Practical observations on the gonorrhaea virulenta : and a new mode of treating that disease recommended / by Robert Barker.

PRACTICAL OBSERVATIONS

ON THE

GONORRHÆA VIRULENTA:

AND A

NEW MODE OF TREATING THAT DISEASE RECOMMENDED.

BY

ROBERT BARKER.

Ὁ βίος βραχὺς, ἡ δὲ τέχνη μακρὴ, ὁ δὲ καιρὸς ὀξὺς, ἡ δὲ πεῖρα σφαλερὴ, ἡ δὲ κρίσις χαλεπή· δεῖ δὲ ὐ μόνον ἑωϋτὸν παρέχειν τὰ δέοντα ποιέοντα, ἀλλὰ καὶ τὸν νοσέοντα, καὶ τὺς παρεόντας, καὶ τὰ ἔξωθεν. Ἱπποκρ. Ἀφορ.

——— Quod ſi jam incidat mali genus aliquod ignotum, non ideo tamen fore medico de rebus cogitandum obſcuris: ſed eum protinus viſurum, cui morbo id proximum ſit; tentaturumque remedia ſimilia illis, quæ vicino malo ſæpe ſuccurrerint; et per ejus ſimilitudinem opem reperturum. A. Corn. Celſ.

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CONTENTS.

PRACTICAL OBSERVATIONS, &c.

CHAP. I.

THE diſeaſe, concerning which I am about to treat, being readily curable in females, by the methods at preſent in general uſe; I purpoſe confining myſelf to a conſideration of it, as it affects the other ſex only.

Gonorrhæa virulenta (if we fairly eſtimate all its ſymptoms, all thoſe miſchiefs which too often ſucceed it, and the allowed inefficacy of the preſent practices to prevent ſuch ſubſequent evils) will appear to be a diſeaſe of no trivial importance. The contradictory ſentiments of eminent practitioners reſpecting the treatment to be adopted in the cure of this diſeaſe, and the frequent occurrence of Gleet, Stricture, Hernia humoralis, and Abſceſs in perinæo, prove incontrovertibly, that the diſeaſe is by no means well underſtood. This being the caſe, an attempt to reconcile oppoſite opinions, by diſcovering a more effectual mode of cure, will not only be warrantable, but commendable.

Before I venture however to recommend any novel doctrine or practice, it will be requiſite to exhibit my motives for rejecting the opinions of

the preſent day. In ſtating my ſentiments upon ſome parts of my ſubject, it muſt unavoidably happen, that I ſhall occaſionally adduce arguments, which have been heretofore reſorted to by other writers: but as I conceive that all ſuch writings contribute towards the formation of a general fund of medical knowledge, I have not ſcrupled to render them ſubſervient to the uſes of the profeſſion. Many writers of the greateſt celebrity have warmly and ſkilfully maintained doctrines diametrically oppoſite to each other, reſpecting the local or conſtitutional nature of Gonorrhæa virulenta. I am decidedly of opinion, that it is purely a local complaint: and this opinion I endeavour to eſtabliſh by the ſubſequent obſervations.

The diſeaſe is generated by morbid matter conveyed in time of coition from the male to the female; and *vice verſa*. This matter is poſſeſſed of ſome peculiar characteriſtics. Its active properties are confined within very narrow limits. Applied to ſome parts of the body, it is poſſeſſed of very virulent properties: but if other parts are expoſed to it, it is nearly inert. The parts alone ſuſceptible of injury from the influence of this poiſon, are thoſe unprotected by the common cutis; ſuch as the urethra and internal ſkin of the prepuce moſt frequently, and the membranes lining the eye-lids and noſtrils rarely and accidentally. The mere contact of the poiſon with

ſuch parts is adequate to the production of diſeaſe; and a very minute particle of it is capable of generating ſimilar poiſonous matter, in abundant quantity, without creating any ulceration, or apparent diminution of ſubſtance in the part, from which ſuch matter is generated. It is unable to extend the ſphere of its influence, as a poiſon, beyond the immediate ſeat of its operation: but, nevertheleſs, it is capable indirectly of producing farther injury, by exciting, in the ſame manner that moſt irritating ſubſtances do, a ſecondary effect in the neighbourhood of its activity, which is denominated ſympathetic inflammation. In conſequence of ſuch indirect action, inguinal glandular enlargements, and tumefactions of the teſticles, are frequent attendants upon Gonorrhæa.

We know well, that the ſmalleſt particle of certain poiſons, if introduced under the ſkin, will readily and certainly pervade the whole frame, if their operation be not counteracted. Of this ſort are the matters of the venereal diſeaſe, ſmall pox, putrid bodies, and the poiſons of certain animals. But from various deciſive experiments made public by ſome eminent profeſſional characters, and from others, which I have myſelf made, I am confident, that the matter of Gonorrhæa (if introduced under the ſkin by means of a lancet) is incapable of producing any wound connected with a diſeaſe of the ſyſtem, or for the perfect

cure of which, any other than topical remedies are requiſite. If the gonorrhæal was only a modification of the venereal poiſon, as ſome have contended, and for its difference of quality indebted to the part in which it was ſituated, then chancres in the urethra could not occur; as the modifying capacity of the urethra would change the properties of the venereal poiſon uniformly, which, when thus altered, could only produce Gonorrhæa. Yet experience proves, that chancres occaſionally exiſt in the urethra, and both unpreceded and unaccompanied by Gonorrhæa. Why are not venereal ſores generated by the matter of Gonorrhæa, in caſes where it has been allowed to remain for hours uninterruptedly, around the bulb of the penis? Why do not the enlargements of the inguinal lymphatics, ſo common in caſes of Gonorrhæa, go on regularly to ſuppuration, and through all the ſtages of Lues? It is a circumſtance however of notorious and indiſputable authenticity, that tumefactions of the inguinal glands, when ſimply concomitants of Gonorrhæa, diſperſe, as the diſeaſe in the urethra diminiſhes, without the aid of mercury; and that ſimilar ſwellings, when preceded by chancres, cannot be relieved, but by mercurial remedies. Large wounds, inflicted on a habit contaminated by the venereal poiſon, are incurable without mercurial medicines: but an abſceſs in perinæo, when an offspring of Gonorrhæa,

rhæa, if opened very freely, ſo as to create a very conſiderable wound, does not require the minuteſt particle of mercury: and in ſuch a caſe, the cure is expedited by medicaments of a very diſſimilar tendency. Mr. Whateley, in a recent publication, has with no little ingenuity and induſtry maintained a doctrine completely oppoſite to that which I have juſt advanced, and has ſtrengthened his opinion by the force of very great authorities; and if the magnitude or multiplicity of ſuch authorities were of importance in this diſpute, I ſhould feel myſelf unequal to the taſk of combating opinions ſo formidably ſupported. I conceive, however, that the teſtimonies of Dr. Aſtruc, Dr. Turner, and ſeveral others, (who wrote in times when the nature and treatment of the venereal diſeaſe were moſt horribly miſunderſtood, and whoſe works abound with the moſt erroneous notions,) are of trivial conſequence.

Mr. John Hunter, a character of firſt-rate eminence, ſeems to have no clear opinion upon the ſubject: he indeed ſays, in a very free and unconditional manner, that the Venereal Diſeaſe and Gonorrhæa are of the ſame nature, that they poſſeſs the ſame properties, and that Gonorrhæa will produce Lues. But Mr. Hunter aſſures us, that mercury alone is able to cure the one diſeaſe; and that it is ſuperior to no other remedy, and even uſeleſs, in the cure of the other. What

force Mr. Hunter's opinion ought to have in ſupport of the identity of the two diſeaſes, I will therefore leave the reader to determine.

I conceive that the caſes related by Dr. Ruſſel and Mr. Cruikſhanks, which are referred to by Mr. Whateley in his book, are totally inapplicable to the preſent ſubject. The meaſles and ſmall pox are confeſſedly two diſtinct conſtitutional diſeaſes. It is well known, that local diſeaſes may exiſt at the ſame time with conſtitutional ones in the ſame body; and conſequently where one diſeaſe is univerſally allowed to be conſtitutional, and the other is aſſerted to be local, an argument derived from the impoſſibility of two diſeaſes, well known to be both conſtitutional ones, acting at the ſame time in the ſame ſyſtem, is by no means a juſt mode of enforcing a doctrine of the ſameneſs of Gonorrhæa and the Venereal Diſeaſe. I remember a few years ſince, at the Liverpool infirmary, ſome inſtances, wherein patients, during venereal indiſpoſitions, were attacked by typhous fever: whilſt the fever continued, the progreſs of the venereal complaint was checked; but when the febrile ſymptoms were removed, the venereal poiſon reſumed its active powers. Theſe circumſtances prove that two conſtitutional diſeaſes cannot operate upon the habit at one time: but it by no means militates againſt the doctrine, that a local and a conſtitutional complaint may exiſt together. In my

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memorandum book I find a caſe of Gonorrhæa applicable to the preſent diſcuſſion. The patient was a private in the firſt regiment of Royal Eaſt India Volunteers. Whilſt afflicted with a virulent Gonorrhæa, he was attacked by a violent pleuritic fever: by blood letting, and the other common means of relief in ſuch caſes reſorted to, the pleuritic affection was in a few days removed, and the Gonorrhæa nearly ſuppreſſed: but after his return to his daily occupation, the latter complaint became as troubleſome as before. Can ſuch a caſe as this imply that Gonorrhæa is a conſtitutional complaint? Moſt aſſuredly not. Blood letting, extreme temperance, quietude, and a recumbent poſition, contributed towards the diminution of the diſeaſe, not the preſence of the pleuriſy. In December laſt a gentleman applied to me, complaining of a very copious and offenſive diſcharge, which was collected round the bulb of the penis, under the prepuce, and which had firſt appeared a few days ſubſequent to a connection he had had with a girl of the town. He had perceived this diſcharge ten days prior to his application to me. Upon examination I found this to be a caſe of ſpurious Gonorrhæa merely, but that the acrimony of the matter ſecreted had created ſeveral ſlight excoriations, and had rendered the part very tender and irritable. No diſcharge from the urethra had been perceived, and no uneaſineſs or

difficulty in voiding urine had been experienced. I ordered a ſolution of Saccharum Saturni, combined with T. Opii, and recommended a ſtrip of lint, moiſtened in that mixture, to be applied to the part five or ſix times daily. In four or five days this gentleman found himſelf perfectly well, without having uſed a particle of mercury. I ſaw this gentleman in July laſt, and he then informed me, that he had had no complaint of any kind, ſince the Gonorrhæa above mentioned. This, I think, is a caſe exactly in point: here was a conſiderable diſcharge of a very acrimonious quality, abundance of time had been afforded it, for inſinuating itſelf into the ſyſtem; and the ſpace of eight months allowed for its ſecondary appearance in form of Lues.

Patients afflicted with Gonorrhæa have, in ſome rare inſtances, during the continuance and after the ſuppreſſion of the diſcharge from the urethra, been found to ſecrete a purulent fluid from the eye-lids, poſſeſſing properties ſimilar to the matter produced from the urethra. This is a grand argument with thoſe who believe Gonorrhæa and Siphylis to be the ſame diſeaſe, acting on different parts of the body. But in ſuch caſes may not accident convey, unnoticed by the patient, a ſmall particle of the infectious matter to the eyes? or, denying the poſſibility of ſuch a miſhap, how are we to account for the following circumſtance? The venereal poiſon, after its

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operation in form of chancre or bubo, has a very peculiar aptitude to create ulcerations of the throat and parts adjacent; but is very rarely perceived to affect the eyes, except in cases where the poison has been allowed to rage with unopposed violence, and even then in a manner totally unlike that which arises from the operation of the gonorrhæal poison, influencing the same part. If Gonorrhæa were produced by the venereal poison, is it probable that that poison would be translated through the system to the eyes, passing by the throat, nose, &c. which are parts evidently more susceptible of injury, and more contiguous to the original mischief? But in all the cases which I have perused, and in two which I have attended, where a similar discharge to that which takes place in the urethra from Gonorrhæa was secreted from the eye-lids, no symptom of constitutional ailment occurred.

From what has been advanced on the foregoing subject, I conceive myself authorised in condemning the use of mercurial, or any other constitutional remedies, in the treatment of Gonorrhæa; and in calling the attention of the medical world to those rational modes of cure, which local applications alone present to them.

If the two questions, which I have here sub joined, are candidly answered, I flatter myself, that little doubt will be entertained respecting the nature of Gonorrhæa virulenta.

First:

Firſt: Are there not many caſes of gleet and ſtricture ariſing from Gonorrhæa, wherein no mercurial medicines had been employed; and in which caſes ſymptoms of Lues were never, at any after period, diſcoverable?

Secondly: If once a venereal chancre be formed, and it remain uncombated, will it not create uniformly further miſchief, and eventually produce confirmed Lues *?

* I have ſeen ſeveral hundred caſes of Gonorrhæa and Lues: the former were always cured without mercury, and I never found one inſtance wherein ſubſequent Lues condemned my practice. A chancre, if neglected, always evidently contaminated the ſyſtem.

CHAP. II.

Upon the Uſe of Aſtringent Injections.

THERE are ſeveral arguments, from which I infer the inexpediency and evil tendency of aſtringent injections: from amongſt them I ſhall ſelect a few for my preſent purpoſe. In the firſt place, they oftentimes produce only a temporary ſuppreſſion of the diſcharge, which after certain intervals returns. Amongſt the injections in common uſe, ſolutions of lead, alum, white vitriol, opium, and calomel, with decoctions of bark and galls, are the chief: all of theſe I have at different periods had recourſe to in practice; and I can affirm, that none of them are uniformly certain in their operation, and that they frequently diſappoint both the patient and the practitioner.

I have known frequent inſtances of Gonorrhæa, apparently cured by ſuch remedies, being reproduced after ſexual gratification; and in caſes, where no poſſibility could exiſt of a freſh infection. I am of opinion alſo, that Gonorrhæa, ſuppreſſed by means of aſtringents thrown up the urethra, will eventually be ſucceeded by ſtricture. In many caſes of Gonorrhæa, which fell

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under my care ſome time ago, I was in the habit of introducing a bougie, after the diſcharge had been ſuppreſſed by aſtringent injections; and in every ſuch caſe I found a ſlight degree of ſtricture at that part of the urethra, where the pain and difficulty of micturition were complained of, during the continuance of Gonorrhæa. Hence originated the idea of dilating the contracted part of the urethra by means of bougies, as the concluding part of the cure in this diſeaſe.

It is well known to all converſant with caſes of ſtricture, that when once, however ſlightly, formed, they are capable of a ſteady although imperceptible increaſe; and this analogical reaſoning, as well as practical obſervation, will teſtify. In Gonorrhæa conſiderable inflammation takes place; tumefaction is always an attendant upon ſuch inflammation, and the ſize of the canal is hence diminiſhed. Now, although aſtringents may remove both inflammation and diſcharge, I conceive that they are ill calculated to reſtore the thickened membrane to its original degree of tenuity.

The urethra is left, after ſuch ſuppoſed cures, thickened internally and partially, and the membrane rendered leſs pervious. This being the caſe, the mucus appropriated to the part, for the purpoſe of lubricating the canal, and rendering the flow of urine eaſy, is at firſt ſlightly delayed in its paſſage over the leſs poliſhed ſurface of the

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thickened part of the urethra: by imperceptible degrees, the length of the delay is increaſed, ſmall portions of the mucus are detained by the uneven ſurface of the diſeaſed part; theſe in time become hardened and combined with the original diſeaſe of the membrane; ſtrata are collected upon ſtrata, till at length ſtricture in a greater or leſs degree is produced. This idea is confirmed by two caſes, which fell under my own obſervation in the winter of 1799. In examining the penis of a ſubject at the anatomical theatre, I perceived a conſiderable diminution of the circumference of the urethra, about an inch and half from the external orifice, and this cauſed by a ſort of laminated ring, nearly of equal ſubſtance all round, and much harder than the other parts of the urethra: it appeared to me, that Gonorrhæa had given riſe to this, in the way I have already deſcribed; and that this ſtricture was compoſed of very fine laminæ of mucus, or ſomething of a ſimilar deſcription, and hardened by time. In a ſecond ſubject I found a ſimilar circumſtance; only that, in this laſt, two ſtrictures were apparent, and that one of them had nearly obliterated the paſſage. I have ſuggeſted this theory concerning the original formation of ſtricture, becauſe it appears to me a very plauſible one, and likely to facilitate the acquirement of a more effectual mode of treating Gonorrhæa, than has hitherto been adopted: if my idea is an

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erroneous one, I ſhall be happy to meet with a more correct account.

Mr. Benj. Bell ſays, " that ſtrictures do moſt " commonly occur, where no injection has been " uſed, and where a diſcharge has been of long " duration; that the ſubſtance of the urethra is " found, at thoſe places where ſtrictures do exiſt, " to be ſoft, ſpongy, and prominent, bearing " every mark of having completely loſt its tone." In reply to theſe remarks, I allow that they may be very juſt in ſome caſes; but that, did they deſerve an extenſive or general application, and were ſuch appearances the moſt common characteriſtics of ſtricture, it would be difficult to account for the firm reſiſtance we ſo frequently meet with, in our efforts to paſs bougies.

I can readily conceive, that a ſpongy impediment would be ſufficient to obſtruct the regular flow of the urine, and to produce all the common effects of ſtricture: but that ſuch ſoft and compreſſible obſtructions ſhould reſiſt all efforts made to introduce bougies, appears ſomewhat improbable. Bougies are often twiſted, bent, and flattened, by the attempts made to paſs them into the bladder, even in the hands of the moſt expert ſurgeons; and theſe effects could not be produced, unleſs the parts were in a hardened, or callous ſtate. As I ſhall have occaſion to ſpeak of that ſpecies of ſtricture, which is deſcribed in my quotation from Mr. Bell's book, in a ſubſe-

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quent part of this work, I will diſtinguiſh by calling that which I have deſcribed, the Indurated ſtricture, and Mr. Bell's, the Spongy ſtricture.

Another objection, which I have to the uſe of aſtringent or ſedative injections, is, that the injection is ſometimes propelled beyond the ſeat of the diſeaſe into the bladder.

I have known this to happen ſeveral times, with patients in a ſtate of amendment, without any bad effects; and one inſtance, in which a ſyringe full of an injection, compoſed of acetated ceruſſe and tincture of opium, was thrown entirely into the bladder: this occaſioned conſiderable alarm and uneaſineſs, but no ſerious miſchief enſued. But ſuppoſing that a particle of the infectious matter ſhould be conveyed by ſuch means into the bladder, what conſequences might not juſtly be apprehended? If injections, particularly ſtrong ſolutions of ſublimate, be liable to ſuch miſhaps, their uſe ſhould be leſs frequent, and more guarded, than is the caſe at preſent.

I will ſtate only one more reaſon in defence of my reluctance to employ aſtringent injections; and that is, that they often produce Hernia humoralis, and Abſceſs in perinæo. In Gonorrhæa, a conſiderable degree of inflammation is produced, before the appearance of any diſcharge; this is manifeſted by a great increaſe of heat in the part, and by pain, a ſcalding ſenſation, and dif-

difficulty in diſcharging the urine. After ſome time, a duſky brown, yellow, or green coloured diſcharge appears in ſmall quantity; and whilſt this ſort of matter is emitted from the urethra, the unpleaſant ſymptoms remain: but as ſoon as the diſcharge begins to aſſume more of a purulent character, becomes whiter, of a better conſiſtence, and greater in quantity, the pain, heat, &c. are moderated. In this ſtage of the complaint, it is common to employ injections, and to endeavour to ſuppreſs that very diſcharge, which is an effort made by nature for the relief of the patient.

In tumors indicating high inflammation we encourage the formation of matter, and conſider a large quantity of pus as favourable to the cure of the diſeaſe. But in this diſeaſe, ſo nearly connected with the moſt delicate organs of which man is poſſeſſed, we ſuppreſs eagerly what ought rather to be encouraged, and thus hazard the creating ſympathetic inflammation of the teſticles, where, from the ſenſibility of the parts concerned, inflammation may be ſo readily excited. This mode of treating Gonorrhæa is completely ridiculed by the means we adopt in the cure of Hernia humoralis. The beſt ſurgeons conceive it right to ſolicit a diſcharge from the urethra, in caſes of Hernia humoralis, and a copious diſcharge is a remedy of more efficacy than any other, in ſuch caſes: nay, if a free diſcharge

cannot

cannot be obtained, the cure is much embarraſſed, very tedious, and very uncertain. I have ſeen many caſes, where all efforts to procure a diſcharge from the urethra of a patient, afflicted with ſwelled teſticles ſubſequent to Gonorrhæa, were ineffectual: local and general blood-letting, cold applications, febrile medicines, &c. alſo having no ſalutary effect. However, after many fruitleſs efforts made by art, a ſpontaneous return of the diſcharge from the urethra has mitigated all the ſymptoms, and ſoon removed the complaint.

I am about to relate a melancholy caſe, wherein I myſelf was partly concerned, of Hernia humoralis, ariſing from ſuppreſſed Gonorrhæa, terminating in a fatal Schirroſity of the teſticle.

In the autumn of 1799, a corporal in the grenadier company of the ſecond regiment of Royal Eaſt-India Volunteers, of the name of Brown, contracted a virulent Gonorrhæa. He applied to a practitioner in the neighbourhood of his reſidence, for advice. An injection was recommended, together with laxative and diuretic medicines. From the uſe of theſe, the diſcharge was gradually leſſened, the pain, &c. abated, and in ten days all appearance of Gonorrhæa was done away. On the eleventh day, however, ſoon after riſing in the morning, he experienced a conſiderable pain, attended with ſwelling of the teſticle. During that day theſe ſymptoms in-

creaſed ; and on the following morning he felt himſelf very ſeriouſly unwell. The teſticle was become extremely painful, very much enlarged ; and he was tormented with pains of the thighs, lower belly, and loins. The gentleman, who had before preſcribed for him, was ſent for : he bled him in the arm, applied leeches to the part, and ordered him ſome medicines. In the ſpace of four days he was much better : but although the pain was nearly gone, and the ſwelling diminiſhed, the right teſticle ſtill remained of double the natural ſize, and continued hard and tender. About the twentieth day of his illneſs, he was adviſed to uſe ſmall quantities of mercurial ointment, in the uſual manner : but after it had induced an affection of the mouth, which was continued during a fortnight, its farther uſe was abandoned ; the patient having found no ſalutary effect to ariſe from it. After the ſoreneſs of his mouth was gone off, he made ſeveral efforts to reſume his daily employment, but found himſelf unequal to the taſk. Thus far Brown's narrative : from which I deduce, that the injection uſed by him was neither violently ſtimulating, nor ſtrongly aſtringent. The Gonorrhæa in this inſtance was gradually checked, and in a moderate time ſuppreſſed. The conſequences (above recited) ſupervened even from (what many authors would term) a judicious uſe of injections. But to proceed : The ſubſequent part of the caſe

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fell under Mr. Bureau's and my own obſervation. In the eighth or ninth week of his illneſs, Brown was ſent, by an order from his captain, to Mr. Bureau, ſurgeon of brigade of Royal Eaſt India Volunteers. At that time I reſided with Mr. Bureau, and, in his abſence, received the man under my care. Upon examination, I conceived the teſticle to be in a ſchirrous ſtate, but complicated with Hydrocele; the epididymis was thickened, and the ſpermatic chord knotty and enlarged. The other teſticle appeared to have ſuſtained no material injury. The complaint, in this ſtage of it, aſſumed an indolent character; and the chief diſtreſs aroſe from the weight and magnitude of the tumor, which had augmented, by imperceptible degrees, until it had acquired a very conſiderable bulk. I directed him to take five grains of the extract of hemlock three times a day, and to apply a cataplaſm, made of the leaves of freſh hemlock, to the part as often. The doſe of cicuta was gradually increaſed until he took two ſcruples in the day; not, indeed, without any effect, but clearly without any diminution of his complaint. Somewhere about the twelfth week of his illneſs, from cold he had taken, he became feveriſh; and Mr. Bureau ſaw him, preſcribed the neceſſary medicines, and in a week he was quite recovered, as far as his fever was concerned. A minute inveſtigation now took place of the whole hiſtory of the diſeaſed teſticle;

and the tumor evidently containing a fluid, it was thought adviſeable to evacuate it. Nearly a pint of a chocolate-coloured fluid was diſcharged from a free opening, made at the moſt depending part of the ſwelling; and from a ſcrutiny of the parts, after the fluid was evacuated, it appeared, that the teſticle was completely in a ſchirrous ſtate, and the ſcrotum on the affected ſide very much thickened. The fluid above deſcribed was not contained in a ſac, but was in contact with the teſticle, whoſe coats it had materially diſtended. An emollient poultice was applied after the operation; and during the next ten days the man felt more comfortable than he had done for a long time before: the wound in the ſcrotum did not heal, and afforded but a ſmall quantity of diſcharge. About eleven or twelve days after the evacuation of the fluid, ſymptoms of high inflammation appeared. The patient complained of violent acute pains in the diſeaſed teſticle, and he had a full, hard, quick pulſe. Eight ounces of blood were taken from him, which produced a very conſiderable abatement of his pain for that day; the next, however, all the inflammatory ſymptoms recurred with aggravated force; and it was deemed neceſſary to take away from him twelve ounces of blood: all the unpleaſant ſymptoms were by this means removed, and for the ſucceeding fortnight nothing of moment occurred. At the end of that

period,

period, finding that the little comforts he ſtood in need of were attended with greater expence than he could continue to afford, he became deſirous of being removed to an hoſpital. In conſequence of his wiſh, Mr. Bureau procured an order for his admiſſion into St. Bartholomew's hoſpital; and he was placed under the care of Mr. Blicke.

Shortly after this poor fellow died; his broken conſtitution, and the extent of his diſeaſe, precluding a poſſibility of relief.

Abſceſs in perinæo, and Fiſtula, every practitioner, I believe, muſt be well aware, do occaſionally ariſe from a ſuppreſſion of Gonorrhæa by aſtringent injections; for all the contiguous parts, in caſes of Gonorrhæa, are more or leſs affected with ſympathetic inflammation, which may be brought to a miſchievous height, by ſuppreſſing the diſcharge from the urethra. Indeed abſceſſes and fiſtulas in perinæo, ſubſequent to Gonorrhæa, are ſo well known, and the cauſe which produces them is ſo obvious, that it would be ſuperfluous to dilate upon the ſubject. More might be urged againſt aſtringent injections: but after what has already been advanced, I conſider myſelf as authoriſed in aſſerting, that they are injurious and inefficacious in the treatment of Gonorrhæa; and in calling the attention of the Faculty to more promiſing ſources of relief.

CHAP. III.

Upon Laxatives and Diuretics: and their inſufficiency to effect a Cure in Gonorrhæa.

I SHALL take up leſs time in the diſcuſſion of this part of my ſubject, than in that of the preceding one; the obſervations I purpoſe making upon it being ſimple, and little liable to refutation. It is probable, that nearly one half of the profeſſion are in the habit of treating this diſeaſe with injections; and that the other rely upon the uſe of evacuants, that is, upon opening medicines, thoſe that promote an increaſed ſecretion of urine, and occaſional blood-letting. Many, I believe, however, have recourſe to this laſt practice, not becauſe they eſteem it an efficacious one, but with a view to the avoidance of thoſe evils, which ariſe from the uſe of injections. This mode of acting, nevertheleſs, is very ſeriouſly objectionable, although attended with leſs formidable conſequences than thoſe juſt now related. The moſt common termination of Gonorrhæa, ſo managed, is Gleet; and few diſeaſes, with which medical men are converſant, prove more troubleſome, more tedious, or more unconquerable, than this.

Gonor-

Gonorrhæa, treated in the manner above alluded to, after the abatement or ceſſation of the inflammation by which it was firſt announced, continues to exert an influence under a changed character; and commences what is denominated Gleet. A diſcharge of a more mucus-like character is emitted from the urethra, unaccompanied by pain, and deſtitute of reproductive power. The moſt judicious methods of cure, perſiſted in with the moſt undeviating conſtancy, have repeatedly proved abortive: the complaint, in numerous inſtances, has continued for years; has materially diminiſhed, and ſometimes even extinguiſhed the virile faculties; and thus created the moſt laſting uneaſineſs of both body and mind.

Gleet has frequently been ſtifled in patients, previous to the forming of a matrimonial connection; and, immediately after conſummation, has been reproduced; creating, I believe, much too often, the future miſery of both the parties concerned. Independent of ſuch a probable event, Gleet is capable of itſelf of becoming nearly an uninterrupted ſource of annoyance. From Gleet, a ſpecies of ſtricture is generated, characteriſed by marks very diſſimilar to thoſe, which diſtinguiſh ſtricture originating from injections. This kind of ſtricture, as Mr. Bell very juſtly obſerves, ariſes plainly from a loſs of tone in the part affected, which becomes ſpongy, relaxed, and tumefied.

It muſt be owing to a conſiderable degree of tumefaction, that an impediment to the flow of urine is formed; and, in ſuch a caſe, the introduction of a bougie is leſs difficult, although, in truth, not ſo ſerviceable as in the other deſcription of ſtricture. For here, a paſſage created by a bougie is, at beſt, but a compreſſion of a ſubſtance conſiderably elaſtic; and as ſoon as, or ſoon after, the preſſure is removed, the obſtructing ſubſtance recovers its power. In ſtrictures of the indurated ſort, the bougie is introduced with more difficulty, but makes a more permanent impreſſion; in the ſpongy ſtricture, its admiſſion through the urethra is eaſy, but its influence momentary. Hence, although the cure of the former is attended with more trouble at the outſet; yet the progreſs, and the event, are more to be relied on than in the latter.

A caſe occurs at preſent to my recollection, among many inſtances of ſpongy ſtricture, which have from time to time been ſubmitted to my notice, wherein the patient, from Gonorrhæa, treated after the evacuant plan, was ſubſequently afflicted with Gleet, and finally with Stricture. He has been neceſſitated to uſe a bougie conſtantly for the laſt twelve months; and cannot void urine freely, without its aſſiſtance. This ſpongy ſtricture is what I conceive Mr. Daran, and other French and Engliſh ſurgeons of that day, miſtook for caruncle; and the indurated

kind

kind they imagined to be the cicatrice of an old ulcer of the urethra.

As the practice I am now commenting upon is adopted, for the moſt part, I believe, from a non-acquaintance with effective means of cure; and as the concluſions of caſes thus treated are by no means uniformly ſatisfactory; I ſhall forbear any farther animadverſions upon it, and proceed to the conſideration of the ſucceeding part of my ſubject.

CHAP.

CHAP. IV.

On the Inability of Nature unaſſiſted to effect a Cure of Gonorrhæa virulenta.

IT has been aſſerted by ſome writers of high and deſerved profeſſional reputation, that nature, unaſſiſted by art, is equal to the taſk of effecting a cure of Gonorrhæa. In reply to this aſſertion, I can only remark, that I have ſeen ſeveral caſes of Gonorrhæa, wherein patients, either from a reluctance to diſcloſe their ſituation, or from a belief in the doctrine above mentioned, had neglected to uſe any remedy; and in all theſe caſes, Gleet or Stricture, either ſingly or unitedly, enſued.

This is the only argument I can adduce againſt a doctrine of this kind. Upon ſuch a ſubject, we may reaſon and diſpute *ad infinitum*, without making any progreſs: experience alone muſt determine the queſtion. And as all the inſtances, which have occurred within the ſphere of my obſervation, tend completely to the contradiction of this theory, I do not heſitate to declare, that I conſider ſuch an opinion to be not only an erroneous one, but one calculated to create an accumulation of miſchiefs, and to produce an addition to the great bulk of human diſeaſes.

CHAP. V.

On the Uſe of mercurial Injections.

MR. Whateley, in his book, obſerves, that ſolutions of the hydrargyrus muriatus have a loco-ſpecific effect in the cure of Gonorrhæa. But this opinion I cannot adopt. If ſolutions of ſublimate have any beneficial effects, they can only produce them, where inflammation alone exiſts, and previous to the formation of matter. Injections in ſuch an early ſtage of the diſeaſe, or rather prior to the appearance of the true diſeaſe, properly ſo called, of calomel, I believe have the power to allay inflammation, and to prevent the acceſſion of more unpleaſant ſymptoms, better than any other remedy. But after the diſcharge takes place from the urethra, I will be bold to aſſert, that mercurial ones poſſeſs no ſuperiority over any other kind of injections in common uſe.

The urethra being connected with the abſorbent ſyſtem, by means of its own abſorbents, would (were the virus of Gonorrhæa capable of producing conſtitutional ailment) uniformly convey the poiſon into the ſyſtem; and then general remedies would alone be competent to the extinction of ſuch diſeaſe. In one word, Gonorrhæa muſt

be

be decidedly a local, or a conſtitutional, complaint: if a local one, mercurial remedies can have no peculiar claim to preference: and if it be a conſtitutional one, I am at a loſs to conceive upon what pléa ſolutions of ſublimate can in the ſlighteſt degree be relied upon.

CHAP.

CHAP. VI.

Caſes of Gonorrhæa cured by the Method now recommended.

PREPARATORY to the conſideration of the method of treatment I am about to deſcribe, I ſhall ſtate the means, by which I was induced to form the following opinions.

Having long lamented the general inefficacy of the medicines employed in the cure of Gonorrhæa, the unſteadineſs of patients in purſuing the line of conduct recommended for their adoption, and the formidable effects ariſing from the operation of theſe cauſes, I was impelled to make various experiments, in order to diſcover how ſuch ſerious evils might beſt be obviated. Amongſt a number of other things, that I had recourſe to, were weak ſolutions of nitrated ſilver, by way of injection; and alſo ſeveral of the ſtrong acids copiouſly diluted, for the ſame purpoſe: but in theſe experiments the reſults were unfavourable. Accident, however, in the year 1798, led me into a path of inveſtigation, which, after much labour and anxiety, has at length crowned my wiſhes with ſucceſs. In the month of May, 1798, a woman aged 48. was admitted into St. Bartholo-

mew's

mew's hoſpital, as a patient of Mr. (now Sir James) Earle. Her complaint was an Elephantiaſis of one leg: ſhe had been afflicted with it eight years, and during that period had fruitleſsly ſought relief, in various hoſpitals, and at other public charities, in London. Cauſtics, bliſters, and numerous other medicaments, had proved inert, and totally incapable of penetrating the thick ſcabrous coat, with which the whole leg was incaſed up to the knee. The woman's health was impaired, and her mind wearied and diſtreſſed. The medical gentlemen at St. Bartholomew's, from the hiſtory and long duration of this diſeaſe, entertained, I believe, little hope of proving uſeful to this poor creature. Curioſity induced me to ſee this caſe, of which I had accidentally heard. About this time, a controverſy between ſome eminent practitioners, reſpecting the external agency of tartariſed antimony, had fallen into my hands. After I had ſeen the patient, I conceived that this preparation of antimony, combined with other active medicines, might be able to produce very powerful effects upon the diſeaſed leg.

I communicated my ideas upon the ſubject to Mr. Earle, in an anonymous letter, and recommended an ointment, compoſed of tartariſed antimony, camphor, ceratum ſabinæ, and rectified oil of amber, to be applied to the diſeaſed leg twice daily, and ſo as to envelope all the diſeaſed part.

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The effect of this application was violent, but ſalutary. A profuſe diſcharge, accompanied with nauſea, and conſiderable uneaſineſs of a general nature, rendered it prudent occaſionally to intermit the uſe of the ointment; which was reſumed at proper intervals. By a judicious uſe of this ointment, together with other ſubſidiary means, the patient was materially amended; but being anxious to be freed from an irkſome confinement, and too much depending upon the improvement of her leg, ſhe quitted the hoſpital before a cure was completed.

I have no doubt, however, that a perfect and permanent cure would have been accompliſhed by perſeverance in the plan recommended to her.

The reſult of this experiment taught me that much might be fairly expected from tartariſed antimony, as a chirurgical medicine. Gonorrhæa I had long contemplated as a local diſeaſe only, and conſequently I confined my attention to local methods of cure. I found from obſervation, that when the diſeaſe ſpeedily aſſumed a direct inflammatory character, and when matter was ſoon formed, and diſcharged in copious quantity, it was evidently leſs formidable, than in thoſe caſes, where it had formed itſelf *gradatim*, and diſplayed ſomething of a chronic diſpoſition. I have reaſon to believe, that in the one caſe the cure is more eaſily effected, and the diſeaſe itſelf

leſs

leſs troubleſome to the patient, than in the other. Upon this principle, I thought, that to expedite the formation of pus, and to encourage an abundant flow of it, would facilitate the cure of Gonorrhæa. This opinion was corroborated by caſes of Gonorrhæa, ſuppreſſed by injections, and ſucceeded by Hernia humoralis: for in ſuch caſes, if there be excited, by artificial means, a return of the diſcharge, for the relief of the teſticle, that returning diſcharge is far more manageable than the primary one. Reaſoning in this manner, it ſeemed probable, that, if any ſtimulant more powerful than the gonorrhæal Virus could be brought, in an early ſtage of the diſeaſe, to produce a diſcharge from the urethra, the agency of that Virus would be overpowered, and the diſeaſe itſelf ſupplanted by an artificial one, more tractable, and more eaſily ſuppreſſed, than the other. The diſcharge, I have before obſerved, is the beſt remedy for the inflammation; and as the painful and moſt troubleſome ſymptoms of Gonorrhæa are greater, or leſs, in proportion to the degree of inflammation; ſo by a copious production of pus they will be moſt ſpeedily relieved. Tartariſed antimony, from its activity in the caſe of Elephantiaſis, appeared to hold out a fair proſpect of producing ſuch effects as I wiſhed for. I made ſeveral experiments with bougies, encaſed with plaſter, chiefly compoſed of tartariſed antimony; and after various alterations

tions and modifications of my firſt plan, I have at length been fortunate enough to ſucceed in the cure of this diſeaſe, in the firſt place, by injections, wherein the above-named medicine claims the principal character; and ſecondarily, by the help of bougies.

It will be unneceſſary to enumerate all the little difficulties I had to encounter with, in the proſecution of an experimental inquiry; by which the truth and correctneſs of my ideas were either to be corroborated and confirmed, or diſcredited and overthrown. I ſhall content myſelf, therefore, with relating ſuch caſes only, as will admit of unconfuſed practical inferences; and from which, uſeful amendments in the treatment of this diſeaſe may be derived.

I have to lament, that the facts, which it is in my power to produce, are ſo few: I hope, however, that I ſhall be juſtified in publiſhing my ſentiments upon this ſubject, although ſupported by ſo ſmall a body of evidence, as, if my opinions are correct, and my inferences well founded, they will be able to maintain themſelves; and if my deductions are erroneous, they will be liable to do leſs miſchief, than if they were ſuſtained by an abundance of miſtaken authority.

CASE I.

Mr. S——, aged 19, afflicted with Gonorrhæa virulenta, applied to me in January laſt. His

complaint had commenced four days before his application for advice. He voided his urine with conſiderable pain and difficulty, almoſt *guttatim*; a thin ichorous diſcharge was emitted from the urethra, and he was troubled with chordee. I ordered him a briſk purgative, to be taken immediately; and upon viſiting him in the evening, after the operation of the cathartic, I made uſe of the following injection, in the manner I am about to deſcribe.

R. Camphoræ pulv. *ſcrupulum.*
Antimon. tart.
P. g. Arabici *aa drachmam cum ſemiſſe.*
Aquæ puræ *uncias ſex.* M. Ft. inject.

Directing Mr. S. to bring the ſides of the urethra into contact, below the ſeat of the inflammation, by preſſure, in ſuch a manner as to prevent any of the injection from paſſing beyond a proper limit, I threw a ſyringe-full of it up the urethra, and retained it there for the ſpace of a minute. This I repeated twice: I then adviſed my patient to lay himſelf upon the bed; and ordered him an anodyne draught. He felt ſome pain and uneaſineſs at firſt, but was ſoon relieved by the opiate. The next morning, the diſcharge ſeemed to have increaſed ſlightly, and I repeated the injection, retaining it in the urethra ſomewhat longer than I did the preceding evening. About noon this day, the ſixth of Mr. S's. illneſs, I was ſent for, and found that my patient's pain had been gradually augmenting, ſince the uſe of the

injec-

injection in the morning; the penis appeared turgid, and conſiderably inflamed, and but little diſcharge could be perceived. I took immediately eight ounces of blood from the arm, ordered that the penis ſhould be frequently immerſed in warm water, or fomented, and that a ſolution of gum Arabic and nitre ſhould be drank in conſiderable quantity. In the evening I had the pleaſure to find my patient much amended; the inflammation had abated, matter began to appear, and the pain in micturition was leſs acute. He was deſired to take the anodyne at bed-time.

7th day. This morning I found that Mr. S. had reſted well, had not been troubled with erections, and that the diſcharge was increaſing. He was directed to repeat his cathartic medicine, to continue the uſe of the nitrous drink, and to keep as quiet as he conveniently could. He repeated his anodyne draught at bed-time.

8th day My patient had reſted well, had not been troubled with chordee, felt little pain in micturition; but as the diſcharge was not ſo copious as I wiſhed it to be, I repeated the injection, only uſing it of half the ſtrength of the former one. This I repeated again in the evening, at the ſame time recommending the anodyne, only if reſtleſs or in pain.

9th day. Mr. S. was improving in every reſpect; the flow of matter was abundant, and of a good colour and conſiſtence. The opiate had

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not been found neceſſary the preceding night. He required his opening medicine this morning, and was alſo adviſed to continue the uſe of his mucilaginous drink. The uſe of the injection was diſcontinued.

10th day. The diſcharge was the only ſymptom of complaint that remained.

11th day. The diſcharge decreaſed a little.

12th day. It leſſened more conſiderably; and on the 13th day of the complaint, I thought it adviſable to attempt the final part of the cure, by affording a mechanical ſupport to the diſeaſed part.

In all caſes of Gonorrhæa, which I have had an opportunity of examining, a week or two after the ceſſation of the diſcharge, I have found a ſlight obſtruction, harder, or more ſpongy, in proportion to the means employed in the cure of the complaint, upon attempting to paſs that part of the urethra, where the complaint had previouſly exiſted.

From this circumſtance I conceived, that it would be a very deſirable thing to ſtrengthen the debilitated part of the urethra, and at the ſame time to reſtore it to its regular and original degree of tenuity.

In that ſtage of Gonorrhæa, where the diſcharge ariſes from a weakened ſtate of the urethra, not from the active operation of the poiſon, an elaſtic bougie appeared likely to reſtore the

vigour

vigour of the weakened part, by giving it a mechanical ſupport; thereby allowing the urethra as it were a breathing time, in which the natural powers of the part might act; and it would likewiſe preſerve an equal circumference throughout the whole extent of the canal.

Reaſoning in this manner, I was induced on the 13th day of Mr. S's. illneſs (after throwing up a ſyringe-full or two of a weak ſolution of lead, in order to remove any particles of matter that might be lodged in the urethra) to introduce an elaſtic bougie; and I ſuffered it to remain in the urethra for nearly the ſpace of five minutes. In the evening I again introduced it; and it was retained fifteen minutes without inconvenience.

14th day. The diſcharge was decreaſing; the bougie was introduced with the ſame precaution as yeſterday, and retained in the urethra half an hour, morning and evening.

15th day. The diſcharge ſtill leſs; the bougie retained an hour, each time of uſing it.

16th day. The diſcharge trivial; the bougie as yeſterday.

17th day. No diſcharge perceptible. The uſe of the bougie was continued however for a week longer, twice daily, and for an hour each time.

Mr. S. has remained perfectly free from any uneaſineſs of this kind ever ſince; and, unleſs from freſh infection, will be perſonally unac-

quainted with ſtricture, or any other diſeaſe of the urethra.

I ſhall relate the following caſes more ſuccinctly than I have done the preceding one; the ſymptoms, progreſs, and reſult being nearly ſimilar in all. Conceiving that, in ſo common and well known a diſeaſe, an enumeration of every trivial ſymptom would only augment the quantity, without adding any thing to the value of this little work, I have forborne to detail any circumſtances, but ſuch as appeared immediately neceſſary to the elucidation of my ſubject.

Having premiſed thus much, I ſhall proceed, without any farther comment, to relate my caſes, in the order, in which they occurred to my notice.

CASE

CASE II.

A gentleman, aged 24, conſulted me early in the month of February laſt, three days after the appearance of Gonorrhæa. He had been twice before afflicted with it, and each time, upon the ſuppreſſion of the diſcharge, had ſuffered ſeverely from Hernia humoralis. After ſtating to him my opinions, and the reaſons upon which thoſe opinions were founded, he was very willing to ſubmit his complaint entirely to my care. At this time he had a ſlight diſcharge from the urethra; he experienced the common uneaſineſs in micturition, but had no chordee. I ordered him a cathartic * draught, to be taken immediately, at the ſame time adviſing, that the teſticles ſhould be ſupported by a ſuſpenſory truſs †.

In

* The draught, which I am in the habit of uſing upon theſe occaſions, is as follows, only increaſing or diminiſhing the quantity of the pulv. jalap. as the ſtrength of the patient may require.

R. P. ſal. polychreſt. *drachmam.*
Jalapii *granas* xv.
Infuſ. ſennæ *uncias duas.*
Sp. æther. nitroſ. *drachmam.*
Conf. opiat. *gr.* v. M.
F^t. hauſt.

† I conceive that, in all caſes of Gonorrhæa, it is highly important to take this precaution; and would wiſh that it

In the evening finding that the opening medicine had ſufficiently operated, I threw up the urethra a ſyringe-full of the antimonial injection * thrice, with the ſame precaution as was before mentioned in Mr. S's. caſe.

At bed-time I adminiſtered a grain of opium; and the next morning was informed, that my patient had reſted tolerably. I could diſcover no diſcharge from the urethra; but the difficulty and pain in diſcharging urine were increaſed. I repeated the injection as yeſterday; and recommended a frequent immerſion of the penis in warm water. My patient was directed to drink copiouſly of barley-water; and I ordered him a powder compoſed of the kali tartar. and the kali nitrat. of the former one drachm, of the latter a ſcruple, to be taken every ſix hours. In the evening of this day a little diſcharge appeared; the injection was repeated, and the anodyne pill exhibited.

On the 6th morning of the complaint, a diſ-

ſhould be underſtood as forming a part of my general practice, in every caſe.

* In this caſe the injection was only half as ſtrong as in the foregoing caſe: I have, however, to prevent miſtakes, ſubjoined the preſcription.

R. Camph. pulv. *gran.* x.
Antimon. tart. *gran.* xlv.
Pulv. gum. Arab. *drachmam.*
Aquæ fontanæ *uncias ſex.* M.

charge

charge of a purulent kind appeared, and the inflammatory ſymptoms were ſomewhat leſs troubleſome. The patient was adviſed to immerſe the penis frequently in warm water, to continue the powders, and to drink freely of barley-water. This evening the diſcharge viſibly increaſed, and the complaint was leſs troubleſome.

On the ſeventh morning I found that a plentiful ſecretion of matter had mitigated all the unpleaſant ſymptoms: the patient perſevered in the uſe of his powders and drink, but was deſired to omit the opiate.

On the morning of the eighth day, the cathartic draught was exhibited: at noon the patient was eaſy, and the diſcharge abundant; and at night he voided his urine with much leſs uneaſineſs than he had done ſince the commencement of his complaint.

During the ninth day nothing of moment occurred: the ſecretion of matter was abundant, and the diſeaſe proceeding in a very favourable manner.

In the courſe of the tenth day, the diſcharge appeared rather to decreaſe.

On the eleventh day, the diſcharge was evidently leſs; on the twelfth, conſiderably diminiſhed; and on the thirteenth, the bougie * was introduced twice, fifteen minutes each time.

* It is neceſſary, before the introduction of the bougie, always to cleanſe the urethra, by throwing up a ſyringe-full of any mild fluid.

On

On the fifteenth day, a very trifling quantity of matter appeared; and on the ſeventeenth none. The bougie was uſed for four days after, twice daily, and an hour each time. The powders were continued until the fifteenth day; and he drank little beſide barley-water and tea, until the uſe of the bourgie was diſcontinued.

CASE III.

Near the close of February, 1801, a young gentleman, aged 17, six days after the first appearance of Gonorrhæa, placed himself under my care.

A considerable quantity of offensive matter, of a very thin consistence, occasionally mixed with blood, was discharged from the urethra; great pain was experienced in micturition, accompanied by violent spasmodic contractions of the urethra; and in the night chordee was very troublesome.

This patient, by the advice of an acquaintance, had taken some Glauber salts, and several doses of the common mercurial pill: but perceiving that his complaint was rather augmenting than diminishing, he applied to me.

The state of his bowels rendering opening medicines unnecessary, I advised him to drink largely of barley-water, and to take one of the following powders every six hours.

R. Pulv. g. Arabic.
Kali nitr. *aa scrupulum.* M.
Ft. pulv.

On the morning of the seventh day I used an injection, similar to that employed in the second case; and in the evening I repeated it. An ano-

dyne

dyne draught was taken at bed-time; and in the morning of the eighth day I was informed, that my patient had reſted ſomewhat better than he had lately been accuſtomed to do, and that the chordee was rather leſs troubleſome than heretofore: the diſcharge was diminiſhed conſiderably; but the other ſymptoms were rather aggravated. The injection was repeated; the penis was frequently immerſed in warm water; and the medicines were continued. This evening the quantity of diſcharge was inconſiderable, but the quality of it better; the injection was again employed; and the anodyne ordered to be taken at bed-time.

9th day. The diſcharge was more copious; and the other ſymptoms were mitigated: the injection was omitted; but the powders, and immerſions of the penis in warm water, were perſiſted in.

10th day. Finding that the diſcharge was not ſo freely produced as in the preceding caſe, I uſed the injection again this morning; increaſing its ſtrength by employing only four ounces of water for the ſuſpenſion of the former quantity of the other ingredients. This evening I perceived little alteration, except ſome increaſe of inflammation in the urethra: I repeated the injection; ordered the anodyne to be taken at bed-time, and a cathartic draught early the next morning.

11th day. After the operation of the opening medi-

medicine, the diſcharge increaſed: the uſe of injection was diſcontinued; and at night the opiate was taken. The next morning a very copious diſcharge was perceived: the inflammatory ſymptoms were moderated; and during this day the complaint aſſumed a very favourable appearance.

13th day. A good night's reſt, without the aid of the opiate, indicated a regular improvement: no chordee or ſpaſmodic contraction of the penis upon voiding urine had occurred ſince the ninth day of the diſeaſe; and the diſcharge was plentiful, and wore a very healthy aſpect.

Upon the fifteenth day the diſcharge began to diminiſh; and on the eighteenth I introduced a bougie twice, retaining it in the urethra half an hour each time.

On the twenty-firſt day all appearance of diſeaſe was baniſhed; and on the twenty-fourth or twenty-fifth the uſe of the bougie was relinquiſhed.

CASE

CASE IV.

Upon the firſt day of March laſt I was ſent for by a young gentleman, aged 20, who had been two years before infected by the gonorrhæal poiſon.

At that time he reſided in a remote part of the country; and either from an unwillingneſs to diſcloſe his ſituation, or from a want of confidence in the ſkill of the profeſſional perſons in his neighbourhood, he allowed the poiſon to operate without oppoſition.

A virulent diſcharge, accompanied by other common ſymptoms, had continued for a conſiderable ſpace of time; and a gleet ſtill remained, when he firſt conſulted me.

My patient informed me, that he had often experienced ſudden interruptions to the regular flow of his urine, particularly if he had been at any time expoſed to cold, when alſo the diſcharge was commonly increaſed. He likewiſe complained of ſeveral ſmall hard lumps, diſperſed about the teſticles, one of which he thought was much enlarged.

Upon attempting to introduce a bougie, I found a ſoft, but conſiderable, obſtruction in the

urethra,

urethra, which was paſſed by with ſome difficulty. After withdrawing the bougie, I examined the teſticles and parts adjacent, and readily perceived that the right teſtis almoſt doubled its natural ſize, and was much leſs ſoft than in the healthy ſtate; the epididymis likewiſe was materially thickened; ſmall indurations were ſcattered about the right ſide of the ſcrotum, and the ſpermatic chord on the ſame ſide was much knotted and enlarged.

I recommended him to take an anodyne at bed-time; to employ the bougie as a remedy for the diſeaſe of the urethra; to ſupport the teſticles by means of a proper truſs; and to uſe half a dram of the *ung. merc. fort.* in the common manner at night.

Theſe remedies were ſteadily employed for ten days; the mercury had evidently affected the gums, the gleet was diminiſhed, the flow of urine leſs impeded; but the complaint of the teſticle and chord unimproved.

On the eleventh day I laid aſide the mercurial ointment, adviſed a perſeverance in the uſe of the bougie, and preſcribed as follows:

R. Aquæ roſæ *uncias duas.*
Acid. vitriol. dilut. *gutt.* xxx.
T. Opii *gutt.* v. M.
Ft. hauſt. ter quotidie ſumendus.

R.

R. Antimon. tart.
Camph. pulv. *aa ſcrup.* iv.
Extr. cicutæ *drachmas tres.*
Ung. mercur. fort. *ſemunciam.* M.
Ft. unguentum.

A part of the foregoing ointment was ſpread upon lint, and applied in the morning, ſo as to envelope the diſeaſed ſide of the ſcrotum only: at nine o'clock in the evening it had excited a ſlight irritation of the part merely, and the application was repeated. In the morning of the twelfth day I perceived ſeveral ſmall veſications of the ſcrotum, to which, after the evacuation of what little fluid they contained, a dreſſing of Goulard's cerate was applied.

The next day, the excoriations being nearly well, I re-applied the antimonial ointment; and this evening a more copious veſication and diſcharge were obtained. For nine days I preſerved as equally as I could, in this manner, an increaſed action of the diſeaſed part, and by moderating occaſionally the degree of inflammation, I prevented the occurrence of any unpleaſant ſymptoms. Thus by theſe means I had the pleaſure of removing in a few weeks a diſeaſe, which has oftentimes required the attention of months to accompliſh its eradication.

I firſt took charge of this caſe on the firſt day of March; and left my patient cured upon the twenty-third of the ſame month.

I have

I have recited this caſe for two reaſons: firſt, becauſe it is one amongſt many, that ſtrongly militates againſt the doctrine of nature's ability to cure Gonorrhæa; and ſecondly, becauſe it is calculated to throw ſome light upon the operative powers of tartariſed antimony, when applied externally.

CASE V.

This patient applied to me two days after a diſcovery of his ailment, which was manifeſted by all the ſymptoms common in ſo early a ſtage of the diſeaſe. I recommended the uſe of powders, ſimilar to thoſe preſcribed in the ſecond caſe; and having previouſly exhibited a cathartic draught, in the evening of the third day I employed the antimonial injection, as in the ſecond caſe. An opiate was taken at bed-time; and the next day the injection was re-employed twice; the fifth day a pretty free diſcharge was produced, the uſe of the injection was abandoned, and the medicines were continued. On the ſixth day the diſcharge was ſufficiently ample; on the ninth day the bougie was firſt introduced; on the fourteenth its uſe was relinquiſhed, and the patient freed from diſeaſe.

CASE VI.

Differed nothing from thoſe caſes of Gonorrhæa before recorded, except that from ſome cauſe (probably the uſe of wine, or an imprudence of a ſimilar deſcription) the inflammation was carried beyond deſirable bounds, rendering venæſection requiſite. The remedies were the ſame with thoſe before enumerated, the event was the ſame, and the complaint was of fifteen days duration only.

CASE

CASE VII.

An hair-dreſſer, who had obtained medical advice in London for a Gonorrhæa there contracted, after a ſuppoſed cure returned to Oxford. A ſhort time after his return, the complaint reappeared in a degree leſs violent than originally, but conſiderable enough to excite much alarm and uneaſineſs. As he had been adviſed to uſe injections whilſt in London, I reſolved to give them a fair trial in this reſuſcitated diſeaſe. By my direction, therefore, he firſt uſed a ſolution of vitriolated zinc; ſecondly, a ſolution of alum; and laſtly, a ſolution of the muriated quickſilver. Either of theſe injections ſoon ſuppreſſed the diſcharge; but if their uſe was omitted for a ſhort time, the diſcharge returned. This being the caſe, I introduced an elaſtic bougie, which at firſt occaſioned a little pain, much leſs afterwards, and finally none. A ſlight ſtricture was perceptible on the firſt introduction of the bougie; but by ten days perſeverance in its uſe, once daily, the ſtricture and diſcharge were totally removed *. This patient was

* I have at this time a gentleman under my care, a very temperate man, who has uſed various injections for the cure of Gonorrhæa for two months paſt; partly in London by the advice of a medical perſon there, and partly here by his own inclination.

was diſmiſſed by me in May laſt; and upon inquiry a few days ſince, I was informed, that he had continued as free from any return of the old complaint as if ſuch complaint had never exiſted.

The four next caſes of Gonorrhæa were ſucceſsfully treated, by means of the antimonial injections deſcribed in a note to the ſecond caſe. In all theſe caſes no chordee occurred after the injection began to operate; and all the diſagreeable ſymptoms common in Gonorrhæa were conſiderably leſs violent than in caſes treated in any other manner; and the termination of them was alſo more ſpeedy and more certain.

As nothing occurred in theſe four inſtances peculiarly diſſimilar to the former ones, I ſhall proceed to relate a caſe, that differs in its duration and event from thoſe which have gone before it.

clination. I have recommended the uſe of bougies in this caſe: but my advice has not been adopted, owing to ill-founded prejudices entertained againſt them.

Another caſe is at preſent under my direction, where a ſerious ſtricture has been formed, in conſequence of Gonorrhæa ſuppreſſed by injections, which were recommended by a celebrated phyſician in London.

CASE

CASE XII.

A ſervant, who perceived the commencement of his complaint on the twenty-firſt, applied to me for aſſiſtance on the twenty-fifth of Auguſt laſt.

He had a ſlight ichorous diſcharge from the urethra, together with chordee, and the other concomitant ſymptoms of Gonorrhæa. He had ſuffered about a year before materially from a like diſeaſe, when Hernia humoralis was produced by the injudicious efforts made to cure it.

Having firſt recommended a ſuſpenſory bag for the teſticles, and ordered a cathartic medicine, I determined to try whether a leſs conſiderable degree of inflammation than was produced in the preceding inſtances would not be ſufficient to anſwer a curative intention. With the deſign of aſcertaining this point, I prepared an injection as follows:

R. Antimonii tartar. *drachmam.*
Miſt. camph. *uncias ſex.* M.
F^{t}. inject.

This injection was employed on the evening of the fifth day of the diſeaſe: as I expected leſs pain and inflammation in this caſe, no opiate was adminiſtered; and the next morning, after a tolerable night's reſt, the injection was repeated, and alſo again in the evening.

Some

Some laxative powders were preſcribed for him; and he was directed to drink freely of barley-water, &c.

7th day. The inflammation had moderately increaſed ſince yeſterday, and a very ſlight degree of chordee had been experienced in the night. The injection was omitted, and the powders, &c. continued.

8th day. The diſcharge was conſiderable, and of a better colour and conſiſtence. No chordee during the laſt night.

9th day. The diſcharge and other ſymptoms little different from yeſterday's.

10th. Diſcharge ſtill conſiderable.

11th. Slightly diminiſhed:

And upon the fourteenth the bougie was introduced, and its uſe perſevered in for ten days: during which ſpace the diſeaſe was exceedingly trifling, and only known to exiſt from the appearance of a very ſmall quantity of matter. However the uſe of the bougie was laid aſide; and in a fortnight after I was again applied to, as the diſcharge ſtill remained.

It is here neceſſary to remark, that my patient confeſſed he had been in ſome reſpects irregular, and regardleſs of my injunctions. Two other circumſtances contributed to produce the above-recited failure: one was the too ſlight degree of inflammation, which was inſufficient to overpower totally the gonorrhæal virus; and the other aroſe

from

from the bougies, which I was neceſſitated to uſe, being at that time deſtitute of any of the elaſtic gum kind; and I was therefore compelled to employ ſome of a very inferior deſcription, the only ones procurable in this place. Having, before the ſecond application of this patient, received a ſupply of a ſuitable ſort from London, I was enabled ſpeedily to terminate this diſeaſe ſatisfactorily.

A caſe has ſince then been ſubmitted to my direction, wherein, from the uſe of the injection as deſcribed in the ſecond caſe, and the other auxiliary means, the moſt perfect ſucceſs has reſulted.

CONCLUSION.

> The imputation of novelty is a terrible charge amongſt thoſe who judge of men's heads as they do of their perukes, by the faſhion, and can allow none to be right but the received doctrines. Truth ſcarce ever yet carried it by vote any where at its firſt appearance: new opinions are always ſuſpected, and uſually oppoſed, without any other reaſon but becauſe they are not already common. But truth, like gold, is not the leſs ſo for being newly brought out of the mine. It is trial and examination muſt give it price, and not any antique faſhion; and though it be not yet current by the public ſtamp, yet it may for all that be as old as nature, and is certainly not the leſs genuine.
>
> LOCKE's Ded. to Lord Pembroke.

IN combating the opinions of celebrated men of late and preſent times, I truſt I ſhall be countenanced by thoſe who conſider, that obſervation and experience are daily contributing ſomething towards the increaſe of human knowledge; and that it is no diſparagement of the greateſt reputation to remark, that doctrines exceedingly wiſe, when meaſured by the degree of information extant at the period of their formation, have afterwards been overthrown by perſons poſſeſſed of tenfold advantages.

Whilſt the local nature of Gonorrhæa remained unknown, it is by no means ſurpriſing, that the uſe of conſtitutional remedies ſhould produce various

various miſchiefs, which were miſtakenly conceived to ariſe from the diſeaſe itſelf. Before the moſt common cauſe of ſtricture was diſcovered, it was natural, that the attention of medical men ſhould be confined to preſent relief alone, without guarding againſt the remote evils, which might occur from Gonorrhæa.

I do not therefore depreciate the medical reputation of any man, when I propagate ideas, which a regular train of incidental obſervation has generated in my mind: nor will the liberal part of the faculty think the leſs favourably of my book, becauſe I have oppoſed ſentiments, which they have ſanctioned and ſupported.

Conſidering Gonorrhæa as a local diſeaſe, diſapproving the uſe of aſtringent injections, truſting little to the influence of diuretics and laxatives, wanting faith in the ſanative powers of nature in this diſeaſe, and rejecting loco-ſpecific remedies as inſufficient for the attainment of the purpoſed end, I am now about to ſum up, in a few words, the advantages derivable from my own plan of treatment.

I conceive that it is right always firſt to cleanſe the alimentary canal, without producing any violent irritation. The draught, which I have recommended, is calculated to operate eaſily and ſufficiently, and likewiſe to excite an increaſed action of the kidneys; and is therefore preferable to the common ſaline purgatives. I recommend

mend the uſe of one or other of the powders deſcribed in the caſes, which have been related, as they contribute very ſenſibly to the furtherance of the curative indications, by allaying irritation, increaſing the quantity, and hence diminiſhing the acrimonious quality, of the urine.

I then endeavour to excite an artificial inflammation in the place of that produced by infectious matter: from this practice ſeveral advantages ariſe. For the artificial inflammation terminates more ſpeedily than the other, is accompanied by leſs violent ſymptoms, and is placed more immediately under the care of the medical director.

I think alſo that an opiate in moſt habits, by inducing ſleep in the night, leſſens the tendency to chordee, which is a very unpleaſant and inauſpicious ſymptom: but as ſoon as an abundant diſcharge is once produced by the antimonial injection, no chordee is to be apprehended, and conſequently its uſe may be diſpenſed with.

The degree of inflammation, which it is neceſſary to produce, ſhould be ſufficiently great to overpower the gonorrhæal inflammation; which is known by this, that the diſcharge nearly ceaſes during the uſe of the antimonial injection, until a new diſcharge is created by its influence. The ſtrength of the injection employed in the ſecond caſe appears beſt calculated for the generality of patients; but ſome few conſtitutional

peculiarities

peculiarities will occaſionally point out the propriety of an increaſe or diminution of its ſtrength.

The diſcharge produced by the injection diminiſhes in a few days; and generally about the fourth or fifth day after its appearance in conſiderable quantity, the bougie may be introduced. And here it is important to obſerve, that much depends upon the quality and ſize of the bougie; the elaſtic gum bougies are far better calculated for this purpoſe than any other. By employing an inferior ſort through neceſſity, I was diſappointed in one caſe; and probably they would be found ineffectual in moſt. It is neceſſary that the bougie ſhould be as large as the urethra will admit, as the intention is to reſtore that canal to its original ſize, and to obliterate the diſeaſe by preſſure.

The nitrous powders, &c. ſhould be continued until the complaint is nearly removed, and at leaſt until the introduction of the bougie.

Having made in a very conciſe manner a recapitulation of the benefits likely to ariſe from a general diſſemination of the principles of practice now ſubmitted to the public conſideration, which principles appear calculated to ſtrike at the root of a ſerious malady in its infancy, thereby deſtroying ſuch diſeaſes as ſpring from it, as alſo to ſhorten its primary continuance, and to leſſen the painful ſenſations generally accompanying it, I now draw near to the termination of my work.

Upheld

Upheld by the rectitude of my intentions, I feel little anxiety respecting the fate of this undertaking: I have endeavoured to moderate the violence and prevent the accumulation of disease, and am willingly disposed to rely upon the candour of the profession, whose judgment I await without uneasiness, confident that they will approve just opinions, even if tending to the subversion of established doctrines.

OXFORD,
Nov. 6. 1801.

THE END.