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DR RALPH'S
PRACTICAL TREATISE.

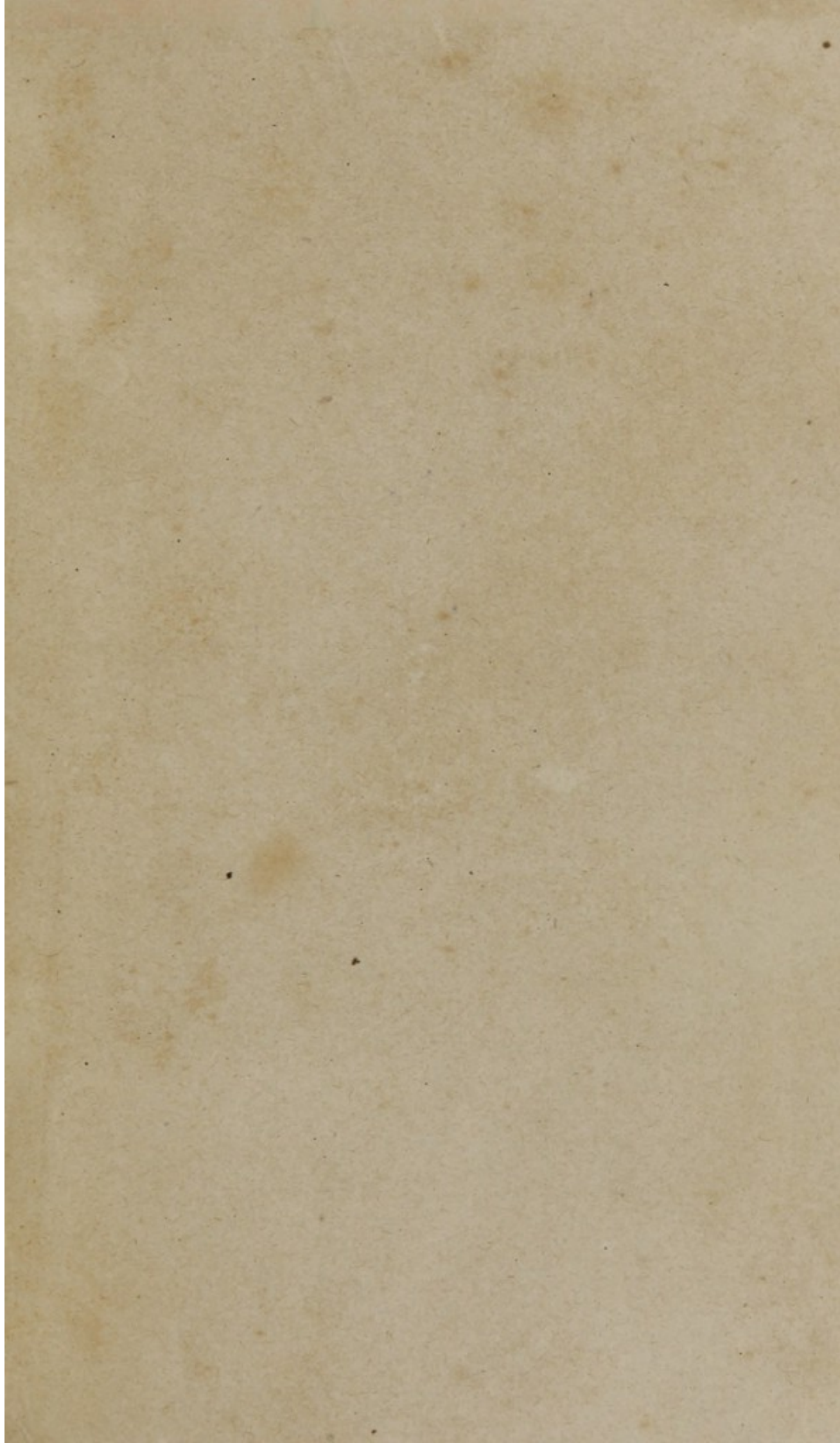
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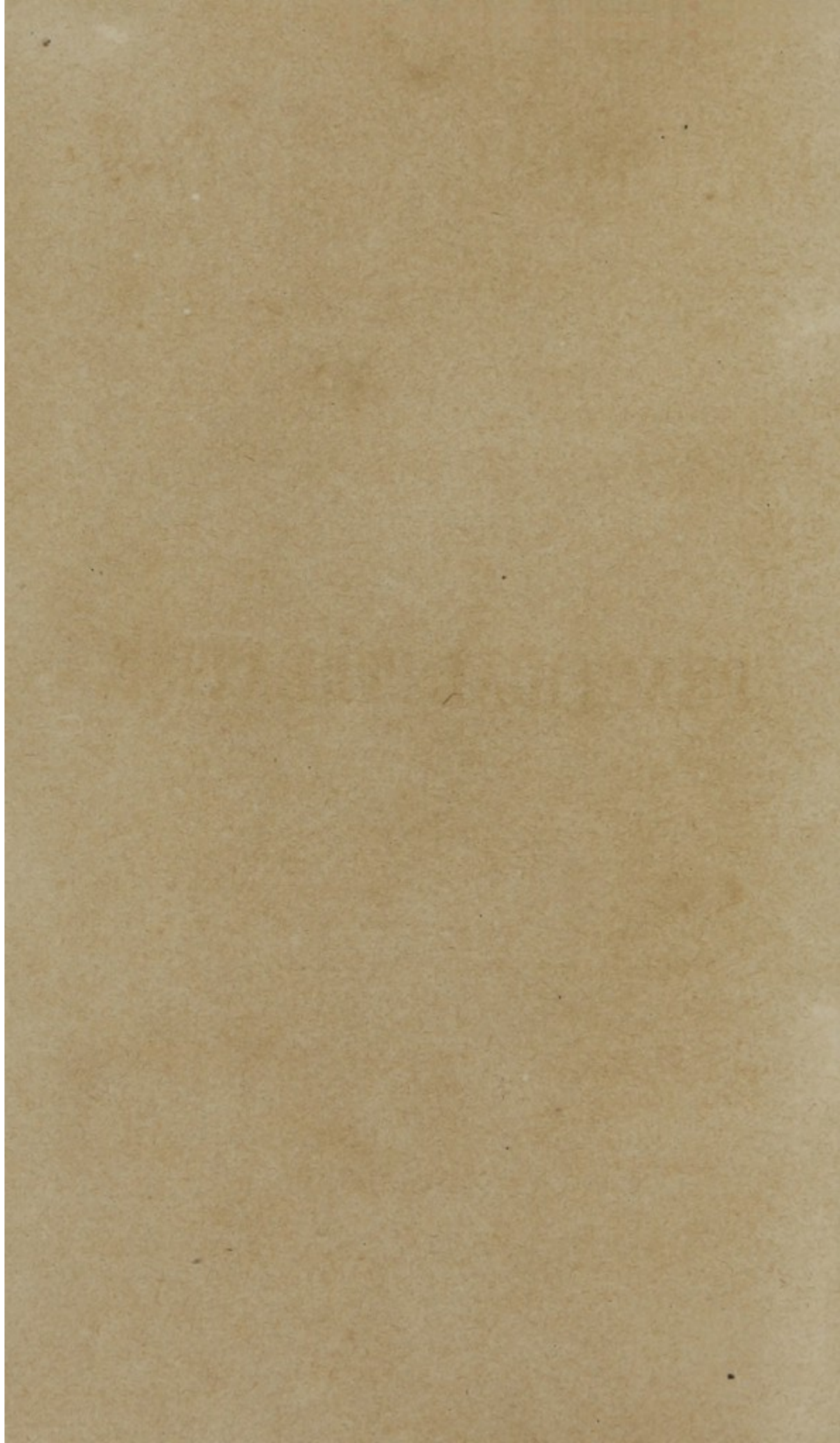
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Number 372568 -----





A
PRACTICAL TREATISE

OF THE
DISEASES AND AFFECTIONS

OF THE
SEXUAL SYSTEM.

WITH ENGRAVED PLATES.

PRACTICAL TREATISE.

11

PRACTICAL TREATISE.

A
PRACTICAL TREATISE

ON THE
DISEASES AND ABUSES

OF THE
SEXUAL SYSTEM,

WITH ILLUSTRATIVE PLATES.

BY JOSEPH RALPH, M. D.,

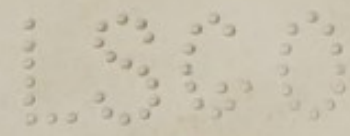
*Graduate of the University of Edinburgh;—Member of the Royal
College of Surgeons, London;—and Author of
“The Family Physician,” &c., &c.*

NOTE.—In order to treat this subject in a clear and practical manner, it is necessary to be more minute and descriptive on certain delicate subjects than would have been proper in the Author's "Family Physician, or Domestic Guide to Medicine," a book which is kept in numerous families, and much valued for its general utility and plainness; it is therefore published in this distinct and separate form.

EIGHTEENTH EDITION,
REVISED AND CORRECTED.

New-York:
E. D. LONG No. 121 NASSAU STREET.

1857.



PRACICAL TREATISE

ON THE

DISEASES AND ABUSES

OF THE

SEXUAL SYSTEM,

WITH ILLUSTRATIVE PLATES.

U N N 2 JUN '45

Entered according to an Act of Congress, in the year one thousand eight hundred and fifty-seven, by JOSEPH E. RALPH, M. D.

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THE FOLLOWING REMARKS

On the Nature, Symptoms, and Consequences of a frequent, but generally ill-understood Malady, will prove deeply interesting to many:—to those concerned they may prove invaluable. Addressed to persons unknown to the author, and post paid, it is hoped no further apology need be offered.

With regard to the *reasons* for writing on this subject and in this manner, they are several, and, in my opinion, weighty. The first is, that the complaint which is the subject of the following remarks frequently exists in those who are *not in the least aware* of it. It is a disease which, in its earliest stage, is seldom attended with pain or inconvenience; and those circumstances which do attend this stage, are generally referred to other causes. Among other symptoms, that *want of mental energy in business*, which so remarkably connects itself with this disease, is attributed to any cause but the true one. But, while under this delusion, the disease is gaining ground, and is quietly forming the foundation of the most serious and distressing maladies. I do not know (and I speak with a careful regard to truth) in the whole range of human maladies, one more pregnant with consequences which embitter life, as well by its effects upon the mind as on the body, than *Stricture of the urinary passage*.

My second reason is, that this, unlike almost every other malady, *never terminates in cure spontaneously; nor can it be possibly cured by any kind of medicine alone*. This should be ever kept in mind, not only because it will warn you against the trash of trading advertisers, but will lead you to seize the period when a cure can so easily be obtained. Do me no discredit when I assert the perfect inefficiency of medicine for the cure of Stricture. It is enough to make you doubt it to read of the boasting nostrums in the newspapers; but I repeat,—and indeed, call every real physician in the world to attest its truth, that no medicine whatever, alone, can *cure a Stricture*. Unsuspecting persons are daily duped by these nostrum venders: I have had patients who have assured me they had taken scores of bottles of such things as Colored Drops, or Mixtures, or Sarsaparilla, and used “newly invented instruments,” &c., &c. To refer again to the advantage of detecting and attending to Stricture in its early stage, I assure my reader, that although there is no example of Stricture—not even the most severe and complicated—which does not admit of cure; yet, the ease and quickness with which a recent case is cured, compared with an old and complicated one, makes its early detection a point of great importance.

A last reason I will mention arises from the repugnance which every one of proper feelings has, to publish of himself, in a common newspaper, that degree of learning and ability, as well as integrity of character, which is so peculiarly desirable in the physician selected for consultation on diseases of this nature. Now, to form an opinion from the statements and promises made by that description of persons who recommend themselves by public advertising, you would conclude that the diseases of the urinary and procreative organs were too simple and unimportant to claim the notice of a man of rank in his profession. But nothing in the world is more untrue. On

the contrary, it is a fact—and one which every physician will accede to—that, among the wonderfully complicated structures of the body, there is none more intimately connected with the mind and distant parts, so that its diseases become more influenced and modified by various causes; or which, from their delicacy of structure and function, demand a deeper measure of anatomical and physiological knowledge, than the sexual organs, both male and female. On this account, I think it appropriate here to state, as the ground on which I claim the confidence of society, the opportunities I have enjoyed of making myself thoroughly acquainted with this important subject, viz.: Besides a long and very extensive practice principally in this class of diseases, and being author of a practical work upon them (Dr. Ralph's Practical Treatise), I resided in Paris nearly two years for the purpose of studying the subject in the most complete manner possible—at the Hospitals, the University Lectures, and private classes of the Professors; and have, besides others not bearing exclusively on this speciality, "Certificats d'Etude" from

Dr. PH. RICORD, Chirurgien de l'Hopital des Vénériens. Professeur de Clinique et de Pathologie Speciales.

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Dr. SEGALAS, Membre de l'Académie Royale. Cours sur les Maladies genito-urinaires.

These may be seen in my office by any one.

I should not have dwelt so long on *my reasons* for this letter, but there are many facts and observations interspersed among them, which should be known and thought of. I will now proceed with—

THE NATURE, &c., OF STRICTURE.—A Stricture consists in a thickening of one part or other of the membrane which lines the urinary passage. The immediate cause of this thickening is slow or chronic inflammation, and this chronic inflammation is that state which a Gonorrhœa or Clap is apt to settle into when it is not early and properly treated, and is called a *Gleet*. Now, there is no pain in this early stage of Stricture; neither does the stream of urine become sensibly altered—not enough, for instance, to strike the attention. There is, however, now and then, a little discharge, which is very puzzling to those who do not understand it, for, though it may be stopped a hundred times, it will again and again return. The fact is, this discharge is now no longer that of Gonorrhœa, but arises from a different cause—a Stricture—or a condition very near akin to it. When the Stricture is free from irritation, whether under the use of medicine or not, it ceases, but when any thing happens to irritate or excite the Stricture, it reappears. But, while there is but little to complain of in this early stage of Stricture, arising immediately from the seat of the disease, it is very apt to affect the mind and depress the spirits. The reason why it should thus affect the spirits will be easily seen by reflecting on the intimate connections which subsist between the mind and sexual organs. Who does not know the effect of a single thought of a certain nature upon these organs? Now, it happens

depress the spirits—a circumstance I am inclined to lay a greater stress upon than many authors, for by this I have often been enabled to detect a Stricture when there was hardly any other indication of it.

THE SYMPTOMS OF STRICTURE IN ITS EARLY STATE.—The very first of these, I think I may safely state, is that of a drop or two of urine which is observed to pass away after a person has finished making water, so as to wet his shirt a little. It has been observed there is at first but little alteration in the stream of urine; nor is there always a discharge, although, in general, there is a little to be seen. Now, a Stricture is almost always the consequence of a badly-managed Gonorrhœa, (though it may arise from long continued irritation of the urinary passage in whatever way produced, and sometimes apparently from no cause at all.) If the treatment of Gonorrhœa, for instance, has not been followed up by injections in the manner I have particularly directed in my Private Treatise, so as to bring its cure within, at farthest, a few weeks, it will slide into a Gleet, which is indeed itself a Chronic Inflammation of a specific kind, and Chronic Inflammation, as has been remarked, naturally produces a thickening—which thickening of the lining membrane of the passage is Stricture. Now, if any one, having had a Gonorrhœa which has continued, say from six to eight weeks (or if long ago he had a Gonorrhœa which was tedious, or, has had it several times, though apparently each had been cured), and still has a discharge, at least occasionally, and he perceives a drop or two of urine to escape, as I have described, and especially if he can detect any difference in force or in manner of urinating; and, more especially still, if in addition to this he feels a depression of spirits and an inaptitude or incapacity for business which is not natural to him, then I say, that man has sufficient reason to suspect his malady is either Stricture or is assuming that form, and that it is his duty to consult some competent surgeon on the subject.

These being the symptoms which attend the very early stage of Stricture, of course they become more definite and striking as the disease proceeds, but with regard to the rapidity of their forming, this differs greatly in different individuals: in some, they creep on very slowly, and it may be months and sometimes years before any difference in the manner of making water is observed. All this time, however, if the patient was aware of it, and were to pay attention to his stream of urine, he would find it was not so large and bold as formerly; and especially would he observe, that after finishing and buttoning up, a drop or two would always steal away and wet his shirt. This latter is the most constant of all the symptoms of Stricture: not that it never happens from any other cause, for it may occur from weakness of the parts and other causes; but though this drop may happen without a Stricture, a Stricture cannot exist without this drop.

The stream of urine may split or curl about—it may require an effort to begin, and then flow free enough,—the desire may come on so quickly that you can hardly retain it for a moment,—you may make water too often, and rise in the night for that purpose,—there may or may not be a gleet discharge or weakness from the passage, or only after excitement; sexual intercourse may be weak, with too great quickness or even immediate discharge in the act,—there may also be occasional uneasy sensations, as itching, pulsation in the passage, numbness in the thighs, smarting or burning pain in the head of the part, or darting to the fundament and the back, pain in the hip, inside the knees and even in the soles of the feet. Again, there is sometimes pain in intercourse, or a retardation of the seminal emission, the part itself may shrink or shrivel, or may be affected with painful and constant erections—the testicles also may become inactive, and the sexual appetite lessen, or altogether cease. All these symptoms, as I have said before, are not present in every case of Stricture, but many of them may be, and some of them are very often observed.

With regard to the more advanced stages of Stricture, no one who has attentively read the above will be at a loss to recognise the disease and its attendant symptoms.

With this I finish these remarks, my principal object being *to enable every one to detect this disorder* IN ITS EARLY STAGE, when it admits of so easy and quick a cure; and I think the valuable and practical knowledge herein contained cannot fail to prove acceptable, and perhaps invaluable to those it may concern; but if further knowledge and assistance is required, these of course could be obtained either personally or by letter.

I would add, that besides *Stricture, Gleet* and the various disorders entailed on these parts by Gonorrhœa, there are others which are deeply interesting to the sufferer—as *Irritability* of these organs, *Debility, Impotence*, and all the distressing consequences resulting from Masturbation or self-abuse, and from sexual excesses; Disease of the *Prostrate Gland, Gravel*, and those various urinary affections which are ignorantly called *Gravel* or *Stone*. Also the consequences of uncured Venereal Disease (properly so called) as venereal taint of the blood—Sore Throat and eruptions on the skin—Syphilis in the Bones, Ulcers, Warts &c.,—on all of which those who consult me may depend on receiving the most faithful and deliberate attention.

JOSEPH RALPH, M. D.

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N. B.—TO PATIENTS IN THIS CITY I would observe, that by making application in the *earliest stage of recent cases of disease*, the cure may generally be effected *immediately*, as well as radically and safely.

A

PRACTICAL TREATISE.

&c. &c.

PART THE FIRST.

CHAPTER I.

ON GONORRHŒA.—*Its Nature, Symptoms, Progress and Consequences.*

THE first thing to know on this subject, is, that Gonorrhœa and Venereal Disease are two distinct and very different disorders. A person having Gonorrhœa, for instance, cannot give another the Venereal disease; nor can one having Venereal Disease give to another the Gonorrhœa. Neither, again, can a Gonorrhœa change into the Venereal, nor Venereal into the Gonorrhœa. Both diseases, however, may perchance exist in one and the same person, and then, both may be communicated at the same time, or one alone, just as it may happen. But the thing to be remembered is, that *they are two dis-*

tinct diseases, and this is the more important, because, as I shall presently have to show, they require very different remedies and modes of cure.

I will now proceed to give a description of the first of these complaints—the Gonorrhœa—the one upon which we are now engaged, and this shall be done in words as few and as plain as possible, so that, by comparing it with the description of the Venereal, which shall immediately follow, any one may see the difference between these two diseases in a moment.

Gonorrhœa, then, is an infectious disease; it is seated in the urinary passage, from the orifice of which there issues a discharge of matter, attended, more or less, with pain and heat in making water. There is no outward sore or ulcer in Gonorrhœa; neither indeed is there any within the passage. If it were possible to take an inside view of the urinary passage, nothing would be seen there but redness and a little swelling, and the discharge, whether much or little, would be seen issuing from the red and swollen state of the membrane which lines it just as matter is sometimes seen issuing from an inflamed eye

Venereal Disease, on the contrary, is not seated in the urinary passage, but externally, on some part or other of the penis or genital organs, and consists in one or more little ulcers or sores, which do not heal like others, but continue unhealed, and, at length assume a peculiar character.

Gonorrhœa, then, consists in a *discharge from the urinary passage*, attended, more or less, with pain and heat in making water, without ulceration or sores; whereas Venereal Disease consists in external ulceration or sores, without discharge from the urinary passage, and without pain or heat in making water. No one, it is presumed, after this can possibly mistake these two diseases, and it will therefore now be proper to describe particularly how a Gonorrhœa commences and proceeds.

But before entering upon a particular history of this disease, it is desirable to say a word or two respecting *the time when* a Gonorrhœa first appears after an exposure to it; for many persons wrong themselves with dread and apprehension long after there is the least occasion for it; To the question then so often put,—*When may I consider I am safe?* I reply, *after the seventh day*, if none of the symptoms presently to be mentioned should appear, you may consider you have escaped,—that you are safe. It is true there is some difference in the time of its appearing in different individuals. Some have said, for instance, they have known it to appear in twenty-four hours, and others that it has been delayed for ten or even fourteen days. I very much doubt, however, whether it ever appears at this early period. Instances of this kind which have occurred to me, have always proved to be cases of Stricture, not of Gonorrhœa, the discharge being the immediate consequences of an irritation of the pre-existing disease; while those delayed for fourteen days are very

rare. I never met with one myself, though such are occasionally related to me. By far the most common period is the third day. The seventh is the longest I have ever met with, and it is on the ground of this experience I venture now to say that, whoever has passed the seventh day without any of the symptoms presently to be mentioned, may consider he is safe—that he has escaped—however suspicious the party may have been. This much then as to *the time when* a Gonorrhœa begins, and now as to its *manner* of beginning.

A person having been exposed to this infectious malady, at some period within seven days, if he should have taken the disorder (which we will suppose to be the first attack) will feel a little pain and heat in making water. This leads him to make an examination, when he will find the orifice of the urinary passage looks a little redder than usual, its lips rather pouting or swollen, and on squeezing it, an uncommon dampness or thin mucus will be seen. In the course of a few hours, or by the next day, the pain and heat in making water will have increased, the discharge also increased and of a purulent or white creamy appearance. For some days these symptoms go on increasing in severity, the matter becoming of a yellowish color. Sometimes the pain and heat in making water will be exceedingly great, amounting to a sensation of absolute scalding; at this time the discharge generally turns to a greenish color, and instead of being about as thick as cream, is thin and watery. Under these

circumstances there is also a painful sensation along the whole length of the urinary passage, and the penis swells and is subject to attacks of frequent and very painful erection.

A Gonorrhœa always begins with pain and inflammation, more or less, which, after a little while, abates or subsides entirely. In speaking of a Gonorrhœa, therefore, we call the beginning of it, its *Inflammatory Stage*. But the degree of pain and inflammation at the beginning of Gonorrhœa, differs exceedingly in different persons; some will have so little as scarcely to complain at all, while others suffer most severely; as a general rule, however, the oftener it is had, the less inflammatory is its attack, so that, those who have had Gonorrhœa several times may experience actually no pain at all, the only notice of its existence being the appearance of the matter on the clothes; but, in every case, after a time, this inflammation subsides, whether anything is done for it or not. Persons (coming from some of the advertising quacks) will often say, "but the stuff they gave me removed the burning pain," when, in fact it has nothing at all to do with it; for unless the heating things they generally give increase the burning pain, it subsides itself, spontaneously. This then is the *first or Inflammatory Stage*.

The seat of Gonorrhœa, at its commencement, is just within the orifice of the urinary passage, this necessarily being the part that first comes in contact with the infec-

tious matter—that first receives the inoculation. But the disease is not long confined to this spot, its tendency is to progress further and further along the urinary canal until it reaches to very near its other end, and there it settles down. How long a time it may occupy in its progress through the urinary canal, is uncertain, and differs in different individuals and under different circumstances of constitution, mode of life, &c. The painful inflammatory symptoms however, seem principally to attend the invasion of the disease, and, most of all, its effect upon the first portion of the passage; when these are subsided, at any rate, we may consider it has advanced to its ordinary distance.

After a long time then, or, if there has been much pain, after this has subsided, another stage of the disease commences. This stage consists simply of an infectious discharge issuing from the orifice of the penis, with little or no pain. This discharge is more or less in quantity in different persons, and is much increased by whatever may excite, or by irregularities of any kind. This, especially when the discharge is slight and quite unattended with pain, is what is properly called "Gleet," (see Chapter VI.), and, when once suffered to commence, there is no exactly telling how long it may continue, or how it is to terminate; but let it ever be remembered, that, as long as this discharge continues, the disease may be communicated by infection. This, then, is the *Second or Chronic Stage* of Gonorrhœa.

But thus far I have spoken of a Gonorrhœa in its simple form, and have mentioned those symptoms only which are essential to it, and which are never absent from it; there are however other symptoms which are only sometimes present, which may or may not exist, but which, when they do occur (and some of them generally do) form the severest part of the complaint and call for immediate and peculiar remedies. In fact, it is for the want of knowing something of the nature of these *accidental symptoms*, that Gonorrhœa assumes its most distressing character, and leads to the worst consequences. Those circumstances which may or may not occur in Gonorrhœa, and are called accidental symptoms, are the following: *a swelling of the prepuce or foreskin;—swelling of the glands in the groin;—very painful erections of the penis;—and swelling of the testicles.* The nature of these therefore is now to be explained, but the particular mode of treating them will be given in another Chapter, (III). First, then of

Swelling of the Prepuce or Foreskin.

This is the effect of inflammation, which a full and irritable disposition or irregularity of habits gives rise to. The structure of the skin which covers the head of the penis (the prepuce) is very loose and cellular, so that when the inflammation happens to be high, this structure fills with the thin and colorless part of the blood which causes it to swell.

Sometimes the skin is swollen amazingly, and looks of a bluish white color, being half transparent, and is very apt to create alarm. Indeed, there is sometimes reason for alarm, for when this swelling is considerable, the skin cannot be pushed back over the penis, or, if pushed back it cannot be brought forward again, so as to cover it. Now, there is not so much danger in this swelling itself, as in the consequences of it; for if the skin cannot be pushed back, the matter under it accumulates and becomes acrid and irritating, and you cannot avail yourself of cleanliness, which is always of importance. And, on the other hand, if you cannot bring the prepuce forward, it produces danger by acting as though a string were tied around the head of the penis, preventing the return of the blood, so that it swells prodigiously, looks blackish, and sometimes even mortifies and comes away. This, however, can always be prevented by proper management, which will be shown as I have already said, in a following chapter. It is called a *Phymosis* when the skin cannot be drawn back from over the gland, or head of the penis, as in the former instance; and a *Paraphymosis* when, being back, it cannot be brought forward again over the gland.

Swelling of the Glands in the Groin.

This also is the result of inflammation, spreading to the glandular bodies situated in the groin. In every part of the body there are certain little vessels called absorbents; and these, in their course, run through absorbent glands,

PLATE I

of which there are several in each groin. Now it happens that inflammation in the urinary passage is communicated through the medium of these vessels to the glands in the groin, which become painful and enlarged in consequence. It is however worthy of remark, that in Gonorrhœa, glandular swellings seldom go on to form an actual bubo (which is an abscess in the groin) as they are apt to do in Venereal Disease, so that they are comparatively innocent; after a little time they generally subside and disappear, (see plate 3). Another of these occasional symptoms is

Frequent and very painful Erections of the Penis.

This is a distressing and tedious symptom, the nature of which I will endeavor to explain;—in fact it is nothing more than inflammation extending from the lining membrane of the urinary passage into the substance and body of the penis; and it seldom occurs unless the inflammation runs high. The structure of the penis is remarkable, (see plate 1). It is made up of large cells, into which the blood is determined under certain circumstances of excitement, and when these are filled, the penis is erect. Now the effect of the inflammation having passed into the walls or substance of the urinary passage, and into this cellular tissue, is to deprive these parts of their natural elastic, yielding nature; they become thickened, tense, unyielding, so that when the blood rushes in, as we know it does under sexual and other kind of excitement, producing enlargement and elongation of the penis, these

EXPLANATION OF PLATE I.

Figure 1. A transverse section of the penis, exposing its internal Cellular or Spongy Structure, and the blood-vessels ramifying through it; this is called an Erectile tissue. Erection of the penis takes place by the filling up of this spongy texture with blood which for a time is retained in it. It is seen that the spongy structure is in two separate masses, and forms the bulk of the body of the penis. The three or four small holes above are the blood-vessels running along the back of the penis;—the larger hole underneath is the urinary passage—which is observed to have another spongy texture surrounding it separately. The inner lining skin of the passage (the seat of Gonorrhœa, &c.) is seen thrown into longitudinal folds, which enables it to expand or open when the urine passes, or when its spongy tissue is expanded during erection. This is generally the seat of pain in Chordee.

Figure 2. A highly magnified view of a portion of the Spongy or Cellular tissue.

PLATE I.

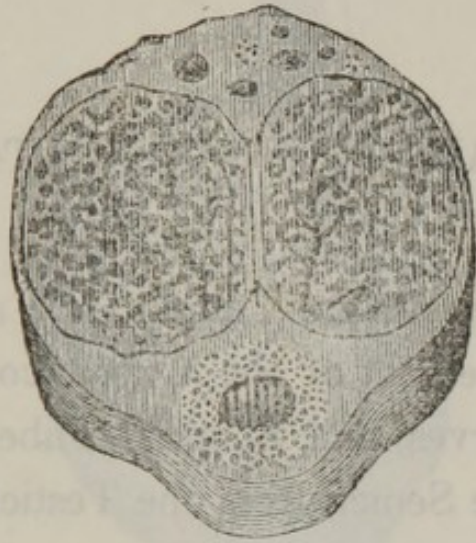


Figure 1.

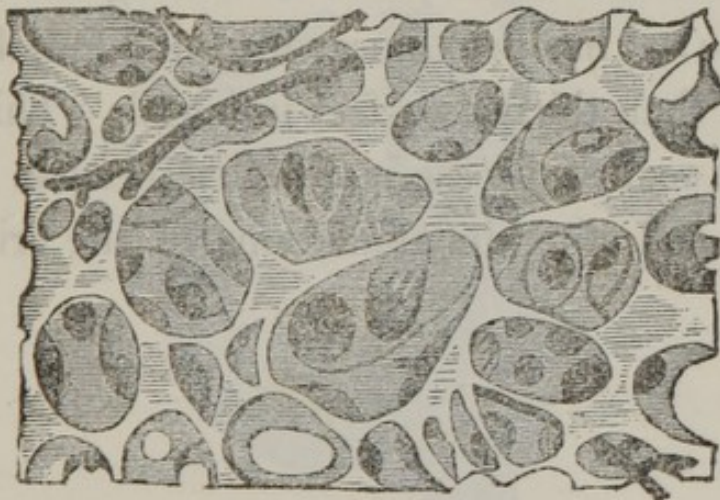


Figure 2.

EXPLANATION OF PLATE II.

Figure 1. represents the Testicle, and attached to one side, the commencement of the Chord, composed of the Blood-vessels, Nerves, and Seminal Tube, *i. e.*, the tube which conveys the Semen from the Testicle.

Figure 2 shows a dissection of the Chord, in which everything is removed except the Seminal Tube itself; this is seen to be exceedingly small and delicate, and thrown into innumerable convolutions from the spot where it emerges from the Testicle at the top, and so continued till it reaches the bottom, where it gradually becomes thicker and less intricate, at last ending in an almost straight tube: it has been unravelled and found to measure no less than thirty-two feet in length. This delicate organ is the seat of disease in Swelled Testicle following Gonorrhœa and other inflammations of the urinary passage.

PLATE II.

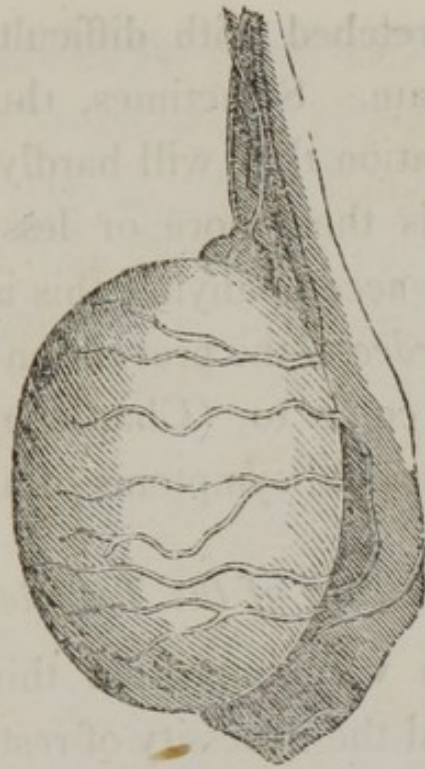


Figure 1.

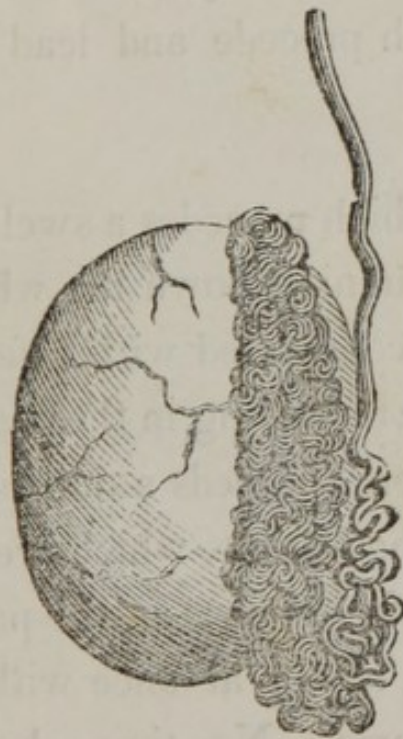


Figure 2.

parts resist, are stretched with difficulty, or even torn, giving excessive pain. Sometimes, thus thickened and altered by inflammation they will hardly yield at all, the figure of the penis is then more or less crooked, as we often see; the pain accompanying this is terrible. It is what is called *Chordee*,—the prevention or cure of which we shall presently come to, (Chapter III). The fourth and last of the occasional symptoms of a Gonorrhœa is

Swelling of the Testicle

This I consider a very important thing, for here the pain is so great, and the necessity of rest and lying in bed so urgent, that it is difficult to cure such cases with that secrecy which is so often desirable. Much however, may be done to prevent it, if early attended to, and therefore the symptoms which precede and lead to it, shall be noticed carefully.

The first thing which precedes a swelling of the testicle is a sense of pain running down the whole length of the urinary passage, accompanied with a feeling as if a drop or two of urine were remaining in the passage after making water. To this there succeeds a dull pain in the groin, going on to affect the testicle, which presently feels heavy and very tender to the touch; or, the pain and tenderness of the testicle may set in at once without any of these premonitory symptoms. No time should be lost. It should be attacked instantly, in order, if possible, to arrest the inflammation before fully developed

PLATE III.

The seat of the disease is not in the body of the testicle itself, but in a small organ attached to it, (see plate II), which, in a healthy state can, by carefully feeling around the testicle, be discovered at its lower and back part; it is small, loose, and feels like a collection of fibres. When attacked by inflammation it becomes exquisitely sensitive and painful to the touch, and swells rapidly, becoming at the same time hard and solid; it will then often exceed in bulk the testicle itself. The treatment, will be found in Chapter III.

Inflammation of the Bladder.

Is still another consequence of the extension of the primary gonorrhœal inflammation—to the neck of the bladder. This part is naturally very sensitive, and, when inflamed, becomes so irritable that the contact of the urine or slight distention of the bladder gives rise to pain and desire to urinate. It may be slight, causing merely the inconvenience of too frequent micturition with difficulty of restraining it; or, the bladder may empty itself every five or ten minutes, passing only an ounce or two of high-colored urine, with great pain, and followed by blood, the desire to urinate remaining unrelieved. It is then attended with fever. This affection oftener appears in a mild or sub-acute form, but may set in with great severity, and is then a most harassing and painful addition to the Gonorrhœa, it is therefore prudent to use means for its prevention or cure directly a tendency to it is observed, as directed in Chapter III. The position of

EXPLANATION OF PLATE III

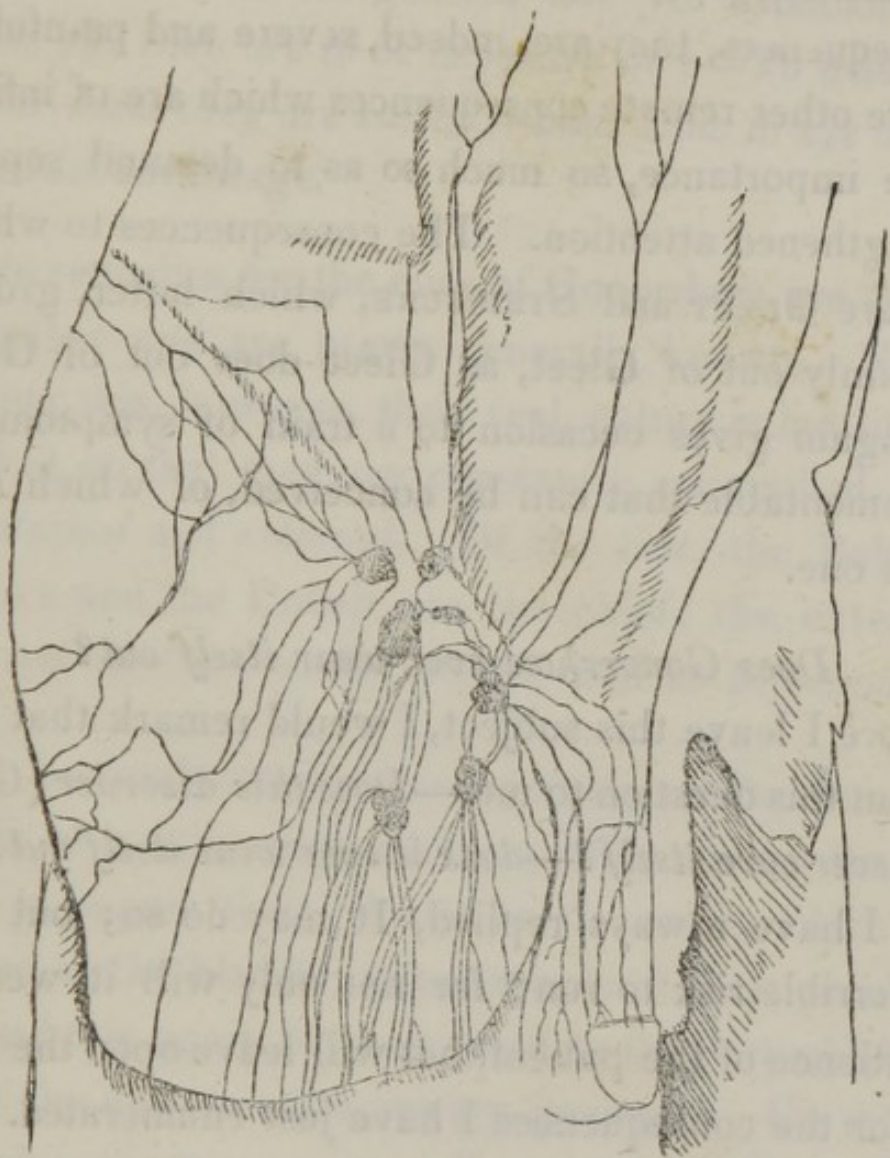
Showing the Glands of the groin, and the absorbent vessels coming from every direction to pass into them.

It is the inflammation of these glands that constitutes Bubo. If, from any cause, one of these vessels is injured or inflamed, the inflammation generally passes along till the vessel merges into a gland, where it settles, causing the gland to swell and frequently to suppurate. Thus, if a chancre on the penis or the inflammation of a Gonorrhœa happens to implicate one or more of these little absorbent vessels, several of which are seen passing along the penis and testicle, the effect is immediately transmitted to one or more of the glands of the groin, and Bubo, as it is called, is the consequence.

PLATE III.

the neck of the bladder, the seat of this inflammation, is shown in plate IV.

This then, is all that need be stated on the nature, symptoms and progress of Gonorrhoea. With regard to its consequences, it is to be observed, severe and painful, but there are other more important consequences which will be more fully mentioned in the sequel.



the neck of the bladder, the seat of this inflammation, is shown in plate iv.

This then, is all that need be stated on the nature, symptoms and progress of Gonorrhœa. With regard to its consequences, they are, indeed, severe and painful, but there are other remote consequences which are of infinitely more importance, so much so as to demand separate and lengthened attention. The consequences to which I allude are GLEET and STRICTURE, which latter, growing as certainly out of Gleet, as Gleet does out of Gonorrhœa, again gives occasion to a train of symptoms the most lamentable that can be conceived, of which *Impotence* is one.

Does Gonorrhœa ever wear itself out?

Before I leave this subject, I would remark that many have put this question to me,—*Does this disorder (Gonorrhœa) ever cure itself?—does it ever wear itself out?* To which I have always replied, It may do so; but it is a most terrible risk to run; for not only will it wear out the patience of the patient, but will leave open the widest door for the consequences I have just enumerated. The general consequence of a Gonorrhœa, if not early and properly treated, is a GLEET, and a Gleet implies a certain morbid state of the urinary passage, which, if long continued, is almost sure to terminate in STRICTURE, a disease than which I know nothing that, in the hands of most people, is more baffling and truly lamentable

CHAPTER II.

ON THE REMEDIES *in general use for GONORRHŒA*;—
How far they are to be depended on ;—To what parti-
cular cases they are suited,—and, How to use them to
the best advantage.

THE remedies for the cure of Gonorrhœa are very few in number and are pretty generally known. Notwithstanding this, however, their real nature is but little understood, so that they are constantly misapplied. They are *internal* and *external*. Of the first, the Balsam of Copaiva and the Cubeb are the chief; the external or local remedies consist of lotions, used as Injections.

The Internal remedies are vegetable productions, which in their properties very much resemble one another. All of them impart their virtues to the urine, which being retained in the bladder, impress upon it their peculiar effect, and this again is transmitted to the part which is the seat of the disease—the urinary passage.* On the other hand, Injections are generally mineral substances, and

* This has been repeatedly proved. Whilst attending the Clinique of the renowned Ricord, at the Hôpital des Vénériens, of Paris, I had an opportunity of witnessing a rare and curious case, very illustrative of this fact. A man was admitted into one of the wards (Salle 2 I believe) having a severe Gonorrhœa; he had, by an accident, some years previously, got his urethra

severed near the scrotum; he consequently urinated principally by this artificial opening, and, at both this and the natural opening, the gonorrhœal matter escaped. The Balsam of Copaiva was ordered him, and in a few days the discharge from the posterior half of the urethra was entirely checked, whilst from the anterior half it flowed almost or quite as freely as ever

consist of certain suitable stimulants, which are applied more immediately to the seat of the disease by means of a Syringe. Both kinds of remedies are exceedingly valuable in their proper places, but they are also, both of them, either useless or dangerous if improperly used or misapplied. The object of this Chapter, therefore, is to explain their use and nature more particularly.

It should also be stated, there are other remedies which are occasionally wanted in the cure of this complaint, but not always; these are, chiefly, the common remedies required to lessen pain and inflammation. Various things are used with such a view, but there are some which are far more suitable than others; an account of these therefore I will afterward subjoin, pointing out their proper use and dose, as well as making such other observations on them as may seem required. The successful treatment of these diseases depends more especially on the right management of the remedies in any given case.

The Balsam of Copaiva.

This, every body knows, is very often given for the cure of Gonorrhœa; indeed, Balsam of Copaiva, as a remedy for Gonorrhœa is so well known, that whoever discovers to another he has taken it by the peculiar smell it gives the breath, is generally set down for one who is contaminated with Venereal malady. Balsam of Copaiva is, beyond a doubt, the best of all the internal remedies, but it has its objections, and the circumstance just men-

tioned is one of them. Another is, its extreme offensiveness to the taste; and a third, its offensiveness to the stomach, so that it is rejected by vomiting, or, if not rejected, it takes away the appetite and induces a degree of nausea which can scarcely be endured. Indeed, it is a medicine, to some, so perfectly obnoxious that they cannot even think of the time of taking it without nausea or vomiting. With respect to the two first of these objections, however, (its offensive smell and taste), the latter of these may be avoided by taking it in Capsules, and the former partly so. These Capsules are small glutinous bags, which are closed, and contain a little of the Balsam. These little bags, when swallowed, are soon dissolved in the stomach, and thus the Balsam may be taken and its disagreeable taste avoided. The peculiar smell imparted to the breath, however, is not got rid of by this means; for, especially when it disagrees, the stomach is continually expelling wind, and this affects the breath offensively and is equally betraying. But the most important of the objections to the Balsam of Copaiva (that of disagreeing with the stomach and digestive organs) is not avoided by this ingenious way of giving it; for when the Balsam disagrees, it does so whether it is tasted in the mouth or not. These things, therefore, taken altogether, are great objections to the Balsam. But there are others still to be acquainted with. One is, the fact, that there are many persons in whom the Balsam of Copaiva has no effect at all in curing this disease; and there are others in whom

it will stop the discharge, so long as it is taken, but the moment it is laid aside, the disease or running returns. Now it is of no use for either of these to take the Balsam, or to continue it alone, at any rate. If such were to take a ship load of this medicine, it would never cure them. When the Balsam does good at all, it does so very soon, by lessening the discharge. A good rule in taking the Balsam of Copaiva is, to watch its effect, and if it do not, within two days, or three at furthest, very sensibly lessen the discharge, lay it aside, or add some other remedy to the treatment.

There is also a *time when* the Balsam of Copaiva should not be given; this is when the inflammatory symptoms of a Gonorrhœa run high. We always look for more or less of such inflammatory symptoms at the onset of this malady; sometimes indeed they do not happen, but they should always be prepared for. It is with this view we always give an active purge or two, and direct low diet and rest if it can be had, at the beginning of a Gonorrhœa. This sometimes prevents altogether, and if not, it abates them. After an active purging medicine, therefore, if there is no great pain and heat in making water, you may begin with the Balsam; but if there is, it should be delayed, however many days it may require to modify these symptoms.

Likewise, should you have commenced with the Balsam, and inflammatory symptoms at any time start up, lay it aside, and first abate these painful symptoms before you

begin with it again. I know that some begin with Balsam of Copaiva under any circumstances, and many times with impunity; but I also know that when it has been given without attention to these circumstances, it has sometimes been followed by distressing and even dangerous events, as inflammation of the bladder, testicles, &c.

But notwithstanding the truth of these remarks, the Balsam of Copaiva, when it agrees, and it is convenient to take it, is a remedy of considerable power in the cure of Gonorrhœa. Sometimes it is trusted to alone, but then, for any chance of success, it must be taken in a certain and well regulated manner, and cautiously abandoned. Let it be always remembered, however, that, where it can do good, it does so quickly; perhaps in two days the discharge is lessened one half, and it then goes on more gradually to diminish. But let it also be remembered that in those cases where it is equal to the cure alone, that cure would be affected in less than half the time if given in connexion with local remedies—Injections.

If the Balsam of Copaiva is fixed on as a remedy for Gonorrhœa, it should be given in the dose of about a teaspoon-full, not less than thrice a day. It may be taken simply in a little water, on which it floats like castor oil; but generally it sets better on the stomach when made in the form of a mixture or an emulsion. If it happen to purge, omit it for a day and take a dose of Rhubarb. If this will not do, add to each dose of the Balsam four or

five drops of Laudanum. It should be continued for some time after the discharge has ceased, and then left off only by degrees. This is all that need be said about the Balsam of Copaiva,

The Powdered Cubeb.

This is an admirable remedy if properly availed of, and is free from the offensive smell of the Balsam of Copaiva, it is also a pleasant, wholesome aromatic, and generally agrees with the stomach. Neither is there the same degree of objection to giving it in the very onset of the disease (provided high inflammatory symptoms have not set in) as there is to the Balsam; indeed, such is its peculiar effect, that if given freely and early, it sometimes supercedes the inflammatory symptoms altogether, and leads to a very speedy cure. If, however, inflammatory symptoms have already suddenly come on before you have had an opportunity of using the Cubeb, it is then more safe and proper to reduce these symptoms by rest, purging and diet, before you venture on this remedy. So also, if you had begun early with the Cubeb and such inflammatory symptoms should happen to arise, let it be discontinued for a while, or until these symptoms have been abated by the means above referred to, and then resume the Cubeb.

The best way of taking Cubeb is in the dose of a piled-up teaspoon-full, mixed in a tumbler of water, and repeated twice or thrice a day. It is of no use to take it

in small doses, as many do. There is something also in the manner of taking it. The best way is to fill a tumbler half full of water, then put a teaspoon-full of the Cubeb upon the water, and in a minute or so it will have sunk from the surface to the bottom, and thus is equally diffused; you then give it a stir and drink it off.

Should the Cubeb irritate the bowels as a purgative, this may be checked by adding five drops of Laudanum to each dose; but if it only prove a little laxative, to this there is no objection. The virtue of the Cubeb should be separated by the kidneys and carried into the bladder, and of this you may always be assured when a peculiar smell is imparted to the urine,—a kind of violet smell,—not unlike that which the urine has on taking turpentine, or when an individual has been exposed to breathing the atmosphere of a newly painted room.

But, although I have said so much in favor of the Cubeb, let it not be thought that it is to be depended on in every case. On the contrary, there are many individuals in whom it seems to have no good effect at all; and others in whom it will stop the discharge so long as it is continued, but the moment the remedy is laid aside the disease returns. And what was said of the Balsam of Coiva is also applicable to the Cubeb;—*viz.*, when it does any good at all, it does so quickly; so that if you do not see the most decided advantage from its use in two or three days, but little or none is to be expected from it.

EXPLANATION OF PLATE IV.

The various medicinal substances taken into the stomach for the purpose of acting upon the urine and the urinary organs, can only reach these along with the current of blood, into which they have been absorbed, as it passes from the main artery of the body into the Kidnies by

A, A,—The Renal Bloodvessels. During the circulation of the blood through B, B, the Kidnies, the refuse matter destined to form the urine, as well as certain medicinal substances, is seperated from it, and passes in the form of urine along

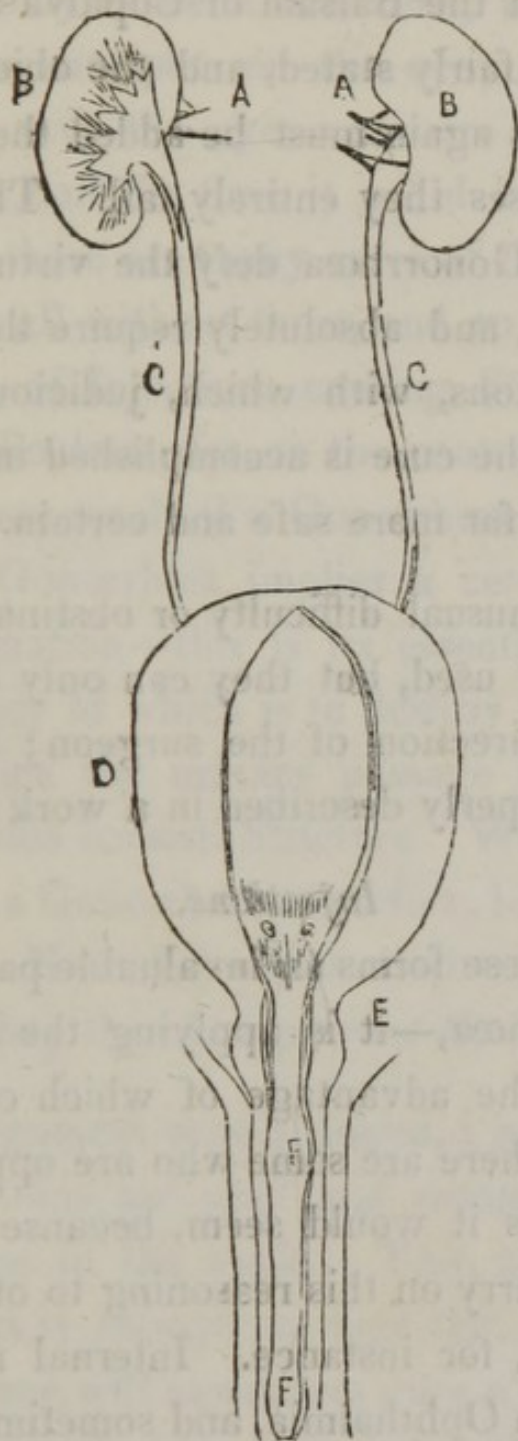
C, C,—The Ureters, into

D,—The Bladder, or reservoir of the urine.

E,—Is the Prostrate Gland or neck of the bladder, and

F,—The Urethra or urinary passage, which, with the bladder and prostrate gland, are represented laid open.

PLATE IV.



The inconvenience of its bulk, and the mode of taking it, are also in some cases a great objection to the use of the Cubebs.

The virtues of the Balsam of Copaiva and the Cubebs have now been fairly stated, and the objections to them shown. To this again must be added their uncertainty, for, in many cases they entirely fail. The fact is, that many cases of Gonorrhœa defy the virtues of internal medicines alone, and absolutely require the aid of local remedies, injections, with which, judiciously and skillfully managed, the cure is accomplished in less than half the time, and is far more safe and certain.

In cases of unusual difficulty or obstinacy, other local applications are used, but they can only be used under the immediate direction of the surgeon; they could not therefore be properly described in a work of this kind.

Injections.

The use of these forms an invaluable part in the treatment of Gonorrhœa,—it is applying the remedy to the disease itself—the advantage of which can scarcely be doubted. Yet there are some who are opposed to Injections, simply, as it would seem, because they may be abused. But carry on this reasoning to other diseases—say Ophthalmia, for instance. Internal remedies, then, are very good in Ophthalmia, and sometimes will cure it, but who would withhold the use of Lotions and other applications to the eye itself, simply because they may be

misused or abused. Is there a single medicine which may not be abused? Quite the contrary,—and the most valuable too are the most capable of such abuse. Oh! it is said, they may cause a Stricture; and so may Lotions and Ointments put out the eye; but, if properly used, they will save the eye, and cure its malady, and this in less than half the time it could be cured without them. Indeed there are many cases of the eye that cannot be cured at all without them, and so of Gonorrhœa. As to the idea of Injections causing Stricture, nothing can be more ridiculous; for, on the contrary, they prevent it. The ultimate result of a Gonorrhœa, *long continued*, is Stricture. Gonorrhœa implies a certain virulent or specific inflammation—this is its essential nature,—the ultimate tendency of which is to destroy the elastic principle with which the urinary passage is naturally endowed, and in this consists Stricture. Whatever shortens the duration of a Gonorrhœa, therefore, lessens the chance of a Stricture. Now, Injections shorten the duration of Gonorrhœa,—they therefore *prevent Stricture*.

If another argument were required, I might adduce the fact that Injections are used and recommended by the greatest surgeons in the world. This, however, is quite unnecessary,—it is enough to state that, although internal remedies alone will sometimes cure a Gonorrhœa, yet they sometimes totally fail; also, that in those cases where internal remedies are sufficient to the cure alone, that cure can be accomplished far more *safely* and *certainly* and in

less than half the time if aided by Injections. It would therefore seem superfluous to say another word upon the utility of Injections,—it now only remains to show their proper use.

Injections should not be used in the very early or inflammatory stage of Gonorrhœa; and even when this is past it is better to begin the cure with internal medicine, and continue for a day or two, before resorting to Injections. After this you may use them safely and very advantageously, few Gonorrhœas can long hold out against their proper use.

Injections should not be used too strong. It is no disadvantage if they give a little tingling sensation, but if it amount to heating pain their strength should be reduced by adding a greater portion of water. It is not proper, either, to increase the strength of an Injection to any great degree, but rather, if it seems to do no good, to change it for another. So if any one has been useful, but after a time should seem to lose its power, it would be better to change it for another than to increase its strength. Injections will sometimes lose their good effect, and for this reason several recipes are given for them. Indeed, under any circumstances it is better to change an Injection now and then—the part becomes accustomed to the peculiar stimulus of one alone if long continued,—the disease is sooner baffled and destroyed when one correcting stimulus is exchanged for another. It is better therefore to change an Injection; you may return if you please to

the one you used at first, if that agreed, only change is now and then—keeping most to that which best agrees.

Injections are chiefly mineral ; there is a great variety of them, but they all act pretty much on the same principle ; some however are better than others ; the most useful and most generally employed are the Sugar of Lead, the White Vitriol, the Alum, the White Vitriol and Alum combined. Laudanum is often added, especially when it is wished to allay irritability in the urethra or to prevent the irritation these chemicals sometimes cause. It should be recollected, always, that it is not so much the strength, as the effect of change of Injections that is here insisted on. The Blue Vitriol is sometimes used for Injections, but it is apt to disagree—irritating the passage, giving pain and increasing the discharge. It is, however, sometimes excellent on this very account—when a discharge is becoming stationary, getting neither better or worse with the other Injections, this perturbing effect is often useful, and, after using it a few days and then returning to the other, you will find an evident improvement immediately takes place.

Catechu, Tannin, Sulphate of Morphia, Acetate of Zinc, Tannate of Quinia, Iodide of Iron, &c., &c., are used as Injections ; but these require experience and skill in their management : indeed, more depends on the skillful management of the applications in form of Injection than upon the particular preparation used—this is especially true in the instance of Gonorrhœa.

Injections, to secure their great utility, require attention to the manner and frequency of using them. Many times I have heard it said, "The Injection does no good," when

I have found upon inquiry that it had not been made to enter the urinary passage. Of course it must then fail. To use an Injection properly it must pass up a certain distance. No matter how much further, but it must go up at least several inches, and it should be kept and retained there for a minute or two, by pressing the top of the penis with the thumb and finger. The sensation an Injection gives is quite enough to tell whether it has properly entered—it is as if you wanted to pass out urine; but the proof of it is, that a teaspoon-full or so squirts out again when you let go your thumb and finger. To insure an injection running well up the passage it is also necessary to hold the syringe firmly enough into the orifice to prevent any escaping that way. With respect to the repetition of their use, this too is an important point,—much depends on their regular frequent repetition. An Injection should be used six or eight times in the twenty-four hours: every two hours or every hour and a half if you please, provided it does not irritate or pain; but certainly not less than I have stated. The common syringes sold for using these Injections are often much too small; this is particularly the case with what are called the pp syringes; and the nose or spout is also made much too long, passing half, and even an inch or more into the passage, which proves a source of irritation to that part. A syringe should be chosen, therefore, with a very short spout, and it should hold about or nearly half an ounce of liquid.

The preceding remarks relate exclusively to the remedies in common use for the cure of Gonorrhœa. But, it was mentioned, there are other medicines now and then required—these are, chiefly, the common remedies in use for abating pain and inflammation. To make this little book complete, it is necessary here to enumerate these, and say a word or two on the dose and proper use of each.

Lotions.

These are often very useful, and are generally employed to assuage inflammation, as, for instance, in the case of swelling of the prepuce, or of the penis itself, in swelling of the testicle, &c. They are always used externally, and applied by means of rags soaked in the liquid and laid on or wrapped round the inflamed part.

The manner of making and applying them will be found in Chapter III, Note.

Cooling or Diluting Drinks.

These reach the urine through the same course as described at Plate iv. They are useful in any case, and, where there is much inflammation, with heat in micturition and high-colored scanty urine, they become very necessary. When they are required it is important to know what are the best, and how to make them. But it sometimes happens a person is so circumstanced that he cannot procure these—the request to have them prepared would lead to inquiries as to what they were wanted for. To such therefore it will be satisfactory to know that they can be done without. The softening mucilaginous qualities of which

they are composed, certainly have their use, but this is nothing compared with their diluting quality—depending entirely on the water in which they are dissolved. If, therefore, you take a watery drink of any kind, as common water, the end is answered—that is, if you take plentifully of it. A near approach to these mucilaginous drinks, however, can be easily and pleasantly made. Take an ounce or more of Gum-Arabic, in large lumps, in the waistcoat pocket, and consume it during the day in addition to plentiful drinking, by taking a lump into the mouth every now and then ; or Jujube Paste may be used instead of Gum Arabic ; it is a very pleasant thing, and gives to the simple water the softening effects of the various drinks, viz. : Flax Seed or Slippery Elm Tea, Barley Water, &c.

Purgatives.

Next to bleeding, purgatives form the most active agent in reducing inflammation.

Opium.

It is a valuable medicine under many circumstances, and is sometimes required in the accidental symptoms of Gonorrhœa.

SENNA AND SALTS is an excellent purgative medicine, either alone or taken in the morning after any pill the night before.

Take one ounce, or about a handful of Senna leaves, pour on it a pint of cold, soft water, put it on the fire—taking care to remove it the moment it boils—stand on the leaves till cold—then strain off, and to the liquor add one ounce of Epsom Salts, or two ounces of Rochelle Salts. A little bruised ginger boiled with the leaves prevents griping. Dose a large wineglass-full and repeated every half-hour or hour till it operates.

JALAP AND CALOMEL.—Fifteen grains of the former and five of the latter, taken in sugar or molasses. A larger dose is sometimes given.

EPSOM SALTS AND ANTIMONY.—Dissolve two ounces of Epsom Salts and two grains of Tartarized Antimony in half a pint of water, and take a wineglass-full of it two or three times a day, or as often as may be necessary to keep up a moderate degree of purging.

EPSOM SALTS is a good cooling purgative; an ounce is the usual dose, taken in water. This is the purgative that most people take on finding they have got a Gonorrhœa. It is not however the best; for much of that quantity of salt passes through the bladder—adding to the saline irritating quality of the urine, and thereby increasing the scalding pain in urinating. It is better to take one of the other purges above, but this will do if no other is at hand. It is not generally known that a very small quantity of Epsom Salts, if taken in a larger quantity of water, will act more pleasantly, certainly and effectually than a larger dose in the usual quantity of water. A teaspoonful for instance, in a tumbler of water, instead of an ounce in a teacup-full of water. Also, by repeating this weaker solution of salts it is a very cooling and proper medicine in a hot and feverish state. But the best of all medicines for cooling and reducing the system is the combination of Epsom Salts with Antimony just mentioned.

SEIDLITZ POWDERS is a pleasant way of taking a mild dose of saline medicine.

COOLING, OR DILUTING DRINKS.

BARLEY WATER.—To make this properly, take a teacup-full of pearl barley, boil it a few minutes, then throw away this dirty water, and add to the pearl barley three quarts of fresh water, and boil it down to two quarts. Some add a few figs or a little liquorice root towards the end of the boiling. Dose, a tumbler-full as often in the day as possible.

FLAXSEED TEA.—Take of whole flaxseed (not of flaxseed meal) two ounces or three or four table-spoons full (there is no occasion to be very exact in quantity) and add to a quart of water, which is to stand simmering by the fire for an hour or two—then strain and, if more agreeable sweeten it. Let at least this quantity be taken as common drink during the twenty-four hours.

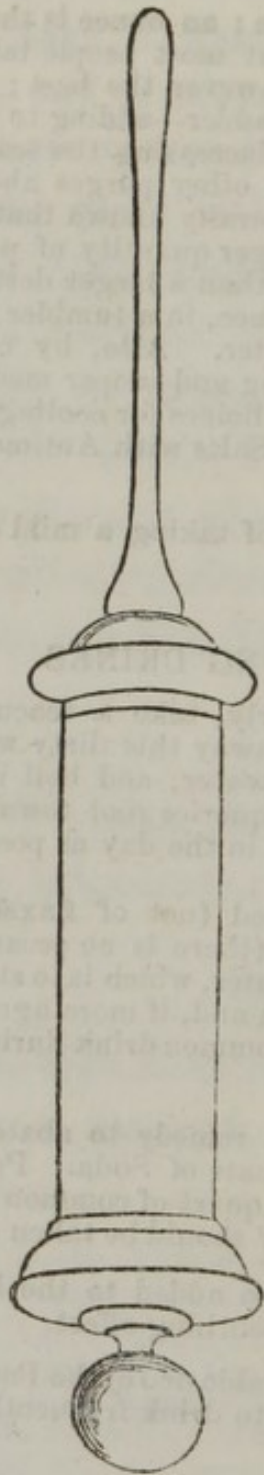
ALKALINE DRINKS.—Another excellent remedy to abate the pain and heat in making water is the Super-Carbonate of Soda. Procure an ounce of this, and dissolve one quarter of it in a quart of common tea, or in plain water: it may be sweetened. This quantity should be taken during the day.

OR, the same quantity of Soda may be added to the barley-water or flaxseed-tea, which would increase their soothing effect.

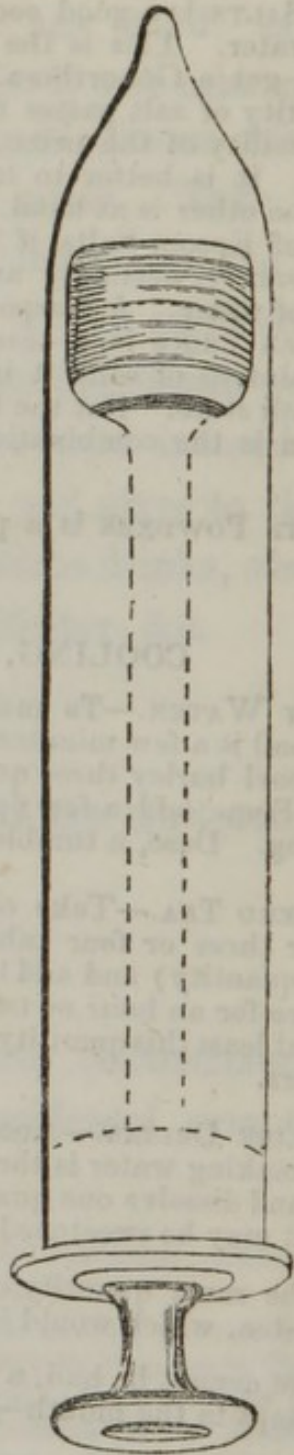
If these cannot be had, a little Gum-Arabic or Jujube Paste may be constantly kept in the mouth—remembering to drink frequently and freely of water.

SODA WATER is also a good remedy and resembles the Alkaline drink. It must however be that made from the Soda powders, and not that drawn from the fountains, which contains no soda and is merely a pleasant aerated water.

Syringe for Caustic Injections.



The proper size and form for the common glass Syringe.



CHAPTER III.

On the ACCIDENTAL SYMPTOMS of GONORRHŒA, viz:—

Excessive pain and heat in making water:

Swelling of the Prepuce,—PHYMOSIS and PARAPHYMOSIS;

Frequent and painful Erections,—CHORDEE;

Swelling of the Glands in the Groin,—BUBO;

Swelling of the Testicle.

THE *nature* of these Accidental Symptoms has been sufficiently explained, in the first Chapter; to avoid useless repetition I shall therefore at once proceed to describe their treatment and cure.

Excessive pain and heat in making water.

This is nothing more than a higher degree of the first or inflammatory stage of Gonorrhœa which has been already noticed, but which must be subdued before the remedies for stopping the discharge are entered on. The means of reducing inflammation are,—purgings, low diet, rest, and the freest use of diluting drinks, for which directions are given elsewhere, and Notes 1 and 2. You cannot make too free a use of diluents. The burning pain arises from the saline urine passing over an inflamed and irritable passage. The urine itself is loaded with salts—it is like brine; if, therefore, you dilute it with one of the cooling drinks, or even with simple water, it is easy to imagine how its irritating property must be diminished. Sooner or later by the means above directed,

this heat and pain will considerably abate, and then, and not till then, can you safely proceed to lessen the discharge

Swelling of the Prepuce.

The Prepuce (called also the foreskin) will often swell prodigiously, but this, of itself, is of very little consequence. A soft rag wet with brandy and water, or any of the Lotions given below, Note 6, and wrapped about the part, together with a dose or two of purging pills, is all that is required. The rag should be wetted often. It is of some advantage too if the penis be kept upright, which is easily done by pinning or fastening it to a bandage around the waist.

But the swelling sometimes is so great that the prepuce cannot be pulled back from over the head of the penis,—this condition of it is called a *Phymosis*;—and sometimes again, when it is pushed back it cannot be drawn forward,—this is called a *Paraphymosis*. Now both these states are of great consequence, particularly the latter.

In the first, *Phymosis*, the chief thing to look to is

NOTE

COOLING LOTIONS.

EVAPORATING LOTION.—A quarter of a pint of Alcohol (brandy or other spirits may be substituted) in three quarters of a pint of water. The best way to use it is to apply a fold or two of linen upon and around the part, and keep this wetted with it. The part should be otherwise covered up as little as possible.

LEAD LOTION—Sugar of Lead a quarter of an ounce, Soft water one pint;—a teaspoonful of vinegar should be first put into the water: used as the above.

EVAPORATING LEAD LOTION.—Sugar of Lead a quarter of an ounce, Alcohol a quarter of a pint, Water three quarters of a pint. The Sugar of Lead, with a little vinegar should be dissolved in the alcohol before adding the water; used in the same way.

cleanliness, and here a Syringe, either a common one or the pocket Syringe particularly described at page 43, will answer, is of the utmost use in washing out the humors that collect beneath the prepuce, and which, by becoming acrid and offensive, greatly increase the malady. It is necessary therefore to inject some proper fluid under the prepuce several times a day. Anything that will wash away these humors is better than nothing, so that warm or even cold water may be used; but the best thing for this purpose is a lotion made of the Lead. injection powders, or the lead Lotion in Note for these are cooling and healing to the parts, as well as cleansing.

The *Paraphymosis* is still of more consequence; indeed you should lose no time in endeavoring to reduce it, that is, to bring the prepuce forward again over the head of the penis. With this object you proceed in the following way: Take hold of the head, which is always very much swollen, with the fingers and thumb, and steadily press it, gently increasing the pressure in order to squeeze back some of the stagnant blood and lessen its size. It is better if you first hold the hand in very cold water. Immediately after thus diminishing the size of the head, apply the two thumbs to it, and grasping the prepuce with the fingers, steadily push back the head while you pull the prepuce forward. A little force may be necessary, but you will almost always succeed; if not, the only thing a surgeon can do, would be to cut the skin

on each side, where it is tightest, and then it will easily pull over; this might be done with a sharp pen-knife or razor, after this applying a common poultice. In both these cases, of course, it would be proper to live low, keep as quiet as you can, and purge freely.

Frequent and very painful Erections of the Penis.

This is what is called *Chordee*, and a very painful thing it is. I have already pointed out its nature in the first Chapter, Plate it occurs particularly at night—the penis often being quite crooked at these times. When *Chordee* is disposed to come on, it cannot always be prevented entirely, but it can always be relieved and rendered tolerable. Further, a *Chordee* once come on, it is often the last symptom to leave the patient.

The best way to prevent a *Chordee* from coming on is to prevent inflammation, by rest, purging, and low diet; the best way to relieve it when it has come on, is to take two or three of the Anodyne Pills, which are probably the best, or any other in Note at bed-time. After a few nights, see if you can leave them off, but if the pain comes on again, return to them. With a view also of relieving the inflammation of the penis, on which this

NOTE

OPIATES.

OPIUM PILLS.—Gum opium one grain, made into a pill.

LAUDANUM.—Of this the dose is from five to thirty drops in a little water; to be repeated until relief is obtained.

DOVER'S POWDER is given to assuage pain—it is a soothing and fever medicine

—the dose is from two and a half to ten grains.

symptom depends, it is a good thing to immerse it in a basin of hot water for a quarter of an hour on going to bed, and afterward to wet a soft rag with brandy or vinegar and water, or common water, or one of the Lotions in Note and wrap it round the penis. Some contrive to have a bottle of cold water near the bed, which they hold between their legs whenever it awakens them.

Swelling of the Glands in the Groin.

This is of less consequence in Gonorrhœa than in Venereal disease;—it is a very rare thing in a Gonorrhœa for these swellings to form into matter and break, as they do in Venereal. Brisk purging,† as much rest as possible, and at night, a rag wet with brandy and water, or vinegar and water, or any of the Lotions just named, especially the third, laid on them, is all that is required; under this plan these swellings almost always subside. I have indeed sometimes seen them form matter and break, but it has always been owing to the constitution rather than the Gonnorrhœa. In such a case, should these tumors threaten to form matter, leeches would be proper and desirable; or, which may be very much depended on, a small blister of Spanish fly about the size of a dollar piece. Secure it over the swelling at bed-time, and remove it in the morning, dressing with a bit of rag spread with lard; it may be repeated two or three times, or at once followed by the Lotion. But do not at any rate omit the purging Or sometimes, if very incon-

venient to get the blister, the Liniment in Note 9, p. 71, may be used; it should be well rubbed in—till the skin becomes quite sore and red—once or twice a day.

Swelling of the Testicle.

When this complaint happens, it generally begins about ten or fourteen days from the commencement of the discharge, but it may occur at any time. At first there is an uneasy feeling about the part which you might judge to be the situation of the neck of the bladder—just behind the *Scrotum* (the purse). Then there is a swelling of the back part of one of the testicles—it is seldom both are affected at once, though one may be after the other—frequently with great pain, and fever. From the moment a testicle is threatened by these symptoms, give up every means for the cure of the Gonorrhœa and turn your whole attention to this single circumstance.

In the cure of this affection, the first thing to be recommended (when it can be done) is rest, and resting on a bed is preferable to any other. The next, to support the testicle by means of a suspensory bandage, which may generally be obtained at any apothecary's store. If you have not this at hand, it may easily be contrived.—Make a bag of soft linen, large enough to hold the swollen parts, and then sew or pin it to a bandage or pocket handkerchief round the body. If the testicle is suffered to hang by its own weight, this alone will prevent its cure and greatly augment the pain. Next take five or six purgative

pills. Frequent and repeated purging is a powerful means of relieving this disease, and this may be followed up either by repeating the pills, or doses of Epsom Salts, or Senna. Lotions also are of great use, and the best of all is the third one in Note but any of those will do, applied by keeping a soft rag, and the suspensory bandage, constantly wetted with it. Bleeding by leeches is exceedingly useful where the pain and inflammation are great, but many persons are placed in such circumstances as not to admit of their use. There is, however, another way of taking blood from the part, which might be resorted to in very urgent cases, or might be practised at sea, where leeches are not always to be had—it is as follows: Stand before a warm fire and pull up the scrotum so as to put the skin on the stretch; you will then see several veins of a blue color:—Take a lancet or very sharp pointed pen-knife and puncture five or six of them:—then, with a sponge and warm water, bathe the part, and you will be able to get more blood than by leeches, and with far less trouble and risk of exposure. The bleeding ceases on laying down; if not, applying cold water will soon stop it. Sometimes, even under the best possible treatment, great pain and inflammation will continue, and you are under the necessity of taking opiates. Forty or fifty drops of laudanum may be taken at bed-time, followed by a purgative draught in the morning. The best form, however, of opiate medicine is, if it

can be procured—fifteen grains of Dover's Powder, with two of calomel at bed-time. This is as far as I would advise any one to go on his own judgement. In very many cases these means will stop the progress of this symptom, and indeed remove it; but, on the other hand, there are some cases in which it will not; the pain goes on and is attended with fever and perfect inability to go about. In this case I would advise, if possible, to call in medical assistance; but, in many cases, this is quite impossible: you may be at sea, or in the country, or where you cannot obtain this assistance, and therefore I will pursue this subject and describe the best measure to adopt in such a case, in Note

NOTE

If rest, low diet, purgative medicines, lotions, and perhaps leeches to the part, do not succeed in lessening the pain and inflammation, then copious bleeding should be resorted to. Indeed bleeding would be proper in any case, but we do not always have recourse to it, hoping to succeed with the means before mentioned. From one to two pints of blood may be taken from the arm and repeated if not successful in allaying the pain, swelling, and fever. At the same time large doses of Tartarized Antimony should be taken. Eight grains may be dissolved in half a pint of water, and an eight part of this may be taken every second or third hour. This is a large dose,—at first it may vomit or purge, but this should be no objection to continuing it, unless the vomiting should be excessive; it will generally cease after a day. There is no medicine which has such power to subdue inflammation, and especially inflammation of the Testicle, as Tartarized Antimony, and so important and so painful is this inflammation, that a little inconvenience or nausea and vomiting should not hinder from its use and benefit. If the pain should be very great, and prevent sleep at night, three or four of the Anodyne Pills may be taken at bed-time, or twenty grains of Do-

ver's Powder, with two grains of Calomel, followed by a purgative draught in the morning. If this is not at hand, forty or fifty drops of Laudanum may be substituted. Leeches are always of use;—fifteen or twenty on the part and afterwards cover with a warm poultice. At other times, if it can be, ice may be used. Sometimes cold applications will do when warm ones will not; at others warm will answer when cold will not. If one has been tried without success, always try the other. When ice is used, let it be bruised and put into a bladder half full of water, and lay it on the inflamed and swollen testicle. It is astonishing how quickly this will sometimes relieve the pain and inflammation. There is a way of obtaining cold when you cannot procure ice. Just mix equal parts of Sal armoniac Saltpetre, and Glauber Salts, and put into a bladder of water instead of ice; as these dissolve, much cold is produced. I have dwelt longer on this subject than on some, as it is a severe complaint. I have found it so in my practice. A summary of the treatment of inflamed testicle then is as follows. Suspend the testicle,—rest,—purge,—leech,—and apply cooling lotions. If pain, inflammation, and fever still run on,—bleeding, leeches, Tartarized Antimony, and the application of cold.

CHAPTER IV.

ON GONORRHŒA *in the EYES* and GONORRHŒAL RHEUMATISM.

§ 1.

Gonorrhœa in the Eyes, or Gonorrhœal Ophthalmia.

This subject is introduced, not for the purpose of inducing a patient to undertake the cure of these complaints himself, but of apprizing him of their real nature and dangerous tendency, particularly the former, and urging him to loose no time in securing that surgical and prompt advice they need. Fortunately, these complaints are not of every day occurrence. Now and then, however, a person who is under treatment for a Gonorrhœa will be suddenly seized with a most severe Ophthalmia. This complaint runs on with great rapidity, and if not speedily arrested, it accomplishes the total loss of sight. It begins with great severity of pain and copious discharge of matter. In such a case there is not a moment to be lost: the advice of a surgeon should be sought. But as it is possible, and especially if the physician or surgeon have practiced principally in the country, that he may not have seen many cases of this kind; and also for the benefit of those who may be at sea, and cannot obtain the advice and assistance of a surgeon; or, again, for those who may be obliged to wait some time for his

arrival, I will give in the form of a Note () an outline of the treatment which is recommended by the most experienced and competent men in Europe.

With respect to the manner in which the eyes become affected with Gonorrhœa, there has been a difference of opinion. Three explanations have been given to it. First, that it was owing to carelessness, such as inadvertently rubbing the eyes with the fingers after handling the penis under the discharge of Gonorrhœa; next, that it was owing to the Gonorrhœa affecting the constitution, when, like Rheumatism, it may change its seat from place

NOTE

In Mackenzie's Practical Treatment of the diseases of the Eye, he directs the following for this kind of Ophthalmia. "Abstinence from all stimulants; blood-letting, both general and local; and the exhibition of purgatives, or emetic purgatives, and diaphoretics, are to be had recourse to in the early stage." The discharge is to be frequently and carefully removed by injecting under the eyelids, a lotion, made with a grain of the Musiate of Mercury to an ounce or more of water; the globe of the eye is to be touched once or twice a day with a solution of Lunar Caustic, (four grains to an ounce of water; or six grains of Blue Vitriol to an ounce of water. These are to be used with a camel hair pencil). Also, the lids are to be kept from adhering by anointing the edges of them with the red precipitate Ointment. "Counter-irritation ought to be employed from the very first, by means of mustard poultices and blisters to the nape of the neck, between the shoulders or behind the ears." "If the pain of the eye is purgative, or the parts around it are affected with pain coming on at night—Calomel and Opium should be given, so as to affect the mouth. Warm fomentations, the vapor of Laudanum, opiate friction of the head, and the like

will seem to moderate the pain; but our chief reliance must be placed on depletion, counter-irritation, scarification and smarting application to the globe of the eye itself, for removing the disease. Snipping out a portion of the chemosed membrane, (the outer membrane of the eye, whose vessels are gorged with blood), so as to procure a considerable flow of blood is highly serviceable."

"Bleeding alone must not be depended on."

"This inflammation," says Mr. Barcet, another eminent and practical man, "in the few instances that have come under my observation, is of the most violent and intractable description, and has produced the total destruction of the organ of vision, in the space of two or three days, notwithstanding the most vigorous employment of general and topical bleeding, and other antiphlogistic means."

To the truth of this I can attest, upon the ground of my own experience, and I judge it therefore exceedingly desirable that persons should be aware of the dangerous nature and rapidity of this complaint, that they may not be induced to trifle away the only chance of cure, for it is on the prompt and decisive treatment in the early stage alone that the invaluable sense of sight depends.

to place; and thirdly, that it was the consequence of stopping the discharge of Gonorrhœa too suddenly.

Respecting the two latter explanations, these certainly are possible but very doubtful causes. With regard to the former, that is, inoculating the eyes by applying Gonorrhœal matter to them, this, beyond a doubt, has been known to be a cause.

These facts stand upon unquestionable authority, and in order that others may judge correctly and be careful on this point, I will relate an instance or two in Note

With respect to the question whether or no there are such diseases as Ophthalmia from two suddenly stopping

NOTE

Mackenzie, on diseases of the Eye, page 344 states; "A patient was brought to me from the country with violent Ophthalmia. This patient having Gonorrhœa while engaged in removing the discharge from the urinary canal, a drop of the Gonorrhœal fluid was by mischance thrown fairly in upon his left eye, and excited the severe puro-mucous Ophthalmia under which he was laboring. The Gonorrhœa still continued when I saw him. The inflammation of the eye subsided under appropriate means the eye cleared to a degree far beyond my expectations, and a considerable share of vision was preserved."

Mr. Allan relates the following remarkable case. "A gentleman, aged 17 years, had had a Gonorrhœa a few days, when violent inflammation of the eye, attended with a discharge similar to that from the urinary canal, burst forth. The Gonorrhœal running from the penis continuing unabated at the same time. In a few days his brother, aged 14, who never had had Venereal diseases in any way, but who slept in

the same room, was attacked with a similar Ophthalmia in both eyes. In addition to my own attendance Drs. Munn and Mr. Js. Bell, of Edinburgh, were called in, and, notwithstanding every means that could be devised, the elder brother lost the sight of both his eyes, and the younger brother of one. No doubt the younger used the same towel, or wash-hand basin, or the like."

Again, the very eminent and practical Astruc relates a case exceedingly in point "A young man had been in the habit every morning of bathing his eyes with his urine while it was yet warm, in order to strengthen his sight. Although he had contracted a Gonorrhœa, he did not abstain from this custom, apprehending no harm from it; but the urine partaking of the infectious matter, quickly communicated the same disease to the conjunctiva (the mucous membrane which lines the eyelids). The consequence was a severe Ophthalmia, attended with an acrid and involuntary discharge of tears and purulent matter, but which yielded to the same remedies which removed the Gonorrhœa."

the discharge of Gonorrhœa, and Ophthalmia arising from the constitution imbued with Gonorrhœal disease, it is not necessary here to determine; many persons think there are, and I have no proof to offer that it is not so; moreover, the cases we occasionally meet with here and there in the various periodicals would seem to corroborate such opinion. As I have already said, however, if there really be such cases, they are very rare, and I have no doubt that many of those cases of Ophthalmia, as well as Rheumatism, which are there related, have been diseases which happened to occur at a time when the patient was laboring under a Gonorrhœa, and had really no other connexion than their accidentally occurring at the same time. But, as I have said, as some persons think otherwise, I will give in the following Note, (principally for the perusal of medical men) the peculiar treatment which such persons have adopted who have thus thought.

NOTE

Treatment of those cases of Ophthalmia which are supposed to arise from too suddenly stopping the discharge—Of course this kind of Ophthalmia includes only that in which the discharge is stopped—On this subject Mr. Mackenzie, (page 376) observes, "The only point in which the treatment of this Ophthalmia differs from the former is in the attempt, so much recommended by some authors, to restore the suppressed discharge of the urethra. This is to be done by introducing a bougie into the urethra, covered with some of the purulent discharge from the eye, or with Gonorrhœal matter from another subject. Even the simple introduction

of the bougie may perhaps produce the effect so much desired; for any stimulus applied to the lining membrane of the urethra, provided it be of sufficient activity to determine an irritation and a secretion of mucus, may produce a running similar to Gonorrhœa. If this plan is adopted the Bougie must be retained in the urethra for several hours at the time, till the effect is produced."

With regard to the treatment of those cases of Ophthalmia which are supposed to arise from the constitution being imbued with Gonorrhœal disease—Scarcely any thing is recommended which differs from the treatment of a similar state of Ophthalmia from cold or any common cause.

The discharge from the urinary

I fear I shall incur blame for having carried out this note to so great a length, but the consequences of delay or any misconception of the nature of this malady, especially that of inoculating the eye with Gonorrhœal matter, is so dreadful that I cannot possibly omit it. It

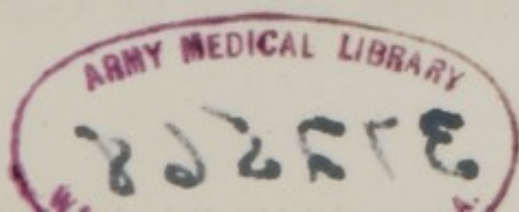
passage may be present, or may not; and, it is worthy of remark, that when it has come on, not having been observed when the Ophthalmia began, in many cases, the occurrence of discharge from the urethra has made no difference in the symptoms of the Ophthalmia. Notwithstanding this, however, a celebrated writer upon Gonorrhœa (Swediaur) advises "the use of the Bougie for a couple of hours," with the intention of bringing on discharge.

This kind of Ophthalmia too, is less severe than the former, or that arising from matter applied immediately in the eye;—it is of a more chronic nature, and begins in the eyelids in the form of a little ulcer from which yellowish matter exudes; which in the former kind, the whole surface of the globe of the eye and inner surface of the lids are affected with redness and swelling; the matter discharged also is profuse and frequently acrid and exoriating to the outer lid and surrounding skin.

Abernethy, in his surgical Lectures, calls it *irritable Ophthalmia*, and ascribes it to an irritable state of the constitution in which the bowels and digestive organs deeply participate. When this state of the constitution is brought on, either by the Gonorrhœa or the means adopted to cure it, he states that either this Ophthalmia or Rheumatism may occur; or that they may both occur, alternating with each other, even alternating with the disease of the urethra, and that the

proper way of treating it, beside soothing applications to the eye, is to give five grains of blue pill every night and a dose of castor oil in the morning, keeping the patient on a strict spare diet. In support of this opinion he gives the following case.

A gentleman who had been anxiously endeavoring to get appointed commander of a frigate while in the country, at length received instruction from the admiralty to take command of a frigate then lying at Falmouth. He lost no time in placing himself in the mail coach for London. Just before he left Edinburgh he had caught a Gonorrhœa. In January his eyes became inflamed; and when he reached London, he had a violent Ophthalmia, with purulent discharge. He was in a dreadful state both of body and mind,—could not bear the light, and had great pain in his eyes. In this state he consulted M. Abernethy. He stated also that when the discharge from the urethra stopped, the eyes became bad, and when the eyes got well the Gonorrhœa returned. In this state Mr. Abernethy directed him to keep quite in a darkened room, to wash his eyes frequently in the course of the day with tepid poppy water, to take five grains of blue pill every night, and a dose of castor oil next morning, and to live strictly low. "During the first six days he mended very slowly, and not considerable, but on the seventh day, when Mr. A. called, he found the patient sitting up in his room, the window uncovered and his eyes almost well. Mr



need not, however, incommode the general reader, for being given in a note he can easily pass it by, while, should he be threatened with this formidable turn of the disease, he would derive important advantages from its perusal. But, indeed, if by the prompt and decisive means which are urged in every instance of this kind, I should be so happy as to save the sight but of one individual, I would willingly incur the blame of every other

§ 2.

Gonorrhæal Rheumatism.

With regard to this, I myself very much doubt its existence; for those however who may think otherwise, I have chosen to insert the following, also in the form of a Note, ()

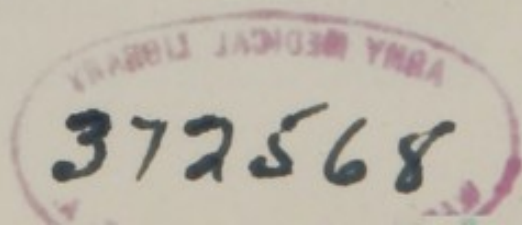
A. expressed his surprise and asked how this change had so suddenly happened, to which he answered, that he had had a number of very copious stools in the night, and that his complaints had left him. It seemed to be a sort of critical secretion from the liver and the whole of the alimentary canal, followed by an almost immediate removal of the irritable inflammation of the eye."

Mr. Abernethy also takes occasion to warn persons against mistaking this Ophthalmia arising from an irritable state of the constitution and digestive organs, for that following inoculation, or the immediate application of Gonorrhæal matter to the eye, for the means recommended for the first would add to the irritability and debility of the constitution, and increase the disorder. His words are, that, "if the surgeon is frightened at this

irritable Ophthalmia, supposing it to be one of the dreadful cases in which the eye is clapped, and proceeds to bleed and purge the patient severely, he will only make the matter worse. Moderate bleeding," he says, "may be useful, but the chief object is to attend to the patient's health. No means are so likely to be useful as setting the digestive organs to rights and sending the patients to the country."

NOTE

On the treatment of Rheumatism, from the same supposed Gonorrhæal taint of the constitution, but little can be recommended in addition to what is approved in Rheumatism from other causes. The history of a case of this kind will best convey what is meant by this disease.



“Major—, aged 25, contracted Gonorrhœa. In a fortnight he was seized with a swelling of the testicle. When this abated, pain and swelling of the right knee began; on travelling in an open carriage on the second day the other knee, foot, and joint of the great toe, swelled. The pain was excruciating. He then came under the care of Sir Henry Hallford, (the king’s physician) but no treatment seemed to possess any power in removing the complaint. Now, in addition, his right eye was suddenly attacked by a very violent inflammation which threatened destruction to the organ. He then gave up medicine and went into the country for the restoration of his health, and after being there for about three weeks, the Gonorrhœa again increased without any abatement of the other symptoms. The joints so stiff and swollen he could hardly crawl about. Warm bathing and a residence by sea were recommended. From the former he experienced little apparent benefit, but after a tedious convalescence of two years, he found himself able to join his regiment in Spain.—He recovered the use of his limbs and had no return of his complaint, though exposed to many hardships in the campaign of 1812, &c., &c. Two years after, he again contracted Gonorrhœa, a very violent one. In a fortnight the discharge began to abate and violent inflammation attacked the great toe and foot. The disease then proceeded to the knees. As the violence of the inflammation of the knee abated, the left eye was attacked by violent Ophthalmia and

excited great alarm for its safety. It seemed to be deep-seated in the coats of the eye. The sight of the right eye was also impaired. At the end of two years more, his knee joint was stiff and much swollen, and the urinary passage was all the time subject to returns of Gonorrhœal discharge.” I have given this case to show how possible it is for Rheumatism to occur when a patient is affected with a Gonorrhœa, and how easy it is to suppose it is the effect of Gonorrhœa, merely because it happened at such a time. But after all I see nothing in this case that differs from Rheumatism from common causes, and the present differs in no important point from others I have seen, which have been thought to arise from Gonorrhœa. Rheumatism is frequently a tedious complaint; its peculiarity is, shifting from place to place, and in this way it will sometimes assume the character of inflammation of the eye, then of the joints, and will also sometimes alternate with disease of the urethra. Respecting the treatment of Gonorrhœal Rheumatism, if there be such, I am not aware of any particular in which it differs from the treatment of Rheumatism from any common cause. As it is possible however that some connexion may exist between the inflammation of the urethra and inflammation of the eye; in cases of the latter kind, occurring when the patient has Gonorrhœa at the time, I think the recommendation of Swediaur, to employ the bougie, is a safe and justifiable remedy.

Also, a female may have a Gonorrhœa without her knowing it. This happens from the complaint being of a milder character, and from her not discriminating between this disease and certain slighter forms of discharge which many females are subject to. It is most likely to

CHAPTER V

On GONORRHŒA in Females.

THERE IS NO difference in this disorder in females but what arises from the difference in the organs which are the seat of it. Generally speaking, however, the inflammation attending is more diffused; in some cases it extends to the lower part of the belly, which makes it painful on pressure; also, the urinary passage being shorter, it is more apt to produce irritation in the bladder than in males, so that there is a greater inclination to make water. There are no ulcers in this disease, although the discharge is sometimes so irritating as to excoriate or take off the skin. There is almost always a swollen state of the external parts. There are, however, some curious circumstances relating to this disorder in females which should be known,—the following are of this nature.

Generally speaking, the disease is milder in women than in men.

Also, a female may have a Gonorrhœa without her knowing it. This happens from the complaint being of a milder character, and from her not discriminating between this disease and certain slighter forms of discharge which many females are subject to. It is most likely to

occur in women of unrestrained intercourse, as such persons generally have the slightest forms of this disorder.

The same female may give a Gonorrhœa to one person and not to another. This arises from the habit and character of the person himself.—If he has pursued a life of free and unbridled intercourse, he is much less liable to receive infection than a fresh and healthy person of a contrary character; the latter will frequently take a Gonorrhœa from a female who has only a slight gleet discharge, when the former would escape it.

Again, a female may receive a Gonorrhœa from one person and give it to another without having it herself. This may appear strange, but it is a fact;—it happens in this way: A female has an interview with a person having a Gonorrhœa, and soon after sees a fresh and healthy person; this latter comes in contact with the infectious matter before it has had time to engender the disease, and removes it; the consequence is that *he* takes the Gonorrhœa and *she* escapes it; it is an incident which often leads to very puzzling surmises.

In the last place—a female may always know, or at least have reason to suspect, she has an infectious disorder, when she has lately had a Gonorrhœa and a discharge remains, greater, or in any way different, from what she was accustomed to before she had the Gonorrhœa.

The treatment of this disease in the female differs in several important points from its treatment in the male;—viz: there is much more occasion for the use of cooling drinks, especially those containing soda,—the use of the tepid bath, or warm fomentations is more necessary,—the appearance of her periodical illness complicates the case and demands great caution in the management of the remedies at that time. And again, with respect to the *internal remedies*, their influence over the disease is very much less; though, any of those mentioned already may be taken, and sometimes are really used with advantage.

Now, just as in the male, the first or painful and inflammatory symptoms must be subdued before means are taken for stopping the discharge;—this will be done by repeated purgative doses, and the free use of diluting drinks, together with low diet and rest. When there is much external heat and inflammation, fomenting by cloths or flannels wrung out of hot poppy-head tea is very useful. Four or six poppy-heads should be bruised, and boiled in two quarts of water for a few minutes, and the liquor kept hot while used.

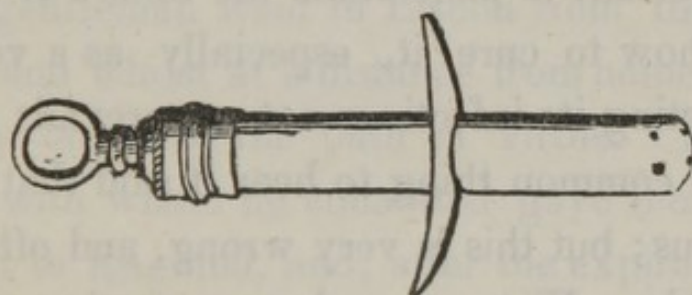
Having then abated the pain and inflammation, and perhaps also taken some internal medicine for a few days, Injections are at once commenced with.

These Injections of course must be used by means of a female Syringe, which can be procured at any apothecary's store.

With regard to the *Syringe for Females* in common use, this is a very poor contrivance. Its great fault lies in its

not enabling the patient to retain the injection in the passage; it allows it to run away and escape immediately, even before it can have reached the whole length of the passage,—thus the part of the inner surface that most needs the application is often entirely untouched. *In order to have the full effect of an Injection, the Syringe should hold enough to fill the passage, and when filled it should be retained there.* My own Syringe, (a representation of which will be found on this page) is made to answer both these purposes, as many have happily experienced; for, after using the common Syringe for a length of time to no good purpose, they have succeeded with this contrivance to their fullest wishes.

DR. RALPH'S IMPROVED FEMALE SYRINGE.



With these remarks, I finish the subject of Gonorrhœa and Gleet in Females, and when it is considered that so long as any discharge, remaining after Gonorrhœa, exists, so long there is a possibility of spreading the disorder to a second person, a sufficient reason will be seen for laying so great a stress on curing Gleet at once, and doing so by Injections, for it scarcely can be cured in any reasonable time without them.

* Manufactured by Mr. Liese, 102 John Street.

CHAPTER VI

ON GLEET.—*Its Nature and cure.*

A *Gleet* is almost always the consequence of a badly managed Gonorrhœa. Instead of following up the cure of that disease by the means which have been so particularly dwelt on, *viz.* Injections, the discharge is suffered to go on from month to month, and the effect of this is to entail a permanent disordered condition of the parts affected and which generally then goes under the name of *Gleet*, *Weakness*, &c.

It is important to understand the nature of this malady as well as how to cure it, especially as a very serious error respecting its infectious nature, prevails with many. It is a very common thing to hear it said that a *Gleet* is not infectious; but this is very wrong, and often leads to great trouble. Virtuous and unsuspecting women are unintentionally involved in this complaint in consequence. A person who is about to marry, for instance, may not have had Gonorrhœa for six or nine months, or longer; but a slight discharge—so slight indeed that he has scarcely observed it—may have continued all this time. But he does not dream of its infectious nature until the saddest consequences show themselves. So, also, unfortunately, does a similar cause of unhappiness frequently occur in those that have been abroad or from their family

for a length of time. Indeed, the consequences of this error are so very serious that it merits any pains and trouble to set the matter in its own true light, and perhaps I cannot do this better than by giving a case or two as related by Sir Astley Cooper.

On this subject, then, Sir Astley observes,—“Gonorrhœa, when neglected, sinks into a Gleet, and is known by the change of the color of the discharge, and the pain attending the inflammatory stage ceasing. In this state, is the discharge infectious or not? I doubt myself whether a Gonorrhœa ever loses its power of causing infection as long as any discharge from the urethra remains, and I will give you my reasons for this opinion. A married gentleman went to Lisbon from this country, [England] and whilst at a distance from home, departed, as too many do, from the path of virtue. The Portuguese lady with whom he cohabited gave him the Clap. He returned to England, and, after the expiration of five months and three days after first observing the Gonorrhœa, he called on me, and asked whether he might return home with safety to his wife. He said he had a little discharge, and wished to know, if, after having it five months and three days, it were possible for it to be infectious. I replied—‘Certainly not; you may go home, there is no danger of your giving it to your wife.’ He went home, and unfortunately give his wife a severe Clap. I attended both the parties afterwards, and was extremely sorry for what I had done;—but I thought, at

the time I gave the advice, that a Gleet was not infectious. But I think differently now,—and believe that, after a continuance of several months, the discharge is infectious.”

Another instance.—“A gentleman from the north of England, who had been recently married, came to me and said that he had communicated a Gonorrhœa to his wife. Shocked at such an occurrence, I said, ‘How could you think of acting in such a manner?’ ‘Why, sir,’ said he, ‘for fourteen months prior to my marriage, I had a Gonorrhœa; I made various attempts to get rid of it, and had a variety of advice about it, but a yellow discharge always continued. I was told by every body that it was not infectious, and not until after such repeated assurances did I get married; the consequence, however, is, that my wife has a severe pain in making water, and a copious discharge.’ I visited her, and found her in this state; she was some time under treatment before she quite recovered. From what I have seen, I do hold that a medical man is not warranted in saying that a discharge of a Gleety kind is not infectious.”

On these two cases thus faithfully related, then, every person may be able to form his own opinion on the infectious nature of a Gleet; I think they are sufficient to make every reflecting conscientious person take care how he gives advice in such a case, particularly if his patient is a married man. Indeed, it is from this error, or from a

total indifference as to its consequence, that we have so many cases of Gonorrhœa,—they are twenty to one compared with cases of Venereal. In fact the common woman of the town pay no attention to a Gleet. After the first or inflammatory symptoms of a Gonorrhœa have subsided, they mix with society as though nothing ailed them. In the patients of the Hospital called the “Lock,” in London, for instance, nothing is more common than to see the Venereal and the Gonorrhœa in the same female; but it is the Venereal which brings them there. As to the Gonorrhœa, or Gleet, they will tell you they have had that a long time, and thought nothing of it, but having got the Venereal, in the form of chancres, they became alarmed, and anxious to be cured. So also, when the Venereal is cured, they seldom stop in the Hospital for the cure of the Gonorrhœa, or Gleet, but go out again promiscuously in the town and spread the Gonorrhœa in every quarter.

I do not however, after all, say that every Gleet is infectious, but, they are so generally, and there is no mark whatever by which it can be said that this one is infectious and that one is not,—this can only be known by its consequences. How serious therefore to say to any one, especially to a married man, or one about to marry, that a Gleet is not infectious. But it is incumbent also to state, that there is a discharge from the urethra, in some measure resembling a Gleet, which is not infectious. A discharge of this harmless kind may proceed from two

causes which may be easily understood. In the first place, it may proceed from a little abscess which occasionally forms in the urinary passage, and breaks; and the other is, a discharge proceeding from a Stricture. Now, the nature of these two causes of discharge must be understood, and then a suspicious Gleet disorder will be easily detected and distinguished from either of these.

First,—With regard to the discharge from the little abscesses above mentioned, it should be known, that, in the whole length of the urinary passage are situated here and there, little sacks for the purpose of secreting a lubricating fluid; these are called *lacunæ*. After a Gonorrhœa, these little *lacunæ* are sometimes affected with common inflammation, which forms into abscesses, and when these burst and their contents are discharged, the running ceases. Now, the circumstance by which these abscesses may be distinguished from a Gleet, is this;—the discharge from these *lacunæ* stops entirely for a week or two, and then, when another breaks, it comes on again, suddenly, and again ceases as before; but the discharge from an infectious Gleet never stops;—it may increase, from excesses or irregularities of any kind; and it may decrease, so as to become very trifling,—*but it never ceases altogether*. This, therefore, affords a good rule for judging between Gleet and a discharge from these abscesses in the urinary passage

And next.—With respect to the discharge arising from

Stricture, this will be easily detected by considering the symptoms proper to Stricture. For the necessary instruction on this subject, however the reader must be referred to Chapter ix, on Stricture.

The Treatment and Cure of Gleet.

A Gleet is often a very troublesome disease to manage. If there were no other reason for saying this, I might safely infer it from the numbers who have come to me with this complaint, having had it on them, more or less, for a length of time. These patients generally state that they have tried a great variety of means, and are quite disheartened. I cannot always learn particularly what these means have been, but two important things I do know ; first, that whatever they have been, they have always failed ; and next, whatever has been the state and condition of their case, the means I am now about to mention have always succeeded. I think it right to premise these remarks, because it may be thought the plan I recommend is very troublesome ; it may be so : but then, I would repeat, this plan succeeds when every other means fails,—and I am quite sure no better can be availed of.

In the first place, then, I would say, that if Gleet is of recent date—that is, if the originating disorder, the Gonorrhœa, were not taken above one or two months ago, the remedies recommended for the treatment of Gonorrhœa, in Chapter ii, will generally prove perfectly successful. If, however it is an affair of several months, perhaps half a year, or a year, then different measures should be taken and which

I will now describe. First, the Internal Remedies, as the Balsam of Copaiva and the Cubeb,—these, I do not hesitate to say, are worse than useless in settled Gleet;—not only can they never cure it, but, holding it more or less in check whilst taken, they deceive the patient and induce him to fritter away valuable time, not to mention unnecessary physic-taking and loss of money; whilst in ninety-nine cases out of a hundred, the foundation for a permanent and serious derangement—Stricture, is being surely laid.

In the use of Injections, however, properly employed, we may place the most complete confidence; these sometimes in conjunction with another remedy presently to be mentioned, form a plan of treatment which no Gleet can very long withstand. Any of the Injections employed for the Gonorrhœa may be used.

But there is another very useful addition to Injections in the cure of Gleet: and this is the Bougie. I should advise it to be used in every case that had existed three months (from the originating Gonorrhœa) or more. You may then begin with the Bougie and Injections both at the same time; or commence its use only when you have tried the other plan without proper success.

Other remedies, and indeed several very different modes of treatment, are occasionally required in those old and obstinate cases of Gleet that we frequently meet with; but they are mostly of a character demanding great judgment and experience in their application, and could not with propriety, or even with any utility, be entrusted to public or non-professional use.

CHAPTER VII

On certain diseases RESEMBLING GONORRHOEA in some respects, and which are frequently mistaken for it; but which, nevertheless, are totally distinct and different diseases.

NOTHING can be more valuable to those concerned than to know how to distinguish between real Venereal diseases and diseases which are not Venereal, but which resemble it. Those into whose hands this little book may fall will be enabled to do this effectually, and will thus escape the advertising schemes of a set of people the most unprincipled and detestable that were ever suffered to deceive the public. These people, either from ignorance or knavery, call every thing Venereal they may happen to see upon the sexual organs. Now, the structure of these parts, in many respects, is the same as that of other parts of the body, and they are subject to the same diseases we meet with in other parts. It is a fact and one which I shall presently show most clearly, that many of the disorders these people call Venereal, have nothing at all to do with that disease. Nothing is so easy as to deceive an inexperienced person into such a belief. Knowing he has been once exposed, although it might be far too long ago to be the cause of his complaint, yet, if he happen to have any strange apper-

on these organs, he directly thinks it must be this disease. Indeed I am frequently troubled to convince them it is not so; but let them go to any of the people I allude to, and they are sure to be confirmed in this belief.

There is however another and a far more serious view to take of this deception: it is, its effects upon the mind. The money they extort on such a plea is nothing: nor is the fine and healthy constitution which they ruin half so great an evil as the anxiety and load they fix upon the mind—it breaks the spirits. In a single man, a false impression of such a kind may be of little consequence; and there are married couples, of a moral stamina so firm and unassailable, that, mutually confiding in their own integrity, no insinuation of this kind could possibly tell upon their happiness; but, on the other hand, there are others of a less confiding disposition,—those in whom symptoms so new and unaccountable, especially if explained by insinuations of such a nature, would leave a deep impression, if not indeed, destroy the very basis of connubial confidence. And this is no imaginary case, nor yet a very rare one. Enjoying, as I do, much of the confidence of this city, and being known to have given much attention to this class and order of diseases, cases of this nature frequently occur to me, and, sometimes too, of great importance. This indeed will readily be imagined when the remarks I am now about to make upon the subject shall have been perused.

The diseases which in some respects resemble Gonorrhœa and are frequently Mistaken for it, but which, nevertheless, are totally distinct and different diseases, are chiefly four. These I will now proceed to notice, and will also show their proper treatment, which is always very simple and successful.

The first of these complaints occurs in men, and consist of,—

The natural secretion of the part, accumulated beneath the fore-skin.

When this occurs it becomes irritating and excoriates the inner surface of the fore-skin, as well as the head of the penis, giving rise to some uneasiness and swelling. At this time, if the fore-skin is pushed back, the parts beneath it look quite serious,—the discharge accompanying is offensive and considerable,—the parts swollen,—and the excoriated surface presents a red and quite angry appearance. Now, in this state, it is an easy matter to impose upon the mind the false idea of a Clap or Gonorrhœa. Indeed as I have said before, it is sometimes difficult to persuade a person it is otherwise. Yet, all this is a very innocent affair. To be convinced that this is not a Gonorrhœa, just look to page —observe the description of that disease, and compare the two. There you will find that the discharge in Gonorrhœa issues from the *orifice* of the urinary passage, from which you may always squeeze a little matter; but in this the discharge is

supplied from the surface of the fore-skin and head of the penis. This is quite enough to show it is not a Gonorrhœa

And that it is not Venereal, you may likewise be as certain from the fact, that this—the Venereal—begins with one or two, seldom with more, distinct little ulcers, (see Chap. XIII), which are inclined to become deep instead of broad, and which discharge but very little matter, whereas, in this, the discharge is copious, and there is no ulcer at all—it is rather an excoriation of the skin than an ulceration. Now it is a grievous thing for a man to be told that he has got a Gonorrhœa or a Venereal disease, and to be treated accordingly, under circumstances like these.

The truth is, this case is nothing more than a little alteration in the secretion of certain glands situated under the fore-skin, occurring frequently in those who neglect to wash these parts, particularly in hot weather; and its cure is easily accomplished, simply by washing often in the day with simple Sugar of Lead Lotion, or brandy and water, or even plain cold water—taking at the same time, a dose or two of physic.

If this should happen to be ineffectual, which is rare, a little bit of lint or soft rag, soaked in one of the Lotions

NOTE

LOTIONS FOR THE ABOVE

1.—Sugar of Lead 15 grains—Tincture of Myrrh 2 drachms—water, to fill a two-ounce vial, a few drops of vinegar to be added to the water before the Sugar of Lead. Another is,

2.—White Vitriol 10 grains—Tincture of Myrrh 2 drachms—Laudanum 1 drachm—water to fill a two-ounce vial

Either one of these will often be sufficient—the first is the milder. It is better, however, to obtain both, so as to change the application every second or third day. To be used as directed above

in Note , and applied two or three times a day, would certainly cure it. The application is best made by laying the bit of lint over the head of the penis, and then drawing the prepuce forward over it; in this way, it remains in contact with the inflamed surfaces.

The next of these diseases is of more importance; it is one which occurs in females, and often gives occasion to many painful and unfounded fears, for it approaches, in appearance, much nearer to Gonorrhœa. It consists of,—

Symptoms resembling Gonorrhœa, communicated by Females in whom no appearance of disease can be detected, or who have only those complaints which are considered innocent and common.

This is a disorder on which I am very anxious to be plain, and to be thoroughly understood. It occurs often in those who have a discharge resembling what is called the “Whites,” or “Weakness.” Now the Whites is a disorder to which many females, both single and married, are subject. The discharge of it varies in quantity and appearance; it may be much or little; clear, or opaque and milky; thin and watery, or thick and adhesive. In one or other of these forms, however, varying from circumstances, the Whites may continue for many years, proving nothing more than a secretion of what is natural to these parts, but increased in quantity or altered as above described. The circumstances which originally cause, and which vary this disease, are many,—such as

weakness of these organs,—too great fullness of their vessels,—having children fast,—or too great excitement of the parts, and others. But, although this disease, the Whites, may, and most frequently does remain for any length of time without producing any corresponding malady in the other sex, yet, on the other hand, it may, and sometimes does become infectious, communicating the like disease to another person.

Now the object of this chapter is to show that it does so, as it were, spontaneously,—that is to say, without intercourse with other, or infectious persons.

With respect to the fact itself, that disease resembling Gonorrhœa may occur in innocent women, spontaneously, which is so far contagious as to affect others, I would only observe, that there are but few Physicians of much practice who have not had cases which they would be puzzled to explain on any other principle. I will here give the outline of one or two as they have occurred to me. A gentleman came, for instance, with the following statement:—Sir, said he, I have some strange symptoms of disease about me; and such, indeed, if it were not for my confidence in another party, I really should suspect to be the symptoms of a Gonorrhœa, for I once contracted that disease and know something of its nature. Well, I said, what are the reasons which lead you to determine it is not a Gonorrhœa? The party I refer to is a lady whose word I could not question: besides, I have known

her long, and am quite certain that no consideration in the world would allow her to expose me to the possibility of such a malady. And further still, having mentioned these circumstances to her, she denied it firmly, and is desirous that some one should see her—so perfectly unconscious is she of having any such disease. Now on this occasion I could detect no one single symptom of disease, and what is still more worthy of remark, I learned she was in the habit of being visited by another, and who also was perfectly free from every symptom of disease.

But in my Note Book I have a still more curious case, and which I think is worth relating more particularly. It is this;—A gentleman who had formerly been my patient, consulted me on what we took to be a Gonorrhœa, and at the same time requested me to see the lady, whom he had known some time, and who assured him that she was perfectly free from any such disease. I did so, and found it exactly as he had stated, she had no one symptom—not even a Gleet. However, we treated his disease as Gonorrhœa, and though the cure was tedious, he at length got well. But, sometime after, he renewed his visits to this lady, and was again attacked with a similar disease—symptoms which differed in no other respect from the Gonorrhœa, than in their mildness. After this, however, he kept away for a considerable length of time, and, although in this interval he had interviews with other females without disease, yet, in renewing once more his visits to this lady, he was again, for the third time, attacked with all the symptoms of a Gonorrhœa.

I know it may be urged in all these cases, that they occurred in females of a certain character, and therefore they might have been old cases of Gonorrhœa, degenerated into infectious Gleet,—a disease which continues almost indefinitely,—is not attended with pain,—and in which there is frequently but very slight discharge—not more, indeed, than many women (and females of this description in particular) are subject to. But to this objection I cannot hold, for two reasons:—first, because such cases sometimes occur in women who never had a Gonorrhœa; and next, because, if they had been cases of Gonorrhœa, or Gleet, they would be infectious to every one alike, or very generally so. Now and then, we know, a person may have an interview with a female who has a Gonorrhœa, or infectious Gleet, and may escape; but this is an exception to a very general rule—it does not often happen. Likewise, that one individual is more susceptible of infection than another; but this also is very limited—the rule being, and pretty uniform it is, that, in such cases, the disease communicates to all. Here then, while a common Gonorrhœa will affect all that come within its reach, or pretty generally so, this mild disorder, while it will affect some, will as uniformly suffer others to escape. It therefore affords a striking difference in its consequences, and from this we may infer there is also a difference in its nature.

My design in this section of this work, is to exculpate innocent and virtuous women from injurious and un-

deserved suspicion; and this I apprehend to be an object of immense importance, for the consequences of such unjust suspicions might be painful and serious in the extreme. Even in the limits of my own experience I have met with lamentable instances of this kind; instances too in which I am morally certain there was not a particle of truth, and in which suspicion never would have gained possession of the mind, if the subject had been better understood.

With this view of importance, I therefore deem it proper to place this fact upon the best authority in medicine which can be adduced. Now I have already shown that symptoms resembling Gonorrhœa have been communicated by females in whom no symptoms of the disease existed, or were ever known to exist; but these females were not to be considered exemplary specimens of moral character. And further, I have stated them upon my own experience. I will now however, show that the same thing happens in females of the highest moral character, and will show it also on the very best medical authority. Here I might refer to the great John Hunter, to Abernethy, and a multitude of others; but in that highly esteemed and learned work—GOOD'S STUDY OF MEDICINE,—there is a paragraph on this subject, so clear, that I cannot do better than transcribe it. In the fifth volume, page 8, after speaking of other diseases attended with mucous or purulent discharge, which are now and then contagious or infectious,—such as Dysentery,

purulent Ophthalmia, and others,—he says, “In like manner, Leucorrhœa (which is the medical term for the ‘Whites,’ in females) as we have already observed, has sometimes seemed to be contagious; for I have occasionally found a kind of Blennorrhœa (Gonorrhœa or Clap) produced in man, accompanied with slight pain in the urethra, and some difficulty in making water, upon cohabitation with women, who upon inspection, had no marks whatever of luetic Blennorrhœa, or Clap, and in some instances, indeed, *were wives and matrons of unimpeachable character.*” This, at any rate, will satisfy the mind that such a thing is possible.

But, neither has my experience on this point been confined to females of questionable character; I have seen the same happening between husband and wife, where there was no other ground of suspicion, and where a proper and scientific opinion, given at first, would have prevented much subsequent distress of mind to say the least. I have also had the satisfaction, in many such cases, of knowing that the information contained in this little volume has been the means, not only of removing unjust and cruel accusations, but of reconciling parties and even of preventing divorce.

With respect to the question,—how can a harmless secretion be changed into an infectious one? this I cannot answer any more than I can tell why the discharge from Dysentery, or Ophthalmia, or common Catarrh, disorders

which are generally harmless, should sometimes become contagious. The structure of the membrane which is the seat of the disease in all these maladies, is exactly the same as that which is the seat of the disorder in Gonorrhœa. It may be, and no doubt often is, from neglect of necessary washing; and to this the habit of irregular intercourse may give a greater tendency, for it is not to be denied that such instances are much more frequently observed in women of bad habits and inconstancy, than in virtuous persons; but this by no means proves that these are cases of genuine Gonorrhœa, nor that they do not now and then occur in persons of a strictly virtuous character.

With regard to the treatment of this complaint, it is exactly that of Gonorrhœa, for which see Chapter II on the treatment and cure of Gonorrhœa.

It therefore appears that symptoms very much resembling Gonorrhœa, and which are infectious too, may be received by cohabiting with females who do not present the least appearance of that disease;—that, although these are more frequently observed in females of lax morality and habits than others, they are also known to occur, occasionally, in women of exemplary character—even in

NOTE

On this subject it may be remarked that the treatment of Gonorrhœa is very much the same as that of other diseases affecting similar membranes, as in contagious Dysentery, Ophthalmia, &c. There is no specific remedy in any of them, such as Mercury, for

instance, in Venereal. Two general principles chiefly regulate the treatment of them all; the first directs whatever abates inflammatory symptoms, if any such exist; the second, such remedies as supercede specific actions by setting up an action of their own—precisely as the Internal Remedies do in the cure of Gonorrhœa.

wives and matrons whose habits, age and religion, place them beyond uncharitable suspicion;—and, that these complaints are cured by the treatment proper in the mildest forms of Gonorrhœa.

A third disorder which resembles a Gonorrhœa, and which happens in men, is

Stricture in the Urinary Passage.

Stricture, upon excitement, will sometimes produce discharge exceedingly resembling Gonorrhœa, but without the usual degree of pain and inflammation attending that complaint. What a Stricture is, I will take great pains to describe in a future chapter. Here it is only needful to say, it is a contraction, or a diseased condition of some part or other of the urinary passage, generally the consequence of a badly treated Gonorrhœa, but which often continues for a time so free from pain or any inconvenience, that it is not suspected to exist, and is only brought to light by the occurrence of some sufficiently exciting cause. Now, the act of sexual intercourse is a sufficiently exciting cause, and hence the disorder now referred to is frequently observed to follow quickly after it. I have often been consulted by persons who have remarked that they are quite unfortunate, for they scarcely ever are exposed without contracting this disease; and, what to them is most remarkable, is, that others who have visited the same female have escaped. The fact is, that *this is not a case of Gonorrhœa at all, but a Stricture; and their*

friends have not these symptoms, because they have no Stricture. Of course, if such a person go to an advertising knave, he will tell him immediately he has got a Gonorrhœa; and further, the medicines he may give him may probably remove the symptoms, so that he will get the credit of curing a Gonorrhœa. But, in truth, he will no more have cured a Gonorrhœa than he will have cured a Cancer; for, with purgatives and a low diet, this discharge generally ceases in a little while.—It would therefore seem exceedingly desirable to have some plain and positive rule to judge by in cases like the present, and fortunately, I have one to furnish. This rule is founded on the *time when* such symptoms first appear after connexion. The discharge I am now speaking of, that is, when it is from Stricture, first appears within twelve or four and twenty hours after such excitement,—a period shorter than is required in the quickest case of Gonorrhœa. Now, Gonorrhœa may be compared exactly to inoculation. There is always a process and a certain time required, in order to produce the inoculated malady. It is true that some inoculations produce their proper symptoms sooner and more regularly than others; but the usual time peculiar to each is generally known, unless delayed or interrupted by some peculiar state of constitution, and is pretty regular. The usual period for the production of the symptoms of a Gonorrhœa is the third day after exposure to it. This however, is sometimes delayed for several days by the causes I have mentioned; and, sometimes too, is a little quickened; but, as to its appearing in twelve

or four and twenty hours, that it never does, and never can do. This then I consider a valuable fact,—it forms the basis of an excellent rule in practice, the use of which may be seen by the following. To a person, for instance, consulting me on Gonorrhœa, I generally put this question first:—How long is it since you were exposed? Now if he should say, why, it is very recent—it was only last night, and I observed some symptoms of it in the morning; or, at any rate, if he should state that it is within twelve, or twenty-four hours after an exposure, I suspect at once it cannot be a Gonorrhœa. I then enquire if he ever had a Gonorrhœa before, and if he state that he has, my suspicions are confirmed, and I explain my reasons for them. This of course leads to an examination by the bougie, by which the real state is ascertained beyond the possibility of doubt, and he obtains a permanent and perfect cure. But the value of this true and faithful explanation is greater than at first it may appear to be; for it does not only undeceive and save an individual from paying different persons for pretended cures of Gonorrhœa, but it also saves him from the consequences of *occult or hidden Stricture*—an evil which I deem by far more serious and distressing than any to be found in the whole range of Venereal maladies. The object of this little section is therefore to show, that, among other causes capable of giving rise to symptoms resembling Gonorrhœa, a hidden, dormant Stricture is one, that this is to be suspected whenever these symptoms appear within twelve or four and twenty hours,—but that this is only to be

known for fact by passing the bougie. Its treatment consists in a little cooling physic, rest, and low diet; if this is not sufficient, the usual treatment for Gonorrhœa will stop the discharge, but the only proper and permanent cure, is the cure of Stricture.

The fourth and last of these disorders resembling Gonorrhœa is

A discharge occurring in female children, and which frequently creates distressing apprehensions in the minds of parents.

This consists in a discharge of matter from the genital organs, attended with some slight degree of inflammation and uneasiness. But this complaint in children does not originate in the parts themselves, but in some distant parts, such as the gums, in teething; or in the bowels, from foul and irritating accumulations there. This latter is no uncommon cause of the complaint. We know that irritation in the bowels in children is readily transmitted to distant parts, and is the cause of various maladies. If this irritation happen to fall upon the head, it produces a dropsy of the brain; or, if in other parts, then other diseases take place, as sore eyes, or running sores from behind the ears, a swelling of the neck, or others; so, if it happen to fall upon the mucous membrane of the female organs, it then produces the disease we speak of. It is not, however, that this disease in itself is of so much consequence as the fear and misconceptions it may lead

to. Filled with apprehensions, for instance, a mother takes her little child to some physician, and if he happen to be unacquainted with its real nature, these apprehensions are confirmed. I have read, somewhere, of innocent persons being hanged from a misconception of the nature of this malady. With regard to the treatment of it, this of course is founded on the view here given of its nature; remove the cause—that is, scarify the gums if they are inflamed, and cleanse the bowels with an active purge or two. Nothing more is wanted, except plentiful and frequent washing with cold water, perhaps sometimes with the addition of a little alum or sugar of lead.

CHAPTER VIII.

A few Remarks on that insidious disorder, LEUCORRHŒA, commonly termed "Female Weakness," or "Whites."

(The following, though perhaps not properly belonging to this work, is nevertheless closely connected with the subject of the preceding chapter, and may prove useful here).

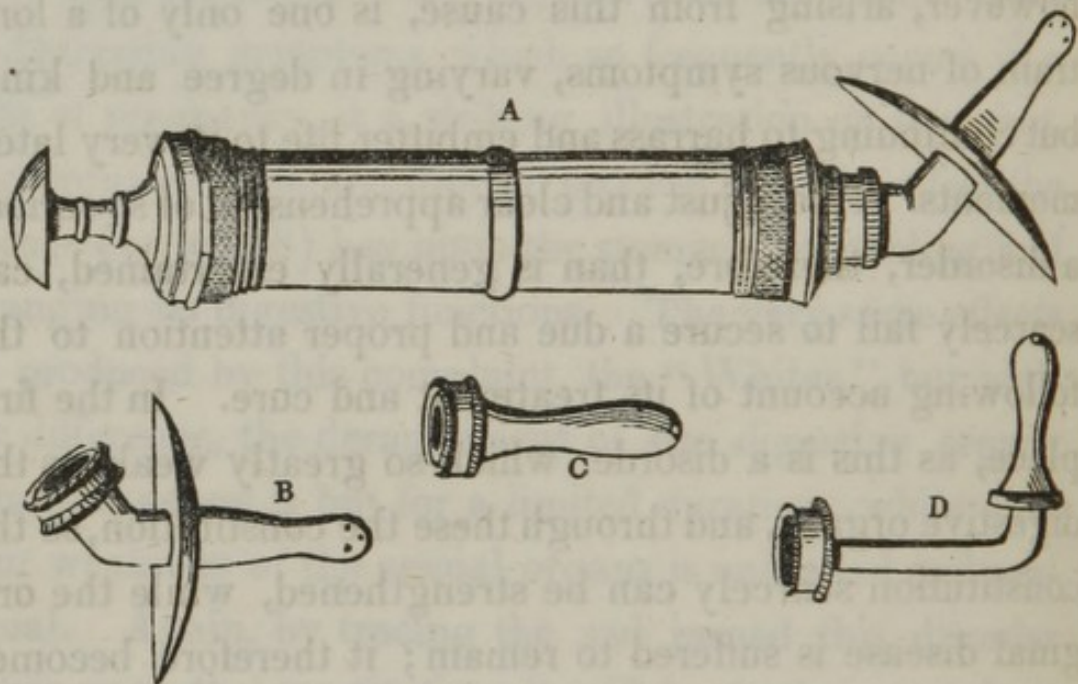
This disorder consists, essentially, in a deranged condition of the organs of generation, originating sometimes in a debility of the general system, and sometimes in the sexual organs alone. It may be induced by various causes, such as—any long continued illness—a damp, unhealthy residence—having children to fast—sexual excesses—Gonorrhœa, &c., &c. But, in delicate and nervous females, it frequently comes on without these intervening causes, and becomes as it were the settled habit of the constitution. It does not, however, thus invade the constitution without disturbing one of its most important functions, for it leads eventually to *Barrenness*. There is also a most unfortunate coincidence to struggle with in those who are the subjects of this complaint, for it affects the constitution in such a way as to react upon, and increase the original disorder. If, for instance, it originate in weakness of the sexual organs, this, sooner or later, involves and debilitates the constitution, and thus keeps up

and augments the original weakness ; or, if it begin in general nervous debility, this weakening discharge occurring, greatly augments that nervous debility. There is scarcely a complaint which the constitution suffers more under and has less power to overcome without the aid of suitable assistance. This may be clearly seen by reflecting on the influence which the uterine system is wont to exert upon the stomach and digestive organs. That train of distressing symptoms which so frequently occurs in a state of pregnancy, is a striking illustration of this fact. Numerous as these are, they all proceed from the effect the uterous (or womb) has upon the stomach, enfeebling and deranging its digestive functions. The very same effects are produced by this complaint, the "Whites," but with this difference, the derangement of the digestive organs from pregnancy is but for a limited duration, while that from weakness of the sexual organs is unlimited and perpetual. Again, by tracing the sad inroad this disorder makes upon the constitution, it will be further seen how justly it merits every care and anxiety to remove it ; for, beside the disappointment of a family, which it is frequently the cause of, there is nothing which more certainly fades the youthful countenance, and prematurely leads to the failings and infirmities of age. The first effect of this never-ceasing influence on the stomach is to weaken its digestive power, by which the blood becomes poor and watery. This is seen by that pale and sunken countenance, or bloated state of body, which always more or less attends it. Then follows an unequal circulation

of the blood; the strength of the body being not sufficient to maintain its equal distribution, some parts have too little and some too much; the feet are generally cold, marking too low a circulation in them, while the head is almost always overcharged, frequently leading the sufferer to suppose that bleeding would do good, than which, by the way, nothing would be more disastrous. Headache, however, arising from this cause, is one only of a long train of nervous symptoms, varying in degree and kind, but continuing to harass and embitter life to its very latest moments. A more just and clear apprehension of so serious a disorder, therefore, than is generally entertained, can scarcely fail to secure a due and proper attention to the following account of its treatment and cure. In the first place, as this is a disorder which so greatly weakens the digestive organs, and through these the constitution, so the constitution scarcely can be strengthened, while the original disease is suffered to remain; it therefore becomes expedient to prescribe both for the local weakness of the sexual organs, and that of the constitution, at one and the same time, and in the neglect of this rule, is the reason why the treatment of this complaint so often fails. Now, this need of applying remedies to the diseased organs, at the same time that we act through the constitution generally, makes the use of a syringe absolutely necessary. But upon the kind of syringe used very much depends. The syringe in common use, as I have observed before, is not adapted to the purpose, and it is chiefly on this account that we so frequently hear of in-

curable and tedious cases, even when the syringe is used. In the first place *they do not hold fluid enough to fill the passage, and they have no means for retaining the injected fluid for a due and proper time.* These deficiencies lead to the contrivance of my "*Female Syringe,*" which is found to answer most completely.

DR. RALPH'S IMPROVED FEMALE SYRINGE.*



- A,—The Syringe as used for Injections for "Whites."
- B,—The piece used for this Injection, separately.
- C,—The piece for giving a Glyster to another person.
- D,—The piece for giving a Glyster to one's self.

Leucorrhœa may occur in opposite states of the constitution, and the most important point to be ascertained in any given case, is, whether it is accompanied by strength or fulness of habit, or by weakness and exhaustion.

* Manufactured by Mr. Liese. No. 102 John-street.

PLATE V.

CHAPTER IX.

ON STRICTURE OF THE URINARY PASSAGE,—*Its Nature—Symptoms—Consequences—Remedies—and Cure.*

§ 1.

On the Nature and Causes of Stricture.

The essential Nature of Stricture is Chronic Inflammation.

A Stricture consists, at first, in a loss of that dilating or elastic property by which the urinary passage, which, while at rest, is in a collapsed state, becomes more or less unable to yield or open before the column of urine projected from the bladder:—

The diseased condition exists, during the early or first stage of Stricture, only as a soft, swollen or puffy state of the delicate skin lining the passage, and perhaps also of the immediately subjacent tissue. Could a view of it be obtained at this time, a small portion of the passage, from a quarter to one inch in length, would be observed to be merely a little swollen and redder than the rest, and this would generally be situated at about five or six inches inwards, though occasionally near the external orifice, and more rarely still, at both places. The contact of an instrument with this spot, discovers it to be

CHAPTER IX.

ON STRICTURE OF THE URINARY PASSAGE.—Its Nature—

EXPLANATION OF PLATE V.

Figure 1 Represents the appearance of Stricture in its first or Incipient Stage, consisting in a thickened or swollen state of the skin lining the urinary passage.

Figure 2 Is the appearance of Stricture in its second or Dilatable Stage. Here, as is seen, the disease is just beginning to assume a more permanent form, a slight deposit of diseased substance has commenced under the lining skin, and ridges or bands are formed.

Figure 3 Shows the third, or Permanent Stage of Stricture. The deposit under the lining skin is considerable, pushing inward upon the passage, (where least resistance is offered), the diameter of which is greatly reduced.

PLATE V.

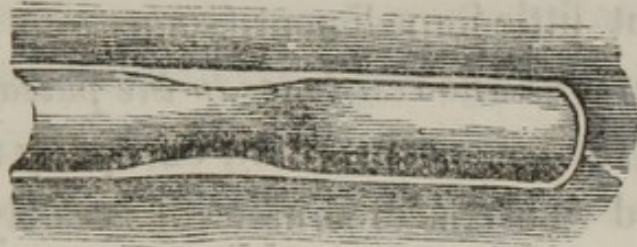


Figure 1.

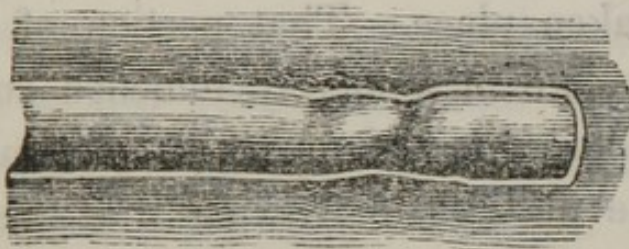


Figure 2.

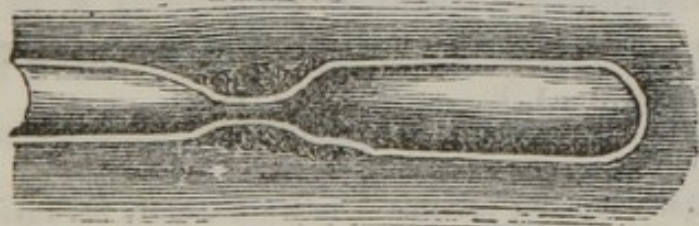


Figure 3.

very tender or sensitive, the patient describing the sensation to be as if a sore or raw surface were touched—which, however, is not the case. In this state a Stricture offers but little impediment (sometimes none) to the stream of urine, *and no resistance to the passage of an instrument.** So true is this, that, except by a careful, experienced and well-educated hand, it is easily overlooked or missed.

This may be called *the Incipient Stage of Stricture.* (See plate III, figure 1).

In the next or second stage of Stricture, an important change has taken place. That portion of the passage which was before in a merely tumefied condition, has now acquired a certain firmness,—it resembles a band encircling the passage, narrowing it at this point, and actually reducing its capacity. It now offers a decided impediment to the urine, and, if a moderate sized instrument is introduced, an evident resistance is met; though with a gentle pressure, it yields, and the instrument pretty easily passes on.

This has been aptly called *the Dilatable Stage of Stricture.* (See plate III, figure 2).

* This very often happens; persons whom I have examined and declared to have Stricture, have afterwards been to others, (in several instances which have come to my knowledge, to Surgeons, whose rank and ability merit the highest respect, and whose opinion would hardly be called in question), who have said they had none, at the same time making use of remarks towards myself of a most ungenerous if not ungentlemanly nature; and wh—

in truth merely because I had detected a disease which had escaped their exploration. I know this to have happened more than once, though some instances I might not have known, but for the kindness of a gentleman who not only stands first in the profession in America, but whose name is placed among the most illustrious of Europe, as I have myself heard from the lips of Velpeau, Sedillot, and others

In a still more advanced or third stage, the dilatable condition has appeared—the Stricture has become firm, or callous, as it is commonly called; the contraction is unyielding, and an instrument meets an abrupt positive resistance, the calibre of the passage being frequently so diminished as hardly to allow the urine to pass at all, or even an instrument of the smallest possible size.

This is *the Callous or Permanent Stage of Stricture*. (See plate III, figure 3).

Now, it is not always possible to say that a Stricture is in exactly one or other of these stages, for the disease passes imperceptibly from one to the other—often so slowly that several years, sometimes many years, will elapse before a Stricture has passed from the first to the second or from the second to the third. I not unfrequently meet with cases just verging upon the third stage, the commencement of which was undoubtedly established twenty, and even thirty years previously; others again will arrive to the same degree in a very few years. A Stricture, in a person of regular temperate habits, will sometimes remain ten or fifteen years without having fairly advanced to the second stage.

On the nature of a Stricture also, it should further be observed, **THERE IS NO NATURAL CURE FOR IT.** When a Stricture once begins, it is sure to go on increasing, either rapidly or slowly. Fortunately, however, we have the means of curing it by art, as will presently be described.

Neither is it curable by medicine—all the medicine in the world, alone, would never cure a Stricture.

The causes of Stricture may be numerous. It was said at the commencement of this Chapter, that the essential nature of a Stricture was chronic inflammation. It is now also said that, whatever is capable of producing or keeping up a long continued irritation or inflammation in the urinary passage, may become a cause of Stricture, and that occasionally, though very rarely, Stricture seems to be spontaneous. In a work of rather a domestic character, like the present, it would be at least useless to enter minutely into the causes of Stricture, yet is it well to state the fact, because, it is of the greatest importance to detect, early, its existence, and, when its symptoms are present, it should be examined into—whether the person has been exposed to its common causes or not.

Now, the great and by very far the commonest cause of Stricture of the urinary passage is, *badly cured Gonorrhœa*, and *Gleet*; and the way in which it does so is this:—Gonorrhœa itself is essentially an inflammation, only of a specific kind. In Chapter I. it was stated that Gonorrhœa began at the orifice of the urinary passage, and that if not promptly and properly cured, it reached the other end and there became fixed, obstinate, giving rise to great difficulty of cure and permanent Gleet, i. e., it passes from the acute to the *chronic* stage of inflamma-

tion. But, it is well known that the ultimate tendency of inflammation of any kind is to thicken, to indurate the organ or tissue which may happen to be the seat of it—and the specific inflammation of Gonorrhœa has this tendency to a degree perhaps greater than any other—hence its proneness to give rise to this disease, Stricture. I think I should be safe in saying that ninety-five out of every hundred are from this cause. The next cause in frequency is *Masturbation or Self-pollution**—this would perhaps account for four out of the remaining five;—the other one being from one of the rarer and peculiar causes

§ 2.

The Symptoms of Stricture.

The symptoms which denote the existence of a Stricture should be considered with respect to those which attend its early, and those which attend its more established stage, and the more, as it is an unquestionable fact, that Stricture may exist in a mild and dormant form, and for a long time, and the sufferer be not in the least aware of it. On this account also it is desirable to be more particular and plain in pointing out the *early symptoms* of a Stricture, not only because it is in the early stage that its cure is so easily accomplished, but because in this early stage the symptoms are vague and far from directing at-

* The local disease produced by this baneful practice is sometimes actual Stricture, but much more commonly it differs considerable from it; both

however occupying much about the same spot, have some symptoms in common. (See Chapter xi *Masturbation*).

tention to the real seat of disease—the urinary passage—and without this knowledge and the proper plan it leads to, all the medicine in the world (and very much is often taken) would never cure it.

Now, it was stated that a badly treated Gonorrhœa, or a Gleet, was by far the commonest cause of Stricture. When therefore a person comes to me with a Gonorrhœa that has continued an unusual length of time—several months, for instance—and especially if he has had a former Gonorrhœa, I consider the length of time alone a sufficient reason to suspect the possibility of a Stricture, and it becomes my duty to ascertain for fact, whether it be so or not; and here it should be observed that the symptoms presently to be enumerated go no further than to afford a sufficient reason to suspect a Stricture. They do not prove that a Stricture really exists: the positive existence of a Stricture, especially in this early stage, can only be ascertained by examining the passage with the Bougie, which is a very easy and simple thing to do, as will presently be seen. Nothing can better show the difference between the common advertising knave and nostrum seller and the good and faithful Physician, than the difference of their conduct in the case of Stricture. The former will never trouble you with the sound of such a word, but will sell you colored drops, or pills, or some such thing, as long as you will take them, and then will leave you in a state of mental misery; while the latter will put his questions on the ground of the *possibility of Stricture*,

and if he should detect the least suspicious circumstance, he will not rest until he has ascertained the fact whether it be so or not. He will then explain the nature of a Stricture, and show the utter inutility of medicine in such a case; and afterwards conduct you to a safe and perfect cure. None but those who see it daily can form the least idea of the chagrin and misery that man escapes who falls into the hands of a good Physician in diseases of this nature.

The symptoms about to be described are not compiled from authors, but from the very numerous cases that have come under my own observation, and which are minutely recorded in my Private Case-book. I have given them pretty nearly in the order of frequency and importance in which I have found them.

Among the *very early symptoms* of a Stricture, there is one in which great confidence may be placed. *It relates to the manner in which the last few drops of urine pass, which is by dribbling away.* This is a symptom of great value in determining any doubtful case of Stricture, and deserves a word or two of explanation.— Now it happens in the very onset of a Stricture, and before any positive narrowness has occurred, that a certain elastic power with which the passage is endowed, in order to expel the urine with a jerk, becomes weakened or is quite destroyed, so that it can no longer contract upon these last few drops, and the consequence is they have to

steal or dribble away after the act is over. Whenever I have reason to suspect a Stricture, therefore, I put this question,—*Have you observed, when you have finished making water and buttoned up your clothes, whether a drop or two of urine passes afterwards, so as to wet the shirt a little?* and if they say they have, my suspicion is greatly confirmed. This is the most universal, as well as the very first of all the symptoms of a Stricture. Indeed a Stricture cannot exist without it. Not that I mean that this dribbling cannot proceed from any cause but Stricture, for it may proceed from weakness of the parts and other causes; but a Stricture cannot exist without this drop or two of urine, and therefore whenever this is not observed you may be sure *you have no Stricture.*

Another of the *early symptoms* of a Stricture is, a *scattering of the stream of urine in making water, or a splitting of the stream, or a stream smaller than formerly*; and if these or any one of these exist, my suspicion is increased. But even though he should have noticed none of these, still I am not certain he has no Stricture, for some of them, especially a diminished stream of urine may creep on so slowly as not to be observed; and until the stream of urine becomes remarkably diminished a patient is very apt to overlook it, and say it flows as usual. I have had persons tell me this, when, on examining the passage, I found a well marked Stricture, and then, reflecting on their former way of making water, they have been convinced their stream was not so large as formerly.

A certain *hesitation in commencing to urinate*, although the stream flows fully and easily enough when once started, may be added. It is very common to have this hesitating or waiting longer than natural, then a full stream, then again the dribbling away afterwards.

Another circumstance attending the early as well as the later stages of a Stricture, and which in some degree or other is almost always present, is *its effect upon the Mind and Spirits, to depress them*.—In some individuals this effect proceeds so far as to make them hypochondriac, and in almost every one there is some degree or other of it, so that he is not so energetic in, nor so capable of business as formerly. By this depression I do not mean that lowness and dejection of the mind produced by gloomy apprehensions, or the deceitful tricks of advertising people; these are, indeed, enough to affect the spirits, but the depression I refer to arises from a very different cause, and is often present when there is scarcely any other mark of Stricture. This effect of Stricture on the spirits, arises from the intimate connexion which subsists between the sexual organs and the mind. Every body is aware of the effect of a single thought of a certain nature upon these organs. Now it happens throughout the body that whenever one part has the power to affect another, the latter also has the power to affect the former. For instance, if a sexual thought, through the medium of the nervous system, has the power of influencing the genital organs, in like manner a diseased condition of

the genital organs has the power to influence the mind, and it is on this striking reciprocity of sympathies that Stricture in the urinary passage is so wont to depress the spirits.

Connected with this symptom, is also *a loss of memory*. Patients frequently complain to me that, since their Stricture commenced they have noticed more or less defect in the memory, especially of names; and it is often surprising to see the rapid improvement of this faculty that attends the relief of the Stricture. Sometimes there is a diminution of memory but without the depression of spirits—often both are together.

A Diminution of the Sexual Inclination, or of the Erectile Power. This is a symptom which in very many cases make its appearance early. It is in realty the commencement of Impotence; and though in the early stage of Stricture it is generally noticed in but a slight degree, still it is occasionally at this period a prominent source of complaint. A curious case of this kind is at present under my care. Mr. — had a Gonorrhœa about four years and a half ago—it was four months before the discharge was stopped, and then a slight Gleet, varying in quantity, but always very little, was left. He discovered the existence of Stricture about two years afterward, and some months later being with a female he had long known, he suddenly, and in one night, lost his erectile power—become impotent, and has so remained

to the present time. So sudden an attack is certainly rare, but it does happen occasionally; I have seen several such. It is very common however to have it creep on slowly.

These then are the circumstances which denote the early stage of Stricture; and when it is considered that they are circumstances which do not in themselves naturally suggest the idea of Stricture, and also that Stricture exists in those who are not at all aware of it, they would seem to be exceedingly worthy of attention. To recapitulate therefore it may be stated that,—Stricture is a disease which often exists in those who are not in the least aware of it, but there are certain circumstances which should always lead to its suspicion; these circumstances are—*A slight alteration in the manner of urinating, a drop or two of urine which steals away after the act is over, so as to wet the shirt a little—Depression of Spirits or of wonted energy of mind, and failing of memory, or both—Diminution of the Natural Sexual Inclination or of the Erectile power.*

There are other symptoms which often attend the early or about the first and second stages of Stricture, but which are less constant, that is, they will be found in some cases while in others they will not be complained of at all.

Gleet. In many cases of Stricture there is a discharge from the urinary passage, but this does not happen in

every case. This discharge may be only a little more of that mucous which is natural to the part, or it may be real pus or matter. Whatever it is, however, it varies from many circumstances of excitement, and is generally very easily brought on or increased; a glass or two of spirits, unusual exercise, sexual intercourse, will produce it, and it more or less easily subsides again. When the discharge is considerable, it is often taken for a Gonorrhœa, especially as it may be attended with burning pain in making water, and chordee, all of which is very apt to follow the excitement of sexual intercourse. This kind of Gleet may attend all stages of Stricture. (See Chapter VII

Weakness and Pain in the Back, is very frequent, and may be present in any stage. It sometimes feels as if the sensation commenced in the groin and running round the hips reached the small of the back. Not uncommonly this pain is first noticed after lifting some heavy weight, and is then taken for "a strain;" the different plasters, &c., that are applied, seldom give any relief, and many, still unconscious of the existence of Stricture, at last suppose themselves to be affected with Gravel or Kidney-disease. I am often applied to for such supposed maladies, the majority proving to be cases of Stricture, and rapidly relieved by an appropriate treatment, to the great astonishment of the patient.

Pain running down the thighs and legs, and sometimes

most complained of in the soles of the feet
added here.

An Itching or Tickling in the Urina
when urinating, is another rather common symptom.

A frequent desire to Urinate, with more or less inability to hold the urine when the desire comes on, and often obliging the person to rise several times in the night. This, when it exists to any great degree, is a very annoying symptom, and often one of the most obstinate and difficult to overcome; and unlike most of the others, which spontaneously disappear along with the cure of the Stricture, often requires separate treatment.

Another effect of Stricture, and one very similar in its nature to the depression of Spirit and of Memory, is that which it produces on the *Stomach and Organs of Digestion*, for the same medium which connects the mind with the genital organs, connects it also with the functions of the stomach. Nothing is more common than to see a train of nervous or dyspeptic symptoms which have resisted every means of cure, most happily and unexpectedly disappear on proceeding in the cure of Stricture.— These two circumstances therefore—*depression* of spirits and *nervous dyspepsia*—may very properly be placed among the symptoms which attend the early stage of Stricture. They are not of course to be depended on alone, apart from other symptoms, for it is well known

that they may arise from other causes; but in cases where there is only a mere suspicion of Stricture, it would be well to consider if either of these were present, for, if so, it would greatly strengthen that suspicion.

A Shrinking or Dwindling of the Penis, often with *diminished erectile power*. It is not easy to account for this, but of the fact itself I am well assured. It is sometimes, though more rarely, quite an early symptom. I have had patients apply to me whose only object of complaint was this, having observed no other until led to think more particularly on the subject, and not dreaming of a Stricture. On removal of the Stricture, it resumes its wonted size and firmness.

But, so far I have spoken of Stricture only in its early stage—at the time when its symptoms are often so few and give so little inconvenience as to allow its existence to be overlooked; in its advanced stage however, the symptoms are very numerous, and some of them most deeply interesting. The interesting nature of these symptoms arises from their remoteness from the seat of the disease itself, so that when they present themselves, they are never once suspected to arise from Stricture, and, consequently, never get relieved. Many serious diseases, which, from their having proved unyielding under a variety of modes of treatment, have been thought incurable, have been so because they have arisen from Stricture, which was never thought of.

Weak or sore Eyes.—A few months ago a captain of a merchant vessel from Havana came to me with a recent Gonorrhœa; but who, in a little while, I perceived had got a Stricture also from a former Gonorrhœa. Of course I soon attacked the Stricture, but, as the cure of this proceeded he told me, with the greatest pleasure and surprise, that his eyes were better. Now this was the first time he had spoken of his eyes, though I had noticed they were very red and irritable. He then told me that his eyes had been bad for years,—that he almost always wore a shade, and that they were frequently so bad at sea that he could not open them at all in common day-light. This, therefore, was a case of Ophthalmia from a Stricture which had given him so little inconvenience, until a fresh attack of Gonorrhœa occurred, that it was never once suspected. By the time the Stricture was cured the eyes got entirely well, and I believe will never trouble him again. But this is nothing new in the treatment of Stricture; nothing is so common as to see complaints which had resisted every former mode of cure, particularly diseases of a dyspeptic nature, entirely disappear on the cure of Stricture. The symptoms denoting confirmed and long-standing cases, therefore, indeed every thing relating to this subject, is deeply interesting. Similar cases have frequently occurred to me.

Sores about the head of the penis and foreskin, much resembling Venereal and frequently mistaken for it, (see Chap. xx), are also among the symptoms of a Stric-

ture. The late Mr. Abernethy, in his work on Syphilis, has admirably shown this fact. To what he has stated I can also add my testimony, for instances have occurred to me in which these sores have proved unyielding under many surgeons and different modes of treatment, but which have got well immediately on treating them accordingly.

Sores and other affections of the throat are sometimes symptoms of Stricture; they occur on the same principle, viz: the sympathy existing between the organs of generation and the throat,—so that disorder in one will produce disorder in the other. Many curious facts might be stated on this subject, but, as I observed, being rather curious than of practical importance, I will state them in a Note.

Hypochondria.—There are many remote diseases which arise from Stricture, in consequence of the sympathies which exist between the sexual organs, and distant parts of the body. In other words, a Stricture in the urin-

NOTE

The sympathies between the organs of generation and the throat in both sexes are very striking. Not only is the beard upon the chin prevented if the testicles are removed before the age of puberty, but also the development of the throat is hindered, so that the voice fails to attain the deep and tenor tone of men. It is a curious fact, that when the corresponding organ of the female is removed, (as the ovaria in spaded animals), the voice becomes deep and rough in women, and hair shoots out

upon the lips and chin.—Young women who have beards are generally less prolific than those who have none. Bingham mentions a case which came under his own knowledge of a young lady who had a beard, but lost it after her marriage. All this shows the intimate connection which exists between these distant organs and accounts for many morbid actions occurring in the throat simply from sympathizing with a Stricture. See Chap. XI in which will be found some interesting and important remarks on this subject.

ary passage is capable of disturbing the stomach, and through this medium, of inducing other and remote complaints, all of which therefore are correctly placed among the symptoms of Stricture. These complaints are chiefly of a nervous character, as head-ache, low spirits, diminution of wonted clearness of mind, and other hypochondriacal feelings; and so evidently are these the effect of Stricture, that they cease as its cure proceeds, while they resist every measure short of this.

The hypochondriacal state of mind resulting from Stricture of the urinary passage sometimes exists to such a degree as to become truly distressing and serious. There is no doubt in my mind that many suicides, happening when the circumstances and other relations of the individual cannot in any way account for the act, are in reality the consequence of the severe mental depression which sometimes attends Stricture. In these cases I believe the sufferer is generally ignorant of the existence of such a cause of his misery—a knowledge of it would have saved him, for with the knowledge would have come at least a hope of relief, if not of cure: but unfortunately again the false delicacy existing on the subject of diseases of the generative organs tends to operate very unfavorably on some minds. A gentleman whom I cured of Stricture a few years ago, and who was at the time a professor at West Point, assured me that he had twice been down to the water at night to drown himself, but happily returned without doing so, from irresolution,—he had a very bad Stricture

Another patient, young, and having a Stricture scarcely advanced to the second stage, carried arsenic in his pocket for some time with the view of destroying himself;—he was in an excellent and prospering business. Many have declared to me that their failure in business had been attributable to the effect of Stricture on their mind and energy. I might give a long list of the like.

Another symptom I will mention is *a hardness and diseased condition of the testicle* from Stricture. This indeed may arise from other things than Stricture, but when it thus arises, and this I often find to be the case, it never can be cured but by the removal of the Stricture.

As I have said before, a *contracted stream of urine*, more or less, always attends a Stricture, but this creeps on so gradually, and with so little disturbance, that it often quite escapes the notice of the patient. But, as the narrowness of the Strictured part increases, that is, as the Stricture grows worse, this alteration or contraction draws attention, for it becomes very small, or divides into two, or sprinkles on the ground, and in very bad cases it passes only drop by drop, and that not without some straining. Sometimes it is necessary to make a great effort at the beginning, and afterwards it will flow in a tolerable stream; at other times the desire comes on so quickly that you cannot retain the urine for a moment. This is when the bladder participates in the disease.

The bladder is always more or less disposed to this participation, so that many patients are obliged to get up in the night to urinate, and this generally increases with the Stricture.

Mr. Bingham, of London, a very sensible writer, has exceedingly well enumerated the various sensations and other symptoms which may occur in Stricture. I shall transcribe from his work the most important, leaving out however all technical words. Nothing, correctly detailed, can be uninteresting to one afflicted with Stricture.

Mr. Bingham observes—"Various kinds of sensations also, are produced in different degrees, by Stricture in the urinary passage; as an itching of the penis or the parts about, and a fluttering or pulsating sensation in some parts of the passage; numness of the thighs is another symptom; as are also a smarting or burning pain in the head of the penis, and darting pains shooting to and fro from the fundament to this part, or up to the back and loins; pain in the hip, down the thighs and on the inside of the knees, frequently occurs from Stricture in the urinary passage, and pain has also been known in the sole of the foot from the same cause."

Again he observes—"Sexual intercourse is apt to aggravate the symptoms of Stricture whatever they are.— Sometimes this act is attended with pain and inability to

emit the seminal fluid; at other times only part of it passes, and the remainder steals away when the erection has ceased. Retention of urine has many times been brought on by sexual connexion in patients troubled with Stricture."

"The penis is variously affected by Stricture. Sometimes the erections are excessively frequent and troublesome, and these may or may not be accompanied with seminal emissions, during sleep; at other times the erections are weak and inefficient. and, occasionally, altogether wanting."

"Sometimes swelling of one or more of the glands in the groin, and enlargement of the testicle, indicates the existence of Stricture in the urinary passage: and, another symptom is, hardness to be felt externally in the situation of the Stricture. Inflammation and a gathering in that part between the anus and the testicles, are also symptoms of the disease."

"It has been stated upon high authority, that strictured patients cannot comfortably cross their legs; but whenever I have had an opportunity to notice this, there has been, besides the Stricture, disease of the prostate gland," (a hardish body situated at the entrance of the bladder, just where the urinary passage begins, and which is exceedingly liable to enlargement in elderly people), "or inflammation about this part."

The Consequences of Stricture.

The consequences of a Stricture are truly lamentable, not only being distressing to endure, but some of them totally incurable—admitting only of relief. I speak however now of old bad cases, such as have been suffered to run on for years, or badly treated. Besides those sympathetic disorders which were noticed in speaking of the symptoms of a Stricture, there are consequences which are more immediately connected with it, and these I next propose to state.

One of the first of its consequences is, *the effect which straining has upon the bladder.* The more resistance the Stricture offers to the flow of urine, of course the more exertion must the bladder make. This leads to a thickening of its coats (see plate 3), and to other conditions of it which make it irritable and capable of retaining but a very little urine, so that the calls are frequent and pressing, disturbing sleep and rest. From the same cause also the kidneys are very apt to be diseased.

The next effect of so much straining is produced upon the passage itself, just behind the strictured part. The force of the urine, as may easily be imagined, dilates the canal and forms a pouch or bag, (see plate 4), in

which a portion of the urine lodges. But this, which always happens, more or less, may lead to lamentable consequences. In the first place it may render the passing of the Bougie impossible; for when the pouch is large, the orifice leading out of it may not correspond exactly with that leading into it, so that the Bougie may easily pass in, but not pass out or through it. And in the next, the urine lodging here, is very apt to irritate and produce disease. Disease arising from this cause is of the most distressing and permanent kind; matter forms in the subjacent structures and makes its way out, both by opening into the passage, and also by opening externally, ulcerating through the parts between the thighs. But the worst is, the passage it thus makes will not heal. It is difficult and sometimes quite impossible to prevent the urine passing through it. This is what is called a sinus, or *fistula in perinæo*, (plate 4). I scarcely know a more disagreeable and inconvenient thing than a sinus in these parts,—the person is obliged to squat down in making water to do it comfortably. But, to form a true and clear conception of this malady, (and every one should do so, in order to avoid that class of people who produce it), it is necessary to see it in a plate, and with this view I have selected the one on the following page, from one of the best and latest authors on the subject, and from this it will be correctly judged how serious a thing it is to neglect a Stricture. Indeed, so true is this that a very eminent writer on this subject, Sir Everard Home, Sur-

geon to the late King of England, in his third volume, has a chapter upon—*Diseases of an incurable nature, the consequences of a long continued Stricture, before the proper means of removing it had been adopted.*

Among the consequences of Stricture also may be noticed, *a shrinking and dwindling of the penis, with but little erectile power*, but to a much greater and more serious extent than that mentioned before; as in the slighter degree, however, the removal of the Stricture restores its natural state.

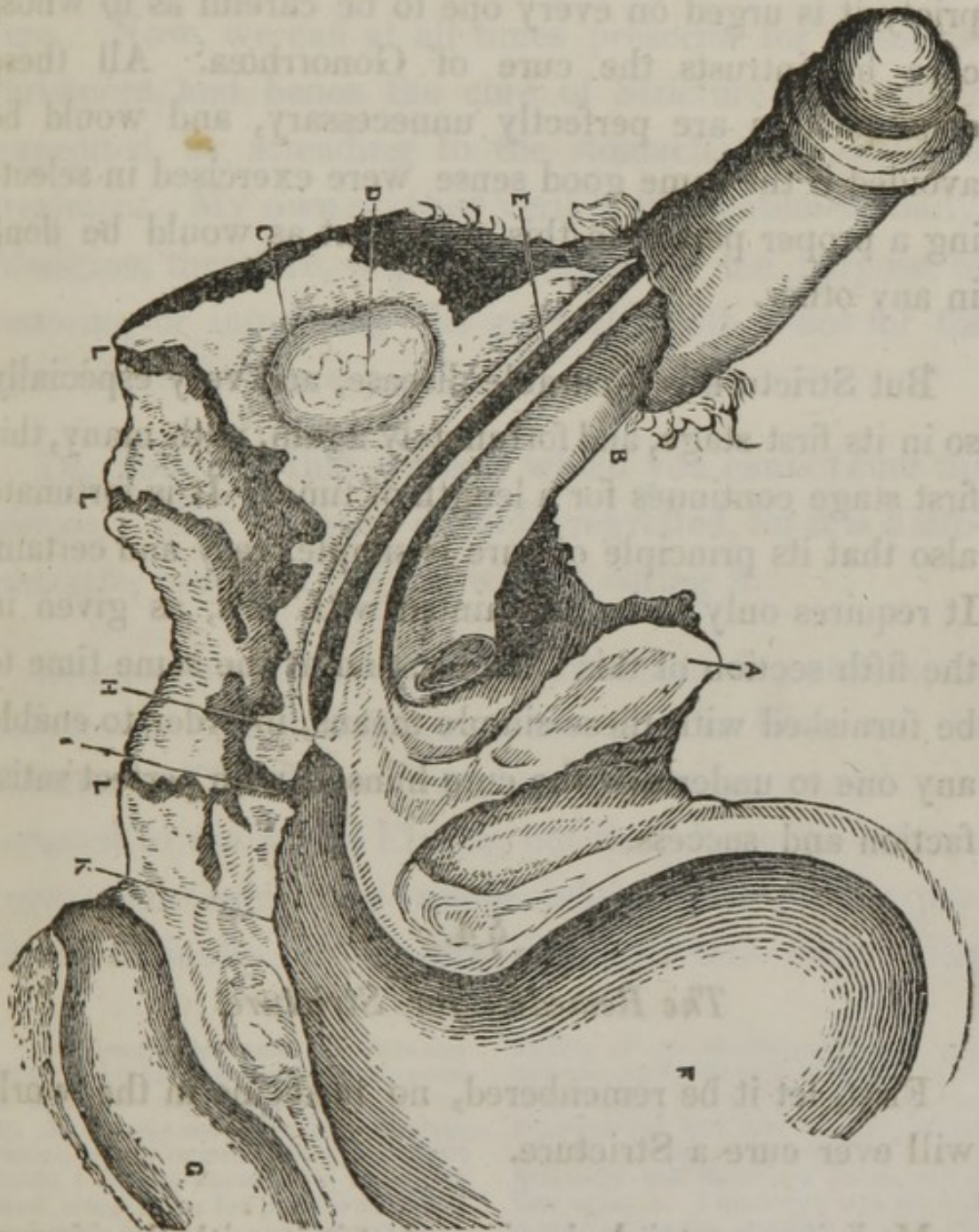
A similar state of *wasting of the testicles* is also a consequence of Stricture.

Impotence is another, and the last to notice. This may occur with or without the loss of sexual inclination. There are two ways in which a Stricture may be the cause of impotence—the one mechanical, the other functional. In the first, the function of the testicles is performed, but the fluid is impeded in its passage, or its impetus so broken as to fail in accomplishing its destined purpose. In the second, the function of the testes seems to be disordered, so as to have lost its essential and vivifying principle. This is no difficult thing to imagine, when the nervous structure of these organs, and the exquisite sympathies depending on them, are considered.—And, further, this opinion is supported by the fact of so many strictured persons having no children.

EXPLANATION ON PLATE VI.

- A,—A section of a bone.
- B,—A part of the penis.
- C,—The scrotum.
- D,—The testicle.
- E,—The urinary passage.
- F,—The bladder, much thickened in consequence of straining to make water.
- G,—The lower intestine.
- H,—The Strictured part of the urinary passage, the source of all the disorders of the other parts.
- I,—The ulceration behind the Stricture, from whence the urine has been discharged into the sinuses or ulcerated passages running between the thighs and scrotum.
- K,—The urinary passage and neck of the bladder dilated, (forming a pouch) behind the Stricture.
- L, L, L,—The several openings through which the matter and urine have continually flowed.

PLATE VI.



Medicine certainly is given, but it is with the view of removing any other complaint or impediment to the cure.

These then are the consequences of Stricture, and when to them is added those sympathetic affections which were arranged among its symptoms, together with the expense, and suffering, and keen reflection which is naturally connected with this disorder, it will be seen with what propriety it is urged on every one to be careful as to whose care he intrusts the cure of Gonorrhœa. All these consequences are perfectly unnecessary, and would be avoided if the same good sense were exercised in selecting a proper person in this complaint as would be done in any other.

But Stricture is a curable disease, and very especially so in its first stage, and fortunately again, with many, this first stage continues for a length of time. It is fortunate also that its principle of cure is simple, easy and certain. It requires only to be acquainted with this, as given in the fifth section of this Chapter, and at the same time to be furnished with these simple means, in order to enable any one to undertake the cure himself with perfect satisfaction and success.

§ 4.

The Remedies for Stricture.

First, let it be remembered, no medicine in the world will ever cure a Stricture.

Medicine certainly is given, but it is with the view of removing any other complaint or impediment to the cure.

It has been stated and explained that Stricture of the urinary passage is capable of materially disturbing the functions of the stomach; a knowledge of this fact is of great importance in the treatment of Strictures, for, as a Stricture in the urinary passage has so much influence on the stomach, in like manner the Stomach influences the Stricture. Now, we can at all times prescribe for these disturbances, and hence the cure of Stricture is so much expedited by attending to the stomach throughout its treatment. My own practice verifies this statement daily. Medicine, therefore, if given, is only for the purpose of restoring or improving the general health,—not for the cure of the Stricture.

The Bougie is that without which you cannot cure the disease. Nor is this at all to be regretted, for it is a simple, safe, easy and certain way of curing it.

Bougies are made of different materials; two kinds only however, are fit for use: these are the *Wax* and the *Elastic*.* The *Wax* Bougies are not so smooth and pleasant to use as the *Elastic*, but they have the advantage, sometimes very useful when there is any particular difficulty, of retaining the shape into which they

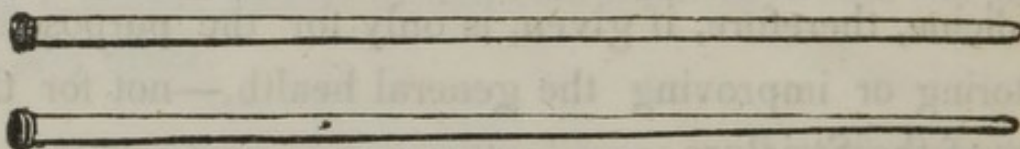
* Bougies are also made of metals and different kinds of compositions—even of Iron, of Catgut, prepared Ivory, &c., &c. Some are more fanciful than useful, and as to metal Bougies of all kinds, I do not hesitate to condemn them altogether; for private use they are highly improper, and every modern Surgeon who has much experience in this department soon renounces them,

finding all can be affected by the wax and the elastic Bougie far better, easier and safer, and always with less inconvenience and pain to the patient. All the modern continental authors on Stricture, and there are many, are of this opinion. I have not myself, with a very extensive practice in this disease, used a metal Bougie for several years.

may be bent;—they are not very fit for private use. The Elastic Bougies are generally to be preferred, they are more polished and easier to the patient, and, if always curved one way, they retain the shape sufficiently well; they are also, when warm, so pliable as easily to accommodate themselves to the natural curve of the passage.

Bougies, both Wax and Elastic, are either Cylindrical or Conic, as here represented.

A Cylindrical Bougie.

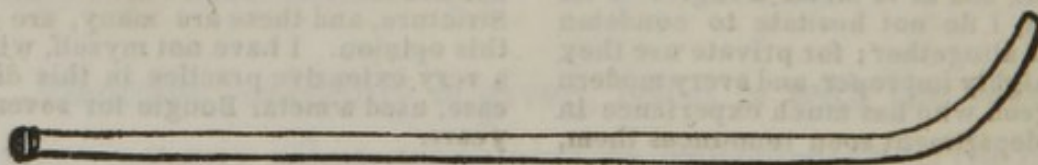


A Conic Bougie.

The Cylindrical Bougies are fitter for Stricture in its earlier stages,—the Conic for more advanced cases, where absolute contraction or narrowness has commenced; though either may be employed in either case. Of course in the third stage (see plate III, figure 3) Conic Bougies are very preferable.

Bougies are made straight, but when they are to be used, are bent into a certain form. This is easily done by warming a little either before the fire or in the hand. The following represents the curve a Bougie should have. It is of the greatest consequence to give it this shape.

The proper curve or shape to be given to a Bougie for using.



The manner of using or introducing a Bougie.

(See Plate VII).

We will suppose it the first time of using a bougie,—the object being to ascertain for fact whether there really be a Stricture or not. You select an Elastic Bougie of medium size, and holding it in the hand or before the fire, you warm it a little, so as to give it the curve just represented without cracking its polished surface. In giving it the proper curve you will find from its elastic property that it will become straight again. Do not mind this, for, having given it the curve while warm, it will more easily assume it when it meets with the corresponding curve of the passage; (it is an excellent plan to put it away while warm in such a position as to keep this curved form till used again). You next rub on it a little sweet oil or lard, and then proceed to introduce it. Take the penis, *at its sides*, behind the head, between the thumb and finger of the left hand, and stretch it forward a little, rather pointing upwards, but very little. Then with the Bougie between the thumb and fingers of the right hand, and with the curved end pointing upward, introduce it at the orifice, and pass it steadily on with a gentle and continued pressure till it reaches the bladder, which can be easily told by a peculiar sensation and the ceasing of any feeling of resistance. Take particular care to keep the Bougie in the same position as at first, that is, with its point directed upward, for if the point were to turn to the side, or especially downward, it would not

EXPLANATION OF PLATE VII.

Showing the manner of introducing a Bougie into the Bladder.

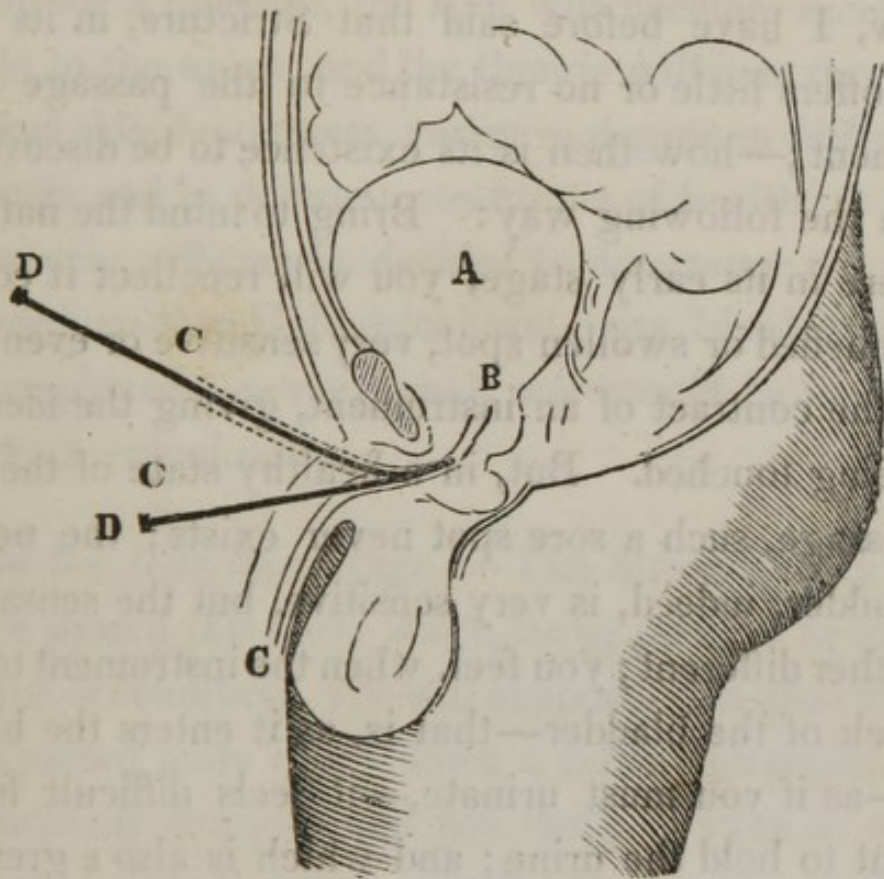
A,—The Bladder, which, it will be seen, is situated higher up into the body than the urinary passage.

B,—The internal orifice of the urinary passage turning *upward* to reach the bladder.

C C C,—The lower C represents the external orifice of the passage, in its common or natural position, and in this state the urinary passage is seen to have a double curve, like the letter ∞ reversed. The upper C shows the passage, the penis being held out and upward from the body. The middle C supposes the penis to be held out and a little downward, which position brings the urinary passage as nearly as possible to a straight line—the curve being much reduced. In introducing a Bougie it should be held in this position as soon as the instrument is about two-thirds of the way in, *i. e.*, as its point reaches the commencement of the curved portion of the passage.

D D,—Shows the Bougie in the first and second of these positions, in introducing it.

PLATE VII.



pass at all. But suppose you pass it smoothly and easily down a certain distance, and then it suddenly stops; in this case you are to withdraw the instrument about an inch, then lower the outer end and the penis together so as to tilt the point still more upward, and resume your attempt to pass it on, at the same time stretching out the penis more, as it were pulling it over the Bougie. Proceeding in this way the Bougie will, if there is no obstruction, pretty easily enter the bladder.

The manner of Detecting a Stricture in its Early Stage.

Now, I have before said that Stricture, in its early stage, offers little or no resistance to the passage of an instrument;—how then is its existence to be discovered? It is in the following way: Bring to mind the nature of Stricture in its early stage, you will recollect it consists in a tumefied or swollen spot, very sensitive or even painful to the contact of an instrument, giving the idea of a sore being touched. But, in a healthy state of the urinary passage, such a sore spot never exists; the neck of the bladder, indeed, is very sensitive, but the sensation is altogether different; you feel, when the instrument touches the neck of the bladder—that is, as it enters the bladder itself—as if you must urinate,—it feels difficult for the moment to hold the urine; and which is also a great distinguishing mark, it is from seven to nine inches up the passage,—whereas, the tender Stricture-spot is between four and six inches up, very seldom beyond six, and I believe almost never beyond six and a half inches. This

statement may be relied on,—it is founded upon a great number of cases minutely recorded in my Case-Book. Remember the subject is Stricture.*

Now, having proceeded with the introduction of the Bougie as described in the preceding page, if the early stage of Stricture exists, when the instrument comes to this point it will give so positive a sensation or soreish feeling as often to lead you to believe it cannot be passed; this however is imaginary,—hold the instrument steadily there for a moment, the spot will become accustomed a little to the touch, and the Bougie will pass through. Of course this tenderness varies in degree in different individuals and in different conditions of health; it is always however, sufficiently decided to determine the question. A medium size Cylindrical and quite blunt Bougie must be employed,—a very small one would be improper for such an examination.

In the Dilatable Stage:—The Stricture may however have passed this early stage, being perhaps in the next or dilatable condition. We will suppose, then, that the Bougie has passed quite easily down a certain distance, and then is suddenly stopped, and you find that even by managing as was before directed, it will not pass on; you then hold it steadily to the part, gradually, and to a limited and reasonable extent increasing your pressure. This is the

* When this soreness is further in, it generally indicates either a degree of inflammation of the Prostrate Gland (neck of the bladder) or the diseased state of the Seminal organs peculiar to masturbation.

strictured part, and if it be dilatable, the Bougie will presently pass through, and you will have accomplished the first step towards its cure. There is seldom more than one Stricture whilst the disease is in this stage, and this one, as was before said, is generally situated at between four or six inches from the external orifice of the passage. If there is another, it will generally be only an inch or two in, and would therefore be met with first. Thus when you detect a Stricture very near the orifice, you may reasonably expect to find another further down, but not always.

In the *Advanced or Callous Stage*.—But suppose you come to a Stricture, and, after perhaps a second trial, you find you cannot pass it. In this case then you are to withdraw that Bougie and try a smaller one, exactly as before; (remember a medium was recommended to begin with) and if this will not pass then take a smaller still. But it may happen that the smallest will not succeed. Indeed the part may be so irritated by these frequent attempts, that it will not pass on the first trial at all. I have frequently succeeded well at the second when I have failed at the first. In general there is but little or no pain in passing a Bougie, and the degree of force is so limited that there would be none felt on that account; except the Stricture be in what is called an irritable state, which is known by its giving pain immediately on touching it, and then it should be postponed until this has been relieved. What I mean is, you must

not give much pain by the mere force of pressure. Neither should you go on with an attempt at any time if it is disposed to bleed. A drop or two of blood is of no consequence; the part is so delicate and vascular that a drop may appear on a slight occasion; but, if there is more than a few drops, this should induce you to lay aside the attempt for the present. In some cases you may not be able to pass the smallest size till after various attempts made at intervals of several days; this however but seldom happens; when it does, you must pay attention to your state of health and habits. Particularly must you pay attention to the state of your stomach and bowels. Take a moderate dose of the Purgative Diuretic Pills from the case, or any other in note 1, avoid a stimulating or full diet, and rest as much as possible. A warm bath too is very advisable, but if this cannot be had, bathe the parts well with hot water and a large sponge every night, or night and morning. These directions however will seldom be required, still it is necessary to give them.

As to *Stricture at or near the orifice or entrance of the passage*—this is known at once when a Bougie is found to enter or pass tightly, and yet does not completely fill up the lips or orifice of the passage.

Injections.—Although it is not at all generally understood, Injections, even where there is no Gleet or Discharge, are useful in the treatment of this complaint;

their effect upon the Stricture is peculiar and excellent, and is exerted through the medium of the delicate skin lining the urinary passage, and by the condition of which the Stricture itself is greatly influenced. But two kinds, as far as I have discovered, are efficient, viz: the White Vitriol and the Nitrate of Silver in very diluted form.

§ 5.

The Cure of Stricture.

The cure of Stricture can be accomplished only by the use of the Bougie. Medicine occasionally assists, but the Bougie is that without which you cannot cure the disease.

Success, in the treatment of Stricture, depends in an uncommon manner on the *proper management* of the means employed.

The ultimate object in using the Bougie is to pass one into the bladder of such a size (whatever size that may be) as about fills up the capacity of the urinary passage, without stretching or giving pain at its external orifice:* that is, supposing the orifice to be healthy—that there is no disease or Stricture just within it.

When there is Stricture at the orifice, a Bougie that evidently does not fill the entrance or lips, is still more or less tight and painful.*

It is usually necessary to commence the treatment with a Bougie several sizes smaller than the one with which you end it, and to reach a full size gradually.

There is naturally a great difference in the size or capacity of the urinary passage, amounting to at least double from the smaller to the larger.

The following are the ordinary natural dimensions of the passage, as measured at the orifice * the middle one may be taken as the average :



Sometimes it is found smaller or larger. The measure of the size of the passage is taken at the orifice or entrance, because here and just before it ends in the bladder the passage is smaller than anywhere else ; and, therefore, what will enter easily ought to pass all the way.

An occasional warm bath is very useful. Diet should be ordinary and moderate, strictly avoiding all alcoholic beverages.

* Sometimes the external orifice of the urinary passage is exceedingly large—in which case there will usually be found another ring or circle a very little way inward, which is the true measure.

NOTE.—Every part and structure of the body is endowed with its own peculiar power of action ; also, every part is endowed with a restoring power, the activity of which is aroused by every deviation from the natural and healthy condition of a part. This is no fiction. Indeed, every restoration from disease to health is an illustration as well as a proof of such a principle. Numerous as are the laws which regulate and maintain the healthy actions of the body, these are not more numerous and important than those which influence and control its morbid actions. A Stricture is essentially a morbid action—a deviation from the healthy and natural condition of a part ; it has lost its natural elasticity, and if that morbid action which destroyed this elasticity could be removed, the principle I allude to would instantly restore it.

Now the Bougie does this. The pressure and excitement of the Bougie upon this delicate structure breaks up and destroys this morbid action and the healthy one immediately succeeds—the natural elasticity of the passage is restored.

On the same principle also are the confirmed and callous Strictures cured. Every part of the body is endowed with the principle of absorption. The Bougie, in this case, aided by another powerful remedy, not only destroys the morbid action essential to the Stricture, but powerfully excites the action of the absorbent vessels, which is the means of removing that callosity. Indeed the cure of Stricture is effected by the Bougie on the same general principle on which every other disease is cured—it interrupts or destroys a morbid action, when a healthy one succeeds.

The Treatment of Stricture at the orifice is conducted in the same way as when seated further inward, with this little difference,—it is only necessary to pass the Bougie in an inch or two, or a little beyond the diseased spot,—it will more frequently bear the use of the instrument every day without bringing on an irritation; it is likely to be rather slower in its cure. There is so very commonly a Stricture at the other end also when there is one at the orifice, that, even where it is not evidently the fact, it would be wise occasionally during its treatment, to pass the Bougie all the way into the bladder.

We sometimes hear of *Spasmodic Stricture*. On this subject much misconception has existed. It may be advantageous however to know that the muscular fibres around the mouth of the bladder, designed to retain the urine, and also those fibres a few inches up the passage, designed to throw out the urine with a jerk, are both under the influence of a Stricture, and when this is rendered irritable by any cause, the action of these muscular fibres is quickly disordered. It is in this way that spasm in these muscles is so often brought on in persons after drinking,—the excitement of wine and company having made the Stricture irritable. In this state perhaps he goes out of the room to make water, but finds he cannot make a drop. The fact is, the moment a drop of urine touches the irritable strictured part, the muscles,

of the mouth of the bladder are thrown into a state of spasm which prevents the urine passing. Neither can you always draw it off, in this case, by the catheter or hollow Bougie. The best plan is to foment with warm water and take an opiate. If this will not do, bleeding and the warm bath must be superadded. So also, in passing a Bougie, if the Stricture has been rendered irritable by any such cause, the moment it presses on it, these muscles are thrown into spasmodic action which hinders its passing through. In this case keep the Bougie gently pressing against the Stricture for some few minutes,—it will frequently succeed by this means,—if not, desist, and give an opiate, &c., as before directed. In some hours afterwards perhaps you may pass it easily.

But there is another state of things for which the Bougie is a remedy, beside a Stricture, and that is, *a simple state of tenderness* (without Stricture) extending along half or a quarter of the passage, and toward either end or portion of it. Being led to examine the passage from symptoms warranting the suspicion of a Stricture, it is found that the Bougie passes perfectly well, so far as obstruction is concerned, but, that along a certain distance a great degree of pain is felt. This disorder is different from a Stricture, inasmuch as it consists merely in a diseased or increased degree of insensibility, but it is to be treated exactly as though it were a Stricture. Pass the Bougie, a medium, or above a medium size, every day, or every other day, as the degree of irritation will admit, and keep

the bowels and digestive organs in a regulated and healthy state. The effect of this treatment, very generally, is to lessen and ultimately remove this morbid sensibility. If therefore, on every time of passing it, you find the pain and tenderness become less and less, you may depend upon a perfect cure, as well as the cessation of every symptom which originated from it.

The Treatment of Stricture in the *more advanced Stages* is as before said, totally unfit for private hands. When, however, a person laboring under this cannot procure proper assistance, it is encouraging to know how he may very much relieve his condition, and to a considerable degree open the passage; generally, at least. The means of doing this are,—great attention to the state of the bowels, especially with reference to their free and easy action,—the use of cooling drinks when irritation is present or of Soda, the use of the injection for Stricture, sometimes adding to it (if that composed of Zinc is used) one drachm of Laudanum.—and the use of small Bougies, conic, when such can be obtained. It may be very difficult to get even the point of the smallest Bougie to enter the contracted spot; when this is the case and even a partial entrance has been secured, the Bougie should be allowed to remain in for some time, half an hour or an hour. A great deal of tact and management is often required, but always in such cases, keep in view as the most important of all advice, never to irritate—to do too much at the time.

On the application of *Caustic* to the cure of *Stricture* little or nothing has been said in this volume, because, in a work of this nature such treatment only should be given as is safe and practicable for domestic or private use. And again, it requires particular and expensive instruments, which, even if the patient could obtain, he could not use. I ought also to add here, that great misapprehension exists with regard to *Cauterization*; it is by no means, as now employed, the dangerous and painful operation that every one supposes, but quite the contrary.

Another operation required in some old and indurated cases, is *Scarification*. The operation is one of great nicety in its performance, but is attended with very little pain, and, in experienced hands, no danger.

PART THE SECOND.

CHAPTER X

ON MASTURBATION,—called also *Onanism*, *Self-Pollution*, &c.

THE power or influence exerted by the Generative Organs over the body, its different organs, tissues, and even the moral and intellectual faculties, is immense, it is absolute, and to those who have never studied the subject, might seem at first almost incredible. And this influence is exerted from the first moments of life to its decline;—in this place, however, we shall consider it only in youth, *i. e.*, from infancy up to the period of puberty, during which time these parts are in a state of inactivity or repose, seeming to slumber, or, to common observation, as serving no other purpose than a mere passage for the urine.

In the following pages of this Chapter I am much indebted to a very celebrated French author,* whose excellent mode of illustrating this subject I have adopted.

* M. Deslandes. De l'Onanisme, et des autres abus vénériens, considérés

dans leurs rapports avec la Santé.—Paris

Masturbation, is an abuse of the parts which serve to execute the sexual act,—the Genital Organs. These are, thus, placed in such a condition that they become to the rest of the body, a source of disorder of deterioration, of disease. But, what is their power in this respect? Placed in a condition to injure, *how greatly can they do so?*

The injury which the genital organs may inflict upon the rest of the body when they are abused, *i. e.*, when subjected to Masturbation or any other improper use or excess, is the natural consequence of the influence they exercise when not abused. The injury is in a direct ratio with the influence; it is, therefore, by this rule that the injury should be calculated. It is plain, indeed, that if the various organs of the body possess, in their ordinary, natural, and healthy state, different degrees of influence, they must, when they become injurious from disease or abuse, be so in different degrees. Let us then endeavor to arrive at that which the *generative organs* possess. If it is proved that when they are in a state of inactivity or repose, that is from birth up to puberty, their influence is great, the question of what it may become when they are in a condition of abuse, can be judged.

One might believe that these organs,—when they are in this state, when neither used or abused, when the sexual power sleeps, when they appear to be occupied only in themselves, in their own growth,—were taking no part or but a very feeble one in what passed on around them in

the other organs and tissues of the body: we should be much deceived. We shall see that this apparently inactive life which animates them, already suffices to make them a powerful focus of action; that all the other organs, all, owe to them a part of their mode of being, of their form, of their substance. From this we shall be able to judge of the generative organs when aroused,—when, by the hand or otherwise, their action is carried to the very highest degree to which it can attain:—look at the eunuch from infancy, the man who never has had any genital organs, whose body, mind and soul has been developed without feeling their influence. Seek, in comparing him with other men, wherein he is wanting; for in his physical, intellectual and moral aspects, he ought to be wanting in all that these organs would have afforded. This study will reveal to you their influence, in showing you the difference between the man over whose growth they have presided and the one who has grown up without them.

Eunuchs are never tall; often they are even small, and sometimes very small. Their limbs, when they are not swollen by the weaker fluids of the body, are generally thin and badly formed. Their bones neither acquire the ordinary length or form. This defective growth is even still more remarkable in the throat. That organ which, at puberty, commonly acquires two thirds of its size, remains as in childhood; thus the voice retains, in eunuchs, that sharp tone that it has in childhood, and if it gains a little more strength, it is only from the increased size of

the chest. Not only are the various parts of the body checked in their growth, but some of them are not formed at all. Thus in eunuchs there is no beard, no hair about the sexual organs,—the skin remains naked as in infancy. The genital organs then interpose a powerful influence over the nutrition of the body, since, when they are wanting, development is but ill or not at all accomplished. But this interposition is again manifested by the characters which the different parts present when they have been deprived of the influence of the generative organs. To appreciate these characters we have only to compare the flesh of animals which have undergone castration with that of others; for example, to compare, in this respect, the ox with the bull, the wether with the ram, the capon with the cock, &c., &c. In the eunuch, these characters are not less striking. His organization is, as it were, at a stand-still. Arrived at an adult age, he preserves to a great degree the physical attributes of adolescence, and when he loses these, it is to be gradually invested with old age, without ever having passed through those of manhood. It is then the genital organs which, in the un-mutilated man, color and strengthen the skin, give to the flesh more firmness, and by degrees free the tissues of those whiter fluids through which we should in vain seek the full forms of the bone and muscle. The organization of the eunuch is then unfinished, incomplete. Organs which ought to have appeared at the epoch of puberty are not to be found; others acquire but a portion of the substance they should have had: they all preserve some of the

characters they ought to have lost, and without gaining those they ought to have acquired. These facts are of great importance. Their study, better than any other, indicates the extent of the evils which sexual excesses may cause; *for these organs, which the Masturbator and the libertine so abuse, are those very organs which take a part so active, so profound, in the internal life of all our tissues, which impress upon them that stamp of virility that the eunuch remains forever deprived of.*

Let us now consider him in his life of relation; seek in him the active, feeling and thinking man. In this respect, also, how much has he lost! he is a bad walker, is supine, without energy: you will see him sew or embroider, but never raising heavy burthens. Not less than the flabbiness of his muscles and the whiteness of his skin, his apathy, his want of sensibility, render him the very type of the lymphatic temperament. He has preserved from his infancy that disposition given by weakness, to be affected, to tremble from the slightest cause; hence, he is timid, pusillanimous, cowardly. Deprived of that internal influence which renders the soul cheerful, he is morose, wearisome. Those sentiments which bind an individual to his fellows, which render him capable of attachment, of love, of devotion,—he is deprived of. He lives, he vegetates only for himself; he is the most perfect egotist. If he feels any sentiment, it is hatred or envy,—they are the repulsive sentiments; but he oftener feels none at all or but very feebly. His mind having,

like his body and his soul, lost its impulse, remains incomplete. He has but a moderate intellect, and is never known to conceive nor to execute great projects. This picture, let it be well understood, is not drawn for diversion; it is the result of positive observations made in all times, in every place, and on every species of eunuchs. One, spoken of by M. Bedor, bore in himself the characters of this picture. It was an eunuch from birth, whom the conscription of France had made a soldier. His manner was humble and languid, his hid and sunken eyes seemed unable to sustain the look of another; far from martial, he was timid, pusillanimous, fearing the dead and especially darkness. By his own declaration he had never been attached to any one, even in his own family; and also he was incapable of aversion. Music did not please him, and never had he any idea of singing; he experienced no kind of enjoyment; neither did he complain of his lot. His intellect was restricted, his language obscure and incorrect, and education had so little effect upon him that although he had lived a year in the barracks he had in no way contracted the ways of the soldiers.

Such is the eunuch. The operator, in mutilating him, has mutilated his soul, his feelings his mind. The growth of the moral and intellectual powers then is connected, like that of the body, with the existence of the generative organs. You might deprive an infant of a limb, of his four limbs, that is to say of at least the half of his substance, but the growth of the rest would go on as if this

ablation had never taken place. But take away his testicles—all his tissues, all his faculties, will bear the indelible marks of this mutilation. These organs then possess, in themselves alone, an influence more powerful than his four limbs together. *Now, it is with them, with this power, that the masturbator trifles even from his childhood, at every moment, without scruple, without limit.* Is there still need to follow out this trifling in its fatal consequences, in order to declare it dangerous?

Again, it is to the influence which the generative organs exert over the rest, that the sexes owe the general characters which separate them. Submitting to the influence of a different genital apparatus, their organization presents a different mode of being, acting, feeling. Thus, observe how the sexual characters, indistinct at the moment of birth, grow more evident in proportion as the sexual parts are developed, become at once distinct when puberty arrives, existing at their greatest height, when these parts have come to their perfect state, and again effaced in old age. The destruction of the testicles in man, and the ovaries in woman, has the effect to hinder the regular development, or even to alter the special sexual characters. We have already seen that this destruction effeminates man; we now add that it renders masculine the woman, gives her those characters which, in the natural order, are the exclusive appendices of the male sex. This is proved by well-authenticated facts. And do we not see when age extinguishes in wo-

man the activity of her sexual organs, puts them aside as it were, her voice becomes harsh, more masculine, her upper lip and chin grow hairy, her moral character acquires more firmness, her tastes, her habits become greatly changed, and approach nearer to what they are in man. The same thing takes place in animals.

It is not only the comparison of the two sexes which shows that different genital organs have a different influence. It is also shown by observation of those beings of doubtful sex, named *hermaphrodites*. In these individuals, the genital organs, disturbed in their regular formation, present equivocal appearances belonging at the same time to both sexes. And we find that the organization of these individuals being differently influenced, is differently developed. Faithful to these organs, which impress upon it the sexual stamp, the general condition of the body becomes equivocal like them, and presents a mixture, in various degrees, of the female character and that of the male. The general state of the economy, then, reflects, to a certain extent, that of the generative parts; varies with them, and has its share of the alterations which they undergo. *After all this, is it astonishing to see libertines and masturbators become effeminate, pervert their constitution by making a use of these parts which fatigues and deranges them;—and girls lose, in the same way, their beauty, the delicacy of their forms, and the charm of their voice.*

The period of puberty, which commences at from twelve to fifteen years in our climate, a little sooner in girls than in boys, is that in which the genital organs exist in their greatest vigor. Until then, they were developed but slowly, and in a manner almost insensible; suddenly they begin to increase with great activity, and this growth is not arrested until they have arrived at their perfection. At no other epoch of life does the increase of the substance of the body take place with such energy as at this. The researches of M. M. Quetelet and Pillerme, on the weight and stature of men of different ages, leave no doubt on this point. Thus the annual increase in the weight of the body, which, up to the age of puberty, was only from three to three and a half pounds, suddenly increases to five and six pounds when this period commences, and goes up to above twelve pounds, when it is at its height of intensity. And what is worthy of remark, in girls, in whom puberty is more precocious than boys by about two years, this increase of nutrition also commences two years sooner. An analogous fact is observed in those exceptionable beings, or *monstrosities*, who present from infancy the characters of virility: in them the bulk of the body is in a direct ratio with the genital development: hence their stature and weight are enormous. Connect then these facts with those just pointed out in speaking of eunuchism, and it will rest well proved that the influence of the genital organs over nutrition follows out, in its variations, those which them-

self undergo; that the general growth is in conformity with theirs, progressing if theirs progresses, and being accomplished but incompletely or badly if theirs is hindered.

This redoubled activity of the nutritive process during puberty is not only revealed by the increase of the substance of the body, it is also manifested by other symptoms. Thus, more animal heat is generated in the body, this is clearly shown by the ease with which pubescents resist or bear cold. And, at the same time, indispositions, illness of all sorts, demonstrate in most such subjects, that the influence of the generative organs over all parts of the body may go so far as even to derange the various functions. Indeed, *the body reflects like an echo all that goes on within the generative apparatus.* Need it be added that in eunuchs nothing of the sort happens!

The active development of the genital parts exercises no less influence over the functions of the life of relation, over the faculties of feeling, acting, thinking. These faculties, of which the eunuch is so deficient, are, during puberty, in the height of their action. It is the age of muscular activity, of agility. If pubescents sometimes experience indifference for exercise, this, resulting from plethora of the nervous system, soon passes over. The moral susceptibility is now even more exalted than the physical. The mind, directed, excited, by the most lively and varied impressions, imagines, abandons, resumes opin-

ions the most opposite, adopts and would accomplish projects the least calculated, and sometimes the most hazardous. But what above all characterizes the mental condition resulting from the operations of puberty, is the facility with which such participate the affections of others, are interested in their interest, forget themselves for them, sympathize with them. It is the moment of generous ideas, or, as say those whose minds no longer feel the influence of organs that are become mute, the moment of illusions. How great development, what trial must the mind reap in passing through this moral tempest! Can we then be astonished to find weak intellect, cold hearts, benumbed feelings, in the eunuch? Deprived of those organs which, at the epoch of puberty, agitate so powerfully, they have never felt it; the most active of all moral excitants has failed them. *Judge then of its power; and yet it is this—this is the excitant, that the masturbator dreads not to abuse!*

Assuredly, those who have not feared to say that the possible consequences of sexual abuse and excess have been exaggerated, have not reflected upon all this.

CHAPTER XI

ON MASTURBATION.—*Its Consequences.*

ALL authors agree that sexual excesses and abuses, and especially Masturbation, constitute a prolific source of disease, and to an alarming extent, of deterioration in the human race.

There is no disease or infirmity which Masturbation may not, in one way or other, directly or indirectly, be the cause of. Many serious and fatal disorders of the nervous and circulating systems are the direct consequences of it—while others to which the constitution was liable from predisposition, (as hereditary influence, weakness of particular organs, &c.), are developed or brought out under its influence, when otherwise the power of nature might have outgrown or overcome them. Innumerable cases, in proof of these assertions, might be adduced,—every work on this subject abounds with them. I intend here, however, only to state the fact, leaving the rest to the good sense of the reader—especially to those who are, unfortunately, more interested in such knowledge.

In this Chapter I propose to enumerate briefly those forms of disease which have most frequently and most clearly been known to be caused by Masturbation, and which may, for convenience, be classed as follows:

§.—*Diseases directly or indirectly induced by its effect upon the rest of the body.*

Consumption is, of all the fatal diseases, that most frequently developed under the depressing influence of sexual abuse. Where an hereditary or family predisposition exists, Masturbation rarely fails to bring it into action. It is impossible to estimate the number of individuals who thus yearly fall a prey to Consumption, their friends and parents generally little suspecting its real cause, and who might, in most instances, have outgrown the tendency to this disease, had not the blight of Masturbation arrived at the very moment their constitution was in need of all its vigor and resource.

Insanity is another of its frequent and terrible consequences: look at the reports of all lunatic asylums. The nervous system, of which the brain is the great centre, always suffers early and seriously, from Masturbation. If we reflect upon the dejection and depression of spirits and of all the higher faculties of the mind which characterize the victims of this habit, we must rather wonder that the wreck of intellect is not still commoner; it is possible that many of those cases of insanity whose cause is unknown are in truth due to this.*

Epilepsy very frequently has this origin, as also various other convulsive affections, palsies, &c. Even positive

* A severe case of this kind came under my observation last winter, it fortunately yielded entirely to a treatment principally moral and dietetic

destruction of the brain itself has been distinctly and undoubtedly traced to it. *Loss of speech*, as a variety of palsy, sometimes happens. A case of this kind came under my own observation last year,—in a young man from Rochester, in this State, about 18 years of age; his appearance was pale and haggard, his eyes inexpressive and downcast; he was weak, trembling, emaciated, and his behavior decidedly silly. A week or two previously he had suddenly lost his voice and could not articulate a single word; he carried a slate, by means of which he expressed himself. *Loss of memory*, more or less, is very common.

Disease of the Spinal Chord—a prolongation of the brain and fully as important in the animal economy, is also among the frequent consequences. Nor is this to be wondered at, every Masturbator, as well as those who commit sexual excesses, even in the most legitimate manner, soon complain of weakness of the back and especially of the loins,—and this, if the cause is continued does not fail, at first merely following each abuse or excess, to become at length permanent. Disease, and even destruction (caries) of the back-bone itself, have repeatedly had this origin. Also, permanent contraction of the limbs, crooked or hooped backs, &c.

Diseases of the Eyes. Sudden blindness, or the more gradual approach of Amaurosis, Chronic Ophthalmia,

Strabismus or Squinting, &c. What Masturbator has not observed his eyes become red, watery, swollen, assume every appearance of a degree of inflammation, immediately after his unnatural efforts? Who among such is not also aware that his eyes are becoming more and more weak—that he cannot work or read by candle-light? symptoms known to be the precursors of loss of sight.

Diseases of the Heart are also directly induced by sexual abuses and excesses. The circulating system is always deeply agitated and excited by these acts; and when too often repeated, or excited in an unnatural way, it cannot be wondered at that a permanent derangement should at last set in. What but a threatening of such disease is the palpitation, the short breath, that so constantly attend the abuse of the sexual organs.

Rheumatism, as supposed by many, is more frequently than is generally imagined, the consequence of the general prostrating effect of Masturbation on the nervous system; especially a form of Nervous Rheumatism.

Asthma, short breath, and especially a kind of Nervous Asthma.

Piles. The morbid attraction and detention of blood in the lower abdomen, where the genital organs are situated, together with the general debility accompanying, is necessarily a frequent cause of Piles.

Fevers. Sexual excesses and Masturbation become the

cause of Fevers, because, by weakening the system generally, they deprive it of its naturally inherent power of resisting diseases; hence, the moment such person is exposed to an atmosphere bearing an epidemic poison, as Cholera, or the more local miasmatic poisons, as Yellow Fever, it at once yields, the fever is caught; Nature, deprived of her internal power of repelling injurious influences, stands an unfair chance—she surrenders.

While on this subject, let me reiterate some valuable and important advice, viz: That all persons, whether in good or bad health, refrain from sexual intercourse on arriving at tropical or unhealthy places, until they have become, at least to some degree, acclimated. It constantly happens, more particularly to Europeans, that one single sexual act throws the constitution open to Fever, which would not have been taken but for a too early indulgence.

§.—*Diseases directly induced in the Genital Organs.*

An Eruption on the Prepuce, generally towards its edge; it commences with little watery pimples, and after a time spontaneously subsides, to appear again however. This is sometimes the cause of permanent Phymosis.

Gleet, or discharge of matter from the urinary passage. This often happens, it is generally very slight and but little mattery—sometimes, however, it is copious and purulent, and occasionally has all the characters of Gonorrhœa or Clap.

Disease of the Testicle. Those who abuse their sexual organs seldom escape without some injury to the testicle, but which, very fortunately, for a long time exists in a sympathetic form only. Such persons always have a weakness or hanging down, an occasional shooting pain running up towards the groin, or an unnatural tenderness and flabbiness of these organs. Cancer, Dropsy, Wasting away of the Testicle may result. A hard and painful swelling attached to one side, or a swollen spongy state of the veins of the chord, in its nature very much like Piles, are quite common.

Incontinence of Urine and Retention of Urine, may both be caused. A milder form of incontinence of urine, consisting in a very frequent desire to urinate, with more or less inability to hold it, is very common. I have seen several cases of complete retention of urine, from spasmodic derangement of the muscles concerned, which have lasted until relieved by the passage of an instrument. With these there is often some slight pain or uneasiness in urinating or at other times.

Stricture, as stated in Chapter ix. may be the consequence of the irritation produced and continued in the urinary passage by Masturbation. Several of the most severe and obstinate cases I have had to treat have been from this cause.

Inability to perform the Sexual act. If the erectile power has been brought to such a state of excitability

that the slightest cause suffices to produce an erection, why should not its termination be as hurried, if the same cause continues to act?—It is especially so in this case;—in attempting actual intercourse with a female, an emission precipitately takes place, before the act ought to be half completed, often at the very commencement, at the first moment of the attempt, to the great mortification of the individual. This is one of the earliest injuries inflicted on the sexual faculty by Masturbation.

Seminal Emissions. These, at first, are rare, happening only in one or two weeks, and are accompanied by a dream; by degrees they become more frequent,—though accompanied by a dream, they do not wake the person; at last they happen almost or quite insensibly—even without erection—day or night, on the slightest provocation. No one who has not seen it can conceive the miserable condition of a person arrived at this stage of Seminal Emissions.

Constant Erections of the Penis, more or less attended with pain, quite out of the control of the will, devoid of any pleasurable sensations, is almost sure to follow long abuse, or, which is almost the same thing in a less degree, an erection produced by the slightest touch, by the sight of a female, or by lascivious ideas which are constantly haunting the imagination, and attended by a frequent discharge of semen. This latter, in a slighter or incipient form, must be familiar to every Masturbator.

Palsey, or total loss of sensibility of the Genital Organs,

may at last take place, it is the natural ultimate effect of inordinate excitation. In this condition, not even Masturbation, much less sexual intercourse, is capable of affording the usual feeling, or indeed sometimes any at all

§.—*The Special disease of Masturbation*

In the long list of diseases just enumerated as consequences or effects of sexual abuses, either one of them may or may not be present in a given case; some of them are very frequently met with, others more rarely, while some of the latter are pretty constant, to one degree or other happening in every case. But there is a certain diseased state of the Genital Organs consequent upon the abuse which is never absent in any case whatever, and which I here call the *special disease of Masturbation*, and upon this one depend many of the other disorders, functional or otherwise, of the Genital Organs themselves, as well as some of those of the brain: it is, essentially, a Chronic Inflammation of the urinary passage—of that portion of it near the neck of the bladder, into which open the seminal ducts. This special disease is of more real importance than any of the others, because they are all, to some degree, influenced by it, and cannot be cured unless this is first removed; and also because the first and most important part of the treatment must be directed to it, for any chance of success. It is also important because it is generally but little understood, and by practitioners in general is too often totally overlooked or forgotten. Almost every patient I treat is a proof of this last assertion.

The Special disease of Masturbation, then, is a Chronic Inflammation in the urinary passage, at its inward extremity, being seated immediately in front of the neck of the bladder. But it may extend several inches forward along the passage,—or the whole passage may be unnaturally sensitive or irritable, exactly as mentioned at page 162, under the name of “*tenderness of the passage,*”—but the most decided and acute inflammation will always be found near the bladder.

As I have before stated, Stricture is sometimes the consequence of Masturbation; this inflammation becoming after a while so concentrated in space, so localized in certain points, that besides the general and extended tenderness, one or more distinctly swollen or tightish spots are found to exist, or the exploring bougie may be arrested by a positively thickened and contracted spot, an actual Stricture.

Commonly this inflammation is found to begin at about six or seven inches up the passage and extends inward to the bladder, perhaps between the seventh and ninth or tenth inch from the external orifice;—further onward than Stricture is found, as will be seen by referring to page 150; though the irritation produced, by Stricture may also extend backward to the bladder in the same way, and it is then that Stricture gives rise to many symptoms belonging more particularly to Masturbation.

This special disease of Masturbation has been divided into *three Stages*:

EXPLANATION OF PLATE VIII.

Figure 1. The back part of the Urinary Bladder, presenting a view of the Seminal Organs.

A,—The Bladder.

B, B,—The Seminal Vesicles, two small lobulated bladders, the reservoirs of the Semen.

C, C,—The Ducts or tubes leading the Semen, as fast as it is secreted, from the Testicles into these receptacles.

D,—The Prostrate Gland—through which the Seminal ducts pass to open into the Urethra or urinary passage; shown at G, fig. 2.

E, E,—The Urethra; see pl. iv.

F,—Part of the Urethra.

Figure 2. Interior view of the above.

A,—The Bladder laid open, showing its inside.

B, B,—The Ureters.

C, C,—The openings of the ureters into the bladder.

D, D,—The Seminal ducts, leading from the testicles.

E, E,—The Prostrate Gland,—which, with

F,—A portion of the Urethra, are laid open to show

G,—The openings of the Seminal Ducts into the Urethra, just in front of the neck of the bladder, having passed through the Prostrate Gland.

PLATE VIII.

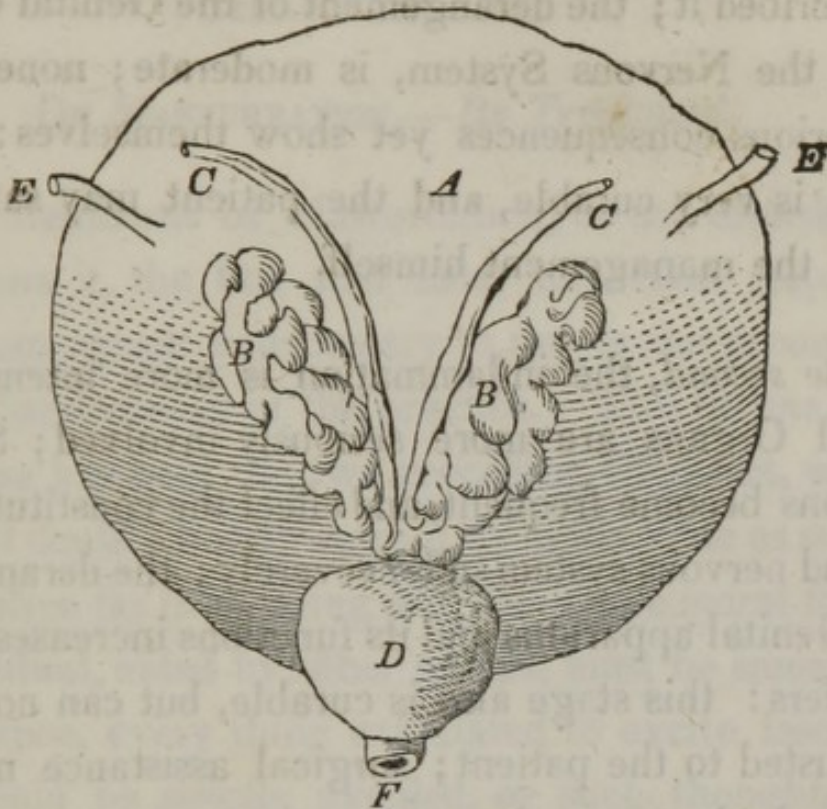


Figure 1.

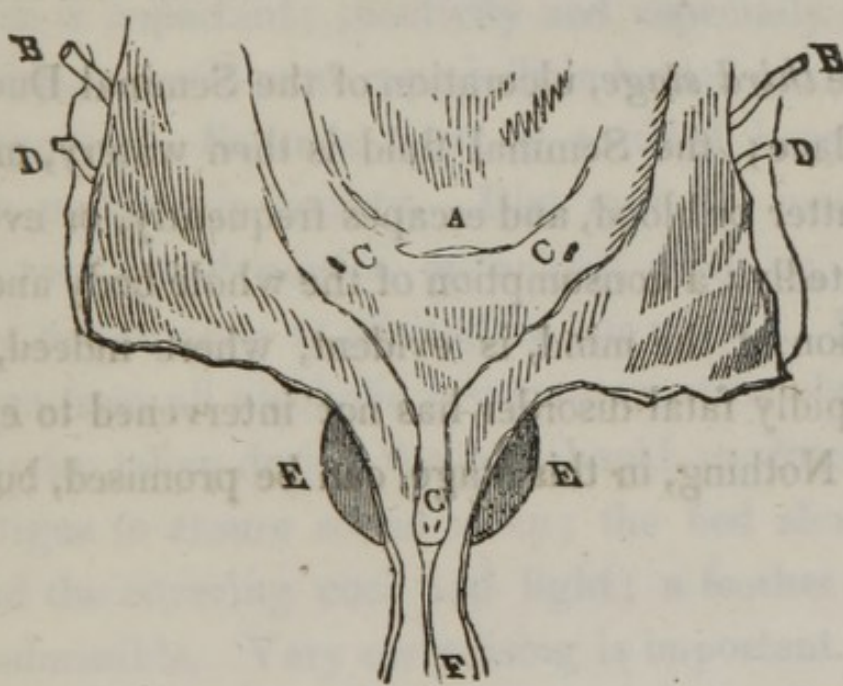


Figure 2.

In the *first stage*, the inflammation consists, as I have just described it; the derangement of the Genital Organs, and of the Nervous System, is moderate; none of the more serious consequences yet show themselves: in this stage it is very curable, and the patient may safely undertake the management himself.

In the *second*, the inflammation is more intense; the Seminal Organs are more seriously involved; Seminal Emissions become frequent, and effect the constitution, the mind and nervous system suffer severely; the derangement of the Genital apparatus and its functions increases, digestion suffers: this stage also is curable, but can no longer be entrusted to the patient; surgical assistance must be had. In both stages, time and patient perseverance may be required, but will assuredly be crowned with success, and often with perfect restoration of health and strength.

In the *third stage*, ulceration of the Seminal Ducts has taken place; the Seminal fluid is then watery, mingled with matter or blood, and escapes frequently, or even uninterruptedly; a consumption of the whole body and often destruction of the mind, is evident, where indeed, some more rapidly fatal disorder has not intervened to end the scene. Nothing, in this stage, can be promised, but little done.

CHAPTER XII

ON MASTURBATION.—*Its Treatment.*

IN the treatment of Masturbation, or the disorders resulting from it, the first and most important step, as it would seem almost unnecessary to say, is the prompt and perfect abandonment of the practice. This no one, especially if he has read the two preceding Chapters, will for a moment doubt; happy were it as easily done as said:—but it is often far from being so; the whole moral force of the individual, aided by other means, must be summoned. For instance, every thing calculated to excite lascivious ideas should be strictly avoided, or such thoughts suppressed; to this end the mind itself should be occupied in some interesting pursuit or business. Active bodily exercise also is important; inactivity and especially sitting occupations, and still more especially in heated apartments being injurious. Solitude must be avoided, keeping as much as possible in society. Diet must be moderate, using a very small portion of animal food, or, which would be better, none at all, and no late supper. Perfect abstinence from all alcoholic beverage must be observed. The exercise taken during the day should produce sufficient fatigue to ensure sound sleep; the bed should be hard, and the covering cool and light; a feather bed is quite inadmissible. Very early rising is important. Frequent cold bathing should be practiced. Another point

of very great importance is the state of the bowels; costiveness is apt to prevail and must be prevented. The bowels should be kept naturally free and open, occasionally even taking a purgative dose.

When nocturnal seminal emissions have not set in, or even if they have but slightly commenced, the above treatment, consisting of merely hygienic measures will suffice; indeed, the habit broken off, Nature in the majority of cases soon restores a regular and healthy state. The simple discontinuance of the abuse, without any other means being taken, has constantly been attended with the most rapid and perfect restoration.

We will suppose, however, that after some months, the person still finds himself nervous, weakly, troubled with frequent and easily excited erections, and perhaps with nocturnal seminal emissions happening every week or two or oftener; also having some of the symptoms of Incipient Stricture. A judicious plan of local treatment, directed to the special disease before referred to, and which in this case must be supposed to have become established, must be adopted; afterward taking a rather tonic course of medicine, and resuming the before mentioned hygienic measures of cold bathing, exercise, &c.

I must not close this subject without making a few obser-

vations, which it is important that every one in any way interested, should well understand and bear in mind, viz.

When the derangement consequent upon Masturbation refuses to yield to the Hygienic measures stated at the commencement of this chapter, the *special disease* of the inner extremity of the urinary passage must be considered to have set in;—it is then a disease requiring local treatment—*it cannot be cured by medicine.* Be not deceived therefore by the specious advertisements that every where meet the eye, of various “Cordials” and “Elixirs” of wondrous efficacy in the cure of “Constitutional Debility,” “Nervous Debility,” “Impotence,” “Incontinence,” &c. &c., as the complaint is always called by these knavish traffickers. They always use the name of some celebrated *foreign* physician; in several instances I have seen their very advertisements copied almost verbatim from others I had before read in London. Such medicines are worse than useless. Your money is their *sole object*—disappointment their sure effect.

In the treatment of any case, ever so slight a one, do not expect a rapid cure, you cannot have it; time and perseverance, in this perhaps more than almost any other complaint, are absolutely necessary,—but final success may be relied on.

Especially in regard to the symptom of Seminal Emissions do not expect a rapid cure. Indeed there is a fact relating to this point, which should be well impressed

upon the mind of every one at all interested, viz: that, in an adult, Seminal Emissions having once set in, they can *never* be totally arrested. Now, these Emissions do not always and necessarily imply disease, and this is the reason why it cannot be arrested. But, so far as there is disease in it, so far it can be arrested or cured.—This is the explanation: Nature intended man, at least occasionally, to cohabit, and hence the testicles are constantly secreting or forming, with more or less activity, the Seminal fluid, which by means of the proper conducting tube (a part of the chord of the testicle, see plate VIII), is carried to two little pouches or sacs destined to contain it; these are situated immediately behind the bladder, just about its neck or where the urinary passage begins. Here it collects and is gradually absorbed again into the body, to which, as is generally believed, it imparts strength and vigor. But if in an adult, and it is especially likely to happen under the stimulating effect of certain reading, obscene pictures or society, &c. &c., or merely from a naturally large development of certain cerebral organs, the testicles produce faster than absorption removes, an Emission must necessarily take place. Nature thus relieves herself of an undue accumulation.—The question then comes to be,—How often may be considered as natural and healthy? and by what rule can one judge? As to the first point, Authors agree that it may happen once in four or six weeks, according to the temperament, &c., the individual and organs being healthy: as to the second, in

this case Emissions do not leave the person dull and languid, while, if they are the consequence of a diseased condition, a very decided languor and dullness are always experienced, and which may even last a long time.

Avoid, as much as possible, brooding over your condition;—this must be resisted. The progress will often at first seem unpromising, the cure slow, and relapses may repeatedly occur; but, be assured that perfect success awaits a steady perseverance.

The Treatment of the Second Stage of Masturbation, is not adapted to private hands.

PART THE THIRD.

CHAPTER XIII.

ON SYPHILIS OR VENEREAL DISEASE.—*Its Distinguishing Marks, Nature, Symptoms, Progress and Consequences.*

Veneréal Disease, in the first place, should be carefully distinguished from Gonorrhœa. In common conversation the word Venereal is often used in a general way, to express both one and the other; but this is not a proper way of speaking, for no two diseases can differ more, either in their nature, train of symptoms, consequences, or modes of cure. It is true, as was stated in the first Chapter, that *Veneréal*, (also vulgarly called Pox), is caught in the same way as Gonorrhœa, and that both may be taken at the same time, if the female happen to be afflicted with both diseases; still let it be remembered they are distinct and very different complaints. And this is the more important to explain, inasmuch as I find continually, that among those who apply to me, very many have been taking, in Gonorrhœa, the medicines that were intended only for the Venereal; and, in Venereal, nostrums intended for the Gonorrhœa. Now the medicines

that are proper in Gonorrhœa never can cure Venereal, neither can those proper for Venereal ever cure a Gonorrhœa,—hence so much waste of time and disappointment. And this is not the worst of it, for this mistake cannot be made without injury to the constitution, so that when the proper and necessary medicines are given in either complaint, especially in Venereal, the constitution is less able to bear them with impunity.

In place then of a disease beginning with pain and heat in making water, and a discharge issuing from the urinary passage, as in Gonorrhœa, the Venereal disease begins with an ulcer or sore on some external part or other of the Genital Organs. It may begin in any part, but is seen most frequently on the extremity or head of the penis, or upon the internal surface of the prepuce or skin which covers it, for the reason that the texture of the skin in these places is thinner than elsewhere; and, as the skin forms a bridle under the penis making a little fold which is calculated to retain the Venereal fluid, the sore is perhaps oftener found there than in any other place.—There may be at first more than one sore, but this does not often happen, there are but rarely many.—These parts are subject to other diseases besides the Venereal, and which are infectious too, but these appear in crops, while the real Venereal generally commences with one solitary sore, and that usually appears at some period between the second and seventh day after exposure. The

little ulcer then begins and proceeds in this way. First, there is a little pimple, but this is so small and attended with so little pain that it is often not observed until it breaks. When it breaks, however, it forms an ulcer which differs from every other ulcer in these parts or elsewhere, and is what is called a Chancre; or it may begin as an excoriation, or crack, or from the very first as an ulcer, but so small and without any soreness as to elude detection for days. Now, the principal difference between a Venereal Chancre and other ulcers is, that provided it has already existed a few days, the Venereal Chancre is surrounded with a hard, thick feeling substance which extends around and underneath it. This is so peculiar to the Venereal ulcer that you may always judge of its nature by it. If therefore at any time you are in doubt about the nature of a sore upon the genital organs, just take hold of it between your thumb and finger, and pinch it up a little, and if you find it has this hard feeling edge and base, then it is Venereal, you may be quite sure it is so. But, although you may be quite sure a sore is Venereal if it have this hard feeling edge and base, you are not to be quite so sure it is *not* Venereal if it be wanting; for, as I shall presently have to show, this hardness is sometimes slow in forming, and sometimes it forms imperfectly. It is, however, a valuable criterion, for whenever it is present it settles the question at once,—it is Venereal. But, as I have just now said, a sore on the genitals may be Venereal and not have this thick and

hard feeling, what is to be done then? The following:—If it be a recent sore, wait a little, (unless you determine at once upon the abortive treatment, described at the end of Chapter XVIII), and do nothing to it but watch its progress and keep it clean,—washing it often with water or soap and water. If it is Venereal, in a few days, in all probability, it will form its peculiar edge and base. There are but very few instances of Venereal sores which do not, in some degree or other, present this character. But if this should not appear, or only in a slight degree, then some other characters must be looked for. Now, another peculiarity of a Venereal Chancre is to eat deep into the part, rather than to spread; then, again, the surface of the sore is of a yellowish brown color—or is as it were coated with a tough layer of matter of this color,—it is quite different from other florid, red sores which are frequently seen on these parts. Also, except any thing has happened to inflame or fret it, there is seldom very much pain about a Venereal sore. Perhaps the most correct description of a clear and well-marked Venereal Chancre is that given by John Hunter, a great and eminent surgeon, and the first writer who gave to the world any definite and systematic view of this disease. His words are these: “A Venereal Chancre is a sore of a somewhat circular form, excavated, without granulations, (that is, without the little red points or eminences on the surface of a sore, which denote its healthy and healing state,) with matter adhering to its surface,

and with a thickened edge and base." It will be well to keep this short and correct description of a Venereal Chancre in mind, as it will serve to compare ulcers of any other kind with it. It is not, however, to be supposed that every Venereal Chancre will exactly agree with it in every respect, for peculiarities of constitution and other circumstances have their effect upon the chancre, as well as upon sores of any other kind, and will sometimes prevent its perfect development of character, still there will be always enough about a Venereal sore resembling the picture of it given by Hunter, to show its true nature, and those features which are wanting to make the resemblance perfect may often be accounted for. For instance, the sore may have commenced in a little laceration or tearing of the skin, Venereal matter having come in contact with it. In this case, it is some time—a week or two—before it looks like anything more than a common tear of the skin, and when the hardness does form, it forms slowly; in this case also, the ulcer, instead of being circular and deep, is irregular, superficial and broad. Still you see it does not heal up by simply washing, as a common sore would do. So also, if the person has been foolishly dabbling with mercury,—that is to say, has been taking enough to inflame the sore, but not to cure the disease—this, it is well known, will prevent the formation of its true character for a while, but when it is left off, and the part merely kept clean, for the sake of watching its progress, this characteristic hardness of edge and base, or

some other Venereal peculiarity will appear, so as to enable you to judge safely as to its real nature. Let it, however, be remarked, it is not said that a sore upon the Genital Organs can in no case possibly be Venereal without this peculiar hardness of its edge and base, for exceptions do occur rarely. The Chancre has appeared in some rare instances after a swelling in the groin had taken place for many days. And further, there have been known such things as Venereal sores whose edges have been thin, having no hardness at all; but all these are very rare occurrences, and such would not have been worth while to perplex the reader with, were it not for the necessity of acknowledging candidly the fact. When these deviations occur, we also get assistance in forming an opinion from our knowledge of the character of each party, the time the sore appears after exposure, and any peculiarity of constitution or circumstances we can become acquainted with.

This therefore is all that need be said on the distinguishing marks of the Venereal disease, especially as I shall refer to the subject again in the last Chapter, (xxv), on diseases which resemble Venereal.

The Nature of Venereal Disease.

But little need be said on this subject. Venereal disease (in many books called Syphilis) is well known to be infectious. It is communicated very much like inoculation of small pox, only in that case it is done by slightly cutting the skin with a lancet and then applying small

pox matter to the sore, whereas, in Venereal the matter is so infectious that it is received without a breach of the skin, especially in those parts where this is very thin, as on the genitals; it is, however, much more sure to take if the skin of these parts should be torn or abraded. It is most generally communicated by sexual intercourse, though it may be given and taken in a more innocent way, such as kissing, or suckling an infant, and in these unsuspected ways it has been most disastrous and fatal. It is a disease which scarcely ever, perhaps never, wears itself out, but, unless cured by art, continues sometimes for years, undergoing different forms, until the miserable sufferer dies, generally as though he were in a decline. Formerly death was more rapid, but the disease seems to have become moderated in its intensity, though not in its ultimate effect. If, however, mercury has been taken, but not in such a way as to cure the disease, the patient then may live many years, and the original disorder become so altered as scarcely to present any symptoms by which its original character can be judged of. Further, it differs from most other contagious disease, inasmuch as they, when they have once occurred, leave the constitution protected for ever against their recurrence. The small pox, measles, hooping cough, and others do this; and even typhus fever leaves the constitution safe from a fresh attack for a long while; but with respect to the Venereal disease, this may be cured and taken afresh a hundred times; and, indeed, may be again taken the next moment after being cured, if exposed at such a time.

The following facts relating to the contagious nature of this disease, are not generally known, viz: Syphilis or Venereal Disease can only be communicated from one person to another during its first stage, *i. e.*, during the existence of its first symptom—the Chancre. In its second stage it cannot be given or taken by sexual intercourse, but, if conception takes place, the child will be Syphilitic, being either prematurely born dead and putrid, or if alive, covered with Venereal eruptions, &c. &c. In its third stage also, it is not contagious, *i. e.*, cannot be given or taken, but any offspring would be born scrofulous and injured for life, if they passed through childhood

The Symptoms and Progress of Venereal Disease.

This is a subject worthy of much attention. The *progress* of this disorder is divided into three stages:—the Primary Stage, the Secondary Stage, and the Tertiary Stage, and each stage is attended with its own peculiar symptoms.

The *Primary Stage* consists in the Chancre, which has already been described: it is the only way in which Syphilis can first make its appearance, or be imparted from one individual to another; it marks the precise spot where the virus or poison was first imbibed or inoculated into the skin. Chancre then is the principal or constant symptom of this stage. The occasional or *Accidental Symptoms*, which may or may not be present, are Bubo, Phymosis, Paraphymosis; they are described at Chapter xv.

The *Secondary Stage* is that in which the effect of constitutional empoisonment first show itself, and happens only when the disease has been allowed to take its course, or has not been thoroughly cured in its first stage, but left in the blood; hence the symptoms are no longer to be looked for in their original seat, the Genital Organs, but in distant parts of the body, or over its whole surface. It is a curious fact, that there are certain parts of the body that this disorder attacks in a regular order of succession, and it seldom attacks one of these parts before the other out of that order; when, therefore, a Chancre has been only healed up, as by an ignorant use of caustic, or an ignorant and ineffectual use of mercury, without really curing the disease, then, at some period, usually before the end of the second month, after laying aside all remedies, it will appear again, either in the throat, or sometimes the throat and skin together, and this is called the *constitutional* or *secondary* form of the disease. Then, if mercury is again resorted to, but not so as thoroughly to cure the disease, the skin and throat may appear to get well, but after another period, it will be seen again on the skin, sometimes in the same, and sometimes in a different form of blotch, or scab, or sore,—see Chapters xvi and xvii. Thus it may appear and disappear many times

The *Tertiary Stage* is that in which the bony system is attacked; its symptoms are, tumors and disease of the bones, especially those only covered by skin, as the head,

wrist, shin, &c., attended with some pain which comes on at night only. (See Chapter XVIII.)

The Consequences of Venereal Disease.

Left to its own course, it is a fatal disease. If partly cured, a progressive deterioration of health and strength, deformity, impotency, or a diseased offspring, &c. (See Chapter XIX.)

CHAPTER XIV.

ON THE REMEDIES *in general use for* VENEREAL DISEASE.

The mode of employment.

Their value.

THE remedies used for the cure of Syphilis or Venereal Disease are External and Internal: the External remedies consist in Lotions, Poultices, Caustic;—the Internal are Purgatives, Mercury in different forms, and sometimes Opium, Bark, Sarsaparilla, Nitric Acid.

Lotions.—These are required either as a means of allaying pain and inflammation, or as applications to the Chancre or other sore. Thus, a Chancre, on whatever part of the penis it may be situated, sometimes becomes very painful and angry; the surrounding skin, as the prepuce, or even the whole penis will often in this case be similarly affected, sometimes swelling enormously with much redness, pain and heat; in this way, phymosis and paraphymosis are induced by the presence of a Chancre. Here, just as in Gonorrhœa, cooling lotions are very necessary and useful. They are applied by means of a rag wet in them and wrapped around the penis, or laid on the skin if in any other part, and which rag should be repeatedly wetted or soaked, the more heat and inflammation in the part the more will the rag get hot and dry if not attended to; on this depends the utility of Lotions,

(see Chapter). Of the Lotions used as application to the Chancre or other sore, the *Black-Wash* is the principal; in this preparation the black powder or sediment which falls to the bottom is the only useful part, the watery portion being of no value; to use it properly therefore you must collect the black powder on a little piece of lint, which is easily done by holding the vial for a few seconds mouth downwards, on a bit of lint in the palm of the hand, then applying the black side carefully against and in contact with the surface of the sore. This is a mercurial wash, and ought to be used, generally, only when mercury is taken internally. Other Lotions, however, are often useful and even preferable to this; this is the case when the Chancre is free from any hard indurated edge or base, and only needs urging to heal. These Lotions are generally composed of Sugar of Lead or White Vitriol, at about three or four times the strength of Gonorrhœa Injections. Sometimes a vegetable astringent or aromatic is added to them, as Tincture of Myrrh or Compound Spirits of Lavender, or a little Laudanum, if the sore is painful.

Poultices are sometimes required for Chancre or Bubo, especially when they become very inflamed and irritable. Bread and Milk, Flaxseed and Bread, or Slippery Elm, form the principal ingredients, and such are called simple or plain poultices. They may however be medicated, to render them mercurial, or opiate and soothing, as the case may require.

Caustic.—The only substance of this nature at all fit for private hands is the Lunar Caustic, lightly run over the surface of a Chancre or other sore, every one, two or three days; it is a most excellent and powerful healing remedy. When used as an abortive application to Chancre, the rules for the *Abortive Treatment of Chancre*, to avoid risk, must be strictly adhered to.

Purgatives constitute a very active means of reducing inflammation, or a too full or plethoric state of the system. There is much, however, in selecting the proper purgative for the particular case. Thus, when the object is to act against inflammation, a vegetable, or vegetable and saline medicine is the best. When preparatory to a course of mercury, a saline purgative with antimony. As a mercurial purgative, five grains of calomel in a pill, at night, followed by a dose of epsom salts in the morning, is the best.

Mercurial Medicines.—There are many preparations of Mercury, each varying to some degree in its influence over the constitution and the disease; the following are the principal and the most valuable.

Blue Pill, is a mild and very excellent preparation of mercury. The dose is five grains (in a pill) at night, and is increased by taking another such pill in the morning, or still further by taking two pills, (10 grains), at night; this is the highest dose. It will often purge at first, if it

does so a little at first, or even very moderately throughout the course, there need be no objection to it, rather the contrary; for, where the bowels are not at least naturally open, it becomes necessary to keep them so by taking some additional medicine, as a mild aperient along with the dose of mercurial at bed-time. But, if it absolutely purges, and this effect does not cease as it generally will after the first few doses, it is then necessary to check it; this is done by having one eighth of a grain of opium mixed with each pill. Blue Pill is perhaps the safest and best of all the preparations of mercury, in ordinary cases.

But it is one of the most frequently adulterated, and often difficult to be obtained pure and in proper proportions.

Calomel.—This, as is generally known, is a purgative preparation of Mercury, and when taken as such should always be followed up by a purging draught of Salts, or Senna tea, some hours afterward. When taken to affect the system, however, this purgative effect is not required, and indeed generally subsides after it has been taken for a few days; though, it may persist, and then it should always be checked by the addition of a little opium, as directed for the blue-pill. The dose of Calomel is from two to five grains, made into a pill and taken at night or night and morning. If it gripes, a quarter or half a drop of one of the stomachic essential oils might be added to each pill.

Corrosive Sublimate.—This is a very active preparation of Mercury, and should be used only in urgent cases. There are forms of Venereal Disease, however, which require a very quick effect of Mercury; when it attacks the nose or throat for instance, in some constitutions, it spreads so rapidly, that, if we were to wait the slower operation of the milder mercurials, it would eat away the parts before the Mercury could be brought to act upon it; and it should be known, that, when the soft parts covering the roof of the mouth or the thin bones of the nose are once gone, they do not grow again—they are gone forever. It is therefore most desirable to have some remedy that will very quickly put a stop to its progress. When this is done, however, this active medicine should be laid aside, and the cure completed with a milder and safer preparation. It is not a remedy to be relied upon for the cure of this disorder, but to check and arrest it when the destruction of important parts is threatened, and this it will speedily do. An eighth, or at the utmost, a quarter of a grain may be taken three or four times a day; but for the manner of taking it more particularly, **A knowledge of particular care is needed.**

Blue Ointment is another excellent form in which to exhibit Mercury, and is preferred by some eminent surgeons, to any other; but the trouble and inconvenience, as well as the soiling of the linen it gives rise to, is an objection to its general use. It is sometimes necessary

as additional to the internal medicine, either to hasten Salivation; or when, as in some of the Secondary forms of Syphilis, the internal medicines cannot be alone trusted to; or again, when the stomach will not bear any preparation of Mercury, this form alone is used.

When the Blue Ointment is fixed on from one half a drachm to a drachm is rubbed into the thigh every night and sometimes night and morning. But in the manner of using Mercurial Ointment, I must be more particular. In the first place, it should be rubbed in by the patient himself, but, if from debility or any cause he should not be able, then those who rub it on should have their hand guarded with a bladder, and the best way to arrange it is the following: Get a pig's bladder, and, after being steeped in tepid water, turn it inside out; then soften it well with lard or sweet oil, and put it on the hand like a glove, tying it round the wrist with a piece of tape. Still it is better that a patient rub it himself. Take therefore a quarter of the quantity to be used in the hollow of the hand and rub it briskly up and down the inside of the thigh till it has entered the skin, when the hand will not pass so smoothly; then take another quantity, and so on till it is all rubbed in. It is common for it to make the thigh a little sore, or to bring out a crop of pimples on it by rubbing; in this case, change the thigh, and if the same thing happen again, take the inside of the arm; any part will do where the skin is thin. It is a good thing also to wash the old ointment off now and then

with soap and water—the skin will take the ointment better for it. The rubbing may be either night or morning. Throughout this course of rubbing, wear a pair of flannel drawers next the skin, the same pair the whole of the time.

Fumigating Mercury.—This, like the Corrosive Sublimate, is chiefly valuable in cases of spreading Venereal sores particularly of the throat and roof of the mouth, and, when these are attacked, it is indeed a valuable remedy. Its effect is much more speedily seen than that of the Sublimate, but the manner of using it hitherto has involved so much trouble and impossibility of privacy, that, invaluable as it is, it has seldom been availed of.—The preparation used for this purpose is the Red Sulphuret of Mercury, (Red Cinnabar).—The directions for using which have been the following:—Take a red-hot common heater, or better, a red-hot brick, and place it upon a brick; then throw on this half a drachm of the Red Cinnabar, when fumes will instantly arise; these are directed to the throat and nose by breathing in the fumes through an inverted funnel held over them. In this manner fumes may be applied once or twice a day. This plan, however, will instantly be seen to be quite impossible, without betraying for what purpose it is done, and therefore the following contrivance, which I call a fumigating candle, will be esteemed highly.

Fumigating Candle.—For this contrivance I am indebted to a late work on Venereal Disease by Mr. Colles, an eminent Surgeon of Dublin. This plan of fumigating

by the burning of a candle, is rather hinted at than described, but its real value struck me so immediately, that I lost no time in putting it in practice, the result of which proved most satisfactory. The plan adopted is to combine the Cinnabar with wax, and make of this a candle of the common size, an inch or two in length, divided by a line around it, into four parts. With this, there is nothing more to do than to light the candle and to inhale the smoke arising from it, this contains the Mercury in sublimation,—a penetrating way of applying Mercury to parts otherwise of difficult access, and which has a most immediate effect. It has also an excellent effect on the female genital organs, as well as on the sores which frequently occur about the fundament. For this purpose the candle is placed in a chamber utensil, or night stool, over which the patient sits awhile. When the candle is burnt down to the line, it is to be blown out. Each candle an inch or two in length, contains four mercurial fumigations. It is a most convenient and speedy way of arresting Venereal in these parts. I have effectually stopped the progress of it in twelve hours; and have cured excressences and sores about the anus in as many days as they had existed months before.

Opium,—Is a valuable medicine under many circumstances. It is sometimes necessary and extremely useful in allaying general irritability, and enabling the system to bear the mercurial action with proper calmness. (See

Bark.—Occasionally, in the treatment of Venereal disease especially, it is necessary to support and re-invigorate the constitution. In cases of great weakness, or when a Venereal sore takes on a spreading and unkindly character, there is this occasion. Nothing succeeds better in these instances than the Peruvian Bark,—sometimes alone, but more generally combined with the Carbonate of Ammonia, Opium, &c.

Sarsaparilla—Is a well known and valuable medicine in the treatment of Venereal disease. Not that every case of Venereal requires Sarsaparilla—far from it; but there are states and conditions of the constitution exceedingly unfavorable to Mercury, (the specific remedy), but which, by its aid, are rendered capable of bearing Mercury well.

These are also conditions of the constitution in which it is advantageous to give the Sarsaparilla and the Mercury together,—the constitution bears the Mercury better, and the disease is more completely and more certainly cured thereby. It will be seen therefore, that the Sarsaparilla is not given to cure Venereal,—*it has not the power to do this*,—but it enables the constitution to bear the Mercury which will, and this under such circumstances as would render it dangerous to give, or to continue that remedy without it. It is true, Venereal symptoms will disappear under a course of Sarsaparilla alone, but they will return. This fact experience abundantly con-

firms. Innumerable cases are on record, where, under the Sarsaparilla, the symptoms of Venereal in the constitutions have disappeared, and returned again and again, until a course of Mercury has been entered on, when they have disappeared for ever.

Remember, therefore, Sarsaparilla is not given to cure Venereal disease, but only to enable the constitution to bear that remedy which will; also, that Sarsaparilla is not required in many cases, but only in weak and irritable constitutions, or in those in which Mercury is found to disagree—rendering the patient feverish and irritable.

With respect to the manner of taking Sarsaparilla, many preparations of it are in use; some of them are very troublesome, inconvenient, and expensive; and it does not seem to me, that these latter have any great advantages above the former. The most simple, convenient, and least expensive is the powder; a good large tea-spoon full of which, in milk and water, I have found, as far as I could see, to answer all the valuable purposes of this medicine; but it may require the other forms, according to circumstances.

Nitric Acid—Is sometimes given and may be very useful in Venereal Disease. Not that it has the power of curing Syphilis,—that I do not believe it has. But sometimes, especially in the secondary stage, after Mer-

cury has been given in one form or other for the full length of time that should ever be necessary—still some of the symptoms remain, or return repeatedly; or, when sores exist on the body and do not heal up, Mercury having been given to its full extent—and seeming incapable of curing the disease; the truth is, the *disease is cured*, but some other remedy is wanting to re-invigorate the constitution, to enable it to throw off that habit of disease under which it has long suffered, and for the want of which the sore still remains unhealed, or the throat either continues *superficially* sore or it constantly re-appears. Under these circumstances Nitric Acid is exceedingly valuable, not but that other remedies might be used, and Bark is one, or both may be given together. I happen at this moment to have two just such cases, one of Secondary Syphilis with an ulcer on the leg nearly as large as one's hand, the other also Secondary, with *superficial* soreness of the throat constantly re-appearing, both remaining after a full course of Mercury, and both very nearly well under the influence of this medicine. Nitric Acid is taken in this way: to about a pint of water in a jug or bottle add, little by little, some Nitric Acid, taking care to taste it after each few drops, so as to make the water pleasantly sour, but not painfully so—this quantity to be drunk during the day—It may be sweetened.

And now, a course of Mercury being quite completed, and every symptom perfectly removed, many people are anxious about the Mercury—to get it out of the system, as they call it, but this is quite superfluous. It is far better to let the Mercury pass off itself, which it always naturally does in a little time. All that is required is to take a little more than common care against catching cold, and to take a few doses of mild laxative physic. It is a fact, that Mercury leaves a person rather more susceptible of cold for a week or two, on which account, if exposure to wet cold weather could be avoided, it should be done; but, if not, it can safely be encountered by clothing suitably and warmly.

If, however, any remarkable degree of nervous weakness, or Dyspepsia, or irregularity of bowels should be left, these would be best removed by some mild aperient, as the common Aloetic or Rhubarb Pill; or which is probably the best thing for this purpose, if you have not that, a little piece of Turkey Rhubarb to chew occasionally. Indeed nothing will be found more useful and restorative in a constitution weakened and exhausted from any cause, than such restorative aperients. They should be taken once a day, immediately after a meal, either breakfast, dinner or supper, and in such a dose as just to

keep the bowels a little more relaxed than natural. Generally, however it is seen that a course of Mercury, given and conducted in the manner here described, leaves a constitution better than it found it.

But, the treatment and cure of a common, simple case of Chancre, having now been shown, it is necessary here to state that they will sometimes assume a state of greater severity, an inflammatory condition, which demands particular attention; this I will proceed to mention:—

An Inflamed and Irritable Chancre.—This is sometimes seen in a very high degree, and, if Mercury were given before it were reduced, it would endanger even the very member itself. By the ignorant use,—the abuse, of Mercury, in such circumstances, loss of the penis has again and again happened, and even the life of the individual. I saw a fatal case of this kind in the N. Y. Hospital three or four years ago. Naturally and properly, pain and inflammation do not belong to a Chancre, and if any be present, it is owing to accidental causes. Many bring these on by habits of irregularity, excitement, and intemperance, and in others they will spring from a full and plethoric habit. When a Chancre is highly inflamed, the skin around it is of a fiery red color, the parts are swollen, and the Chancre very sore and spreading.—Never give Mercury in such a state as this.

The best means of removing this high degree of inflammation are those made use of in preparing for a course of

Mercury, so that here they answer a two-fold purpose. Especially is it advantageous, if possible, to rest. Indeed, in some cases the consequences are so threatening and dangerous that every consideration of secrecy must be laid aside, and absolute rest in bed enjoined. More generally, however, smart and repeated purging with the Antimonial Saline, or Senna and Salts, with low diet and partial rest, together, if the patient be full habited, with a copious bleeding, will be sufficient. At the same time, a soft bandage, constantly wetted with a cooling Lotion, and if necessary a Poultice, should be applied, But still it may take many days before this inflammatory state is thoroughly subdued, but however long it be, *Mercury must not be given until it is removed.*

With respect to the *Irritable Chancre*, this may be said to be the case when it is exquisitely painful, of a dark color, and evidently spreading. To this, other applications are required. Lint soaked in the Black Wash, or in Tincture of Myrrh, or Laudanum, should be applied, and over this a Poultice composed of grounds of beer, or

NOTE

COOLING LOTIONS

Evaporating Lotion.—A quarter of a pint of Alcohol, (brandy or other spirits may be substituted), in three quarters of a pint of water.

Lead Lotion.—Sugar of Lead a quarter of an ounce, soft water one pint, — a tea-spoon full of vinegar should be first mixed with the water.

Evaporating Lead Lotion.—Sugar of Lead a quarter of an ounce, Alcohol a quarter of a pint, soft water three quar-

ters of a pint. The sugar of lead with a little vinegar should be first dissolved in the Alcohol.

The Best way to use these is to apply a fold or two of soft rag, (linen or cotton), upon or around the part, and keep this wetted with it. The part should be otherwise covered up as little as possible.

NOTE

POULTICES.

Common Poultrices, are those made of

a plaster of simple Cerate or Lard. Also Bark, Ammonia, and Opium should be given freely for a time. But I need not here do more than mention them, for in such a case I should certainly advise that medical aid be sought.

There yet seems one remark to make upon the use of Mercury in the cure of Chancre. It relates, especially, to when it should be discontinued. I have said that Mercury never should be commenced when a Chancre is attended with high inflammatory symptoms; I now would add that it should never be continued, but immediately discontinued, whenever such appearances occur in the progress of its cure. It generally happens that when a Chancre or any Venereal symptom does well with Mercury, it goes on progressively to improve until the cure is perfectly accomplished; but, if instead of this, after improving for a time it suddenly changes in its appearance, and inflames and spreads, depend upon it Mercury is disagreeing, and it would be vain and dangerous to expect

Bread and Milk—or Bread, Flax-seed meal and water or milk—or, Ground Slippery Elm Bark. They are made just stiff enough to hold together a little, and applied as warm as can be borne.

Mercurial Poultice, is the Bread, or Bread and Flax-seed meal Poultice made up with Black-Wash, instead of Milk or Water. Used to spreading Chancres.

Soothing or Opiate Poultice, by adding to one of the Poultices half an ounce or an ounce of Laudanum, according to its size.

Grounds of Beer Poultice,—made by using grounds of Beer instead of water.

Carrot Poultice, boil the Carrots well

in but little water and smash them. It corrects the smell and agrees with many bad sores.

NOTE

If the Bark alone is given, a teaspoon full of the powder in a glass of water or wine and water, is a proper dose, and repeated two or three times or oftener in the day. Another way of taking the bark, especially in unkindly spreading sores, is the following:—Decoction of Bark, half a pint—Carbonate of Ammonia, two scruples—Compound Tincture of Bark, six drachms—Tincture of Opium, one drachm, of which a wine glass is a dose, taken every third or fourth hour.

it would re-assume a healing state under the continuance of Mercury. Either the Mercury is acting too powerfully upon the system, or the Venereal nature of the disease is cured, and Mercury is no longer needed: at any rate it is disagreeing, and must now be discontinued.

The Use and Abuse of Caustic.

The application of Caustic to a Chancre is very common; it is done on the principle of destroying the Chancre, of destroying its specific action before it had attained a certain maturity, by which it can contaminate the system. But this must be considered—as a common practice, and in private and ill-informed hands—a very dangerous speculation. If we know for fact that the matter secreted by a recent Chancre, at any certain early period, is not infectious, then indeed it would be highly advantageous to cauterize. Now, in the case of Chancre—such an one as is defined at the commencement of this Chapter—the Venereal action has not only gone so far as to produce a pimple or pustule, but this has broken, and if it has existed already a few days, an ulcer, secreting virulent and contagious matter, is presented. If indeed a part inoculated with Venereal matter were cauterized or cut out immediately, like the part bitten by a mad dog, before it had instituted an action at all, it might be then depended on; but this cannot be, (for we cannot tell that a part has been affected with Venereal, until it is shown by ulceration or pimple);—or, further, if we have a means of judging if there is any period at which the matter of the

pustule or ulcer is not infectious, then indeed we have a ground on which we can rely that the constitution will not be afterwards affected, if the Chancre be early and perfectly destroyed by Caustic. I would not therefore say that in no case whatever is the constitution thus protected, but I would ask, who, where the least uncertainty existed, would choose to risk his own upon this peradventure? I hold therefore that it is exceedingly speculative and unwise, except within certain and restricted circumstances, to depend on Caustic for the cure of Chancre. And this too is exactly in accordance with the opinion of Sir Astley Cooper. After dissuading from the use of Caustic, for other reasons, Sir Astley adds, that if Caustic should be used, there being no *certainty* in this means of cure,* a course of Mercury must still be entered on, as if no Caustic had been used at all. He also then goes on to show the folly of this practice, by relating the consequence of a case which occurred in a particular friend of his, and which I will give in his own words.

He states, "A young person with whom I was intimate, whilst I lived with my old master, got a Chancre, which, to use his own expression, he burned out by the application of Caustic: I laughed at him for being so foolish: the Caustic produced a slough but cured the Chancre, and I thought nothing more of the circumstance. Some time afterwards, I visited him in the country, and

* At the time Sir Astley Cooper wrote, the rules respecting its proper use as an

Abortive Treatment had not been discovered.

asked him how he was? 'Very well, now,' he replied, 'but I have been in a fine scrape; I was engaged, when I left town, to a young lady, the nuptials were to have been soon celebrated, and the business of life commenced.' I involuntarily smiled, but he said, 'Not quite so merry: when I got into the country, I had what I conceived at the time was only a huskiness of the throat which I had caught from cold. My throat becoming more painful, I looked into the glass, and perceived that I had a large sore on the tonsils, decidedly Syphilitic. You may conceive how I felt; I wrote to the young lady that I was unwell, who, exceedingly hurt at such news, came and nursed me while I underwent a course of mercurial treatment, (she being perfectly unconscious of the cause of my complaint), by which means I was quite restored, and the marriage ceremony was celebrated.'” The following remarks of Sir Astley are so much to this point that I must conclude with them. He then goes on—“It was a proper punishment for his folly. The application of Caustic to a Chancre does not render a person safe from its effects, for, if the sore be a Chancre, the Syphilitic poison must have been admitted into the constitution. I will tell you what treatment you should pursue; as soon as a patient applies to you for this complaint, you should ask him if he wishes to be properly cured at once, by a simple Mercurial treatment, or have the Chancre cured without it, and run the risk of having secondary symptoms occurring at a further period? His answer will be—‘for God’s sake, give me what is proper now for my cure,

without submitting me to the chance of being laid up a second time with this complaint.'”

Notwithstanding these facts and reasons against the indiscriminate use of Caustic for the cure of Chancre, however, there still are those who practice it. Most of such persons, no doubt, are perfectly ignorant of its consequences; but there are also those whose opinions are entitled to the highest defference, and who, under certain circnmstances, advocate the use of Caustic. Among these, an eminent surgeon in France, who has had for many years the unusual advantages afforded by a large Venereal hospital, has lately recommended it, and has pointed out the particular circumstances under which it may or may not be had recourse to. The rules and the treatment he (M. Ricord) has laid down my own practice daily verifies. Indeed, ever since I had the satisfaction of witnessing this treatment, as practiced by himself at the Hopital des Vénériens at Paris, I have adopted it myself with perfect success.

CHAPTER XV.

ON VENEREAL BUBO ;

PHYMOSIS AND PARAPHYMOSIS ;

VENEREAL WARTS ; *Their Treatment and Cure.*

(*Primary Stage.*)

Veneræal Bubo.—This is a swelling in one or more of the glands of the groin, seldom more than one, and is frequently observed in connexion with a Chancre. There is almost always some degree of pain and stiffness in the joint along with Chancre, but if this be only slight, no application will be needed. The Mercurial Treatment is to proceed exactly as if there was no such feeling or swelling, and as soon as the constitution is affected, the pain will lessen and the swelling gradually decline. But if the swelling should go on and pain and throbbing commences, with inflammatory redness, and perhaps some feverishness, then an actual Bubo is setting in,—the use of Mercury must be delayed, or, if commenced, omitted, while attempts are made to reduce this inflammation. These attempts are made by such means as are proper in other inflammatory affections, and which have several times been mentioned, *viz.*—rest, purging, and low diet. To the part itself any thing which will abate the pain is proper. Cooling Lotions are very useful ; but in case of Bubo, from Chancre, more energetic measures had better at once be employed. Leeches, half a dozen would

be applied with very good effect, and followed by a common poultice, to ensure a plentiful escape of blood for as long as possible afterward. After this the Cooling Lotion would be proper; but if not very greatly relieved by the Leeching, a Blister of Spanish-flies should be put on the same or the next day; it should be large enough to perfectly cover the swollen gland, and might be left on about six hours. The dressing required after this is merely a little sweet lard spread upon a rag. The blister ought to be repeated the next day or so, unless the Bubo was much relieved by it, when the Cooling Lotion might be trusted to. Also an Opiate pill or Dover's Powder† should be taken at night to assuage the pain and obtain sleep, is necessary. If, notwithstanding all these means, the swelling still goes on to suppurate, that is, to form an abscess, it should be opened and treated in the common way. Let it only be remembered that Mercury is not to be given while matter seems to be forming, nor even after it is opened, until the pain and inflammation have subsided. After this, the mercurial course is to be continued as though it had not happened. It should also be known that these abscesses are not always found to heal so quickly as the Chancre which produces them, but will often continue for many weeks after the Venereal disease is cured. Neither is the hardness or scar, which they are very apt to leave, to be regarded in the same light as the hardness of a Chancre. In fact, these Bubos seldom go

on to form an abscess but in constitutions that are not exactly healthy, such as those embued with scrofula, or affected from derangement of the organs of digestion, and therefore require means calculated to correct this state and to improve the general health and strength, as Quinine or Bark, with some strengthening laxative pills, as mild aperient preparations kept in the stores, or any of the milder Vegetable Pills, or the common Rhubarb or Aloetic Pill of the apothecary stores. As to such things as panaceas and the like, this is altogether quackery. Endeavor to recruit the strength by rational means, as a suitable and rather generous diet, the regulation of the bowels and the digestive organs by restorative aperient means, and adding to these a moderate share of patience, nothing need be feared,—time will remove the remaining hardness, especially if assisted by any of the preparations mentioned

Inflammatory Swelling of the Prepuce,—Phymosis, Paraphymosis.—If a Chancre becomes inflamed and irritable from any cause, it is likely to induce a swelling of the foreskin to such an extent as to prevent its being pushed back over the head of the penis, or if pushed back, it cannot be drawn forward again. The former of these cases is called a *Phymosis*, the latter, a *Paraphymosis*. Both these states are attended with disagreeable consequences. In the first, the sore or Chancre cannot be kept clean, nor can the discharge attending it escape it there-

fore becomes irritating and thus adds to the inflammation of the parts; and in the other, the penis itself being swollen, the foreskin acts the part of a tight ligature behind the head of the penis, preventing the return of the blood from it, on which account it swells still more, looks purple or blackish, and not unfrequently, mortifies and comes off. It is therefore particularly necessary to point out what to do in each of these cases. In the first place, then, never begin with Mercury when the foreskin or head of the penis is thus swollen or inflamed; if it has been commenced, and these should happen to come on, leave it off. I have often said already, never give Mercury in any case of high inflammatory local disease. This is the *principle* to act on, for it might happen that the foreskin did not admit of pushing back, and yet no high inflammatory symptoms be present,—no high degree of redness, nor excessive pain, nor feverish complaint; in this case the Mercury should not be discontinued, for, as it proceeds to exert its benign effect, the Chancre beneath the foreskin will heal, and a natural condition return.

But the particular treatment of this case consists in local management. One of the first things is to wash away the matter that continually forms beneath the foreskin, and to keep the Chancre clean. For this purpose you must procure a common Syringe. Warm water, or soap and water, will answer one good purpose—the removal of irritating humors, and will also sooth the parts. It can scarcely be used too thoroughly. Throw up the

water with sufficient force to distend the skin, and hold it in a little while. In short, do it in any way which you may suppose suited to wash away the matter. It should be repeated night and morning for the sake of cleansing, but if its soothing effect should also seem to benefit, it may be repeated oftener.

But, beside the cleansing effect of warm water, a healing one may be superadded. Nothing in general answers this purpose so well as the Black Wash. It may be used warm if convenient, but this is not essential. As a healing, cooling thing, the Lead Lotion is found an excellent one, while the other Healing Lotions employed, a little weakened, are valuable when any kind of gentle stimulant is required.

At the same time, and especially when the inflammatory redness is considerable, Cooling Lotions or poultice should be applied, wetting a strip of linen with them and rolling it round the penis. Or even an Opiate Poultice may be advisable. Of course rest, purging, and low diet are of great importance. It is a good thing to keep the penis from hanging down if possible.

With respect to the treatment of the other case—the foreskin pushed back and remaining fixed—the same general plan which has just been pointed out is equally applicable, with the addition, however, of the means adopted to bring the foreskin forward again; but these, having

been already given for this case in Chapter IV, they can be referred to. I must also further add, that in this case, being much more dangerous than the former, and, especially, as it now and then requires a little incision of the skin to liberate and relieve the head of the penis, I would always recommend that a surgeon be consulted.

Veneréal Warts.—These sometimes follow after Chancre, as well as after Gonorrhœa, and are called Venereal, though they frequently have nothing of Venereal in their nature. It is a curious thing, however, that they sometimes secrete a humor which communicates the same to others. Thus, persons having them have married, and after a time the wife has had a similar production. And these sometimes increase to a great extent in women,—they have been known to occupy a considerable space in the female passage, giving rise to much confusion and inconvenience.

CHAPTER XVI.

ON VENEREAL SORE THROAT,—*Its Treatment and Cure.*

(*Secondary, or Constitutional Stage.*)

It has been observed that Chancre is the form of the disease in which Venereal first appears, and is therefore called the primary form; and that when a Chancre is only healed and the disorder not eradicated from the constitution, in a certain time, it appears again, not however as at first, on the organs of generation, but in some other part of the body, but they far more frequently first appear in the throat or on the skin than any other.

In ordinary cases there is but little pain attending the accession of Venereal sore throat. A person perhaps feels a little huskiness, which he may attribute to catching cold, but this increasing, he is led to examine it in the glass, when he is surprised to see an ulcer there. The most frequent situation of this ulcer is the *tonsil glands*. These are two roundish bodies on each side of the back part of the mouth, between that curtain-like fold which is suspended from the roof. It will be observed that this divides as it descends, and at the bottom, between this division, the tonsil glands are situated. Now, on one or both of these, which are always swollen and red-looking, an ulcer will be seen. It looks as if a part of its substance had been dug out—the edges overhanging—the

ulcer also looking foul, with a yellowish thick matter tightly adhering to it. There is generally some pain felt, particularly on swallowing the spittle, and also running upwards towards the ear, and sometimes down the neck even to the shoulders. This is a true picture of a genuine Venereal ulcer in the throat; it may however differ materially and yet be Venereal. But an ulcer in the throat ever so exactly corresponding with this picture, must not, on account of its appearance alone, be called Venereal,—it cannot safely and certainly be called so, unless its history be traced to some absolute prior Venereal affection.

With regard to the treatment of Venereal sore throat, nothing more can be said than has been directed for the cure of Chancre, except that the Mercury should be continued some weeks longer. The same preparation for a mercurial course is necessary, as well as the same occasion to discontinue it in the event of high inflammatory symptoms and appearances. In general the action of Mercury should be kept up for eight or nine weeks, in Venereal sore throat. If any one should be induced to make it shorter, in consequence of the kindly healing of the sore, in all probability, after a few weeks, it would return, perhaps in the same, or perhaps, in the other tonsil gland, and looking much as it did at first.

But it should also here be stated, that after the disorder has been perfectly cured, a pain on swallowing, accom-

panied with a slight degree of inflammation, is very apt to occur again on slight occasions, to the great but groundless alarm of the patient. In this case nothing more than a slight inflammatory redness is to be discovered—no Venereal ulcer. This is merely a nervous affection, and can only be explained on the well known fact that nervous pain is very easily re-produced in parts that have been once the seat of ulceration or disorder.

Further, a feeling of this kind is often complained of in connexion with some derangement of the organs of digestion, or irregularity of the bowels, for which some restorative laxative should be taken in a regular manner, and persevered in until a healthy condition of the digestive organs is established. Washing and well rubbing the throat with cold water is also found to be beneficial. But the practical use of this remark, is, to avoid the repetition of the use of Mercury in such a case, and to relieve the mind of the harrassing apprehension of remaining Venereal disease.

Another thing to be further apprised of, is, that although the Venereal ulcer in the throat is generally situated on the tonsils where it can be seen immediately, it is sometimes situated in parts where it cannot be seen so easily, and consequently may avoid detection. Venereal ulcers situated in these obscurer parts shall therefore next be mentioned, and the means of bringing them into view described.

1st. *An ulcer on the upper and back part of the throat, concealed by a curtain-like fold suspended from the roof.*—A person who has had Venereal disease, for instance, complains of a pain whenever he attempts to swallow; it may even be so constant as to deprive him of sleep, and yet, upon inspection, no ulcer, nor even appearance of inflammation can be seen. But now we should remember there are places where it may lie concealed, and the first of these to be suspected is behind the curtain of the mouth. To bring this into view, therefore, direct the person to draw in his breath deeply, when the curtain will draw up, and we may see at least a part of an ulcer on the upper and back part of the throat. A still better view of this may be obtained by pressing down the tongue and lifting up the middle point of the curtain with a curved probe, or with any other convenient article. An ulcer here is generally circular, deep, and foul, the surrounding inflammation extending a very little way beyond its margin.

In addition to the internal use of Mercury, as directed for Chancre, these ulcerations require a peculiar, local, and decided mode of treatment. I would however mention, once for all, that these local remedies would not be safe in the hands of private individuals, and I shall therefore barely mention them. My principal object in making these remarks is merely to apprise the sufferer of the nature of these affections, in order that he may know when and how to obtain efficient aid before it is too late.

The principal danger of these maladies depends not so much upon their nature as their obscurity, and the consequent delay of the proper means of cure. Under these circumstances the disease is apt to spread, and some of the parts within this neighborhood are next to vital—the top of the windpipe for instance. It should be also known that the process of ulceration is to destroy, and that parts destroyed by this disease are never re-produced.

One of the best local applications to sores of this kind is the caustic called Butter of Antimony. It gives pain, but this is of short duration, and is soon followed with ease in swallowing and sleep at night. This is a very active caustic application. When used for venereal ulcers of the throat, a little lint rolled pretty firmly in the eye of a silver probe, is to be dipt into the liquid, and this gently pressed upon the surface of the ulcer. Care must be taken that none fall upon the surrounding parts. In cauterising ulcers upon the roof of the mouth, the edges only must be touched and not the centre of the sore, for here the soft parts are so thin that an ulcer soon exposes the bone. Milder applications are sometimes used, as solution of nitrate of silver, tincture of benzoës, &c.

2d. *An Ulcer on the back of the throat below the level of the tongue.*—When we do not discover a sore above, we should see if there is one below the level of the root of the tongue. If there be an ulcer here it is desirable

to ascertain it, for in this place it is very apt to creep lower still and fix on the top of the wind-pipe, which, of all places is most dangerous and fatal. An ulcer low down in the back of the throat has this peculiarity—it is shallow at its upper edge, but deep at its lower part. A pretty sure sign of an ulcer in such a place is, that on eating, a morsel seems to stop at a certain point, and can only be got rid of by taking a sip of any liquid.

An ulcer discovered in this situation is best treated by the application of the Muriate of Antimony, as before described.

3d. *An ulcer situated at the lower part of the curtain-like fold of the mouth, just as it terminates in the base of the tongue.*—An ulcer in this place is attended with pain on swallowing, as well as pain shooting upon one side of the head and face; it is also complained of on pressing down the tongue. This sore is exquisitely sensible, and this sensibility should be destroyed by touching it with the Muriate of Antimony, or a strong solution of Lunar Caustic.

4th.—*An ulcer situated high up the roof of the mouth, behind the curtain, and which cannot be brought into view by any means.*—An ulcer is judged to be situated in this part by the voice, which is nasal, and there is not only pain on swallowing, but the person is teased with the frequent desire to draw down the mucus from the nose, which also when coughed up is found tinged with blood.

This case too is one which requires the application of some Caustic to allay its extreme sensibility before the slower and curative operation of Mercury can exert its influence upon it. It is done by a piece of lint dipped in a strong solution of Caustic, and well secured upon the eye of a probe, which is bent up or curved so as to reach it.

The sores I have now described are so many specimens of well-marked Venereal ulcers. But it should be known that Venereal ulcerations in the throat are occasionally seen to differ greatly from these appearances. They are made to do so partly from the improper use of Mercury, and partly from the influence which a scrofulous constitution has upon them. To describe all these differences would be almost impossible, as well as useless. The fact itself, however, should be known.

But there is one particular state of the throat which it may be as well to mention, being of frequent occurrence, which gives rise to much perplexing and unfounded apprehensions. It has nothing at all to do with Venereal, for it frequently occurs in those who never had this malady, yet it happens to occur in those who have once had the disorder, it is difficult to divest their minds of the fear that it is a remainder of it. This state consists of a thin covering of a whitish or yellowish hardened mucus on the back part of the throat. It is more troublesome and harder in the morning than during the day, for then much of it will be removed by swallowing and talking. Al-

though this is a very obstinate affection, and will sometimes continue to give trouble for years, and not improve by any means employed. Yet it is not dangerous—it is only troublesome. To ascertain the present disease, it is only necessary to rub off a portion of the mucus with a piece of lint wrapped round a probe and we shall see there is no ulceration,—the parts beneath only look a little rougher and dryer than natural. It is sometimes benefitted by gargling with sea water, or by sea-bathing.

Further, there are certain affections of the throat and mouth, which sometimes appear after the perfect cure of the Venereal disease by Mercury, and which seem to be the effect of Mercury; and what is very singular is, these affections never appear when Mercury is given for any other malady; it seems therefore that they are the combined effect of Mercury, with the former, but now cured, Venereal disorder. It would only be to harass the mind to say any thing more than merely mention that such may happen.

With respect to Venereal ulcers in the mouth, it is only necessary to say that these may appear on the gums as well as on the tongue, and on any part of it. These, however require no other treatment than a Mercurial course as recommended for Chancre, together with such local applications as have been mentioned, the necessity of employing which, however, being determined by their rapidity or pain demanding a more immediate relief than the slower process of Salivation would afford.

CHAPTER XVII

ON VENEREAL ERUPTIONS, or *Blotches on the skin,* *Their Treatment and Cure.*

(*Secondary Constitutional Stage.*)

THIS constitutional or secondary form of Venereal disease I have placed in order after Venereal sore throat, but it should be remarked that the two very often appear together, and sometimes the eruptions will first appear in order, or without the sore throat at all.

The word blotches is very often used to express Venereal disease affecting the skin; but it is very far from being confined to blotches or copper colored spots; indeed there is scarcely a single order of cutaneous eruptions which Venereal does not now and then assume, so that it may appear in the form of specks, blotches, pimples, vesicles, pustules, tumors, branny spots or patches, scabby sores or open ulceration. It would be quite impossible to give a particular and distinct description of all the various forms of Venereal disease upon the skin. In fact there is nothing in the appearance of these eruptions, considered in themselves, that can in any safe and certain manner establish the opinion that they are Venereal. This the most distinguished surgeons are aware of, and in order to form their judgement upon any given case, they

always have recourse to the history of the disease, considering especially the manner in which Mercury has been given, and observing also, whether there are any other symptoms connected with them of a suspicious or Venereal character. This, therefore, shall be the manner in which I will now endeavor to assist my reader in judging of his own or any other case.

But first, it should be known of these eruptions, that, although there is great variety in the appearance of them, there are certain forms which much more frequently appear than others, and there are certain changes which all are more or less disposed to undergo. Perhaps the most frequent form is a branny or scaly appearance, occurring especially in the palm of their hands, or on the head, or the margin of the hair. The next to this in frequency may be that of copper-colored blotches, which in time become scabby, particularly about the forehead. A rash, not unlike the measles, is another not uncommon form—covering sometimes only a small part, and at others the whole surface of the limbs and body. Pimples and little pustules containing matter might next be mentioned.

Venereal eruptions also are disposed to change in their appearance. If they are allowed to subside spontaneously, which they generally do after some few weeks, at least to some degree, the form in which they re-appear is pretty much the same; but if Mercury has been given, (not however in a way to effect a cure, its re-appearance is

most frequently in some different form. For instance, if the eruption had been in little pimples, it may now be in little pustules containing matter; or if it had been in branny scales, it may be next in larger patches or in scabs. Further, there is a remarkable tendency in all Venereal eruptions to become scabby and incrustated;—thus pimples and scales at length assume a scabby covering, and those which begin in pustules, and naturally terminate in scabs, become exceedingly thick and crusty, forming elevations on the skin.

There is a period at which Venereal eruptions naturally and spontaneously abate or disappear and re-appear. This is very apt to deceive, as to the efficacy of useless medicines. Frequently such things as panaceas, or other foolish things are taken, and if the disorder happens to abate, it is supposed that these are curing it; this, however, at length turns out to be complete deception.

The re-appearance of Venereal eruption, also, as well as its first appearance, is always preceded, more or less, with some general feelings of disorder; as head-ache, or pain in the bones and lassitude, which are relieved as the eruption advances.

On the going off and perfect cure of Venereal eruption by Mercury, it frequently happens that some spots of discoloration of the skin remain for a long while after the absolute cure of the disease. This, time only will remove;

any further use of Mercury on this account, or any applications to them would be useless, and indeed, far worse than useless.

Before the means of cure are entered on, it still remains to say a word or two to assist in ascertaining whether an eruption really be Venereal or not.

Many persons both from far and near, come to me with one single question. After stating a few preliminaries, and showing some specimen of disease, they ask, "*Is this Venereal?*" To this I frequently reply, "I cannot say this moment, but I will soon find out." I then begin to enter on the history of the symptoms, and see to what I can fairly trace them back. Perhaps it will come out, as it often does, that the person never had Venereal at all, but only Gonorrhœa, (vulgarly called Clap)—this of course is satisfactory, and I say at once, "*It is not!*" Gonorrhœa never causes eruptions of this kind; the remedies which are often used in this complaint may produce eruptions, which however are very different.

But supposing it be fairly traced to a Venereal affection and that Mercury has been taken, the next enquiry is as to the manner in which it had been taken; and here I generally find a satisfactory answer. Few, very few, indeed I may say none of those who come to me with secondary forms of Venereal disease, are found to have taken Mercury properly.

This is a very universal fault. The most part have never taken it so as to affect the gums at all,—others have left it off the moment the first tenderness was felt, and those in whom it brought about a salutary spitting, continued it for a period well known to be too short to effect a perfect cure.

But, suppose again we cannot be so well assured that Mercury was taken ineffectually. In this case we naturally look with more anxiety for any other symptom. Now, the one most frequently occurring in connexion with Venereal disorder is sore throat, and if this appears at the same time and in a way resembling what has been said upon this subject in another place, it will afford a strong corroboration of the fact.

The time, too, which may have elapsed from the period of taking Mercury for its cure, is another thing which throws some light upon the subject. Although there is a general interval between the apparent cure of Chancre or a Venereal eruption, and the re-appearance of the disease, which may be stated to be from eight to ten or twelve weeks more, yet, if an interval of six months, for instance should occur from the last appearance of Venereal symptoms, I should consider this longer interval as affording a strong presumption of the perfect cure of the complaint whatever eruption or circumstance should follow

After these remarks, then, it is presumed, no person

would conclude of any disorder he might have upon his skin, or face, that it was of a Venereal nature, without considering—first, that he must really have been once the subject of this malady ;—next, that the course of Mercury he had undergone had not been satisfactory,—and last, that the interval between the former disorder and the present symptoms, is one of at least six or eight weeks.

And now, on the subject of the treatment of Venereal eruptions, I can really say nothing in addition to what has been said on the cure of Chancre, only that, as in the case of sore throat, it is to continue two or three weeks longer than in the cure of Chancre. A course of two months at least should be taken. There is one hint however I will give upon this subject. Do not allow the early and kindly disappearing of the eruption to lull you into a false security that the disease is cured, so as to induce you to shorten the course on this account. There is no form of Venereal which so quickly yields to the influence of Mercury as some of these eruptions.

CHAPTER XVIII.

ON VENEREAL IN THE BONES;—*Nodes*,—*Disease in the Nose*,—*the Palate &c.*

(*Tertiary Constitutional Stage*).

THIS disorder does not usually appear in the bones until after it has attacked the throat or skin; but it does some times occur soon after the healing of a Chancre, without a previous affection of the throat.

The parts more frequently the seat of this disease are the hard portions of the long bones—those particularly which are least covered with flesh, as the shins, the bones of the fore-arm and the forehead. The softer parts or extremities of the long bones, as well as the small ones of the hands and feet, are but rarely affected, and then only when the disease has continued a long time and the constitution has been distressed with various ineffectual remedies and attempts to cure it. Our business therefore will be to consider it chiefly in its earlier and more common form—that of lumps or tumors on the hard bones, called *nodes*.

Veneréal Nodes.

These are attended, generally, with severe pain—remarkable for coming on in the evening and continuing

until an early hour in the morning, say till 3 or 4 o'clock, when it abates considerably so as scarcely to be complained of in the day; as evening approaches however, it returns to its accustomed or increased severity. But it should be also known, lest in any case its absence should mislead in judging of its nature, that, now and then, the formation of a Venereal Node is attended with but little pain; also in some instances, a Node will commence with a feeling of softness in the swelling, with much pain, but which, after a few days, becomes hard with scarcely any pain.

Nodes are disposed to suppuration—that is, to form into an abscess and break; but this they proceed to very slowly. A Node once formed will often remain for many months without the least change—no discoloration of the skin or feeling of matter; more frequently however, they slowly proceed to suppurate. When Nodes proceed thus far, the bone itself partakes of the disease, and is a long while in getting well.

I should also observe that a Node, at first, is nothing more than an inflammatory state of the membrane which covers the bone, causing the effusion of a little fluid.

The Treatment of Venereal Nodes differs in no wise from that of other Venereal affections. The Mercurial course however should be continued longer. The constitution, also, in this form of the disease, is frequently found to be reduced, and to need assistance.

When a Venereal Node is cured, the swelling and hardness generally disappears; but on the contrary sometimes the swelling will remain after the disease is perfectly extinguish,—to be removed only by slow degrees, or even not at all.

Thus the cure of Venereal disorder in the bones consists in continuing a course of Mercury for a longer period, frequently in conjunction with Sarsaparilla, and in means adapted for the more immediate relief of pain and suffering—repeated blistering. The Mercurial course must not be less than two months.

Rheumatic Pains, or those occasioned by the improper use of Mercury must carefully be distinguished from Venereal. Those who have been affected once with this complaint are very apt to fear that any pains they afterwards may have must be Venereal. They are further led to this conclusion by remembering their former pains came on at night. But, although Venereal pains are remarkable for their severity at night, this is not confined to Venereal. Rheumatic and other nervous pains are generally worse at night than in the day; a better rule to judge by is the situation of the pain. A Venereal sufferer will direct you to the middle of the bones, as the shin or fore-arm; or to some particular spot on the head or forehead, and if you gently press your hand along the part a roundish swelling will be felt, generally hard and painful to the touch, while those who have Rheumatic or

Mercurial pains, complain of pain all over; especially about the chest and arms and down the legs and joints. These are not Venereal. Such patients get better in the summer. They should be directed to live temperately and wear warm clothing. The Compound Sarsaparilla is valuable in such cases. Dover's Powder at bed-time also will afford relief.

Venereal in the Nose and Palate.

The bones of the Nose and those which form the roof of the Mouth, also merit particular notice here. I might have included what I have to say on this subject in the Chapter on Venereal Sore Throat, for the disease in these bones often begins with a sore on the soft parts covering the roof of the mouth; but as it sometimes commences also with little scabby pustules which appear above the angle of the nose and upper lip and cheek, and sometimes on the membrane lining the bones themselves, it comes better in this place.

The sores in a Venereal affection of the throat most generally appear upon the tonsil glands, but they are sometimes seen upon the roof of the mouth, and those beginning on the tonsils may spread upwards to this part. It is important therefore to watch these sores, particularly when on the roof of the mouth, for if they spread, the soft part here being very thin, the bone is soon exposed and so diseased as to form an artificial opening between the nose and mouth. This is always a very serious thing,

for the voice is rendered nasal by it, and if it be of any size, a portion of the food on eating is pressed through it upon the face.

The treatment of an ulcer in the roof of the mouth does not differ from one on the tonsils, except it should become inflamed or spreading. Venereal sores wherever seated, so long as nothing accidentally occurs to make them otherwise, are very slow in spreading and are attended with very little pain or surrounded redness; whenever any thing of this kind happens, depend upon it there is something wrong.

Generally, when a Venereal ulcer in the throat is doing well, soon after the commencement of Mercury, the sore will begin to improve, that is, from looking foul and covered with a yellowish matter, it will become cleaner, and little elevated points of redness will be seen upon it;—these are healthy granulations, and the surest presage of its cure. And if this favorable change should not occur before, it is sure to happen as soon as the constitution is fully under the influence of the remedy—shown by the swelling of the gums and spitting. A Venereal ulcer in the throat therefore should be treated exactly as a Chancre, and so long as it does not get worse, this treatment should be pursued in the confidential expectation of amendment as soon as the Mercury is brought to act upon the gums and salivary glands.

But if, instead of this, a Venereal sore throat is going

wrong and threatens to involve the bones, there are three things which should be considered before we can safely determine what to do ;—these are, whether it is an inflammatory effect of Mercury, instead of the proper one ;—or whether it is a more than usual rapid and spreading Venereal sore, requiring a quicker effect of Mercury ;—or whether, its Venereal nature being cured, it is not now a Mercurial, instead of a Venereal sore.

An inflammatory sore throat, the effect of Mercury, I have already spoken of, elsewhere. In this case, however, there was no previous sore, but little superficial whitish spots, like thrush, appearing upon inflamed and reddened parts. Here, on the contrary, a sore is first observed, and this, from being very little painful, and having scarcely any redness around it, suddenly becomes exceedingly painful, with high inflammatory symptoms may fairly be attributed to the Mercury, and we therefore discontinue it, at the same time the usual means for abating inflammation should be adopted—purging, low diet, and rest. If any other remedies were required these would be, bleeding and antimonial purges, for which see directions when the inflammation has abated, the Mercury should be resumed in smaller doses, but increased as might seem necessary.

A rapidly spreading Venereal sore Throat is a very serious thing. I have stated that this is not the natural

course of this disease, and when it happens it implies the existence of something very wrong.

The cause most frequently observed in cases of this kind is a disordered or weakened state of constitution, generally rendered so by habits of irregularity, or an unsuccessful and injudicious use of Mercury. The previous treatment therefore should be a subject of consideration, and if Mercury has been taken, it should be ascertained, as near as can be, to what extent. If, upon enquiry, it should seem that the spreading character of these sores commenced while under the free use of Mercury, it should be discontinued, at least, for a time; or, if Mercury should not have been commenced, it should now be entered on, and in such a way as to bring the constitution within its influence in the shortest time. But in every case the state of the constitution will demand particular attention, whether it be with a view of recruiting from the effects of irregularities or of Mercury, or, with a view of enabling it to bear that quick and decided influence of this medicine which may now be meditated.— Here then we are accustomed to look to the Sarsaparilla with much confidence and pleasure.

The Sarsaparilla is a medicine peculiarly adapted to these cases, inasmuch as it has the following three distinct effects;—it is the best medicine that can be taken to renovate a constitution, depraved and weakened from any cause, especially from Mercury; it has also the

power of arresting the progress of Venereal disease, though not of curing it ;—and it has the peculiar effect of enabling the constitution to bear that quick effect and quantity of Mercury which it could not bear without it. In every case of Venereal sore throat, which did not seem to be doing well, whether it was deemed expedient to increase the dose of Mercury, or to diminish it, or to delay its use, I should always advise that Sarsaparilla be immediately commenced with. As to the best or most convenient form to take it, this may be seen at Note

The form I have generally used, and with the happiest effect, but without knowing that it is better than any other, is the Compound Decoction. The Bark, with Ammonia, or with Nitric Acid, as mentioned already. is also an admirable medicine in these cases. It may be given in conjunction with, or without the Sarsaparilla.

I have at this moment a remarkable and most gratifying instance of the combined effects of the Sarsaparilla and Bark, now under my care. This gentleman came to me from the hands of one of the advertising persons of our city six days ago. He tells me that when he first went to this person he had only a little sore upon the yard, (*on the site of which there is at present a considerable degree of hardness,*) for which he gave him drops and pills. However, six days ago his throat was in a state of deep, ragged, foul and spreading ulceration. Indeed the tonsil glands were entirely eaten away, there

being nothing of them left but their swollen edges. It was so far unfortunate that the disease had principally fallen upon these glands. He was also pale and emaciated, and as he said, exceedingly weak and alarmed. In this case it was not easy to say with confidence whether it was the effect of Mercury, ignorantly given, or of the disease, upon an irritable and exhausted constitution.—However, I determined to bring him, as quickly as possible, under the full influence of Mercury, and, at the same time, to give him all the support I could demand. With this view I began with the Compound Decoction of Sarsaparilla, of which he took a quart a day. After two days, I found no change for the better, but was confident the disease had not increased. I then directed, in addition to the Sarsaparilla, the following mixture. Peruvian Bark in powder, six drachms,—Compound Tincture of Bark, six drachms,—Nitric Acid, one drachm,—Tincture of Opium, one drachm, Decoction of Bark, enough to make a half pint bottle of mixture, of which he was to take the sixth part, three times, and, if he could, four times a day. In two days more, making the fourth, I thought I saw a little improvement in the throat; but, what was to me a source of satisfaction, the gums were now affected by Mercury, with an increased flow of spittle. The Mercury was now omitted. This morning, being now the sixth day, he came a different person—he walked with a firmer step, and with a countenance of one conscious of an escape from misery far more dreaded than death;—he said, expressively, I am better,—I am

safe. The ulcerations in the throat were now totally changed; they had lost their foul appearance, and were studded with little elevated points of redness, and which, in fact, could only be produced by re-producing life and health. Thus in six days we see a constitution reduced to a deplorable condition, not only brought to bear the full and happiest effect of Mercury, but so recruited and sustained, as absolutely to commence the healing process; and this, totally and altogether the effect of the Sarsaparilla and the Bark. Nor will I allow, in any one respect, that this case should be supposed to be exaggerated, for I have it in my power to afford the fullest evidence of its correct detail. This gentleman (trusting that I would not indiscreetly expose his case to every one) has given me permission to refer any one I choose to him, and whom he will permit to inspect his throat and to acquaint himself with any facts concerning it. But this is no new thing; similar instances are continually occurring to me.

It would therefore seem that the Sarsaparilla, alone, or, in more deplorable conditions, the Sarsaparilla conjoined with Peruvian Bark, affords the means, either of recruiting almost immediately a constitution sinking beneath the abuse of Mercury, or of propping up its powers in such a manner as to enable it to bear the full effect of Mercury necessary to put an instant stop to the ravages of Venereal in the throat.

Respecting the form of Mercury to be used in such a

case as this, there are some more suitable than others. In the case just related, I used mercury with guaiacum, &c. quickened by the aid of the Blue Ointment, nightly rubbed into the thigh; but if this had not shown its due effect upon the mouth within the time it did, or, if it had been a case in which every thing depended on this quick effect, I should have used the *corrosive sublimate*, as directed previously; and perhaps have aided this by local remedies, next to be explained.

Local applications to Venereal ulcers in the throat are adapted to two objects;—the one temporarily to check their rapidity and to give relief to present pain,—the other to remove them permanently by curing the disease itself. Those adapted to the first of these intentions have been already mentioned at Notes before given; and the various ways of using them defined. They chiefly act as caustics or as stimulants, and their value in allaying pain and giving a momentary check to encroaching sores, is great; but the one I have now to mention is Mercury in the form or fumes, for this, while it re-excites a healthy action in these sores, as the former do, also cures them. Nothing that I am acquainted with more certainly and speedily controls an eating Venereal ulcer in the throat than the fumes of Mercury, and therefore what I now propose to say about this is of much importance. The great objection to Mercury in fumes used to be the trouble and difficulty of using it without its being known. It was necessary,

for instance, as mentioned in page 209, to procure a red-hot heater, which was placed upon a brick; on this red cinnabar was sprinkled, (from half a drachm to a drachm,) when fumes will instantly arise; these were then drawn in with the breath by holding an inverted funnel over them, and thus was Mercury, in its most penetrating form, applied to the surface and edges of the sores. But how few could avail themselves of this remedy—excellent as it was? Any contrivance therefore calculated to secure so great a good without this trouble and exposure must be of value. Now, this is perfectly secured in the simplest possible manner. Just add four drachms of cinnabar to one ounce of melted wax and make a candle with it of a common size. It will be an inch or more in length. Then mark three lines around it to make four fumigations of the whole;—of course when it has burnt down to the first line, one drachm is used, and you put the candle out. The moment I first saw this excellent specimen of simplicity and contrivance suggested, I resolved to lose no time in applying it to practice. I can now add that I have used it since with the utmost satisfaction and confidence.

The fumigating candle, therefore, is my favorite application to spreading ulcers in the mouth, and I find it stops their progress and removes their foul appearance more quickly than any other application. A drachm of cinnabar at night, or night and morning, is my usual dose. But I have also said the fumes of Mercury cure the disease as

well as cleanse the sores. This it does by its effect upon the constitution. There is no quicker way of inducing salivation than by the fumes of Mercury, used more freely than now directed. It is not often used with this intention because it is apt to salivate too severely; but when Mercury is given internally, which is generally the case when fumes are used, this more limited use of it accelerates its salutary action.

The last remark to make upon this subject is, that when the throat is brought into a healthy, healing state, the Mercury is to be continued for the permanent cure of the disease on the common principle.

The next cause of ulceration of the bones of the nose, or roof of the mouth, is one which begins in the form of

Little ulcerations about the angle of the nose and upper lip and cheek.—These, when they seem to spread upward in the nose, or without such apparent spreading, when a pain or uneasiness referred to the upper and inner part of the nose, accompanied by an occasional discharge of mucus tinged with blood, are present and complained of—occurring also when the system has been exposed to the disease—afford sufficient reason to consider the bones are threatened. This case demands the most judicious and decided use of Mercury, in conjunction with such local remedies as are known to expedite its influence on the system as well as on the part itself, viz., the cinnabar in

fumes. Of course these should be drawn in by the nose instead of the mouth.

But beside these causes, *viz.*, spreading ulceration of the throat and roof of the month, and ulceration beginning about the angle of the nose and upper lip,—a Venereal ulceration may commence in the bones of the nose at once. It first affects the membrane covering them, but this being very thin, the bones are soon affected too, and are very soon disfigured. There is no occasion to make a single comment upon the disgusting appearance which disfiguration of the nose gives rise to.

A Venereal ulceration in the bones of the nose may always be suspected, when a person lately having had Venereal, feels a little scabby sore in the nose which being pricked away is followed by a little bloody mucus. This in a day or two will form again, and upon removing it will again be followed by the same appearance. In this case no time should be lost to bring the constitution under the full effect of Mercury. If there should be delay and difficulty in doing this, then fumigating should certainly be had recourse to, for these will not only expedite the effect of Mercury, but in the mean while immediately arrest the progress of the ulceration.

There is now but one additional remark I wish to make upon Venereal ulceration of the bones, particularly of the nose.

Whenever any kind of ulceration of the bones takes place, its healing or curative process is a slow one;—the diseased part must be separated from the sound part, and the process by which this is effected is termed *exfoliation*. Now, we will suppose a course of Mercury has been well managed in a case of Venereal ulceration of the bones and nose, and that the disease is cured, the Mercury discontinued, and the general health, if perchance it had been reduced, thoroughly restored. Perhaps, after some weeks, or a month or two, there is some uneasiness in the nose complained of, with a little discharge of matter, and this perhaps offensive to the smell. But what would all this be more likely to suggest than that the old disease had not been cured, and that a fresh appeal to Mercury should be had recourse to. So sure however as this should be the course pursued, so surely would it be repented of most bitterly. The uneasiness in the nose and the offensive discharge attending is nothing more than the necessary consequence of the separation or exfoliation of the disordered portion of the bone, of the old disorder—the disorder being cured. Now a fresh recourse to Mercury in this would only have the effect of renewing the inflammation of the bone and producing a fresh exfoliating process. Let this remark therefore serve to guard against so great an error. Whenever such uneasiness and discharge occurs (a judicious and sufficient course of Mercury having been completed) it is to be treated, not as Venereal requiring the further use of Mercury, but as a necessary process in consequence of past disease. The means to have re-

course to, if indeed any are required at all, are those adapted to support the constitution—of which the Sarsaparilla, and the regulation of the digestive organs, together with change of air, are the most important. These however are not often needed: only let it be remembered that Mercury is not to be repeated.

CHAPTER XIX.

ON VENEREAL TAIN IN THE CONSTITUTION:—

Its Effects upon Posterity,—the Treatment and Cure.

ON VENEREAL IN INFANTS,—*their Treatment and Cure.*

THE proper questions in this Chapter are—in what manner does a lurking Venereal taint affect posterity?—under what circumstances would it be a reasonable thing to suspect the existence of such a cause?—and what are the means of removing it? With regard to Stricture, the result of a badly-treated Gonorrhœa, as a cause of impotence, this I have noticed in another place.

In a former edition I ventured to reason on this subject, and, beside the effects of the disease upon the infant which were visible and beyond all doubt, I concluded there was another manner in which this latent poison acted, *viz.*, that of enfeebling and destroying the power of propagation altogether. In this edition, however, I intend to confine myself to facts, and those which shall rest on the authority of others rather than my own,—venturing only to suggest those inferences which seem naturally and unavoidably to follow.

In the first place then, I would observe, that but few persons can have had much practice in midwifery without having met with many instances of women who have

never gone their time; or, having completed the full period, have given birth to children either dead or which have always, very shortly afterwards died—so that in both cases they were childless women.

In the former instance, the infant thus prematurely born has presented proofs that it had died some days before delivery. The following are a few instances of these facts, selected from many of the same kind, from a work by the late Dr. Beatty of Dublin. It is only necessary to say, that Dr. Beatty was an eminent, learned and practical man, for many years Physician to the lying-in Hospital in that city.

“ I delivered a woman in Great Britain street, Dublin, of a putrid child, in the eighth month of her pregnancy, which, she told me, had been the case with several children that she had had before, and that she despaired of ever having living issue. I enquired very particularly into the state of health of both parents, and suspecting Venereal taint to be the cause, I proposed to them the use of Mercury and separate beds, until I should be satisfied with the quantity of Mercury used. They readily complied with the proposal, and the result was a living boy in due time, after the Mercury had been discontinued; and their happiness at the event may be more readily supposed than described, as they were both at the time pretty far advanced in life, and never had another child.”

“I delivered the wife of a cavalry officer of a putrid child in the fifth month. The gentleman had been on the continent with his regiment without his wife, and had contracted a slight Venereal complaint, of which his surgeon considered him well before his wife joined him in France. I could not detect any Venereal symptom in the parents, but was so satisfied with the cause of the child's death, from the peculiar appearance on the body, that I recommended him to consult some eminent surgeon; and Mr. Todd was called in, who saw the regimental surgeon with me, and advised the use of Mercury, which was regularly persevered in by both for several weeks. After this course pregnancy was soon the result, and I had the gratification of attending her when she had a living girl. She has had several living children since.”

“In April, 1818, I attended a very fine hearty looking woman, of her first child, which was born in the eighth month, dead and putrid. This, I hoped, was from some accidental cause, particularly as she said she had received a fright some time before. However, in June, 1819, she again lay-in, in the eighth month, of a dead Venereal child; and I recommended that she should see some surgeon, as her husband now confessed that he had been disordered before marriage. Mr. Todd saw her, and took both under his care until he was satisfied with the use of Mercury. She lay-in in September, 1820, of a living boy.”

Now the inference from all this, and which I take it every rational being will agree to is the following: *That Venereal disease, not properly cured, may lie so dormant in the constitution as to show itself in no other way than in the destruction of posterity.*

Admitting this fact, then, what would be the course which every man to whom a succession of such births has happened, would be anxious to pursue? Would he not pursue the following? (I say HE, for with the mother it is, for the most part, out of the question,—it is with the father the fault lies). The first consideration would be, whether he had ever had Venereal disease at all. If not, it would be in vain to reason further, and he would safely conclude it arose from some other cause. But if he ever had had the Venereal, no matter how long ago, he would first consider in what manner he had been treated, (and here the observations made in this little book upon the proper and necessary use of Mercury, in the cure of this disease, will enable him to form a pretty accurate opinion on this matter). Then the question, to whose care he had been under, would naturally occupy his mind;—that is, whether he had fallen into the hands of a boasting, knavish empiric, or a man of integrity and skill.—And lastly, the consideration whether he had had any healthy living children, would materially aid him,—for where this disease exists it pertains to all—not one escapes its deadly influence. Reflecting on these circumstances then, he would soon determine whether he had

had just ground to suspect himself to be the cause of these serious events, and if this should be the cause, he would next inquire if there were any means of cure. This question, however, may be answered with the most gratifying confidence—there are; and they are of a nature too, considering the importance of the object, of no extraordinary severity or inconvenience.

The means of cure in a case of lurking Venereal taint consists in submitting both husband and wife to a simple steady use of Mercury, exactly as for Chancre, but continued for a somewhat longer time. During this course, the husband and wife must rigidly observe a state of separation.

Again, in no wise would it be of any use to put one upon a course of Mercury without the other; or to submit each to Mercury at different periods. It is no matter whether the husband alone had the disease, originally, and the wife apparently never at all. Without any kind of reasoning, we must be governed by the fact, and however much a mystery it is, experience teaches that it is of no use to submit the one to Mercury without the other.

These things being premised, a course of Mercury, according to the rules laid down for the cure of Chancre, but continued for two or three weeks longer, may be entered on with the greatest confidence of success. The course of treatment should be followed by some of the tonic restorative decoctions, and, if bowels are not regu-

lar with restorative aperient medicine, if the constitution should in any way be disordered by the Mercury.

Perhaps it will not be unnecessary here to give one case of my own in addition to those selected from Dr. Beatty's, —it will show how easily and successfully it is managed.

I was engaged to attend a lady in her first confinement. It was then about the third month. We went on very well till about the seventh, when it was observed she did not at all increase in size, nor did she feel the child as she had done before. None of us knew exactly what to make of it. At the full time, however, I was sent for, as labor pains came on, and in a few hours she was delivered of a putrid mass, scarcely in the form of a child. But she did well. A few days afterwards I ventured to ask the husband if he ever had the Venereal disease, to which he said he had, but it was many months before his marriage. Then I inquired into the manner in which he had taken Mercury, and found it was far from being satisfactory. This was quite enough. I persuaded them both to undergo a proper course, to which they readily consented, and in thirteen months I delivered her again at the full time, of a fine healthy boy.

But another effect of Venereal taint is shown upon infants born at the full time of living. Here additional information is required, both as to the symptoms which indicate the disease, and the means required to cure it.

In some instances infants born under these circumstances indicate the disease by a weak and impoverished condition, together with copper-colored blotches about the fundament and genitals, which soon spread to other parts of the body. These peculiar copper-colored blotches, especially occurring in these parts, are considered almost unequivocally as marks of Venereal disease. The countenance of such infants have also a peculiar appearance, it is a resemblance of extreme old age.

It still more generally happens, however, that infants of such parents that are born alive, have the appearance of being healthy and well at first, but in a few days pine away and suddenly die; or, that they live to develop the fuller marks and unequivocal symptoms of the disease by slow degrees. These symptoms Dr. Colles observes, begin "in a period varying from six to eight days to as many weeks." They first appear in copper-colored spots, and what is remarkable, these are almost always seen about the fundament and organs of generation, spreading to the groin, showing a tendency to pass into sores and ulcerations. At this time also the voice changes, and it **cries** with a peculiar hoarseness of sound. The disorder then proceeds to show itself in little whitish sores about the mouth, tongue, throat and nose, from which latter a discharge of matter flows, and often dries into crusts, very much obstructing its breathing through the nose. If the child lives on, other symptoms appear, as sore eyes, swelling of glands, &c., &c. But we must not suppose all

these symptoms occur together in every case,—sometimes but few of them appear, the most common of which are, the copper-colored blotches about the fundament and adjoining parts—generally followed by some appearances in the throat and mouth. Neither, indeed, must it be thought that in every instance in which these or similar symptoms occur, they are Venereal, for some of them may be the consequence of neglect of cleanliness, or a poor diet, &c.—and then an attention to these causes, with simple remedies, will improve their appearance and ultimately heal them. Other circumstances also will assist the judgement, such as having other children that are healthy, and the additional testimony of the conscience on the subject. With regard to the

Treatment of the Venereal disease in Infants, this, in some measure, is peculiar. Of course, in general, when a child comes under treatment for this complaint, its parents, or its mother at least, does so too. Now, it is a well attested fact, that when the mother has been put under a proper course of Mercury, and she at the same time has suckled the child, both the mother and child have got well together, without giving the child any medicine at all. In this case no doubt the infant is cured by the effect of Mercury conveyed to it by the milk. It used to be the fashion, particularly when the state of the mother's health did not allow of sucking, to salivate a goat, and sustain the child upon its milk; but this is not so often now the plan pursued. Admitting the fact, however, that the

milk of the mother under a course of Mercury may cure the child, it is generally thought advisable to give the infant Mercury too. When therefore it is determined on to give the infant Mercury, one of those preparations must be chosen that can be most depended on for gentleness of operation. The very greatest caution is required to bring an infant successfully through a mercurial course, yet it is not impossible. If it should purge, this would be checked with a little mixture made of—twenty grains of chalk, one drop of laudanum, and a little syrup with water to two ounces,—one quarter part of which may be given every third or fourth hour till the bowels are relieved and easy. And, in like manner as in adults, if the breath should become offensive, and the gums sore and ulcerated, the Mercurial medicine should be omitted for a time at least.

The mildest preparations of Mercury are, first—the *Creta cum Magnesia*, then the *Creta cum Hydrargyro*, then the *Blue Pill*. The dose of the two former is two to five grains, given night and morning; of the latter one to three grains. In giving these directions it is not by any means intended to recommend their domestic employment. Such cases demand the physician's utmost care for any chance of success.

Without a doubt therefore, it seems that an uncured Venereal disease has a fatal effect upon posterity;—it either destroys the infant before its maturity of birth or

more gradually unfolds its nature in the living child. With respect to a third effect, that is, whether it may destroy the power of propagation altogether, this, as I have said before, having no such positive proofs of, I will not venture to say, farther than as a matter of opinion, for I think it does. There are many other curious circumstances which might be mentioned on the subject of this Chapter, but with which I could not conveniently swell this little volume. All that are useful and important, as well as curious, I have mentioned, of which I think none can present a deeper interest than the fact,—*that Venereal disorder, if not paoperly cured, may lie so dormant and unsuspected in the constitution as to show itself in no other way than in its fatal, or miserable effects upon posterity, if it do not even destroy the procreating faculty altogether.*

CHAPTER XX

ON CERTAIN COMPLAINTS WHICH RESEMBLE VENEREAL DISEASE, and sometimes arise from sexual intercourse, but which, nevertheless, ARE NOT VENEREAL, nor can be treated as such without the greatest disadvantage.

(Persons affected with these complaints are often cruelly imposed upon by advertising people.)

In Chapter the Eighth I undertook to show that the Genital Organs are subject to several disorders resembling *Gonorrhœa*, which are not really so, but which, however, either from ignorance or knavery, are taken for that disease and treated as such. The evils arising from this dishonorable conduct are there also correctly pointed out. But, if the consequences of taking every casual disorder of these parts for *Gonorrhœa* be so lamentable, the misfortune of taking them for *Venereal*, and treating them accordingly, is ten times more disastrous. It will therefore be my object here, first to show that such innocent diseases do occur, and next, how to know them.

That the Genital Organs are subject to other diseases besides the *Venereal*, must be evident to every one who will for a moment consider the structure of these parts. The external organs, for instance, are covered with a continuation of the same structure which covers the surface of the body, and therefore must be subject to most of the

diseases which the skin is subject to. If, therefore, a cut or tear were to happen to these parts, this would proceed in the same manner it would do in any other part of the body. Suppose, for example, a simple cut were to happen on any other part; this, in good health, would, if kept clean, soon get well. But suppose the health were not good, or, instead of being protected from any cause of irritation, putrid and offensive matter were applied to the wound,—would it then get well? Certainly not; but would inflame and degenerate into what the surgeons call “an ill-conditioned tumor.” Now this happens continually to the Genital Organs. Under excitement, perhaps a little laceration or tear takes place, but this, in good health and kept clean, soon gets well; if, however, on the contrary, cleanliness were not observed, or if any offensive and acrimonious discharge of the female were applied to the laceration, then it would not do well, but would inflame and become an obstinate, suspicious, ill-conditioned sore. Still, it would not be *Venereal*, and to treat it as Venereal would be to expose the patient to the possible destruction of the parts, and certainly to much needless anxiety and suffering. Some females are very apt to have the natural secretions of the sexual organs increased in quantity, and when, from any accidental cause, they are altered in quality also, irritation and ulceration after connexion are the frequent consequences of it.

Another cause of ulceration arises from want of clean-

liness in men. Sometimes the natural secretion under the foreskin becomes increased in quantity, and, if it is suffered to accumulate, it irritates and inflames. The discharge from this cause may be considerable, and then it is often taken for a Gonorrhœa; at other times it ulcerates rather than excoriates, and is then taken for Venereal disease.

Again, a Stricture in the urinary passage, as has been already noticed, is, now and then, the cause of little ulcers on the penis, which are very apt to be mistaken for Venereal sores.

There is still another kind of ulceration arising from Venereal disorder partly cured by Mercury and partly uncured. The organs of generation, as well as other parts of the body are subject to them. They have, however, very little of the nature of Venereal in them, nor are they to be treated as Venereal. Many call these "Pseudo-Syphilitic, or Bastard Venereal," of which I shall presently have to speak.

There may also be other disorders of these parts which are occasionally mistaken for Venereal, but those I have mentioned are the most common, and with a little care can easily be distinguished. Indeed there is something so peculiar in Venereal disease—something so unlike diseases of any other kind, that, if its progress be not hastily interrupted by ignorance or officiousness, it will be

easy to distinguish it from every other. The first thing is to get acquainted with the genuine peculiar character of a true Venereal sore, and, in any particular case in which there is a doubt, just wait a little, and if it be Venereal, it will put on this peculiarity of character so satisfactorily as to leave no doubt about it. The five disorders then which I have stated to be most frequently mistaken for Venereal, are,—simple laceration,—sores arising from acrimonious secretions in the female,—ulcers from a Stricture in the urinary passage,—and sores from improperly cured Venereal disease. I will therefore now explain how you can detect them, and how they should be treated.

First,—*Simple laceration of the skin during sexual excitement.*—It will be of great service in this inquiry to keep in mind what was said in the former Chapter on the true Venereal Chancre. The description there given of it is in the words of the great John Hunter, and which I will repeat.—A genuine Venereal ulcer, he says, is “*a sore of a somewhat circular form, excavated, with matter adhering to its surface, and with a thickened edge and base.*” It was also observed, that a genuine Venereal sore did not always put on these peculiarities *immediately*, nor did it always put on every one without exception at all,—one or other of them might form imperfectly. Give it a little time, however, and a true Venereal sore will assume this character, or if in any point it should chance to be defective, still there will be enough of what is pe-

cular to this kind of sore to enable you to recognize its true and specific nature.

Suppose then you had a simple tear upon the penis You would first consider how long it was since you had been exposed. But perhaps this might be only a few hours,—six or eight;—in this case of course you would consider it to be a laceration, and it would have been seen immediately if it had been looked for. But still, the other party might have been diseased, and Venereal matter may have been superadded. Now this possibility gives occasion to the advice I am now about to press. *Do nothing but keep it clean with cold water and watch it.* Never in such a case consult that class of people who call every thing they see upon these parts Venereal. This tear, it is true, may be Venereal, but it is impossible, at this early period, for any one to say for certainty whether it is or not, and a misstatement here, whether from ignorance or knavery, would involve the direst consequences.

It is most desirable to impress this fact—the obscurity and uncertainty of these early appearances—deeply on the mind, and to do it more effectually I will subjoin the words of that eminent physician, Dr. Adam Smith, upon the subject. In his learned work on morbid poisons, page 111, he says—“In whatever part a Chancre occurs, its first appearance is often uncertain, depending on the constitution, or the state of it at the time the irritation

commences. It is seldom we see the first vesicle which is formed; more commonly, especially if the disease is on the gland, this vesicle is broken and discovers an excoriation, and sometimes a slough. In either of these states, it is not easy to ascertain the real character of the disease, and all prudent, perhaps I may say all honest men, suspend their opinions and treatment beyond what may be necessary for the immediate symptoms, till the part shows a disposition to heal, or discover its true character.

He then goes on to say—"Nothing can be more certain than the true character of a Venereal Chancre, and nothing cured with more certainty. The difficulties and intricacies attending this form of disease, have arisen from indolence, ignorance, or artifice. Those who have not industry to attend to the discrimination of ulcers on these parts, or who have not had opportunities of distinguishing them, may be mistaken; but unfortunately there is a class of men too often applied to in these cases, whose only object is the advantage they can make of their patient, and who indiscriminately condemn whatever ulcers are found in these parts. This is the more disgraceful, not only because in the early stage it is often impossible to ascertain what such ulcers may be, but because the use of Mercury will exasperate some, and induce a degree of uncertainty on all whose character has not shown itself before the use of the remedy."

In a case of laceration, or an abrasion of the skin of

the penis, after an exposure to disease, therefore, your business is to wait and watch its progress, doing nothing more than keep it clean by washing it with water. If the sore is on the head of the penis, or beneath the foreskin which covers it, it would be as well to apply a little piece of lint, simply wetted with water, and draw the prepuce over it. Thus watching it, and doing nothing that would change its natural course and outward character, you will soon arrive at a knowledge of its real nature. If it be a simple tear, and nothing of Venereal in it, it will soon get well, as any other common sore would do. But if Venereal matter should have been superadded to the tear, then, sooner or later, generally in a few days, it will assume the character given by Hunter of a Venereal Chancre, or present at least some of its peculiarities; and again, if it should neither heal nor exhibit any of the proper characters of Chancre, but present the appearance of a common ulcer, then we may conclude it is one of those other disorders which are frequently communicated by sexual intercourse, but which have nothing of Venereal in them. I have already said that certain vitiated secretions in females, or neglect of cleanliness, will produce such ulcers, these, however, are not the only causes of them.

If, then, a laceration or an abrasion of the skin upon the Genital Organs should be Venereal, it will be known by its putting on the peculiar character of a Chancre, as before described. The first thing usually observed is a

hardness both around and beneath it. This you can feel by pressing on it with the finger, but by pinching it up between the thumb and finger, it is very sensibly distinguished. You cannot well mistake this feel, it is so peculiar, and as far as I know, it belongs to no other recent sore but the true Venereal.

The next thing is, that simple laceration, if it enlarge, does so by spreading superficially; whereas a Venereal sore enlarges by eating deep into the substance of the part, and the middle of the ulcer is always the deepest part, while the edges of it are a little elevated above the surrounding skin, as well as hard.

Neither does the peculiar color of a Venereal sore always show itself immediately, but after a time, and very shortly after the symptoms I have mentioned have appeared, it is covered with a toughish adhering kind of matter of a brownish yellowish color, which a simple laceration never presents. Another thing to remark upon these lacerations or abrasions, is, that when they inoculate with Venereal matter, that is, when they are Venereal, their peculiar Venereal characters do not show themselves so soon, nor in such regular order, nor are they always so well defined, as when the disease appears in its natural way—when it is absorbed through the skin and first appears in the form of a little pimple, without a tear or an abrasion of the skin, and on this account it is prudent to wait for several days, perhaps eight or ten, before we settle whether they really are Venereal or not.

In the event, however, of having waited a reasonable and sufficient time, and none of these Venereal characters appear, then, if they should not heal, but are inclined to inflame or spread, it will be proper to adopt some means of healing them.—If pain and inflammation attend, washing and bathing them with warm water, or milk and water is very good, and after this the common white wash (sugar of lead water) is a proper thing; —some may even require a poultice. But if they simply remain stationary, without much inflammation, then gently stimulating Lotions would be proper, such as brandy and water, or one of the Lotions or Black Wash, or, if they still remain unhealed, touch them with the Lunar Caustic every or every other day. Also, take an active purging dose or two of pills.

The second,—*Sores arising from the natural secretion beneath the foreskin, which in hot weather or from want of cleanliness, accumulates, becoming acrimonious and irritating.*—The effects of this irritating secretion are frequently such as to be taken for Gonorrhœa, as I have described Chapter VIII; in this case the head of the penis is excoriated and the discharge of matter very copious; at other times it causes ulceration instead of excoriation, and then it is that it is apt to be taken for Venereal disease. Now the same means which were advised on the subject of detecting a suspicious laceration of these parts

are to be depended on in this case, *viz.*, cleanliness and watching. If the sore be Venereal it will show itself by assuming the distinguishing marks of that disease, just as was described in laceration, but in a shorter time. If not, it is probable it will heal under the plan of simple cleanliness. If, however, it would not heal, and still present none of that hardness so peculiar to Venereal, then a stimulent plan, similar to that recommended in simple laceration, should be resorted to.

The third,—*Sores arising from sexual intercourse with females of uncleanly habits, or having certain mild disorders totally unconnected with Venereal disease.*—In this place I need do little more than repeat the fact that such disorders do occur, referring those who doubt it to what was said on this important subject in the eighth Chapter, *that which treats on disorders which resemble Gonorrhœa, but which have nothing of the nature of that disorder in them*. Here, however, it is proper to observe, that while in some these irritating fluids will produce disorder resembling Gonorrhœa, in others it produces sores which are frequently mistaken for Venereal disease. But these may easily be detected.—Just compare these little ulcerations with what was said about the genuine Venereal sore or Chancre. Not that it is necessary to keep in mind the whole of these peculiarities; for there is one of them alone of much more value than all the rest together—it is the *hardness of its edge and base*. Now the sores we

considering have not this hardness; it is, therefore, only necessary to ascertain this fact to be pretty certain they are not Venereal.

With respect to the treatment of them, the more simple this is the better, for although they will not always heal with simple remedies, such simple remedies should always first be tried. I would, therefore, advise that at first nothing but lint soaked in cold water be applied to them. This is best suited to those which are situated between the prepuce and the head of the penis, for here the prepuce can be drawn over and made to cover it; but if they are situated on the outer parts, white cerate may be spread upon the lint and this lapped round the penis and confined there. You are not however to expect that these will always heal like common sores, for it must be remembered they originate in a kind of animal poison, though not Venereal. If, therefore, they do not heal under this simple means, we must advance upon the stimulating plan, just as in the two former species. I should therefore begin with the Black Wash, and if that did not succeed, I would try another Lotion, soaking a piece of lint with it instead of the cold water. In some instances I have dipped my finger in the powder of white vitriol, and held it to the sores for a minute or two, or more, with very good effect. In other slow and tedious cases, I have touched them with the Lunar Caustic every day or two.

These sores in general do not require the internal use of Mercury; indeed, some of them are generally exasperated by it, while others are as greatly benefitted; in such however, the Mercury is given in a milder form than in Venereal. In every case it is of especial service to regard the state of the digestive organs, that is, the stomach and the bowels. If these are in a disordered state, which is shown by a whitish looking tongue, furred in the morning at its root with a brownish coat, the bowels at the same time irregular, and the stools of an unnatural smell or color, depend upon it there will be difficulty in healing them while this continues. Nothing however is easier than to correct this state. The best way to do it is to take Rhubarb and Soda for a week or ten days, with a blue pill every other night, or, the rhubarb alone would do. Just keep a piece of Turkey rhubarb in your waistcoat pocket, and every morning nibble off a portion a little larger than a pea, or just enough to keep the bowels rather more relaxed than natural. Simple as these remedies may seem, it is astonishing to see the good which results, and not only in this, but in a vast variety of maladies accompanied with these symptoms of disordered stomach.

The fourth,—*Sores on the Penis in consequence of Stricture in the urinary passage.*—When speaking of Stricture in a former Chapter, it was stated that among a number of consequences arising from that disorder, ul-

cers on some part or other of the Genital Organs was one. The fact itself is strange, but admits of explanation. It depends on a law of sympathy—a power of the nervous system which produces disease in one part from a disorder seated in another; thus disorder of the stomach produces pain and disease in the head; and in that painful disease the stone, the pain is felt not in the bladder, the seat of the disease, but in the tip of the penis. In like manner a Stricture occasionally produces irritation and disease of the penis, or in the testicles, or elsewhere.

The late Mr. Abernethy of London took much pains to explain the nature and treatment of these ulcers. He was led to this from meeting occasionally with very obstinate sores on the penis which did not correspond with what he called Pseudo-Syphilitic, (a kind of sore I shall presently have to mention,) and which at length he found to originate in Stricture of the urinary passage. Further, in the correctness of this opinion he became afterwards fully satisfied, by finding that ulcers of this kind, which had resisted every means that could be devised, or which if healed, would afterwards re-appear again and again, were speedily and permanently cured on the removal of the Stricture. My own experience also warrants me in saying that Stricture does occasionally produce this obstinate and often-recurring kind of ulcer on the penis; and, indeed, accordingly, whenever I meet with sores of a peculiarly unyielding nature, being also deficient in other features proper to Venereal, I am always inclined to suspect they originate in Stricture; and further, if

upon inquiry, it appears my patient never had the true Venereal, but only a Gonorrhœa, my suspicion is confirmed, nor do I rest until, by passing a bougie, I ascertain the fact whether it be so or not.

With respect to the treatment of this kind of sore, it is scarcely necessary to say that it consists in a removal of the Stricture. When this is done, and even while it is doing, these ulcers generally heal under any simple dressing—if not, those dressings already recommenced under the stimulant plan never fail to heal them once for all.

The fifth,—*A species of sore upon the penis, the result of an ineffectual course of Mercury for the cure of Venereal disease, the same which Mr. Abernethy has denominated "Pseudo-Syphilitic, or Bastard Venereal."*—This is a difficult part of the subject to write about, and it does not, I think, properly concern the general reader. Indeed, I should not have mentioned it at all, but for a wish to make this little volume as complete as possible, and also to interest the medical as well as the general reader. Those who are afflicted with the obscurer forms of Venereal disease, should never undertake their management themselves, but, if possible, should consult the most experienced surgeon to be found.

Mr. Colles, that practical and excellent author on Venereal disease, so often referred to in this little work, justly observes, there is no *class of complaints* which does

not occasionally fail to present its distinguishing characters, or present them so faintly as scarcely to be recognized. Now, it is just this that creates the difficulty; for, when a suspicious or irregular sore presents itself, it is hard to tell whether it is one of these Venereal sores which have failed in exhibiting its distinguishing characters, or of a Pseudo-Syphilitic kind.

This bastard sort of Venereal we are now considering is supposed to be a compound of Venereal disease, partially cured by Mercury, blended with some other disorder of the constitution, such as Scrofula. The great source of this kind of disease is the use of Mercury by unskillful people. Being known to almost every one that Mercury will cure the Venereal disease, persons of every grade of ignorance presume on this, and give it indiscriminately and ineffectually. There is scarcely a shoe-black who will not prescribe it to his acquaintance if he is fool enough to take it, and hence, almost exclusively, that perplexing host of Pseudo-Syphilitic maladies. The fact is, although Mercury is the safest and most certain remedy for the cure of Venereal disease, there is no article in medicine which requires a more skillful and experienced mind in prescribing it; or, closer attention to the rules which have been given in a preceding Chapter for its proper management. And it may be further added, neither is there any one disorder which calls for profounder knowledge in every single department of medical education, than that for which Mercury is so peculiarly the remedy—the Venereal dis-

ease. Who then can wonder that these perplexing and destructive cases should so frequently occur.

Mercury, therefore, given ineffectually, fails in curing the Venereal disease ; in this case, after a time, it re-appears, and Mercury is again resorted to. Still, however, given as before, the disease again appears, not perhaps exactly in the same form ; for, being interrupted thus repeatedly, it loses much of its external Venereal character, so that it is not so easy to tell whether it is Venereal or not. At length, however, these repeated ineffectual modes of giving Mercury break down the constitution, and thus excite in it whatever malady it might be disposed to. This, very frequently, is some form or other of Scrofula, and this disorder, Scrofula, blending with Venereal, forms this Pseudo-Syphilis—appearing sometimes in the bones, or in blotches on the skin, and sometimes in a little ulcer on the penis.

Now, in order to detect the nature of these sores, it is necessary to ponder well both over the history and the treatment in each case. It is of course essential to ascertain that there has been, at some time or other, real Venereal disease ; and also, that Mercury has been given for its cure. It is also expedient to be certain they do not arise from Stricture, for a person may have had Gonorrhœa and Venereal too, and the Venereal being cured, these sores may arise from Stricture, the result of Gonorrhœa.

With respect to the treatment of them, I can do little more than speak of this in general terms. It consists in giving very small doses of Mercury, and continuing it for a considerable length of time. This also combined with such remedies as support or recruit the general health and strength; such as Bark, Quinine, or Sarsaparilla.— Change of air, especially to the sea-side, has been found exceedingly useful. Also, all that has been said on the utility of maintaining a regular and healthy state of the stomach and bowels in diseases generally, applies especially to this case. Indeed, I have known many obstinate disorders of the Genital Organs greatly benefitted or entirely cured simply by attending to this one subject, and I should consider that that case was under no unpromising course of cure which was under the treatment of the Rhubarb and Soda, or some mild kind of tonic aperient and, perhaps, together with the Blue Pill, as directed beforehand. and continued for some months. In such a case the mixture or pill might be omitted after a week or two, or only resorted to as the state of the bowels might require, while the Blue Pill should be continued regularly every other night.





