there has been Balanitis on the Glans, and Chancre under the Prepuce, in which the whole head of the Penis became gangrened in consequence, and sloughed away.

Phymosis and Paraphymosis sometimes accompany Chancre, and are very troublesome, from confining the discharge and so extending the disease. They must be treated precisely the same as already directed, in the article on Gonorrhœa, using all simple means first, and only cutting the Prepuce when it is absolutely necessary, and when every thing else fails.

The reason for avoiding cutting, if possible, is because the edges of the wound are sure to become inoculated by the discharge, and thus become Chancres. When this happens they must be treated precisely the same as other Chancres.

Those who are circumcised never suffer from any of these troubles, and not nearly so frequently from any other venereal affection. For this reason many surgeons generally recommend it, and I know many men who have purposely had it performed. The manner of doing it will be understood by the following cut.



Vegetations, which often follow the healing of Chancres, must be treated as before advised in the article on Gonnorrhœa. The disease they are connected with makes little or no difference in their nature, because they are due to irritation merely, and not to any specific cause. The same remarks of course apply to them when they are found at other stages.

§ *Buboe.*

Buboes, or swellings in the groin, may arise from various causes, as is already shown in the article on Gonnorrhœa, but they are more likely to follow from Chancres than from any other

disease; and when they do so they are called Syphylitic Buboes, to distinguish them from the more simple ones.

The Syphylitic Buboe is sometimes a Secondary symptom, but is more frequently caused by the matter of the Chancre being taken by the Lymphatics to the groin, and there causing another Chancre, which merely breaks out from underneath, instead of beginning on the surface. It may also arise from sympathetic irritation merely; but in either case it is merely a Primary affection, and as such will now be considered.

By the term Venereal Buboe is meant any swelling in the groin, which follows any kind of venereal affection.

A primary Syphylitic Buboe is often first indicated by a swelling in one of the Lymphatic vessels, beginning at the Chancre itself, and running thence to the Groin, like a thick cord under the skin. In the groin itself this expands into a large lump, sometimes compact and sometimes spread about.

At other times however, the swelling appears from the first in the Groin, and no cord is felt leading to it. It is usually red and painful, and at first is quite moveable, being unconnected with the neighbouring parts. At a later period, however the tumor grows fast to the skin, which also swells, and the veins frequently become obstructed, so that they are full of knots, called varicose veins. These knots may extend all down the limb on that side, which may likewise become quite puffy, and enlarged, so that the freedom of its movement is impeded.



In general, the Bubo has arrived at this stage before the patient pays any attention to it, and it is only the extreme pain and swelling which at last induces him to do so. Owing to ignorance of its nature, the first simple indication is neglected.

Sometimes these Buboes will gradually lessen and disappear, even without any treatment, especially if the original Chancre is soon healed; but at other times they suppurate and break open, discharging a pus or matter like that from the original Chancre, and which may also inoculate in the same way.

The commencement of suppuration is usually indicated by general uneasiness, with a tendency to shiver, while the tumor points towards some part, and becomes harder. In general, also, it may be distinctly felt to fluctuate when pressed upon, as if water were underneath.

If allowed to come to a head and break open itself, many evil consequences may ensue, which could be avoided. It is therefore, customary to open them with a lancet, as soon as the fluctuation is distinct, and the tumor points. If this is not done there will, probably, many openings be

formed, like abscesses, and the skin will gangrene and slough away. By making one clean cut, however, while the skin is more in its natural state, those abscesses are prevented and when the discharge ceases, the wound heals in a more perfect manner, and with less of a mark.

Occasionally a Bubo will neither suppurate nor go away, but become indurated, and remain in an indolent form for a long time. In such cases it is very apt to terminate at last in a Scrofulous Ulcer, or even in Cancer.

A Bubo may suppurate, break open, and discharge, and afterwards perfectly heal without any treatment; but it may be a long time before it does so, and may first cause extensive destruction of the parts, with considerable constitutional irritation.

Fortunately all Chancres do not cause Buboes, in fact, they are quite rare, and are not always virulent, some being simply sympathetic like those from Gonorrhœa. This is generally the case when the swelled point is seen first; and as a proof that such Buboes are not virulent, the matter from them will not inoculate. In this case the swelling is caused simply by sympathetic irritation; but in the virulent or inoculable Buboes, the swelling is caused by an actual absorption of the virus from the original Chancre.

Now, since Buboes do not follow from all Chancres, there must be some predisposing cause, which leads to them in the cases in which they do appear. These causes are important to notice, because it is very desirable to prevent Buboes, if possible.

Among other predisposing causes of Buboe, may be mentioned Temperament. Lymphatic people being much more liable to it than others. Fatigue also predisposes, and the pressure of clothing, when it is greater than usual. The Male sex is also more liable than the Female, but we cannot tell why.

The most actively predisposing cause, however, appears to be the situation of the Chancre. Thus, the small Chancre on the Fraenum, or cord of the Prepuce, underneath, is nearly always followed by Buboe, while Chancres on other parts seldom are; and artificial Chancres on the Thigh or Arm never. In like manner, in females Buboes follow Chancres at the mouth of the Urinary canal, and scarcely ever those in other places. The reason for this cannot be given; but the fact is established.

The mere size of the Chancre is of no consequence, some very large ones never being followed by Buboe; while the smallest ones may be.

Many uninformed people imagine that Buboe is caused by curing the Chancre too soon; because, say they, the humor is driven in. This is the old notion, originated in the days of *humorism*, when every sore was kept open to discharge all the humor. The absurdity of this notion is readily seen by any one acquainted with physiological or pathological action. The humor or matter, is secreted just as long as the sore remains open, because it is the sore that forms it; and the quickest way to get rid of the humor is to remove the cause which produces it.

So far from the Buboe arising from the Chan-

cre being cured too soon, the reverse is the case. The sooner the ulcer is healed, the less danger there is of Buboe.

The internal action of Mercury, though it may cure induration, does not prevent Buboe.

The time when the swelling first begins, is usually during the second week after the appearance of the Chancre, though in rare cases it commences during the first week, and sometimes not till the third.

It is extremely difficult to judge whether a Buboe is virulent, or Syphylitic, or whether it is a consequence of sympathetic irritation. It is however, of great importance to decide this, if possible. One thing, I believe, may always be depended upon; no Buboe is Syphylitic, or virulent which is not preceded by Chancre. The Chancre, however, may not always be seen, because it may be in the Urethra.

In fact it is only by inoculating with the pus, after the Buboe has opened, that we can decide with certainty, whether it is syphylitic or not, though a very decided opinion may be formed from other indications.

In giving an opinion as to the probable result of a buboe we have some important facts to guide us. Buboe itself is not dangerous, and will cause but little inconvenience if it does not suppurate, which it is not likely to do unless it follow a Chancre, and be syphylitic. Experience has shown that in a hundred cases only about twenty are syphylitic, and only a part of them suppurate.

The probability of a buboe suppurating is

depends in a great measure on the time it has been allowed to continue untreated. If attended to early there is but little danger, but if neglected there is great danger. When the skin has become very red, and the tumor has pointed, suppuration can scarcely be prevented.

The duration of a buboe is very uncertain and also the manner of its termination. If properly attended to early, providing there be no acute inflammation, it may be soon cured, but when left too long it is impossible to tell how long it may last. As a general rule virulent buboes endure longer than the merely sympathetic ones, and also terminate more unfavorably.

An Indurated Chancre is nearly always followed by an indurated Buboe, unless treated very early and cured. The indurated Buboe is the worst form of all, on account of the morbid action likely to follow, but fortunately it is seldom met with.

From this it will be seen that, taking all things into consideration, except under certain very unfavorable conditions, seldom met with, Buboe is seldom a very serious affection, *if rightly attended to in time.*

Treatment of Buboe. In the first stage of the swelling nothing more is required than for the patient to lie down as much as possible, and bathe the swollen part with cold water, or keep ice on it. He must also clothe lightly, and observe a low diet, carefully avoiding everything heating or stimulating. If the bowels do not act freely a few doses of Epsom Salts may also be taken. In most cases this will, in a short

time, cause the tumor to decrease, and eventually disappear. Any imprudence however may cause it to reappear.

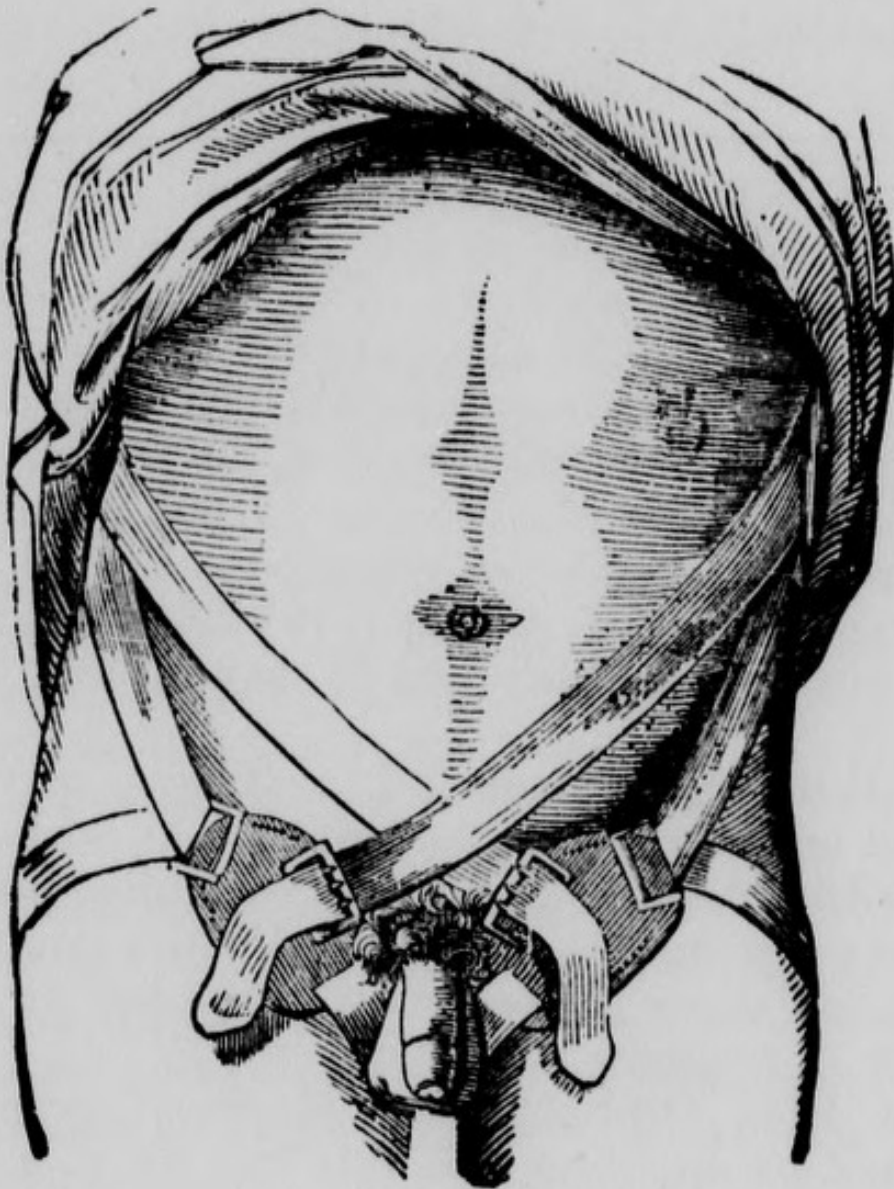
Sometimes however the cold applications cause pain, or éven increase the swelling, in which case they must be abandoned, and rest and low diet alone must be depended upon.

Some persons are so situated that they cannot observe these directions, and others are indisposed to do so, in which case we have another remedy, called *compression*. This is effected by means of pads, which by the operation of straps and buckles are made to press on the parts where the swellings are. The surgeon's bandage makers keep an apparatus for the purpose, but one may be readily made by any inntelligent person. It may be adapted either to press on one side or on both, according as one or both sides are affected by buboe.

The pressure should not be too heavy, but firm, and continuous, night and day, till the swelling subsides, which it will usually do if the pads are applied early enough.

If however the swelling should have made more progress before it is attended to, if for instance it be very red, hot, and painful, the treatment must be more active. In addition to the low diet, cold washes, and absolute rest, Leeches may be applied over the part, and blood taken from the arm. A few doses of Dover's Powders will also be of service.

Compressing Buboes



When the cold applications cause pain, or do not decrease the swelling, warm fomentations may be used instead, or Poultices, the warmth and heat being kept up incessantly, for it does not do to remit operations a moment.

Sometimes this treatment will effectually remove the swelling, but at other times it does so only partially, an indolent indurated tumor remaining after all the acute symptoms are passed. In such a case it should be covered during the day with a plaster of Mercury and Ammonia sold at the Druggists under the name of *Emplastrum Hydrargyrum Cum Ammoniac*,—which should also be compressed by the pads.

In the evening this may be taken off and a dram of Blue Ointment well rubbed in before the fire, followed by a Poultice to remain all night. This course should be repeated daily till the swelling disappears, unless it is evidently going to suppurate, in which case it should be at once omitted.

If all the above plans fail a Blister may be applied on the swelling, and when that is removed the Blue Ointment may be carefully placed upon the raw surface, and covered with a poultice. Several of these Blisters may be applied in succession if requisite.

The Blue Ointment is a Mercurial preparation, and by applying it in this way the mercury is directly absorbed into the buboe, and disperses it. If any symptoms of *Salivation* occur the Ointment should be at once left off and the means for counteracting salivation, formerly given, must be resorted to.

The great object of the treatment it will be seen is to disperse the swelling and prevent suppuration, or if it cannot be prevented to hasten it, so that it may discharge and heal up as soon as possible.

If however the tumor has pointed, the skin become thin, and dark in color, and especially if fluctuation be felt, it will be impossible to prevent suppuration, and we must then only cry to regulate it. The Buboe must then be opened at once, because the longer the pus remains underneath the more extensive the abscess will be, and the more the parts around will be eaten away. The incision must be deep enough to let the pus freely escape, and it is better made the longest way of the swelling. No pressure should be made, nor should anything be thrust into the wound. If it be a virulent Buboe the cut edges will inoculate with the pus, and become Chancres, which must be healed the same as those in other places.

When the Buboe is opened, if it be syphilitic, it is nothing more than an open Chancre in fact, and must be treated as such, by Cauterizing it, and afterwards washing with Aromatic Wine. Under this treatment it will usually heal quite readily. Great care must be taken however to keep the parts clean, by frequent washings, and by change of linen, because the secretion is considerable, and it may produce other Chancre on any part it flows over

Sometimes however we have gangrene, and sloughing, or fungus growths, which require either to be cut away, or eaten away with *Caus*

tic paste. This Caustic paste is an excellent preparation, more powerful than Nitrate of Silver, and admirably adapted for eating away morbid growths. Some persons even apply it to Chancres, as soon as the pimple is seen, before the third day, instead of the ordinary Caustic, but I do not like it so well for that purpose. It is made as follows.

Recipe, No. 12. Quick Lime, five parts, Caustic Potash six parts. Alcohol enough to make it into a paste.

This will eat away anything.

In very obstinate cases, and when the edges of the wound are disposed to ulcerate further and further, it is customary to fill the abscess with *powdered Spanish Flies*, and put a blister over the wound. When this is taken off, if the edges are indurated they should be dressed with the Blue Ointment, but if not the Aromatic Wine should be used. This course is not nearly so severe as might be supposed, and usually it disposes the ulcer at once to heal.

When there has been extensive destruction of the parts it is often difficult to bring the edges of the wound together, and very deep scars will be apt to remain, but this cannot then be helped.

As long as the ulcer presents a livid unhealthy appearance, and secretes a discharge, it will be necessary to touch it occasionally with the Nitrate of Silver, which will soon cause healthy granulations to appear.

If specific Induration remains, like that in Indurated Chancre, the Mercury and Iodine pills may be used, to effect a constitutional Chancre

Sometimes, after the Buboec heals perfectly, the glands themselves remain swollen and indurated, and it is then necessary to destroy them entirely either by cutting them out, or, which is better eating them away with the Caustic paste. After this the wound will heal perfectly, if the place be kept clean, except the patient be Scrofulous, they may then become permanent sores, of a very obstinate and unhealthy character.

In concluding the present chapter on Primary symptoms, I may remark, that Chancres are met with in very unusual situations. I have seen them on the Anus, the Hands, the Nose, and the Lips. How they came in such places could not always be ascertained, though sometimes a confession would reveal practices equally unusual with the wounds themselves. I merely speak of them here by way of *caution*, and to expose the common error, that such affections only attack particular parts.

M. Ricord gives us an instance of a poet who consulted him, and who had a Chancre in the mouth, which he acknowledged he had run a direct risk of, in a moment of exalted feeling. I have seen still more curious cases than this, which, if it were necessary to expose them, would reveal a curious chapter of human experience, and one hitherto entirely unread, except perhaps by a very few.

NOTE.—It will be seen by the "*Appendix*" that the *soft* and *hard* Chancres are two very different things.

CHAPTER XII.

THE SECOND STAGE OF SYPHYLIS: OR
SECONDARY SYMPTOMS.§ *General Remarks on Secondary Syphylis:*

By Secondary Symptoms are meant, as before explained, certain diseases of the skin, mucus membrane, testicles and eyes, which frequently follow the Primary Symptoms just described. These diseases cannot be conveyed from one person to another, like Chancre; neither during connexion, nor even by inoculation; but they may be transmitted hereditarily, from mother to child.

In very remote times these diseases were not known to have any connection with Primary Syphylis, but were thought to be of independent origin. Thus, the Leprosy and other skin affections of the Eastern nations, which we find mentioned in the Bible, were never suspected then to be the consequences of venereal affection. And even in more modern times, when their connection was seen, the two classes of symptoms, and also those which follow, were all confounded together.

It is only very recently that the true relations of these different morbid states, and the way in

which one follows from the other, have been properly understood ; and this has been brought about by the researches of M. Ricord

It is now universally admitted, that Secondary, and afterwards Tertiary Symptoms, follow Primary Chancre, in consequence of the virus or matter of the Chancre being absorbed into the system, and affecting it constitutionally ; and this is the reason why such symptoms are called Constitutional Syphylis ; while Chancre is simply local Syphylis.

It is true that constitutional affection does not always follow Chancre ; and this is most fortunate, for bad as may be the results of the Primary affection, even at the worst, the Constitutional effects may be incalculably worse, both to the individual and to offspring.

Why it is that Secondary Symptoms sometimes follow Chancre, and sometimes do not, we cannot always say, though there are certain known causes which undoubtedly predispose to them. I have known men have severe Chancres several times in succession, without the slightest constitutional affection following ; while others again, from the slightest Primary ulcer, have become thoroughly contaminated.

Sudden changes from heat to cold, or from dry to moist states of the atmosphere, appear to dispose to Secondary affection, in some people, and improper diet or drink, fatigue or exposure, in others. Excitement of all kinds, has likewise a predisposing influence ; and probably also, so has the individuals general state of health.

As a general rule, men are more subject to

Secondary Syphilis, than women, which is fortunate, because fewer children are affected in consequence, for it is a melancholy fact, that almost invariably, a child born while the mother is affected with Secondary Symptoms, will be diseased like her.

The Temperament also, has a great predisposing influence, as every one knows who has studied such cases; Lymphatic people being undoubtedly more liable than others.

Perhaps, however, as a general rule, the natural constitutional condition of the individual, exerts more influence than any thing else. Thus, the majority of those who have Secondary Symptoms are what we call Scrofulous people; either those with dark hair and eyes, and clear brown complexion, or those with white, transparent, waxy skins, who so often fall victims to consumption. It is true that others, quite differently constituted, are occasionally affected, but not nearly so frequently; and generally when it so happens, they are debilitated by excesses or by disease.

In connection with this, it should also be remembered, that the peculiar nature of the Primary sore, exerts a remarkable influence on the development of Secondary Symptoms. Thus they nearly always follow an indurated Chancre, but seldom any of the other kinds. Why, we cannot tell; but probably the constitutional condition of the individual influences the development of the Chancre, as well as its after effects.

It is perhaps advisable also to call attention here to another fact, also mentioned before,

namely: that Constitutional Symptoms never occur unless the Primary Chancre has been allowed to exist a certain time, and that consequently they could always be prevented, by destroying the Chancre in time. Again I repeat,—

If the Chancre be destroyed by the third day after its appearance, no Constitutional disease will ever arise! And there is but little danger even till the end of the fifth day.

Such disease is consequently almost invariably the consequence of either neglect or ignorance but more frequently of the latter. By spreading the requisite information, therefore, this little book may actually prevent more Constitutional Syphilis than all the medical practice hitherto pursued has been able to cure, or perhaps than it ever could cure.

I recollect an instance which forcibly illustrates this point, and which may be useful to relate. I was requested to call on a young man at one of the hotels in New York, who was unable to go out from the consequence of a fall, but who had come from the south to see me. His trouble was Stricture, for which I had to make an exploration with the Bougie. In the course of my examination I perceived on the Prepuce a small pimple, not larger than the head of a pin, to which I called his attention, and enquired if he had noticed it, or if he had ever seen anything of the kind before? He said no, and was quite surprised to see it. I then asked further if he had lately exposed himself to any risk of Syphylitic contagion; but he said no

again. although he admitted that four days ago he had had connexion with a female friend, but who he was sure had no disease. I however, told him that I was strongly of opinion, notwithstanding this, that the sore was Syphylitic, and I advised him at once to have it Cauterized

Such however was his confidence in his friend that he refused to have anything done till the next day, though I explained to him that it might then be too late to prevent Secondary Symptoms, which there was no danger of if the sore was Cauterized now. I therefore left him with a caution to watch carefully the progress of this little pimple as he called it.

This was in the forenoon, and quite early next morning he sent for me in the most pressing manner. During the afternoon and night the pimple had grown considerably, and the pustular vesicle was distinctly marked, surrounded by a red circle presenting in fact all the indications of a Chancre just on the point of opening. He had been looking over Ricord's large Plates of the Syphylitic disease after I left him, and now saw plainly enough what was the matter. In the most urgent manner he entreated me not to lose a moment, but to Cauterise it at once, for, said he, I would rather blow my brains out than have Constitutional Syphylis.

Having come prepared, anticipating what I should have to do, I opened the pustule at once and thoroughly cauterised it, leaving him some Aromatic Wine and lint to apply afterwards.

In four days it was perfectly healed, and scarcely a mark was to be seen.

Now in this case had I not seen the Chancre at that early stage it is probable he would not have done so till it had opened, which it would have done before another day had passed, and then he would have been in imminent danger of both Buboë and Secondary Symptoms, for he was predisposed to both.

In a letter sent to me after his departure he remarks, "I had indeed a narrow escape, and it is more than likely you saved my life, for most certainly I would never have lived in the state I have seen some people, and which I should probably have arrived at."

The occurrence of Buboës seems in no way to influence Secondary Symptoms, for after some of the worst of these Tumors have supurated, and destroyed large portions of the parts, no such symptoms follow, while they often occur when no buboës have appeared.

The manner in which the syphilitic virus is absorbed, when it affects the system constitutionally, is not known, but it is supposed to be taken by the veins, and so enters the blood. When it merely enters Lymphatics, or absorbents, it only causes buboës, or internal Chancres. To affect the system it must enter the circulation

§ *The period when Secondary Symptoms occur.*

The length of time after the opening of the primary Chancre before Secondary Symptoms occur, when they do so, is variable. The earliest period at which they have been observed is eight days, but in general they are not seen before six

weeks, or two months. Many causes also may either retard or hasten the appearance of the Secondary Symptoms. Thus if the patient live prudently, and is not exposed to cold, or fatigue, nothing of the kind may be observed for weeks, while under the reverse conditions they may appear at once.

It appears that the absorption of the virus causes what is called a Syphylitic Temperament, or in other words sows the seed of the disease which may at any moment begin to develop, under the influence of any of the accelerating causes above referred to.

How long the Syphylitic poison may remain in the body without showing itself, or how long it may be before Constitutional Symptoms appear, after the absorption of the Virus, we cannot tell. Probably however never more than a few months elapse at most, though some practitioners have thought that years may intervene.

In all probability in those cases which appear so prolonged there has been an imperfect observation. Either more recent Chancres have occurred unobserved, or else the Secondary Symptoms have existed for a long time unnoticed.

§ *Secondary Syphylitic Affections of the Skin.*

Secondary Syphylis usually first shows itself in a morbid condition of the skin, which is indicated in many different ways, and which may come on either during the existence of the primary Chancre or after it has fully healed.

Most likely the patient first observes on his body an eruption, similar to Measles, which

may either be confined to patches merely or extend over a large surface. This eruption is at first quite rosy, but the skin around looks unhealthy, and yellowish. If the red spots be pressed upon they fade away for the moment, but soon return again.

Occasionally nearly the whole body is covered in this way at once, but more frequently the eruption passes in patches from one part to another. The parts most attacked are the Abdomen, Back, Arms, and Face, and not unfrequently it will leave and attack again the same part several times.

The red spots gradually lose their rosy color, becoming dusky and faint, till at last they assume a coppery tint, especially on the Abdomen.

This kind of Eruption may either fade away altogether or subside into another form, called the papular.

This consists of a rose colored eruption also, like the other, but on passing the finger over the red spots they are distinctly felt, like small hard pimples, either singly or in clusters. As in the first form the rosy color eventually fades, and the eruption becomes coppery.

Sometimes there is no derangement of the general health observed during this eruption, though more frequently it is otherwise. The face is especially apt to have a morbid appearance, being either pale, or waxy looking, and the eye has frequently a dim glassy expression.

The pimples generally appear first on the Abdomen but may afterwards extend irregularly

over most of the body. When in clusters they have a peculiar appearance, somewhat like lichen, which grows on rocks, and indeed they are often so called.

This form of eruption, like the other, may altogether disappear, leaving scarcely a trace, but more frequently the pimples dry and shrivel up, leaving the surface covered with little thin silvery scales, or scurf. These scales may either exist in patches or a large surface may be covered with them at once. They may be readily rubbed off, but are again formed, so that on the parts exposed to friction there is a constant dusting of them.

The manner in which the scaly patches extend varies in different cases. Thus sometimes they merely spread, in an irregular manner, from the spot where they first begin, and cover all the intermediate surface. At other times the centre of the patch becomes natural and the scales extend in a *ring*, which keeps on widening as fast as the healing process goes on in the middle. These rings often overlap each other, or link together like a chain, extending over a large portion of the body, constituting one form of what is called *Leprosy*.

Sometimes the whole of these scales will fall off, and the skin will become perfectly natural, especially with *prompt* and proper *treatment*. At other times however the disease is exceedingly obstinate, and continues in spite of all that is done, occasionally disappearing, but as regularly returning.

Occasionally this Leprosy appears upon the

palms of the hands, or upon the feet, and is often accompanied by chaps, or crevices, from which exudes an acrid fluid, which, unless constantly washed off, crusts and hardens the parts like horn. I have seen many persons, young and old, afflicted in this way, who never had Syphilis themselves, but who inherited the disease from their mothers, who perhaps were ignorant also that *they* had ever had it. Many cases of what were called *Salt Rheums*, and *humors*, which I have seen, were undoubtedly of this kind. For how many generations such morbid conditions may be transmitted, in some form or other, has not yet been determined, but probably they often extend farther than is usually supposed.

At a later period after the appearance of the primary Chancre, or in consequence of neglecting milder forms of the disease, there also frequently occurs what is called a pustular eruption, somewhat resembling small pox, excepting that the pustules are not so uniform, nor always so distinctly marked. A quantity of thick yellow matter forms, under the scaly patches previously described, and elevates the skin, which becomes covered with a thick peeling scale.

Some of these pustules will be larger than a dime, and may be elevated half an inch or more above the skin. The scale usually becomes very hard, and brown, and is surrounded by a livid ring of diseased skin. On removing one, it is found to cover a hideous looking ulcer, which burrowes under the skin, and discharges a foul acrid matter, often smelling badly.

These ulcers have very little tendency to heal.

but are more apt to remain indolent, or spread. When they do disappear, a deep cavity is often left, owing to much of the flesh having been eaten away, and the place is marked by a hard white scar.

Under this form of eruption the general health nearly always suffers. The skin looks dark, the features become pinched, the circulation is languid, and nutrition very imperfect. Ultimately the appetite fails, the patient complains of weakness, and of rheumatic pains, and usually begins to be exceedingly anxious about his condition. Fortunately this form of the disease is not often met with, and it is principally confined to those who have been addicted to excesses, or who have bad constitutions. It may however be induced by improper treatment, and by constant fatigue, or exposure to cold and damp.

In reading the account of the terrible epidemic at the siege of Naples, before referred to, this form of Syphylis is at once recognized, and apparently was very prevalent. No doubt numbers have so suffered, in former times, who have been tempted, like Job, to "Curse God and die."

Sometimes among the pustules there will be observed other swellings, much larger, like *boils*, which discharge a thin fluid mixed with blood, of a most sickening smell.

Occasionally also the disease appears upon the head, the pustules constantly discharging a thick sticky matter that mats the hair together, and seems to destroy it at the roots, so that it gets hard and dry, and at last falls off, leaving the patient incurably bald.

The glands of the neck may also become enlarged and painful, and sympathetic *buboes*, may form.

The last form of secondary skin disease is that called the *Tubercular*, which consists of little hard tumors, mostly elevated above the skin, and of a peculiar vermilion color. Some of these remain hard while others ulcerate, and then become covered with a crust, or scale. These Tubercles seldom commence in this form, but are more frequently the result of a gradual change from other forms. They are most frequently met with on the groin, scrotum, prepuce, female labia, and also between the toes, and around the navel, or anus. Sometimes isolated Tubercles are seen on the face, or nose, and at the corners of the mouth, often along with some of the other forms of eruption

Tubercular eruptions in some cases occur soon after the primary Chancre, especially in diseased or debilitated constitutions, but in other cases they do not appear till every other trace of Syphylis has disappeared. They then appear to be its last transformation. Chancre also sometimes degenerates into Mucus Tubercle, as elsewhere remarked.

The Mucus Tubercle, as the French term it, is one of the most curious of all the Syphylitic eruptions, and is frequently a very obstinate affection.

It is usually round and firm, but elastic when pressed; and at first is quite pale in color, but soon becomes more or less vermilion. The surface of it looks like a Mucus Membrane, --like

the inside of the cheeks for instance,—rather than like skin, and it constantly secretes a thin acrid matter, very offensive, and which excoriates the parts it flows over, besides blistering the Tubercle itself, if not frequently washed off.

Although sometimes met with singly, yet at other times these Tubercles are found in clusters, extending over a large surface. The whole of the Organs of Generation are sometimes covered with them in this way; and at other times they surround the Anus, or extend down the Thighs. I have even observed them in the Vagina, and on the neck of the Womb.

Nothing can be imagined more hideously disgusting, or more likely to drive a patient to utter despair, than this form of disease. The constant irritating, foul secretion, which keeps the parts always sore; the rubbing of the Tubercles one against the other, causing incessant pain; together with the tendency which they often have to extend; all combined together are most disheartening. The general health, however, may not suffer so much even as in milder forms of eruption.

With proper treatment, and especially by keeping the Tubercles clean and dry, as recommended for Vegetations, they will often disappear rapidly, even when presenting the worst appearance. If neglected, however, they may remain for an indefinite time, and extend to a considerable distance.

This affection, it should be remarked, though apparently so severe, is quite superficial, and causes no deep ulceration. In healing, the pro

ness much resembles what is seen in some of the scaly eruptions. Thus, we first observe a healthy spot appear in the centre of the Tubercle, which gradually enlarges, leaving the diseased portion like a ring. Ultimately this ring also heals, and nothing remains but a deep, copper-colored stain, which perhaps never disappears. The cure will sometimes be astonishingly rapid, considering the appalling appearance of the disease.

Some Chancres, as already stated, change into Mucus Tubercles: and some Tubercles that arise independently, often resemble Chancres very much; but the matter from them will never inoculate. It is only from Chancres that inoculation will ever take; and it always produces Chancres again, and nothing else.

Complications.—Besides these various eruptions, which are strictly Syphylitic, other forms of skin disease may also accompany them which are not so, and which arise from independent causes. Thus, we sometimes see Itch, and other times Erysipelas, as complications; and in some people old scrofulous skin affections intermix with the recent Syphylitic ones, the one modifying the other.

It was formerly supposed that two diseases could not exist in the body at the same time; but this is now known to be an error. Thus, during Secondary Syphylis we often see Fever, both bilious and typhus, besides the affections above referred to; and it is not correct, therefore, to regard every morbid action as Syphylitic, merely because it follows Primary Chancre.

One other complication should also be referred

to, which is sometimes of serious importance, and that is, the occurrence of fresh Primary Chancres while the patient is yet suffering from the Secondary Symptoms arising from former ones. That this may be, is unquestionable; in fact, I have often seen it. In such a case, unless great care be taken, the Secondary sores may be inoculated with the pus of the Chancre, and so be converted into Chancres also, most extensive and malignant.

An ignorance of this fact led to the most deplorable results in one of my patients. He was suffering from Secondary Syphylitic sores, and in his ignorance, like many others, thought that, as he had the disease already, he might expose himself without danger.

He did expose himself, and contracted Chancre, without mentioning it to me. Unfortunately, he had a severe pustular eruption about the Genitals and Thighs, of a Secondary character, and nearly every pustule became inoculated, literally covering the parts with Chancres, which I found the greatest difficulty in healing; and which also led to another set of Secondary symptoms, worse than those which he had previously.

If Mucus Tubercles, or Pustular eruptions become inoculated in this way, the consequences may be very serious; and the same may be said of old Scrofulous sores, which are also singularly modified sometimes, by Secondary ulceration uniting as it were with them.

In conclusion, it is necessary to state that Secondary Syphylis is at times a comparatively mild affection and may so strongly resemble

Other diseases of the skin, as to be distinguished from them only with difficulty, and by experienced eyes. Everything relating to the patient's condition, and his previous history, must be taken into account in forming our judgment, which must, after all, depend more upon experience than upon any invariable indications. We can always prove or disprove the presence of Primary Syphilis, by inoculation, but we have no such certain means of diagnosis in Secondary Syphilis, because it is incapable of inoculation, though unfortunately we often see it descend to others hereditarily.

Perhaps the most reliable signs of Secondary Syphylitic affections, and the most constantly present, are the *coppery stains* on the skin, with which some men are marked nearly all over them.

§ *Treatment of Secondary Syphylitic Skin Diseases.*

In healthy persons, who are able and disposed to take the requisite precautions, Secondary Syphilis is quite a simple disease, and may be always speedily cured with proper treatment, providing it has not been left too long. In debilitated or diseased constitutions, however, or in those who will not or cannot live properly, there is danger of its becoming a serious, if not fatal trouble. If left too long, also, before treatment, it may gain such a hold of the system, as to make its removal almost impossible.

If the individual has been imprudently treated also, the disease will probably be much worse than if he had been neglected altogether.

especially when Mercury has been injudiciously used. Many a patient has lost his palate, or nose, in consequence of improper medication who would not have done so from the disease.

The first important point in the treatment of Secondary Syphylis, is, to attend to the general health, before resorting to any specific medication. This is of the first consequence, because the condition and situation of the patient have much more influence, good or bad, as the case may be, than any drug we can administer. This fact, however, is lost sight of, and a box of pills, or a bottle of mixture is thought to be all that is required. In fact, nine-tenths of all the really bad cases we see, are produced either by neglect, or by this improper treatment. The practice, in short, should always be based, at first, on general principles, and we may rest assured, that, just in proportion as the patient improves, generally, so will the Syphylitic affection be beneficially modified or overcome.

It is a fact not generally known, that Syphylis can be, and often is cured without any medicine at all, and perfectly too, by simple ordinary means. The old dogma that it can never be cured without Mercury, is now given up by all enlightened physicians, because it has often been cured without a particle of that or any other drug. Nevertheless, when judiciously used, Mercury is a most valuable help, as will be shown.

All severe complications must be first attended to, so that their irritation may not counteract the curative treatment; and all organic or

Functional derangement must be corrected as far as possible. The stomach and bowels must be put in good order, if necessary, and the diet must be regulated according to the state of the system. Thus, to persons who are weak and debilitated we must recommend a full, nutritious diet, with fresh meat, and wine or malt liquors; while to those of a full, plethoric habit, especially if they are disposed to inflammatory action, a low and spare diet must be recommended, with an entire absence of all stimulants.

A simple change from a damp or cold place to a dry and warm one, or even more comfortable clothing only, will frequently have the most favorable effect on Secondary Symptoms, and immediately too.

It is necessary to remark however, and most emphatically too, that though such general simple treatment will sometimes cure Syphilis alone, yet we cannot be sure of its doing so. Very often the disease is only put back in this way, and afterwards breaks out again worse than before. It is therefore necessary, in addition to such means, and along with them, to use others which will eradicate Syphilis from the system! These specific means we will now describe, as far as possible, in the order of their importance.

Baths. When the disease is taken early there are few things more beneficial to it than bathing. If the eruption be not severe nothing more will be required than simple warm water baths, two or three times a week, but when there is any great degree of inflammation an addition of Gelatine will be found highly serviceable, and it

may be used oftener. Two or three pounds of Gelatine, or Calf's foot jelly, should be added to each bath, which should also be quite warm, and the patient should remain in it at least half an hour, at first and gradually extend the time to an hour, or more, every other day. The warmth of the water must be kept up the whole time, and the patient must be careful not to expose himself afterwards.

The beneficial effects of this treatment are palpable and immediate. The irritation subsides, the eruption seems to go down, and a general improvement is at once manifest, both locally and generally.

In the *papular* form of Eruption a pound or two of Sub Carbonate of Potash may be added to the bath, and in Scaly Leprosy half an ounce, or an ounce, of Corrosive Sublimate. The last article must never be employed however when there is any Ulceration, or in fact open sores of any kind.

Sulphuret of Potash is a good article to dissolve in the water sometimes, and when Gelatine cannot be obtained Bran will be found a very good substitute.

While the baths are being used it is also advisable to use a little diaphoretic, or sweating medicine, such as Dover's powders, Guaicum, or Sarsaparilla.

If the patient be very debilitated, or of an enfeebled constitution, it may also be of service to administer a tonic, such as Quinine, or Iron, and if there be much Rheumatic pain a little opium may be of service.

As an internal remedy for the Syphylis itself however, in the Secondary form, there is but one remedy that can be depended upon, and that is *Mercury*. Notwithstanding the evil it may do when *improperly* used, at any time, and although it is not proper in *all* stages of Syphylis, yet for Secondary Symptoms, when employed with good judgment, it is our sole reliable remedy.

Other drugs have been used for the same purpose, as Gold, Silver, Arsenic, Antimony, and others, but none are equal to Mercury. In some form or other, though often artfully disguised, it enters into the composition of all medicines for curing Constitutional Syphylis.

The great error in regard to Mercury, in former times, and even now among many, is in considering it proper in all stges of the disease, whereas it is really *injurious* at one time, though highly servicable at another.

Thus in the primary stage it is not advisable to use Mercury in *every kind* of Chancre, though it is indispensable in the Indurated form.

In Tertiary Symptoms also Mercury is of little or no use, while in Secondary Symptoms it is almost a specific. These facts are not universally known, and therefore the remedy has been used indiscriminately, benefitting some and perhaps killing others, and being praised to the skies by one school of practice, while another has condemned it in every form and under all circumstances.

The object in view in using Mercury, in Secondary Syphylis, is, to remove the Syphylitic poison from the system, or so modify it that

its effects will be comparatively harmless. That it will do this we have abundant proof, providing it be properly used.

Other remedies may cause the disease to disappear, but Mercury alone will eradicate it.

The manner of using Mercury. This is an important point, for valuable as the remedy is, when properly used, it may become terribly destructive in improper hands.

Many persons suppose it is necessary to use Mercury in powerful doses, to continue it a long time, or to cause Salivation with it. This last effect used to be in fact thought indispensable, and every Syphylitic patient was salivated accordingly. Some persons even now have similar notions, but fortunately enlightened practitioners know and act otherwise.

To many persons it will be quite a surprise to learn, that so far from salivation being necessary, or advisable, in treating Syphylis, it is really an evil, and should be most carefully avoided. If unfortunately it occurs we must leave off the mercury at once, till it disappears. In all cases the most careful watch must be kept, while mercury is being given, to detect any signs of salivation at the very earliest moment.

The difference as regards the susceptibility of different persons, to the influence of this drug is very great. Thus some show signs of salivation after taking quite small doses, for a short time only, while others exhibit nothing of the kind except they have large doses and take them for a much longer period. In some also salivation comes on suddenly, while in others it advances slowly.

In general salivation comes on within the first week after commencing the mercury, but it may begin in twenty-four hours after the first dose. The most usual time however is about the fifth day, and if it does not occur in the early part of the treatment it is not likely to do so after, unless the dose should be largely increased. If no salivation is seen within ten days after leaving off the mercury there need be no fear of its ever occurring.

The symptoms of salivation have been already spoken of, but it may be as well to describe them a little more explicitly, as I have known persons salivated with medicines which the Doctor assured them contained no mercury at all!

The first indication is an increased flow of Saliva, accompanied by a generally inflamed and swollen state of the inside of the mouth and upper part of the throat, which also feel hot, and have a coppery taste. The teeth seem to be raised up in the sockets, till they are quite loose, and separate from each other. The gums and lips swell, and also the tongue, which will sometimes become so large as to protrude from the mouth.

In proportion as the above symptoms increase in intensity, the flow of Saliva becomes more abundant, and it usually has a peculiar metallic smell, which in fact is sometimes noticed first, and indicates the commencement of salivation.

If allowed to go too far, the gums, and perhaps the tongue, will begin to ulcerate, and slough away, the bones even will decay, the teeth will drop out, and the palate and nose fall in. In

fact many of those terrible cases of this kind, which were formerly so much more abundant than now, were really owing to the mercury given, and not to the Syphylis.

Besides all this, salivation is often accompanied by Fever, Swelled Face, Constant Drowsiness, Erysypelas, Swelling of the Glands in the neck, and Rheumatism. In general also the stomach and bowels are deranged, and the throat may be ulcerated.

When it is not checked Salivation usually attains its height in a few days, though under peculiar circumstances it may become chronic, and endure indefinitely. With due care however, it seldom lasts more than a few days, or, in the worst cases, only a few weeks. Cases have been known in which, from neglect, death has ensued from salivation, and numbers have been disfigured by it in the most horrible manner.

If unfortunately salivation should take place, the mercury must be at once left off, and the gargle, for which a recipe is given further back, should be used for the mouth. When ulcers exist they may be slightly touched occasionally with pure *Muriatic Acid*, and so may the gums if very much swollen, but care must be taken not to let the acid touch the teeth. In most cases, however, the simple gargle will be sufficient, especially when proper attention is paid to diet, and other matters affecting the general health, as formerly advised.

The Manner of Using Mercury.—There are two ways in which mercury may be used,—the ordinary internal way, or the external, through

the skin. The Chinese also breathe the fumes, but it is never done here.

Each of these modes has its advantages, in particular cases, and we will therefore describe the various modifications of each.

First, Externally.—*Mercurial Ointment* is the preparation most generally used when it is wished to operate through the skin, as its action is remarkably sure and uniform. It has many advantages over internal preparations, inasmuch as it does not disorder the bowels, at the same time that it acts very quickly. Its use in Indurated Chancre has already been shown, and we shall now see that it is equally valuable in Secondary Symptoms.

The quantity employed at once is usually about a dram, which may be rubbed in on the inside of the calf of the leg, or thigh, every other night, before a fire. It should be used on the two limbs alternately, and the rubbing should always be in the direction of the hair, as there will then be no irritation of the skin. The hand should also be covered with a piece of oiled silk, or smooth bladder, so that the ointment may not touch it. On the alternate days, when the ointment is not used, a warm bath should be taken.

The dram of ointment may also be placed under the arm pit, on going to bed, providing there should be any irritation on the limbs to forbid its being used there. But in either case it is objectionable on account of its soiling the clothes and person so much, and smelling so badly, though it is undeniably beneficial to the disease.

Mercurial Plasters are other modes of acting the system through the skin, sometimes possessing peculiar advantages. Their action, however, is not usually upon the system in general, but upon the part where they are applied, though they will at times even cause salivation. They are especially valuable to apply over *Exudations*, *Chronic Ulcers*, and obstinate patches of *Chronic Eruption*.

Fumigations, or *Mercurial Vapor Baths*, are other modes which may occasionally possess advantages over the other plans, but it is difficult to find conveniences for them, and they are but little adapted to private use.

Second, Internally.—Many different preparations of mercury are used internally, some of which are different in their action, in some respects, to others.

Pills composed of two grains of *Calomel* to half a grain of *Opium* are employed when it is wished to act quickly, but they are nearly sure to cause salivation, and are therefore objectionable.

Corrosive Sublimate is occasionally used, but it is very dangerous, and can always be dispensed with.

Blue Pill is a very good preparation, in some cases. It may be given in doses of from five to ten grains, daily, leaving it off immediately when there are any symptoms of diarrhoea, or salivation.

The Protiodide of Mercury is however the best preparation, made up as formerly recommended, in *Recipe No. 9*, and to be taken the same.

One pill a day may be taken at first, but if after a week the symptoms do not improve. two may be taken, and in time, if found absolutely necessary, three or four may be used. I have sometimes even administered as many as six, but the increase was very gradual.

Sometimes when one preparation of mercury disagrees with a patient another will not do so, and we may often change advantageously from one to another, and from internal to external modes of administering it.

Whatever preparation is used we must apply it in sufficient quantity, and for a sufficient time, to produce a manifest effect upon the disease, and it must not only be continued till that has totally disappeared, but for some time after. We must also leave it off slowly, so that the system may not pass at once from under its influence, or a relapse may occur.

If there should be the slightest indication of a return of the disease the mercury must be at once resumed, and the dose gradually increased. In no case should the treatment be abandoned till the disease is thoroughly eradicated, or it will be always breaking out in more dangerous forms. It may however be often necessary to change the mode of operation.

In addition also to the mercury, whether used internally or externally, we may advantageously employ the various baths above referred to, especially when the skin is very irritable.

Some practitioners have much praised a preparation called *Tar Ointment*, which may be tried when other external means fail. It is made of

Tar and Lard, in equal parts, thoroughly mixed together. To do any good, however, the patient should live and sleep in it, having his shirt always thoroughly impregnated. In some old cases of skin disease, especially the dry scaly form, it is excellent.

Sulphur Vapor Baths have been found useful by some, and may often be serviceable in change with other treatment.

Mucus Tubercles should be frequently washed with common Salt and Water, then dried, and covered with dry lint, which should also keep them from touching where there are many. The Salt and Water should be strong enough to make them smart. They may also be occasionally sprinkled with Calomel, and while thus treating them the Mercury and Iodine Pills should be taken internally.

§ *Secondary Syphylitic Affections of the Mouth and Throat.*

As far as we have hitherto referred to Secondary Symptoms, we have supposed them only to affect the external skin, but they may also affect the Internal Mucus Membrane of the Throat and Mouth, and also the Anus, and lining of the Prepuce. In females, also, the Vagina, Vulva, and Neck of the Womb may exhibit the usual symptoms. The parts most usually affected, however, are the Mouth and Throat.

It has already been shown, in a former chapter, that *Primary Chancres* are occasionally met with in the Mouth and Throat, as well as on other parts, and that they are either the results of possible accidents, or the consequences of dis

SECONDARY SYPHILIS IN THE MOUTH.



gusting practices. These sores, however, are not so likely to cause Secondary Symptoms as those situated elsewhere, because they are usually less severe, and more easily cured, if not too long neglected.

Secondary affections of these parts are however, far more prevalent than Primary ones. In fact they are quite commonly met with, among those who are exposed to contagion, under the name of *Syphilitic Sore Throat*.

The symptoms of this complaint are tolerably well marked, though a person not very familiar with them might possibly mistake them, in some cases, for those of ordinary ulceration.

The first indications usually are one or more red spots, on some part of the mouth or throat, the centre of which gradually becomes pale, and extends in a circular form, till it becomes perhaps as large as a dime. Several of these whitened patches may intersect each other, or extend like the links of a chain, till quite a large surface is covered by them. The appearance of these white patches, is like a place that has been covered with a poultice, or on which the skin remains dead from being scalded. The white covering seems as if it could be rubbed off, but on attempting to wipe it, we find that it adheres quite fast, like glue. It is, probably, a tenacious secretion, mixed with more or less of the dead external membrane.

The red appearance round these white patches gradually fades away, though they may increase in number till the whole inside of the mouth and throat, and also the tongue, is covered by them.

Occasionally, however, they are accompanied by an accidental inflammation and swelling, from other causes.

There may be no change in these patches, for months perhaps, if the patient live carefully, and is not exposed to fatigue or cold, and they may even disappear altogether under the simplest treatment; but this is rare and must never be depended upon. Most usually, sooner or later, they become ulcers, which not only spread, but also eat in, till at last they destroy, not only the surrounding tissues, but even the bones, if their progress is not arrested. In this way, the palate and nose has often been lost. It may, however, be a considerable time before these extreme evils result, unless the patient live irregularly, or be too much exposed to cold and fatigue; or unless he have a bad constitution, or is very improperly treated. Some persons suffer from the ulcers for a length of time, and yet they do not eat deeply in; though there is always danger that they may do so from any exciting cause.

Some of these ulcers are occasionally more elevated than the others, and feel quite uncomfortable, especially when on the palate, or tongue. When at the corners of the mouth they also form scabs, which bleed when the mouth is opened, and are a source of constant annoyance.

Such is Secondary Syphylis in the mouth or throat,—an affection always to be dreaded, and requiring for its safe extermination, prompt and appropriate treatment. It is perhaps scarcely necessary to remark here, after what has been

said before, that this, like every other Secondary Symptom, is never experienced unless the individual has had, somewhere, at some former time, a Primary Chancre. And further, this Chancre must have existed at least three days before it was cured. The only exception to this rule, is infants, who, without having had Primary Chancre, may be born with Secondary Syphylis, developed in any of its forms, if their mothers were affected with it at the time of their birth. In this case it is received hereditarily. No man, however, could contract Secondary Syphylis in any form, by association with a female who had it alone.

It is only Chancre which can be caught in that way.

Syphylitic sore throat usually commences about six or eight weeks after the appearance of an indurated Chancre, but it may be much later. It may either occur alone, as the sole symptom, or it may be accompanied by any or all of the other symptoms, already described. In fact this is most usually the case, it being seldom met with as the first symptom, or as the sole one. Mucus Tubercle occasionally precedes or follows it.

Those who sing, play on wind instruments, or smoke, are much more likely to have Syphylitic sore throat than those who do not; and very often the first exciting cause of it is a common cold. Salivation is especially dangerous during this complaint, the Mercurial ulcers, and the Syphylitic ones together making a serious complication.

As a general rule, when taken early, these complaints can be easily cured, providing the patient lives and conducts himself as advised. When too deep seated, however, or when the patient is badly situated, or obstinate, or has a bad constitution, a cure is extremely difficult and may take a long time to accomplish.

Treatment.—The treatment of Syphylitic sore throat requires but few peculiarities, being in general, precisely the same as that already given for the Secondary skin affections. The general health must be first attended to, and the patient must be put, as far as possible, under the most favorable circumstances, carefully avoiding all debilitating or exciting causes. The diet should be light and plain, but nutritious; and no exposure to cold or fatigue must be allowed. If there be general irritation the baths must be used, as already advised; and if the stomach or bowels, are deranged, they must be regulated as speedily as possible.

In addition to this, we must administer Mercury internally, in the same way as already advised, using that preparation which appears to act best, and which causes the least derangement in the system. The Protiodide pills are the best form, but they may cause Colic in some persons, and if so, Blue Pill should be employed, or if all internal preparations disagree, recourse must be had to the Mercurial Ointment.

As a local application, the following gargle may also be used for the mouth and throat.

RECIPE No. 11. Diluted Muriatic Acid one ounce; decoction of Peruvian Bark, four ounces.

§ Secondary Syphylitic Affections of the Eye.

The eye, or eyes, may be affected by **Secondary Symptoms**, the same as the parts already spoken of, and frequently in so severe a manner as to destroy the organ altogether. Not only may the external lids exhibit similiar symptoms to those seen on other parts of the skin; but the inner Mucus Membrane may also become affected like the mouth and throat, and from thence the disease may extend to the ball of the eye, causing it to ulcerate and be destroyed.

The first indications of this complaint, called Syphylitic Iritis, are head-ache, pain in the forehead, sleepiness, and general irritability of the system. These are soon followed by a discoloration of the eye itself, which becomes yellow or greenish, and looks muddy instead of bright and clear. Sometimes it becomes reddish, and the different fluids seem more or less confused together. Very often the pupil of the eye is drawn in different directions, as if the individual squinted, and the Iris will adhere, so that no motion can occur. Of course vision is impaired in proportion as these symptoms become severe.

As a general rule, those who have bad constitutions are more liable to this affection than others, and it seems to be more general among females than among males. Mere infants have suffered from it the same as adults.

As to the causes of Syphylitic Iritis, they are generally the same as those which produce other Secondary affections, and the predisposing influences are also similar. Thus we find it most frequently in Scrofulous people, in debilitated

constitutions, in those of dissipated habits, or who are much exposed to cold, damp, and fatigue.

When taken early, and properly treated, the Syphylitic sore eye may be cured quite readily even after the organ has, to all appearance, been really injured. When left too long, however, or treated inefficiently, the danger of loss of eyesight is imminent. Fortunately the affection is comparatively rare.

The treatment should be strong and instant. No time should be lost, or it may be too late to save the eye. Two grains of Calomel and a quarter of a grain of Opium should be given every six or eight hours, till the symptoms begin to improve, and then the dose may be gradually lessened. Leeches should also be put on the temples, and Belladonna Ointment should also be rubbed on the brow.

While this is being done the patient must keep quite quiet, and warm, paying strict attention to diet, and using no stimulants of any kind. Neither should he attempt to use the eye.

In feeble and debilitated constitutions, where weakness is evidently a predisposing cause, we must advise tonics and a nourishing diet.

Warm foot baths are nearly always of service, and so is a blister behind the ears sometimes.

§ *Secondary Syphylitic Affections of the Testes.*

Sometimes, at a late period of Secondary affection, one or both of the Testes will become painful, and enlarge, the same as in Gonorrhœa

In fact, the affection is essentially the same in both cases, and differs but little in its manifestations. The ultimate consequences may also be the same, unless the disease is checked. In the one case, the disease is caused by sympathy with the inflamed Urethra, and in the other by the absorption of the Venereal virus.

The treatment must consist in the use of Mercury internally, the same as for other Secondary affections, and also in employing such external means as are advised in Epididymitis. Thus, when the swelling becomes very great, Compression may be resorted to, but it is seldom necessary. Rest, and supporting the parts with a bandage, is nearly always sufficient.

The cure is generally easy, except when the complaint has been too long neglected, in which case wasting of the Testes may take place, or Spermatorrhœa. In Scrofulous people, also, or in those with debilitated, broken-down constitutions, the consequences of dissipation, scrofulous ulcers, fungus growths, and even Cancer may follow.

CHAPTER XIII.

THE THIRD STAGE OF SYPHYLIS, OR TERTIARY SYMPTOMS.

§ *Nature of Tertiary Syphylis.*

The different stages of Syphylis have this unfortunate peculiarity, that each one is more to be feared than that which preceded it. Thus Secondary Symptoms are more to be feared than primary ones, because they indicate that the disease is no longer a mere local affection, but that the whole system is poisoned. And in like manner Tertiary Symptoms may reasonably excite still greater apprehension, because they prove that the constitution is even more deeply impaired yet.

Secondary affections it will be seen principally attack the skin, or Mucus Membranes, but Tertiary affections commit their ravages, in the deeper Tissues under the skin, and also in the Bones, which rot and crumble away.

Tertiary Symptoms are, in many respects, quite distinct from the Secondary ones, which they follow, though it is sometimes difficult to say where one ends and the other begins, because

they gradually pass into each other. The Tertiary Symptoms follow of course at a longer period after the primary ones, and are exhibited deeper in the substance of the body, but their main distinction is this, *they are not hereditary*, while Secondary affections are!

If a female suffers from Tertiary Syphylis she cannot infect any one with it, during connexion, any more than she could infect them with Secondary Symptoms, neither could she transmit it to her child if she became a mother, though Secondary Symptoms she could so transmit.

The two stages are therefore quite distinct in their nature,—and we shall see further on that they are also equally distinct in their effects.

In Tertiary Syphylis the individual's own system is thoroughly diseased, even to the bones, but the Syphylitic Virus appears to be modified, either by time or by its intermixture with other substances, and it can no longer affect other persons either by infection or hereditarily. It would be wrong however to suppose that if parents suffer from Tertiary Syphylis they will not, in consequence of that, influence their children's health at all. It is true they cannot transmit to them the Syphylis itself, but they are apt to give them imperfect organizations, and a direct tendency to certain forms of constitutional disease, especially Scrofula, and Cancer! In fact many persons think that these terrible diseases first originated in this way, from Syphylis, and if so they may be regarded, in one sense, as a further stage, still more removed from the primary one.

Fortunately all cases of Secondary Syphilis, are not followed by Tertiary Symptoms, even when totally neglected, in the same way that all primary sores are not followed by Secondary Symptoms. There is usually some predisposing cause which leads to the further stage, and without which it might not occur, though always to be feared.

The peculiar constitution, or habit of the body, seems one of the principal predisposing causes. Thus Lymphatic people are much more liable to Tertiary Syphilis than those of a different temperament, especially if they have any Scrofulous tendency beforehand. In fact Scrofula and Tertiary Symptoms are often so much alike that it is difficult to distinguish them.

Dissipated habits, bad living, exhausting labor, exposure, damp, and bad air, are also powerfully predisposing causes, and may often lead to Tertiary Symptoms in those of naturally good constitutions and who are not Lymphatic.

The most frequent causes of Tertiary Symptoms however are either the neglect, or the improper treatment of Secondary Symptoms. If these are left alone the probability is they will run into the Tertiary stage naturally, and if improperly treated they have perhaps a still greater tendency to do so. If Mercury is properly administered, at a sufficient early period of the Secondary Symptoms, there is no reason to fear Tertiary Symptoms following, and even when not used soon enough to prevent, it will often modify them, and make them very slight. The improper use of this article however, or the

resort to others that are inappropriate, may make the Tertiary Symptoms worse than they would have been without any treatment

§ *Course and Effects of Tertiary Syphilis.*

In general Secondary Symptoms gradually pass into the Tertiary in an imperceptible manner, so that the end of one and the beginning of the other can scarcely be distinguished. In fact we often see the Tertiary Symptoms commence before the Secondary have passed off, in the same way that the Secondary are often seen before the primary sore is fully healed.

In other cases however the Secondary Symptoms fully disappear, and are followed by the Tertiary, perhaps at a considerable interval.—sometimes even they reappear several times before they finally assume the Tertiary form.

In very rare instances Tertiary Symptoms appear at a considerable period after the primary sore, without any Secondary Symptoms having been observed between. It is probable however that they did exist, but slightly, and were overlooked.

Tertiary Syphilis is always a grave matter, and much to be dreaded, even when simple, because it shows that the disease is now deeply seated, and will probably be very difficult to remove. The patient must have exhaustless patience, and must constantly observe the strictest attention to his diet, and mode of life. No Physician can make any kind of promise as to its duration, or termination, without a risk of deceiving both himself and patient. It may

pass off soon, and favorably, or it may endure for years, and produce the most serious consequences.

When complicated with Scrofula, acute inflammation, or Gangrene, it is still more dangerous, and its character becomes so changed that it is a difficult matter to know what treatment to pursue.

Particular effects. It has already been stated that Tertiary Syphylis principally attacks the deeper seated tissues under the skin, and also the bones, affecting each in a peculiar manner, which we will now describe.

Usually, at some late period after the occurrence of Secondary Symptoms, a number of small Tumors form on various parts of the body, sometimes singly, and at other times in groups. These do not cause any pain, or uneasiness at first, and may perhaps pass unnoticed for several months. At first they are quite firm, and generally loose, so that they readily move away when pressed upon. Finally however they become fast and grow a little, becoming perhaps as large as a small hickory nut. On pressing them it will also be found that they are no longer solid, but evidently contain a fluid, covered by a hard shell, or crust, the whole being buried as it were deep under the skin.

After a time the skin over these Tumors becomes discolored and thin, and at last breaks, forming an Ulcer, which communicates with the Tumor below by a number of fistulous openings, through which a thin acrid discharge constantly flows. The Tumor itself seems gradually to

work up towards the surface, and so dissolve and pass away through the openings, till finally it may totally disappear. The wound will then heal, but a deep scar remains, showing that the substance of the part was extensively destroyed. Frequently, however, considerable inflammation takes place before the Tumor is fully thrown out, and the Ulcer in consequence spreads extensively along the neighboring parts, making the Cicatrix still deeper and more apparent.

The healing of one place however only seems to call forth another, in some other part, and frequently several Tumors will be discharging at the same time. As fast as they disappear, others succeed them, and thus there is no end to the affliction.

The Tumors may occur on any part of the body, and sometimes will extend nearly all over it. They are occasionally formed even on the Tongue, or under it, and then they hinder the speech very much. In breaking, also, they cause deep cracks in the Tongue, which are both troublesome and painful. Those which form in the palate or throat are also very annoying, and when they break are apt to cause the most obstinate and dangerous ulcers, which eat away everything around.

Affections of the Bones.—The first indications of the bones being diseased, consist in a wandering intermittent pain, similar to rheumatism, which is observed in particular regions merely, not clearly circumscribed. By and bye this pain becomes fixed in certain bones, and is more severe, especially towards night, when it often pre

vents sleep. This pain differs from rheumatism, in being more confined to particular spots, and also deeper seated. Rheumatism also generally attacks the joints only, while the venereal pains are oftenest experienced in certain bones.

These pains are usually followed, in a short time, by little hard Tumors, situated on the bones, more especially on the arms, hands, legs, collar bones, and head, and always on those parts of the bones which are near the surface. Sometimes these Tumors remain indolent for a long time, but more frequently they show signs of suppuration, feeling doughy, or as if filled with fluid, and become very painful.

In some cases these Tumors may disappear by internal absorption, but more frequently they suppurate and discharge, like those already described, of the skin. Their ultimate termination will then depend upon the state of the parts underneath. If the bone is diseased, which is often the case, it will either decay and work out in pieces, or become curiously changed. If, however, only the *Periosteum*, or skin of the bone is affected this may not ensue.

The resolution of the Tumor, or its gradual disappearance without suppuration is most likely to occur in the hard solid bones, like those of the arm and leg, but in the soft spongy bones, like those of the face, suppuration almost always occurs. It is this which makes Tertiary Syphilis so dangerous, and which causes so many people to lose their noses and palates.

The bones may decay in different ways. Thus sometimes they seem to be broken up, and pieces

of them will continually pass through the wound till all the diseased portions are removed. At other times they crumble, in consequence of the animal tissue being destroyed, and they thus pass away in minute portions, like earthy matter. The extent to which the bone may be destroyed will depend upon the extent of the previous inflammation, which has destroyed its vitality, or removed its covering, and we cannot judge by the mere size of the tumor, what mischief may follow.

When once the vitality of the bone, or of its skin covering is destroyed, it cannot be preserved, but must exfoliate, or ulcerate away. It is useless, therefore to attempt to heal up an ulcer which communicates with a diseased bone, because if we could do so it would only break out again in some other place. If there be no inflammation, however, a perfect healing up may occur, when all the diseased part is discharged, but if there be severe inflammation the decay may extend indefinitely.

The tumor which first appears, and which is commonly called a *Venereal Node*, is caused by the inflammation in the bone, or its skin, and the severe pain felt in it is owing to the unyielding nature of the parts, which will not readily give way.

Very often these bony inflammations extend over a large surface, and the decay which follows them is fearfully rapid. The whole face may fall in in a short time, or the bones of the limbs may be so destroyed as to incapacitate them for use. The skull bones may also rot in

the same way and uncover the brain, as I saw lately in a case of my own.

It is not always that the bones decay however; sometimes they become hardened, or converted into ivory, entirely losing their natural appearance and structure. They are then very liable to break, or be crushed in, because they have little or no animal tissue to bind them together.

Such are the various ways in which Tertiary Syphilis commits its ravages, according to the part which it attacks, and the virulence of its action. The unfortunate victim of it may linger for a length of time, having one part after another more or less destroyed in this way, and perhaps recover after all, though terribly mutilated. Frequently however the local decay exposes or injures the vital parts, or the constitutional irritation is so great that nature gradually sinks, and a painful death too often terminates a miserable life.

§ *Treatment of Tertiary Syphilis.*

The treatment of Tertiary Symptoms, so far as the general health is concerned, and to mitigate their severity, should be the same as was directed for Secondary Symptoms. Baths are especially useful, and combined with strict attention to diet, good air, warm clothing, and general comfort, will always do more or less good. If any constantly predisposing causes are ascertained they should also, if possible be removed so that the disease may be kept as mild as possible.

In regard to the use of Medicines we find

that, in Tertiary Syphylis, different remedies are needed to those recommended in the Secondary stage. In that stage it was shown that Mercury was almost our sole dependance, and that it seldom failed, if used properly, and in time.

In *Tertiary* Syphylis however Mercury is nearly always hurtful instead of beneficial, and cannot in any way be relied upon as a remedy. This shows that the two stages are quite distinct in their nature, or in other words that the disease becomes modified in proportion as it is removed from the primary stage. M. Ricord supposes that in the Tertiary Stage the Virus has lost its specific nature and is no longer, strictly speaking, virulent, and cannot therefore affect others, in any way, though it destroys the individual himself. In Primary Syphylis the Virus is *contagious*, in Secondary Syphylis it is simply *hereditary*, but in Tertiary Syphylis it is neither the one nor the other, but simply a destructive constitutional infection confined to the individual's own system.

The remedy which properly belongs to the Tertiary stage, and which acts upon it in the same way that Mercury acts in the secondary stage, is *Iodine*, especially when combined with Potash, in the form of Iodide of Potassium. The utility of this substance is however confined to Tertiary Syphylis, and it is scarcely ever of the slightest use at any other stage.

The Preparation most generally used is the following.

RECIPE No. 11. Iodide of Potassium ten grains, Syrup of Poppies one ounce, Distilled water three ounces.

This is the preparation for three doses only, and one third of it should be taken morning, noon, and night, in a glass of Chamomile, Boneset, or any other bitter tea.

I have given the quantity for one day only in order that the actual quantity taken in that period may be more certainly seen. It will be easy to say, when taking the Recipe to the Druggist, that exactly five times the quantity is required, the dose will of course remain precisely the same, or one ounce and two thirds of an ounce.

At the end of every five days, unless the symptoms decidedly mend, ten grains more of the Iodide of Potassium may be added to the mixture, for each day, untill fifty or even a hundred grains a day are taken. It is seldom however that the quantity need be so great. In general when the dose has risen to fifty or sixty grains in the day we find the symptoms improve so much that no further increase is needed.

The Medicine should be continued for a week or more after the cure seems perfect, the dose being gradually lessened, which will prevent a relapse.

Very often the effects of this preparation are astonishing, and soon realised. The Tumors disappear, the pain lessens, old Ulcers heal up, and even the decaying bones will throw off all the affected parts and leave the rest quite sound. I have seen some fearful looking cases improve in this way in the most surprising manner, after all expectations of relief had been abandoned.

The Cicatrices, and scars, will of course re-

main, and also the coppery stains, and deformity will result from destruction of parts, but that cannot be helped.

The chief difficulty in using Iodine is that with some people it does not perfectly agree, though it seldom disagrees so much as to forbid its use altogether. It occasionally causes some pain in the stomach, and difficulty of breathing, and in rare cases a kind of measly eruption follows its use. It usually increases the flow of urine, but seldom induces anything like Diarrhœa, or vomiting, though considerable thirst may be felt. The appetite generally improves under its use, and also the digestion, so that many patients become quite fat after taking it. In very rare instances the nervous system is slightly affected, causing a partial feeling of intoxication, with mental languor, and heaviness in the head. This however is seldom seen, and is always very slight.

There is not much fear of any of these disturbances unless the dose has been too large, or too suddenly increased, and they nearly always pass off immediately if the Medicine be discontinued for a day or two, and then resumed in a little smaller quantity.

While administering this remedy the appearance of the Tumors and Ulcers should be closely observed, and whenever they are found to improve the dose need be no further increased, unless they should again become worse. During the whole time also the strictest attention should be paid to the general health, and the patient should bear in mind that fully as much depends

on the prudence of his own conduct as on the power of the Medicine. The precautions to be taken have already been adverted to, especially when speaking on Secondary Symptoms.

In addition also to the internal use of Iodine much good may often be done by local applications externally, both to Tumors and Ulcers. Thus for instance when a Tumor is detected early, before it has softened internally, we may often prevent its suppuration, and so avoid both an ulcer and the decay of the parts underneath. To effect this it should be covered with a small blister, and when that is taken off the bare place may be washed with a solution of Iodine, in water. The first application of this will usually lessen the Tumor considerably, but it should be followed by others, at intervals, till the swelling has entirely disappeared. In this way much mischief can be obviated.

If the tumor is too ripe, as indicated by the feeling of fluctuation when it is pressed, and by the skin over it being stretched and discolored, this plan will be of no use, because it is evident that pus is formed, and it must escape. As long as the skin is not discolored, though fluctuation be felt, it may be possible, by the above means to prevent suppuration; and they should by all means be tried. If too late in our attempts, and the Tumor is evidently preparing to break, it is better to open it, with one clean cut of the lancet, because less destruction of the parts ensues then, and the wound more readily heals after than if it bursts itself.

After the Tumor has opened, if the edges be

ragged, angry-looking, and indurated, they may occasionally be covered with the following preparation.

RECIPE No. 12. Protiodide of Mercury one part ; Honey twelve parts.

These must be well mixed together, and laid on with a soft brush or feather.

The above preparation is especially useful when there are fistulous openings, and where the ulcers do not heal kindly, after all the pus is discharged.

When there is no induration, the edges of the ulcer may be touched with the next preparation, instead of the foregoing.

RECIPE No. 13. Tincture of Iodine two drams ; Distilled water eight ounces.

Under the use of these applications the most angry looking ulcers usually improve, and assume a more healthy appearance, with an evident disposition to heal. Even when they have eaten in very deep, and the tissues have been extensively destroyed, the edges will raise up and become level with the surrounding skin, so that when cured there is no depression. Very often the edges may be sooner brought together, and the wound healed over, by drawing them close with bands of sticking plaster.

It is especially advisable to watch for, and treat in this way, all tumors or ulcers which may occur in the mouth and throat, so as to arrest their destructive progress at the earliest possible moment. A little delay may cost a man his

palate, or nose, as many persons unfortunately have proved.

It is of no consequence where the tumor or ulcer may be situated, or whether it be in the mucus tissues or on the bones. The same treatment is applicable wherever they can be reached.

As a means of relieving these severe pains, which arise when the bone first becomes inflamed a few leeches may be placed over the part, and warm poultices afterwards applied, or lint dipped in hot laudanum.

When the pain is very acute, with much inflammation, a blister may be applied, and when that comes off the wound may be dressed with Opium Ointment. This practice may be repeated several times, if necessary, and it rarely fails in giving relief. Sometimes even the first application of the blister gives perfect ease, so that the patient can sleep, which the pain often prevents him from doing. If there be any swelling with the pain, a little blue ointment may be rubbed on when the blister is removed, or the place may be washed with the last Recipe.

Whenever the bones are found to be decayed, the dead portions should be removed as soon as possible, whenever they can be reached, because it is impossible to restore their vitality; and as long as they remain they keep the surrounding parts in a state of constant irritation. Besides this, they are constantly dissolving away, and form an acrid discharge which affects the sound parts of the bone, and so extends the disease.

When the bone is changed into an ivory-like substance, it also loses its vitality, but does not

Plate 6.

TERTIARY SYPHILIS IN THE MOUTH.



rot away. We know of no means to restore it to its natural state, and there is always danger that it may decay at last and have to be expelled. For this reason many surgeons always propose to remove such bones by an operation; and when it can be safely done, it is perhaps better than running the chance of their ultimate decay.

§ *Tertiary Syphylis of the Mouth and Throat.*

In the mouth and throat Tertiary Syphylis often presents many peculiarities, some of which it is advisable to notice.

The little Tumors already described, are apt to be unnoticed in those parts till they are considerably ripened, and the patient first detects them by their causing some difficulty in speaking or swallowing. On examining them at this stage, they are usually found to be inflamed and red, and soon after they break, forming an ulcer.

These Tertiary ulcers are of a brown or tawny color, while those which form in the Secondary stage are white. The Tertiary ulcers are also much deeper, and surrounded by more inflammation than the Secondary ones, and the discharge from them has nearly always a very disagreeable smell, indicating decay of the bone, which does not occur in the Secondary stage.

On probing these ulcers they are found to penetrate far down, very often opening from the palate into the nose, or undermining the nose itself, at the base. The destruction of the parts may be very rapid, and serious deformity may result before the decay can be arrested.

In most cases this form of ulceration is accompanied by other indications of Constitutional affection in other parts of the body, and also by a serious failing in the general health. The patient becomes feeble, suffers from night sweats, diarrhœa, pains in the bones, sleeplessness, and loss of appetite, till he gradually sinks and dies. Such extreme effects, however, are most frequently observed in those of naturally bad constitutions, or who have been broken down by dissipation, exhaustion, exposure and improper treatment.

It should be remarked, however, that though Tertiary Syphylitic sore throat usually commences in this way, at some time after the Secondary sore throat has disappeared, yet it may begin in another way. Thus, sometimes we find the Secondary ulcers gradually deepen, change in color, and finally become converted into Tertiary ulcers, without any intermission between.

This change sometimes occurs very rapidly and very soon, so that the Secondary Symptoms are scarcely observed, and before either patient or physician dream of mischief, the bones may be seriously affected.

It is therefore of the first importance, during Syphilis, to attend instantly to the slightest uneasiness that may be felt in the mouth and throat even at very early periods, for though Tertiary Symptoms do not usually come on till a considerable period after the Primary Chancre, and not till Secondary Symptoms have been first manifested, yet they may appear much earlier than usual.

Occasionally, the Tertiary ulcers will destroy a large portion of the soft part without causing the bones to decay, though they may be partially uncovered. In such cases they may be generally made to heal in a short time, with appropriate treatment.

§ *Time when the Tertiary Symptoms appear.*

The actual time during which Syphilis may remain in the system without causing Tertiary symptoms, is unknown; or in other words, we do not know the greatest length of time which may elapse between those symptoms and the Primary Chancre. Many months almost always intervene, and more frequently many years.

In many cases the patient will remain quite well, and apparently quite free from the disease, for three or four years or more, and then suddenly Tertiary symptoms will break out in the most virulent form, after he had thought himself perfectly safe.

In other cases the patient will keep on for a year or two, suffering occasionally, from Secondary Symptoms, and suddenly they will change into the Tertiary form, without any warning.

In fact no persons who has once had *Chancre* can ever be perfectly safe from the terrible consequences of Tertiary Symptoms, unless they have undergone the most thorough and appropriate treatment, and at the proper time. I knew one case of a Gentleman in whom Tertiary Syphilis broke out, in the mouth and throat, eight years after he had become, as he thought, perfectly well. Unfortunately he had also been married

two years, not having the slightest suspicion that any trace of the disease could remain in him. The terror and despair which this event caused may be better imagined than described but fortunately he was thoroughly cured, much sooner than might have been expected, and without exposure.

This circumstance of Tertiary Symptoms appearing so much longer after the primary ones is sufficient to distinguish them from Secondary Symptoms, even if their characters were not sufficiently distinct. Almost invariably also the Secondary Symptoms are observed to precede the Tertiary, though occasionally they may be so slight as to pass unnoticed. In some few cases the Primary Chancre heals soon after its appearance, and nothing is seen for years, when all at once Tertiary Symptoms break out. It is probable however, in such cases, that Secondary Symptoms had occurred between in a very mild form, and without attracting attention.

Tertiary Syphilis is very apt to occur when the Secondary Symptoms have been only apparently cured by simple means, instead of being properly treated by mercury, because in such cases the disease is only put back, but not eradicated. Tertiary Syphilis also almost always follows the *indurated* variety of Chancre, the same as Secondary Syphilis does, and seldom follows any other variety. Now it has been shown before that if such Chancres are properly and promptly treated, with *Mercury*, no constitutional affection will follow, and therefore a neglect of such treatment is one of the most frequent causes of Tertiary Syphilis.

§ *Treatment of Tertiary Syphilitic Sore Throat.*

The treatment is in all respects essentially the same as that already advised for Tertiary Syphilis, though occasionally there may be little matters attended to peculiar to the locality of the affection.

The Iodide of Potassium must be given internally, as formerly directed, and the Ulcer or Tumor must be treated also in the same way.

The filling up of the Ulcers, with healthy granulations, will sometimes be very rapid, and a slight touch of the Nitrate of Silver will cause them to heal over at once. If any of them should continue obstinately open, after the surrounding parts have assumed a healthy appearance, it will usually be found that there is a loose piece of decayed bone underneath, which must be removed with forceps, and then the wound will close at once.

The patient should always understand however that, even when the cure is most perfect, much of the parts may be destroyed, and that it is impossible to restore them. No new bone can be made, and therefore any loss of this kind is irremediable, though much relief may often be obtained by instruments, such as obturators, or artificial palates and noses.

In the throat also after the disease is cured, there is often a curious and troublesome consequence, in the shape of *bridles*, or strings, which stretch across it in various directions, and frequently affect the speech. These bridles are of a pearly white color, and like thick strong threads. It is seldom advisable to meddle with them.

Sometimes a skilful Surgeon can close over open places, by bringing the edges together and uniting them, and thus cure an open palate, but it is seldom practicable. A new nose can be made much more easily, or an external opening can be more certainly closed.

§ *Tertiary Syphylis in the Eye.*

Tertiary tumors will sometimes form on the eyelids, and may be mistaken for stys. If neglected they may ulcerate, and finally destroy both the eyelid and the eye itself.

The only treatment required is to touch them with the solution of Iodine in water, taking care that it does not come in contact with the eye, at the same time that the general treatment is actively pursued. The patient must be kept warm and comfortable, live generously, but on plain diet, use no stimulants, and take the Iodide of Potash internally.

If the Tumor be hard, and does not speedily soften with this medicine, the Protiodide of Mercury pills should be given internally, and Mercurial ointment be applied externally.

CONCLUDING REMARKS.

THE foregoing account of Venereal Affections, and more especially of Syphylis, will fully corroborate what has been already stated respecting their importance, not only to the individual, but to society at large. I am fully persuaded myself, that the actual extent to which Syphylis affects the human system, indirectly, has never yet been fully ascertained.

As far as it is here treated upon, and as far as it is recognized, Syphylis exists through three stages, the last of which may come on and endure many years after the first. It is, however, only the first, or Primary stage, which can be directly communicated, though the second stage may be hereditary.

The third, or Tertiary stage of Syphylis, is in many respects the most important, though it is neither contagious nor hereditary. Our last chapter has shown how dangerous it is to the individual, and allusion has also been made to its influence upon offspring. It is true that a child never inherits Tertiary Syphylis from either parent; but it is certain that children from mothers affected with it often have diseased constitutions from birth.

Such children are apt to be what is called Scrofulous, or Scorbutic; and I am of opinion that all such affections, and also Cancer, have been originated by Syphylis, though in some cases it might have originated generations back.

How long Syphylis may remain dormant in the system, or in what modified form its effects may be exhibited, in the descendants of people once diseased primarily, we cannot tell; though in all probability its influence extends further and in more ways than is usually supposed.

A child may be born with a Scrofulous taint, originating from Syphylis in the parent, and yet never show it, except, perhaps, in the slightest manner, during the whole of a long life. If that child enjoys general good health, and is fortunately circumstanced, and never afterwards becomes the victim of dissipation or exposure, the Scrofulous germs will remain undeveloped. Still, however, they are in the system, and may be again transmitted to the next generation, in which they may break out in the most virulent manner.

In fact, all observation shows that, Scrofulous and Scorbutic affections may scarcely show themselves for several generations, and yet, at last break out in the most destructive forms. Now, in such cases, the seeds of those diseases have only laid dormant, but ready to develop at any time when circumstances favored their growth; and we cannot even form an opinion for how many generations they may be transmitted in this way. It is possible that a child

may be born affected with Scrofula, though both parents and grandparents have never had a trace of it, and cannot even imagine whence it was derived. In such cases it may have descended, though not visibly, from some Syphylic ancestor, perhaps a century back.

It should also be observed, that Scrofula may affect the system in different ways, internal as well as external. Many persons think that Scrofula simply means that form of disease exhibited in external ulcers, and sores of various kinds called Scrofula, or Evil; but that is only one form of it. It may affect the internal organs as well, in various ways, causing Liver Diseases, Consumption, and a number of other organic derangements. For several generations, therefore, it may only operate in this way, and yet finally appear again in the more usual form, in families who have thought themselves free from Scrofula.

In this way does this pestiferous contagion ramify through, and infect the whole of society, so that no human being can be sure of exemption from it. How abominable, then, is that doctrine which would teach us to leave such a plague untouched, that it may operate as a punishment. And how obtuse must be the intellect which cannot see what a mighty interest society has in its removal.

I have met, in the course of my practice, numerous instances, of the most distressing character, where Syphylis has appeared after marriage, when it had been almost forgotten for years. And I have also seen many others, in

which children have been diseased, in various ways, in consequence of the follies or misfortunes of their parents, years before they were born.

Such things are in fact more common than is supposed, though sometimes the nature of the evil is not known to the parties, and perhaps not even to their medical attendant.

I recollect, some years ago, being consulted by a lady on account of her children, who were curiously diseased in the skin. They were covered nearly all over with a kind of scurf, formed of silvery white scales, which were thrown off in such quantities, that when undressed they shook out of their clothes in a cloud.

This troublesome affection always commenced as soon as the children were weaned, and continued with scarcely any change afterwards. There were four of them, the eldest about seventeen, and the youngest not eighteen months all apparently in perfect health in other respects, though decidedly presenting Scrofulous indications. The clear complexion and waxy appearance of the skin, combined with a blooming color and clear eye, deceived most people, and the children were considered perfectly sound, excepting the humor as it was called.

When I saw them they had all gone through almost every kind of treatment that could be heard of, without the slightest good effect. As the mother remarked, they had tried Homoeopathy, Allopathy, Thompsonianism, Herb Doctors, Mesmerism, and the Water Cure but all to no purpose.

My own impression, on viewing the children, was, that the disease was a remote consequence of Syphylis; but in what way originated I could not judge. The difficulty consisted in the delicacy of the matter, which made it so dangerous to institute enquiries. I found, however, that none of their former medical attendants had suspected anything of the kind, nor had any one else suggested it, so that I was compelled at last to broach the matter fairly myself.

My remarks were received and replied to in a much more candid manner than I expected, and I gradually arrived at the truth. The mother informed me that, soon after her marriage, her husband returned from a few weeks journey, and was quite sick when he had been home a few days, though she knew not what was the matter with him. She also became affected with ulcers on the Genitals, quite small, and not at all bad. The same physician attended both, and he assured her it resulted from the whites and would soon be cured, as in fact it was. She was not aware that her husband had anything of the kind, though she perfectly well remembered that they lived apart for some weeks.

Here there was a key to the mystery. The husband, during his absence, had contracted Chancre, in some way or other, perhaps accidentally, and had infected the wife. The cases were however, both mild, and soon cured, so that there was nothing to excite suspicion. Possibly even the physician himself might not have known what was the matter, nor the husband either. The mother, however, was

affected constitutionally with Secondary Syphilis, which she transmitted hereditarily to her children, in the form of a Scorbutic eruption.

She well remembered having had a sore throat, and on examining her I also found coppery stains, and Cicatrices from the Chancres, indicating Primary Syphilis beyond a doubt.

Here then we find both Parents have been affected with Chancre, and the Mother also with Secondary Symptoms, but both in a very mild way, though sufficient to disease the children.

This was the conclusion at least which I came to, and I acted accordingly. All the children were treated for *Constitutional Syphilis*, and the two youngest became almost perfectly free from their troublesome complaint, so that the mother was rejoiced beyond measure. The two eldest however were only partially relieved, probably because their systems were too thoroughly contaminated, and soon after the eldest one died of consumption.

I also put the mother through a similar course of treatment, though she had very little indication of disease, and the result showed the propriety of doing so. Some two years after, she again become a mother, and that child has never up to this time, when it is three years old, exhibited any signs whatever of being affected like the others.

The husband I never happened to see, as his business took him a long way off, at the time I was consulted, and the family afterwards removed to a distance. though I continued to hear from them I was assured however that he had no apparent disease of any kind

With respect to the manner in which the child becomes infected from the mother we know but little. That it is diseased while in the womb however is certain, and probably through the medium of the mother's blood, but be that as it may both mother and child are usually affected, at the time of birth, in the same way, from *Secondary Syphylis*. Tertiary Symptoms however are not so transmitted, as already explained, though they undoubtedly induce Scrofula in the offspring.

The idea which some people entertain, that the milk of a nurse infected with *Secondary Syphylis* can disease the child which she suckles, in the same way as herself, appears to have but little foundation, either in fact or reason. Still however it is a matter not fully understood, and though *Syphylis* itself may not be so communicated yet I should expect some evil consequences to the child from such nursing. The milk is of course made from the blood, and when that is diseased the quality of the milk may be thereby influenced.

It has long been observed that Abortion is very frequent in those mothers who suffer from Constitutional *Syphylis*, on account of the diseased condition of the child. A large proportion of the children themselves also die, even when they present no indication of infection at their birth. M. Tait assures us that out of twelve infants born of *Syphylitic Mothers*, in the Lock Hospital at Edinburgh, only one lived to be twelve months old! My own observations have not shown me that so many *die*, but nearly

all that I have known to live have been Scrofulous, or Scrobutic.

The treatment of children born with Secondary Syphylis should be exactly the same as that of adults, only milder. The mother should also be treated as the same, and the child should not nurse her. Whether it may be allowed to nurse another female, with safety to her, is a question not yet decided. Some observers assert that they have seen nurses diseased from suckling Syphylitic children, but others declare that such a thing never occurs. Now it must be borne in mind that such a matter is very difficult to ascertain, because, in the first place, if the nurse have the disease she may have contracted it in another way, or she may become afflicted with some other disease resembling Secondary Syphylis, independent of the nursing.

I should not however, for my own part, think it right to expose a healthy nurse to such a danger. It may be that it does not exist, but we cannot be certain of that.

As a general rule children born with Secondary Syphylis may be readily cured providing they are properly treated at an early period.

§ *Influence of Syphylis in the Father.*

The question is very often asked whether Constitutional Syphylis, in the *Father* can affect the Child? And a most important and interesting question it is, though difficult in the extreme to decide upon. On first consideration it would seem impossible for the *Father* to affect the Child in any such way, and certainly we cannot say *how* he can do so

Facts have been observed however, which, in spite of this difficulty, almost prove that the condition of the Father does influence that of the Child, though we cannot say in what manner. I feel fully satisfied upon this point myself, and would always, if consulted professionally, forbid any man marrying, or having offspring, while the slightest Syphylitic taint remained in his system.

It is true I have not seen Syphylis itself transmitted by the father, but I have often seen children from infected Fathers born with Scrofula, and with general debility of constitution.

It is also well known that Constitutional Syphylis in the Father will cause Abortion in the Mother, even at the Tertiary stage, and this effect, in all probability, is caused by the Foetus being diseased.

In addition to this I have also thought that Constitutional Syphylis in the Husband may exert a bad influence on the wife, during connexion, though she cannot be similarly infected by it. If so the effect is probably produced through the medium of the Semen, which is probably in part absorbed.

Those who have read my "*Marriage Guide*" will understand many of these matters much better, and will readily understand how the Father may influence his Children, in many ways. I am firmly of opinion myself that the *Seminal Animalcules*, from which human beings originate, can be diseased in various ways, while yet in the male body, and in all probability that diseased condition is continued in the future organizations of which they are the germs.

On all these matters there is much ignorance, in both sexes, and numerous evils originate and are continued in consequence of that ignorance. If all persons, of both sexes, were to read the "*Marriage Guide*" this ignorance would be in a great measure removed, and many of these evils would disappear.

In conclusion of these remarks, I should state that, in regard to Constitutional Syphylis, there are two great difficulties. In the first place, it is not always easy to distinguish Secondary or Tertiary Symptoms from some other diseases of a simple kind, which strongly resemble them. And, in the second place, it is still more difficult to say whether Syphylis is fully eradicated from the system or not.

I have known the most serious and deplorable consequences ensue from mistakes on these points, either from lack of judgment or from inattention. People have been assured they might safely marry, and have found afterwards that they were still diseased, and still worse, that they were diseasing others. The despair of a man who discovers that his single youthful imprudence is entailing disease on his offspring, may be better imagined than described: and such discoveries are often made.

On the other hand, many a man has been kept in an agony of terror for years, and prevented from marrying, under the erroneous idea that he still suffered from Syphylis, though he was still perfectly free from it, and merely labored under a simple disease similar in appearance

The importance of a correct opinion in such cases is sufficiently obvious, and I have therefore given these matters extra attention, because I am being consulted constantly about them.

In every instance I make it a point to state the exact truth, when that is possible, so that there may be no false step, for I consider it far better for the worst to be known at first, than for parties to be deceived or mistaken. If a certain opinion cannot be given at once, it is my custom to advise a proper course of treatment, to test the matter, and enable me to decide more positively.

Besides those who personally consult me on these points, I am also constantly receiving letters from parties at a distance, asking for advice or for my opinion about themselves, or their wives or children. In such cases I beg to remark that the certainty of my opinion, and the correctness of my advice, will mainly depend upon the fulness, clearness, and correctness of the description of the case. Nothing should be omitted, as the most trivial matter may be of great consequence. Above all, the parties must be honest, and make a full confession. If they keep back the truth, or state falsehoods, the punishment will fall upon themselves, and it may be severe. No one need fear either harshness or reproach, because it is my office to give relief and consolation, not to uselessly upbraid.

Finally I would say, that, terrible as Syphilis is, there are diseases connected with the Genital Organs far greater, and which are a hundred

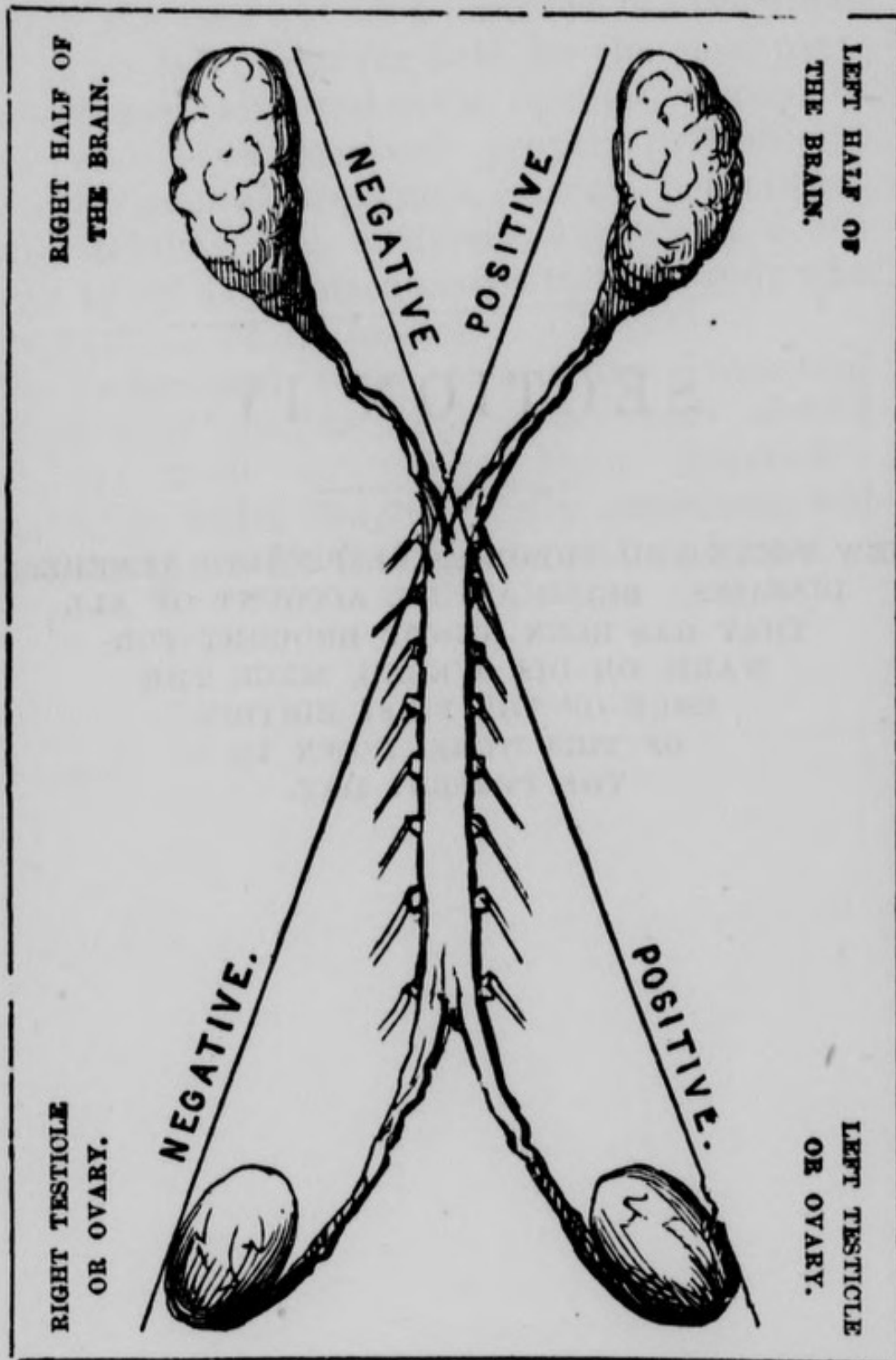
fold more destructive, because so much more general. Especially is this true of that very general complaint, Spermatorrhœa, from which scarcely one man out of a hundred is altogether free. This fell destroyer acts, for the most part, in an unseen and unknown manner, except to those who have received proper instruction. Insanity, mental weakness, moral perversion, bodily debility, and untimely decay and death are its every day consequences to thousands who know nothing of its nature.

To understand these and other important matters of a similar kind, every man should read my book on "The Male Generative Organs," in which they are fully explained, and directions given for their prevention and cure.

SECTION IV.

NEW FACTS AND THEORIES RESPECTING VENEREAL DISEASES. BEING A FULL ACCOUNT OF ALL THAT HAS BEEN NEWLY BROUGHT FORWARD, OR DISCOVERED, SINCE THE ISSUE OF THE FIRST EDITION OF THIS WORK, DOWN TO THE PRESENT DAY.

CONNECTION BETWEEN THE
BRAIN AND THE SEXUAL ORGANS.



The two halves of the Brain are separated, to show they are distinct from each other, and to show their connection with the Sexual Centres. (See page 45.)

CHAPTER XIV.

RECENT DISCOVERIES AND NEW VIEWS.

§ *Introductory.*

WHEN this book was first written, it presented those views, on venereal disease, then generally held by physicians most conversant with the subject. In fact a large number, perhaps the majority, of medical men hold the same views now, or with slight modification.

Within the last few years, however, many facts have been observed that do not square with the theories previously held, and the opinions and practice of those physicians most conversant with venereal diseases have been totally changed. Experience and careful observation have compelled myself to modify my own opinions, and to adopt many of the new views and practices. I have thought it best, however, not to re-write the whole book, in accordance with these new views and facts, but to let it remain as it is, and present them separately, in this Appendix. The reader will then be able to contrast what *was* known and *taught*, with what is *now* known and *taught*; and will see better the reason for va-

rious changes in practice. Besides, many physicians still entertain precisely the same views on venereal diseases as are given in the first part of this work, so that, by leaving that as it is, and adding this Appendix, both the *old* and the *new* schools are presented together.

In all cases, ascertained facts will be kept distinct from new theories, so that the reader may form, on most disputed points, a tolerably well-founded judgment for himself.

§ *Different kinds of Venereal Diseases.*

In the first part of this book it was stated that there were two distinct kinds of Venereal Diseases, namely, *Gonorrhœa* and *Syphilis*, and that these two were in no way related to each other, but were totally distinct and unconnected, as much so as any other two diseases. Nothing has ever been discovered to the contrary, and this is still a generally admitted fact.

It was also stated that Syphilis, though appearing in different forms, and going through different stages, was always one and the same disease, modified perhaps by constitutional peculiarities, or by external circumstances, but still always the same.

It was stated that Syphilis always commenced with an ulcer called a *Chancre*, which, if not early destroyed, was always followed by constitutional infection in the form of *secondary* and *tertiary* Syphilis.

It was also stated that Syphilis could be

communicated, by contact, or inoculation, from one person to another, only in the primary stage, or from a Chancre, and not in the secondary or tertiary stages. It was also stated further, that in the secondary stage, though not contagious, or inoculable, it was *hereditary*, but that in the tertiary stage it was neither contagious nor hereditary, but affected only the individual.

More extended and careful observation, however, has led to various modifications of these views,—in many cases, in fact, to totally opposite ones. Nor need it be wondered at that such changes should take place, nor that they should be so long in coming. Syphilis is a disease exceedingly difficult to keep the track of through all its stages and modifications, some of them requiring years to complete, and affecting successive generations.

It is only very lately that Syphilis has been a regular branch of medical practice, receiving special attention; and it is only in such places as Paris, where a large number of patients are under due control, that experiments and observations can be made to a sufficient extent to settle disputed points.

Some of the most eminent practitioners in this line, in Paris, M. Ricord among others, have been years experimenting and observing, and have finally completely changed their views and practice in consequence.

Such men are always careful and studiously observant, so that when they announce any-

thing new, it is generally well founded. And this in fact is one important characteristic of the new views, that they are the result of actual observations and experiment, whereas the old views were, in a great measure, traditional and theoretical.

I have myself refrained from making any public statement of the new doctrines, till they were verified by my own experience; but now I can speak of them with confidence, based upon an extended series of observations and experiments.

With these preliminary observations, I will now proceed to explain wherein the new views differ from the old, and show the facts upon which these new views are based.

§ *Primary Syphilis.*

Chancres, and Chancroids.—On referring to the former Article on Chancres, it will be seen that they are of various kinds, and that they are not always followed by constitutional symptoms. This was explained by supposing that the condition of the individual's system, at the time of infection, modified the character or progress of the Chancre, and that the treatment, if correct, arrested the disease and prevented the system from being generally affected. In fact, it was generally supposed that, if the Chancre was destroyed *early enough*, no secondary or tertiary symptoms would ever follow.

It is certain that in many cases, thus early

treated, no constitutional symptoms did follow, and it was very natural, therefore, to suppose that the treatment had *prevented* them. Still there were many other cases in which the treatment was just as early and thorough, but in which constitutional effects followed, nevertheless. How was this difference to be accounted for?

It was observed that what is called the *indurated*, or hard Chancre, has nearly always been followed by secondary symptoms, while the common soft Chancre, just as often was not so followed. This was explained by supposing that something in the constitution of the patient, or in the treatment, made the difference.

The idea, however, gradually came to be held that the two kinds of Chancres were really quite different in their *nature*, and had no more necessary connection with each other than Gonorrhœa and Syphilis. Experiments by *inoculation* eventually proved this to be the case, and we now know that there are *two different diseases*, each characterized by *ulcers*, called Chancres, but which are totally distinct from each other.

Each of these diseases is caused by a peculiar *virus* or *poison*, but the one merely gives rise to a local ulcer—the common soft Chancre—which is *never* followed by any constitutional symptoms; while the other causes the hard Chancre, which is *always* accompanied by *secondary* and tertiary Syphilis.

Now these two diseases are totally distinct from each other, so that the one cannot cause nor pass into the other, but always follow its own natural course.

Thus, if a man be inoculated by the matter from a *soft* Chancre, it will produce a soft Chancre, and nothing else, and unaccompanied by any constitutional effects. But if he be inoculated by the matter from a *hard* Chancre, it will not only produce a hard Chancre, but also constitutional Syphilis, secondary or tertiary, will follow.

This has been tried and proved repeatedly, and is now generally admitted as a fact, and it is a very important one. By far the larger number of the Chancres met with are of the soft kind, from which no constitutional effects are to be feared, no matter how hard they may be, nor how long neglected. They may often make extensive and painful sores, but are not seriously dangerous, and they are generally easily cured.

With the true hard Chancre it is, however, very different. One of these may be very small, noways painful, and be quickly healed, and yet it is sure to be followed by various secondary and tertiary symptoms of a very serious and alarming character.

This difference being now well established, the two diseases have been called by different names: the common soft ulcer is called a *Chancroid*; and the hard one is called a *Chancre*, or *syphilitic ulcer*.

The Chancroid is a *venereal* disease, but is not *Syphilis*. The Chancre is the true syphilitic ulcer, because it is always followed by constitutional syphilitic symptoms.

Each of these diseases will now be considered separately.

§ *The Chancroid.*

In the first part of this work the Chancroid is fully described under the name of soft Chancre, because it was then thought to be only a modification of the true Chancre. This is the venereal ulcer most usually met with, and which makes the fortunes and reputations of so many special practitioners. As it always gets well, and is followed by no bad results, even without special treatment of any kind, the physician gets the credit of curing it, and of preventing any bad effects from it.

A Chancroid requires only the same treatment we should give to any other ulcer,—that is, simple local treatment, by washes, astringent, or stimulating applications, or, in some cases, caustic. If the sore be not extensive, nor very angry-looking, a simple application of *Black Wash* will in time cure it. If it be large, deep, or foul-looking, it may be cauterized, but usually the simple treatment advised for *soft Chancres* will be sufficient to heal it. In the majority of cases, mere cleanliness will be all that will be needed, and a daily washing with soap and water is as good an application as any, especially if *Tar Soap*

be used. An excellent remedy, after well washing the Chancroid, is the following \mathcal{R} , which will heal nine out of ten in a short time :

\mathcal{R} . Carbolic Acid one scruple.
Glycerine one ounce.
Water three ounces.

After washing the Chancroid, this \mathcal{R} should be applied with a bit of cotton, or soft linen ; a piece of which, well soaked in the \mathcal{R} , should also be kept lightly bound over the Chancre.

One dram of *alum* to a quarter of a pint of water is often excellent ; and, in obstinate cases, a dram of *sulphate of copper* to a half-pint of water. No other general treatment is required than to tone up the system by using a grain of *quinine* three times a day, or eight to ten drops of the *muriate of iron*, in a wine-glass of water, three times a day.

No mercury, iodide of potassium, nor other powerful constitutional remedies, are called for, because the general system is in no way affected.

In all probability, many persons with simple Chancroids have been salivated, under the idea they had Syphilis, and have suffered afterward from mercurial disease, which was then thought to be secondary Syphilis.

The Chancroid, therefore, is a *venereal* ulcer, but not a *syphilitic* one, and it neither affects the individual's own constitution in any way, nor does it affect his offspring. A knowledge

of this fact is important to bear in mind, and must be to many very consoling, who have feared for their own future and that of their children.

The Chancroid is always produced by direct *inoculation* from another Chancroid. Some of the virus, or poisonous matter, comes in contact with the body, and *inoculates* it, causing an ulcer like that from which the matter comes. This may occur on any part of the body, though some parts are more easily inoculated than others, and especially the genitals, when in a state of excitement.

The length of time after inoculation, before the Chancroid shows itself, varies from three or four days to nine days, or sometimes much more. It is often very small at first, and exists for some time unnoticed, causing but little inconvenience; occasionally, however, it is large from the first, and spreads rapidly. There may be several Chancroids on the same person at the same time, on various parts of the body, and a person may suffer from Chancroid repeatedly, one time after another, as one attack is no security against another. With Syphilis it is different, as will be seen further on.

The Chancroid may cause *Buboes*, or swelling of the glands, as any other sore on the genitals will do; but no virus, or poison, is absorbed from them into the system. The matter from a Chancroid, or from a Bubo caused by one, may cause other Chancroids, by inoculation, but never causes anything like

secondary or tertiary Syphilis; or, in other words, it never affects the constitution.

§ *The Chancre.*

The true Chancre, or primary syphilitic ulcer, is very different from a Chancroid, both in appearance and effects. By referring to the former description of the *indurated*, or hard-based Chancre, the difference between the two will be readily learnt. The true Chancre always has a hard, or indurated base, which often remains a long time after the ulcer is healed.

The Chancre is also *always* accompanied, or followed, by constitutional symptoms, secondary or tertiary Syphilis, which not only affect the individual, but may also be transmitted to his offspring. The Chancre may be so small and insignificant as to escape notice; but the whole system is sure to be contaminated whenever it appears. *No early and complete destruction of the Chancre is any safeguard against constitutional contamination!*

This is an important fact, and is quite contrary to the old doctrine, which supposed that if the Chancre were destroyed *early enough*, no secondary symptoms would follow.

The reason for it is this, *the Chancre does not appear till the system is contaminated*, so that when it does appear the mischief is done; the poison of a Chancroid is *inoculated* on some particular spot, and there makes another Chancroid, but it goes no further, except sometimes

to the groin to form a Bubo, but there it ends. The poison from a Chancre acts differently : instead of inoculating a particular spot, and passing no further, it appears to be absorbed at once into the circulation, and affects the whole system. The Chancre appears afterward as the *effect* of this constitutional poisoning, and not its *cause*. It is, in short, the first symptom, or primary lesion of Syphilis, and when we see it we know that secondary symptoms are *sure* to follow. Destroying the Chancre, or healing it up, has no effect in preventing the after-effects, no matter when or how it is done. In many cases, the Chancre will heal itself, but secondary Syphilis follows nevertheless.

The local treatment of Chancre may be just the same as that of a Chancroid, and it is often much easier to heal, although the hardness, or induration, may remain for a long time after.

In fact, the ulcer itself is usually easily cured, and is seldom of much consequence ; it is the constitutional contamination that is the serious matter. And here it is that proper medical treatment becomes so important ; for though we cannot *prevent* secondary and tertiary symptoms from appearing, yet we can *modify* them, so as to make them less hurtful, and often shorten their duration. If left without treatment, the disease may lead to the most serious consequences, as explained in the first part of this work.

Most practitioners depend upon *mercury*,

in some form, in the treatment of Syphilis, and, in the first stages, it certainly is the most reliable agent we possess. If not used too powerfully, nor carried too far, it almost always exerts an excellent effect, and often removes the disease entirely. But when used injudiciously, the effects of the medicine are often worse than those of the disease. In my opinion, the best preparation is the *iodide of mercury*, in the form of *Ricord's Pills*, as explained in the first part of this book. If this be used promptly, according to the directions there given, the *secondary* symptoms will usually be slight, and will soon pass off, while the *tertiary*, if they appear, will seldom be serious.

In the chapter on the treatment and cure of Syphilis, in the first part of this book, all this is fully explained, and I cannot do better than refer to it.

The poisonous matter from a Chancre will cause a Chancre on another person, by simple contact, or by inoculation, which will be followed by constitutional Syphilis. A Chancre never causes a Chancroid, and a Chancroid never causes a Chancre, but each always causes an ulcer of its own kind. The distinction between the two will now be readily understood; and leaving the simple Chancroid, as not needing further notice here, we will speak more in detail of Syphilis and its consequences.

§ *Syphilis.*

The history, progress, and consequences of this terrible disease have already been given in the first part of this book, and it is necessary to give here only the new information in regard to it which has been gained since that was written. Much of this new information is highly important, because it enables us much better to understand the true nature of Syphilis, and what we can really expect to accomplish toward its cure and eradication. If some of the new facts are calculated to make the victims of Syphilis more anxious in regard to their situation, others are the reverse; and, on the whole, the more we know about this disease, the more we are encouraged as to the future of the human race in regard to it.

The most valuable and positive information we possess in regard to Syphilis has been gained by actual *inoculation*. In the great hospitals in Paris, men have been inoculated with the poisonous matter from *Gonorrhœa*, *Chancroids*, and *Chancres*; and in all cases like has produced like! In no case has gonorrhœa caused either Chancroids or Chancres, and in no case do either of these produce the other, but each always reproduces an ulcer like itself. In this way the distinct nature of the three different diseases has been proved. It should be remarked, also, that experiment has shown that a man may have any two of these diseases, or even all three, at the same time, and that each runs its course independ-

ent of the other. Experiment has also proved that a Chancre, whether caught by connection or caused by inoculation, is always followed by constitutional symptoms.

§ *Limitation of Syphilis.*

In the course of the experiments on inoculation one very remarkable fact forced itself on the attention of the experimenters. It was noticed that if a man who is already infected with Syphilis is inoculated, from a Chancre, that the resulting sore is altogether different from what it is in a person who has never had the disease. The new ulcer, caused by the inoculation, resembles in fact a *Chancroid*, so closely that any one might mistake it for one. It is scarcely indurated, if at all, and rarely causes any swelling of the glands. But still, simple as this ulcer looks, if a person who has never had Syphilis be inoculated by the poison from it, it will cause, in *them*, a true Chancre, fully indurated, which will be followed by constitutional symptoms.

It is evident, therefore, that, when a person has once had Syphilis, it causes some change in the system, owing to which it is preserved, more or less perfectly, against future attacks.

This fact has led to the adoption of a new doctrine in regard to Syphilis, of the most important character, and one which seems now to be well established. It is this which is explained below.

§ *Syphilis, as a rule, can be contracted but once by the same person.*

In other words, when a person has once had it, the system is proof against it in the future; and this is true, with certain limitations. It is in fact the same with Syphilis as it is with small-pox, measles, and scarlet fever, which we know, as a general rule, no one has but once. It is true, these diseases are occasionally contracted a second time, but very rarely; and when this is the case, the attack is generally light, and much modified in its character.

It is just the same with Syphilis; any one who has once had it will rarely contract it again, either by connection or by inoculation, or if they do, it will be very light, and much changed in character.

In fact, one attack of Syphilis preserves a person against another attack, just in the same way, and to the same degree, that vaccination or the small-pox preserves a person against small-pox in the future, which shows that Syphilis belongs to that class of contagious diseases which the human system, as a general rule, suffers from but once.

The general laws upon this subject may be summed up as follows:—

First, As a general rule, Syphilis attacks the same person but once.

Second, If a person who is suffering from Syphilis be inoculated with Syphilis, the inoculation produces no effect.

Third, If a person who has had Syphilis,

but is cured of it, be inoculated with Syphilis again, he *may* have the disease a second time; but it will be much modified in character, and lighter in form.

Fourth, If the first attack be very slight, and of short duration, the second attack may be more severe than ordinary; and if the first attack be severe and thorough, the second attack, if it occurs at all, will be proportionately light.

Fifth, A person must be quite well of the first attack, or have nothing but *tertiary* symptoms left, before a second attack is possible.

Sixth, If a man contracts Syphilis a second time, it proves that he was *perfectly cured* of the first attack. And this proves also that Syphilis can be fully cured, and often is so.

§ *Inoculation of Syphilis.*

It has been proposed by some physicians to inoculate with Syphilis, as we do with small-pox, so as to have the system once infected with it, and thus made secure for the future. The idea being that a man could thus choose his time for having it, and be properly treated promptly, so that no bad results would follow, and thus he need fear nothing of the kind ever after.

Some *have* submitted to the operation, and have thus been made *proof* against the disease, but the majority of people object to taking *purposely* that which they may avoid alto-

gether, and would rather remain *liable* to the disease than to be made free from it forever at the expense of once going through with it.

If the whole human race could be inoculated with Syphilis, *at the same time*, there would be an end of it, providing none of them had children while the transmissible symptoms remained. This, however, is not likely to occur, nor is inoculation likely ever to become popular as a means of prevention.

There are, however, some very important conclusions to be drawn from the above facts, which have an important bearing on the future of our race as regards this disease.

It is well known that Syphilis, at the present day, very rarely assumes the virulent form that it did in old times. *Then* whole communities were affected by it, and in the most dreadful manner. In fact, at times, it ravaged society worse than the plague, and nearly every one was affected by it, from the highest to the lowest. Down even to recent times, within the memory of those now living, it was common to meet people *without noses*, or blind, with bald heads, and with frightful ulcers, from Syphilis. But such things are rare now, though Syphilis is common enough.

Now why is this? Physicians are apt to take credit to their art, and say it is because they know how to treat the disease better, and succeed oftener in curing it. No doubt this is true to some extent, but there is also

another cause for the present comparative mildness of Syphilis, which will be readily understood from what has been previously explained.

The experiments on inoculation have proved that when Syphilis has once been had it will not be had again, or but in a very mild form. Now it is probable that the whole race has been gradually *inoculated*, as it were,—for we know how almost universal the disease has been,—till nearly every one's system is modified in regard to it, and thus made more or less proof against its ravages. It is more than probable that *every human being living* has, in his system, more or less contamination of Syphilis, either from direct infection or from his ancestors. And since all contamination of it, in any form, prevents or modifies it in future, it is more than probable that the disease is gradually being *worked out!* the same as it is in an individual by repeated inoculation. If this be so,—and it seems to me that it must be,—Syphilis will continue to get milder in form, and at last will disappear.

§ *Secondary and Tertiary Syphilis may be communicated.*

In the first part of this book it was stated, —as was then believed,—that only the primary stage, or *Chancre*, could be communicated from one to another, by connection or inoculation. Neither secondary nor tertiary symptoms, it was thought, could be so com-

municated, although secondary symptoms were *hereditary*, and could be transmitted to offspring. This, however, is now known to be erroneous. Many forms of secondary Syphilis, and even some tertiary ones, can be communicated, but no matter what their form may be, they always give rise, in the person they infect, to *primary* symptoms, or *Chancres*, and not to affections of their own type. This is because, no matter how Syphilis may be communicated, it always commences in the same way, and runs the same course, through the primary, secondary, and tertiary stages. It never *begins* with either the secondary or the tertiary stage, but always with the primary Chancre.

§ *At what stage can Syphilis be communicated?*

It was formerly believed, and taught, that Syphilis could be communicated, from one person to another, only in the primary stage, or from a Chancre. It is now known, however, that it can be communicated in the secondary stage, and probably even in the *tertiary*, in some cases.

If a person, who has never had Syphilis, be inoculated with the matter from a secondary sore, the inoculation will cause a *Chancre*, which may be followed by secondary and tertiary symptoms. Even by *contact*, secondary sores may thus cause Chancres in others, and so may some forms of tertiary Syphilis.

In this way Syphilis may be caught, not

only from connection, but also by mere accident, such as wiping on the same towel with the diseased person, drinking out of the same vessel, or even by shaking hands. And many of these secondary sores, it must be remembered, are comparatively harmless-looking, and are often confounded with common eruptions and skin diseases.

Wet-nurses have caught Syphilis in this way from the children they nursed, the children having been born with it, by hereditary descent from their parents. Children have also been often infected from the nurses in the same way.

It has been stated also, on medical authority, that, in the rite of circumcision, Syphilis has thus been communicated between the priest and the child.

A man, therefore, who has had Syphilis should never marry, till the disease is eradicated, or at least brought down to that stage which experience has proved not to be communicable. And further, he should be certain that he has no form of the disease left in his system, that may become hereditary in his children.

In regard to inoculation, either from Chancres or secondary sores, it must be borne in mind that it will take only on those who are quite free from Syphilis, and that therefore you cannot inoculate a person successfully, with matter from a sore on his own body.

§ *Hereditary transmission of Syphilis.*

In the first part of this book it was stated that secondary Syphilis only was *hereditary*, but that *tertiary* was not so. Later observation has shown, however, that this is not true. Not only may secondary Syphilis be hereditary, but several forms of tertiary Syphilis also.

Most usually the child inherits Syphilis from its *mother*, who may contract it from the father without being aware of what is the matter. But the child may also be affected from the *father* through *the Semen*, which may undoubtedly be contaminated by Syphilis. In all probability the disease affects the *seminal animalcules*, making them feeble and imperfect, so that, if they impregnate, the resulting offspring will be feeble and imperfect also. Probably this is one reason why women, when impregnated by Syphilitic men, are so apt to miscarry. The embryo has not *life* enough to retain itself in the womb. Through how many generations Syphilis may run we do not know, before it becomes extinct, but with each remove it seems to become more modified and lighter, till at last it probably merges into some ordinary form of disease, especially scrofula.

There are thousands of children born with hereditary Syphilis, in whom such a thing is never suspected. It may not always be direct from the parents, in any of the recognized forms of Syphilis, but may date from the

grandparents, or even still further back. In such cases we have various forms of scrofula, or strumous disease, skin diseases, and probably a tendency to consumption, or cancer.

It will be seen, therefore, how important it is that such a disease should be understood by all, and not *shunned*, as if it were something that did not concern us. It ought to be subject to public supervision, and every known means taken to confine its ravages, and to eradicate it, if possible. The proper control of prostitution, by license and medical inspection, would do much toward this desirable end, as experience has shown, and in no civilized country should it be omitted. It is a great mistake to suppose, as some do, that Syphilis is the curse of those only who consort with prostitutes. It is true it is more general among such, but is by no means confined to them; on the contrary, it is found, in some one of its many forms, *everywhere!* The good and pure suffer from it, and even innocent children, before they are born; and such will always be the case while the disease exists. It is utterly impossible to totally isolate, and keep separate, one class of society from another; for by some of the intermediate links which hold from one to another, intercourse will take place more or less. And when such a contamination as Syphilis exists it will find its way, in spite of all care or moralizing, from the lowest to the highest.

The notion that such a curse should remain,

as a just punishment to the rake and debauchee, does little credit either to the heads or the hearts of those who entertain it; and it is a great fallacy to suppose, as some teach, that the fear of this disease has any practical effect in preventing licentiousness.

A celebrated Professor in one of our medical colleges once tested this thoroughly. He took all his new class of young students round the hospital, showing them all the worst cases of Venereal Disease, and solemnly warning them of the certain result of illicit intercourse. The impression made upon them—at the time—was evidently great, and—in *less than a month, almost every one of them was suffering from some form of Venereal Disease!*

§ *When does the Chancre first show itself?*

It is difficult to ascertain what period of time usually elapses, after an impure connection, before the Chancre appears. Inoculation cannot teach us much about this, because it is almost impossible to inoculate a person already infected with Syphilis, and it would not be right to perform the operation on one who was free from it, even if consent were given. Patients seldom tell the truth, even when they are sure as to the facts themselves.

Some observations have shown that from fifteen to eighteen days is the average time, after infection, before the *Chancre* appears, while a *Chancroid* is usually seen within two or three days, or even thirty-eight hours after.

In many instances, however, the Chancre has been much longer *incubating*, or developing, and has not appeared till thirty or thirty-five days after the impure connection. A man, therefore, is not absolutely sure he has not contracted Syphilis till four or even five weeks have passed ; but, no matter what the time may be, the Chancre is the first sign of the disease.

It is quite probable that the period when the Chancre first shows may be earlier or later, from many causes. The constitution and state of health of the patient probably have some influence, and also the state of the organs, especially the skin. If there be a chafe, or any other sore, the chancreous poison will probably inoculate more speedily, and show its effects sooner.

In the first part of this book it was taught that if a Chancre be destroyed within three or four days after it appears, no secondary symptoms will follow ; this, it will now be apparent, is wrong, and the mistake arose merely from the Chancre being confounded with the Chancreoid, the true difference between the two being then not known. Wherever a Chancre appears, the system is already contaminated with Syphilis, and the Chancre is only the first stage, or sign of it.

In all probability the poison from a Syphilitic sore is absorbed almost instantaneously, and passes into the circulation, so that whenever a person comes into contact with it, in-

fection is almost sure to follow. Washing cannot prevent the absorption, except perhaps in a few cases, and when practised instantly, because the poison may be absorbed even before the act of connection is over.

With the *Chancroid*, however, it is different, and probably care in washing promptly, after every suspicious connection, would nearly always prevent infection.

In like manner, cauterizing the Chancre, when first seen, and thoroughly destroying it, has no effect in preventing secondary symptoms, and the hardness or induration will often remain long after the Chancre itself is healed.

If the *Chancroid*, however, be cauterized, and properly treated when it first appears, it may often be cut short, and cured in a very short time.

All the confusion and mistakes in practice, in former times, arose from our not having discovered the difference between these two sores.

§ *Periods when the different stages of Syphilis appear.*

Supposing a person to be infected with Syphilis from an impure connection, or in any other way, the different symptoms usually succeed each other in the following order, and at about the following intervals:—

1st. *The Chancre.*—This may show itself any time from one to *five or even six weeks* after the connection.

2d. *Roseola.*—An eruption something like

nettle-rash. This usually appears about the *forty-fifth day* after the Chancre, on the abdomen, thighs, or throat, or under the arm-pits.

3d. *Papular Eruption*.—This resembles the small pimples that are often seen on the face, and they usually appear about the *sixtieth day* after the Chancre. They are bright red at first, but gradually become yellowish, and finally copper-colored. They may appear on various parts of the body, and sometimes nearly cover it. They are often formed on the forehead, about the roots of the hair, and on the scalp. They gradually become covered with a scab, or scale, which falls off, and leaves a small, shiny, copper-colored spot, a little raised above the rest of the skin. This marks Syphilis at once, to any one who has once observed it.

4th. *Mucous Patches and Sore Throat*.—Mucous patches, or mucous tubercles, consist of small red patches, more or less raised above the rest of the skin, about and in the nose, mouth, arms, upper part of the thighs, on the genital organs, and around the roots of the nails. Sometimes they form lumps, or protuberances, especially round the anus. They are highly infectious, and will cause Chancre in any one who has not had Syphilis. They usually appear about *the seventieth day*.

About the same time, also, the **throat** often becomes affected, apparently from the mucous patches developing there. This is the ordinary Syphilitic sore throat, and it is fre-

quently very troublesome. The colored plates, in the first part of this book, show this affection of the skin and throat very well.

5th. *Vesicular and Pustular Eruptions.*—These are somewhat like *small-pox* in some stages, and in others they resemble the eruption caused by tartar emetic or Croton oil. Sometimes the pustules, or vesicles, are quite small and scarce, at other times large and numerous.

The vesicular eruption is most usually found on the face, back, hands, and feet, while the pustules more frequently affect the scalp round the roots of the hair, but they are found also numerous enough on various other parts of the body. Both vesicles and pustules much resemble the ordinary *pimples* which come on the face, and may be mistaken for them. They discharge a kind of serum, which dries, and hardens into a scab, and when this falls off there is usually left a deep copper-colored spot, but sometimes an ulcer. These usually appear from the eightieth to the *ninetieth day* after the Chancre.

6th. *Syphilitic Iritis.*—Inflammation of the eye. This is one of the most dangerous results of Syphilis, and by no means a rare one either. Unfortunately, it so much resembles the inflammation resulting from cold, injury, or rheumatism, that it is not always easy to distinguish it. It needs the most immediate and urgent attention, or serious results may follow. Most of the cases of iritis are connected with

Syphilis, and it is very frequent in infants, as one of the results of hereditary Syphilis. Iritis usually appears about *six months* after the Chancre.

7th. *Periostitis*.—This is an inflammation of the membrane covering the bone. It is generally very painful, and results in hard lumps, or tumors, under the skin, which are very tender to the touch. These form no kind of eruption, or sore, on the skin, but are situated deep down, on the bones, especially on the arms and legs. These swellings are called *Nodes*, and in many cases they harden into bone, and remain permanently either loose or attached to the true bones. They appear about *six months* after the Chancre.

In some cases these Nodes form inside the skull, and by pressing on the brain cause convulsions and death.

8th. *Syphilitic Sarcocoele*.—Fleshy swelling of the testicle. This is a very troublesome and dangerous symptom, as it often results in the total loss of the function of the testicle, and sometimes to a degeneration like Cancer. It usually appears about *one year* after the Chancre, and may terminate many different ways, and endure indefinitely.

9th. *Rupia*.—This is the name given to a peculiar kind of eruption, different from any of the preceding ones. It begins first with a red spot, a little raised, and tender to the touch. It is, in fact, a kind of blister, which dries into a thin greenish-yellow scab, under

which is an ulcer. This ulcer keeps discharging a kind of serum, which dries in layers one above another, so that the scale gets higher and broader all the time, till it often looks like a small blunt horn, colored black and yellow in streaks. Some of these scabs will attain a large size, and be very troublesome, and one is apt to be only the forerunner of several others. They are often found on the lower limbs, but also on the arms and face. When the scab falls off it leaves a deep copper-colored spot, sunk into a kind of pit, like the pit of small-pox.

This affection does not usually appear till about *two years* after the Chancre, and it is always a bad indication, as it shows the system to be deeply affected, and in a low condition.

10th. *Tuberculous and Serpiginous Eruptions*.—As Syphilis progresses there is apt to accumulate in various parts, under the mucous membrane, a peculiar substance called *tubercular deposit*. It commonly forms hard lumps, or tumors, which are apt to become ulcers of a very destructive character. They are most usually found in the mouth, throat, and nose, and on the tongue. They often cause deafness, by destroying the Eustachian tube, and eat away the tonsils, soft part of the palate, and inner part of the nose. Even the bones are attacked by them, and in this way the nose or palate is destroyed, and sometimes even the bones of the neck. Not unfrequently these

tubercles are mistaken for cancers, especially when on the lips, or tongue; and, indeed, it is not easy to be sure, in many cases, whether it is Syphilis or Cancer we are dealing with. These tuberculous tumors and ulcers appear *from three to five years* after the Chancre, in most cases, but sometimes not till much later.

11th. *Gummy Tumors*.—These are much like the preceding, and commence in the same way, with hard lumps, at first movable, under the skin. These may be many months unchanged, and causing no pain. But at last they become attached, and finally ulcerate. When they open, it appears as if the flesh had been *undermined*, and the ulcer becomes large and destructive in a short time. These tumors are of all sizes, from a small pea up to a hen's egg, and they are found in all parts of the body. Very frequently destruction of the bones follows them. In many they do not actually appear till *four to six years* after the Chancre.

12th. *Onychia, or Growing-in Nail*.—This is a frequent result of secondary Syphilis, and is often very troublesome and difficult to cure. Sometimes there is simple ulceration under the nail, which begins to die at the bottom, and is gradually pushed off by the new one, if it grows. In other cases the nail splits, or turns in, and not unfrequently it is lost entirely. The nails of the fingers are more frequently attacked than the toes, though sometimes both are together.

This form of Syphilis is seldom seen till

from the fourth to the sixth year after the Chancre.

Syphilitic Whitlow also often accompanies the nail disease.

Constitutional Syphilis is often indicated by the peculiar appearance of the nails, both in children and adults.

13th. *Affections of the Bones.*—In describing the three previous symptoms it has already been stated that they often terminate in affections of the bones. This is in the tertiary stage, and such termination is much to be dreaded.

Sometimes bony growths, or *tumors*, will form, either loose or attached to the other bones; and sometimes these will rot, or decay away. In this manner the palate and the nose are lost, and even parts of the spine and large bones of the arm and leg. Still it is surprising how much of this destruction may take place, and yet the patient perfectly recover. It is only very rarely, however, and in neglected cases, that such results are seen now-a-days, though formerly they were common.

Affections of the bones do not usually occur before the fifth or sixth year after the Chancre.

NOTE.—The above only represents the most usual periods when the different symptoms occur. But they often come on much sooner, and sometimes very much later. Thus *Roseola*, the first symptom after the Chancre, will occasionally not show itself till a year or more after

the Chancre is healed and gone, while some of the later symptoms, such as the tubercular eruptions, gummy tumors, and affections of the bones, may not show themselves till *twenty*, or even *forty years* after.

When Syphilis pursues its natural course, it usually goes through the various stages in the above order, one set of symptoms disappearing before the next shows itself. It seems to run a set course, and in most cases, even if left to itself, gradually *wears out* and disappears, often leaving the patient in fair general health. By prompt and proper treatment, however, it can generally be cut short in some of the earlier stages, or the subsequent ones can be so modified that none of the bad results above depicted ever ensue.

CHAPTER XV.

MISCELLANEOUS FACTS CONNECTED WITH
SYPHILIS.§ *Inoculation of a Chancroid.*

IF the matter from a *Chancroid*, or from a Bubo which has come from one, be inoculated upon another person, or even upon the same person, the result is another Chancroid, and any number of these sores may be thus produced upon any part of the body. The operation is conducted much in the same way as ordinary vaccination, and if the result of the operation be successful, is soon apparent. In a few hours the place of inoculation becomes red, and in two or three days swells and forms a small pimple, which gradually enlarges into an angry-looking pustule, filled with matter or pus. This pus may either discharge, or dry and form a scab, but in either case it is soon evident that there is an ulcer underneath. Generally this ulcer is round, and of a grayish color, with little elevations all over its surface. It has a great tendency, generally, to spread, and if not destroyed promptly, very soon eats away a large portion of flesh around it; in

some cases, however, it will remain stationary for weeks. Some of these ulcers, both natural and artificial, are very troublesome, and difficult to arrest and cure.

Around the Chancroid there is always a red circle or *Areola*, sometimes extending a considerable distance, but there is never any *hardness*, either under the ulcer or around it. It should be remarked, however, that the application of caustic, or any strong astringent, may cause a hardness around the Chancroid, but then it only follows the application, and disappears as soon as the inflammation caused by the application subsides.

A patient may have one Chancroid only, or a number, sometimes even twenty or more, at the same time; they may, as before stated, be very destructive, but still they are *self-limited*, and even if nothing be done to them but simply washing them, they will in time heal and disappear. They seldom last more than four or five weeks, even when left to themselves; but, with proper treatment, they may usually be healed in one or two weeks. In no case is internal medication necessary.

Occasionally the Chancroid, if on the genitals, may be followed by a swelling in the groin, or Bubo, which may or may not suppurate and discharge, but in no case is it followed by any kind of constitutional symptoms.

§ *Inoculation of a Chancre.*

When the poisonous matter from a *Chancre*

is inoculated upon the person from whom it was taken, or on another person infected with Syphilis, it produces no effect, or causes but a very slight, harmless, ordinary sore. If it be inoculated on to a person who has never had Syphilis it causes another Chancre, like the one from which the matter was taken, and this new Chancre will be, in due time, followed by secondary symptoms. Unlike the Chancroid, however, which shows itself in a few hours, and is quite distinct in two or three days, the Chancre may not make its appearance till five or six weeks, or longer, after the inoculation. This is an invariable and very important distinction between the two sores.

If a person, after an impure connection, finds a sore come *immediately*, it is almost certainly a simple Chancroid; but if its appearance be delayed some weeks, it is almost sure to be a Chancre. When the *period* of the connection is known, therefore, and also that of the first show of the sore, its probable nature can be pretty accurately concluded.

A Chancre, therefore, *incubates*, as it is called, or takes some time to develop. In fact, it does not show itself till the whole system is infected, and is a result of that infection. If, after the appearance of the Chancre, the patient have no proper medical treatment, he will nearly always suffer, within three or four months at farthest, with some such symptoms as these: First, there will be a general feeling of weariness, with headache,

and flying pains, in different parts. Then the hair will fall off, and various kinds of eruptions will show themselves upon the body. Finally, the glands will enlarge, and small whitish ulcers will show themselves on the mouth, the anus, or the genitals.

Proper treatment may, however, modify all these symptoms very much, and prevent some altogether. It may also totally arrest the disease at some of the early stages. Even partial treatment will often seem to arrest the disease at one of the first stages, and the patient will think he is well; but it will again break out, and go through its later stages, perhaps many years after the first attack.

In the same way that a Chancroid may come either from the matter of another Chancroid, or from that of a Bubo which has resulted from one, may a Chancre come either from the matter of another Chancre, or from that of a secondary sore. In this way Syphilis is often conveyed from mouth to mouth, from hand to hand, and from one head to another, by the medium of combs and brushes.

The first appearance of a Chancre is a little different from that of a Chancroid. It is not such a clearly marked *pustule*, but is flatter, and looks more like the ordinary cover of a small ulcer, into which it soon opens. It seldom looks so angry, or progresses so rapidly, as the Chancroid, nor is it painful; in fact, it may often remain unnoticed for a long time.

There is one feature, however, which soon betrays its real character, and that is *its induration*. As soon as it is fully developed, and often even from the first, there will be found under the sore a *hard lump*, sometimes much larger than the sore itself. This is always present, and marks the true Chancre most unmistakably. It often remains even after the sore is healed, and may be regarded as a certain indication that the system is poisoned, and that secondary symptoms will follow.

This induration often feels as hard as if a piece of wood, or bone, were under.

The Chancre may heal soon, or it may last till the secondary symptoms appear, and even exist with them, but not usually.

The Chancre is, generally, much milder in appearance than the Chancroid, and has a less copious discharge, so that any one unacquainted with its true character would think it the more innocent sore of the two.

A Chancre may be followed by a Bubo, or may not, but if it be so the Bubo *very rarely opens*, while the Bubo that follows a Chancroid nearly always *does* open.

From the above it will be easy to diagnose a venereal sore, and decide whether it be syphilitic or not. It should be remarked, however, that both Chancroids and Chancres may exist at the same time, on the same person, and that the same sore may even contain both poisons.

§ *Syphilis conveyed from the mouth, hands, and breast.*

Rollet tells us of a lady who employed a woman to draw off the milk from her breast, on account of the child not taking it readily, and who soon after had a venereal sore on the nipple, followed by general symptoms. Inquiry showed that both the lady and her husband had always been free from Syphilis, and attention was then directed to the woman who had drawn off the milk. She, it seemed, was a perfectly virtuous woman, but had been given Syphilis by her husband, some time before, but in so mild a form that it healed without treatment. She had some secondary mucous patches on the mouth, and from these the lady's breast was inoculated.

The infant also contracted Syphilis, from the mother's breast, and its whole system became contaminated. Both mother and child finally were cured.

Such a case as this forms a fine comment upon the doctrine that Syphilis should be left uncured, as a punishment. No one knows how far the evil influence of a single case may extend, nor how it may infect, in unsuspected ways, numerous innocent families.

One man, who had secondary Syphilis, has also been known to convey it to another, to whom he owed a grudge, by biting him. It has also been conveyed by a *kiss*, by shaking hands, and by using the same towel or handkerchief.

Wet-nurses have often conveyed Syphilis to

the infants they nursed, and infants likewise, who were diseased from their parents, have conveyed it to nurses.

Glass-blowers often use the same blowing-tubes for many different men, in turns, and in many cases one man has thus infected a whole gang of men, from a sore on his mouth.

Rollet tells us of a lady who contracted Syphilis from her cook, by simply using the same spoon, to taste the dishes with, though there was nothing on the cook to attract special attention.

Young men who have had Syphilis, and been cured, as they thought, have been known to infect young ladies to whom they were engaged, by kissing them. And one instance came to my own knowledge, where a young man gave Syphilis to a young lady to whom he was engaged, by simply taking a ring off his own finger and putting it on to hers.

These cases, it will be remarked, were not from Chancres, but from secondary sores, such as would pass current for ordinary skin sores, and in fact do so constantly.

§ *Syphilis poisons the Blood.*

The poison by Syphilis does not reside in the sores only, but infects the *blood of the patient!* If blood be taken from a man who has Syphilis, and inoculated into another man, it will give him Syphilis, the same as if he had been inoculated with the matter from a Chancre.

And here we may remark upon a very curious fact. If a man has *Cancer* he cannot be inoculated with *Syphilis*, nor will he contract it in *any way!* It would seem from this that the two diseases cannot exist in the body at the same time. Whether those who have *Syphilis* are safe from *Cancer* is not known, but strict analogy makes it very probable.

Some authors have thought *Cancer* to be only a form of hereditary *Syphilis*, and this fact, that those who have it are safe from *Syphilis*, seems to prove the idea, because we know that those who have *Syphilis* cannot contract it again.

§ *Syphilis transmitted by Vaccination.*

There have been many cases in which *Syphilis* has been imparted by *Vaccination*, when the matter was taken from an infected person. Lecoq gives us a remarkable instance in which *sixty-three children*, in Italy, were all infected with *Syphilis* in this way, and from them were infected fathers, mothers, brothers, nurses, and sisters,—eighty persons in all.

It is a mistake to suppose, however, that it is the *Vaccination* itself, or rather the *vaccine matter*, that imparts the disease. If the matter only were taken, it would not convey *Syphilis*, but only its own specific disease. In all these cases *blood* was drawn, and mixed with the matter. It was from the *blood* of the

syphilitic person that the disease was taken, and not from the vaccine matter! If no blood had been drawn, there would have been no Syphilis.

§ *Does Syphilis poison the Milk and the Semen?*

It is the opinion of many careful observers, that the *Milk* of a woman who has Syphilis may infect the child who nurses her, though the woman may have no syphilitic sore whatever. On this point I have myself *no doubt*, from cases I have seen. Any woman, therefore, who has had Syphilis is an unsafe nurse, from the uncertainty as to when she may be free from it.

It is also held, by many, that the *Semen* may be poisoned in the same way. Consequently a man who has had Syphilis, may be so far cured that he will have no sign of it, and will not infect any woman he has connection with, and yet, if he become a father, his child may be syphilitic *from birth!* Those who have read my "*Marriage Guide*," and who therefore understand the part played in impregnation, by the *Seminal Animalcules*, will readily see how this may be. The animalcules themselves are diseased, like the blood, and, of course, any child resulting from such a diseased source will be diseased from the moment of its conception.

Not only is the child diseased, but the mother also becomes so, not from the *father*, but from the *child in her womb!* The father

may be so far well that he will not disease the mother by connection, but he will beget a child diseased through the semen, and this child will infect its own mother before its birth! Another fact for those to deal with who say Syphilis should be left uncured, as a punishment.

It is not positively known whether the semen itself, from a man who has Syphilis, will give it to a woman with whom he cohabits. That is, suppose he contracts Syphilis, and is cured so far that there is no *sore* from which the woman can be infected, may she be so from the *semen*? There is good reason to suppose she may, in the same way that she would be from the man's blood.

It is well known that women impregnated by men who have had Syphilis are very liable to *miscarry*, and this is probably caused by the embryo being imperfect, from the diseased seminal animalcule; or it may be from the syphilitic poison affecting the womb.

Experiments on animals, with inoculation, have shown that though the poison of Syphilis may cause a *local sore*, yet it never causes general symptoms. The sores are never followed by secondary symptoms—these are peculiar to man.

It has also been proved that no amount of ulceration from *Chancroids* gives the least security against Syphilis.

§ *Curing Syphilis by Inoculation.*

It has been found, by actual experiment, that if a person who has Syphilis be inoculated in many places in different parts of the body, in succession, the resulting sores gradually become of a milder character, and finally no sore at all can be produced. It seems that the system becomes fully *saturated* with Syphilis, and when this is effected, improvement usually follows very promptly. The disease *wears itself out at once*, as it were, instead of doing so in a long course of time, as it would do if left to run its course. The theory is, that the whole system *has to be* affected, when once the disease is caught, and that no one is free from the liability to an attack till this general syphilization has taken place. By inoculation, therefore, the whole trouble is got over at once, in the same way that we get over small-pox by vaccination. The person who has once been fully *syphilized* in this way is safe from the disease ever after.

There are practitioners in Europe who cure Syphilis in this way, and there are men who have been thus inoculated, to saturation, *voluntarily*, so as to get rid of all fear of the disease in future.

Sometimes one inoculation seems enough; but in other cases several crops of sores have to be produced, one after another, each one getting milder than the preceding ones, till at last the poisonous matter will cause no sore at all, let it be inoculated where it may.

There are some victims of Syphilis who seem never to get free from it. They may pass years apparently free, and fully cured, and yet it will break out on them again. In such cases medicine is often quite powerless, and it is in just such that inoculation would seem to be appropriate. They cannot be made worse by it, and have a good chance of being fully and completely cured.

Some authors have even proposed that all human beings should be fully inoculated, the same as they are vaccinated, and then the disease would run itself out, and the one general attack would end it for good.

§ *Signs of Hereditary Syphilis.*

Children who are the victims of hereditary Syphilis may present the evidences of it in many forms. Sometimes there is only what is usually termed a *scrofulous habit*, shown by various forms of skin disease, and by a general poor condition of health, with very low vitality. Frequently the *finger nails* have a peculiar form, and are liable to be diseased and sore at the roots, so that they will come off sometimes. The hair will also be scant, easily come out, and *break*, while the scalp will be covered with scurf, in large patches.

The nose and ears are also apt to be affected with discharges, and to become more or less obstructed from the growth of ulcers, or tumors.

The Eyes.—There are some special forms of

Eye Disease in children which seem to result from Syphilis alone, and always indicate its hereditary character. Sometimes the lids only are affected, and sometimes the eye itself; even blindness may result in this way.

The Teeth.—Perhaps one of the most peculiar and well-marked indications of secondary Syphilis is often found in the second teeth.

The syphilitic poison seems, in some way or other, to prevent the perfect formation of the *bulbs* of these teeth, so that they develop imperfectly. This is seen more especially in the two front incisors of the upper jaw. These teeth, in children afflicted with hereditary Syphilis, are usually very *thin* and *narrow* at the edges, so that, very soon after they are cut, a portion breaks away, leaving a *notch* or *furrow* on the edge. This notch remains many years, in fact, till the edge of the tooth is worn down smooth by use.

Some of the other teeth are also affected sometimes, especially the *Canine*, or *Eye Teeth*, but not so generally, nor in such a well-marked manner, as the front incisors.

The following plates will show this peculiarity, as it most usually appears:

Sometimes, instead of turning in, toward one another, they will turn out.

Very often, where there is no actual *notching* of the teeth, they will be unusually square and *stumpy*, and not unfrequently, instead of being of the usual color, they will be brown, and look as if they had been burnt.



The front incisors, in hereditary Syphilis : the notch in the edge may be plainly seen, and also the narrowness at the bottom, which makes them turn in, toward one another. They are also unusually short.



This plate shows the two central incisors diversing, instead of converging, and both notched. The eye teeth are also affected.

Such dental peculiarities are not at all unfrequent, though very few persons know to what they are owing.

§ *Infantile Syphilis.*

Children may inherit Syphilis from either parent, or from both. But in either case the parents may show no signs of the disease at all, and may have even forgotten they ever had it.

It is not always that Syphilis does descend to the child, however, for many diseased parents have had healthy children, though it is rare, and never to be calculated upon.

The mother may become diseased either before impregnation or after, but in either case may infect her child. And, when a woman has contracted constitutional Syphilis, she may infect all the children she may ever bear afterward. It is possible, therefore, for a woman to bear diseased children—that is, *syphilitic*—even when married to a perfectly healthy man. Just the same as a man who has been diseased may beget diseased children—that is, *syphilitic*—in a perfectly healthy woman. And this may occur, in either case, years after the disease has been apparently cured.

These cases of infants born syphilitic, are very difficult to deal with, especially if the mother is unable to nurse the child. In such a case, it is not right to engage a healthy wet-nurse, because she would become diseased from the child. In such a case, it would seem only right that a nurse should be sought who has had Syphilis, because she would then be in no danger, and she could not injure the child.

It should be remarked here, however, that a woman may bear a child, diseased from the father's semen, and yet not be diseased herself. This is rare, as usually the child diseases the mother in the womb, but she *may* escape.

It has often been noticed, as a curious fact, that though an infant born syphilitic will disease a healthy wet-nurse, still, when nursed by its own mother, it does not disease her. The

explanation, however, is simple. The mother has been already diseased, while the child was in the womb, and cannot be infected again.

The syphilitic infant does not in all cases show any signs of Syphilis at birth, such as those previously described, but may appear perfectly healthy, and remain so for some time. In nearly all cases, however, indications of Syphilis will show themselves, in some form or other, in from one to three months after birth, and if the child pass over the third month without any such signs, it may usually be considered safe. Still, some few cases have occurred as late as the seventh or even the ninth month, and, *very rarely*, even one or two years after. In the majority of cases, Syphilis shows itself within the *first month*.

It is still a disputed question whether, in a child born of syphilitic parents, the disease may remain *undeveloped*, till a late period of life, and then suddenly show itself. Some observed facts seem to show that it may, and possibly some may thus carry the *germs* of the disease all their lives, without it ever breaking out. Whether they, in this state, might nevertheless convey it to *their* children, we do not know. My own opinion is, that a child may be born of syphilitic parents, may live all its life perfectly healthy, with no signs of Syphilis, and yet, if that child become a parent, the disease may show itself in the children. In other words, the disease may *skip the children*, as far as any actual signs of

it are concerned, and reappear in the *grand-children*. It may even go further, for aught we know to the contrary.

Although, as before stated, a syphilitic infant may not show the usual signs of the disease at first, yet, when they do appear, they are very distinctly marked.

There is a peculiar *decrepid, old, withered look*—almost like old age—about them, and, in general, they waste rapidly away, the skin becomes wrinkled and rough, and looks sallow, the cheeks are hollow, and the eyes look sunken. Even the mouth is drawn up till it is *rough*, and the soles of the feet and the palms of the hands are apt to be chapped.

So marked are many of these symptoms, and especially the peculiar brown-yellow color of the skin, that any one who has once seen it can distinguish a syphilitic child at once. This color may extend more or less over the whole body, though it is more generally seen, distinctly, on the eyelids, the bottom of the forehead, the cheeks, and below the under-lip.

* Another affection, very common with such children, is a discharge from the nose, often resulting in a more or less complete stoppage of the passage, so that the child cannot nurse well. If the disease progresses, it is liable to lose its palate, or nose.

It has also been noticed, in post-mortem examinations of such children, that the *liver* is apt to be remarkably diseased, so much so, in fact, that its whole structure is changed.

Decay of the bones, diseased kidneys, and water on the brain, are, also frequently met with among them.

It is very fortunate that comparatively few of such children grow up; but occasionally we do see them go through all the stages of the disease, and seem to get fully over it, so that they attain an average state of good health. But even in such cases it is a question whether they may not become parents of diseased offspring.

§ *Conclusion.*

It is merely necessary to remark here, that, notwithstanding the difference between the views in the first part of this book, and those in the last part, on Syphilis, it is not necessary to give any new directions as to treatment. The only thing to bear in mind is, if a person have a *Chancroid* only, he need not take internal medicine of any kind, because the system will not be infected by it. If he have a *Chancre*, however, the Protiodide of Mercury Pills should be taken at once; and in either case the ulcer should be cauterized and dressed as directed. Unless absolutely *sure* it is only a Chancroid, it is best, perhaps, to use the pills, because, if they are really not needed, there will, in any case, be less harm from their *use* than there would be from their *non-use*, if they *were* needed.

There are no better Recipes than those I have given in the first part of this book, and

no better general treatment can be followed than what is there given.

One thing may, however, be specially insisted upon, and that is, *the disuse of tobacco* during the treatment for Syphilis! Either smoking or chewing is extremely hurtful, and interferes with the action of the remedies.

THE PHYSICAL
AND
MORAL EFFECTS OF CONTINENCE

By *Continence*, is meant a voluntary abandonment of sexual indulgences, in those who are capable of, and who have a desire for them. When a person abstains simply from want of inclination for such pleasures it is called *Chastity*, which differs from continence inasmuch as it requires no effort.

Chastity is a natural condition for many, owing to peculiarity of constitution, and is therefore both proper and beneficial. Continence on the contrary is an unnatural struggle, against one of the strongest animal instincts, and is always more or less injurious, as every attempt to evade the laws of our being must be.

Every living thing, *Vegetable* as well as *Animal*, has, at some period or other of its existence, a desire, or tendency, towards the opposite sex, and this desire or tendency should be gratified, both for the purposes of procreation and also because it is necessary to the individual's own well being.

To praise and recommend absolute continence as a *Virtue* is a great mistake, and to suppose that it can be really practised, by those who are *physically perfect*, is equally a mistake! It is true we hear of it, and possibly some persons think they really are absolutely continent, but most assuredly they deceive themselves. Some of these persons are really *Impotent*, and give themselves credit for Continence when in fact they are only *powerless*; others who forswear natural indulgence either abandon themselves to disgusting habits, a thousand times worse, or suffer from unnatural pollutions.

There is a period of life, in all perfect organizations, when sexual indulgence becomes an actual *necessity*, as much so as food or drink. In some organizations this necessity is of course much stronger than in others, and the consequences of not obeying it are in them proportionably increased. In such persons we often observe the most singular Mental eccentricities, and sometimes even moral perversity, carried to excess, and not unfrequently ending in mania, melancholy, suicide, or crime. The physician often sees, in cases of forced continence, the most hideous exhibitions of Nymphomania, Satyriasis, Priapism, and Erotomania, not unfrequently terminating in Insanity or death.

Besides mental and moral perversions, Continence also originates many physical derangements, such as various infirmities of the Genital and Urinary organs, softening and inflammation of the brain or spinal marrow, with wasting of the flesh, and fever.

The celebrated Esquirol remarks, that most of the insane persons who come from *Convents*, exhibit morbid amative tendencies. And Mathieu gives us an instance, in his *Etudes Clinique sur les Maladies des femmes*, of a young girl who was attacked with Nymphomania after a fit of religious fervor, and probably from previous undue restraint. Many of the so called *Perfectionists* in religion, especially those who exhibit the phenomena of *TRANCE*, or *Convulsions*, have confessed that during their fits of excitement they experienced the liveliest sexual emotions. And I have heard similar confessions made to me, by those who have been excited in the same way at *love feasts*, and *protracted meetings*.

In short in all cases where the natural propensities are unduly restrained, especially from mistaken religious views, there is a constant liability to such exhibitions of Erotic furor, which are often mistaken, even by the individuals themselves, for genuine devotional fervor.

Those who are curious about details of this kind should read the writings of *Hecquet*, who had many opportunities of becoming acquainted with these religious enthusiasts. In my own practice I have had similar facts communi-

ted perhaps equally curious, and equally instructive some of which will be given in another place. In all my experience, and it has been extensive, I have never known a female who was subject to fits of intense religious excitement, such as we often see at *Camp Meetings*, but who either had some *uterine disease*, or was naturally of an ardent amative temperament.

I have often seen the characters of these *Devotas* change in the most extraordinary manner, under a proper course of *medical treatment*, so that their church friends accused them of *backsliding*, and attributed the change to the influence of *Satan!* Many others I have also seen changed in a similar manner, on being *married*; and in one such instance the husband was accused of leading his wife *from religion*.

The old *Ascetics*, who swore to practice perfect continence, have left us many records of their daily and nightly struggles against nature, and of their remarkable *amative hallucinations*,—for which, by the way, they often were called *Saints*.

This is particularly seen in the records left by *Ascetic Females*, whose lucubrations are curious compounds, half pious half erotic, betraying either *uterine disease* or intense warmth of sexual feeling.

Many *Medical writers* have testified, after long and careful observation, that *uterine furor* is very general among those females who resist all amative impulses from religious motives. And not unfrequently, in spite of all their severe chastity, nature overpowers conviction, so that the poor victim of a so called *virtue* is constrained, in spite of herself, to betray her real condition. In more than one instance, during uncontrollable erotic furor, exhibitions, and advances, of the most libidinous character have been made unwittingly, by those renowned for having conquered all *fleshly lusts*. So much so in fact is this the case that, in France, it is a common proverb that *the Confessional and the Confessional are the Parents of Hysteria and Nymphomania!*

The terrible struggle which many estimable females maintain in this way is most extraordinary, and not unfre-

quently terminates in Insanity or death,—though those around them have no idea that any unusual effort has been required on their part.

In short sexual approach is a necessity of the organization, and those who practice undue continence will always suffer a variety of evils from which those who do not are free. It is also the foundation of *Marriage*, one of the fundamental Institutions of civilized society, and equally beneficial to individuals and to the community at large. Continence is of course opposed to this institution, and should therefore be discountenanced by all well wishers of our race.

Statistics prove that married persons on an average, are longer lived than single ones, and my own observation has convinced me that they are more exempt from disease. So well convinced were the ancients of this that they erected a statue to Hymen, the God of marriage, with this inscription "*To Hymen, who prolongs youth!*"

According to statistical reports it appears that while, in a given time, among *single* men between 25 and 45 years of age, 28 will die out of every hundred, among *married* men of the same age only 18 die out of the hundred!

It appears also that for every 78 married men who attain 48 years of age there are only 40 single ones who do so, and as we advance further in life the difference is still more striking. Thus out of every hundred married men 48 will live to be 60 years old, but in a hundred single men only 22 will attain that period of life. And at 80 years of age we find nine married men, to only three single ones.

Among females the difference is still greater in favor of the married, notwithstanding the many dangers of maternity, and they are also less subject to disease.

As a further proof of this important truth, it is found that out of every hundred *suicides* sixty-seven are single and only thirty-three married! And in seventeen hundred and twenty-six Insane, also nine hundred and eighty are single and only seven hundred and forty-six married.

It is true that the unmarried state may not necessarily

be a state of *Continence*, but it must either be that or a state of illicit or unnatural indulgence, either of which is injurious.

Many of the diseases and infirmities arising from *Continence* are attributed to other causes, both by people generally and also by Medical men, who have not made these matters their study. This is especially the case with young females, whose natural modesty induces them to carefully conceal the truth, even if they fully perceive it themselves. A crowd of hysterical and nervous derangements are originated in this way, besides various uterine diseases.

In describing *Chlorosis*, or the green sickness, which is often the result of forced *Continence*, a celebrated French writer gives us the following touching picture, true to the Life.—“ See that young female with pale wax-like cheeks, languishing sunken eyes, and tottering steps, hanging her head like a withered flower, her heart palpitating and her breathing interrupted by heavy sighs. Her digestion is bad, her appetite capricious, and she has an unnatural tendency to eat strange unusual substances, which she often craves in the most urgent manner. If allowed to remain in this state too long she will continue to languish, and at last descend prematurely to the tomb. Let her marry however, to the being she has constantly seen in her dreams, and health returns like glorious day at the rising of the sun. The roses soon return to her cheeks, happiness brightens her eyes, and a pure wholesome blood rushes gaily through her veins.”

Such pictures are daily to be seen, though none but experienced eyes detect their meaning. In the other sex also we have similar experience but not so frequently, owing to less innate modesty, and more facility for gratification.

In history also, as well as in modern experience, we find numerous instances of the evil effects of undue *Continence*, some of which are worthy of being referred to. Hippocrates saved the life of a young Prince, who was fading away from some unknown cause, by advising his marriage with the young female he loved, and the same ser-

vice was also rendered to another young Prince by Erasistratus. The celebrated Galen likewise, being called to treat the daughter of a noble house, who was pining away, detected at once that she was a victim of forced continence, and he assured her father that nothing but marriage could save her life. Much against his will he had to consent, his daughter refusing to marry any other than a young *plebeian*, with whom she was in love. The result proved however that, though pride was sacrificed, health was repaired and life saved.

In that interesting work the *Physiologie des passions*, we find a curious instance of the same kind. The subject, a young lady, was intended by her parents for a *Nun*, but having an ardent *Uterine Temperament* the idea was extremely distasteful to her, and she became seriously sick from grief and apprehension. At first she fell into a dull stupor, from which she roused only to pass through all the stages of Hysteria, and Nymphomania, till her reason seemed almost gone. That skilful physician Alibert being called in he saw at a glance what was the cause of her sickness, and promptly told her parents that she must marry or *die!* Their love for their child was fortunately stronger than their fanaticism, and they consented to her marriage. She at once recovered and became a happy healthy wife and mother.

In such cases the natural action of the Genital organs is indispensable to the health of all other parts of the system, and their forced inaction is highly prejudicial.—The Physiological reason for this, and also the rules by which indulgence should be regulated will be found in the "*Marriage Guide.*"

The evil consequences of Celibacy, whether it be accompanied by actual *Continence* or not, are as great perhaps to society as to the individual, a fact which many lawgivers have recognized. In the sacred writings of the Persians, the Hindoos, the Chinese, the Hebrews, and the Turks, we find Celibacy expressly condemned, and in some of them it is even stated that the souls of those who die in a state of Celibacy will not enter heaven, but will wander eternally on earth. To avoid this it was custom

ary to marry the *dead*, before they were burnt. The old Romans, and the Greeks, had express laws against Celibacy, and so harrassed those who practised it that the offence was quite rare.

Lycurgus excluded those who practised Celibacy from all civil and military employments, forbade them attending the public amusements and branded them as infamous. At certain solemn fêtes they were also exposed to the ridicule of the populace, who promenaded them around the public places with shouts and laughter, while the women tore their faces and struck them with small whips.

A curious instance of the contempt which was shown for the unmarried is found in Spartan History. It is well known what extreme reverence these people had for their old men, who were invariably saluted with respect by the young whenever they met. On one occasion however, an old man was refused the customary mark of respect by a youth, of whom he accordingly complained, to the magistrates. The youth on hearing the accusation admitted its truth, but replied, "this old man has never married,—how then can he demand marks of respect from me when he will leave no children to show them to me, when I am old?" This reason was deemed good, and the old man was sent away with contempt.

The Laws of Plato tolerated Celibacy in men only till the thirty-fifth year, and in females only till the twenty-fifth,—after these periods they were socially outlawed.

A Roman Citizen could not testify in any case till he replied in the affirmative to this question—"on thy soul and conscience art thou married?"

Under Julius Ceasar, and many of the other Emperors, laws were passed to degrade those who did not marry, and to reward those who did.

Even in the Romish Church, among the Priests, Celibacy is comparatively a modern Institution, and except in as far as it makes the Church itself more powerful, it has always been objected to.

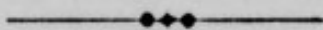
In fact Celibacy is an unmitigated evil to society, as Continence is to the individual. A forced abstinence from natural indulgence leads to disease or unnatural abuses.

while a neglect of marriage leads to licentiousness and prostitution. In all cases where a nation has become vitiated by luxury and vice it has disregarded marriage, as we see in the decline of the Roman Empire, and of the Grecian communities.

In giving these remarks I presume no apology is needed, at least not to those who *think*, because their *utility* must be apparent. I will now proceed to give some cases from my note book, confirmatory of the statements above made.

To the prudish, and to those who are governed by old prejudice against such discussions, I recommend the following passage from Montaigne.

“What is there then in the Genital act, necessary and natural as it is, which should cause it to be proscribed as a subject for rational conversation? We pronounce commonly enough the words *kill, steal, filthy, and Adulterous* but must not name the act by which our lives begin, and by which the race is continued! Oh false modesty!—oh shameful hypocrisy!”



CASES FROM MY NOTE BOOK,

UNDUE CONTINENCE, FROM WORLDLY PRUDENCE.

THE first case which I extract from my notes is a good type of a large class,—those who are continent from *prudential* motives, and who think to avoid complying with the requirements of nature without suffering permanent inconvenience.

CASE I.—The subject of this case was a Lawyer, aged thirty-one, of good constitution, and of active Temperament. When he applied to me his general health was not much affected, but from various unusual symptoms he had begun to be somewhat alarmed.

I found on enquiry that he was naturally very amative, but at the same time *very prudent*, and uncommonly fond of money. He had made up his mind not to marry till

he had secured a *fortune*, and was able to support a family in *good style*. This he expected to do before he was forty, and in the mean time sexual gratification was to be fore-sworn.

His fear of consequences, and of exposure, kept him from illicit intercourse, except very rarely, and he had too much good sense to practice self abuse, except when quite young. He entertained the notion, as many others do, that his reproductive powers could be held in abeyance as it were, and yet be found ready when he could *afford* to employ them. In fact I have no doubt but he promised himself extra indulgence then to make up for his prudential restraint.

The only serious inconvenience experienced up to his twenty-eighth year was nightly emissions, which somewhat affected his mind, making him, as he expressed it, not quite so bright as usual. These however became gradually less frequent, but the effects *increased*! His memory especially began to fail, and also his *power of application*, so that he had to *drive* himself to his work, instead of making it a pleasure, as formerly.

At times he would feel nearly as well and energetic as ever he did, but then would follow a period of terrible depression and languor, which he was strongly tempted to relieve by using stimulants, but fortunately did not.

His consolation was in thinking that he could keep on at least as well as he was, until the hoped for period of his retirement, when all would come right again. The symptoms had however become so much more strongly marked, and his periods of depression, or fits of the *horrors* as he called them, so much more frequent, and so much longer in their duration, that he began to fear he might be *too far gone* to recover.

In this state he called upon me, and I found he had a tolerable idea of his condition, though unwilling to do what nature demanded. "I know," said he, "that I *ought* to marry for my health's sake, but my business is not yet in a satisfactory state, and I *cannot* be troubled now with domestic matters, they would unsettle my mind, though I

have no doubt I should be very happy with a wife and family."

In vain I argued with him on the folly of such a course, and tried to show him of how much more consequence his health and happiness were than any amount of mere money; he tacitly agreed with me, but unfortunately had the idea that he could still hold over by *the help of Medicine!*

I told him unhesitatingly that this was a vain dependence, and that I should only deceive him if I made him any promise that would favor it. The utmost that could be done, I fully assured him, was, to correct the evil already done sufficient to make *marriage* proper, so that nature herself might have a chance to work. His sexual powers had become considerably impaired, but still were capable of renovation, by judicious treatment and conduct, if such renovation were advisable. It would however have been useless to restore his powers unless they were to be naturally employed, because they would otherwise fail again worse than ever.

In spite of all however, he determined to try his powers of endurance still further, and accordingly procured a *Nervous stimulant* which was recommended to him and kept on as before. I lost sight of him for about nine months, and then receiving a letter dated from a celebrated water-cure establishment, informing me that he was *worse*, and that he would shortly come on to consult me again.

The Letter states—"I found myself so much worse about four months ago that I was compelled to leave my business, and abandon the medication I had till then persisted in. In my despair I came on here, to try the *cure all* treatment, but to my sorrow it has failed also. I am worse and *growing worse!* You can have no idea my dear sir what I have suffered, and yet with little or no bodily ailing, at least none that is very apparent. Day after day have I sat in my office trying in vain to *fix my mind* on a case. I could not do it to save my life.—My mind would fly to the stars or to the depths of the sea, or even lose itself altogether, but *would not* fix upon

what I wished to study. After hours spent in these vain attempts I would rush out in a state of absolute despair, and conceal myself, from very shame and vexation. And then oh! who can imagine the torture I underwent? You may my dear sir, from having seen so many similar cases, but others I am sure cannot, and I would rather die than attempt to explain my condition to my friends.

My head has also begun to pain me, especially in the back part of it, and is constantly *full* and heavy, as if packed with *lead*,—my eyes often become dim, and a rushing sound fills my ears, till I become quite confused. Latterly also I have suffered considerably from palpitation of the heart, and my bowels and stomach are quite irregular in their action. The emissions I have not seen now for six months, and this I think must be a good sign. I am however troubled with a very frequent desire to urinate, and my water is often thick and cloudy.

Now my dear Doctor I am determined to follow your advice, *providing* you can sufficiently restore me! There however is a new apprehension, my sexual powers and desires have decidedly lessened, especially since I have used the cold water, and I begin to fear I never *can* marry,—in which case I say solemnly *I do not want to live!* You must therefore be candid with me when I come, and tell me the *truth*, as nearly as you can, for I wish to know the worst at once. As for the *fortune* let it go to the dogs! Only let me be again a *man* and I care not what labor or privation is before me, nor what station I occupy. Remember, therefore, your decision in my *fate*, but do with me, and direct me, as you choose. I shall be with you in two weeks. Yours, &c."

On seeing this Gentleman I found he really had, as he remarked, gone *down hill* at a rapid rate, and I by no means felt sanguine of his recovery. From his excellent constitution however, and from his not having been exhausted by excesses of any kind, I did not despair, but put him at once under proper treatment.

The *worst* sign was precisely that which he thought the *best*, namely, the stopping of the *nightly emissions*. I suspected at once that the discharges still occurred, but in

another and unseen form, much more dangerous. I explained to him how, in such cases, the semen began at last to flow out *with the urine*, by which means so much was lost that the ordinary emissions ceased altogether. This was a new light to him, and he at once called to mind a number of symptoms which seemed to prove my position. To make it certain however I at once submitted a portion of the urine to microscopical examination, as is my custom, and the result left no doubt as to the existence of the trouble. The urine in the morning contained an immense quantity of semen, and I found that more or less escaped every time the bladder was emptied.

On reading my book on *The Male Generative Organs*, which he had not seen before, the truth broke at once upon him, and he remarked that if he had perused that work earlier, particularly the part referring to *seminal losses*, he should not have delayed as he had done.

The first thing to be done was to remove the irritability and relaxation of the seminal Ducts, which was the immediate cause of the semen flowing out with the urine. This was effected by *Cauterizing*, the case being one which properly admitted of that operation. The result was perfectly satisfactory, the urinary losses ceasing entirely, so that the old nightly emissions again commenced, at intervals, and his desires and powers evidently began to return. The administration of my Aphrodisiac Remedy with strict attention to diet, and general hygienic measures, made the improvements still more manifest, but it was necessary for him to abandon *business* altogether, and live perfectly at ease.

In six months he was decidedly *restored*, to a very great extent, though not fully to the condition he enjoyed originally. I saw however that the system could recuperate its energies, to a great extent, sufficient in short to allow of his marrying with *physiological* propriety, providing he continued in the proper course, which he was determined to do.

In ten months after my seeing him he did marry, and the result was very satisfactory. He is now the happy Father of two healthy children, and in the enjoyment of

very tolerable health himself. His sexual powers however are inferior to what they ought to be, and to what they would have been had he married earlier, but still, as he expresses in one of his Letters, sufficient for the mutual happiness of himself and partner. His mind has, to a great extent, recovered its powers, but he is not even now capable of any continued mental efforts, as in former times.

Here then is the result, under *favorable* circumstances. If this man had not been properly instructed in regard to his case, in time, he would have become incurably, hopelessly, powerless and probably insane, unless his bodily deterioration had terminated his existence. As it is he has now a reasonable prospect of existence and of considerable enjoyments of life, though probably in a much less degree, and for a *shorter time* than he otherwise would

UNDUE CONTINENCE, FROM MISTAKEN NOTIONS OF RELIGION.

THIS was a minister of the Gospel, a man of earnest piety, and of the most perfect self-denying character. He conceived the idea that it was his duty to fly from all *fleshly lusts*, and devote himself entirely to his religious ministrations. This he did most scrupulously, till he was twenty-seven years old, though with hard struggling against the promptings of sin. "I have," said he, "passed entire nights combatting my evil thoughts, and resisting those physical manifestations which indicate our earthly longings. In spite of all my efforts however. I realise too forcibly how weak we are, and what an empire the old Adam has over our souls. Of myself I see too well I can do but little, and my sole dependance is upon assistance from above."—

With this man it was much more difficult to deal, owing to his peculiar notions about *sin*. I could only tell him that, in his circumstances, the sin really lay, according to my notions, in what he considered his only *virtue*, and that both his well being and his power of doing good depended entirely upon his obeying the laws of *nature*.

His principal reason for applying to me was the singular state of his feelings, and a peculiar distress in his head. He was subject at times to fits of excitement of the most violent character, without any apparent provocation, and even when quite alone. At such times he could not rest, but seemed impelled to move quickly about in spite of himself, while anger and rage, he knew not what for, filled his mind. At other times on the contrary he fell into a state of *dreamy* languor, or mental torpor, so profound that he was scarcely conscious of his own existence, and utterly indifferent to anything that occurred.

Before any of these attacks he usually experienced a buzzing in the ears, with a throbbing in the large veins of the neck accompanied by a redness of the eyes and a kind of *whirling* in the brain, which occasionally even made him feel quite giddy.

In all respects the life of this man was irreproachable. He was strictly temperate in eating and drinking, took plenty of exercise in the open air, and cultivated a cheerful contented tone of mind. His general health too, until quite recently, had been quite fair, with the exception of a constipated state of the bowels.

His Genital development was perfect, and his amative propensity quite strong, or, physiologically speaking, he formed a large quantity of Semen, the excess of which nature intended to be expelled according to the laws of his organization. This natural expenditure not going on however a constant struggle became necessary, the organs trying to retain the fluid with which they were overburdened, but being compelled at times to allow it to escape, in the form of nightly emissions. This overcharged condition of the Seminal organs kept the *brain* also in a constant state of excitement, from the powerful efforts required to overcome the feelings and desires engendered by the Seminal stimulus. And in this way was produced the different moral paroxysms into which he was plunged.

It was with difficulty I could make him see and admit his actual condition, and on no account would he admit that the natural remedy I advised was necessary. He had made up his mind to a life of Celibacy let the conse

quences be what they might, and he merely wished me to give him medicines to palliate his troubles and to deaden his sexual feelings, so that they would not require so much effort to overcome them.

This I of course refused to do, because it required more or less injury to the organs themselves, and my duty was to *heal*, not to *hurt*. I candidly told him, that as long as his organization remained perfect those feelings must be experienced, and that as long as he persisted in his celibacy he would always have the same trouble in struggling against them. As to injuring the organs, or *checking their action*, as he expressed it, I of course refused to do any thing of the kind.

Finding that my views of duty would not allow me to treat him as he wished he left, and for a time I heard nothing of him. Afterwards I learnt however that some of his admirers,—and he had many of them,—sent him on a voyage to Europe, in the hope that change of scene and air would benefit him. This however did no good, and finally he died in a private Lunatic Asylum, in France, after suffering intensely both in body and mind.

A VICTIM TO BUSINESS.

This was a mercantile Gentleman, who remained unmarried till his forty-fifth year, when he retired from business, with a hundred thousand dollars, and married a young Lady with whom he had kept company for nearly fifteen years. For the previous six or seven years he had suffered, more or less, in the same way as the Gentleman in the first case, but as his business was well regulated, and he had excellent agents, his own deficiencies were not so apparent, neither to himself nor to others. His stomach and bowels had become very irregular, and he was troubled with an almost constant desire to urinate, but otherwise his bodily health was quite passable.

In regard to his sexual powers he admitted that for the last three years he had experienced a sensible diminution, so much so in fact that he scarcely ever felt any desire at all. Formerly he was accustomed, at irregular intervals

to have illicit indulgence, which had doubtless delayed his decay considerably, but when about forty-one years of age he unfortunately attended a Lecture on *Amativeness*, by a Phrenologist.

In this Lecture he was told that all sexual connexions, except for the purpose of *procreation*, was improper, and that the true way to preserve the generative powers was not to use them, except for that purpose. He accordingly practised the strictest continence after this, and found that his amative propensity became gradually weaker, till at last it seemed almost entirely extinguished. He consoled himself however by thinking that all would come right at his marriage, and that his present state of *rest*, would only give him greater power afterwards.

Neither he nor the Phrenologist, whom he consulted, were aware that *Urinary Spermatorrhœa* had taken place, in consequence of his continued Continence, and that his sexual organs had nearly become powerless. Such however was the case, and to his horror he found on his marriage that he was nearly *Impotent*!

The state of mind of a man so circumstanced may be better imagined than described. "Here I am"—said he to me, "*a poor, wealthy, imbecile wretch!* In my senseless pursuit of riches I have lost that which all the wealth in the world cannot recompense me for. Had I known ten years ago what I have since learnt from your book, (The Male Organs,) I should now have been fifty thousand dollars poorer in *money* perhaps, but a healthy perfect *man!* I might also have become a proud and happy *Father*, which alas I now never expect to be."

This was one of the most unpromising cases I ever had to deal with, as I candidly told him, but still I undertook to do the best I could.

By means of a good tonic regimen and diet, sea bathing, Champooing of the Genitals, and the use of the Aphrodisiac Remedy, he began in three months to have some slight indications of power, and in six months much stronger indications. It was not possible however to make a *permanent* restoration, because the Testes were considerably *wasted!* They were not so far gone as to be

totally inactive, but it took them a long time to form any considerable quantity of Semen, which of course made his periods of power and inclination very rare.

Even what he did gain, small though it was, was much more than he ever expected, for he fully believed he was incurable and totally impotent. Had I seen him two years before I would have answered with my life for making him comparatively perfect, for I gathered from what he told me that no wasting of the Testes had then taken place, and till that occurs *no case is hopeless*.

In addition to these I could quote a large number of other cases, to show the evils of undue continence, and especially some very curious ones in young females, who were brought to me as being *Chlorotic*, and *Hysterical*, but these are quite sufficient for my present purpose. I have had a *Priest*, who declaimed against sexual indulgence as improper, and who adduced his own case as a proof that Continence was possible, came to me to be cured of a noxious infirmity which that very continence had raised.



THE CONSEQUENCES

OF

SEXUAL EXCESSES AND ABUSES.

THESE consequences are much more frequently seen than those of Continence, and people are more generally aware that they are of a hurtful character, though the actual extent and nature of the injuries resulting from them are not suspected.

From a variety of causes, many of which are but little known, a majority of human beings are addicted to excess in sexual indulgences, and to various unnatural modes of gratification. The *reason* for this is a matter deserving

of earnest investigation, though unfortunately it has hitherto received but little attention. The Theologian is content to ascribe these, in common with all other human frailties, to *Original Sin*, and seeks their source only in a *depraved soul*. But the enlightened student of human nature as it really is, recognizes various direct and indirect influences, some belonging to the individual's own Organization, and others to the objects and circumstances by which he is surrounded. These influences often impel man to that course of conduct which his reason condemns, and which produces untold misery and pain.

Among these influences may be mentioned Hereditary Tendency, Excessive development or morbid irritability of the Genital organs, vicious associations, stimulating food and drink, and various social institutions more or less opposed to nature's requirements.

In those persons who have little or no knowledge of the consequences of sexual abuse these influences operate almost unchecked, but in those who have such knowledge the fear of those consequences operates more or less as a restraint. The influence however is frequently so powerful as to overcome all such restraints, and the victim falls into the gulph with his eyes wide open, but still impelled by a force from which he has neither the power nor the desire to escape. There is good reason to believe that sexual excesses and abuses produce, directly or indirectly, by far the largest part of human suffering and disease, much more in fact than all other causes that can be enumerated. People generally only observe the more palpable and direct consequences of these vices, while the indirect results of them are lost sight of, or attributed to other causes.

The sympathies of the sexual Organs are both extensive and complicated, in consequence of which their derangements often affect remote parts of the system, and in many different ways, appearing like so many different diseases. This is especially exemplified in *Veneral diseases* and particularly in *Syphylis*, the different *stages* and *hereditary modifications* of which, extending as they may do over several generations, are only just now being under

stood even by medical men. (On this point I would refer my readers to my Treatise on *Venerereal Diseases*, in which all this is fully explained.)

The connexion between the Sexual Organs and the *Nervous System*, especially the *Brain*, is another important matter, also but little studied or understood, and yet it is of the most overwhelming importance. Not only may the bodily health of human beings be affected by peculiarities in the action and development of their Sexual organs, but the tone and ability of their *Minds*, and also their *moral tendencies* are under the same influences.

It is requisite, for the welfare of society, perhaps even for its very existence, that certain *actions* should be called *virtuous*, and be held up to praise, and that others of an opposite tendency, should be called *vicious*, and be condemned. Every one is interested in the maintenance of that *moral order* which experience has shown to be most productive of human happiness, and we must therefore, as rational beings, approve of whatever is favorable to the maintenance of that order, and disapprove of whatever militates against it. It may be requisite, with this end in view, to condemn, or even to punish, in many cases where our consciences so far from *blaming*, see only cause for pity and regret. The regulation of society must have for its end the *general good*, and to secure this it is often the case that *individuals* are sacrificed to *expediency*.

Thus, for instance, a particular *crime*, or immoral action, is punished the same in all who commit it, though we know that it must have been much more *criminal*, properly speaking, in some than in others. Thus for, instance, in sexual immorality the degree of culpability, properly measured, must be infinitely varied for the same offence, though all are punished for it alike.

Some human beings are strongly impelled to *seek* sexual indulgence from the peculiarity of their organization, from disease, or from hereditary tendency, while others on the contrary are but slightly impelled, and others even *avoid* it, except at rare intervals. It is therefore evident that, under the same circumstances, the effort of self-denial or resistance to temptation, is required to be *much greater*

in some cases than in others, and of course the *possibility* of successfully resisting the temptation is proportionally less.

Society however cannot consider these distinctions, because it is impossible to ascertain the relative degrees of criminality, and therefore similar criminal acts must entail similar penalties on all alike.

The institution of *rewards* and *punishments* has become such a fundamental principle in our social order that, whatever we may, in many cases, think of its *abstract justice*, we cannot consent to its being abolished. Till better motives than *fear*, and the hope of *reward* can be generally instilled we must not do away with these, for if we do we shall have nothing to fall back upon.

The Philosophic mind, which traces *cause and effect*, and which draws its conclusions from *reasoning*, and not from *passion*, must often pity the criminal as a *victim*, and conscientiously exonerate him from all *moral blame* even when admitting the necessity for his *punishment*,—so true it is that our Social duties and requirements are often at variance with our conscientious convictions. As *Individuals* in our own hearts we must often have *charity*, or even *commiseration*, for those that social duty compels us to condemn; and, in fact, with reflective minds this is ordinarily the case.

These remarks I have made to prevent the possibility of my being misunderstood, or misrepresented. In the course of this book I shall show numerous causes disposing, or even impelling, human beings to immoral acts, and which causes many cannot escape from. I do not wish it to be understood however that I advocate, on this account any radical change in our *conduct* towards these persons, for such acts, but merely that we think of them justly and charitably *in our own minds*, and that we strive to remove, or modify such unfavorable causes, and so prevent others being equally unfortunate. As men become more experienced the science of *preventing* evil will be generally studied, and then such inconsistencies as I have alluded to will gradually cease. The present little book, I trust, will do something towards attracting attention to

these matters, and lead those who read it to *reflect and reason* on human frailties as well as *condemn* them.

Sexual abuses commence at a much earlier period of life, in many cases, than is usually supposed, and their injurious effects are also much earlier experienced. A precocious development of the Sexual organs, or a tendency to preternatural exaltation of the genital instinct is by no means uncommon, and from either cause the most injurious habits may be practised even in Infancy. Many persons suppose that such manifestations never commence till the age of *puberty*, but this is a mistake, they are sometimes observed, unmistakably, while children are yet in their Nurse's arms.

It is an error to suppose that no injury can result except from a *loss of Semen*, for long before that fluid has begun to be formed both mind and body may be irretrievably ruined, by nervous excitement and exhaustion. This is of necessity the case with females, who form no Semen, and it is also equally the case with males, though few persons are aware of the fact.

One of the most obvious principles of Animal Physiology is, that no vital action whatever can occur except through the agency of the *Nervous power*,—whether we *think, eat, digest, walk, or speak*, every muscle is moved, every secretion is produced, and every idea is eliminated by the stimulus of the mysterious *Nervous fluid*, the grand excitant and moving power in all Organic or Vital processes.

If the Nervous power be deficient in any organ, that organ will work imperfectly, to a corresponding degree, and if it be absent altogether the organ cannot work at all, any more than a Steam Engine can work without Steam. Any cause therefore which decreases the requisite amount of nervous energy in the system causes imperfect or inefficient action, either locally or generally, and thus predisposes to disease and premature decay.

We require so much Nervous power to think, so much to digest, so much for muscular exercise, and so much for all the other organic processes, and in a healthy condition of the system there is always enough for the proper per

formance of them all. If however any one function be performed in an exaggerated degree, so as to exhaust more of the nervous power than properly should be expended upon it, the others must of necessity receive less than they naturally should do, and must be imperfectly performed.

Instances of this kind are often seen among *Business men*, who expend so much of their nervous power in intense *mental exertion*, owing to pressure of business, that they have not enough left to effect *digestion, nutrition*, and all the other processes necessary to the maintenance and continuance of the system. In consequence of which they become *Dyspeptic*, debilitated, and *Impotent*, and after living miserably they at last *drop off*, in an orthodox business way, long before they naturally might be expected to do so.

Such men suppose that, *Pills, Bitters, and Stimulants*, or a day or two of relaxation once a year or so will make all right,—but they too often find out their mistake, and become *first rate patients*, always on the *Books*, and calculated upon for so many “*hundreds*” a year, by their physicians, with as much certainty as his Bank is calculated upon by the Banker for his *Dividends*.

In the same way other men think they can expend most of their nervous power in *Sexual excesses*, and yet perform sufficiently well all the ordinary organic functions at the same time, but they likewise discover their error, and frequently too late to retrieve it.

The performance of the Generative act requires more Nervous power than perhaps any other organic function, and of course it exhausts in a corresponding degree. So also does mere Sexual excitement, and therefore indulgence in either should be regulated on proper Physiological principles, such as are laid down in my Book called “*The Marriage Guide*.” Excesses of this kind are the most injurious of all, and the evils resulting from them are amongst the most irremediable.

Different periods of life, as also different conditions of the system, require different amounts of Nervous power, and also to have it differently *distributed*.

In Adults the Body is only required to *Maintain itself*,

or to hold its own, but in Youth it must not only do this but also *increase*, or *grow*, to perfect itself. There is therefore required, at this period an *extra amount* of nervous power, and if it is not supplied the body becomes, in consequence, imperfectly formed. Anything therefore which causes great nervous exhaustion is peculiarly hurtful in youth, and its evil effects are seen afterwards throughout the whole of the individual's life.

This is the reason why *Sexual abuses* are so very injurious in young persons, and why their effects are so often irremediable. Numbers have their *growth arrested* in this way, and remain more or less dwarfed, or weakly developed, while in others the *internal organs* are imperfectly formed, and in consequence always *act imperfectly*, thus causing a liability to *Disease*, and to *premature old age*, or *untimely death*!

Such instances come every day under the notice of the observant Physician, and are in fact every where to be met with, though there are few who understand them aright. Those however who bear in mind the Physiological principles above laid down, will be able to explain them, and to comprehend why our efforts to *cure* such evils so often fail.

No matter in what form Sexual abuses are practised during youth the same consequences, to a greater or lesser degree, may be expected to follow, and, generally speaking the *earlier* the abuses are practised the more serious are the after consequences, because of the more imperfect stage at which the system is arrested. This is the reason why *Infantile Masturbation*, in both sexes, is so hurtful. There is nothing similar to the *loss of Semen*, of later years, but there is an equal, if not greater amount of *nervous excitement*, and *exhaustion*, and for want of the power thus wasted the system cannot perfect itself.

In like manner Sexual abuses are extremely hurtful in the decline of life, because then there is a less amount of Nervous power eliminated, owing to the decaying energy of the system, and anything which unduly exhausts it still further hastens the period of its final extinction. Many old men have experienced this to their cost, in expending

as much vital power in one Sexual act, imperfectly performed, as would have sufficed for the ordinary purposes of existence for a month.

In short it is only after the system has perfected its growth, and before it begins to decay, that Sexual indulgences can be practised with impunity, except in the most prudent and temperate manner. In the prime of life, with a perfect healthy acting body, there is *more* nervous power produced than the system requires merely to *live* with, and this *surplus* may be safely expended in Sexual indulgence.

But even at this age, if exhausting labor have to be performed, whether bodily or mental, or if sickness makes an extra drain upon the nervous power, or lessens the quantity of it produced, Sexual indulgences must be correspondingly abbreviated.

These are the true principles which should regulate the conduct of human beings in these important matters and just in proportion as they understand, and act upon them, will they be able to avoid those evils which ignorance, or inattention of such things are sure to entail upon them.

I shall now proceed to detail a series of CASES, in illustration of these matters, taking them mostly as I find them in my *note book*, and making such comments, and explanations, as I may think requisite. They are not arranged systematically, so as to apply only to certain topics, but are taken promiscuously, to illustrate *all*, though I shall endeavor to make some of the first ones refer *more especially* to the principles just laid down

MISCELLANEOUS "CASES,"

WITH

NOTES AND EXPLANATIONS.

RETARDED DEVELOPMENT.

THIS was a remarkable instance of *Retarded development*, from Masturbation, which, fortunately was partially corrected, by the subject of it having his attention awakened in time. I shall first let the individual speak for himself, and make my comments, and explanations, when I think most useful.

TO DR. F. HOLLICK,

*New York City, N. Y.**

"MY DEAR SIR,

"A short time ago I attended your Lectures on Parental Physiology, in Philadelphia, and from hearing them I have determined to address you. I am one of those truly pitiable creatures of whom you spoke, in the early part of your discourse, when referring to *Infantile Masturbation*, and I am perhaps as painful an instance of the awful effects of this practice as you ever saw. When you first spoke upon this subject, and portrayed the terrible *after consequences*, I was plunged in despair, and truly felt desirous to 'shuffle off this mortal coil' as soon as possible, for to *live* as I am is impossible. Your final remarks

* This Address will always find me, at any time.

however gave me some hopes that possibly it might not be too late for me to recover, at least to some extent, and it is for the purpose of having your opinion on this point that I now address you. On your opinion depends *much*, I assure you;—I will not however say further on this point, but proceed to my *statement*, which shall be *full*, and *truthful*, in every particular, though it has cost me a severe struggle to make such a confession, and it never would have been made had I not heard you *Lecture*: From your excellent discourse however I felt full confidence, both in your skill and in your kind sympathy, and I therefore reveal to you what I have hitherto concealed from every human being, and which, had I not met with you I should have carried a secret to the grave.

I am the son of Parents well to do in the world, and who have always, to the best of their knowledge, striven to do what was best for me. Unfortunately however their kind intentions were but imperfectly realized, owing to their want of proper information.

In early childhood I was very stout and robust, full of animal spirits, and active to an unusual degree. Everything seemed to promise that I should grow up a well developed man, but alas all such expectations were doomed to be disappointed.

My parents kept a female help expressly to attend upon me, whose whole time was occupied in playing with me and taking me about. One day she took me with her to see some of her friends, who lived in a very low part of the City, (Baltimore,) and while engaged gossiping she left me to play with the children of the neighbour's, who were swarming all around. They were as depraved, miserable, and vicious perhaps as could be found, and child as I was, being not over four years of age, I could not help thinking their conduct and language very strange. It was new and exciting however, and that was enough to make it interesting, so that in a short time I cast off all restraint and became fully initiated into many of their habits and sayings, which I thought especially excellent, no doubt. Among the rest was one precocious ragamuffin, older than the rest, who undertook to explain to them

various mysterious points in physiology and Parentage, and the uses of certain parts of their bodies, to which my attention had never before been directed. This was done *practically*, there being both girls and boys present, and none having the slightest objection to any kind of exposure, but rather courting it. The revelations which I then heard, given in the grossest manner, and the sights I saw, have never been effaced from my mind, but, young as I was at the time, they are as fresh and vivid now as if it occurred but yesterday.

Among other things we were all of both sexes, taught the habit of *Masturbation*, to the pleasurable feelings from which I was peculiarly liable, owing to my temperament I suppose, and from that time I began to give myself up to the habit. I had command enough of myself to keep it secret, from my parents, because I felt instinctively there was something in it they would condemn, though I knew not why. My attendant knew, and rather encouraged it than otherwise, because it often relieved her of the trouble of attending me. In fact the whole group, at the time of the *initiation*, were surprised, in the very midst of their proceedings, by my nurse and one of her female friends, who seemed to consider it a capital joke, and highly amusing, by the way they laughed about it when describing the scene to their companions. She however frightened me out of telling any one else about it by assuring me I should be severely punished if I did, and besides this I did not want to do so,—it was *my secret*, and in my way I felt quite important about it.

From this time on I continued, more or less, almost constantly, to practice this habit, in various ways, till it became a perfect furor, and at six years of age I have kept awake for hours together, in the night in this way.

The immediate consequences were that I became puny and weak, and irritable in my disposition, to such an extent that I was both wretched myself and a source of constant discomfort to those around me. To add to my misfortune my Parents placed me under the care of a *Physician*, who drugged me, and sent me to the sea side, but all to no purpose, for I did not improve in the slight

est degree. Study I could only pursue at intervals, and in a very *flighty* manner, so that I was behind with my education, and as my memory was bad I fell far behind my schoolmates.

Things continued more or less in this way till I was fourteen years of age, when puberty became established and I began to form Semen. In consequence of this, I suppose, my Sexual desires and feelings grew stronger, or perhaps I should say they then first became natural, and I indulged more frequently than ever. I have frequently expended the Semen four and five times a day, for several days together, till I became so weak I could scarcely walk, and quite childish in my mind. My friends all thought I was in a Consumption, and none of them ever expected me to live.

From that time till now *I have never grown*, and I am over *twenty-one!* Neither do I seem in any way further *developed*. I am no heavier,—my voice has the same sound, and my Sexual Organs are quite as small as they were at fourteen years of age. In some respects, however I am better than I was, and I attribute it all to this circumstance. I was one day passing down the street and looking into a Bookstore window, I saw your Book on "*The Male Organs*," and from curiosity went in and bought it. The perusal of that book first opened my eyes, and made me begin to think that my weakness and sickness was caused solely by Masturbation. It is true I had partially suspected this before, but the impression was not strong enough to make me leave off the habit. Now however I determined to do so, and by hard striving I partially succeeded.

At times I had felt, for a year or two past, much better, and my mind became a little stronger, and more settled, so that I made up a little for my past deficiency, and began to reflect upon my situation. While in these favorable moods I did pretty well, and conquered my fatal inclinations, but when the mood past off I fell back again.

It was in my seventeenth year when I purchased your Book, and from then till now I have been struggling in this way, and on the whole perhaps I have gained, but

still very little, and latterly I have begun to fear I should never be much otherwise than I am. This fear began to haunt me continually, and I had made up my mind to come to New York to see you when I noticed the Advertisement of your Lectures here, and to my great joy had an opportunity of hearing you. After I left the Lecture room I determined, in the first place, to write to you, and then, if you thought there might *possibly* be anything done for me, I would visit you personally. I am rich enough in this worlds goods, having inherited considerable property, and am both able and *willing* to recompence you to any extent you may think requisite, within a reasonable amount. Money I value no more than the dust under my feet, for unless I can be *made a man* I shall not need it, and if I can be, I shall be quite glad to give it to *my saviour*.

I have thus my dear sir, made a sufficient confession, I hope, to enable you to judge of my case, and I trust you will render me your reply as *promptly as possible*, for you may well imagine the agony of suspense in which I am. Excuse my long and rambling Letter, which is, I fear, like my mind, very confused,—and accept the enclosed check as a retaining fee.

“ Yours, most truly,

————— —————.”

Upon fully considering this Letter I concluded it was *possible* that the subject of it could be helped, though to what extent was uncertain, and so I informed him. The result was an interview, in which I found him, as his letter described, *half developed, puny, and weak minded*, but still with indications that *originally* he had been possessed of a good constitution. There were also indications that nature was even now endeavoring to recover her lost ground, and some little growth, with occasional increase of mental power, gave *hopes* for the future.

At his earnest request I at once commenced to advise and to treat him, his circumstances fortunately being such that he could live as I choose to direct. In the first place I prescribed such a regular course of diet, daily exercise.

bathing, and friction of the skin, as I thought most likely to promote his general health and bodily growth. With that I also commenced to treat the *Genital Organs*, in the most active manner, feeling assured that their development would stimulate the whole organization, and add to the power of both body and mind.

The *Cougester* was used daily, with shampooing, and my *Aphrodisiac Remedy* was also used, though very carefully. The result began to be obvious in less than *three months*! The *Genital Organs* increased in size and power. The *Semen* was *secreted* in greater quantity,—and the Sexual desire became strong and natural. The whole body also soon began to develop most obviously, so that his friends made remark of it, and his mind became more *manly* in its tone, and more *steady*, so that he was capable of more continued mental exertion, and soon extended his acquirements considerably. One difficulty however arose which I had foreseen, but could not altogether prevent. His continued practice of *Masturbation* had of course both *weakened* and *irritated* the *Genitals*, so that when the *Semen* began to be secreted in greater quantity it could not be retained, and he suffered from *Spermatorrhœa*. To such an extent did this evil prevail, especially in the *urinary* form, (as described in my book on "*the Male Organs.*") that I feared it would counteract all I could do. By degrees however it was overcome, by *Cauterization*, and then the real advance commenced in earnest.

In the course of the next *two years* he seemed almost to *leap forward*, so rapid was his growth, till I feared he would become sickly and weak from it. By good Tonic treatment however, and constant care, this danger was avoided, and he continued to advance, so that in his *twenty fifth* year he was fully up to the average standard of young men of that age, in size, weight and strength. His *mind* was also quite active, and of good ordinary capacity, though not capable of very powerful or long continued efforts. No one who had known him formerly ever supposed it possible for him to become what he was, and he himself felt so elated that he entirely overlooked the

actual deficiencies which still existed, and thought himself perfect enough.

His greatest pleasure was in writing regularly to me, and constantly noting the different stages of his advancement, and speculating as to the future. I never knew a patient more gratified or more grateful. In one of his Letters he remarks, "such as I now am you have made me. for without your assistance and advice I certainly should not have now been in existence!"

The *Sexual* powers of this young man became quite good, though irregular in their manifestation, and he was fully capable of the duties of Married Life, but not so frequently as in the generality of persons at his age.

On this case I shall make but few comments, because it tells its own tale, in most respects, and the instruction it conveys must be obvious. The principal facts indicated by it are the *arrest of development*, caused by the loss of nervous power, from sexual abuse, and the recommencement of growth when the sexual power became restored. If the Sexual Organs had not grown, and become active, *no other development* would have occurred to any useful extent, and if their weakness and irritability had not been overcome he would soon have died from *Spermatorrhæa*.

It was also fortunate that proper attention was bestowed *in time*, before the period when growth is possible had passed. In several such instances I have been consulted *too late*, when that time had gone by, that is for the body generally, though the *Sexual Organs* may often be much perfected until nearly the *thirtieth year*, and of course the *energy* of the system,—especially of the *mind*.—along with them.

The *Moral Lessons* which such a case conveys, particularly respecting the patient's *childhood*, must, I think, be clear to all, and do not need special remark. There are more children exposed to *similar evils* than is usually supposed.

Unfortunately this individual was *killed*, in one of those *steamboat accidents* which are unfortunately so frequent out West, or he would now have been a remarkable instance of what proper **Medical and Hygienic means** can accom-

plish, even in the most unpromising cases, when employed on correct Physiological principles.

Similar cases to the above I often have communicated to me, not only by Males but also by *Females*, many of whom are taught such practices by their domestics, or at school.

In one such instance the patient was perhaps the most wretched victim of alternate excitement and depression of the Nervous System ever seen. At times she was subject to fits of almost frenzied agitation, and was so restless, both bodily and mentally, that she could not sit down, nor sleep, nor speak on the same subject two minutes together. At other times she would be perfectly listless, and almost as if suffering from Congestion of the Brain. Indifferent to all about her, powerless and torpid she seemed altogether too low ever to rally again.

All that could be ascertained about the origin of her suffering was that she had been taught the practice of Masturbation by a female domestic, when about ten years old. She had never Menstruated, though nineteen years of age when I saw her, and she had many peculiar imperfections in her organization. The Pelvis, and internal Organs were unusually small, while the external Genitals were remarkably large, and singularly irritable. Her head was also small, and her muscular system lax.

The case was interpreted easily enough by these signs. Her *development* was imperfect and irregular, from the nervous excitement and exhaustion she had undergone just previous to puberty, from the habit that had been taught her.

Every means was tried to lessen the irritation of her system, and to perfect her development, but all failed. She died before her twentieth year, almost a maniac.

CASES SHOWING THE USE OF THE MICROSCOPE,

IN DETECTING THE ABSCENCE OF THE SEMINAL ANIMALCULES.

THOSE who have read my Marriage Guide will be aware that the Semen can impregnate only when it contains living and perfect Animalcules, and that many men may be able to have connection, and even appear Vigorous, in whose Semen there are no perfect living Animalcules. Such men of course can never become Fathers, though they may be totally unaware of their imperfection, and always ascribe the fault to the female.

This state of things can only be detected by microscopical examination of the Semen, which in the course of my practice I am often called upon to make, frequently with very unexpected and curious results.

Some years ago I was waited upon by a married couple, of high standing in society, to get my advice in regard to their being childless. They had been married nine years, both were young, and apparently perfectly healthy. The Gentleman informed me that, independent of the gratification to their own feelings, which were intense for offspring, it was of the utmost importance they should have a child on other accounts. It seems a large property was so left that their child would inherit it, if they had one, or themselves as its heirs even if it died, while if they died childless it would go to a distant connection of the family, who was already enormously rich, and a very undeserving personage into the bargain.

Here there was both happiness and wealth at stake, and I was requested to do or suggest everything in my power.

The parties were fully communicative, and disposed to hear anything, or to discuss anything that I thought necessary. The result was that I became fully convinced the Lady was in no way whatever imperfect, but fully capable of Conception, and consequently the fault was with the Husband! On stating this to him he was amazed, and

quite incredulous, for, said he, how am I wrong? I enjoy the same feelings, and the same powers as other men, and have even a copious Seminal Secretion. I then explained to him in what I thought the difficulty consisted, and a Microscopical examination of the Semen was at once instituted. My surmise proved to be correct. There were only a few, very imperfect animalcules contained in it, utterly inefficient for the purpose of impregnation. The examination was of course frequently repeated, to make sure that this was the normal condition, and always with the same results.

On the true state of affairs being made obvious to him he became unusually thoughtful, and evidently brooded over the matter most intensely. At last he remarked, in a half abstracted manner, "well, it has always been my strongest desire that Maria, (his wife,) or her children, should inherit this property, and it shall be so,—if possible! So now Doctor *what can be done?*"

I told him at once that I believed the case was hopeless, for the imperfection, in his case, was not the result of weakness, disease, or over indulgence, such as can often be recovered from, but was evidently *constitutional*, and I therefore could hold out no prospect of its removal. He made me the most liberal offers if I could succeed in making him capable, but I told him at once I could not deceive him.

Soon after this they returned to Europe, where the property lay, and I heard no more from them for four years, when one day the Gentleman again called upon me, and after stating that they had been travelling for some time, requested me to call and see his wife, who was somewhat indisposed, and desirous of seeing me. On enquiring after his health I found him just about the same as usual, only much stouter, as is often the case with such constitutions on approaching forty years of age. He was unusually cheerful however, and on leaving remarked, in a matter of course way, and with an evident effort to be unconcerned,—“by the bye Dr. *our little one* is not very well either, and I shall be much obliged if you will pay

particular attention to him, for you know how much **de-**
pends on his life ! ”

The announcement took me quite by surprise, and he probably saw by my look that it did so, for he at once apologized for not having told me of their good fortune before, knowing how I should be interested in it. But, said he, it is now three years old nearly, and I forgot that you had not been informed of the happy event. I of course made no remark, but paid my visit, and found the mother and child only a little inconvenienced by the journey, and change of air. In a short time they were quite well again.

A happier couple I have seldom seen than they were. The child was adored by both, and fortunately seemed likely to live to reward them for their care and affection.

There was however a little awkwardness and restraint in their manner to me, and an evident avoidance of the subject of our first conference. Only on one occasion, just on the eve of his departure for Canada, did he allude to it. He then remarked, “ Doctor, could any one else find out what you told me four years ago ? ” No sir, said I only by the same means, and there are perhaps not two other men in the world who would think of using them. “ Oh well,” said he, “ I am glad of that, though its of no consequence now, because matters have turned out right at last you see, and Maria’s property will not go to those who had no right to it.” To this I replied not and he went away. Six months after he died of Apoplexy, quite suddenly, to the great distress of his wife, who was sincerely attached to him. Her grief in fact made her quite sick, and for some time her life was despaired of, but finally she recovered, apparently more from love to her child than from a desire to live on her own account. In fact her whole existence seemed devoted to her son, whom she watched with unremitting care.

One day that it was somewhat indisposed I was called to see it, and found with her an old female friend, one of those who always say whatever comes uppermost, without thinking of consequences. I had just assured the mother that nothing serious was the matter with the child, as

indeed her family Physician had stated just before, when the female friend, an old Lady, remarked that the child had a *thick neck*, and "what a pity it would be if it took *after its Father*, and was Apoplectic!" I could not forbear looking toward the mother, whose eyes met mine, and I saw at once that she detected my after-thought in a moment, when I gravely said I thought there was *no danger!*

Some days after she requested to see me, on the eve of her final departure for Europe. A candid admission was made to me that my first judgment had not been invalidated by what had occurred. Suffice it to say, the Husband had determined, with her concurrence, that *her* child at least should inherit the coveted wealth, even if one of *theirs* could not,—and hence what had followed. They had thought I might imagine a change had occurred in him, and that matters were perfectly natural, which was the reason why our first consultation was never referred to. The old Lady's remark however, and my manner of replying, showed the mother that I was not deceived, and hence the confession. Of course it was no concern of mine, and I could only assure the mother that the secret was perfectly safe. He had been, I fully believe, almost as happy as if really a parent.

On another occasion I had for a patient a married Gentleman, but Childless, who had unfortunately got entangled with an intriguing Mistress, who was perpetually extorting money from him. Being rich however, this was not of serious moment, but at last the Lady became Pregnant, and in due time was safely delivered of a son. My Patient was now informed that he must make ample provision for this new comer, and for its mother, for Life, or some very disagreeable disclosures should be made. I was not aware of this event till the child was ten months old. The Gentleman then mentioned it to me to explain the great embarrassment and trouble under which he labored, and which was acting very prejudicially upon his

health. I was then treating him for Spermatorrhoea, which had begun to weaken his powers and to affect his mind. My Microscopical examination had shown me that he was naturally imperfect, like the Gentleman in the previous case, and I at once saw that he could not be the Father of the young stranger. He however had no idea of this, and was really desirous of settling upon it a handsome annuity, but some unexpected embarrassments had made it difficult for him then to do so. Being my Patient I considered it my duty to tell him the truth, to prevent his being imposed upon. He was both astonished and indignant on learning this unexpected fact, and would at once have had a final, and not very friendly interview with the Lady, but the fear of consequences deterred him.

Now here was a terrible state of embarrassment for a man, with no apparent means of getting clear. He must either be plundered and imposed upon to maintain the offspring of another man, or he must be disgraced, and his domestic happiness destroyed, by a disclosure of his own improper doings. What was to be done? In his despair he was almost driven to suicide, but by degrees his mind was calmed, and I induced him to consider his predicament in a proper manner, with a view to his extrication.

After consideration I told him I thought I saw a means which might be successful, and though not called upon to do anything of the sort, as a Medical man, yet out of consideration for an old and liberal patient, I consented to try. At my suggestion the Lady was induced to visit me, as a patient, she being a little indisposed. I saw at once that she was a designing *intriguante*, but evidently not overburdened with information, and readily impressed by a confident manner of speaking.

After attending with all due consideration to her own case, the conversation was gradually turned towards the Gentleman her friend, who I remarked was one of those peculiar beings, that Medical men like myself occasionally met with, whose *bodily imperfections* would never be suspected! This piqued her curiosity, as I intended it to do, and led her to inquire more closely what kind of imperfections I alluded to? The latter being thus entered

upon I at once told her, in an off hand manner, that it was impossible for him *ever to be a Father!* The announcement seemed to come upon her like a clap of thunder, and for some time she remained silent. Finally however, putting on a show of offended dignity, she remarked that perhaps I was not aware of the relation in which the Gentleman and herself stood? Excuse me madam, said I, but I am aware of your *liaison* perfectly well. Oh! said she, that is not what I mean, you do not know then, it seems, that he is the Father of my son, now ten months old? No madam, said I. Nor can such be the case;— it is an *utter impossibility!*

This assertion brought on a perfect *scene* of rage and assumed grief at being *suspected*, but finally the tempest cooled down and she began to talk more coolly. I told her that I had no wish to give offence, and was entirely ignorant that my friend was accused of being the parent till just now, and that in all probability she was deceived herself. Finally she seemed to change her tactics, doubtless from a consciousness of being in the wrong, and at last asked me, with evident interest, if the peculiar imperfection which I spoke of in the Gentleman could be *proved*? I assured her it could be, and that if called upon in evidence I could readily prove it, beyond a doubt. This evidently put her completely to a nonpluss, and she went off, quite crest fallen.

At my suggestion the Gentleman entirely discontinued his visits to her, and treated her in quite a cool manner, as if he no longer had any fear. This created a disposition on her part to come to terms, and by the agency of a legal friend, who visited her for the purpose, and hinted something about a possible prosecution for attempted *imposition*, matters were finally arranged, and for a reasonable consideration she and the child went away, and my friend was relieved from his embarrassments.

On another occasion I had a Patient who died of **Consumption** at the age of twenty eight, leaving a widow, and

A son aged three years. It had been what the French call a marriage *de convenance*, in which there was neither affection nor even respect on either side.

This Gentleman made one of those unjust wills by which his widow had the enjoyment of a handsome income for life, *providing she never married again*. The disposition of considerable property also depended on the life of the child being preserved till he became of age. Now the widow had no desire whatever for another marriage—probably from her experience of the first,—and was quite satisfied with her condition. She almost idolized her child, and devoted every moment to his care.—He was perfectly robust, and no apprehension whatever crossed her mind in regard to his health till in his fifth year. She visited a part of the country where lived the connections of her late husband, with whom she had never been at all acquainted. The marriage had been altogether the work of so called *friends* on both sides, and respecting the family or antecedents of her husband she knew very little previous to their union, and cared nothing about after.

Being now however quite free from all restraint, and in the neighborhood, she naturally sought some further information respecting him that was gone. To her great consternation she learnt that his whole family had always been noted for their tendency to *Consumption*. Very few of them were then left, the majority in every Branch, having died quite young, and not one having been known to live over *twenty-eight* years, which was the age of her husband at his death. It was in fact generally called *the doomed family*, and an old Nurse thoughtlessly remarked, as a matter of course, that little Charley, strong as he looked, would never see his *thirtieth* year, even if he passed childhood. The mother became at once almost frantic with despair. She looked upon her darling boy as doomed also, and thought with horror of the day when he would be taken away from her, perhaps when just bursting into manhood and promise.

I have never seen a woman so entirely possessed by one idea as she was with this. She left the neighborhood at

once where she had learnt this fatal news, and began resolving numerous plans to escape the threatened evil, but with no confidence in any of them. Finally she came to me, to ask my advice as to the probable success of a removal to another part of the Globe. Our consultation was of course confidential and full in every respect, because I feel it necessary to arrive at the true cause of her evident terror and apprehension. I had previously been her medical adviser, as well as her husband's, whom I had also known before his marriage.

Now it so happened that he had consulted me immediately after their marriage, in reference to his Sexual powers, which were rapidly failing, as I discovered, from Urinary Spermatorrhœa. This was arrested and he partially recovered, but only imperfectly. In the course of my Microscopical examinations I discovered that he was then totally impotent, there being but a very few animalcules in his Semen, and all *imperfect*, though he had, to a certain extent, the ordinary Sexual powers.

This fact I had intended to make known to him in order to explain better his real condition, and also why he had no family. To my surprise however he announced to me one day that his wife was *pregnant!* Of course I did not then feel called upon to state what I knew, more especially as the expectation of an heir seemed to give him great pleasure. His health also was evidently failing, and I expected his death from Consumption even before it occurred. This secret therefore was mine alone, and would have been buried with me, but for the present state of affairs. I *knew* that this man was *not* the father of the child whose mother was then suffering from such terrible apprehensions. I felt perfectly assured in making the assertion I afterwards did, and I had no doubt but that my accusation would both be admitted and pardoned, for the sake of the consolation it would bring. I therefore said at once, in the most decided and emphatic manner, that the child was in no danger whatever *from his connection with the family of the late Mr. -----!* The way in which I said this evidently caused both surprise and interested attention, and in a somewhat confused manner she

asked me to explain what I meant? I then remarked without any comment, and as a matter merely of professional interest, that the boy was perfectly safe from that source, because it was *impossible* Mr. ——— could have been, at that time, his Father!

It is not necessary to attempt a description of the confusion, shame, and pretended anger which at first followed. Suffice it to say all this passed off, and in tearful humility, but with eager earnestness, I was asked if this was *beyond doubt*. I assured her it was so, and that her child ran no risk of inheriting the Consumptive fate of her late husband. Of course I could not say what risk he might run from his real *father*, because he was unknown to me.

The peculiar mental condition of this woman, at this time, was one of the most curious perhaps ever known. Consternation at the discovery of what she had no doubt thought past discovery, and shame at thinking I had known it so long, was intermixed with real joy and thankfulness at the escape of her child. I of course assured her that the secret was as safe as if it really rested with her alone, and that to me it had no other interest than a professional one, and would never have been disclosed even to her but under such circumstances.

Immediately afterwards she departed with her child for France, where she intended to bring him up away from all the associations of her own previous life.

On the eve of her departure I received anonymously a handsome present, with these words—"I had never dared, or wished, to think it might be as you said, but now *know* it must have been so, and feel that I ought to make you this acknowledgment."



SOFTENING OF THE BRAIN.

THIS is a much more frequent disease than most people have any idea of. Medical men are only just beginning

to appreciate its importance, and to be aware of the fearful destruction of intellect and life, which is caused by it. Softening of the Brain is the same disease, essentially, as that called *Spinal Consumption*, of which the old writers tell us so much.

The causes of this justly dreaded disease were till lately unknown, or but vaguely suspected, and a variety of Theories were invented to account for it. Lately however, its connection with Sexual derangement, in the majority of cases, has been established conclusively, and to make this clear we must give a little Anatomical and Physiological explanation.

The substance of the Brain, and of the Nervous System generally, is essentially different, both in its structure and composition, from all the other parts of the body, and therefore it requires to be nutrified in a different way, and by different material, from any other part. All the Vital Organs may be perfect, and the Muscular system well developed and supported, owing to their special nutrition being complete, and yet the Nervous System may be in a state of decay. It is true that decay of the Nervous System is soon followed by decay of all the other parts, but it may commence independently of any imperfection in them, and even while they are as perfect as usual.

The actual material, or substance, of the Nervous System, as elsewhere remarked, is almost identical with that of the *Seminal fluid* in Man, and of the *Ovae* in Woman, and its composition is also very similar.

In all probability the same vital effort which calls forth the Generative Elements also creates, at the same time, the Nervous substance. Whenever therefore the production, or nutrition, of the one is imperfect, so is that of the other. There is therefore not only a close sympathy, but a real coincidence of origin, and mutual dependence of existence between these two most mysterious portions of our being. The Brain and the Sexual Apparatus are placed at the opposite extremities of the body, like the two poles of a Galvanic Pile, each being connected with the Spinal marrow, which unite them. When one of these Poles is overcharged with vital power, the other is

undercharged, and when one is exhausted the other is soon **in the same condition.***

This explains at once why excessive mental exertion is often followed by Sexual impotence, and why, on the contrary, Sexual abuse so frequently destroys the intellect. Softening of the Brain is caused by an actual deficiency of some of the substances composing it, and these substances are precisely those that are carried off by the Seminal discharge. When a man expends too much Semen therefore he does the same thing as if he really destroyed a portion of his brain, because he takes away that which is necessary to nutrify it. Nature will not produce enough of these substances to make Brain and to allow of licentious indulgence at the same time. In this way arises softening, or chronic decay of the Brain, a disease which may be very slow in its progress, but every step of which weakens the intellect more and more, and which eventually causes either death or idiocy.

It is not wilful Licentiousness alone however which leads to softening of the Brain, but more frequently it arises from Urinary Spermatorrhœa, or loss of Semen in the urine. This is a most destructive and insidious disease, but little known to Medical men, and almost totally unsuspected by the people at large, numbers of whom are its daily victims. The first, and only full account of this disease, in the English Language, was given in Dr. Hollick's Treatise on "The Male Generative Organs," to which the reader is referred for fuller particulars.

In treating softening of the Brain, or the Sexual difficulties from which it arises, it will readily be seen that quite a different course is required from that which is pursued in other diseases. It is not only necessary to arrest the Nervous decay, and Seminal loss, but also to supply such substances as will make more new brain, or new Generative elements, and this none of the ordinary Medicaments will do. There are but few things in fact that are suitable for this purpose, and it requires an accurate knowledge of their real properties, and of the true Chemical composition of the Nervous and Seminal matters, to know

* See Frontispiece.

how to properly combine and apply them. The ordinary *Cordials*, and *Invigorators*, are mere excitants, or stimulants as elsewhere explained, and only excite for a time the little Nervous or Generative matter that is left, but do not stop its decay, nor cause a new production of it.

The effects of softening of the Brain are worse even than those which follow from Urinary loss of Semen, because they affect more generally, and quickly, the whole system. It is also a more hopeless disease than Spermatorrhœa, unless taken very early. Its extent cannot always be judged of however by the apparent effects, as some patients will suffer much from the first, while the Disease is but slight, and others will hold up for a considerable time against it till they give way all at once.

The condition of a person suffering from Softening of the Brain is, in the main, much like that of one suffering from confirmed Spermatorrhœa, and it requires careful Microscopical examinations to tell which of the two troubles is being experienced, or if both exist together. Usually however there is more *mental imbecility* in Softening of the Brain, with a greater *change of character*. The patient *feels* that his *mind* is passing away. He *cannot think clearly*, and has a sensation as if his head were really *empty*, and as if he would like every moment to close his eyes and *go off!* There is no possibility of *rousing* a man in this state, nor of doing him good in any way, till the waste of the Brain is arrested and the process of renovation recommences.

Many patients remark, after their recovery, that they used literally to *lose themselves*, and forget *who* and *where* they were. One Gentleman assured me that on waking in the morning he would frequently be half an hour or more before he could make out who he was, and what he should do. It would partly come in his mind and then go out again, till he got some *stimulant*, and then, for a time, he would gradually come round. The fact was that his ideas were previously only *half formed*, and imperfect, owing to the imperfect condition of his Brain. He could no more *think* perfectly that a man can labour hard who has weakened muscles.

NERVOUSNESS

It is scarcely necessary to remark that NERVOUSNESS is very general, and spoken of as something which all people are supposed to be acquainted with, but still it is something which no one can describe or define. The term *Nervous* is applied to such a variety of bodily and mental derangements, combined so differently in different people, that it is scarcely possible to find two nervous people whose experience is the same. This however need not surprise us when we reflect upon the functions of the nervous system, and its associations with every part of the organization. Itself the source of all organic power, upon which every part depends, and by which alone the whole is maintained in action, it cannot experience the slightest derangement without affecting all that is dependant upon it. If the integrity of the Brain and Spinal Marrow be impaired, we not only experience mental imbecility, or moral perversity, but derangement of the Vital organs also, though in their *structure* they may be apparently as perfect as we could wish.

Even a slight affection of the great Nervous centres causes *sympathetic* derangement of everything else, which is the reason why *nervous people* suffer from such a complication of symptoms, without perhaps having a single organic disease they suffer the peculiar effects of almost every disease known. Once correct the vitiated condition of the Nervous System in these cases, and all the symptoms vanish at once, so that the patient passes in a single day almost, from the extremest misery to well being and happiness. Uninformed people either ridicule such cases, or else attribute them to mere deception or wilfulness, but those who know their nature look upon them as among the most interesting that can be met with, and eminently deserving of true sympathy.

A deranged condition of the Nervous system arises either from actual decay or change, in the Nervous matter itself, as in *Softening of the Brain*, or else from sympa

thetic irritation, as in various derangements of the **Sexual Organs**. In fact the nervous system becomes deranged through the influence of other parts in nearly every instance, and seldom suffers from any disease originating within itself. In the majority of cases *Sexual* derangement precedes, or accompanies *nervous* derangement, and must be corrected before the *Nervousness* can be overcome.

In *Nervous females* the **Womb**, or **Ovaries** are affected, and in *Nervous men* the **Testes** or **Prostate Gland**, almost invariably, and to those who are acquainted with the **Physiology** and connections of these different parts of our organization, this mutual action and reaction will be no mystery. Those who have not yet become acquainted with these matters are referred for a full explanation, to *the Marriage Guide*.

The great misfortune for *Nervous* people is, that they are seldom treated for the disease under which they really labor, but only for the *secondary* derangements to which it has given rise. The *effects* only being observed, while the *cause* remains unnoticed. This is owing to the general inattention, among medical men, of all matters relating to **Sexual Physiology** and sympathy. Now for instance, a female will have chronic irritation of the **Womb**, or **Ovaries**, giving rise to the most curious train of nervous derangements and symptoms, and will be treated with the utmost skill as a *Nervous Patient*, without the slightest benefit, but once remove the **Ovarian** or **Uterine** irritation and the *Nervousness* ceases at once. Numbers of men also lose their judgment, and memory, and become wretched to the last degree, from **Urinary** loss of **Semen**, which must be stopped before any assistance can be rendered to them.

Severe **Sexual** derangement will even cause actual *wasting* of the nervous substance, as before experienced, and on the other hand any serious disease, or exhaustion, of the nervous system, reacts upon the **Sexual** organs and deranges them. In the *great majority of cases* however, the **Generative Organs** are the first to become impaired, and the **Nervous system** follows, in both sexes.

This intimate mutual relation of the Nervous and Sexual systems will be made more evident by an inspection of the Frontispiece Plate of the "*Nervous and Sexual Centres.*"

The Brain is composed of two perfectly distinct halves, either of which may act, or become diseased, without the concurrence of the other,—the same as either Testicle or Ovary may act perfectly, or become diseased, independently of any action, or affection of the other.

The *Testicles* in the Male, and the *Ovaries* in the Females, are precisely similar, both in their organic functions and in their sympathetic relations. In fact they are identical, in every respect, in the earlier stages of development. The Testicles are merely more fully developed Ovaries, in the same way that all the Organs of the Male Generative system are merely more perfect developments of corresponding parts in the female.

The two Sexual Centres, and the two Nervous Centres, stand to each other in the relation of *Electric Poles*, being Positive and Negative reciprocally. If an undue amount of power be concentrated, or expended, in a Sexual Centre, the opposing Nervous Centre must be proportionably deficient in power, and on the contrary if the Nervous Centre be over excited the opposing Sexual Centre must become torpid.

This will make the true nature of all cases of Sexual or Nervous derangement evident, and will also show the reason why all past treatment of them has been so useless. Dr. Hollick has found out, from his experience, that all the old ideas on these subjects were fallacious, and he has been compelled to study out the true explanation of them from actual observation and experiments. These views therefore are entirely new, and are now for the first time laid before the public. In a short time they will be more fully elucidated in a work which Dr. H. is now writing exclusively upon the Nervous system.

PERFECT RECOVERY FROM IMPOTENCE,

BROUGHT ON BY EXCESSES.

IN this case we have an example of a very large class of Persons naturally of *powerful Sexual Organizations*, capable, in the first vigor of virile power, of the most continuous and exalted enjoyment, but, *from ignorance alone*, becoming *dispirited, debilitated, and impotent*. It also shows that, in even the worst of such cases, it is generally possible, *by the use of proper remedies*, to recover most of what had been lost, and to *rejuvenate* the Sexual Organs after their functions are thought to be entirely extinct.

The individual living at a distance communicated with me by the following Letter.

TO DR. HOLLICK,

New York City, N. Y.

“MY DEAR SIR,

A fortunate chance having thrown in my way your invaluable and unique Book on “The Male Generative Organs,” I have determined to address you in regard to my case, feeling fully assured that if any mortal man can assist me it is you.

Not to lose time, or to occupy you unnecessarily, I will make my statement as brief as possible.

I was born in affluent circumstances, well brought up, and well educated, and at twenty-one years of age found myself the uncontrolled master of quite a respectable income, and in the enjoyment of a large circle of friends and acquaintances. I had never been much addicted to the usual vice of young people, *Masturbation*, though constantly in the midst of it, neither had I ever been intemperate, and at twenty-one I was healthy, full of animal spirits, and capable of the most perfect physical enjoyment. About my eighteenth year my Sexual desires became very strong, but my position, and prudential consid

erations, prevented me from running into excesses. Besides this I looked forward to my majority as a time when I could indulge as I should wish, without any control, and thus repay myself for past restraint.

Had it not been for my Guardian I should have married as soon as I was of age, and had I done so it would have saved me incredible suffering, and a broken down constitution. He however dissuaded me from it from *pecuniary* motives, and ignorantly sacrificed my health and happiness to filthy lucre.

I formed several attachments of an illicit character, and being led away by my powerful Sexual propensities, I indulged to excess. How much I need not perhaps specify, but suffice it to say that till my twenty-fifth year it was almost my sole occupation, and till that period I felt no diminution of power, but soon afterwards my *appetite* for these indulgences began to lessen, and by degrees my *powers* also. I had neither desire nor capability so often as before, and frequently for a considerable period would be totally indifferent. This falling off in my Sexual powers was also followed by a lassitude and debility, both bodily and mental, which unfitted me for any active exertion whatever. I became dull, listless, peevish or morose, my appetite failed me, and all the symptoms of confirmed dyspepsia set in. My condition in fact became so bad that I consulted a Physician, but only about my general health, for I dared not then speak on other matters. He gave me directions as to my diet, and directed some Tonics, with cold bathing. These did me some good, for a time, but I rapidly fell off again, and became worse than before, especially *Sexually*. In fact I was nearly Impotent, and in my despair I resorted to many of the *Cosmics* and *Antidotes* which I saw advertised, in the hopes that they would restore me. Some of them did stimulate me for a time, and I began to hope I was going to recover, but alas it was soon over, and I felt that I was worse than before, and that my general health had also been much injured by these remedies. I then gave up all hope nearly, and came to the melancholy conclusion that I must drag out a short lived miserable existence in the best way I

could This has continued till now, my twenty-ninth year when a gleam of hope has been awakened by perusing your book.

Now Doctor I want you to deal candidly and honestly with me, and tell me plainly if a person in my situation has *any prospect* of recovery? I don't wish to be deceived, and would rather know the worst at once.

I will tell you plainly I am as nearly Impotent as man can be, not being capable of Sexual communion more than once in two or three months, and that in the most imperfect manner, with no enjoyment, and scarcely with any Seminal flow at all. My Organs are wasted, and my desires for the other sex are almost extinct—in fact I am becoming *a woman hater!* Of my state of mind I can scarcely trust myself to speak. Doctor, I am perhaps the most utterly wretched being that lives! I sit and mope for hours together, with the most gloomy images crowding upon me, and black despair hovering over all. Fearful apprehensions constantly haunt me of some impending evil, and I distrust every one who comes near me. This I know is wrong; but *I cannot help it!* A dark cloud seems constantly weighing upon me, and casting a gloom on all my thoughts. Reason I cannot, for my judgment and memory are nearly gone, and my mind is not under my control.

Of my bodily sufferings I will not now speak, though they are severe enough I can assure you. Suffice it to say here that my system is thoroughly debilitated and run down, and that scarcely a single function is perfectly performed.

Doctor, I am a mere *wreck*, and I fear too much broken and shattered to be ever repaired. Perhaps I am only showing my imbecility by indulging even a hope, but I could not resist the impulse to address you. Had I read you book, Doctor, when I was twenty-one, oh what might I not have been. It maddens me to think how terribly I have paid for my ignorance. But I must now stop. I have written this, Doctor, under the influence of stimulants, I confess it to my further shame, but I could not have made the effort without. The effect of the stimulant

is now passing away, and oh the sinking which I feel coming on is horrible to think of,—but it is done, I have written to you, Doctor, and earnestly pray you will speedily reply. Tell me if it be *possible* for me to be *helped*, I will not dare to say *recovered*, and if you will take me under your care. The expectation of your answer will somewhat buoy me up till I hear from you,—but what that answer may do I dare not even imagine. Write soon, Doctor, and let me know my doom.

Yours, despairingly,

On receipt of this Letter I at once wrote for him to come to see me, as I considered a personal interview desirable. On his arrival I certainly found as unpromising a case as could be well imagined, but still I did not despair, and without making any definite promise I agreed to advise him.

In conjunction with appropriate general treatment, I commenced giving him the Aphrodisiac Remedy, and carefully watched the result.

In a short time it became evident that he was recovering, and I gave him leave to return home, having first arranged to correspond with him regularly, and supply him with the Medicine.

In *six months* he was so much restored that no further treatment seemed called for, and I requested him to send me a full account of his condition at that time, to put on record, as a contrast to his first statement. The following is what I received :

To DR. HOLLICK, *New York.*

“ MY DEAR SIR,

“ According to your request I send you a report of my present situation, as I feel I ought to do, if it will be either useful or interesting, for there is nothing, it seems to me, which I can do for you but what gratitude calls on me to do. I merely request that if you make use of my

Letter it will be in such a way that no one who knows me can recognize them.

I am now my dear sir, I verily believe, *the happiest man living!* I am quite well in health, in every way, my mind is clear, my spirits buoyant, and my strength greater than I have ever known it before! In fact I am quite *gay*, and instead of moping at home, as I used to do, afraid to see any one, and thinking life a burden, I am constantly on foot, whistling, or singing, as I used to do when a boy. My friends wonder what has happened, and can scarcely think it is really me. I dare not tell them the cause of my happy change however, because it would expose the secret of my former misery, and that I could not bear.

The greatest change however is in my *Sexual Organs*, whose functions I had thought lost. I am now *nearly as powerful as ever I was*, and am evidently gaining still, every day. In fact I intend, if you think it proper, to *marry*, which at one time I never dared to look forward to! It is now the dream of my life, and if you give me leave it seems to me there is little else I can ask for. Please be plain on this point, and tell me candidly if I may, and how soon?

That Medicine of yours seems almost magical, and I wonder you do not make it generally known. The good effects of it were manifested on me *the third dose*, and so convinced did I feel of its good effect that I would have given *all I was worth in the world* for sufficient of it, if that had been necessary! You must, if you can, let me have some to keep by me. The cost is no object. I have not taken any for the last two weeks, because I felt powerful enough.

How evident it now is to me, as you explained, that all my other troubles arose from decay and derangement of my *Sexual Organs*. Immediately they began to improve, and gain strength, I became better in every way, just in the same proportion. How silly the practice now seems of giving tonics and stimulants for the Stomach, or Liver, to try and cure them, while the sole cause of all their diseases is left untouched.

In conclusion my dear sir, I am a perfectly *well man*,

and I firmly believe that your advice and medicine would make any one so.

May you enjoy as much happiness as I do. I cannot wish you better,—and may I be able to show myself as grateful to you as I ought and wish to be.

“ Yours, ever truly,

————— —————.”

Being satisfied that he might marry with propriety, I gave him leave to do so, and he is now the happy *Father* of two healthy children, and younger by *Ten Years* than when I first saw him!

This case I have been more particular in describing, in detail, because it is a good example of a large class that come under my care, nearly all of whom are equally benefited by the same means.



RESUSCITATION OF THE SEXUAL POWER

IN AN OLD MAN.

THIS individual was aged *sixty-six* when he called on me, and had been for some three or four years almost entirely *Impotent*. In fact he had begun to think that his powers were really gone, from *age*, and he scarcely ever thought of their being in any degree restored. His health was very good, and his years had evidently affected him but little in other ways, which made him sometimes wonder why he should fall off in this respect alone, and disposed him to ask my opinion.

I told him without any hesitation that proper treatment would act favorably upon him, but I could not judge to what extent. He accordingly commenced following my advice, and in three months afterwards sent me the following Letter.

TO DR. HOLLICK,

New York City, N. Y.

“ MY DEAR SIR,

“ I wish you to send me a fresh supply of the **Aphrodisiac Remedy**. I still have some, but wish to be sure of not getting short.

In regard to the *effect* of your treatment, it has worked a real miracle! I am almost as young, in one way at least, as I was at *Forty*, and I assure you that were I not prudent I might easily be led into some folly. What surprises me most however is my not suffering in any way from my indulgences. I was somewhat afraid, when my powers were first revived, of using them, for fear it might do me an injury, but incredible as it may appear I feel no ill effects whatever afterwards. In fact I feel less lassitude after Sexual indulgence than I used to do, and it seems as if my organs were really stronger.

To say how much my happiness has been increased, and how much I feel indebted to you, is unnecessary.

“ Yours, truly,

————— .”

This old man I knew when he was past *seventy-two*, and there was then no indication of decay in his powers. He merely required to take a little of the remedy occasionally, and decay seemed totally arrested. I have known some instances of even older persons being much benefited in a similar manner.

BARRENNESS IN A FEMALE .

OF THIRTY-SIX CURED.

In many instances Barrenness is caused simply by a *torpid* condition of the Genital Organs, which prevents

the absorption of the Seminal fluid, as explained in my "*Marriage Guide*." The Lady referred to was an instance of this kind, and the result shows the power of the Aphrodisiac Remedy alone, in such cases. Her husband had obtained some of the remedy from me without saying definitely for what purpose he wished it ; the Letter will tell why.

DR. HOLLICK, *New York*.

"DEAR SIR,

"You will recollect probably that I requested you, as a personal favor, to let me have some of your Aphrodisiac Remedy. I will now tell you what I wished it for, and what has resulted from its use.

I had been married nearly Twelve years, and with no prospects of being blessed as a Father, when I read your book, "*The Marriage Guide*." The perusal of that work led me to think that our childless condition was owing to my Lady's extreme *indifference*, she having always been perfectly cold in her temperament, and I thought possibly your remedy might change this, and cause her to conceive. I accordingly procured some from you and she agreed to take it.

The effect has been as surprising as satisfactory. I need only say that she is *entirely changed in her temperament*, and is now, our Doctor tells us, *five month's Pregnant*, for the first time !

If any one had told me before this that any remedy could effect such a change I should have laughed at them, but such is the fact, and I inform you of it because I know it will both interest and please you, and because I think you are justly entitled to know what your remedy has done. I advise all my childless friends to read your "*Marriage Guide*."

GREAT LOSS OF SEXUAL POWER,

AND SEVERE NERVOUS DERANGEMENT, IN A MERCHANT,
CURED.

This Gentleman, like a great many more of his class, had completely exhausted his nervous power by intense application to business. He had *made* his fortune and *lost* his health. The following is a part of the incoherent Letter he first addressed me.

To DR. HOLLICK, *New York.*

“ MY DEAR SIR,

“ WILL you be so kind as to tell me at once, if you can do me any good? I am a Merchant, age forty-one. Good constitution naturally, fully grown, and formerly of excellent health.

About seven years ago I began my present business, which required me to exert all my energies, and to apply myself unremittingly. For the first two or three years I held out well, but gradually my energy began to fail, my digestion, became disordered, and I felt miserably weak, low spirited, and dejected. In fact I became a perfect hypo, and had I not been blessed with a good and trustworthy agent my business must have utterly failed, for I could not, during half my time, pay proper attention to it.

I found it utterly impossible to apply myself regularly, or to stick to anything,—my mind wandered away in spite of me, and the smallest forcing of attention to anything threw me into utter confusion.

For the last two years this has been much worse, and now I have many bodily ailings too. I cannot sleep well, and wake in the morning with difficulty, and feeling as if

I had been intoxicated the night before, which I never am.

Besides all this I find myself *Sexually Impotent*. My powers have been getting less for the past three years, and are now almost extinct. In fact I have a repugance to the association, and am utterly incapable either of giving or of receiving enjoyment.

Doctor, I cannot say more,—this has required great effort, and I feel weary. Your experience will probably show you exactly how I am, in all that is not here told. Try what you can do for a wretched debilitated man, to whom money is no more than the dirt under his feet if he can but get well. Tell me at once if you can help me

“ Yours, &c.

—————.”

I made no hesitation in promising this Gentleman that he could be helped, providing he could fully relax from his business. This he did effectually, by selling out, and investing his money.

He commenced at once using the Aphrodisiac Remedy, and observing proper rules of *regimen* and *diet* which I gave him. In two months he was a new man, and by the fourth month he wrote me a Letter from the country, of which the following is an abstract.

* * * “ Doctor, I don't need you any longer now, nor do I think I ever shall again, if you will only let me always have some of that Medicine by me. Don't think this ungenerous. I mean it to be *complimentary*. From the very first dose I *felt* it would cure me. It seemed to *satisfy* as it were, my nervous system, like food does a *hungry stomach*. All my anxiety and apprehension left me, I felt calm, cheerful, able to apply myself, and disposed to be active. My mind cleared up as if the sun had suddenly broke in upon it, and I began to digest so heartily that I gained flesh rapidly.

My *Sexual powers* also are *fully restored*! I need say no more on this point, except to assure you that *your*

caution as to being *temperate* shall be faithfully observed, though I am free to confess *it requires an effort now!*

How many of my brother business men lose their health and powers in the way I did,—but how few of them are so fortunate as I have been in restoration. Doctor, you must try to announce that remedy publicly. Why, my dear sir, it would save many a man from ruin and not a few from insanity and suicide, to say nothing of mere suffering and imbecility. So far I have said nothing about it, as you requested, though I have often been sorely tempted to do so when seeing an old friend suffering, and hearing him demand—‘*what makes you look so well?*’

Please accept the enclosed in addition to your account. I can never repay you, for I verily believe had I not met with you I should not now have been alive.”

* * *

NOTE.—I do not wish it to be supposed that a similar result would follow in *all* apparently similar cases, by simply following the same course. In many instances there are other matters to be attended to, and other derangements to be corrected, before the remedy can act. This was a case of simple Seminal and Nervous exhaustion, uncomplicated.

CURE OF SEXUAL IMPOTENCE

AND INDIFFERENCE, IN CUBA.

SOME two years ago a Gentleman from Cuba called upon me to see if I could render him any assistance. He was only thirty-five years old, but *quite Impotent*, and altogether indifferent to the other sex. He had been *originally* of an unusually warm temperament, and had indulged

to excess, till his powers became so exhausted that he could do so no longer. His general health had held out pretty well, though latterly it had begun to fail, and he suffered from severe attacks of nervous depression.

His desire for a restoration of his Sexual powers was so great that nothing seemed too dear to pay for it,—indeed he assured me he would not care *to live* as he was. Unfortunately before I saw him he had injured himself by taking a stimulating *Cordial*, which he saw advertised, and I had in the first place to overcome the ill effects of that. I then commenced treating him, and in less than a month he experienced such evident indications of restoration that he arranged to return home, taking sufficient of the Aphrodisiac Remedy with him to perfect the cure.

He also begged me to let him have a little besides to try the effect alone, on some of his companions, who were like he had been. The following Letter shows the result.

TO DR. HOLLICK, *New York.*

DEAR DOCTOR,

“ I send this by the Brig ——— just to say that I am now as good as ever, and am too busy *enjoying myself* to write much. You know I have much *lost time* to make up for.

The medicine I brought here, except what I wanted for myself, I gave to several Gentlemen about here whom I knew to be in want of it, and it has been *fully successful in every case!*

This has made a most extraordinary sensation about here, and I am almost worried to death by others. In fact I have often regretted giving any away, and to save me in future you must really send some more. I could sell any amount for you, if you wish to sell it. Some of *my patients* have been known hereabouts as perfect *Impotents* for many years, and their *resurrection* is regarded as little less than a miracle. Some of their unexpected *gal*

antries are most amusing, but I am afraid that in the exuberance of our new born strength we shall be apt to need your services again. It is hard to *restrain* ones-self when all seems to prompt to indulgence, in spite of your caution. To give you an idea of how I am now, I will give you an account of one of my Adventures.

* * *

REMARKABLE CURE OF IMPOTENCE

AT NEW ORLEANS CURED.

THIS Patient, like numerous other high spirited and impetuous young Southerners, had thoughtlessly delivered himself to unrestrained Sexual indulgences, till he had become completely exhausted and powerless. In this predicament he was strongly urged by his friends to marry, as a most advantageous opportunity of doing so presented itself, and they knew no reason why he should not. He was also extremely desirous of forming the Union, the young Lady and he having become ardently attached to each other, but alas his condition forbade it. He thus wrote to me, in describing his case.

* * * * "Sexual Union is scarcely possible at all. At times I have imperfect indications of power, but they never come when I will them, and they disappear in spite of all my efforts to perpetuate them. Oh! how mortified I have been at my vain attempts with females lately, and how wretched I have felt at the thoughts that it must always be so. Doctor, I cannot live in this way,—I don't care to do so. And then in regard to this proposed marriage, what can I do, what can I say, how can I possibly excuse myself? Oh Doctor, this is misery indeed,—help me and name your own reward."

* * *

After being treated for *six weeks* he felt so far restored as to arrange for his marriage, and in *three months* from the time of his first consulting me that event took place. He then wrote to me another Letter, from which I extract the following.

* * * * " All my fears are dissipated, I have no apprehensions as to the future, and feel myself *in every way* as capable as I could desire, and much more so than I deserve to be perhaps. No *failures* have occurred, nor have I any reason to dread them in future. In fact it is rather *restraint* that I need now! Doctor, what is that you gave me? By Jove its effects are scarcely credible, and I certainly should be skeptical about them had I not experienced them in my own person. But for that, I should now have either been dead or a poor miserable wretch, instead of the healthy happy *husband* I am. There are thousands in this part of the country who need such a remedy, and who would give their own weight in Gold for it." * * *

CURIOUS CASE OF LOSS OF SEXUAL POWER

IN A MARRIED MAN, CURED.

THIS was one of those curious cases occasionally met with, in which the Sexual power suddenly fails a man without any previous warning, and from no very obvious cause.

The individual was forty years of age, had been married fifteen years, and had four children. His health was good, his habits regular, and his Sexual powers naturally quite strong. He had never been addicted to Sexual excesses at any period of life, and had never felt symptoms of decay come on.

All at once he found himself quite indifferent to the

caresses of his partner, and quite incapable of Sexual association. To use his own expression "the parts seemed dead, and utterly refused to perform their office." His alarm and mortification at this unexpected occurrence may be conceived, and the most gloomy apprehensions took possession of his mind. He not only thought that his Sexual powers were totally and unaccountably gone, but he also feared that it was only the beginning of complete bodily decay, and visions of premature old age and death loomed fearfully before him. Matters were also made much worse by the fact of his partner being naturally of a warm temperament, and of course chagrined at his impotent condition. Under such circumstances unpleasant surmises arose in her mind as to the *cause* of his indifference, which he was unable to dispel, and thus both were made wretched.

In this condition he sought me, and I commenced the investigation of his case. From his statement however I could discover no very obvious cause for his sudden deficiency, and therefore concluded that it arose from want of sufficient *Seminal and Nervous Nutrition*, brought about by some unusual combination of circumstances. The Aphrodisiac Remedy was therefore given to him, with proper general advice, and with full confidence, on my part, as to the result, though he felt sorrowfully dubious.

After the third day he felt *certain* that his powers were returning, and in two weeks, to use his own remark he was "*a man again!*" It is now several years since this occurrence, and he still retains his usual vigor, though occasionally requiring a few doses of the Remedy, as he says, to keep him *quite right*.

But for proper treatment he would have remained perfectly impotent, and his general health would soon have decayed also

A CASE OF INVOLUNTARY, AND INSTANTANEOUS SEMINAL EMISSION,

WHICH HAD ALWAYS EXISTED, FULLY CURED.

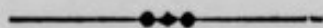
THIS individual was a perfect Type of thousands of men that are daily to be met with. In his youth he had been much addicted to *Masturbation*, and in consequence his Sexual Organs, and Sensibilities, were so preternaturally irritable that Sexual union was utterly impossible. He had a plentiful *seminal secretion*, but the slightest attempt at connection, or even thinking about it at times, brought on *immediate emission*, so that he was in reality powerless, and had always been so. He had taken I believe every *Cordial* and *Tonic* that was advertised, but all to no purpose, and scarcely a hope of relief seemed left.

By some accident he fell in with the "*Marriage Guide*," and that induced him to seek me.

The first thing I did was to *Cauterize* him, as explained in my book on "*The Male Organs*," and that at once stopped the *involuntary* emissions, but still any attempt at connection brought them on *too soon*, so that the act could not be consummated. For this trouble I gave him the *Aphrodisiac Remedy*, to *Nutlify* and *Tone* the parts, and improve the *quality of the Seminal fluid*.

The most perfect success followed this course, and in a short time his powers of *retention* were perfect, so that he married, and is now a father.

This trouble, of *too quick emission*, is very common, and is both annoying and hurtful, for it is sure eventually to bring on involuntary emission. I have never known a case that was not cured in this way.



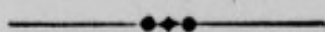
HABITUAL AND SUDDEN CESSATION OF SEXUAL POWER, CURED.

THIS case was very curious, though not uncommon, in certain degrees. The patient was as vigorous, and healthy

sexually as any man, and *when alone*, his *feelings*, and *desires*, and the *development of his Organs*, were perfect. but always on attempting connection he became *powerless*, and without seminal loss! *Afterwards* he would become as perfect as he was before, but never could remain so *at the proper time*.

After taking the Aphrodisiac Remedy for *six weeks*, with general treatment, his condition improved so much that for the *first time* in his life his powers were *fully manifested*. The trouble however had existed so long, and had become so fully established, that he is compelled even now, to use a little of the remedy at times.

Many men are troubled in this way, more or less, and I believe all may be completely relieved, unless too far advanced in life.



DISTRESSING CASE OF INABILITY AT THE

TIME OF MARRIAGE, CURED.

In this instance a young man found himself, at the time of his marriage, perfectly impotent from inability to retain the Seminal fluid,—the emission occurring always on the instant of his making an attempt. His shame and despair may be imagined, and I verily believe that nothing saved him from committing *suicide* but the fact that he had read my book on the *Male Organs*, and thought that I could help him.

I advised him to feign sickness for a time, as a reason for his situation, while he underwent proper treatment. This he did, and before *two weeks* the difficulty was over and has never returned since.

MISCELLANEOUS CASES.

BRAIDES those above described, and which are only specimens of hundreds which could be given, of the same kinds. There are numerous others of a different character, and which can only be perfectly understood by persons acquainted with the Physiology of Generation. Those persons who have read my "*Marriage Guide*"—or the "*Male Organs*," will understand this at once, and will perceive that many of these cases are the most interesting of all that can come under a Physician's notice.

There are some men impotent because their Testes form no *Semen*, from having become *torpid*. Others form it but of an imperfect kind,—watery, and *without Animalcules*. In some men again there is a peculiar loss of *Nervous sensibility* in the Organs, owing to which there is no *proper feeling*, and though there may be *desire* yet there is neither *enjoyment* nor *efficient capability*.

In the same manner Females are often *sterile* from causes but little known or suspected. The *Ovaries* may be *torpid* the same as the Male Testes, and then they form no *Ovæ*, or *Eggs*, and sometimes these are formed, but *imperfectly*. In this case they either cannot be impregnated or else they germinate into *monstrosities*, as shown in "*The Marriage Guide*."

In the greater part of such cases the Aphrodisiac Remedy, conjoined with proper treatment, usually effects a cure, unless there be virulent disease, or organic defect.

Numbers of *childless couples*, who have called on me, have had their dearest wishes fulfilled, who otherwise would have had no hope whatever. In such cases however it is necessary first to know *in which party is the deficiency*, and this can always be told, by a careful consultation.

The beneficial effects of similar treatment have also been equally apparent in numerous cases of the most distressing NERVOUS DEBILITY and *Irritability*! In these the Aphrodisiac Remedy acts in the most beneficial manner, soothing the *excitable*, giving strength to the *debilitated*, and new power to the *imbecile*.

Many men, unable to attend to their business, from *Nervous Debility*, have been completely cured in a very short time, and others have had their mental powers so much improved as to be much more capable than ever they were before. The common expression of these men is that their minds seem "to clear up," or "brighten," so that mental labour is a pleasure instead of a burden, and application does not distress them.

CONCLUDING PART.

THE GREAT FACT—THE EVIL AND ITS REMEDY.

CONNECTION BETWEEN THE NERVOUS AND SEXUAL SYSTEMS, WITH AN EXPLANATION OF THE MEANS WE POSSESS FOR THEIR NUTRITION AND RENOVATION.

It has long been known, as a general truth, but very vaguely, that there is an intimate connection between the Nervous and Sexual Systems, but it has hitherto been thought to be merely *sympathetic*. Physiologists have, however, recently discovered that the composition and mode of production of the Nervous substance and the Seminal fluid are almost identical;—that in fact they are essentially the same thing. It has also been ascertained that, in all cases of severe Nervous or mental derangement, the actual *substance* of the Brain and Nerves either *wastes* away or undergoes a destructive *change*. And in the same way, in all cases of confirmed loss of Sexual power, the seminal substance either *wastes*, or becomes *destructively changed*, in a similar manner. But, what is still more important, the destruction or injury of either one of these elements of our systems brings on inevitably a similar evil to the other. Every man, therefore, who becomes *Impotent* is in imminent danger of becoming *Insane*, or at least of weak Intellect, and every one whose nervous substance is seriously impaired will almost certainly lose his sexual powers. The two are intimately dependent the one on the other, and are affected, for good or for evil, by the same external and internal causes.

At the present time a number of causes are in constant operation, on most men, exceedingly destructive both to their Nervous and Sexual powers, causing an actual waste of Brain and Seminal substance, and entailing bodily suffering and mental deficiency to an unknown extent.

This has, of course, originated plenty of *remedies*, as they are called, which are put forth as infallible, by those who know nothing of the nature of these evils, and who care nothing for the effect which follows after the remedy is sold.

In all such cases it is requisite, in the first instance, to arrest further change, or waste, and then effect a *Restoration*, if that be possible. To effect this Renovation we must of course use such means as will really *create new Brain, or Seminal Substance*; the same as we create new *Muscle* in cases of muscular weakness. That this can be done is undoubted, for each portion of the organization draws the elements of its nutrition from peculiar sources, and when we know what those elements are, and whence they can be obtained, we can supply them. It is not possible to nourish and renovate the Nervous and Sexual systems by the same elements alone that nourish and renovate the muscular system, though these are necessary as adjuncts;—there is needed, in addition, certain *rare elements* that are found only in the Nervous and Seminal substances.

Chemistry has taught us what these rare elements are, and also whence and how we can obtain them, though as yet but sparingly, and upon this recently-acquired knowledge is based that successful treatment of Nervous and Sexual debility exhibited in the above "cases." The *Remedy* there mentioned, which I use in my practice, contains all these "*Elements*," properly combined by myself, and this accounts for its great success. The popular *Invigorators, Cordials, and Antidotes*, sold by Advertisement, are entirely different. They simply *stimulate* or *excite* the exhausted organs to extra labor, for a short time, but only to leave them afterwards more hopelessly impotent than before, as thousands have found to their cost.

My Patients, and all those familiar with my Books, are aware how popular this Remedy has been, among those

who knew of it; but to many persons it is as yet unknown, except by rumor, and it may be matter of surprise to them that it has not been put more openly before the public. The following remarks will explain this, and also my reasons for now offering it for sale.

There is no doubt but what *all uncomplicated cases* of simple *Debility, Impotence, Sterility, or loss of feeling*, unaccompanied by organic Disease, or natural imperfection, may be cured by this Remedy alone. It will only fail in cases of *Organic Disease, or natural imperfection*, which *no* medical remedy can cure alone.

In my work on *the Male Organs* I have given an account of all those Medicines which are generally known that exert any power over the Generative Organs, and have shown the real value of each. These Medicines are called scientifically *Aphrodisiacs*. There are several of them, but none of those in ordinary use can be relied upon for any good effects, and many of them are quite *dangerous*. When they do act it is as *Stimulants, or Excitants*, giving a false appearance of restored strength for a short time, but only to cause more incurable impotence afterwards. There are some remedies, however (as already explained), not in common use, that do exert, in numerous cases, a most decidedly beneficial influence, even to the production of quite unexpected and almost unhoped-for cures,—especially in *Impotence and Sterility*.

These remedies are difficult to procure, in a pure state, and are expensive. For these reasons they are never employed in ordinary practice; and in fact physicians seldom know anything about them. They are *not mentioned* in the Pharmacopœias, and are only occasionally alluded to in the Medical Journals. The advertised *Quack Cordials, Antidotes, and Invigorators*, it is scarcely necessary to say, never really contain a particle of them, though they pretend to do so.

The necessities of my practice have of course compelled me to procure and use every article of the kind, and to combine them together, and experiment with them in every conceivable way. From this I have succeeded, in the course of years, in forming a compound that is, I have no hesitation in saying, far more efficacious in all cases of

debility, torpor, and premature decay of the Generative and Nervous power, than any other preparation of the kind ever in use. In fact, it is almost infallible, except where there is some Organic Defect, or some primary lesion which requires correcting first. In proof of this I need only to refer to the "Cases."

This preparation is not a Stimulant or Excitant, nor a mere Tonic, but a real *Renovator*, supplying precisely that kind of material and influence that is needed to produce *New Brain* and new *Seminal Fluid*! I have myself often been amazed at its effects, and seldom despair of any case in which it can be used, except from some of the causes above mentioned.

For a long time I have been importuned to advertise and sell this preparation, as a general remedy, by those who have used it, or heard of its power, but for various reasons I have not hitherto chosen to do this. The essential articles are very scarce and dear, and the preparation is difficult, so that till lately I could scarcely provide enough for the wants of my legitimate practice, and to supply the demand for it which has arisen through the mere mention of it in my books alone.

Very recently, however, after much trouble and experimenting, I have succeeded in insuring a more reliable and abundant supply of the requisite materials than I before could, and can therefore dispose of this remedy more generally, though it is still rare and expensive. It has enabled me, however, to sell it to others besides my immediate patients, and thus extend its usefulness. The large and truly unfortunate class of Nervous and Sexually Impotent sufferers may now, therefore, obtain a remedy upon which they may safely rely for help, and from which *the slightest ill effect can never follow!* Even if taken by those who did not need it, no injury or inconvenience could possibly result.

The reader will now understand the Nature of this remedy, and will see the footing on which I place it. It is not advertised in the manner of the Quack Cordials and Invigorators of the day, nor will it be so, but can always be obtained by those who require it. There are some few debilitated and impotent persons who cannot be restored

by using this remedy alone, undoubtedly, but by far the larger number can be, and even in my regular practice, in all uncomplicated cases, it is the main agent relied upon.

In short, it will be found to be, I venture to assert, as nearly infallible and self-sufficient as any medical remedy, in the nature of things, can be! If it fails, the Patient should at once seek Dr. H.'s advice, for he may rest fully assured there is some Organic or functional derangement which imperatively and urgently requires Surgical or Mechanical aid.

For convenience, I have it so put up, in a dry form, air and water tight, that it can be kept uninjured for any length of time, in any climate, and under almost any circumstances. It can also be taken without the inconvenience of *measuring*, using *Liquids*, or any other troublesome requirement, thus insuring secrecy and facility of use, let a man be situated however he may. A Gentleman can keep it in his vest-pocket without any fear of detection from smell or appearance. It will go anywhere *by Post*, with perfect safety, and in such a *form* that no one through whose hands it passes would ever suspect its *nature*, or that it was anything *peculiar*!

The price for a package is FIVE DOLLARS! and if ordered by Post, it will be sent *free*, to any part, with full directions. There are *no Agents* for it anywhere, at present, nor will there be except they are specially mentioned in my Books, so that it can only be obtained from me personally, by addressing through the Post to "Doctor F. HOLLICK, *New York*." I do this to avoid trouble, and also to prevent *Counterfeiting*, which would be sure to be practised if it were generally sold through agents.

It is scarcely necessary for me to repeat that there is nothing whatever in this preparation that can be in any way hurtful, under any circumstances. It is applicable to cases of female Sterility and torpor, as well as to derangements of the male System or Nerves, as will be seen by some of the "Cases" in my Books.

As a *name* is convenient in asking for, or describing it, I have called it "DR. HOLLICK'S APHRODISIAC REMEDY," because that is the term generally made use of, spontane-

ously as it were, by those who have used, and who speak of it to others.

Those who wish the *Aphrodisiac* Remedy should address to

“DR F HOLLICK, P. O. Box 3606,
New York City, N. Y.”

MICROSCOPICAL EXAMINATION OF THE URINE.

No. 1. Represents the appearance of the Semen when perfectly healthy, as seen under the microscope. It was a portion lost in consequence of straining at stool, from constipation, as is very often the case.



The *Seminal Animalcules*, those minute *living beings*, always found in that fluid, and without which it is *imperfect*, will be seen perfect in their form, and active in their motions. While this state of the vital fluid exists, a man will retain his powers, but if it continues to be *lost* to an undue extent—and especially if it passes *in the urine*, a change occurs—the animalcules becomes less abundant, imperfect in form, and with very feeble powers of motion. This is shown in No. 2.

No. 2. This was a portion of Semen contained in the *urine* of a person who had debilitated himself by **masturbation**, in early life. There are a few **animalcules**, but they are imperfect and very feeble. This individual had but faint amative desires, and but little power. It is possible that a man so circumstanced may be capable of *association*, to a limited extent, and may even become a *parent*, but his *children*, if he have any, are sure to be either *deformed*, *still born*, or *constitutionally weak*! Most usually, however, there is no impregnation, or if there be, *miscarriage* takes place.

The reason for this is obvious enough, to those who know the part which the Animalcule performs in originating the new being, and it is fully explained in "*The Marriage Guide*."

No. 3. This was also taken from the urine of a man who had long suffered from Urinary Seminal loss, and who had become nearly *impotent*, with great decay of his mental powers, gloomy feelings, general debility, and all those distressing symptoms of *constitutional decay*, which invariably follow this disease if it is not checked.

In this case the Animalcules are all *dead*, and the parts of the body detached from each other. Impregnation from this semen could *never take place*, though the person might still at times, retain slight powers of association. Many men are circumstanced in this way—especially those long addicted to excesses of any kind, and also business men, exhausted by too much **anxiety** and mental labor.

No. 4. This view was taken from a man wholly and hopelessly *impotent*, and in the last stages of decay, bodily and mental. Of course, at this stage, there is neither power nor desire. The Semen is utterly destitute of animalcules, and almost substance. It passes almost constantly in the urine, and is merely like gum water. During the *second* and *third* stages, a man may recover, with proper assistance, but in the last stage there is *no hope*. There are many married people without children, owing to these imperfections in the male, though it is generally thought that it *must* be from the female. Some men are even *naturally* imperfect in this way, and never can be parents, though,

apparently, like other men. The true reason for weakly and deformed children, and also for frequent miscarriage, is also often in the male, though not suspected.

Dr. H. is daily making *microscopical examinations* of this kind, both for those who call upon him, and for others.

Persons at a distance, who cannot possibly pay a personal visit to Dr. H. need not give up all hopes of receiving proper treatment in any of the above affections. Dr. H. can suggest a means by which the necessary examinations can be made perfectly, without their coming, so that he can advise by regular correspondence, as he does constantly with hundreds. All the peculiar medicines which he uses are so prepared as to go by *post*, without fear of injury or detection.

In short, Dr. H. attends to all those derangements which are connected in any way with the *parental system*, in both sexes, and those peculiar nervous affections which arise from them. His practice is, therefore, different from that of any other medical man of the day, and he does not interfere, except incidentally, with those diseases that ordinarily engage professional attention.

The success that has attended his efforts, and the public confidence and patronage that has been so extensively awarded him for many years past, and which is daily increasing, make it utterly unnecessary for him to adopt any means for extending his practice; nor is this statement published for any such purpose. It has merely been issued at the request of many former patients, to let those persons know, who are suffering from these peculiar causes, that there is now one upon whom they can rely, who devotes special attention to such derangements, and thus rescue them from the despairing and hopeless condition into which they are too apt, naturally enough, to fall.

It is scarcely necessary to add that the strictest *confidence* and *secresy*, is observed in all communications, personal or otherwise, and that the most careful attention is bestowed upon every case. Dr. H. has numerous testimonials from those who were formerly impotent, debilitated, or childless, but who were fully restored to health, happiness, and parental enjoyment.

DR. HOLLICK'S BOOKS.

THE MARRIAGE GUIDE; OR NATURAL HISTORY OF GENERATION.

PRICE.—ONE DOLLAR.

A PRIVATE instructor for Married People, and those *about to marry*, both male and female, in everything relating to the Anatomy and Physiology of the Generative system, in both sexes, and the process of Reproduction. Including a full description of everything that is now known respecting the *prevention* and production of offspring, the cause of the difference in sex,—Parental influence,—Natural adaptation,—Philosophy of Marriage, &c., &c.

This is beyond all comparison the most extraordinary work on Physiology ever published. There is nothing whatever that *married people* can either *require* or *wish* to know but what is fully explained, and many matters are introduced, of the most important and interesting character, to which no *allusion* even can be found in any other work in our language. All the *new discoveries*, many of them never before made public, are given in full, especially those relating to *conception* and *sterility*.

No married person of either sex, should be without this book. It is utterly unlike any other ever published, and the matter it contains can be found nowhere else. It contains numerous *Engravings*, and *colored Plates*, designed especially for this work, and showing many of the new discoveries, as well as anatomical details and *Physiological processes*.

THE
MALE GENERATIVE ORGANS,
IN HEALTH AND DISEASE,
FROM INFANCY TO OLD AGE.

PRICE.—ONE DOLLAR.

A COMPLETE practical Treatise on the *Anatomy and Physiology* of the Male Generative System, with a full description of the causes, and cure of all the diseases and derangements to which it is liable.—*Adapted for every Man's own private use!*

This is not a treatise on *Venerical Diseases*, nor does it even refer to them, but to those derangements and difficulties, of all kinds, to which *every man* is more or less liable, and from which in fact but few entirely escape.

All the causes which lead to decay of the Generative system are fully explained, and the means pointed out by which its powers may be preserved *to extreme old age!*—More especially is explained that *unseen*, and usually *unknown* form of decay from which thousands become *diseased, insane, and die* without ever suspecting what has destroyed them. Even medical men as yet know but little upon this important matter, which it is of the first moment every man should understand for himself. All the *recipes* are given in English, and the treatment is made so plain that all can practise it.

This work is also fully illustrated, both with *Engravings* and with *colored Plates*, and an introductory chapter gives an epitome of all the new discoveries respecting the *Female system and Generation*. No other work at all like this was ever published. *No Man should be without it, young or old.*

THE
DISEASES OF WOMAN,

Their Causes and Cure familiarly Explained,

With Practical Hints for their prevention, and for the preservation of Female Health, intended FOR EVERY FEMALE'S OWN PRIVATE USE!—Illustrated with *colored Plates*, and with numerous Engravings.

If all Females possessed this book in time, there would be incalculably less suffering and disease amongst them than is now seen.—Everything relating to female health is treated upon, *from infancy to old age*, and the most valuable *recipes* are given, together with practical directions, in the plainest manner. There is no known disease to which females are subject but what is here explained, and *so that all can understand.*

DR. HOLLICK has received piles of letters thanking him for writing this book, and has been complimented for it by many of his public audiences of ladies.

No Female should be without it, especially if Married.

**THE MATRON'S
MANUAL OF MIDWIFERY,
AND THE
DISEASES OF WOMEN DURING PREGNANCY
AND CHILD-BIRTH.**

A COMPLETE practical treatise upon the *Art of Delivery*, and upon all the accidents and diseases that may occur during these periods.

This work is especially intended for the instruction of females themselves, and any one of ordinary intelligence, upon reading it carefully through, will be able to render the requisite assistance in cases of emergency.—The description of all the various *Positions* and *Presentations* is on an entirely new plan, and is made both simple and intelligible.—The management of new born infants is also given in full, and the use of *Ether* and *Chloroform* during delivery is discussed.

This work contains over *sixty Engravings*, besides *colored Plates*, showing the various periods, and how to ascertain them.—The *different positions*.—The progress of delivery, &c.

PRICE.—ONE DOLLAR EACH.

DR. HOLLICK'S PUBLICATIONS.

"We have just read a new work called "*The Marriage Guide*," by Dr. F. Hollick, the well known Author of the Origin of Life, and we are constrained to admit that it is the most extraordinary Book that ever came under our notice. Thoroughly scientific enough for deeply read scholars, or for practical experimenters, it is yet plain and popular enough for the most ordinary understanding. Nowhere else in the English Language, can there be found such a complete and practically useful compendium of Physiological information, strictly adapted for the use of married people, or of those intending to marry. All the new discoveries of Pouchet, Bischoff, and others, are fully given, as well as many others by the author himself, never before made known. The engravings are also excellent, as well as curious. In fact, taking it altogether, it is beyond all question the Book upon these matters, and will probably become as popular in future, and as universally referred to as Aristotle has formerly been. One feature which peculiarly distinguishes this book from all others of the kind, is the peculiar tone of morality and delicacy which pervades it all through, and which makes it both proper and useful to be read by all persons, of both sexes, who have attained the age of puberty. A very eminent clergyman, authorises us to say that he deems it a duty to introduce it privately among his flock, as the best means he knows of preventing and overcoming those hateful vices, unfortunately so destructive to soul and body, which are at the present time so fearfully prevalent."—[*Med. & Surg. Review*.

"THE MALE GENERATIVE ORGANS."—This book, by Dr. Hollick, the eminent popular Lecturer, and successful practitioner, should be in the hands of every man who values his health, and the preservation or restoration of his powers. It is complete in every particular, and is the only work in the English Language where that fell destroyer of thousands, *urinary seminal loss*, is fully explained, and its cure and prevention pointed out. How many thousands yearly die, or become imbecile from this cause, who have never heard it mentioned.—[*Med. Journal*.

This List embraces the whole of the Works, which may either be obtained singly or in the set.

PRICE, ONE DOLLAR EACH,
ALL WITH COLORED PLATES.

On forwarding the money and address to "Dr. HOLLICK, Box 3606," they will also be sent by post to any place free.

N.B.—The attention of *Postmasters* and *Agents* is respectfully directed to these Works. Their sale is *rapid* and *sure*, and the discount is most liberal.

APPENDIX.

Notices of Dr. Hollick's Lectures.

DR. HOLLICK AND PHYSIOLOGY.—The second of a series of Lectures, by this gentleman, on human physiology, and the all important truths connected with our physical constitution, was attended by a full house, in National Hall, last evening. The time was well spent, and so appeared to think the audience. On the delivery of the first of these Lectures on Tuesday evening, the speaker in a comprehensive and well-digested exordium, placed himself and the subject right with the public. His manner, language and style, did the first ; his sound logic his argument, his candor and research, accomplished the second. Apart from the interesting and apposite details of the wonders of reproduction, the illustrations of the immutable wisdom of nature, which teem in the animal and vegetable worlds—which

“ Glows in each stem, and blossoms in each tree ;
Lives through all life, extends through all extent,
Spreads undivided, operates unspent.”

Apart from all this, Dr. Hollick's Lecture was excellent as a defence of truth, a vindication of the right of free and unshackled inquiry, and as a convincing refutation of that silly, but far too prevalent opinion that there are truths of which it is better to remain in a state of ignorance. Had nothing else been imparted in the forcible and well defined exordium of Dr. Hollick, than this judicious demolition of that fallacious, silly, but injurious twaddle which would forbid research to pass in advance of the old landmarks prescribed by custom, ignorance or a spurious morality—even that would well deserve the public patronage. Truths, well set forth, will make an impression, whether their investigation be fashionable or not. There is an affinity between the capacity to learn, and the truths to be learned, which always results, when a fitting opportunity is presented, in a free inquiry, and the gentleman who is bringing, in a judicious and elevated manner, a knowledge of those fundamental principles of our corporeal existence which are abused because unknown, will accomplish more good than half a dozen teachers of higher pretensions, and lower ability. It was gratifying to observe the decorum—the sense of respect for both speaker and subject, that was observed throughout the evening, which evidently shows that those who go there are actuated by higher motives than mere curiosity ; by desires more ennobling than a passing gratification ; in a word, it was clear that those who composed Dr. H's hearers, were men who know and dare to think, and who will profit by these most useful discourses—*New York Herald August 7, 1844*

At a Meeting of the class attendant upon Dr. Hollick's Select Lectures on the Physiology and Philosophy of the "Origin of Life" in Plants and Animals, held at the Lecture Room of the Museum, Wednesday evening, December 1, 1844, George G. West, Esq., was called to the Chair, and Samuel W. Black appointed Secretary.

Resolved, That we have listened with unfeigned pleasure and interest to the Course of Lectures delivered by Dr. Hollick, and now brought to a close, and that we deem it an act of justice to him and the community, to express our entire confidence in his character, ability, and the manner of illustrating his subject, which, to use the words of a daily journal, "is couched in such delicate as well as perspicuous language, that the most fastidious could find no fault, nor the wildest curiosity go away unimproved."

Resolved, That a committee of three be appointed to tender to Dr. H. the thanks of the Class for his courtesy to the members in affording them every facility for obtaining information upon the subject of his Lectures, and that he be requested to repeat the Course at the earliest period consistent with his other engagements.

Published in all the Philadelphia daily papers of December, 14, 1844, and signed by *one hundred and forty* of the most respectable and influential inhabitants.

(See similar Resolutions, with *over two hundred names* attached, in the Philadelphia daily papers of March 9, 1844; also of March 16; and on several other occasions.)

From the Philadelphia Daily Papers, Feb. 21, 1845.

At a meeting of the Ladies composing Dr. Hollick's Class, held on Wednesday afternoon, February 19th, in the Lecture Room of the Museum, the following resolutions were unanimously adopted, and ordered to be published in one or more of the city papers:

Resolved, That we have listened with great pleasure and interest to Dr. Hollick's Lectures, and we are happy to add our testimony to the many already recorded in behalf of such Lectures: and regarding Dr. Hollick as a benefactor of his race, and especially of our sex, we cordially wish for him abundant success, and ample reward in the consciousness of doing good.

Resolved, That we will exert ourselves to induce our female friends and acquaintances to avail themselves of the great and rare privilege of obtaining the valuable instruction imparted in these Lectures in so chaste and dignified a manner.

Signed on behalf of the meeting by

SUSAN WOOD, President.

SARAH WEBB, Secretary.

~~85~~ With over 50 names attached thereto.

(See also similar Resolutions, with numerous names, on Feb. 27, 1846, March 20, 1840, and on April 10, 1846, with over *three hundred names attached*.)

A GOLD MEDAL TO DOCTOR HOLLICK.—The Ladies of Dr. Hollick's class have presented him with a beautiful Gold Medal, enclosed in a handsome morocco case. The front of the Medal bears the following inscription :

“ Presented to Frederick Hollick, M. D., by the Ladies who attended his Lectures on Physiological Science, delivered at Philadelphia, March, 1846, as an expression of their approbation of the knowledge therein conveyed, and as a testimonial of personal regard.”

On the reverse is the Sun, and reflected by the rays of the luminary a scroll containing the words

“ To give light to them that sit in darkness.”

Phila. Spirit of the Times, March 28, 1846.

“ LETTERS FROM NEW YORK, NO. 11.

“ * * * * * There have been several courses of Lectures on Anatomy, this winter, adapted to popular comprehension. I rejoice at this ; for it has long been a cherished wish with me that a general knowledge of the structure of our bodies, and the laws which govern it, should extend from the scientific few into the common education of the people. I know of nothing so well calculated to diminish vice and vulgarity as universal and rational information on these subjects. But the impure state of society has so perverted nature, and blinded common sense, that intelligent women, though eagerly studying the structure of the Earth, the attraction of the Planets, and the reproduction of Plants, seem ashamed to know anything of the structure of the human Body, and of those Physiological facts most intimately connected with their deepest and purest emotions, and the holiest experience of their lives. I am often tempted to say, as Sir C. Grandison did to the Prude—‘ Wottest thou not how much in-delicacy there is in thy delicacy ?’

“ The only Lectures I happened to attend were those of Dr. Hollick, which interested and edified me much. They were plain, familiar conversations, uttered and listened to with great modesty of language, and propriety of demeanor. The Manikin, or Artificial Anatomy, by which he illustrated his subject, is a most wonderful machine invented by a French Physician. It is made of *papier mache*, and represents the human body with admirable perfection, in the shape, coloring, and arrangement even to the minutest fibres. By the removal of wires it can be dissected completely, so as to show the locality and functions of the various Organs, the interior of the Heart, Lungs, &c.

“ Until I examined this curious piece of mechanism, I had very faint and imperfect ideas of the miraculous machinery of the house we live in. I found it highly suggestive of many things to my mind.” * * *

L. M. C.

Extract from a Letter in the “ Boston Courier ” of Monday, Jun 21, 1844, by Mrs. L. M. Child.]

DR. HOLLICK'S course of lectures at Washingtonian Hall on the Origin of Life, commenced on Monday, and were listened to with breathless attention till the close, when the audience, in a body assembled around the speaker's stand, and congratulated him upon the excellence, novelty and utility of his discourse, and the vigor and felicity of his explanations. The manikin used by the Dr. to illustrate his remarks, is as large as life, and contains a fac simile of all the important machinery of the human body, and it is a treat to behold them and listen to the accompanying observations regarding their uses and abuses. The advance of modern science is aptly illustrated by the declaration of Dr. H., that within the last two years there have been discovered greater facilities for teaching medical doctrines to the multitude than the two foregoing centuries furnished for the instruction of medical men. If then, modern days afford so much additional light, it is even culpable on the part of the community if they do not avail themselves of knowledge so indispensable to health and happiness. Dr. Hollick's remarks are unexceptionable, easily understood, and have all the force of philosophy without the learned jargon of the pedant.—*Boston Post*, March 23, 1848.

DR. HOLLICK'S new series of Lectures which commence to-day for ladies in the afternoon, and for gentlemen in the evening, will no doubt prove a source of high gratification, and useful instruction, to all who can attend them. We understand each lecture will be quite complete by itself, and will embrace every topic of interest and every fact of value, that have the slightest bearing upon the subject discussed. The Dr. has a most admirable power of condensation, and never loses time with mere words, so that he puts more valuable matter in one of his discourses than is ordinarily scattered over four. The ladies' lectures are all to be of a strictly useful character, embracing the causes of their various complaints, and how to avoid them, &c. It was remarked by many, who were there last week, that such knowledge would prevent more disease than any medical skill could cure, and that they scarcely knew which to admire most, the value of the information itself, or the singularly pleasing, plain, and delicate manner in which it was communicated. The attendance will no doubt be large, and those who go late will probably be again disappointed, as hundreds were last week.—*Boston Bee*. March 7. 1848.

DR. HOLLICK'S NEW SERIES OF LECTURES.—At the request of many of our citizens Dr. H. has arranged to commence on Monday next, a course for ladies and gentlemen together, on Physiology and Health, and also one in the afternoon for ladies alone, illustrated by his celebrated models, paintings, &c. The great interest and importance of this subject, and the reputation of the lecturer himself, will no doubt cause a very large attendance, but the Doctor has properly made his arrangements so that no more will be admitted than can be comfortably seated. These lectures will be quite a prominent feature in next week's entertainments, and we should not be surprised if the Doctor is even better patronized than he was last winter, when hundreds could not obtain admission to hear him.—*Boston Times*, November, 1848

Dr. H's style of lecturing is exceedingly plain, lucid and intelligible. He relies on no trick or art of oratory—no effort to surprise or startle—to obtain or keep up the interest of his lectures. But they are deeply interesting. They are listened to in silence and with enchained attention—an attention that would feel annoyed at any fictitious arts of the speaker. The reason of this is obvious. The entirely novel character of the lectures, the deep and prevailing interest of the subjects discussed—subjects embracing all that is mysterious and of momentous importance in the matter of man's reproduction and existence in this world—give to the lectures a solid and inestimable value as well as enchaining freshness and interest.

We believe Dr. Hollick is the only man in the country who has devoted years of study to this important but too much neglected branch of human knowledge, or rather of human ignorance; and who is now trying to extend the lights of wholesome understanding on the subjects embraced, among the people.

In this matter, we recognise in Dr. H. a public benefactor, and we owe it to the welfare of our fellows to commend him as such in this decided manner. We give utterance to no formal or *paid for* puff in this matter. Our readers know us to be incapable of such a prostitution of our columns. The large numbers of ladies and gentlemen who have attended Dr. H.'s lectures know that we do but speak of this subject as it merits.—*St. Louis Intelligencer, Feb. 8, 1850.*

We were most agreeably surprised and delighted. Highly as Dr. H. came recommended, and thoroughly so were his lectures approved by men of intelligence abroad, we had no idea before hearing him, of the vast utility of his labors.

The subjects he discusses are of the highest importance to the well-being of the human race, and an ignorance of them is daily producing a degree of disease and death, the extent of which nothing but the astounding disclosures of eternity will reveal.—*St. Louis Era, Feb. 1, 1850.*

He is certainly an admirable lecturer, being clear in voice, distinct in expression, and having a very felicitous manner of imparting instruction. We are persuaded his lectures must be productive of great good.—*Organ, St. Louis, Mo.*

DR. HOLLICK—This distinguished lecturer had a crowded house at the Apollo last evening and his delighted audience expressed their approbation at the close of his discourse by loud applause.

Dr. H. is indeed a most entertaining and instructive lecturer. We heard a medical gentleman say last evening, after listening to him, that he would not fail to hear the whole series even if he should have to sell his coat to raise the means. The information, imparted by Dr. H., must be truly invaluable to every one who possesses it.—*Louisville Journal, Jan. 8, 1850.*

Undoubtedly he is the most eloquent, instructive and impressive lecturer in the United States upon physiology and health. The people of Cincinnati were so delighted with him that they prevailed on him to deliver four courses of lectures, and, when he was at length obliged to leave them, they obtained from him a promise to return.—*Louisville Journal, Jan. 5, 1850.*

ANOTHER COURSE.—Dr. Hollick, in consequence of the great success with which he has met, has concluded to repeat his course of lectures, as will be seen by reference to another column. His lectures impart information of such value, and are so highly interesting, that a person who hears him once, will not fail to attend the series.—*Times, Cincinnati, December, 1849*

Dr. Hollick's Lectures have excited great attention and produced much benefit throughout the country. These lectures are strictly moral and highly instructive. There is nothing connected with them calculated to offend the most sensitive delicacy.—*Delta, New Orleans Feb. 24, 1850.*

In November, 1849, Dr. Hollick lectured in *Pittsburgh, Pa.*, to crowded audiences, and at the termination of his last course was publicly thanked and requested to return.

In December, 1849, he gave *four courses in Cincinnati, Ohio*, and then had to give a promise to return at an early period.

In January, 1850, after two crowded courses, the ladies of *Louisville, Ky.*, tendered him publicly a most flattering vote of thanks and requested him to visit them again as early as his engagements would allow.

In *St. Louis, Mo.*, February, 1850, he had crowded houses, both of ladies and gentlemen, for three weeks, and public resolutions, commending his lectures in the highest terms, were passed on several occasions.

On going down the Mississippi River, February, 1850, he was unanimously requested by the officers and passengers of the splendid steamer *Atlantic*, to unpack his Models and lecture to them *on the boat*, which he did on three several days. At the conclusion, the audience resolved itself into a meeting, Dr. Gibson of Mississippi, being called to the chair, and Dr. Clark of St. Louis, elected Secretary. A series of resolutions were then passed unanimously, returning thanks for the lectures and commending them in the highest terms. These resolutions, headed,

“*Novel and interesting scene on board a Mississippi steamer.*”

were published in the *Picayune, New Orleans*, the inhabitants of which place were strongly urged to attend when the lectures were given in their city, and which they did not fail to do.

During his stay in the West and South, Dr. H. was everywhere received in the most flattering manner, and his efforts to impart important physiological knowledge in a popular manner, were fully appreciated. In every place the largest room that could be obtained was crowded at each lecture, and the number of applicants for consultations was so great that on several occasions Dr. H. was obliged to postpone the lectures in order to attend to them.

WRITING DESK AND GOLD PEN PRESENTED TO DR. H. BY ONE
OF HIS LADY CLASSES.



DR. HOLLICK--Dear Sir: The members of your class, desiring the gratification of offering you some testimonial of their personal regard, and grateful appreciation of the benefits which you are conferring upon them and their sex generally, respectfully request your acceptance of the accompanying writing desk.

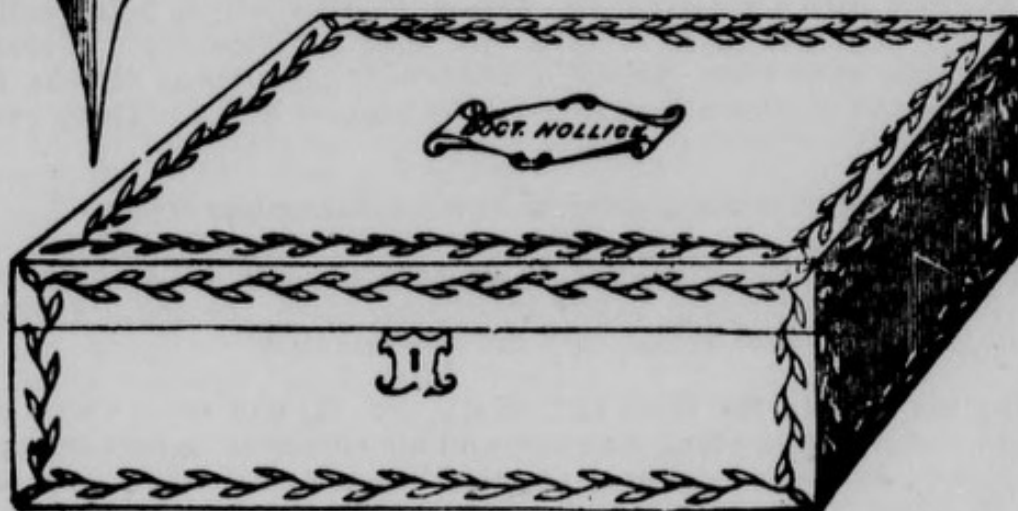
Were it necessary, we might repeat our assurances that your services to humanity will be, by us, long and gratefully remembered. The women of this generation have reason to rejoice that, by your efforts, a new and extensive field of information has been opened to them, whence they may derive treasures of knowledge, of immense importance to themselves and their posterity, hitherto concealed within professional enclosures.

Wishing you health and happiness, we beg leave to subscribe ourselves,

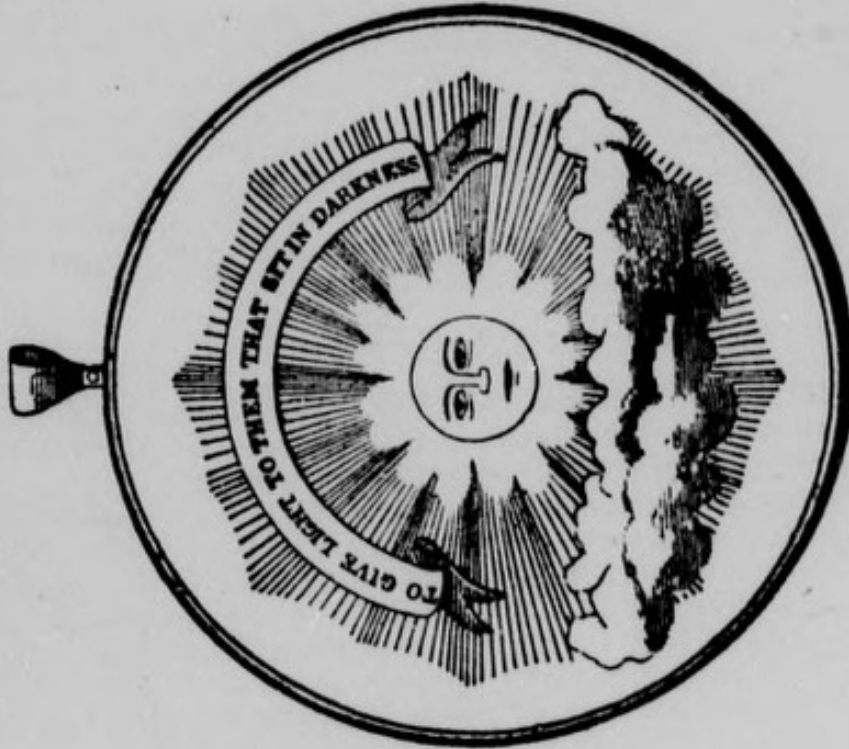
Truly your Friends,
Signed on behalf of the class by,

M. G.
O. W. B.

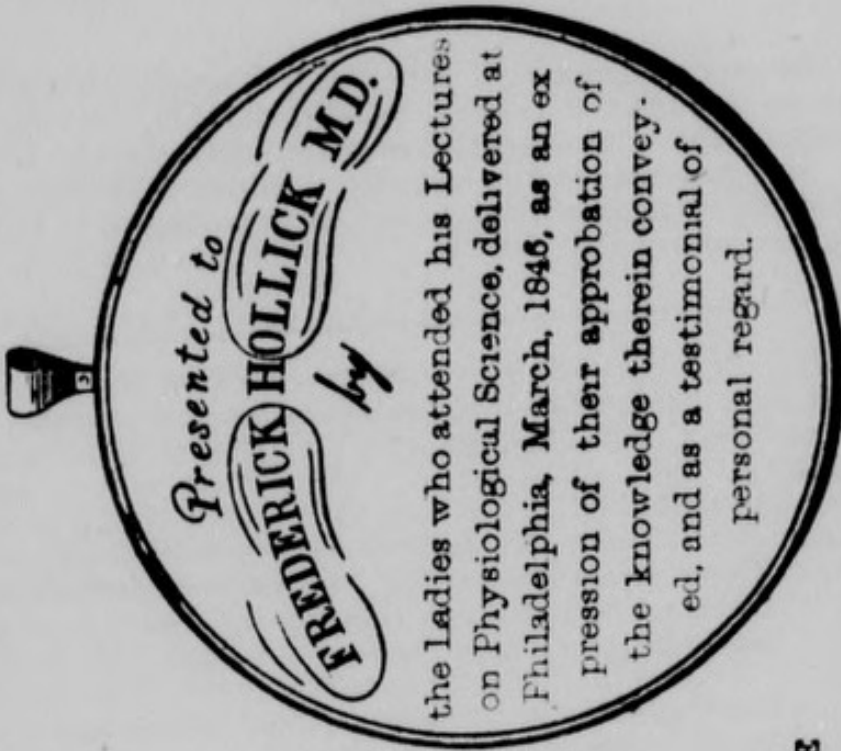
Phila. March 20, 1845.



THE GOLD MEDAL PRESENTED TO DR. HOLLICK,



BY



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by

the Ladies who attended his Lectures on Physiological Science, delivered at Philadelphia, March, 1846, as an expression of their approbation of the knowledge therein conveyed, and as a testimonial of personal regard.

THE

LADIES OF PHILADELPHIA.

LECTURES IN 1852.

In the early part of this year Dr. H. lectured for *four weeks*, with the most unbounded success, in Philadelphia, and for four more in Baltimore, where his reception was enthusiastic, the ladies filling the room, and passing on the last day a series of highly flattering and commendatory RESOLUTIONS, which were published in the daily papers. The following are a few of the Editorials given at that time :—

[COMMUNICATED.]

MESSRS. EDITORS.—The most scientific and useful lectures of the present day, which should claim the attention of every one, are now being delivered at Masonic Hall, by Dr. Hollick, on the subject of Paternal Physiology and Health. The writer of this heard his first course, delivered during the last week, and having been educated to the medical profession, is, perhaps, capable of judging of their usefulness. There is no doubt that the general feeling of the medical faculty, and of an enlightened community, towards itinerant lecturers, has been one of disapprobation and apprehension of quackery, but in the present instance there is certainly an exception.

Dr. Dunbar, (formerly Professor at the Washington College,) who attended Dr. H.'s last lecture, on Friday evening, was so pleased with the manner and matter of the lecture that he came out openly at the close of the lecture and stated, before the audience had dispersed, that he had come there at the request of a patient, prejudiced against the lecturer, but on hearing him he thought it his duty to say that the lecture was perfectly fair, scientific, calculated to do a vast amount of good, and that every man, young or old, should hear, and would be benefited thereby. His illustrations are complete and beautiful, and his explanations couched in such delicate language that the most fastidious can find no fault. Those of your numerous readers who may devote an hour to his remaining lectures will thank you for giving this publicity.—*Baltimore American*, March 2, 1852.

DR. HOLLICK'S LECTURES.—The distinction which Dr. Hollick has acquired as a most intelligent, judicious and salutary lecturer on the interesting and important subjects of human physiology and health, renders any commendation from us quite unnecessary; yet, in view of the fact that the course which he has lately delivered in this city, is, at the solicitation of many, to be repeated on this and the next two days at Masonic Hall, we would take occasion to assure all of their great value to every individual member of the human family. Many of the most prominent of the medical faculty in this city bear testimony to the excellence of these lectures, as calculated to be highly useful, in imparting, in the most unexceptionable manner, that knowledge of human physical structure and the laws of health, the want of which now occasions so much disaster and suffering.—*Baltimore Sun*, March 1, 1852.

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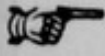
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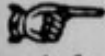

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