

A treatise on gonorrhoea and syphilis.

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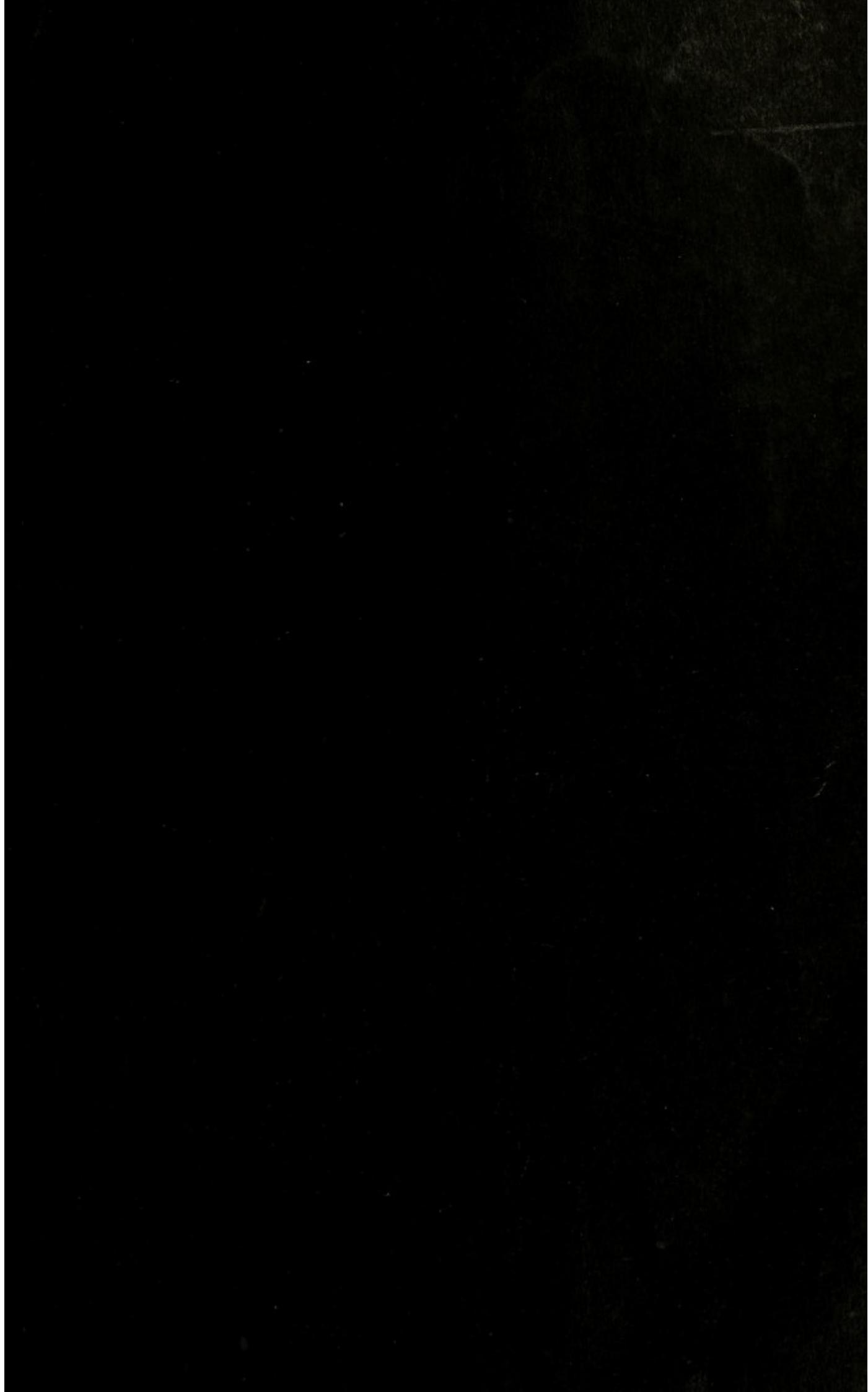
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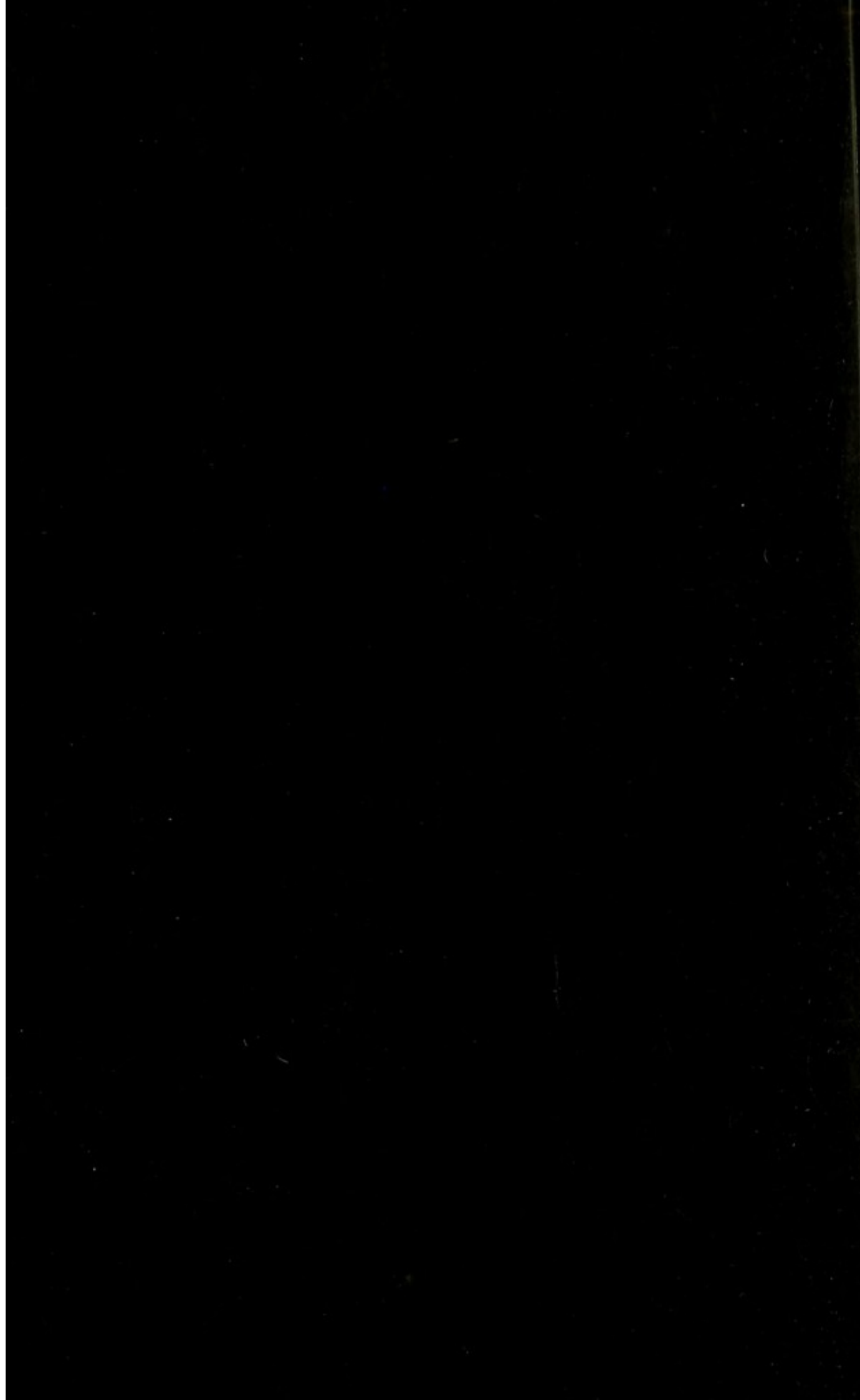
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TREATISE

GONORRHOEA

A TREATISE, &c.

BY

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A

TREATISE

INTRODUCTION

ON

GONORRHOEA

AND

SYPHILIS.

LONDON:

**OTRIDGE AND RACKHAM, 39, STRAND; AND HIGHLEY AND SON,
174, FLEET STREET.**

1821.

TREATISE

GONORRHŒA

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SYMPHYS.

LONDON:

STRIDGE AND RICHMAN, 25, FLEET STREET, AND HIGHLY AND SON,
17, FLEET STREET.

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INTRODUCTION.

SYPHILIS made its first appearance in Europe in 1493 or 1495. Some maintain it was first observed at the siege of Naples, or that, at all events, the followers of Columbus brought it from the West Indies; others consider it of much earlier origin, and that the Greeks and Romans, nay, even the Jews, were afflicted with it. It may be reckoned one of the morbid compound poisons capable of affecting the human body constitutionally, and communicating to others the same

disease. The poison itself is known but little, but its effects are very manifest. The virus is always in, or mixed with pus, which shews that it is secreted by an inflamed surface: it always produces a species of inflammation in those that receive it, which is different from any other, having a peculiar action superadded, by which the specific matter is formed after the continuance of it for some little time. Infection may remain, and a capability of giving the disease to others, even when the inflammation has totally disappeared. In order that this poison should act, it must be applied in contact with a part in a state of solution, or mixture, for in vapour it does not give the disease, differing in

this respect from small-pox and other poisons. The seat of it is well known to be the parts of generation chiefly, from whence it may be concluded those are its principal residences, and communicated by the act of coition. Its effects on the body are two, local and universal, or constitutional: the effects locally are immediate, the universal are consequent.

The *cause*, both of gonorrhœa and syphilis, were considered the same, that is, to arise from the same poison; though the effects were different, from the mode of action: the reason of which was said to be, that the economy of the parts vary, one being a secreting surface, as the urethra, the other not. It requires only one mode

of action to produce the effect on this canal: when any irritating matter is thrown upon a secreting surface, nature, to overcome the stimulus, increases the action of the part, from whence gonorrhœa is formed: when the same application happens to a cuticular, or non-secreting part, nature, not being here possessed of the same advantage as in the former, absorbs that part so stimulated, by which the other disease, a chancre, is formed. The secretion in gonorrhœa is not the natural increased, but one substituted, partaking of the poisonous nature of the stimulant. Thus, any secreting surface, as the eye-lids, will have the natural secretion altered and changed, although the part most readily dis-

posed to receive infection is the urethra.

The poison of syphilis is more readily absorbed from some parts than from others, as from chancre, sooner than from an incised wound; for the incised wound must become of the same nature as the virus before matter is absorbed: this is seen in the inoculation for the small-pox, where the variolous matter is not at first absorbed, but remains stimulating till it has produced an ulcer of the same specific nature with itself before absorption takes place.

Mr. Hunter has, in himself, produced a chancre by matter from a gonorrhœa, and he says, from numberless other experiments, that he is led

to conclude there is *no difference*: as he found indisputably, that the matter from gonorrhœa and chancre were capable of producing the pox. When a secreting surface has set up the inflammatory action, the secretion is always increased, and is at last so much altered as to become exactly similar to that by which it was produced: the matter that it first received stimulated, as it were, the parts to secrete and wash it off; but this does not succeed, as the irritation still continues, and the consequent inflammation occasions a continuance of it, and a succession of the formation of the same pus. The virus is not obliged to the pus, but to the specific inflammation for the continuance of

the action. Some have asserted that the matter in gonorrhœa arises from an ulcerated surface; now, although this might be found to be the case in a few instances, yet, having examined many after death without finding any appearance of ulceration, Mr. Hunter could not but conclude that it is far from being the case in general; besides, if it depended on ulcers, these could not be expected to heal without the use of mercury, whereas, every one who is at all acquainted with gonorrhœa, now knows that it can, and ought to be cured without a grain of this medicine. Gonorrhœa differs very much in the degree of violence of the symptoms in different constitutions, some being much more affected than

others: when *mild* it may be called simple; when *violent*, complicated: this would not appear to arise from any alteration, or difference, in the specific quality of the matter, but in the susceptibility of the parts that receive it. A chancre, in some people, will heal up immediately, while a gonorrhœa in the same person will produce the most violent symptoms. In some, a venereal ulcer will heal readily, while a slight wound from any trivial cause whatever, will torment both surgeon and patient. A case is related by Mr. Hunter, of a gentleman, who, from running his spur into his leg, had a very troublesome ulcer, at the same time that chancres were healing with the greatest readiness: he was almost inclined, in

this case, to apply venereal matter to the ulcer, for he could not help thinking that it would induce it to heal. Some diseases are capable of curing themselves: nature not being able, or disposed to continue the same action beyond a specified time; if this were not the case, there would be no end to many complaints: this principle is common to many, hence the conquest in gonorrhœa; the power of continuing the action is here gradually diminished, and the cure effected by a natural decay. This cure in general takes place in a secreting part, for a chancre will increase as long as the virus remains unattacked. Mr. Hunter makes it a doubt whether a gonorrhœa would be increased by a com-

munication of the same matter; for when the matter of gonorrhœa or chancre, has been applied to a bubo, no retardment in the cure has been noticed, the matter thus applied being only a renewal of the same kind it in the first instance was amply furnished with. The poisonous gland and duct of the viper is not stimulated by the fluid it secretes; but if the same be applied to any other part of the animal, different circumstances will occur. When a part has been accustomed to a stimulus some time, it gradually grows insensible of its action; but if there be any interval the part will become almost as sensible as ever. The first infection of gonorrhœa is generally, if not always, the worst, and

it is a well-known fact, that the number of claps diminishes the susceptibility and degree of violence.

Notwithstanding it was considered, that gonorrhœa and chancre arose from the same poison, which *I always have doubted*, it would be very difficult for the advocates of the former to explain to me, if such really were the case, why the two species do not attend at the same time, for it is natural to suppose that the one would produce the other, and although cases are related of a chancre coming on soon after gonorrhœa, and vice versa, yet they are not to me satisfactory. I have known a young gentleman contract a clap from one girl, and a chancre from another, two successive evenings. The one girl was known

to have gonorrhœa, the other a chancre. I have heard it endeavoured to be explained thus, that the presence of one irritation excludes the other in general; but in this case they were both present, and distinctly contracted.

The constitution will not be contaminated from gonorrhœa—from chancre it will: and although the matter of the latter finds its way, if applied to a common wound, or ulcer, yet it cannot get into the constitution by the breath, perspiration, milk, &c.

Case.—Gonorrhœal matter was inserted in the prepuce, Sept. 1, 1817, with the point of a lancet, in a similar way to vaccination; on the 4th and 5th the part inflamed and suppurated; the pustule was opened, the contents squeezed out, and a poultice applied

twice; the wound was then dressed in as simple a way as possible; and on the 14th it was perfectly healed. Nothing further was done than I have detailed, and yet no secondary syphilis was observed after six months had elapsed.

What does this case prove? Why, that allowing the matter to be gonorrhœal, similar to what is mostly seen, (as there are exceptions to all rules) it was not capable of causing a venereal affection. If gonorrhœal matter be applied to a wound or ulcer, will it produce syphilis? I think not. If the matter of chancre be applied to a scratch, or wound, it will cause every symptom of the disease locally and constitutionally. Will the matter of chancre, inserted into the urethra,

cause clap? I think it will produce a discharge. The effect of any irritating body on a secreting surface tends to do so; but ulceration would follow; and those claps that are seen sometimes so inveterate, I imagine to be of this nature. I have reason to believe a clap may be caused by connexion with a woman during the continuance of the catamenia, and I think it might be occasioned by fluor albus also. Women are sometimes so insensible to shame as to set no bounds to their depravity, and allow privileges to our sex which ought to be confined to certain periods only; and from the want of requisite cleanliness, these discharges become extremely acrid and offensive.

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ON GONORRHOEA.

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CASE.—Mr. B. was connected with a woman in town, and having a running four days afterwards, consulted Mr. Hunter, who on examining him, found the glans excoriated, and discharging matter, but did not suspect it to be occasioned by immoderate coitus.

It is seldom extended near thence to the urethra.

&c. &c.

ON GONORRHOEA.

THIS disease arises from the action of a morbid poison on a secreting surface, and is commonly attended with extensive inflammation. The usual seat of it in men is the urethra; but it sometimes takes place on the prepuce and glans penis: in women, the vagina, urethra, labia, clitoris, nymphæ, the glans, &c. When it attacks the glans and contiguous parts it commences principally about the root of that body, where the cuticle

is thinnest; it occasions soreness and tenderness in the parts, with a secretion of a thin matter: it is often here so slight as not to be much noticed.

CASE.—Mr. B. was connected with a woman in town, and perceiving a running four days afterwards, consulted Mr. Hunter, who, on examining him, found the glans excoriated, and discharging matter, but did not suspect it to be occasioned by impure coitu, till other circumstances set the case clear. It is seldom extended from thence to the urethra. The most probable way the poison attacks the urethra is this, that it is either translated from the glans to it, or at least, from the beginning, or lips of the urethra itself, along its inner surface. It is not possible to conceive that the matter could be conveyed far into the urethra in the act of coition. The case of Colonel B. strongly corroborates this; he received infection, and had a bad gonorrhœa, from sitting on a necessary in Germany, and

getting a plaster of gonorrhœal matter (which some person had left there) on his penis. When it attacks the urethra it seldom extends farther than an inch and a half along the canal.

Symptoms.

The first symptom a patient experiences is a titillation, or itching sensation in the urethra, as if a drop of urine remained in the passage. A small quantity of mucus is discharged on pressure. In twenty-four hours a considerable serous discharge will be found to have taken place; at first, not at all purulent, but in a few hours it assumes this character, having a yellowish appearance, and is composed of a number of globules very similar in its nature to that of pus, with the exception of its being poisonous. The discharge soon changes from a yellow to a greenish colour, and is often mixed with blood; when examined on a cloth it assumes various hues, the circumference

pale, and the centre thicker and of a deeper colour, and it is probable that these different tinges depend most commonly upon the extravasation of a small quantity of blood. The matter has a very peculiar smell, and there is a great tendency to putrefaction, in consequence of unhealthy inflammation. During a very high inflammation in the urethra a considerable quantity of blood has been often lost; this proceeds from a rupture of some of the vessels in the passage; it gives relief at the time by checking the inflammation. Sometimes a great deal of coagulable lymph is seen floating in the urine, and this even after the disease has existed for some time. After the first irritation felt by the patient he has a smarting sensation in voiding his urine, and in a little time this increases to that degree, accompanied with considerable heat of the parts, constituting what is termed *ardor urinæ*: the pain is sometimes so excessive that the patient dreads the

thought of voiding his urine, and delays it for several hours: it is however much lessened by discharging it guttatim. The pain felt is owing to a deficiency, or rather, an altered state of the natural mucus, which is secreted for lubricating the urethra during the discharge of urine.

The external appearances are these, the lips of the urethra are observed very red, with a prominent and tense tumefaction, with pain at the frænum: the disease takes two courses, externally and internally. As it advances the whole of the glans penis becomes affected, and is of a florid red colour; a deposition of serum takes place, accompanied with a swelling of the parts, which is productive of phymosis. The absorbents of the dorsum penis become enlarged, and are easily distinguished by the finger being rubbed on the surface: the inflammation extends to the root of the penis, and in bad habits even to the pubis, along the course of these vessels, terminating occasionally in

suppuration. The glands in the groin are next enlarged, constituting what is termed a sympathetic bubo, for sympathy, in the strict meaning of the word, applies to an affection taking place in a part remote from the seat of the disease. This enlargement in the groin differs very much from the true venereal bubo. The gonorrhœal inflammation does not subside here, but directs its course more internally, and the patient, flattering himself with the hopes of the disease going off, from the disappearance of the bubo, begins of a sudden to have a peculiar uneasy sensation at the neck of the bladder, owing to the extension of the inflammation along the urethra; spasms may soon be anticipated; a great deal of pain is felt in perineo during walking, below the part first inflamed: the corpus spongiosum next is affected, adhesions take place in it, constituting that most troublesome sensation the cordee, which produces an incurvation of the penis. The lacunæ be-

come soon affected, an obstruction takes place in them, and it frequently happens that an abscess forms, which bursting, the contents are discharged per urethra: it generally occurs near the frænum, but there are instances where they form near the bulb, and in this situation they are dangerous, in consequence of the probability of the contents being effused into the cellular membrane. When the inflammation extends along the urethra, opposite to the acceleratores urinæ, spasmodic contractions are occasioned every four or five minutes, extending to the perineum, and often accompanied with an inflammatory stricture in the urethra, which is easily known by the flow of urine being often suddenly interrupted. When the inflammation extends as far as the membranous part of the urethra, those ducts which open into it take on the disease, as the vasæ deferentiæ, and which, extending along their course to the testicle, produce hernia humoralis, prior to which, however, there is considerable pain felt in perineo.

Treatment.

It was formerly the custom to administer mercury in this complaint, under the idea that it was a similar disease to syphilis; but the notion being now completely refuted, this medicine even as a purgative is unnecessary; and it is much better to depend upon any other medicine to induce this effect.

In the inflammatory stage, a purgative, composed of six grains of cathartic extract, should be given every night, and a powder composed of the sulphate of magnesia two drachms, nitre a scruple, twice daily. The patient should drink plentifully of barley water, mucilage of gum arabic, linseed tea, &c.: the best drink I know of is composed of gum arabic, linseed and nitre, boiled in a quantity of water. He should live very abstemiously, avoiding fermented or spirituous liquors, spices, &c.: the best beverage is soda water. In every stage the bowels must be kept open

by mild laxatives; and if the patient be of a full plethoric habit, and the symptoms run high, general bleeding will be proper. He might take occasional doses of the aq. kali pur.; and if the pain be great, three grains of the extr. cicutæ bis die: the penis should be emerged frequently in warm water. The carbonate of potass dissolved in water, half a drachm for a dose, or the carbonate of soda, which is still preferable, may be occasionally recommended. If there be inflammation on the outer surface of the penis, leeches should be applied, and afterwards warm fomentations, so as to promote the bleeding; afterwards a lotion or poultice of the liquor acet. plumb. dil. should be made use of—indeed cloths, wetted with this lotion, are recommended by Mr. Abernethy to be kept to the penis from the commencement.

When these or other means directed to subdue the inflammatory action, are successful, attempts must be made to diminish the dis-

charge by taking internally the bals. copaiba, formed into a mixture with mucilage of gum arabic: it will have the effect of changing the colour of the discharge from yellow to a whitish colour, but acts very slightly in diminishing the quantity of it. By the use of the balsam, the canal is brought into a better state for the use of injections, and therefore it should be given three or four days previous to their use. Astringent injections may then be had recourse to, used weak at first, and increased gradually in strength, as the sulphuric acid, six drops to four ounces of water; this is found not to irritate the urethra: having persisted in its use three or four days, it may be used stronger. The acetate of zinc, six drops to four ounces of water, may then be substituted: this should be warmed previous to its being injected. Injections of lead are not approved of, as they are thought to occasion permanent strictures. Injections of the muriate of mercury should only be had recourse to in those patients who

have frequently been affected before with gonorrhœa; it must be used very weak: it is a safe injection, but is very slow in exerting its beneficial effects. A good injection is one made of calomel two drachms, opium one scruple, mucilage of gum arabic four ounces. Injections should be used three or four times daily, besides morning and evening; and also if the patient awake in the night. Syringes with long pipes are improper, being liable to wound the urethra; they should be short and accurately smooth, and rounded at the extremity. At the time of forcing in the injection, the patient should compress the penis about three inches down, in order to prevent the passage of the fluid any further down the urethra. Much benefit may be derived from varying the injection every two or three days; a lotion composed of a different medicine should be substituted, by this means the cure will be much accomplished:

as when only one kind is made use of, the urethra becomes accustomed to the stimulus, and loses its intended effect; to overcome this, if it be much and suddenly increased in strength, it will be very apt to cause stricture. If the injections, though varied, do not make a cure when used for some time, it will be prudent to lay them aside, and a bougie should be introduced dipped in the following composition: bals. copaib. one drachm, ol. olivar. opt. three drachms, or smeared with the ung. hydrarg. nitr. very weak: these are found frequently to succeed where injections have failed. I would remark, that the great objection to the bals. copaib. is, that it sometimes occasions eruptions on the skin.

This is the plan I would lay down; but I cannot in justice avoid noticing the contents of a paper, by a Mr. Addington of West Bromwich, to be found in the "Contributions of Medical Knowledge," published by the late

Dr. Beddoes of Bristol. He gave a grain and a half of the oxymuriate of mercury, dissolved in half an ounce of rectified spirits of wine, at bed time: for an hour and a half or more, a copious salivation was produced, and his patient spit a quart. Aperient salts are to be taken on the day but one afterwards; and on the evening of that day, the solution, as before, is to be repeated, and the salts the succeeding day but one. Three or four doses thus given, frequently, he assures us, removed a gonorrhœa; and he further states, that hundreds were cured by this plan. Cubebs, which are dried berries resembling pepper, have lately attracted notice in this complaint; but until I hear of something more rational on this subject, I shall suspend my judgment. It is asserted, that these berries have a specific action on the urethra, and that the irritation they cause being greater, it overcomes that set up by the gonorrhœal virus; thus the symptoms

will be materially aggravated for a time, and when the medicine is discontinued, they abate and disappear. *How* far this will prove to be the fact, time alone will develop; but in my opinion such expedients are improper where much inflammation exists, or the patient is of an irritable habit.

CHAP. II.



ON STRICTURES.

THE existence of strictures in the urethra, may be known by the patient frequently experiencing an inclination to void his urine, which is first noticed in consequence of his being disturbed during the night more frequently than usual, in order to discharge the contents of his bladder. The urine passes out in a spiral direction, and this symptom is present long before there is any evident diminution in the size of the stream: the stream itself is next found diminished in volume, and is frequently forked, or divided into two. It

also often rises up in passing out of the canal at the glans. As the disease proceeds, the urine will first be expelled in drops, and then in spasmodic gushes—seldom in a continued stream. Patients afflicted with this disease, will often apply for relief on account of an incontinence of urine, which is an effect of the complaint. Sometimes, though very rarely, there is a retention of urine; but this is seldom attendant on permanent stricture, and when it does occur, there is generally some other cause superadded besides the stricture. The urine is mostly of the colour of whey, which denotes the existence of an inflammatory affection of the mucous membrane lining the bladder. Persons who have this complaint, have also, in most instances, a gleet discharge, colouring the linen like semen: if he have been intemperate and irregular in his mode of living, the discharge will be of an opaque yellow colour, the inflammation being excessive. *Fistulæ* will frequently arise when the disease

exists in several parts, mostly in the perineum, though sometimes at the fore-part of the scrotum. When a bad stricture is present, that part of the urethra, beyond the stricture, becomes enlarged, while the forepart is diminished in size and diameter: the part above dilates, and at length gives way, which allows of the extravasation of the contents of the bladder into the surrounding cellular substance; this, by inducing inflammation, causes the formation of matter, which generally bursts externally, though not always, allowing the urine to pass by the same aperture from the bladder. The disease from stricture, does not confine itself to the urethra alone. When a stricture has existed for some time, the bladder becomes affected and thickened, in consequence of the continued irritation set up in the urethra, inducing an almost constant inflammation, and also from the continued action of the muscular fibres of this viscus, by which they are also increased in their thick-

ness. When disease of the bladder is present, it is denoted by an uneasy sensation in the regio pubis, and a sense of fulness in this part.

On examination after death, the mucous membrane is found to be thickened and streaked with bloody marks, arising from inflammation—it is also oedematous. A secretion of coagulable lymph takes place, which causes the wheyey appearance in the urine. When this symptom makes its appearance, the constitution generally becomes affected with febrile symptoms, similar to an intermittent, consisting of a more or less severe paroxysm, recurring at uncertain intervals, now and then preserving regular distances of time between the fits. When these appearances were present, it was generally the custom to throw in the cinchona; but this practice was attended with little or no success. Opium, with evacuates of different kinds, were found to be effectual remedies; and few cases occur in

which this plan will not succeed. From the bladder, the ureters and kidneys become diseased: they enlarge, and ulceration takes place in the ureters, and pelvis of the kidneys. Patients often die of the ultimate effects of stricture; hence stricture is found to be one of the most serious consequences succeeding gonorrhœa; and as it may prove very dangerous, and is seldom completely relieved, practitioners ought to be very cautious not to induce it by the use of injections during the inflammatory stage.

The appearance of the urethra on dissection, when stricture exists, is a thickening of its coats, and a diminution of its diameter at the thickened part. It sometimes appears as if a string had been tied round the outside of the urethra, and the stricture will extend no further than where inflammation, thus induced, would be supposed to extend: occasionally, though less frequently, they are met with resembling the urethra, compressed by a broad

riband, the contracted part being some space in length; when this latter is the case, they are difficult indeed to remove. A stricture is now and then caused by membranous bands crossing the urethra. There is also another species, termed the elastic stricture; in this, though the common bougie is applied daily, no progress is obtained; as immediately on its being withdrawn, the strictured part regains its former tightness. Caruncles and warts are sometimes situated in the urethra, but the cases are rare; in one specimen the wart grew from the verumontanum.

Some have imagined that the existence of excrescences in the urethra was only ideal, and handed down from one practitioner to another as probable. Mr. Hunter, however, saw two cases of stricture of long standing, in each of which there was a substance in this canal similar in appearance to polypi, and he considered them a species of internal warts.

SEAT OF STRICTURE.

This is various ; but the most general situation is where the original stricture is found about seven inches down the urethra, or rather less, at that part where the membranous portion of the urethra is joined to the corpus spongiosum. It is seldom the case when the disease has existed for some space of time, that one stricture alone is found, there are mostly two or three ; one from three and an half to four and an half inches, one at five inches, and another at six and an half or seven inches from the glans. Occasionally there are several existing. Mr. Hunter has seen from five to six in the same person. If the patient have had the disease a long time, the penis is often distorted, and not unfrequently bent to a right angle, which arises from inflammation in the corpus spongiosum from the irritation induced by the stricture. Strictures are slow in forming, and are worse in cold weather.

CAUSE OF STRICTURE.

The primary causes are various; but the *proximate are always inflammation of the membrane lining the canal.* The most frequent occurrence, is inflammation subsequent to gonorrhœa, whether arising from the violence of the disease itself, or brought on by the use of injections during the inflammatory stage. Riding on horseback during the period of cure, as well as drinking spirituous liquors, will equally tend to produce such an effect. Other causes will induce the disease, independent of any taint whatever, as is proved by the existence of it in children, though it certainly is a rare occurrence in them. Mr. Hunter believed, that strictures seldom arose from the venereal disease in any shape, and he says it will be difficult to open people's eyes on this subject, there being but few persons now-a-days that have not, some time or other, had a gonorrhœa!! He founded his

opinion for supposing strictures not a consequence of gonorrhœa, on these grounds, that the œsophagus, rectum, ductus ad nasum, and parts of the intestines, &c., are occasionally the subject of the same disease; another reason was, his having patients with stricture who never had a gonorrhœa—and further, a gentleman, a patient of his, suffered with one, who had not had a gonorrhœa for between thirty and forty years: again he says the most common seat of it, is the membranous and bulbous parts of the urethra—the principal focus of the gonorrhœal inflammation, is directed to the lacunæ; that, he maintains, is the head quarters of it. Strictures, he says, never arise during gonorrhœal inflammation, and patients have come to him labouring under strictures who never employed any injections, though these are considered almost the invariable cause by some surgeons. A bougie is more severe than an injection in its introduction, and yet they are never blamed.

Strictures are sometimes rendered worse by a small stone passing along the urethra as far as the diseased part, and lodging there. Strictures are at times considered the cause of stones forming in the bladder, and this seems to depend upon the retention of urine.

TREATMENT OF PERMANENT STRICTURE.

This disease is so very obstinate, that scarcely a single patient is ultimately cured; those who have been once affected with it, retain such a disposition to a re-attack of the disease, that a very slight cause will induce its re-appearance. It certainly is often relieved, but rarely permanently cured, though many cases have been published that would lead a medical man to suppose such an assertion not well founded, but long use to the perusal of cases, detailed with interested views, have rendered some surgeons sceptical.

The first step in the effort to cure, is to introduce a bougie, composed of soft wax, into the urethra, to ascertain the situation, nature, form, and size of the stricture; and the surgeon will then be enabled to judge of the kind of bougie required. The stricture is more commonly situated at the upper part of the canal. When the particular bougie is determined on, it must be bent similar to a catheter, and introduced in the same manner, well oiled. When a bougie can be passed into the bladder, one of the largest size must be used each time of passing it, until the canal has regained its original size: this being done, the patient should be instructed how to use and pass it himself, and he should be advised to introduce it into the bladder every two or three weeks, otherwise the stricture will be apt to return as bad as ever. The metallic bougies are not so good as the wax ones; they give more pain, and do not adapt themselves to the form of the urethra as well as those made of wax: besides, the latter

seldom produce hæmorrhage from the canal by passing through or injuring its coats, as they will bend when impelled against the sides : such an accident, as injuring the membrane, will often lay the foundation of future strictures. A catheter may be introduced into the bladder when a bougie cannot, and it is always better to attempt the introduction of it, previous to using the caustic bougie. The catgut bougie is not a good one, though it may be of use to dilate the strictured part when the opening is very small. It will be right to increase the size of the bougie, in such cases, almost daily, until the passage is restored. Supposing that neither a bougie or catheter, however small in size, can be introduced, recourse must be had to the caustic one. In making use of it, take one of a good size, as large as the urethra will admit of, and I think those charged with the nitrate of silver are the best : the kali purum irritates the urethra more than the former ;

besides, it dissolves more readily, and will be much more liable to induce inflammation around the stricture: the nitrate of silver being less soluble, will have its effects confined more to the strictured part. Prior to using the armed bougie, a common one should be passed, to ascertain exactly the seat of the disease, and also to dilate the passage; it should be larger than the caustic one, and the distance on the latter must be marked, so that it may be known when it has reached the stricture. The caustic bougie must be passed as quickly as possible, and then suffered to remain in the urethra a longer or shorter time, according to the irritability of the patient, and according to the frequency of using it: half a minute every other, or second day, will be enough at first, allowing the slough to separate on the intervening days: it has succeeded in removing the stricture after a few applications. Several cases could be detailed,

proving, beyond a doubt, its utility. Other instances could be given where it produced very distressing symptoms, such as retention of urine, &c.; to prevent which, it is extremely necessary to be cautious in the first introduction, the suppression being caused by the great degree of irritability induced in the urethra. It has happened that the artery of the bulb has been destroyed by its use, and thus an alarming hæmorrhage took place, and ultimately the formation of a spurious aneurism. From its having been used improperly or incautiously, false passages have been made, which are always troublesome, and not totally unattended with danger. Such are the disadvantages of the caustic bougie, which, I may remark, are principally to be attributed to the mode of applying it; although, on the other hand, I must candidly confess, even in the hands of the most skilful men, it has frequently failed. The cure must

be effected either by dilatation of the contraction, or destruction of it. To whom is the profession indebted for this last plan of treating strictures? To Mr. Hunter. His ideas were too original to be a copyist. He began with red precipitate. Sir Everard Home has written a very excellent work on strictures, advocating the plan of Hunter. Mr. Whately has favoured the world with a new method of treating strictures; it is on the same principle, so that there is no novelty in this respect: he prefers *thly, li purum*.

ON FISTULA IN PERINEO.

It has its origin from an enlargement of one of the lacunæ, in consequence of inflammation, resulting from the application of the matter of gonorrhœa to that part of the urethra, in its extension downwards towards the neck of the bladder, causing a stricture. It is variously situated as well as formed; being sometimes

found in perineo, at other times further back, forming a communication between the urethra and rectum. It is most frequently arising from strictures: the internal membrane inflames and ulcerates, urine readily extravasates into the loose cellular membrane, not only of the penis, but also of the scrotum; hence suppuration soon commences, and ultimately effects this fistula. Sometimes a fistula is thus formed very suddenly, but in general gradually.

The patient observes a very ²hard and distinct tumour existing in that part ^{ed in} the urethra opposite to the bulb, not in ^{ve b} general exciting much pain, but causing a good deal, immediately the contents of the bladder are evacuated. The urine being extravasated here, occasions inflammation and subsequent suppuration. When this takes place very suddenly, the life of the patient is in great danger, from the extravasation of urine into the cellular substance of the perineum or scrotum; in such cases the inflammation and suppura-

tion are violent and extensive, spreading not only to the scrotum, but to the integuments, at the anterior and inferior parts of the abdomen. In cases of this nature, it is right to make an opening into the part as soon as possible. Any attempt to check the formation of matter is only so much loss of time, as they are never attended with success. Early opening of the abscess is highly necessary here, and more particularly when the urethra bursts suddenly: if it be neglected, patients will, in all probability, fall a sacrifice. ^{JHC.}

The *mode of operating* is thus: pass a catheter as far as the stricture will allow, then make an incision an inch beyond it; after which pass a staff into the urethra, and cut directly upon it through the stricture; by this means, present relief is not only afforded, but it may effectually relieve the stricture, introducing an elastic hollow bougie, and suffering it to remain two or three days. The scrotum should always be opened at different parts by

means of incisions, made sufficiently deep to admit of the urine being evacuated by means of them, but not so as to endanger the wounding of the tunica vaginalis: by this method, and by this only, will sloughing be prevented. The application of a vinegar poultice to the scrotum, will be found extremely beneficial. Whether the extravasation is anterior to the scrotum, in it, or in the perineum, the early opening is always to be adopted. Having made the necessary incisions, the surgeon's next attention must be directed to the stricture, as while it remains in its original state the fistula can never be cured. For this purpose practitioners employ the bougie, and the caustic is far preferable to the common one. It sometimes happens, that the stricture shall be entirely removed, and yet it is found impracticable to heal the fistula: under such circumstances the flexible metallic catheter should remain in the bladder, and the patient be directed to lie as much as possible in an horizontal po-

sition. The catheter should not be suffered to remain any great length of time in the bladder, as the urine will act upon the metal so as to corrode and break it, and instances are on record when it was requisite to perform an operation for the removal of portions of the catheter thus confined in the bladder. It is better, therefore, to suffer it to remain in the bladder only a certain length of time, then remove it, and introduce another: three or four days will be the best space. If the fistula do not heal under this treatment, applications to the part may be useful, such as a gentle solution of the hydrarg. muriat. thrown up the fistula by means of a syringe. A case happened where the abscess burst and formed a connexion between the urethra and rectum; here the plan to be adopted must consist in removing the stricture, and the constant introduction of a catheter, or else an operation must be attempted similar to lithotomy, at the commencement, and for a time form a fistula

in perineo. The grand intention to be kept in view in treating fistula in perineo, is to restore the passage of the urethra; when this fails, the sinuses must be laid open.

SPASMODIC STRICTURES.

This species of stricture is rarely found unconnected with the permanent one. It may be known by its being only of a temporary duration; it is generally attended with a gleet. The patient is not conscious of any disease of the kind: feeling a more frequent inclination to void his urine than usual, and being foiled in the attempt, is the first thing that strikes his attention; it is for the most part unattended with pain. It is caused, when connected with permanent stricture, by the free use of injections of a stimulating kind, and the plentiful administration of opium: at other times by the frequent and copious use of spirituous liquors, riding much on horseback, &c. At

the contracted part a spasmodic action is induced. Even a difference in the temperature has great influence in the facility of voiding the urine, hence, a person going out of a warm room into the street, will not be able to pass a drop of urine, but on returning, after a little time has elapsed, he will make water readily.

Treatment.

First attempt to pass a bougie, but in a very gentle and cautious manner, so as not in the least to irritate the penis: when it has passed as far as the stricture, do not attempt to push it beyond this point by any means, but preserve a gentle and uniform pressure for the space of five or ten minutes, waiting for the absence of the spasm: by these means the surgeon will generally succeed in passing the bougie into the bladder. If the patient be desired to force gently, on withdrawing the bougie, the urine will mostly follow in a mo-

dera te stream. If, however, this treatment fail, antimony, combined with a very small dose of opium, or administered alone in small quantities, frequently repeated, so as to induce nausea, should be ordered. Tobacco glysters will also be found serviceable, so as to produce general relaxation. Ten drops of the muriated tincture of iron every five or ten minutes, has been of the most decided benefit, and Mr. Cline most strongly recommends it in the spasmodic stricture. Mr. Else had a case, which was relieved from time to time by lime water. Another person was cured by means of the cold bath, when every thing else had failed. The author has known a gentleman, who was subject to this stricture, materially relieved by emerging the penis only in cold water; in fact, he could not void his urine for some time, till he adopted this practice. The warm bath has occasionally been recommended, and considered very useful, but this practice appears to have been pursued by

confounding the spasmodic with the inflammatory stricture.

THE INFLAMMATORY STRICTURE,

Is caused by the extension of gonorrhœal inflammation towards the bladder. It is accompanied with great irritation and pain of the accelerator urinæ muscles. This pain will come on very violent, and continue so for the space of two or three minutes; it will then cease for five or six minutes, when it will again recur with equal violence. This complaint will continue thus to torment the patient some time. The inflammatory action set up causes a retention of urine. Stimulating medicines given to act as diuretics in gonorrhœa are often the cause; virulent gonorrhœas, as well as the irritation of strictures, tend to this effect. Cantharides affect the neck of the bladder by their stimulus, and produce a strangury.

Treatment.

Bleeding largely from the arm, the application of leeches to the perineum, and emerging the patient in the hot-bath, or in a vessel invented for this purpose, called the hip-bath, must be had recourse to; sponging the parts continually with tepid water will give relief. The mustard poultice applied to the abdomen is useful, from the rubefacient property it possesses, and is better than the empl. lyttæ, on account of its not stimulating the urethra or bladder. A pill composed of submuriate of mercury, gr. iss.; powder of opium, gr. i.; extract of hemlock, gr. ij.; camphor, gr. iij. made into a bolus, with some conserve, has a very good effect. If these means fail in affording relief, (but they seldom will), the catheter must be cautiously introduced, and the collected urine evacuated. If this be found impracticable, and there be evident marks of distention of the

bladder, the operation must be performed without delay. When it has arrived at the chronic state, small doses of the hydrarg. muriat. with decoct. sarsaparill. are beneficial. I would remark, it is better not to attempt the introduction of any instrument, till the body, at all events, has been a good deal relaxed by the bleeding, hot-bath, &c. This complaint is almost, if not entirely, confined to irritable habits.

ENLARGEMENT OF THE PROSTATE GLAND.

This is a disease attributable also to gonorrhœa in some instances. It occurs frequently in elderly people after the age of sixty. It causes retention of urine, in consequence of the posterior lobe of the prostate being so enlarged as to act as a valve upon the urinary canal. The gland becomes inflamed, and this is mostly succeeded by suppuration. The prostate of old people is naturally en-

larged, particularly when the urethra has been very much excited. It happens to be a provision of nature, to prevent an incontinence of urine, which would otherwise often be the case, as the muscles lose their tone to such a degree as almost to have lost their powers of action. It is frequently found enlarged in three different parts. The urethra within it is also so much dilated, that a surgeon is liable to be deceived in passing the catheter, supposing he has entered the bladder, when in fact the instrument remains still in the urethra. The symptoms of an enlarged prostate are in many respects similar to those of the stone; instead, however, of feeling a sharp pain at the extremity of the penis, it is only a sense of numbness: great tension in the regio pubis on discharging the urine, which passes off in sudden gushes, requiring considerable force to void small quantities of it: there is a sense of weight in the perineum, and sharp pain in the neck of the bladder when voiding fæces: next,

the patient is incapable of making water without going to stool. The desire to evacuate the urine is greater in a recumbent, than in an erect position of the body. A total retention is the consequence, which is more particularly distressing in the night, arising from a great accumulation of urine at this time. When the urine is drawn off, it is of a chocolate colour, and peculiarly foetid. The reason why a retention is greater in the morning before the patient rises, than it is at another time, is, that the third, or posterior lobe of the gland, is at that time acting as a valve upon the opening into the urethra, in consequence of the pressure of the accumulated urine behind it.

The existence of the complaint may very generally be ascertained by an examination of the part per anum. Though it is also a disease which may, in most cases, be considered as peculiar to old persons, yet there are instances of its having occurred not only in the prime of life, but also in a boy.

Treatment.

The balsam of copaiva is to be ranked as one of the most effectual remedies, giving twenty drops thrice daily. The uva ursi has been much recommended, but it cannot be held in the same estimation as the preceding medicine. Soda water, or in its stead a solution of soda, has been found very beneficial. The only remedy known to give permanent relief is the hydrarg. muriat. in solution, accompanied by the sweet spirit of nitre. The hip-bath is useful. In the treatment of diseases of the urethra not a little depends upon an accurate knowledge of their symptoms, and the anatomy of the parts. When the urine requires to be drawn off in a case of enlarged prostate, a catheter is necessary two inches longer than usual; its extremity should also be enlarged: it should be passed down to the prostate, then depressing the handle so as

to raise the other end above the posterior enlargement, will generally prove successful. Having introduced it for two or three days, the prostate will put on a healthy appearance, and the inflammation will subside, provided the affection is *only recent*, and proper attention be paid to the antiphlogistic plan of treatment, &c. It will be proper to let an instrument remain in the bladder; for this purpose Smith's hollow elastic bougie will be best; but it should not remain in the bladder long without being withdrawn and cleansed—not exceeding five or six days at all events.

CHAP. III.

THE EFFECTS OF GONORRHŒA
ON THE BLADDER.

THE bladder is occasionally getting into an *irritable state*, which mostly proceeds from the use of very powerful injections during the inflammatory stage of gonorrhœa. It sometimes denotes the existence of a stricture in the canal. Now and then it is attended with the symptoms of stone in the bladder, and these are so similarly marked, that it is difficult to discriminate one from the other.

The *symptoms* of an *irritable* bladder are, a frequent inclination to void urine in the day time, probably every three or four minutes, and six or seven times in the course of the

night. As soon as the bladder is a little distended with urine, there will be a strong propensity to discharge it, and any attempt made to retain and overcome this troublesome desire is attended with an excruciating pain in the regio pubis. There is also a considerable quantity of mucus discharged along with the urine, which is often tinged with blood. The bladder occasionally becomes inflamed, and contracts adhesions to the abdominal muscles, and if the patient be of a delicate habit of body he is very much curved forward. The passing of any instrument into the bladder occasions symptoms the most distressing, nor do the sufferings in this case abate for a considerable time. It had the effect of exaggerating the distress so much in a case of this kind in a young gentleman, that most of the subsequent danger was attributed entirely to this cause. The disease, in the first instance, arose in consequence of his retaining his urine too long, through motives of delicacy.

The *distinguishing* character between this complaint and stone in the bladder, is, that when the bladder is empty, the patient is so free from pain and uneasiness that he can bear to leap, or put himself in any position, without suffering any inconvenience; but if he exert himself even ever so trifling, when the bladder is full, then he experiences very great pain. The sudden stop put to the flow of urine in this complaint, is not similar in its cause to that which exists when a calculus is in the bladder, being, in the former case, caused by his own efforts from the excessive pain he suffers. There is generally a great deal of tenesmus and bearing down of the rectum in this complaint. Upon dissection it has been found, that the mucous membrane of the bladder has been highly inflamed, and in a fungous state, having a very striking resemblance to an eye affected with Egyptian ophthalmia; the bladder is much contracted in size, and does not generally contain more

than two ounces of urine if the disease be much advanced, nor more than half a pint in its earlier stage.

If this disease arise from a stricture in the urethra, the first object must be to get rid of it, by means of the caustic bougie: and the use of it, under these circumstances, rather tends to lessen than increase the irritable state of the bladder: but if the disease should remain after the stricture has been destroyed, and depends upon any other cause, the injection into the bladder of a lotion composed of the tinct. opii one drachm; mucilag. g. acaciæ one ounce; or the extract. opii, united with four ounces of mucilage, will be found to have a good effect: the mode of throwing this into the bladder, with the greatest facility, is to introduce a hollow bougie into that viscus, and then with a common syringe throw it up. When there is no bougie to be obtained to convey the fluid, it must be passed forward, after injection with a syringe, by rubbing

down the canal of the urethra, taking care that the aperture at the extremity of the penis is closed, and also that the liquid must be forced along the passage very gently. This plan has been known to give palliative relief, when every thing else had failed. Opium introduced into the rectum, in the form of a pill, combined with hemlock, will also sometimes afford relief; as this can be done without much trouble, it should be adopted in the early stage. The liquor of potass with tincture of opium is found to be of very essential service; but, generally speaking, all the means that can be adopted are only productive of temporary relief, unless the irritation is subdued in the first instance. The irritability of the bladder will now and then go on to suppuration, and this leads to a communication between it and the rectum: when this happens it may be ascertained by a considerable portion of lymph, in pieces about the size of a shilling, folded up, passing off by the urethra; also there will be

a quantity of blood, mixed with mucus, coming away. The urine has a very fœtid smell, similar to the fæces; the patient loses his strength; in a short time purging comes on, which soon terminates his existence. The most deplorable case the author ever witnessed was, where a communication was formed between the bladder and rectum: it healed for a short time, and there were great hopes entertained of recovery; but from some exertion or other, unnecessarily made, the newly formed substance gave way: and it soon ended fatally.

Treatment.

Independent of the injection of opium, the patient should drink plentifully of mucilaginous drink and soda water, especially in the first stage. When ulceration has occurred, introduce an elastic catheter into the bladder,

so that the urine may continually dribble away, thus keeping the bladder completely empty, which allows the lips or edges of the ulcer to come into contact, and an opportunity given them to unite, which by a contrary plan would be prevented. The two principles to be held in view, are, to keep the rectum clear, by the frequent use of cooling laxative glysters; and the bladder free from urine, by means of the elastic bougie. The administration of the bals. copaib., or the aq. kali pur., combined with opium, constitutes the medical treatment. The plan laid down by Dr. Cheston was a powder composed of the pulv. tragacanth. comp. and the soda carbon. taken several times daily; and the following mixture, at intervals between each powder, R. Tinct. benz. comp. ʒij.; vitel. ovi, q. s. decoct. hordei, lbss.; ft. mistura.

The bladder sometimes *ulcerates anteriorly*, in consequence of stricture. The plan of

treatment to be pursued will be to destroy the stricture, and when it is accomplished, introduce a hollow bougie into the bladder, so as to allow the urine to drain off continually. The edges of the wound are then to be touched occasionally with caustic, in order to induce union.

There is a PARALYTIC affection, which sometimes, though rarely, supervenes gonorrhœa, and affects the bladder alone. This disease generally attacks old people. It may be known by two circumstances; when the bladder is completely distended with urine, there is not any pain or fever present, and when a catheter is passed into the bladder in this state, not a drop will pass off if the patient be in a recumbent posture, but immediately on his elevating himself, the urine will flow off in a full stream, owing to the pressure of the abdominal muscles and viscera, which force the urine downwards. A blister sometimes will have a good effect in these cases. Tur-

pentine glysters, tonic medicines, and cold bathing, will contribute to restoration.

Diseases of the kidneys, which go on to ulceration, generally end in the death of the patient.

Bleeding from the *urethra*, during the acute stage of gonorrhœa, is generally an alarming circumstance to the patient, though the result is ultimately beneficial. In order to check hæmorrhage, pressure made upon various parts of the canal, for the space of five or ten minutes, will generally be sufficient. Sometimes it will require that the whole of the penis should be pressed with a roller, or a T bandage, secured on the perinæum. The introduction of bougies, under these circumstances, into the urethra, is the very worst thing that can be done, as they open the mouths of the bleeding vessels. It will be right to give purgatives, such as the sulphate of magnesia in the infusion of roses.

Chordee.—This is a very troublesome symp-

tom, though not an alarming one. The cause of it is an effusion of coagulable lymph into the cells of the corpus spongiosum, by which they are glued together, so as not to allow of distension by the blood, whilst that side of the penis unaffected is filled with it; this causes the pain which the patient experiences. Leeches to the penis, fomentations, &c. will generally relieve; but in order to get temporary ease, a bottle of cold water held between the thighs, bathing the parts with cold water, or the saturnine lotion, will be useful. The medicines to be administered internally are calomel with opium, or cicuta, in full doses. Opium is the one principally to be depended on; but as it is apt to cause costiveness, an alterative combined with it, is required.

For the hardness which remains, after the inflammatory and most urgent symptoms are relieved, the best application will be the mercurial ointment with camphor.

There is, sometimes, in gonorrhœa, an inflammation of the *lacunæ*, so as to induce the formation of *small tumours* about the *size of peas*, on the under side of the urethra and corpus spongiosum; one of them opposite the frænum often suppurates, and the urine will take its course occasionally through the opening, by which the matter has made its exit externally. Abscesses have thus formed behind the scrotum, and in one of these cases the patient died, whose habit of body was excessively irritable. In general, as soon as the existence of matter can be known, they should be opened with the point of a lancet, and if a sinus forms, in order to destroy it, and afford an opportunity of healing, a piece of the lunar caustic, made very pointed, should be occasionally introduced into it, taking care to avoid injuring the urethra.

Not unfrequently there are several glands in the groin inflamed and enlarged, forming the sympathetic buboes; these do not require

the exhibition of mercury, as in a venereal enlargement. They are to be treated as if proceeding from a common inflammatory affection: by leeches, in some cases, in others, merely the liquor. ammon. acet.; or the saturnine wash, applied on the part, and the exhibition of purgative medicines, will be adequate to their removal: if mercury be made use of, they will certainly suppurate.

Abscesses will occasionally form along the *absorbent vessels* on the dorsum penis; no mercury is necessary for their cure; they require to be opened early.

ON IMPOTENCE, OR SEMINAL WEAKNESS.

The disease thus named, consists in a discharge of mucus, or something resembling it, from the urethra *after* the urine has been evacuated more particularly; and at being at stool, especially if the patient be costive. It is not semen, as some have supposed, but the

fluid contained in the vesiculæ seminales: this has been proved by experiments. Old men are generally the subjects of it, and it is often supposed to arise from a venereal cause invariably, which cannot be easily determined, although Mr. Hunter was disposed not to think so. Patients labouring under this disease, are generally more affected in mind, being hypochondriacal, than in body, and suppose the discharge will drain them to death. It may be observed, that every organ of the human body, without exception, is made up of different parts, so formed as to produce a succession of actions and ultimate effects; and if any irregularity in these actions take place, it is what constitutes disease. The parts subservient to generation in man are two; one immediate, which is the testes, the other secondary, which is the penis. It sometimes happens that the penis is too forward, becoming erect before the testicles are subservient; and on the contrary the testes will

throw out the semen before the penis is erect.

Of the first, or priapism.—This is an erection of the penis without the mind or testes corresponding, and a violent gonorrhœa will produce it: the sensation is a pain arising from an inflammation of parts. The *spontaneous* priapism is a very dangerous disease, and should be treated with powerful tonics, &c.; that arising from an inflammatory affection, generally gives way to the evacuating treatment, and the administration of opium.

The second cause is more common than the former, and what is generally seen in practice. It is an irritability of the vesiculæ seminales, and perhaps of the vasa deferentia, which is evinced by this: a man going to be connected with a woman, the moment his organs come in contact with her's, an emission takes place, and all inclination ceases. There are some men, who, by seeing women, or conversing with them, have emissions. Very slight causes

or impressions on the mind cause these nocturnally. Once a week, or every ten days, a man in perfect health might be thus troubled. It arises from general weakness, and is too frequently the result of a depraved imagination and libidinous ideas. If it were confined to debility, arising from disease, it would be all very well; but youth are found to contract these habits from one another, at public schools and seminaries; excited and allured by momentary pleasure, and unconscious of the melancholy consequences, the practice is pursued with unremitted ardour; it soon becomes habitual, is constantly reiterated, till they at length become, in a mortifying degree, conscious of their folly and wickedness, by a ruination both of body and mind. Independent of the great and innumerable miseries and inconveniences to which the unhappy individuals are reduced, it becomes moreover a matter of public concern. It strikes at the very root of generation itself, and deprives the world of

many valuable members of society, who might have lived a glory to their country, and a credit to themselves. If youth, from levity and inadvertence, and perhaps from a kind of modesty, be the dupes for the most part, what can be said of those in more advanced years, who practise it from abandoned, but, in their own opinion, more politic considerations! In this wicked age, when there is unbounded communication between both sexes, and modesty has become a mere nominal existence, the universal prevalence of this pernicious practice is truly surprising. If it were confined to the male part of the creation it would be the less excusable, but I am truly sorry to declare, that the fair are no less criminal in this respect, to the great prejudice of their health and native beauty.

The other causes are, excessive venery, severe evacuations, which cause great debility in the system. In some persons it may be oc-

casioned by a want of confidence in his capabilities at the time of connexion.

In the treatment, the profuse and unseasonable discharge of semen, which occasions a state of great debility, must be discontinued, or prevented; and those medicines which communicate strength and vigour to the system, freely given, and chiefly depended on, combined with the cold bath, and local bathings for the re-establishment of health. Mr. Hunter advised a young man who had an evacuation every night, and frequently when he walked or rode on horseback, to take twenty drops of laudanum at bed-time, which afforded relief, when bark and other remedies had failed, and by continuing its use he perfectly recovered. An elastic yoke, put on the penis to bind it to the thigh, will be of service, or a piece of thin metal to retain it in that situation, which will occasion some pain if erection take place, and awake the patient. If it

arise, as it frequently does in old people, from an affection of the mind, two instances of which I have known in men of property and respectability, married to as fine and handsome women as could be seen, which I attributed to a consciousness of incapability, as there was a considerable disparity in years, make light of their complaint; but, at the same time, assure them of a certainty of cure, or at least of getting better, and prescribe pills composed of any inert substance, desiring them to be careful to take one only at night, and by no means have any connexion with their wives: and it is seldom that more than half a dozen are swallowed before a good account is given by the patient of their surprising efficacy. Mr. Hunter recommended a patient who was complaining of impotence to sleep with a female, but forbid him to have any connexion with her for several nights. In this case, the disease being merely a mental affection, he was completely

relieved by pursuing the plan for only a night or two, as nature was found to be ever vigorous.

One of the testicles may be lost without producing any very perceptible effect upon the virile powers, though both of course will entirely destroy it. A curious case, illustrative of this, occurred in Guy's Hospital some years ago.

Abscesses of the *epididymis*, which supervene on inflammation of the testes, will very much, though not entirely, abolish the power.

INFLAMMATION OF THE TESTES.

Inflammation of the testes arising from gonorrhœa, has been absurdly termed **HERNIA HUMORALIS** by most authors; why, or wherefore, may rationally admit of a volume of controversy. The symptoms which denote the approach of this affection, are, a sense of

irritation towards the interior termination of the urethra; as the gonorrhœal inflammation proceeds down the canal, and arrives at the perineum, there is a sensation felt as if a drop or two of urine lay at that part, which causes the uneasiness felt there; almost immediately on the last symptom being perceived, the testicle begins to be affected: there are shooting pains felt along the course of the spermatic chord, about the abdominal ring: the inflammation passes down to the epididymis, and fixes there: it is this part that is chiefly affected. When the inflammation in the epididymis has arisen to a considerable height, the body of the testes inflames, and becomes much swollen, hard to the touch, and very painful on pressure: the pain extends to the crista of the ilium on that side, and also to the groin. The structure of the scrotum is redder than usual, and touching it occasions pain; and if the testicle hang down and be not supported, it is very much increased. Sometimes there is

much constitutional irritation, but this depends upon the habit of body of the patient.

The disease originates from the inflammation extending along the vas deferens to the epididymis, along its mucous membrane. I am not of the general opinion, that it is caused by a sympathetic affection. Any circumstances occurring to cause irritation at the termination posteriorly of the urethra, will have the effect of exciting the disease. Thus, powerful injections, walking to great distances, or riding during the inflammatory stage of gonorrhœa; drinking freely of vinous or spirituous liquors; passing a bougie into the bladder in irritable habits, will induce it, by touching the orifice of the vesiculæ seminales: strictures, independent of injections, or bougies, will bring it on: therefore this last being known, if no other cause is very evident, ought to raise a suspicion of its inducing the disease. As this disease is so liable to happen from gonorrhœa, it will be as well always to desire patients to

support their testicles by means of a bag-truss, made of silk netting. Even when passing or using bougies for the cure of strictures, it will be advisable that patients should keep their testes supported.

Treatment.

It will consist in the suspension of the testicle, the liquor. ammon. acet. applied by means of linen cloths to the part, and the administration of purgatives; as calomel with the cathartic extract, or calomel at night, and the sulphate of magnesia the following morning. If the inflammation should not be removed by the perseverance of this method, a leech or two should be applied to the testes every morning, and afterwards warm fomentations and a poultice: the patient must keep in a recumbent posture. Should these means fail, and the inflammation still continue violent, general bleeding from the arm must be adopted in addition, the number of leeches in-

creased, and the reclining position strictly attended to : fomentations must be frequently employed. It will occasionally be requisite to repeat the general bleedings twice or thrice.

If a hardness should remain in the epididymis after the inflammation has abated, fomentations of vinegar, as warm as the patient can bear, will be serviceable : if it should be obstinate, the mercurial ointment with camphor must be rubbed on, and small doses of calomel and antimony given internally, either alone or combined with cicuta. When the hardness gets into an indolent state, the patient will frequently get tired of these remedies, and a bag, made to fit the testes, of oiled silk may be substituted : it acts similar to a poultice, by inducing a great flow of perspirable matter ; and in effecting the reduction of the enlargement, it will be far preferable to any plaster, and will be of the most decided service ; indeed, when applied to tumours of an indolent

nature in any part of the body, it is of singular advantage.

Patients will often express some anxiety to know whether this hardness (which will often continue during life) will occasion any diminution in their procreative powers. If the epididymis on both sides be enlarged and hardened, it will have the effect of lessening the secretion of semen, though to what extent has not been satisfactorily explained: if one side alone be hardened, there will be some difference, but not to any manifest extent.

Sometimes the induration of the epididymis will proceed to suppurate and ulcerate, causing sinuses difficult to heal, on account of the semen being discharged through them; these sinuses are similar to a wound of the salivary gland, and equally, if not more difficult to cure. A lotion, composed of six drops of the sulphuric acid to four ounces of water, applied to the part on linen cloths, and injected into the wound by means of a syringe, often will be proper.

The sulphate of zinc and copper in solution are good applications. When the epididymis has suppurated, the virile power is much diminished; if both, it is nearly lost. It is only in scrophulous habits that the epididymis thus suppurates.

Persons who have once had inflamed testicles, are very liable to a return of the complaint, on a second attack of gonorrhœa; therefore when this latter disease is again contracted, it is always much better to cure it by purgatives, and the anti-phlogistic plan, never using injections of any kind, although the case may be a longer time in being restored than if injections were had recourse to.

EXTERNAL GONORRHŒA.

It is a rare occurrence that gonorrhœa is seen externally: the glandulæ odoriferæ, surrounding the corona glandis, is the seat of it. Phymosis always accompanies the disease, at-

tended with much inflammation, and great discharge from under the prepuce, mixed with blood: the glans and prepuce are considerably swelled. The black wash made of lime water and calomel, and a small quantity of the tincture of opium, is the best application; or the acetate of lead and opium. These lotions should be injected under the pressure, as well as applied constantly to the parts by means of linen cloth: it will generally subside in six or seven days. The parts must be kept very clean, and a purgative medicine taken every other morning.

There are some cases of gonorrhœa, I am told, which have the effect of producing an attack of rheumatism, or of ophthalmia. If injections are used, the symptoms are greatly aggravated; but if the discharge be allowed to be secreted or promoted by the use of emollients, the general disease, if it may be so called, will be much relieved in its violence. To effect a cure of this secondary complaint

is considered, by some practitioners, as rather a difficult matter, and the best mode of treatment they advise, is the use of the warm bath every day, local fomentations, and the balsam copaiva, exhibited internally; and, under these circumstances, surgeons, they think, ought never to use any injection, but trust the cure to our old assistant and doctress, dame Nature, who might be more tedious, but not less effectual. The author thinks the first complaint originates from the frequent exposure of some gonorrhœal patients to cold, stripping almost naked to foment, poultice, inject, &c. I know, at this moment, a gentleman suffering rheumatic pains from this cause, lately afflicted with the previous affection. I knew another, a little while ago, with ophthalmia; and from whence did it proceed? why, most assuredly, from want of cleanliness, transferring the gonorrhœal matter from the lower to a more elevated and conspicuous situation; soap and water is the best preventive of the last, and a stout Welsh flannel wrapper of the first.

ON GONORRHŒA IN THE FEMALE.

It commences its ravages in the female sex with an inflammation of the nymphæ; the next attack is the os externum, or labia vagina; then the meatus urinarius participates and becomes one of the principal seats of the disease; it begins at the orifice, and afterwards extends along the membrane lining it, and the lacunæ, situated in the canal, inflame: owing to the shortness of the urethra, in comparison with that of men, the disease is much sooner communicated to the bladder than in our own sex. Women suffer excessively in the first stage of gonorrhœa, by a violent bearing down of the bladder and rectum, more particularly experienced in the former immediately on having discharged the urine. They are also almost always subject to sympathetic bubo.

The Treatment

Consists in the exhibition of purgatives of the same kind as in the male, but rather smaller doses, as the habit of body in females is much more delicate. Diluent drinks of various kinds are to be given until the inflammatory stage is over, when the use of injections, of the same composition as in the male, but stronger, may be had recourse to: not to be used as injections are generally recommended, but merely as a wash, kept applied by means of folded linen. When the discharge is great, and the more interior parts are affected, it will perhaps be the better plan to introduce a piece of sponge into the vagina, dipped in the lotion, and allow it to remain there. One of the best lotions is composed of half a drachm of alum to a pint of decoction of cinchona or oak bark; it ought not to be used at the commencement, but rather when the parts get

much relaxed from the continuance of the disease.

Women being subject to fluor albus, makes it sometimes absolutely impossible to distinguish between it and gonorrhœa: the appearance of the matter throws no light on the nature of the disease, the quantity of discharge, as well as the sight of the parts, being much the same. In forming an opinion, therefore, it should be taken into consideration, whether the woman has been connected with a suspicious man, her character and respectability, and whether she is capable of communicating the infection to others. It is clear a woman may labour under this complaint without knowing it, as it will continue for years in the vagina without extending further, or wearied out as in men. A man, Mr. Hunter says, may be connected with a woman, and contract the disease, even without the woman being diseased, for the gonorrhœal matter may only have been depo-

sited on the parts of a woman by the last person connected with her.

Mr. Hunter met with a very remarkable case in a gentleman: he was attacked with rigors, slow fever, restlessness, &c. several weeks before the discharge appeared, and this case shews that the disease cannot be communicated but by matter, for he had connexion with his wife before the running appeared, and was very much afraid he had given the disease to her: this, however, did not prove to be the case. Many of the gonorrhœas met with by men in practice, Mr. Hunter thought were occasioned by the fluor albus, which is sometimes extremely acrid, and by stimulating the parts, might produce a discharge from the urethra.

Young girls, from two to twelve or fourteen years of age, are not unfrequently attacked with a discharge from the organs of generation, similar in every respect to that resulting from

the poison of gonorrhœa: it proceeds from the glands between the prepuce and clitoris, and is of a scrophulous nature, happening only to children that are evidently of this habit of body, or those belonging to the poor, who are neglected and dirty. I met with a case which was strongly suspected to proceed from a different cause by the parents of the girl, but which I firmly believe had no such origin, as it gave way to cleanliness, the application of lime-water and calomel, and purgatives occasionally given, which will be the practice to be pursued in all such cases.

ON GLEET.

This disease, which is extremely difficult to cure, is a common consequence of gonorrhœa in both sexes. Gleet is a discharge from the urethra, ceasing to communicate, as many think, a similar affection, on having connexion with another: respecting the period when

gonorrhœa becomes gleet, and thereby is unable to create infection, much difficulty exists; indeed, it is almost impossible to draw limits of duration justly. Five months have elapsed between a man cohabiting with two women, at two different times, and yet he communicated to the second woman the disease. I have known a gentleman who took no pains to get rid of a gonorrhœa, have it as a companion for ten months; he had it nine times before, and defied any of the boasted clap doctors to cure him as expeditiously as nature generally had previously; in fact, he had paid five pounds to one, and the same to another, in the first and second attacks, and still the gonorrhœa was not diminished; the dread of strictures precluded his ever using injections of any kind.

As to the gleet in women, it is still more difficult to say when it ceases to be infectious, as a female has clapped a man, though she had previously abstained from coition during

a period of twelve months; and a case has been met with where the time has been as long as two years. A man has infected his wife, who had a gleet for twelve months, and was absent from her so long.

The seat of gleet is the same as gonorrhœa; the discharge is similar to the white of an egg in appearance, consisting of globular bodies contained in slimy mucus; but by intemperance, or riding on horseback much, or by venereal excitement, it will be completely changed, becoming yellow and opake. It often has its foundation in stricture; therefore, when this exists, the gleet cannot be cured until the cause of it is removed. It is not peculiar to weak or relaxed constitutions. The *cure* will consist in effecting a change in the action of the parts, and this may be attempted in three ways, constitutionally, locally, or sympathetically: and the power of medicines, taken internally, may be divided into specific, strengthening, and astringent. By specific

are meant such medicines as produce a specific action on the parts; these are the balsams, turpentine, cantharides, &c. Strengtheners are, bark, the salt of steel, sea-bathing, cold-bathing, &c. Astringents are, the bark in decoction, the sulphate of zinc, alum, lead, &c. The best general treatment is the exhibition of the bals. copaib. combined with the spir. æther. nitr. in equal proportions, or the bals. copaib. and the pulv. cinchon. lancif. made into an electuary. An injection must be used of the muriate of mercury two grains to a pint of water. It may be gradually increased in strength, if required. The pulv. lyttæ one grain, terebinth. chio. five grains, ft. pil. omne nocte sumendus, is very useful. Another good injection is composed of ten grains of ammoniated copper to two ounces of water. An injection much used is made of the cupri sulph. two grains, aqua four ounces. If these injections should not have the effect of making a cure, they had better be left off, and a bougie

must be used two or three times daily, dipped in the bals. copaib., or in equal parts of it and oil. This will have considerable influence on the disease. Some cases will only yield to mercury; therefore, when gleet is obstinate, the hydrarg. muriat. may be given. A blister applied on the under side of the urethra will now and then cure, so will electricity, excess in drinking, and riding on horseback. Rest and quietness must, however, be attended to in most cases.

CHAP. IV.

**ON SYPHILIS, OR THE VENEREAL
DISEASE.****CHANCRE.**

THE first sensation that induces a person to suspect his having contracted the venereal disease, is an itching of a circumscribed kind, felt on the penis; on examining the place a day or two after the irritation has made its appearance, a small pimple will be observed projecting, having a white head, with a quantity of matter in its centre: on the head being rubbed off the contents will be seen, which is not pure pus, but inclining more to that de-

scription of matter termed sanious; it is mixed with blood. A deep cavity will remain, the edges of which are ragged and thickened around: the surrounding inflammation is not of a healthy kind, but of a livid colour, resembling that resulting from venous congestion. The best diagnostic symptom by which chancre may be distinguished from an inveterate sore, is the deep thickening of the skin and integuments around the ulcer, in this respect, resembling that which exists after the application of vaccine, variolous, or other poisons, to the surface of the body: by nipping up the skin between the fingers, this hardness will be particularly evident, even to the most inattentive observer. If a sore be found upon the genitals *without showing these symptoms*, it will always be found to be merely an excoriation, and as such may be treated.

The seat of chancre is various: it is found seated upon the glans, at the corona glandis, or on the prepuce. A common seat of it is

on, or at the side of the frænum, which often goes on to the destruction of the part, unless the constitution is good, and mercury is freely and early administered. A part not very common, though occasionally affected with chancre, is the lips of the urethra, or about a quarter of an inch down the canal: when this is the situation, more particularly the latter, it is very liable to be mistaken for gonorrhœa without the surgeon attentively examines the different symptoms. The discharge in this case is very unlike gonorrhœal, the former being sanious, and the latter, at first albuminous, afterwards resembling pure pus: besides, if the inflammation does not run very high, when the lips of the urethra are pressed, the thickening is so evident, that no deception can exist. Sometimes the ulcer may be seen upon opening the lips of the urethra. Chancre is not unfrequently met with upon the body of the penis: in this situation it loses many of its discriminating marks; it is in the form of an

encrusted sore, covering an ulcer containing matter mixed with blood; when this is removed a deep wound is left, not having the hard edges which chancre has, when seated on the glans, &c. Now and then the scrotum underneath the penis is attacked; in this respect the same effect is produced on the glands of the groin, as if the prepuce were affected.

Venereal matter differs from gonorrhœal: the former, when applied to a secreting surface, produces inflammation and ulceration: the latter, when applied in a similar situation, produces inflammation and a discharge, without exciting ulceration. The former induces the same disease in the neighbouring glands, the latter does not.

Treatment.

It is recommended to treat a chancre with caustic, but I do not approve of this mode: it has two bad effects: it often induces a disease

of the glands of the groin, where no previous disposition existed, by its irritating quality, and by the healing up of the sore, it makes the surgeon at a loss to know the effect which mercury has wrought upon the disease, through the medium of the constitution. It frequently has happened, that when the chancre has been healed in a very short time, by means of caustic, the exhibition of mercury has not been persisted in, under the idea that the disease has been eradicated; but in a short time secondary symptoms make their appearance, extremely difficult to remove; therefore, if the patient be anxious to have the local disease removed early, caustic may be applied, but mercury must be given as long as if nothing of the kind had been used. The shortest space of time that this medicine should be continued is three weeks, that its visible effects must be produced, and perceived on the constitution, which may be estimated by the discharge of saliva from the mouth, for that space.

The sore will frequently have healed long before this period has elapsed, yet, notwithstanding this, a gentle salivation must be kept up for the above-mentioned time, or, in some cases, longer: as all the appearances of hardness must have gone off, previous to the discontinuance of the mercury. Indeed, as a general rule, mercury must not be laid aside under a shorter time than *a week at least after* the sore has healed. The best form to administer this medicine is the mercurial pill, ten grains at night, and five grains in the morning; to this may be added three-fourths of a grain of opium: this will prevent its passing off by the alvine excretions. With regard to the local applications which it is requisite to make use of to chancre—one of the best is the black wash (made of lime-water and calomel) if the patient be not of an irritable habit of body. Calomel sprinkled upon the sore, or calomel mixed up into a soft paste, with mucilage of gum arabic, is very beneficial. The

hydrarg. muriat. dissolved in water, or lime-water, will be of service. The ungt. hydrarg. nitr. is frequently made use of, but *any applications* in the form of unguents to venereal sores are not approved of. When it is necessary to use the red nitrate of mercury, it will answer best rubbed down with the conserve of hips; but lotions applied to chancre are always to be preferred.

The pursuance of this mode of treatment is only recommended in those cases where the symptoms do not run very high. In some, the pain and inflammation will be very great, and phymosis will be introduced. There will be a general and deep redness in the parts, with great discharge from under the prepuce: when these are the existing symptoms, a continuance of the use of mercury will only exasperate them: it should be, immediately they are observed, left off, and thus, abstaining from the exhibition of the medicine, is the *great secret of those* who practise this branch

of the profession with success. It will be right to abandon the use of mercury for some space of time, until the inflammatory symptoms are entirely, or, in a very great degree, subsided in the part, more particularly if there be any appearance of sloughing. A wash should be used, composed thus, ℞ liquor. plumb. acet. ℥ss.; tinct. opii ℥ij.; aqua fontanæ ℥iv. M.; or the black wash with opium. Pieces of lint, or linen, wetted with either, are to be kept constantly applied to the part. A brisk purgative of calomel and rhubarb may be given, but a continuance of purging must not be followed, as it will weaken the patient and increase the tendency to sloughing. If the inflammation should not subside, a leech or two would be advisable. The black wash with opium may be injected under the prepuce, in order to clear away the discharge, which is apt to collect there and cause irritation.

Observe. A chancre, in the *very earliest*

stage, I think, might be successfully treated with caustic, and render mercury altogether unnecessary: but I must remark, it is seldom, if ever, patients apply soon enough to render this practice justifiable. Many practitioners salivate their patients with mercurial ointment, and never administer this medicine internally, but from the concealment requisite in these cases, it could not be adopted without discovery, from the perceptible marks on the linen: the other plan is by far the cleanliest, and I would recommend its adoption in private practice. In the hospitals, friction with ointment is universally pursued.

PHYMOSIS.

A chancre seated on the prepuce during the healing process, often causes phymosis, from the contraction of the prepuce, as the inflammation abates and subsides. It is to be relieved by an operation. Sometimes the

thickening will go off, and the phymosis will be spontaneously cured, so that it is always best to wait for a short time, and the penis should be occasionally soaked in warm water, in order to facilitate this desirable effect: when it cannot be relieved, pass a director three-fourths of the way to the corona glandis, along the dorsum penis, then direct the patient to retract the prepuce as much as he can, pass a curved bistoury along the director to its extremity, in which place it must be passed through the prepuce, and by drawing it out the skin will be divided to its edge. In whatever way phymosis is produced, this will be the mode of operating to remedy it, even when it results from natural causes in children. A speculum, with a screw in the centre, so contrived, that when used, it is capable of being enlarged, or diminished in size at pleasure, is advised to be introduced within the prepuce in cases of phymosis, and the parts are to be gradually dilated, allowing it to remain until

the prepuce can be drawn back over the glans: this is a very ingenious invention, and will occasionally succeed. Cases of phymosis will sometimes, though rarely, occur, in which the prepuce has formed numerous adhesions to the glans throughout its whole internal surface; this is mostly resulting from natural formation, and here the operation will be unattended with success.

When there is great tightness of the prepuce, and it is with difficulty drawn back, it will remain back without a possibility of returning it, and cause the disease which is termed PARAPHYMOSIS. In proportion to the length of time which the glans remain in this situation, is the danger of mortification. It is in general accompanied with an effusion of serum into the prepuce on the anterior part of it, and behind this, the skin of the prepuce forms a tight ligature around the penis, just beyond the corona glandis.

Treatment.

It is too frequently the custom of surgeons to direct the application of a warm poultice to the part, which is absurd, and only aggravates the disease. The point of a lancet should be passed into the prepuce to evacuate the serous fluid effused into it; and when this is done, the glans must be compressed by the fingers of a surgeon, in order to expel all the blood out of its cells, and when the pressure has been continued for five minutes, place the thumb at the extremity of the penis, and surround the prepuce with the other hand; then press the former back, and at the same time draw the latter forward. Very few cases occur, which have not existed longer than fourteen or twenty-one days, in which this plan fails to succeed. The glans, previous to the final attempt, may be put into cold water, which will assist the surgeon in his

efforts. If this be pursued, I do not believe it will ever fail: but where it has been of long continuance, the skin requires to be divided with a lancet, which relieves the constriction, and it will be best to insert a director under the part, and cut down through to it.

When paraphymosis has continued some time, sloughing will not unfrequently take place of a portion of the glans: in this case the operation of *circumcision* must be performed, which consists in cutting off a circular portion of the prepuce.

Besides these effects of chancre, it sometimes happens, that the ulcer occasions such excessive irritation, and such a high degree of inflammation, attended with great pain, that the deplorable situation of the patient requires immediate relief. In these cases mercury must be laid aside, and a lotion, composed of the nitric acid six to eight drops, distilled water four ounces, will be of great advantage, and more effectual in removing irritation

than any other application that I know of. The bowels should be cleansed with a brisk cathartic, and then opium, combined with bark, must be thrown in. When the symptoms are much abated, the spir. æther. nitr. and the hydrarg. muriat. are to be given: these may be given in the proportion of one grain and a half of the latter to half a drachm or a drachm of the æther: the *quantity* at each dose will depend on the capability of retaining it on the patient's stomach: probably twice or three times will be often enough in the course of the day. If much mercury be given, it will have the effect of inducing a return of the irritable state of the local disease. The ulcer is sometimes apt to get into an indolent state, in which case the application of caustic will be found serviceable; if it still continue thus, give the bark, and use a wash composed of the nitrate of silver half a drachm, water an ounce, over which, linen moistened with the black wash, may be applied, or the ulcer may be

touched with a probe, every day, dipped in the nitric acid.

The most destructive cases are those in which sloughing of the glans or prepuce takes place. When the prepuce sloughs, a portion of the penis also mostly accompanies it; indeed cases have been seen where about an inch of the urethra has thus separated. In these cases, if mercury be used, it will induce the sloughing disposition to extend to the contiguous parts. The *local applications* are several; one of the best is the black wash, applied as hot as the patient can bear it. The nitric acid lotion may also be used in the proportion of two drops of the acid to an ounce of water. A poultice composed of carrots and linseed, one part of the former to three of the latter, will have the effect of removing the slough, and at the same time correcting the disagreeable fætor which is present. No application that can be made use of is superior to half an ounce of yeast, half a pint of water,

made up into a poultice with linseed meal or oatmeal. Turpentine applications, made hot, are advisable. Another good remedy is conserve of roses, one ounce; tincture of opium, and liquor of acetate of lead, of each two drachms. Fomentations of cicuta and belladonna are serviceable. A solution of opium will be productive of benefit, also the pulverized carbon, or a cataplasm made of it. The *internal* medicines from which most advantage will be derived, are ammonia from five to ten grains, mosch. gr. x. mucil. g. acacia. q. s. ℞. ft. bol. ter in die sumendus. Opium has been generally recommended, and with great propriety; it is much better than bark, as the latter will often have the effect of disordering the stomach and exciting febrile symptoms. Patients have generally a pulse from 120 to 130 in sloughy cases of this description, but opium will very soon reduce this undue degree of velocity. The decoction of sarsaparilla is an excellent remedy, and more particularly where

the irritable state of the local and constitutional disease has arisen from the injudicious exhibition of mercury. Wine or porter may be allowed, unless they excite a considerable increase in the pulse, in which case they must be laid aside. The surgeon, in these cases, sometimes is called to suppress hæmorrhage from the penis, in consequence of the separation of the slough: here lint, moistened in spirits of turpentine, and wrapped round the penis, will be found mostly effectual; but if it fail, the artery must be taken up. As this sloughing disposition arises from a high degree of irritation and inflammation, it is a query whether leeches might be applied with advantage—experience must determine this point.

It occasionally happens that the urethra sloughs open at the frænum, and the urine flows out from the opening thus formed. In this case, an elastic catheter may be introduced down the urethra, and allowed to remain whilst the edges of the canal are brought into

contact over the instrument; and this must be effected as far as possible, and success will commonly attend efforts thus made, if one-third of the circumference of the canal be lost; but when more than this is deficient, the chance of success will be proportionally diminished.

When a chancre is situated at the lips, or just within the urethra, it will often produce a stricture at the part, which cannot be cured by common bougies or caustic ones. A piece of bougie, about two inches in length, must be introduced, smeared with some unctuous substance: this must be allowed to remain an hour at first, then longer, until it excites suppurative inflammation in the part, by which the stricture will be removed.

CHANCRES IN WOMEN.

These are seated on the inside of the nymphæ and labia, rarely at the orifice of the

vagina: now and then an opening is formed between the vagina and rectum, for which there is no cure.

Treatment.

By means of the black wash and mercury; in other respects the same as in the male subject.

VENEREAL WARTS.

These excrescences, which are found arising after chancre and gonorrhœa, although termed venereal, are confidently asserted not to be so. They are often the production of irritating applications, which have been made use of during the continuance of the two mentioned complaints. They are growths of the cutis, and do not require mercury to remove them. They are broken and divided on the surface, similar to warts found in other parts of the body. In asserting that these warts are not venereal, I would not wish to be understood

as including those situated near the anus, particularly in the female; they are evidently produced by the direct application of venereal matter to the parts, and are in effect chancres, covered over with an incrustation: they require mercury to be administered before a cure will be made.

The species of warts previously alluded to are of two kinds; the one soft, and from which bleeding occasionally takes place; the other firmer, similar to warts upon the hand. Those of the first description are easily eradicated by a regular application of a strong solution of the liquor. plumb. acet. Poultices will frequently bring away great numbers of these at once. The black wash, as well as a lotion composed of the hydrarg. muriat. has been applied with advantage. The tinct. ferri muriat. will succeed, so will blisters. The ung. hydrarg. fort. and the application of a poultice, is a good plan. When they are obstinate, equal parts of the powder of savin,

acetate of copper, and the red nitrate of quicksilver, will succeed. A saturnine solution of the hydrarg. muriat. is a good irritating wash—it should only be used once a day.

The other species, those of the firm kind, are said to be very difficult of removal: but I do not think this is the case. To destroy the worst kind of warts that are met with upon the penis, nothing more is necessary than to use a small quantity of arsenic finely levigated: the warts are to be sprinkled with it, which is to be allowed to remain on, taking care to avoid the adjacent parts from touching the arsenic by means of lint, applied previously all round. It destroys the warts by inducing inflammation and suppuration. In the male, this application will seldom, if ever, fail; but in the female, from the great number which are occasionally met with upon the labia, it has. In these it had better be applied on lint, in the form of ointment, ʒj. of arsenic to ʒj. of lard, every, or every other day, according to the

degree of inflammation produced by it—if great, a poultice ought to be applied. A powder commonly in use for these excrescences, is one composed of saviñ, as before detailed, but it is much inferior to arsenic. Warts have been seen seated on the corona glandis; these, by pressure, have found their way through the prepuce, and in course of time, the glans has made its way through this opening; this will require an operation similar to that of phymosis, or that of circumcision. Warts in the male seldom or ever become larger than a walnut, but, in the female sex, they are not unfrequently seen much larger.

VENEREAL BUBO.

This affection takes place most frequently upon the side on which the chancre is seated; but this is not always the case, for I have known one of the glands in the groin enlarge when the chancre was situated on the oppo-

site side of the penis. It is extremely rare to find more than one venereal bubo on a side: occasionally more than one gland is enlarged, but it is only in one that the poison exists; and the others enlarge from irritation, not from the application and communication of venereal matter. One chancre will now and then (though rarely) occasion a venereal bubo on each side.

The symptoms are merely those attendant upon inflammation of a gland from any irritating cause being applied to the absorbents which enter it, with this exception, that here there will be an increase of pain in the inflamed part towards evening and at night, and this is the case in almost every variety of the venereal disease.

Treatment.

Mercurial frictions are to be immediately had recourse to, and chiefly depended on for

the cure. One or two drachms of the strong mercurial ointment may be rubbed in every night, and if this be employed in an early stage, generally speaking, nothing more will be required.

I have here to remark, that in every case, previous to using mercury, it is most advisable to prescribe an active purge, and in this case it will have the effect of diminishing the inflammation, and induce the absorption of the gland more readily. If after these means are had recourse to, the pain in the bubo increase, and the cuticle begins to look red, the mercury must be discontinued, and leeches applied; afterwards, washing the part with the saturnine lotion very frequently: these means must be persisted in three or four days, by which time the probability is, that the inflammation will be reduced, when the use of mercury may be again resorted to. If, during the inflammatory stage, the frictions were to

be continued, it would only serve to hurry on the ulcerative process.

When it is found that these efforts are ineffectual, and that the bubo has commenced the suppurative process, which will be evinced by a circumscribed redness around the tumour, with an evident fluctuation in it, desist from the use of the frictions; the reason is this, if mercury were still applied during the suppurative inflammation, it always has the effect of rendering that inflammatory action unhealthy, and causes a sloughing ulcer. The case must now be treated by fomentation and poultice, locally, until the bubo is fit for opening, and discharges its contents; and by bark and wine constitutionally, combined with a generous diet.

I would again observe, the great secret in the treatment of these cases, consists in never giving mercury during the inflammatory stage; as this remark is of consequence, it deserves

to be borne in mind. When it subsides, mercury may again be employed; as a general rule, I should say, after the bursting, or opening of a bubo, a week ought to elapse before it is recommended.

Supposing the diseased gland has suppurated, and still appears not inclined to discharge its contents, though encouragement has been given it by warm applications, it is requisite it should be opened either by caustic or incision. I should prefer making a puncture with a lancet to the extent of half an *inch*, and if the skin be thick, and the opening likely to close, dip a probe in the nitrous acid, and touch the edges. When the patient is extremely timid, a drop of this acid may be put upon the part of the swelling, where the fluctuation is most distinct: this will, by its corrosive effect, generally make an opening into the cavity of the abscess in twenty-four hours after its application.

When matter is formed, and the absorption

of the integuments goes on excessively slow, and when, at the same time, scarcely any redness is present, and the pain has ceased, except when pressed on, it will be found advantageous to make use of mercury, so as to cause the absorbents to act, which will tend to the promotion of the absorption of the contained matter (if inconsiderable in quantity,) and its ultimate dispersion. If buboes are indolent, and have no appearance of discussing or suppurating, use mercury, and apply a blister to the part. If the bubo be large, two openings ought to be made, one at the superior, the other at the inferior part of the tumour, which will prevent the formation of a sinus; it will be proper to carry a thread from one opening to the other, to produce an equal irritation. Sometimes enormous swellings of the glands in the groin are seen, four inches in a perpendicular, and three in a transverse direction, in diameter. In these cases, by no means use mercury, but improve the constitu-

tion with bark, ammonia, &c. and also change of air, as it proceeds from a scrophulous disposition in the habit of the patient; occasional purgatives ought to be given.

When a bubo has burst, and the ulcer is indolent, that is, shews no disposition to granulate and cicatrize, apply caustic to the edge of the sore once every twenty-four hours, and keep it continually moist with the black wash: solutions of the nitric and sulphuric acid are had recourse to with the most decided advantage. In some subjects, even desisting from the use of any application, and allowing a scab to form over the ulcer, will facilitate the formation of granulations, and the cicatrizing process, more expeditiously than where the surgeon is over-officious.

Erysipelatous inflammation, accompanying bubo, is to be treated by purgatives, bark, &c.—Mercury would be highly improper.

Sometimes a sinus will form in spite of the surgeon's efforts: if superficial it should be

dilated: if deep seated, and running in such directions as to preclude the possibility of its being opened without a good deal of danger being incurred, injections may be used, composed of the hydr. muriat. gr. ij. aqua ℥j. M. or, the nitric acid, or the tinctura lyttæ ℥j. to aqua ℥j. M.

Some cases are seen, where the healing process cannot be induced almost in any way that can be devised, and here it will be advisable to try setons, or laying open the sinus: in the latter, very great caution must be taken, on account of the contiguity of the parts, so important and numerous.

The lymphatic glands in the groin take on now and then a disease of a fungous nature, projecting through the skin. The treatment will consist in the application of the nitrate of silver, once in the day, and the black wash, or else make a number of little points of paste, and dip them in the muriate of mercury in solution, and introduce five or six into the

gland, which will produce a sloughing of the parts in about four days.

The glands in the groin often continue enlarged, and in an indolent state after a mercurial course; here blisters should be used to disperse them.

Buboes, as well as chancres, not unfrequently put on a sloughing disposition, and will occasionally destroy life. Several cases have been seen in which the femoral artery has thus separated: in one, this artery was laid bare all around, yet the patient recovered as the wound filled up with granulations. There are many patients that die annually, in the London hospitals, from sloughing buboes. The treatment is exactly similar to that of chancre similarly diseased: carrot poultices, fomentations, &c. A sloughing bubo is often caused from the injudicious use of mercury, and the surface thus exposed will be very extensive. I have seen several lamentable cases of this kind. It is to the interposition of the

sheath surrounding the femoral vessels, that many patients owe their existence.

BUBOES IN WOMEN.

Two of the situations are different to those in men. When the chancre is on the labia nymphae, the venereal matter will be carried along the round ligament, and the seat of the bubo will be there, just before it enters the abdominal ring: when the chancre is more backward, then the bubo will be situated between the labia and groin, or in the groin itself, similar to men. What I have remarked on this complaint in men, as to treatment, will be wholly applicable to the same in women.

LOCALITY OF BUBOES.

These affections are entirely local, having no more connexion with the constitution than chancres, from which they arise; some, not-

withstanding, have been absurd enough to consider them in the light of a critical deposit; but why, if this were the fact, should the absorbent glands be affected? and why should not the glands in the neck, and elsewhere, be affected as readily as those in the groin, or those nearest the source of absorption? and lastly, if critical, why should it be necessary to administer mercury?

The difference in the treatment of buboes depends on this: mercury can only cure the specific disposition of the inflammation: sometimes there is a great deal of common phlegmonous inflammation; at other times, erysipelatous, and in some the inflammation partakes of the scrophulous diathesis: the specific requires mercury; the common, bleeding and purging, &c.; the erysipelatous, bark, &c.; and the last, cicuta, sea water poultices, &c.; abstaining from the use of mercury in all except the first. Emetics have been known to cure buboes, even where suppuration has

taken place; they seem to cause a disposition for absorption. A gentleman went to sea with a suppurating bubo, sea sickness occasioned its entire dispersion. A surgeon ought to be acquainted with the course of the absorbents; this explains why a boil on the buttocks causes a swelling in the groin, &c. In some habits, although the venereal disposition is completely destroyed, yet a bubo will not heal; in these, hemlock used externally and internally, joined with bark, is the most effectual remedy; sarsaparilla, sea bathing, and poultices of sea water, are all serviceable at times; goldbeaters' water, an application in use at the Lock Hospital, often does service; lemon juice or oranges is recommended.

SECONDARY SYMPTOMS OF SYPHILIS.

The secondary effects of lues venerea are numerous; but of all, that which occurs in the throat is most serious, and will occasion-

ally prove destructive to the patient. When the venereal poison is carried into the system, it attacks three parts more particularly, the *throat, cuticle, and bones*; and nearly all the secondary symptoms may be classed under these three distributions, or heads: there are certain anomalous symptoms sometimes seen, but they are very rare.

OF THE POISON UPON THE THROAT.—
When in this situation, the most common parts that it attacks, are the tonsil glands, appearing in the form and character of chancre as situated on the penis; it is a deep sore covered with a white slough, the edges ragged, and the adjacent circumference thickened; there is also a dark redness around from venous congestion. The character by which this species of ulcer is to be known from others is so very well marked, that no person can feel himself at a loss when put to the test of decision. The pain is slight, except on swallowing, when in a few cases it

is felt running up the Eustachian tube to the ear; these symptoms are more complained of by the patient in the evening than in the morning; the throat constantly feels husky, but never sore; and this arises from the quantity of mucus thrown out upon its surface. This disease in the tonsils is the least dangerous of any of the venereal affections of the throat: even when the tonsils are totally destroyed, they occasion no other feeling than dryness in the throat, more than what previously existed before their loss.

A second seat of the disease is in the palate, and here, although it never proves fatal, yet it may be very serious in its results to the patients, as it will occasionally destroy the voice, and almost entirely the power of deglutition, by the destruction of the *velum pendulum palati*. It commences by a small speck upon the integuments covering the *os palati*, and the ulcer, though small, extends to the bone, which also is attacked with the

ulceration: it mostly begins between the velum and the bony palate. An opening has been seen thus formed between the mouth and nose an inch and a half in length, and one inch in breadth, the velum being adherent to the posterior part of the fauces. Sometimes the ulcer is placed in the back of the fauces, behind the *velum pendulum palati*. A third seat is in the larynx, and this is the most dangerous of all; a great many cases have been seen of this kind: it mostly attacks the *sacculi larynxi* in the first place: occasionally the larynx will exfoliate in this disease, in which case the patient may recover. The thyroid cartilage has been found with a large aperture in it, from the effects of venereal poison. The disease in the larynx has the following symptoms: hoarseness, cough, and difficulty of breathing; it is also frequently attended with pain in the bones and venereal eruptions. As the disease here may prove of such importance and so

very destructive, immediately on discovering its existence the most vigorous methods must be pursued, as mercurial fumigations, and the hydrarg. muriat. internally, &c.; for the other diseases mercurial frictions may be adopted. If the tonsils be sloughy, a little borax powdered and sprinkled on them will relieve: the mel. ærugin. has been found a very good application, but is less powerful than the borax and honey. The nitric acid gargle, or gargle of the hydrarg. muriat., has been used with the most decided success. The sores in the roof of the mouth may be washed with a weak solution of the acids, which will correct the fætor of the breath, and of the discharge likewise, and at the same time induce a more healthy state of the ulcer. When the sore heals, if an opening or fissure remains, a false palate must be used: these are now very ingeniously made. If the openings are extending far back there is no remedy, as nothing will lie in contact with the soft

palate without irritating it. An ulcer in the fauces seldom occasions any alteration in the voice, or difference in the power of deglutition, provided no other part has been affected. The use of the before-mentioned remedies will be also proper when the larynx is diseased, but from the distance that it lies back, it is scarcely possible to apply any thing to it.

VENEREAL ERUPTIONS.

The character of these differs from that of other diseases of the skin in many respects. The skin surrounding the eruption is of a copper colour, the sore is covered with a crust, and on its being rubbed off, a mixture of blood and imperfectly formed matter will be formed. In addition to these appearances, there is the same thickening surrounding the ulcer in the skin and integuments, which marks a chancre elsewhere, and which exists only in venereal sores; hence it is pos-

sible to discriminate this species of cutaneous ulcer from every other kind to which the surface of the body is liable. The part upon which the eruptions first make their appearance, is on the scalp, in the form of scabs amongst the hairs ; next the face becomes the seat of the affection, then the breast, and afterwards other parts, as they are seated more or less distant from the course of circulation : the palms of the hands will occasionally become affected with them, without the other parts of the hands or arms participating in the appearance. The whole of the back has been seen covered with these eruptions, but mostly between the shoulders. Nothing can be judged of them by their size, as they vary much in this respect ; most commonly they are small, but are occasionally met with as large as a sixpence : when they are large and numerous, they leave portions of healthy skin insulated from the other healthy cuticle. There is little or no pain attendant

on venereal eruptions, unless the patient is of an irritable habit of body, in which case they prove painful at night; also when the patient has been heated with exercise, or otherwise so as to perspire, there is itching and slight pain. Venereal eruptions are the mildest form of the secondary symptoms, and seldom prove fatal; instances have been seen where the patient was carried off.

Treatment.

Mercury, given internally, and also introduced into the constitution by friction, will be necessary. If the eruptions are going on to a dangerous extent, the hydrarg. muriat. must be given dissolved in the spir. vin. rec. as often as three or four times daily. The best mode of giving it in feeble constitutions and tender bowels, is in small, but frequently repeated doses. It is the best form of mercury

in this species of the complaint, as it acts most powerfully and immediately on the stomach; and this action, on account of the intimate sympathy existing between that organ and different parts of the body, affects the skin more particularly than any other part. If the eruptions become very irritable, the nitric acid may be given with great advantage: it assists the mercury much by increasing the digestive powers, though it has little effect directly upon the disease. Some surgeons have asserted its capability of curing the disease, but I do not assent to this opinion: it is unquestionably a most powerful auxiliary. With respect to local treatment, the eruptions always do better if allowed to remain without being touched by any preparation. The crust alone should be allowed to cover them, but should they seem disposed to ulcerate, calomel, united with mucilage, will be advantageous to dress them with.

PHAGEDENIC ULCER.

This absurd term is applied to that species of ulcer, which often makes its appearance in consequence of the improper use of mercury; that is, by the employment of it during the inflammatory stage of a bubo, or when it is in an irritable state. It is nothing more than a very irritable sore, and one which is thought generally extremely difficult to cure: the character of it is, the surrounding edge being hollow and ragged, purple in colour, and the granulations on the surface white and flabby, being but imperfectly supplied with blood.

The Treatment

Consists in washing the sore once a day with a strong solution of the nitrate of silver one drachm to one ounce of water; dipping lint in this, and

touching the whole extent of the sore with it, but more particularly the edges; the black wash must be applied over this, and a part of the black oxide of mercury, which remains at the bottom of the phial, must be put on the ulcers, from which they will derive great benefit: this wash must be kept constantly applied to the sore by means of lint or linen cloth, and the whole ought to be covered with a piece of oil skin. If the edges of the sore are very hollow and ragged, they must be touched with the nitrate of silver: if this treatment do not succeed, lotions composed of the vitriolic or nitric acids must be substituted in the proportion of four drops to four ounces of water. If the irritation run very high, opium may be given, and also used as a lotion. Bark and the decoction of sarsaparilla must be prescribed, ammonia, &c.; but more dependence ought to be placed on the diet and regimen—wine, porter, &c., may be allowed.

VENEREAL OPHTHALMIA.

This may be considered as belonging to the eruptive species of the disease, and is mostly attendant on the cutaneous complaint. The characters are: a much less abhorrence of light than is experienced when inflammation is resulting from any other cause; it is accompanied with nocturnal exacerbations, and becomes worse in the evening: but the best mark to discriminate the disease, is by a circle of inflammation around the transparent cornea, situated on the tunica conjunctiva, having a white uninflamed space between it and the lucid cornea. It is often joined or combined with an inflammation of the iris: as this disease frequently terminates in the loss or great defect of the organ of vision in a very short time, immediately upon its being ascertained to exist, the most prompt mea-

ures must be undertaken, in order to prevent this danger. The use of mercury has an extremely quick effect in checking the progress of the disease. The muriate of mercury in solution must be given along with the decoction of sarsaparilla. When the symptoms are a little abated, *but not before*, mercurial frictions may be had recourse to.

VENEREAL DISEASE OF THE BONES.

Many bones of the body are liable to the attack of the disease, but the nasal bones seem more susceptible than any others. These are often affected, and the first symptom which denotes the existence of the disease, is a painful sensation extending across the bridge of the nose between the eyes; a tenderness is perceptible here on pressing with the fingers; then the skin becomes red, and large scabs, lined with blood and matter, are dis-

charged from this part on blowing the nose: afterwards the bones exfoliate. The greatest part of the vomer has been discharged by the exfoliating process. Occasionally the ossa nasi are also destroyed in this manner, in which case the nose falls in, and permanent deformity remains. Much of the disfiguration may be prevented by taking away the portions of bone as they decay. The general *treatment* is to be the same as in eruptions, but the local treatment differs: here a solution of any mineral acid must be made, and a small quantity must be snuffed up the nose, by putting the fluid on the hand; if this cannot be done, a syringe must be employed to inject it up. This will have the effect of correcting the great, and extremely disagreeable fætor, which is always present when this disease exists in bones, and at the same time the exfoliation will be expedited.

NODES.

A node is a swelling found upon cylindrical bones where but thinly covered with integuments: they are found on the malleolus internus, on the middle of the tibia, on the clavicle, ulna, and sternum, &c.: they are very rarely found on that part of a bone which is thickly covered with muscles and integuments. The pain attending their formation is generally obtuse, and more in the evening than in all the other varieties. Surgeons must be careful in ascertaining their venereal origin previous to their giving an opinion, as it very frequently happens that nodes will arise without any preceding venereal symptoms, and on persons who it is certain never had syphilis; in these latter cases of course they are not venereal. At *first*, the seat of the disease is in the periosteum, and *not in the bone*, as some au-

thors have asserted. It is here simple adhesive inflammation, and consists of an effusion of a glairy albuminous fluid situated between the periosteum and bone. If the disease continue its progress unmolested, this matter appears to be absorbed, and good pus is poured out by the extremities of the arteries into this cavity, which takes place before the bone is affected. When this matter is formed, the skin over the swelling becomes red, and there are evident marks of suppuration. Fluctuation also is apparent; but this is no rule to judge of the existence of pus, as this symptom is perceptible when the glairy fluid exists. The integuments on the surface becoming absorbed, the matter is discharged through the opening, and the bone is found in a diseased state. This is the progress of the complaint when allowed to remain, and go through its natural course. Sometimes nodes will make their appearance of an evening and sub-

side in the morning, and this will continue several days, until the periosteum becomes thickened, and takes on a permanent diseased state, when it will be found to continue both day and night without any further disappearance, unless reduced by the application of mercury.

Treatment.

Mercurial frictions can alone be depended on for the cure of the disease. The local treatment is very simple. If there be any great degree of irritation and inflammation, the soap plaster must be applied on the node. If those symptoms do not run so high, but are moderate, the empl. litharg. comp. may be put on.

If the inflammation go on to the production of a fluid, leeches must be applied, and the liquor. acet. plumb. dil., or the liquor. ammon. acet., may be used as a wash, with the

intention of discussing the tumour. A blister may be put on the part, and very great advantage is derived from the application of it. If a glairy fluid be formed, and there is no supuration, this last being indicated by a redness on the skin, the surgeon must not attempt on any account to open the abscess, as the use of mercury will be quite sufficient for the removal of the swelling; for if the swelling be imprudently opened at this stage of the complaint, the bone will certainly exfoliate, and the case will be rendered extremely tedious; but if pus be formed, mercury will never cause the absorption of it, in which case it will be requisite to evacuate the contents by means of a small incision.

BONES OF THE CRANIUM.

These are occasionally affected with this complaint—the disease in these parts is the same, only attended with more danger. Very

large collections of pus have been seen under the cranium, and also several fatal cases of the disease when in these bones. In general it is the result of bad constitutions, or of the complaint being neglected. When the venereal disease is situated in the bones, it requires a much longer course of mercury than in other parts, and in general, as the vital principle of any part is less, the more mercury does it require to eradicate the disease from that part.

There are other parts of the body that are occasionally affected with syphilis; but they are mostly easy of discovery: the testes are sometimes enlarged from it: here a mercurial course will recover them. Patients will now and then complain of pain extending down the thighs, legs, arms, &c.; when this is the case, it is truly venereal; but when they tell the surgeon the pain is seated in the joints, the disease is rheumatism.

The venereal virus is sometimes taken into the system by means of inoculation; in this

case the disease is extremely irritable and inveterate, and also serious to the person who has it. Practitioners of midwifery are very liable to it, and several cases could be related of this kind. The constitutional fever runs so high occasionally, that the patient's life is endangered by its continuance, in which case the symptomatic disease must first be attended to, and then the primary.

GENERAL REMARKS ON SYPHILIS, AND ON
ITS TREATMENT.

From what I have detailed of the venereal disease as to its various symptoms and appearances, it is evident that only some parts of the body are liable to be attacked with it, and these are, comparatively speaking, but very few, the greater number escaping infection by their being unsusceptible of the complaint: thus the skin, or rather the integuments of the penis, the glands situated in the

groin, the parts contiguous to the throat, the skin generally, the eyes, and some of the bones, are the only parts of the body which are liable to the disease. The vital organs, as the brain, the cavity of the thorax and of the abdomen, the blood-vessels, the nerves, &c. are never affected with it. It is a wise provision of nature, that this poison in its passage through the lymphatic system to the blood-vessels, only should affect a single gland, or at most two; were this not the case, many, if not every patient who contracted the disease must perish from the suppuration of the numerous glands which the virus passes through in its progress to the thoracic duct.

The symptoms of the venereal disease are divided into two distinct species, the primary and secondary. Of the *first*, chancre and bubo may be enumerated; but the latter ought to be ranked as an *intermediate* description of symptoms. The secondary are the diseases of the throat, skin, and bones. Thus

then there are, one primary, one intermediate and three secondary.

The venereal disease, when classed properly, is simple, and easily discriminated from any other, though it is in general considered as difficult to distinguish it, in all its various forms. This idea has arisen from persons supposing that many other parts, besides those enumerated before, are liable to the disease, which opinion is erroneous; as some parts of the body only can be attacked with infection, so some persons appear to be more susceptible than others. A person who has been much in the habit of cohabiting with infected women, will sometimes not imbibe the complaint, though the females may have several chancres at the time; and yet if another person do the same, he will immediately contract the disease. A person of very debauched habits, will occasionally be found, to whom it is scarcely possible to give the disorder, though he exposes himself to

every variety of it, and has connexion with the most impure females.

The disposition to gonorrhœa and syphilis appear to be less according to the frequency of the person's being attacked with these complaints. A person who has had two or three attacks of gonorrhœa, will have connexion with a woman who is unwell without her communicating the disease to him, while if one come to her immediately after who has not experienced the complaint, he will carry it away with him. A surgeon ought carefully to distinguish between gleet and gonorrhœa, for a person slightly affected with the former, on having connexion will find the discharge often increased, which he will conceive to be gonorrhœa, but which in reality is merely a greater flow of matter, in consequence of the irritation and inflammation attendant on erection, and which matter is perfectly incapable of communicating any infectious disease.

The venereal disease has been considered

by Mr. Hunter as merely a local complaint, unattended with any constitutional fever or affection; but many of the surgeons since his decease differ with him decidedly in this respect; for the secondary symptoms are always accompanied with constitutional irritation and fever, which is evinced by the exacerbation coming on in the evening; the degree of fever comes on towards five or six o'clock in the evening, and abates about the same hour in the morning; and the remainder of the day the patient remains in good health as usual. Even before the appearance of venereal eruptions, febrile symptoms have been known to occur for the space of several days; and this has been treated as proceeding from general causes until the skin became diseased, which evinced the nature of the complaint: the increase in the severity of the symptoms occurring in the evening is now considered to be constitutional.

The matter produced from the secondary

ulcer differs very much from that discharged in chancre, having no power to communicate the disease when applied upon the skin, or inserted under it by inoculation. This discovery was made (among numberless others) by Mr. Hunter, who made many experiments, in order to verify the truth of it; and since his time others have followed his steps, and similar tests have been made at almost all the hospitals in town, all of which coincide with those made by him. The matter from a sore throat not being able to communicate the disease, it will therefore be impossible to be infected by kissing a person who has venereal ulcers, as they cannot transmit the disease to another, and it can only be done by chancre; thus there are only chancre and gonorrhœa from which the two diseases can be caught; the matter from the latter is very liable to produce the disease—it behoves surgeons to be extremely careful respecting their instruments, &c. Bougies which have been introduced

into the urethra of a person labouring under gonorrhœa, will certainly produce the disease if passed afterwards into that of a person in health. A case of this kind occurred some time ago—an old man of seventy caught a severe clap, by having an elastic catheter introduced which had previously been used on a person who had a gonorrhœa.

I have already remarked that it has been ascertained in the most satisfactory manner, that the matter of gonorrhœa, when inserted beneath the skin of the penis, will not cause chancre or any other venereal disease: the experiment has been made so many times besides the case I have inserted, that not the least doubt exists at the present time of the difference between the two diseases.

It has been stated by many authors, that the foetus in utero cannot contract the venereal disease, but I entertain with others, a different opinion; from the experience of an eminent surgeon, who has vouched for the fact, I will

take upon myself to assert positively, that it can; that a child can be contaminated while remaining in utero. Mr. Hunter was of the former class of writers. I have never seen a child born with venereal eruption on the skin; but I have seen them with the disease existing a fortnight subsequent to the birth of the infant. They chiefly made their appearance on the nates, on the soles of the feet, and on the palms of the hands; the latter being most commonly affected. In these cases, children require nothing more to cure the disease than the milk of the mother, if she is taking or using mercury herself. I am of opinion, that a woman who has a child in utero is incapable of being cured of the venereal disease, as frequently large quantities of mercury have been given, and continued a long time without destroying the virus; for although apparently they were cured, every symptom being completely removed, yet soon after the child had been born, the disease

reappeared, requiring a complete course of the medicine to cure it.

It requires a good deal of experience to distinguish in every case, the venereal disease from others that resemble it: but when a surgeon has once seen the different varieties, (and every young man has a fine opportunity in the wards of the London hospitals of seeing them), the diagnostic is not attended with much difficulty. Persons will frequently apply for relief, supposing they have caught the disease, when, in reality, it is merely an excoriation which they take for a venereal ulcer; here some mercenary wretches, who are a disgrace to their profession, have an opportunity of gratifying their propensities; but the conscientious surgeon, who has integrity and character to maintain, would spurn at such practices; if it is not accompanied with the surrounding thickening of the skin, it is the latter, and may be cured by spirits of wine with water.

It sometimes happens, that after mercury has been given for some time, sores will break out upon the penis, and those have been thought venereal, but are no such ulcers; being entirely mercurial, caused by the long continuance of the medicine: they certainly resemble chancres in some degree, being ragged and sloughy; but they have not that circumscribed circle of inflammation around them which chancres have, nor have the surrounding thickening: they have mostly a good deal of inflammation extending about them. These ulcerations will soon heal, if they are frequently washed with warm milk and water, and the parts afterwards covered with dry lint.

With respect to bubo, if the patient have not had a preceding chancre, it ought not to be considered as venereal; on account of the glands in the groin becoming enlarged from a great variety of causes, independent of venereal matter. But now and then, a chancre will spontaneously heal, in which case, if a bubo

be present, the penis must be examined; when if one have existed, there will be found some degree of hardness remaining which will point out the situation of it.

If several of the inguinal glands are enlarged, the disease will scarcely ever be found venereal, but generally either sympathetic or scrophulous.

With regard to sores in the throat, there are several kinds which may be confounded with venereal, viz. scrophulous; those arising from debility, independent of scrophula; and those which owe their origin to the free use of mercury. The venereal are resembling chancre in every respect; the mercurial are similar to phagedenic ulcers, as before described: the scrophulous generally begin by an enlargement of the tonsil glands, and when they are pressed from the outside, quantities of sanious matter will be forced out of their follicles.

If a patient have once had a venereal sore

throat, afterwards if he have a chancre, the rubbing in of mercury will induce a sore throat; but here the ulcers will not be venereal, but similar to those of the mercurial description: and so much inflammation will attend them, that it will be quite necessary to desist from the use of medicines, or mercury, at least for a time.

With respect to venereal eruptions, they differ from all others in being of a copper colour, and having the circumscribed circle around them of inflammation; but mercury, if long continued, will cause a cutaneous eruption of the crusted kind, similar to the venereal in every respect; with the single exception, of wanting the discriminating mark, the circle of deep coloured inflammation around.

As to the swelling of the bones, they are frequently attacked with a similar disease in appearance to the venereal, but they are unattended with the nocturnal increase of the

symptoms. The long continued use of mercury will occasionally produce a complaint very like it: but in all these cases, no preceding venereal symptoms having existed, will explain their distinction. They are readily relieved by the application of blisters to the part affected, and by giving the decoction of sarsaparilla. Women of delicate habit of body, in whom debilitated symptoms occur, will occasionally have nodes without their in the least partaking of the venereal: they may be removed by blisters or other stimulating applications, and by giving the mistur. myrrhæ.

There is a disease, which is occasionally met with in the nose, which by many is confounded with that resulting from the application of the venereal virus to the constitution, this is called **NOLI ME TANGERE**; at first sight it resembles it, but on an accurate examination it will be found to differ. The best remedy is a solution of the argent. nitr.

ʒi. to aqua ʒi. The parts are to be bathed once daily with it, and afterwards the black wash is to be applied, giving at the same time tonic medicines. In one case, which baffled every usual means, it yielded to a solution of arsenic applied to it, taking this medicine internally at the same time.

The venereal disease cannot be cured by the grand specific mercury in some people, who have extremely irritable habits of body, as very soon after beginning the use of mercury, the constitution will become so much deranged as to compel the surgeon to desist from its continuance: this may be owing to debility, and frequently occurs in scrophulous patients: when this is the case mercury must be laid aside, with the exception of a mild preparation, and none will be found better than Plummer's pill. The decoct. sarsaparil. may be given at the same time. Some surgeons in extensive practice, who have patients with this irritability of fibre, have given the hy-

drarg. muriat. in the decoction with advantage. Van Swieten's celebrated remedy was composed of this preparation, and it is supposed De Velno's vegetable syrup is nothing more than it sweetened with molasses.

Various opinions have been entertained by different writers, as to the specific action of mercury: as an attack of fever will suspend the violence or action of the venereal poison for a time, until that fever is abated, so the use of mercury is supposed to cure the disease, by inducing a more powerful action in the system than that caused by venereal virus: as the disease might return upon the declination of the newly set up action, it is thought, that during this time, a more healthy state being produced in the constitution, has the effect of overpowering the diseased action, and thus the complaint is removed.

In administering mercury, this rule should

always be kept in view, namely, that the cure of syphilis does not depend upon the violent action of the medicine, but on the gentle and long continued use of it, so as to have a slight effect upon the salivary glands : it is scarcely possible to point out a definite length of time which this medicine ought to be given in the several species of the venereal disease, with the intention of removing it. Very much must depend on the constitution of the patient ; on the inveteracy or mildness of the complaint, and on several other circumstances. In chancre, it ought not to be given for a shorter time than three weeks ; in bubo, four weeks ; in the venereal sore throat, five weeks ; in diseases of the bones, it should be continued rather longer ; and in venereal rheumatism, eight weeks. Some persons are so immediately affected with mercury, that a simple dose of three grains will salivate ; this is not often seen in men, but frequently in

women: and persons have often been destroyed, even by the moderate use of this powerful medicine; which has, in the majority of the fatal instances, induced a sloughing of the throat and parts adjacent. Patients will occasionally be met with, in whom it is impossible to produce a salivation, though mercury is given in very large and long continued doses; hence, though no perceptible effect is produced, yet, the disease will be cured as well as if salivation were caused. Mercurial frictions, assisted by the warm bath, giving calomel, hydr. mur. pil. hydrarg. &c. have failed in promoting the least discharge from the salivary glands. To assist frictions, the feet may be put in warm water: the *best* form of mercury is certainly the ointment, and this should always be used if it can conveniently and without exposure. The next is the blue pill; this may be given in pills of five grains each, combined with one-fourth of a grain

of opium; two at night and one in the morning. Calomel will affect the mouth sooner than the above, and the hydrarg. muriat. much earlier; but they are not to be preferred, as they are not so effectual in removing the disease. The hydrarg. c. cretæ is a good medicine where tenderness of the abdominal viscera exists. Confinement, in general, is unnecessary in the cure of the venereal disease.

It is said, that mercury pervades the system after being given for some time in every secretion, in its metallic form; but this idea is erroneous, as the most delicate chemical tests cannot discover it in any which I have heard of examined, as the saliva, the blood, the urine, &c. Sometimes mercury will produce such a profuse salivation, that it will be quite necessary to put a stop, or at least diminish it; this may be effected by a weak gargle, composed of two grains of the nitrate of silver, to four ounces of water, the strength of it

may be increased according to circumstances : a solution of nitric acid has also been found very good as a gargle ; at the time of using these, give purgatives, &c.

The tongue sometimes will be tumefied and protrude out of the mouth, so that the patient cannot draw it in ; here a piece of gauze tied round the head and made to press upon the tongue will be found to reduce it in twenty-four hours. When the salivation continues profuse, the patient may be exposed cautiously to a colder atmosphere. Mercury ought ever to be given and used with great caution, and wet and damps must be avoided especially.

There is a disease, which is induced by the use of mercury, and which is occasionally destructive to life ; it is termed the *erythema mercuriale* : it consists in a desquamation of the cuticle over each of the papillæ of the skin, around the roots of the hairs ; it takes

place also in those parts on which hairs are not to be found: a circle of inflammation begins, commonly in the groin, or thigh, or lower parts of the abdomen; afterwards it extends to other parts of the body. In this case, the scrotum is often deeply ulcerated, and the disease is accompanied with considerable constitutional irritation. The patient generally dies, with an affection of the organs of respiration, and when these symptoms make their appearance it is always a fatal sign. The spots of inflammation on the body become purple before death. It mostly arises from the patient having been exposed to cold and wet while under the influence of mercury: sometimes, however, it happens from an irritable state of the skin. The *best treatment* is to wash the whole body with equal parts of lime water and milk, giving at the same time bark and sarsaparilla. Country air will much assist

in the recovery. The ungt. hydrarg. nit. or an ointment composed of lard and the acetate of lead will be useful. A solution of the hydrarg. muriat. c. liquor. calc. has also been very beneficial.

THE END.

in the recovery. The next hydrate, nit
 or an ointment composed of lead and the
 acetate of lead will be useful. A solution of
 the hydrate of nitric acid has also
 been very beneficial.

THE END.

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