

**Observations on the cure of gonorrhoea, : and some other effects of the venereal virus. / By Samuel Foart Simmons, M. D. F. R. S. Member of the College of Physicians, London; and of the Royal Medical Society at Paris.**

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OBSERVATIONS  
ON THE  
CURE  
OF  
GONORRHŒA,  
AND SOME OTHER EFFECTS OF THE  
VENEREAL VIRUS,

THIRD EDITION.

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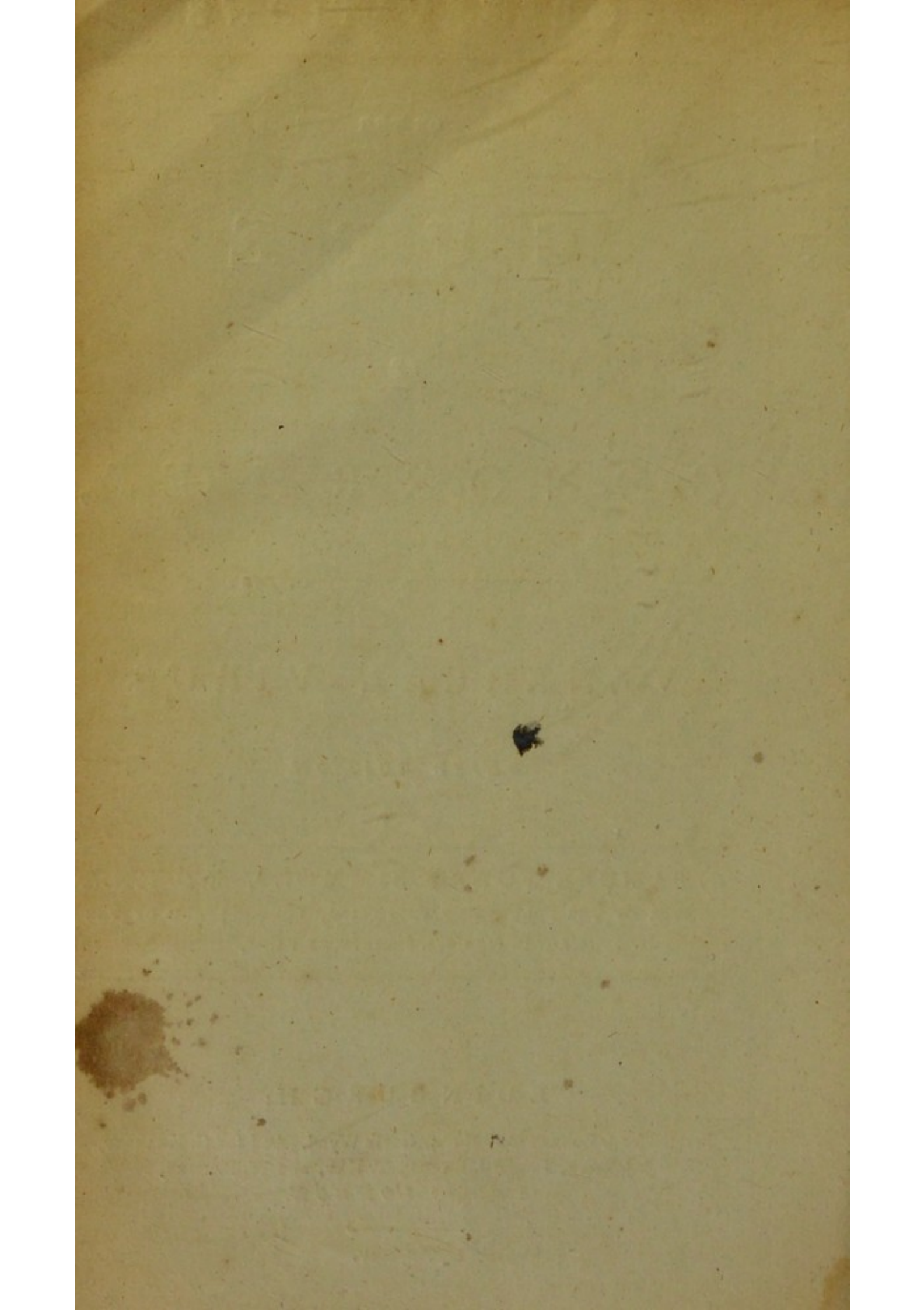
By SAMUEL FOART SIMMONS, *M.D. F.R.S.*  
MEMBER OF THE COLLEGE OF PHYSICIANS, LONDON; AND OF THE  
ROYAL MEDICAL SOCIETY AT PARIS.

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## P R E F A C E.

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THE public are here presented with a few remarks on a disease that has, at different times, employed the pens of Sydenham, Boerhaave, Astruc, Van Swieten, and others of the ablest medical writers ; of so many indeed, that any addition to the publications in this way, may, perhaps, by some be considered as superfluous. But the truth is, that the subject is still far from being exhausted ; for, although this complaint has prevailed in Europe for more than two hundred years, we find men of the greatest eminence in the profession still differing in their opinions concerning its nature, and in their methods of treating it ; and, I flatter myself, that the observations I am about to offer on it will add somewhat to the stock of our knowledge on this head, by pointing out some errors that have hitherto been too generally adopted, and by facilitating the means of cure in a disease which is but too often intrusted to charlatans and ignorant adventurers, although no disorder requires more anatomical and medical skill. For we may venture to assert, that unless the practitioner, to a thorough knowledge of the structure of the parts, adds an intimate acquaintance with the operation of medicines, so as to be able to adapt his remedies to the constitution of his patient, and to vary them according to the exigencies



gencies of the case, he must be incapable of conducting it successfully. And yet so little are these circumstances attended to, that we every day see advertisements of nostrums that are to be given indiscriminately in every case, and in every stage of the disease,

WE have a striking instance of a similar absurdity in the case of Keyser's pills. This remedy, under certain circumstances, is known to be of considerable efficacy; but in many instances it will be found inadequate to the cure, or hurtful to the patient's constitution, and of course liable to do much harm: and yet, when this medicine was first introduced into the French military hospitals, it was accompanied with an order from the minister, that no other remedy should be made use of in venereal cases. This regulation remained in force for several years, till, at length, the evils it occasioned became so glaring, that it was judged necessary to repeal it; and the army physicians and surgeons are now at liberty to pursue such methods of cure as they deem most eligible.

IN the following little work I have carefully avoided all speculative reasonings, and have confined myself wholly to such practical cautions and facts as are founded on my own experience and attentive observation. As I profess at present to treat only of gonorrhœa, and some other local effects of the venereal virus, I have contented myself with mentioning, in a few words, the mercurial preparations that seem to be the best calculated to obviate the effects of absorption

forption, and to prevent the blood from being infected. Perhaps when I have more leifure, I may be tempted to enter more fully into the different properties of the feveral preparations of mercury, and, of courfe, to extend my inquiries to the confirmed lues venerea, the prefent methods of treating which appear to be in many refpects defective.



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O B S E R V A T I O N S  
ON THE  
C U R E  
OF  
G O N O R R H O E A, &c.

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MANY ingenious arguments have of late been advanced to prove, that gonorrhœa and the lues venerea are different affections, originating from two distinct species of virus. It would be happy for mankind if this opinion were well founded; but, unfortunately, every day's experience shews it to be erroneous: it has been proved that the matter of a chancre introduced into the urethra will generate a gonorrhœa, and that the discharge of a gonorrhœa will produce a chancre, bubo, and lues.

I HAVE now under my care, a patient who owes his present complaints of venereal blotches, nocturnal pains, and other symptoms of a confirmed lues, to the imprudent cure of a gonorrhœa by an astringent injection. In this patient the blotches made their appearance in about six weeks after the suppression of the discharge. He had no chancre, nor had he ever exposed himself to the chance of a fresh infection



infection. But from the great pain, he tells me, he felt in making water during the gonorrhœa, and the intense soreness he experienced at a small spot in the urethra, about half an inch from its orifice, as well as from a slight stricture of the urethra, which he has since laboured under, we may presume that an actual ulceration took place, and occasioned an absorption of the virus.

Not long ago I was consulted by a gentleman, who, about two months before, had contracted a gonorrhœa. The discharge was yellowish, and in considerable quantity, accompanied with much soreness and inflammation. The practitioner he first applied to, recommended venæsection, repeated doses of manna and salts, and a cooling regimen. After ten or twelve days, when the inflammatory symptoms began to abate, he took large doses of balsam of copai-va, and used an injection which constantly occasioned a violent smarting pain in the urethra. In about eight days more, the running ceased, and he went into the country, thinking himself well; but it was not long before he felt a painful enlargement of the glands in his right groin, and at the time he first wrote to me, had ulcerated tonsils. I could add other similar cases that have fallen under my own observation, but these two seem to be sufficient to prove that the matter of a gonorrhœa absorbed and carried into the system, may generate all the symptoms of a confirmed lues venerea. In order for it to do this, however, it is perhaps necessary (though this is by no means certain) that it should be taken up from an ulcerated surface; and there are many practitioners,



ers, of no inconsiderable eminence, who deny that any such ulceration is ever produced in the urethra by a gonorrhœa. They contend that the increased secretion in these cases is exactly similar to what happens in a catarrh; but the comparison will by no means hold good; for in the latter the whole membrane of the nose is equally irritated, whereas in the gonorrhœa only particular parts of the urethra seem to be affected. The disease, in the generality of cases, seldom extends more than an inch and a half along that canal, and in many is confined (at least in the beginning) to a small spot about an inch from the extremity of the glans. The discharge is produced from that part of the urethra where the pain is felt, and the patient, when he voids his urine, feels no smarting till it reaches the inflamed spot; but as the disorder increases, the inflammation affects a greater number of points just in the same manner as chancres affect different parts of the glans. It might be supposed that dissection would at once clear up this matter, and put an end to the dispute, but this is far from being the case. I have seen several urethras opened in persons who had a gonorrhœa at the time of their death; in three of them the surface of the urethra, as in the cases related by Morgagni\*, appeared for some way down of a slight red colour, and in all of them was covered with mucus, but without any appearance of ulceration, except in two dissections, at Paris, in which most of the gentlemen present were convinced they saw evident marks of it. We examined the urethras carefully with a lens, but I own that the appearances were to me

\* De Causis et Sedibus Morbor.



me not sufficiently satisfactory to enable me to decide with certainty on the subject. On the other hand, I have met with several instances myself, and have seen others in the collections of different anatomists, of urethras that afforded evident marks of cicatrices from ulcers formerly existing in that canal. And when we consider that the discharge in a gonorrhœa is sometimes tinged with blood, and that when this happens, a little blood-vessel may be supposed to be ruptured; I think we can have no reason to doubt that an ulceration may, and sometimes does happen in these cases; especially as we often observe an excoriation near the orifice of the urethra. It is certain, that wherever there is considerable inflammation, there will be danger of ulceration. Besides, from a neglected or badly treated gonorrhœa, we often see fistulas in perinæo, and other ulcers of the urethra penetrating through its substance, and affording a passage to the urine. And there can be no doubt that slight ulcerations of this canal often occur, and are afterwards perfectly obliterated, in a similar manner to what happens to the papillæ of the tongue, the tonsils, &c. Such an obliteration will the more readily take place in a part like the urethra, defended with mucus, and not exposed to the air, which is known to have no little effect in hardening a cicatrix.

PERHAPS, all things considered, the most rational idea we can form of the causes and phænomena of this disease, will be, that particles of the venereal virus being blended with the semen, and with the mucus that oozes from the urethra during coition,



may be drawn up a certain way into that canal, where the irritation they occasion will be in proportion to the virulence of the infecting matter, and the irritability, habit of body, &c. of the patient. The consequences of this irritation will be inflammation and an increased secretion of mucus, and so far the complaint will be local. But now and then it will happen, as in other inflammations, that ulceration will take place, and expose the patient to the danger of a constitutional infection. Nay, we are not certain, as I have already observed, but this may happen without ulceration. Draftic purges are known to be great promoters of absorption, and I have met with some instances of lues venerea, which seemed to be owing to the imprudent use of such remedies in a previous gonorrhœa.

Nothing can be more variable than the period at which the disease makes its appearance after infection. Perhaps at a medium we may place it between the fourth and fourteenth day; but in some cases it happens within four and twenty hours, and in others, not before the end of five, or even six weeks: neither of these extremes, however, is common.

THE first symptoms of the disease in men, are commonly a sensation at the end of the penis not unlike a flea-bite, together with a fulness of the lips of the urethra, and some degree of tension in the penis, the urinary canal feeling as if tightened, and the urine flowing in a small and unequal stream: a little whitish mucus is to be seen about the orifice of the urethra, and oozing from it when slightly pressed, especially



especially if the pressure is made on the spot where the soreness is most felt. The discharge soon increases in quantity, and varies in its colour, according to the degree of inflammation. The patient feels a sensation of heat and pain in evacuating his urine, particularly at certain spots of the urethra, and above all towards its orifice; and the involuntary erections to which he is subject from the stimulus, particularly when warm in bed, occasion a distortion or curvature of the penis, attended with exquisite pain. When the inflammation is violent, the glans appears tumid and transparent, the tension extends through the whole of the penis, the perinæum is affected with swelling and redness, and even the loins, buttocks, and anus, sympathize and afford a very uneasy sensation. Sometimes the prepuce inflames about the end of the penis, and cannot be drawn back, occasioning what is called a *phymosis*; at others, as in the *paraphymosis*, it remains in an inflamed state below the glans, so that it cannot be drawn forwards; and if the stricture and inflammation are violent, may terminate in gangrene. Now and then, especially when there is a phymosis, we may perceive a hard chord extending along the back of the penis. This is an inflamed lymphatic, and may be considered as a prelude to a bubo.

IN mild cases, the seat of the disease, as we have observed, is in the urethra, not far from its orifice; but it frequently happens that the virus insinuates itself much higher up so as to affect Cowper's glands, the prostate, and parts very near to the neck of the bladder.



IN the generality of cases, the inflammation goes on increasing for several days, commonly for a week or a fortnight: after which the symptoms begin to abate, and the running, when left to itself, gradually lessens in quantity, and becomes whiter and thicker, till it at length totally stops. The colour of the mucus, however, is by no means a certain guide in these cases, for in many patients it is of a yellowish, and sometimes of a greenish hue to the very last; but in general it becomes more consistent towards the close of the disease.

IN women, the parts of generation being fewer and more simple, the disease is less complicated than in men. Sometimes the vagina only is affected, and when this happens, the symptoms are very trifling; but in general it comes on with an itching and sensation of heat as in the other sex, and is attended with inflammation of the nymphæ, inside of the labiæ, clitoris, carunculæ myrtiformes, the orifice, and sometimes the whole of the meatus urinarius. Very often the deep-seated glands of the vagina are affected, and it is sometimes difficult to distinguish the discharge of a gonorrhœa from that of a fluor albus.

FROM this description of the symptoms and progress of the disease, it will easily be perceived that the chief curative indications are to subdue the inflammation, and remove the virus that occasions it.

THERE are practitioners, who, supposing that the body possesses powers to expel the virus, and that the disease has a certain period to run, through its  
several



several stages of progress, acmé, and decline, are for leaving the cure to nature, or at least content themselves with assisting her by an antiphlogistic regimen, gentle evacuations, and the like.

THAT in many cases the disorder admits of a natural cure, there can be no doubt; the increased secretion of mucus carrying off the virus faster than it is formed, till at length the infection is wholly removed. But it is equally certain that in every case, by the application of suitable remedies to the inflamed part, we may shorten the duration of the complaint, and abridge the sufferings of the patient with the same certainty and safety, as we are enabled to remove the effects of an ophthalmia or any other local inflammation, by proper topical applications. General remedies, such as occasional blood-letting, a cooling diet, the liberal use of diluting liquors, and mild purges, are by all allowed to be useful and even necessary. Astruc was of opinion that in these cases blood-letting ought to be repeated five or six times; and there are still many practitioners who depend much on repeated evacuations of this sort for a removal of the inflammation. But there is, perhaps, not one case in ten in which it is at all requisite; and this small number of cases will consist only of the strong and plethoric; in such, when the chordee is frequent and painful, and the pulse hard and full, the loss of from eight to twelve ounces of blood will be beneficial, but it will be seldom necessary to repeat the operation. The inflammation in these cases is kept up by the local stimulus of the virus and the urine, and all that we can expect from venæsection



is to moderate the pain and the frequency of erection. In persons of a delicate habit, and of an irritable fibre, the evacuation will do no good, but, if repeated, will certainly be liable to do harm, by increasing irritability, and of course rendering the patient more susceptible of the stimulus.

THE utility and even the necessity of a cooling regimen are sufficiently obvious; wine and spirituous liquors, spiceries, a fish diet, much animal food, and salted and high seasoned dishes of every sort will constantly add to the complaint. The patient should eat meat only once a day, and even then sparingly. He should abstain from hot suppers. Milk, mild vegetables, and fruit, should constitute the principal part of his diet while the inflammatory symptoms continue. Every thing that tends to excite the venereal imagination should be studiously avoided, for whatever promotes erections of the penis will increase the inflammation, and of course add fuel to the disease. For the same reasons much walking, or riding on horseback, will be hurtful, from the irritation kept up in the perinæum by such means. Violent exercise of any kind, or any thing that is liable to increase the heat and momentum of the blood, will of course be improper.

THE drinking freely of mild, cooling, mucilaginous liquors, such as linseed tea, orgeat, whey, milk and water, almond emulsion, and the like, will be extremely useful, by diluting the urine, and preventing its salts from stimulating the urethra. When the heat and pain in making water are very considerable



table, mucilaginous substances are found to have the best effect, particularly the gum tragacanth. It is a common practice to give equal doses of this gum or gum Arabic, and nitre, and to dissolve nitre in the patient's drink, with a view to lessen the inflammation. But in these cases, nitre is always improper; it is known to be a powerful diuretic, its chief action being upon the urinary passages, so that the stimulus it occasions will only serve to increase the evil it is intended to alleviate. Cream of tartar, on account of its diuretic quality, will be equally improper. Our view here is not to promote a preternatural flow of urine, for the virus being insoluble in water, cannot be washed away by such means; but our object ought to be, to render the urine that is secreted as mild and as little stimulating as possible.

MILD purges, which constitute another material part of the general remedies, are no doubt extremely useful when exhibited with prudence, but it is well known that the abuse of purgative medicines in this disease has been productive of numerous evils. Formerly it was a pretty general practice to give a large dose of calomel at bed time, three or four times a week, and to work it off the next morning with a strong dose of the *pilulæ cocciaë*, or some other drastic purge. This method was persevered in for several weeks, and as the constant effect of a violent drastic purge is to promote absorption, from every cavity, the venereal virus was frequently carried into the system, and produced a confirmed lues; or, if the patient escaped this evil, he at least found himself troubled with an obstinate gleet, and, perhaps, his constitution



constitution materially injured: the effect of such a method being (especially in irritable habits) to weaken the stomach and bowels, and lay the foundation of hypochondriacal complaints. Violent purging likewise often occasions strangury, hernia humoralis, and other troublesome symptoms. Now that we are well acquainted with the doctrine of absorption, this absurd practice is very deservedly fallen into disrepute; for surely no man, who is conversant with anatomy, will, at this time of day, attempt to discharge the virus of a gonorrhœa by stool, when he knows that it must first be taken up by the lymphatics, and carried into the circulation; and yet strange as it may seem, such is our attachment to old customs, that we still every now and then meet with cases in which this pernicious method has been adopted.

THE purges employed in these cases should be gentle; such as Rochelle salt, manna, soluble tartar, and the like. They should be given only in a dose sufficient to procure two or three stools, and be repeated only every two or three days. The daily use of the purgative electaries that are still given by some practitioners, serves only to keep up a continual irritation on the bladder, and of course to prolong the inflammation.

THE topical remedies that are used consist chiefly of different sorts of injections, the ingredients of which are extremely various, but their modes of operation may in general be referred to their mucilaginous and sedative, or to their detergent, stimulating



ing, and astringent qualities. In the hands of skilful practitioners, great advantages may doubtless be derived from the use of these remedies; but, on the other hand, the improper and unseasonable administration of them may prove a source of irreparable mischief to the patient.

WE know that mucilaginous and oily injections will tend to allay the local inflammation; and that a sedative injection, such as a solution of opium, will lessen the irritability of the parts, and of course produce a similar effect: the utility of such applications is therefore sufficiently obvious.

A DETERGENT injection, or one that will act upon the mucus of the urethra, increase the discharge of it, wash it away, and with it the venereal virus, that is blended with it, can only be used as a prophylactic before the symptoms of infection have made their appearance. A solution of caustic, properly diluted, will answer this purpose, and I have frequently recommended it. But great circumspection is necessary in the use of this kind of injection. If it be too weak, it can be of no efficacy; and if it be too strong, it may prove dangerous to the patient. I once saw a suppression of urine brought on by the improper use of an injection of this kind. When the symptoms of inflammation have once made their appearance, the stimulus of such an injection must be extremely hazardous. Excoriation of the urethra has, I fear, but too often been produced by remedies of this sort in the hands of adventurous and unskilful practitioners.



WHILE the inflammation of the urethra continues, every thing that stimulates it must be hurtful. If the injection excites a painful sensation in the urethra, as is but too often the case, it will be liable to produce swelling of the testicles, difficulty in making water, excoriation, and other effects of increased inflammation: if, by its astringency, the running is checked before the virus that excited the discharge is properly subdued, the patient will be exposed to all the dangers of a confirmed lues, and, perhaps, to a variety of local complaints, such as obstructions of the urethra, and abscesses in perinaeo, which are well known to be sometimes owing to applications of this sort improperly managed.

WHEN the inflammation has subsided, gently stimulating and astringent injections may be used with safety, and with considerable advantage; for as the inflammation is at first excited by the stimulus of the venereal virus, so when the former begins to lessen, we may be assured that the activity of the latter has abated in proportion; and, in general, when the inflammatory symptoms are entirely removed, it will be found that the mucus is no longer of an infectious nature, but is merely the effect of an increased secretion, and of relaxation. Mild astringents will therefore serve to brace and strengthen the vessels secreting mucus, and in this way will lessen the discharge, and greatly promote the cure. It is certain that in the greater number of cases, a gonorrhœa, which if treated by internal remedies alone, would continue five or six weeks, or longer, may, when judiciously treated with injections, be cured in a fortnight



fortnight, and very often in less time. The great aim, therefore, of the practitioner, ought to be at first to make use of such injections only, as will tend to lubricate the surface of the urethra, and to counteract and destroy the stimulus of the virus; as the inflammation abates he may add some gently astringent preparation to a mucilaginous and sedative injection, taking care that its astringency be suited to the state of the disease, and to the irritability of the of the patient. Amongst a great variety of substances mercury in different forms is one of those that is the most frequently employed in injections. All these mercurial injections have more or less of astringency, and it is solely to this property that we are to ascribe their effects; for the idea of their correcting the venereal virus was originally introduced, and has been continued, upon mistaken principles.

CALOMEL, mixed with the mucus discharged in a gonorrhœa, has no more power in destroying the infectious properties of that mucus than cerusse or any other preparation would have. A diluted solution of sublimate injected into the urethra, will like a solution of verdigris, or blue vitriol, or any other styptic, constrict the mouths of the lacunæ; but this is all that it will do, for it will never lessen the infectious nature of the virus. The same thing may be observed of crude mercury extinguished by means of mucilage, or of mercurial unction blended with the yolk of an egg, and which, when thrown up into the urethra, will act nearly in the same manner as balsam of copaiva, or any other stimulating injection. For the truth is, that mercury has no power



over the venereal virus, until it has been introduced into the body, and undergone certain changes, with which we are, and probably shall for ever remain, unacquainted. The local application of mercury can, therefore, have no other effects than what it derives from its stimulating and astringent properties; for the mercury not being absorbed in the urethra, of course cannot be carried into the system; and even if it could, the quantity that would be introduced in this way would be too minute to be of any efficacy. I wish to have it understood, however, that I do not mean to explode the use of mercurial preparations in injections, but only the principles on which they have hitherto been used; for I have frequently found the stimulus of calomel of considerable efficacy; and in women, when the vagina only was affected, I have often, after washing the parts well, succeeded in the cure by rubbing them repeatedly with mercurial ointment.

As the gonorrhœa is so often a local affection, it may be imagined, perhaps, that the internal use of mercury is unnecessary towards the cure. I have, indeed, very often removed this complaint without having recourse to mercurials. I have likewise sometimes met with patients whose general health has been greatly impaired by a long continued use of mercury in such cases, while the original disease, the gonorrhœa, was rendered much worse by it. In some it degenerated into a gleet, that was cured with extreme difficulty; in others it brought on a variety of distressing symptoms. In cases of gonorrhœa, therefore, whenever I have administered mercury, it has



has not been with a view to expedite the cure, but merely to obviate the danger of absorption. When the infection has been apparently slight, and the inflammation and other symptoms inconsiderable, I have ventured to proceed without the assistance of mercury, especially if the patient was of a weak, relaxed, and irritable habit, likely to be injured by mercurial medicines. On the other hand, whenever the discharge was violent, the inflammation considerable, or the seat of the disease high up in the urethra, I have constantly judged it advisable to give mercurials, in small doses, and in such forms as seemed the best adapted to the constitution of the patient.

THE mercurial pill of the London Dispensatory, on account of the turpentine that enters into its composition, will sometimes pass through the body undissolved, and of course can then be of no use; but when the mercury is extinguished by means of honey, and made into pills, in the manner directed in the last edition of the Edinburgh Pharmacopœia, it becomes as mild, and perhaps as efficacious a preparation as any. I have even seen venereal symptoms give way to it, that had resisted a long-continued use of the corrosive sublimate. Its efficacy will depend on its not irritating the bowels, and so passing off by stool; care must likewise be taken to prevent it from affecting the mouth.

Of the chemical preparations of mercury the mildest and least irritating is calomel. It may be given from gr. i.  $\mathcal{ss}$ . to gr. iii. at bed time, occasionally inter-  
posing



posing a mild purgative to prevent it from salivating; but in general I prefer the mercurial pill prepared in the manner just now mentioned.

WHEN there is no chancre or bubo, no appearance, in short, that the infection is likely to be carried into the system, it would be imprudent to administer corrosive sublimate, mercurius calcinatus, or any other of the more acrid preparations of mercury.

I SHALL content myself with the above observations on the general treatment of the gonorrhœa, and shall now offer some few remarks on particular symptoms, and after-complaints, that accompany or follow that particular effect of the venereal virus when it is in any violent degree, or has been injudiciously treated: these are hernia humoralis, chordee, bubo, phymosis, and paraphymosis, chancres, strictures of the urethra, and gleet. I shall say something of each of these in the order in which I have placed them.

## SECTION I.

### *Hernia Humoralis.*

THE hernia humoralis, or swelled testicle, as it is commonly called, has been usually supposed to be occasioned by a translation of the morbid matter to the testicle, from a too sudden stoppage of the discharge of a gonorrhœa. Astruc, and even M. Fabre, one of the latest French writers on the venereal disease, consider it in this light, and style it “chaude pisse tombée dans les bourses.” But there are no passages



passages by which the matter can pass in this retrograde manner to the testicle. If it were taken up by absorbent vessels, it must be carried to the groin, and produce a bubo; and if the swelling were occasioned by the matter's being conveyed into the system, and thus affecting the testicle, this gland, as being the secreting organ, would be the first diseased. But the fact is, that this swelling, which by the bye is one of the most troublesome of the symptoms that are occasionally produced by a gonorrhœa, is merely the effect of irritation, and of increased inflammation. When the seat of the gonorrhœa is only a little way within the urethra, this complaint rarely occurs; but when the inflammation extends high up, so as to affect the membrane of the urethra near the mouths of the feminal ducts, then the inflammation sometimes extends to the bottom of the testicle, and by stopping the orifice of the vas deferens, prevent the semen from being carried into the vesiculæ; accordingly we constantly find that the swelling begins at the vas deferens, and proceeds backwards through the epididymis to the testicle. In the greater number of cases, however the inflammation is confined to the vas deferens and epididymis; the testicle itself being seldom affected. So little connection has it with the discharge from the urethra, that we sometimes see it come on during the continuance of the running. In the greater number of cases it is brought on by intemperance in drinking; by violent exercise, particularly riding on horseback; by catching cold; or by indulgence in venery. That it is the effect of irritation, appears from its having been produced by the stimulus of a bougie, and from its now and then coming



coming on in one and even both testicles after the lateral operation for the stone.

As this effect is more or less to be apprehended in every gonorrhœa, and particularly when the inflammation is considerable, it will always be prudent to suspend the testicles in a bag-truss: if this precaution has been neglected, it certainly becomes one of the first objects of cure the moment the disease has taken place: an horizontal posture will be found to afford a still more considerable relief, and when the inflammation is violent, becomes very essential to the cure. It is in general necessary to take away eight or ten ounces of blood from the arm as soon as the swelling is perceived, and if the pain and inflammation do not speedily abate, it will be often right to repeat the operation, especially if the patient is of a plethoric habit. Opiates freely administered by the mouth, and in clysters, are in general of great efficacy in cases of this sort. Mercurials must be carefully avoided, because the disease being independent of the virus, and purely inflammatory, they can only serve to increase it by their stimulus. Drastic purges will be equally improper on account of the irritation they occasion about the neck of the bladder. Strong vomits are recommended in these cases by many practitioners; but I have sometimes seen them do harm by their violence, and at any rate blood-letting is preferable to them. The warm bath will be found to have a good effect; but the warm poultices and fomentations that are usually applied to the scrotum, serve only to relax the integuments, without removing the cause of the disease. In general,



ral, cold applications, such as cloths dipped in vinegar, and frequently renewed, will be found to have the best effect.

AFTER a hernia humoralis the epididymis often remains swelled for a considerable length of time, sometimes for several years, but, in general, without any inconvenience or danger to the patient.

## SECTION II.

### *Chordee.*

THE chordee, or painful and involuntary erection of the penis, occasioned by the stimulus of the venereal virus acting on the inflamed membrane of the urethra, may in general be quieted by the internal use of opiates, and by sedative injections. A grain or more of the extractum thebaicum, or a proportionate dose of the thebaic tincture, may be taken for this purpose at bed-time; and opium, combined with a mucilaginous fluid, may be frequently thrown up into the urethra, in order to lessen the local stimulus. I have likewise sometimes experienced the good effects of leeches applied near to the seat of the inflammation; but the best method is to obviate the complaint, by confining the penis in such a manner as to prevent erection.

IN general, this painful affection is of longer duration than the pain and the heat in making water; and sometimes we meet with a complaint of this sort that continues for a considerable time after the inflammation has entirely subsided, and after all the

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other symptoms of gonorrhœa have disappeared. I have seen this spasmodic chordee, as it may be called, go off and return at times for the space of several months. In general, it gives way to a liberal use of the Peruvian bark sooner than to any other medicine; but I have sometimes seen it resist every remedy, and at length go entirely off by degrees, when left to nature.

### SECTION III.

#### *Bubo.*

**A** BUBO, or inflammation of the lymphatic glands of the groin, is now and then merely the effect of irritation, and in this manner has been produced by the stimulus of a bougie; but in general it is occasioned by an absorption of the venereal virus from the surface of the urethra, or from a chancre. The bubo that is supposed to happen in consequence of the blood's being tainted with the lues, if it does ever occur, is at any rate a very rare circumstance.

As the inflammation of a bubo advances, the discharge from the urethra is commonly found to lessen. This effect has usually been ascribed to a translocation of the morbid matter; but in such cases the quantity of matter absorbed is probably very small, and the cause of the change would seem to be chiefly owing to a removal of the inflammation from the urethra to the inguinal glands.

WHEN a bubo has once begun to form, it is the opinion of the generality of practitioners that its supuration ought to be encouraged, lest, by dispersing it,



it, the matter be carried into the system, and so produce a confirmed lues. Only a very few arguments, however, are required to prove, that this effect is much more likely to happen by promoting than by preventing the suppuration of the tumor. A bubo, at its beginning, may, like the gonorrhoea, be considered as a local affection; it is occasioned by a minute quantity of virus irritating the lymphatics leading to a gland, and the gland itself, and thus producing inflammation. So far, therefore, it will be independent of the general habit. By removing this inflammation, and promoting an absorption of the pus that may already be formed within the tumor, we do indeed expose the patient to some danger of general infection; but this danger will be inconsiderable, if the bubo is early dissolved, and may always be obviated by the proper use of mercurial remedies. On the other hand, what do we do by bringing the gland to suppuration? We expose the unfortunate patient to the certainty of a tedious and painful process, and to a danger of infection, which must inevitably increase in proportion as the suppuration advances; for it is certain, that while matter is forming, an absorption is constantly taking place, and more particularly when the cellular membrane around the gland begins to be affected; and when the matter comes to be discharged, and the sore begins to digest, we have a large ulcerated surface, which cannot fail to be a copious source of infection. For these reasons it is always adviseable to attempt the dispersion of tumors of this sort as early as possible. In order to do this, the usual practice is to rub mercurial unction on the skin, at the inside of the thigh, that the



mercury, by passing through the diseased gland, may destroy the venereal virus. This notion, as we have already remarked when speaking of injections, is founded on an erroneous principle. The mercury applied in this manner acts merely by its stimulus. This stimulus will often promote the absorption of extravasated juices; but, on the other hand, it will frequently increase the inflammation, and of course hasten suppuration, and promote the very end it is intended to prevent. The practitioner, therefore, will do well to notice the effects of the unction when applied in this way, and to regulate his conduct accordingly. In general, I have found cold applications to the part of much greater efficacy than mercurial ointment, or any kind of fomentations or poultices; but the most powerful remedies in such cases are vomits; by means of these, I have often seen buboes completely dispersed, even after matter was formed.

If the tumor (as will frequently happen, notwithstanding all our endeavours to prevent it) suppurates, it may be asked, which of the two common methods of opening it, viz. by incision or by caustic, deserves to be preferred? for upon this subject practitioners are greatly divided. In order to determine this point, we ought, in the first place, to distinguish between the bubo arising from simple irritation, or from gonorrhœa, and that which takes place in consequence of absorption from a chancre. The former if left to nature, or assisted only by a poultice, will in general heal without any difficulty; or if it should not be thought right to wait till the abscess bursts of itself, a slight opening with a lancet, in a depending part  
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of the tumor, will usually be sufficient. On the other hand, in the case of bubo from a chancre, when the tumor is large and painful, and the suppuration has been tedious, if we remove the skin covering the abscess, by incision, the lips of the ulcer will generally become callous, and it will heal much more slowly, and with greater difficulty than if it is opened by means of a caustic. Several years ago, I had the care of a patient, who had a bubo in each groin. Both tumors suppurated about the same time. One of them was opened by incision, and the other by caustic. That which was opened by caustic was healed in about half the time that was required to cure the other. I have since met with two other similar cases, in which the same trial was made, and with the same event. This proves the superiority of the caustic over the knife in these cases; but after all, I have generally found, that even in the case of a bubo from a chancre, when the patient has been of a good habit of body, and the tumour has matured quickly, it has, when suffered to break of itself, healed sooner than it usually does when opened either by caustic or incision.

#### SECTION IV.

##### *Phymosis and Paraphymosis.*

THE phymosis, or contraction and thickening of the prepuce, that prevents it from being drawn back, is, when it accompanies a gonorrhœa, constantly the effect of inflammation. Incision, though so often recommended, is but very rarely necessary in this complaint, when it is properly treated. Topical bleeding, by means of leeches, is generally very useful in cases



cases of this sort; but care must be taken that the leeches do not touch any of the virus, lest they should occasion chancres, and the lues venerea. The inflamed membrane of the prepuce ought to be frequently cleansed, by injecting some mild fluid, such as milk and water, or Goulard's vegeto-mineral water, between it and the glans. A solution of opium may likewise be occasionally thrown in, to allay the irritation. Warm applications serve only to promote an increased flow of fluids to the part, and of course add to the disease; but much advantage will be derived from cloths dipped in the vegeto-mineral water applied to the penis, and frequently renewed.

IN the paraphymosis, the prepuce is contracted behind the glans penis, so that it cannot be brought forwards. In such cases it forms a stricture, which, if the inflammation is considerable, may terminate in gangrene. The applications to the part should be cold, as in the case of phymosis. By pressing the glans repeatedly and gently, so as to promote absorption from its cavernous cells, we may lessen its size; after which, by fixing our nails in the prepuce, and pulling it forcibly over the glans, we shall very often be enabled to succeed in cases in which the operation would otherwise, perhaps, become absolutely necessary. This method is somewhat painful to the patient, but at any rate, is preferable to the knife.

## SECTION V.

### *Chancres.*

IN the greater number of cases, chancres are without doubt at first only local affections, not occasioned,



as many have supposed, by the venereal virus first absorbed and carried into the habit, and then thrown out again in this form, but merely by the inflammation and ulceration arising from particles of matter applied to the membranous surface of the glans and prepuce. In this manner we often see them produced in cases of phymosis; and this is my reason for speaking of them in this work.

OBJECTIONS have been made to the cure of a chancre by topical applications, on a supposition, that if the ulcer is healed by such means, the virus will be carried into the blood, and the patient will be in danger of a constitutional lues. That this may, and sometimes does happen, I am convinced by several striking instances of lues from this source, that have fallen under my own observation: but in those cases, the chancres had been large and spreading, affording a copious discharge of matter, and of course a considerable absorbing surface: they had likewise been improperly healed, and the means of preventing infection had been neglected: for the fact is, that if we apply mercurial ointment, or any other stimulating or astringent substance, to a sore of this sort, and so dry it up, we must inevitably infect the habit of the patient; whereas, if the chancre is small, and without any considerable inflammation, and we touch it repeatedly with the lunar caustic, so that the sore shall throw off several sloughs, and at length appear clean and disposed to heal, we, by such a process, *destroy* the venereal virus, instead of *repelling* it, and in this way, may, in a few days, remove an  
evil



evil which would otherwise, perhaps, be the work of several weeks.

WHEN this method is adopted, care must be taken that the caustic be of sufficient activity to produce a slough; for otherwise it will only stimulate, and of course serve to throw the virus into the circulation. At any rate, however, it will be prudent to guard against the possibility of the virus infecting the blood; and, in every case where the chancre is ill conditioned and extensive, it will be right to use only the mildest applications, such as dry lint, frequent fomentations of warm milk and water, &c. and to trust the cure to mercurials given internally; because, in such a state, the inflammation excited by the caustic, might be attended with danger.

THE common practice of applying mercurial preparations to these ulcers, is founded on the principles we had occasion to mention, in speaking of injections; but the blue ointment has no other properties here, than any other unctuous substance would have, except what it owes to its stimulus; and red precipitate will act only as blue vitriol, or any other escharotic would do. Sometimes indeed, when the ulcer is large, some of the precipitate may be absorbed, and if the patient is of an irritable or scorbutic habit, may affect the mouth: the same thing has happened in ulcers of the legs that were not venereal, when they have been often sprinkled with this preparation.

AMONGST the arguments that have been brought



against the healing of chancres by topical applications, it has been alledged, that the state of the ulcer will afford us the best and most satisfactory test of the effects of mercury on the system. This is the opinion of those who consider chancres as the effects of internal infection. They advise the application only of dry lint to the sore, and when it begins to heal, conclude that the virus is effectually eradicated from the habit.

THIS doctrine, at first view, appears plausible, but the following remarks, will, it is presumed, prove it to be ill founded.

IN the first place, as a chancre is originally a local affection, the sooner we destroy the virus in the part, the more effectually we prevent internal infection. *2dly*, If, instead of doing this, we suffer the chancre to continue to discharge for several weeks, we are certainly exposing the patient to the danger of infection during all that time. And *3dly*, This spontaneous healing of a chancre is sometimes a prelude to a bubo. I remember an instance of this kind in in one gentleman, who, having a small chancre on the glans penis, took mercury for three weeks, and washed the sore only with warm milk and water: at the end of that time, the chancre began to heal, and the patient was flattering himself with the hopes of his being cured, when a bubo began to make its appearance in his groin, and afterwards suppurated. In this case, if the chancre had been at first treated with caustic, in the manner I have just now recommended, absorption and its consequences would



probably have been prevented, and a proper course of mercurials would have effectually secured the patient from any danger of internal infection.

## SECTION VI.

### *Obstructions of the Urethra.*

CARUNCLES, or funguous excrescences, were, till of late, supposed to be almost the only cause of obstruction of the urethra; and M. Daran still pretends, that they are the most frequently so of any: very gravely affirming, at the same time, that by means of his bougie, he can determine their situation, form, and nature, with the utmost accuracy, so as to say whether they be round or oval, or whether their edges be smooth, funguous, or callous.

I HAVE twice met with a small funguous excrescence, or wart, a little within the mouth of the urethra; and similar instances have occurred to other practitioners: but, on the other hand, some anatomists of considerable eminence go so far as to consider these caruncles as purely chimerical; and even the celebrated Morgagni\* informs us, that notwithstanding the great number of urethras he had inspected, he had only met with one instance of a fleshy excrescence. We may therefore safely venture to assert, that the existence of caruncles is extremely rare: and when we hear people talking of the frequent cures they have performed, by destroying such excrescences, we may conclude, that they

\* De Sed. et Causis Morb. lib. iii. epist. xlii.



are very ignorant and credulous themselves, or that they wish to impose on the credulity of others.

INSTEAD of caruncles, the obstruction may be occasioned by a protuberance of the spongy substance of the urethra, when its inner membrane has been much weakened by the gonorrhœa. Goulard\* supposes this kind of obstruction to be the most frequent of any, and that the reason why it is so seldom noticed in dissection, is, that the cause which formed those cells ceasing in death, they are emptied, subside, and afford no marks of the complaint. Morgagni never met with an instance of disease from this cause: it is certain, however, that it may, and does sometimes occur, though rarely. But the most general cause of the obstruction seems to be, a stricture or contraction of some part of the canal. How this complaint originates, we are not able to determine with certainty, but it would seem to be the effect of previous inflammation and excoriation. In these cases, the disease is usually accompanied with a gleet; for the urethra being enlarged beyond the stricture, its irregularity subjects it to irritation, and of course to inflammation. This inflammation between the stricture and the neck of the bladder is liable to suppurate, and when that happens, the matter, as in all other abscesses, points externally, but often opens into the urethra, and then the urine making its way into the abscess, produces a fistulous sore, the first appearance of which externally, is commonly in the perinæum. If the disease is neglec-

\* Traite des Maladies de l'Urethre.



ted, or improperly treated, the surrounding parts inflame and suppurate, and several fistulous openings are sometimes formed; all of which usually communicate with the original seat of the disease. This being the true state of the nature and progress of the complaint, the means of relieving it may be easily understood. The attention of the practitioner will naturally be directed to the primary complaint, the stricture, for, upon the removal of this, both the prevention and cure of an abscess in perinaeo must evidently depend.

THE cure of the stricture, may in the greater number of cases, when undertaken early, be easily effected, by bringing about a gradual distension of the contracted urethra, by means of bougies. In proportion as the obstruction gives way to these, the urine will flow with freedom, and the irritation and consequent gleet will of course lessen. Upon this plain and simple principle, of producing a gradual distension of the membrane, do all the effects of bougies (properly managed) depend; and, therefore, our chief aim in their composition, ought to be, to have them of sufficient firmness to be introduced into the urethra, and continue there, without danger of breaking; and at the same time, supple enough to lie easy in the passage, and conform to the motions of the body. They should likewise be smooth, and in their composition, perfectly free from any thing that can irritate. An extraneous body, such as a bougie, however mild it may be, is of itself a sufficient stimulus when lodged in so delicate a canal as the urethra, and when suffered to remain there

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for any length of time, will certainly bring on an increased secretion of mucus. The pretended suppuration that follows the use of the specific bougies that have been at different times obtruded on the public, is nothing more than this same effect in a greater degree; for it is well known, that suppuration can never take place till there is an actual ulceration; whereas, the increased secretion of mucus, from a membranous surface, like the urethra, will be proportioned to the stimulus applied to it, at least in a certain degree, for if the stimulus is violent, and long continued, inflammation and its consequences will naturally be produced.

It appears clearly, therefore, that if a bougie were to be sufficiently stimulating to inflame and excoriate the urethra, it must do great mischief; and yet without such effects, it cannot produce a suppuration, unless we were to suppose that the stricture is occasioned by an ulcer, which we know is not the case. Notwithstanding all this, so strongly has the notion prevailed concerning the suppurative effects of bougies, that even the late experienced Mr. Sharp\*, though persuaded that the idea of their operating solely in this way was ill founded, could not so far surmount the prejudices that prevailed on this subject, as not to allow that they wrought a cure, partly by suppuration, and partly by distension. Practitioners, till of late, were not sufficiently aware of the difference between pus and mucus, and were

\* A Critical Enquiry into the present State of Surgery.



too apt to consider every increased secretion of the latter as the effect of a suppurative process.

WHEN we have recourse to bougies, they should be of such a thickness as will just allow them to pass with a very little difficulty, and without giving pain. The point of the bougie should be small, and moistened with oil, to enable it to pass the more readily. It should always be introduced slowly, and with great gentleness. A large bougie, in rough and unskilful hands, has sometimes been forced through the membrane of the urethra; and the late Mr. Sharp speaks\* of a case in which a bougie, pressing a few hours every day against the membranous part of the urethra, made its way into the rectum merely by its hardness.

As the obstruction gives way, the size of the bougie ought to be gradually increased, till the stricture is entirely removed. The length of time the bougie is to be suffered to remain in the urethra, must be regulated by the feeling of the patient. At first, half, or even a quarter of an hour may be sufficient; but after he is accustomed to it, it may remain in several hours every day. The rule that ought chiefly to be attended to here, is not to irritate the parts too much, so as to occasion pain and uneasiness to the patient. Whenever inflammation is excited, the use of the bougie must be suspended till the irritation has subsided.

\* See Note on page 38.



WHEN the stricture has been improperly managed, or too long neglected, so that a suppuration has taken place, we should make an opening, and give vent to the matter externally, without delay. If it has burst of itself, and communicates with the urethra, the external opening should be freely dilated, and recourse had to bougies, with a view to remove the stricture.

I HAVE sometimes met with cases of stricture that were only temporary, and seemingly owing to a spasmodic affection from increased irritability. This spasmodic stricture, like the spasmodic chordee, generally gave way to the bark, and to sedative injections. The bougie likewise was of service in such cases.

I HAVE said nothing of the internal use of mercury in obstructions of the urethra, because I am convinced that, in general, they are merely local affections; and when, as will now and then be the case, they happen to be complicated with marks of a venereal taint, the use of mercury must be sufficiently obvious.

## SECTION VII.

### *Gleet.*

I HAVE already remarked, that a stricture of the urethra is commonly accompanied with a gleet. This complaint is likewise sometimes the effect of an enlargement and diseased state of the prostate. In each of these cases, as the gleet is the effect of irritation, the cure will depend on the removal of the local disease that occasions it. But there is another species



species of gleet, that seems chiefly to depend on relaxation. It is in general free from infection, and is most frequent in those who have had long and frequent gonorrhœas. It is likewise often the effect of a debilitated habit, from severe purging, or a long-continued use of mercurials. A discharge of this kind is more frequent in women than in men; or, at least, the fluor albus, after a gonorrhœa, will often be mistaken for a gleet.

WHEN there is no reason to suspect any venereal taint, astringent injections will be of the greatest utility. It will be necessary, at the same time, to attend to the general health of the patient, and to recommend the bark, chalybeate waters, cold-bathing, and such other remedies as will tend to strengthen the system. When there is no tendency to inflammation, the balsam of copaiva may be prescribed with advantage, in large doses.

I HAVE twice seen a complaint of this sort removed, by applying a blister to the perinæum, after it had resisted a variety of remedies. In general, however, the other methods I have recommended will be sufficient to cure it: but sometimes it will continue for a long time, in spite of all our endeavours to check it.

THE END.



