

A treatise on the venereal disease / by G. Renny, surgeon to the Athol Highlanders.

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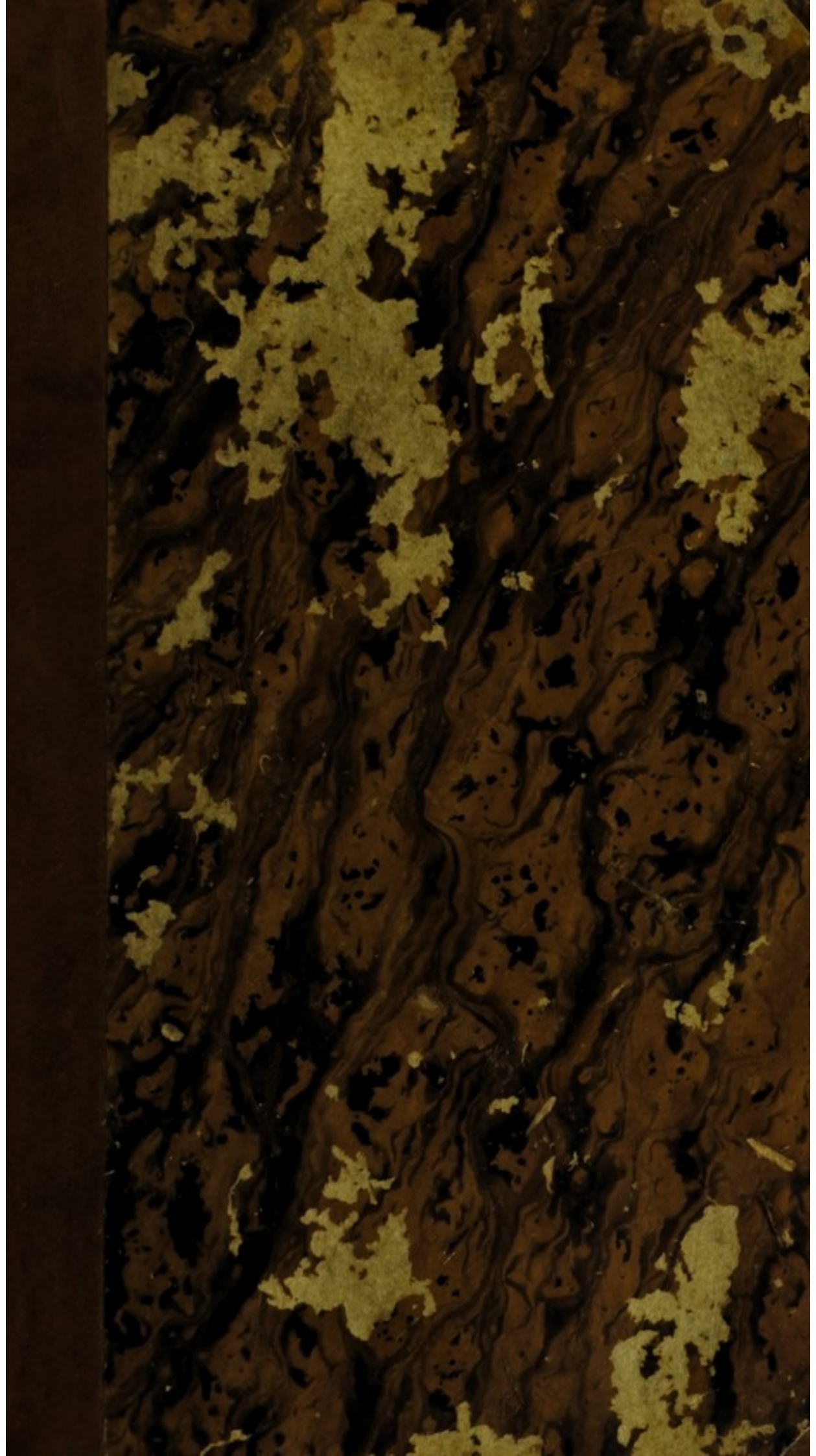
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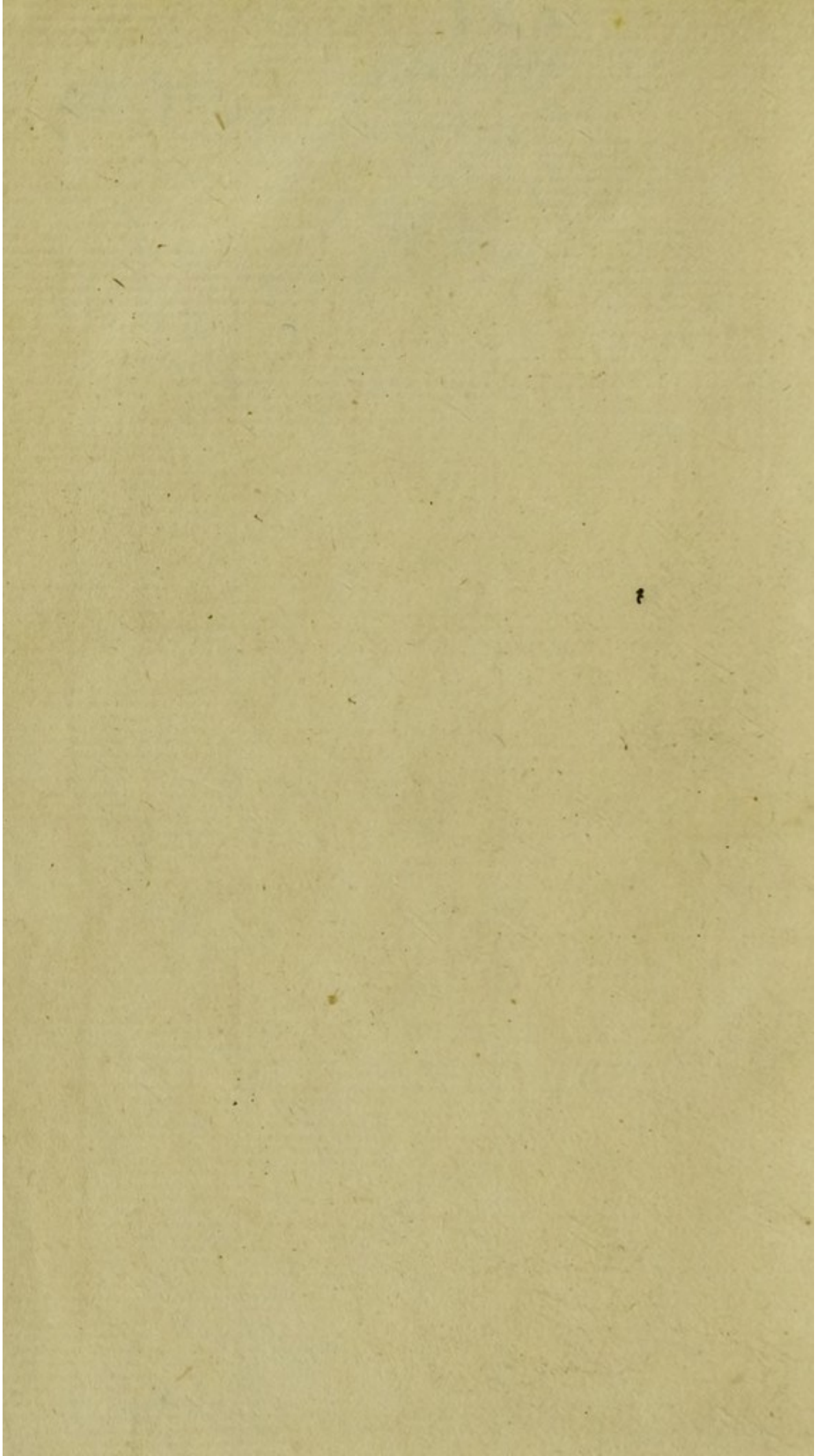


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T R E A T I S E
O N T H E
V E N E R E A L D I S E A S E .

[PRICE THREE SHILLINGS.]

T R E A T I S E

ON THE

VENEREAL DISEASE

PRICE THREE SHILLINGS

BASHH 246

A

T R E A T I S E

O N T H E

V E N E R E A L D I S E A S E .

By G. R E N N Y,

SURGEON to the ATHOL HIGHLANDERS.

L O N D O N :

PRINTED FOR J. MURRAY, N^o. 32, FLEET-STREET.

M, DCC, LXXXII.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

REPORT OF THE

COMMISSIONERS OF THE

BOARD OF EDUCATION

FOR THE YEAR

1900-1901

CHICAGO, ILL., 1901

TO
ALEXANDER MONRO, M. D.
PROFESSOR *of* ANATOMY *and* SURGERY
IN THE
UNIVERSITY OF EDINBURGH.

S I R,

THE very high rank you so justly hold in the medical world, entitles you to the esteem of its numerous followers, and it is with particular pleasure, I embrace the present opportunity of addressing the following pages to a celebrated Professor so fully qualified to judge of their execution. This, I think, in a
pecu-

peculiar degree, is the duty of every one who considers himself as under an obligation in point of instruction; and though I cannot boast of enjoying a particular intimacy, still I am convinced, the tie which ought mutually to subsist between master and scholar is fully sufficient to warrant the present address, and to claim the patronage of a man, no less remarkable for abilities than liberality of sentiment.

I have the honour to be,

SIR,

Your most obedient, and

Very humble servant,

G. RENNY.

P R E F A C E.

IT is a fact well known to every man at all versant in the cure of the venereal disease, that the assistance furnished by authors who have written on this subject, is far from being sufficient in establishing accurate notions, as to the particular nature of each symptom, and the treatment necessary to be pursued.

The voluminous work of Astruc, though it may contain a number of useful remarks, is not without considerable inaccuracy, and is rather calculated for the perusal of a surgeon of some experience, who is thus enabled to pick out what may be applicable to a particular case from the skill he has already acquired by his own observation.

The other works which have appeared on the same subject, are either incomplete, or very deficient in the treatment necessary to be pursued in particular stages of the disorder, which occur frequently, and ought therefore to be considered with particular attention.

This being the case, the young practitioner sets out with little assistance from books, and is chiefly indebted to his own observation in correcting any wrong opinions he may have already formed, and in regulating his practice by that standard which appears most successful.

This defect in point of information seems chiefly to be owing to the diversity in the appearance of this disease, and the variety which obtains in the cure of different patients, which renders it the more difficult to establish any general principles applicable to all, and though it may be true in a certain degree, still it is rather to be accounted for, as depending upon the manner in which

which our observation is most commonly made, and not upon the nature of the disease itself.

In the common line of practice, the patient is seldom under the immediate eye of the surgeon, which renders it impossible for the latter to be accurate in observing the gradual progress of each symptom, and in tracing the action of the mercury in overcoming the disease.

It may be said, that in hospitals this objection is remedied, the surgeon having a full opportunity of satisfying himself in those particulars.—But, I appeal to every one conversant in such practice, for justifying me in asserting, that the individual

dividual is commonly overlooked in proportion to the number of cases admitted; and general modes of practice are adopted, founded upon ancient opinion, which lays the principal stress on the salivation being properly encouraged, without at all attending to the progress of the mercury, as affecting other parts of the system.

The army furnishes a source of information on this subject, equal, if not superior to every other, the disease being very frequent, and the surgeon possessing every advantage, which an extensive practice, and an unrestrained application of remedies can bestow.—The following treatise therefore, is submitted to the Profession,

feffion, as the result of fuch a fituation. And as the opinions on feveral points are new it may be proper in this place to give the reasons for adopting them.

Upon first entering on the practice of this difeafe, I am not afhamed to own, it commenced with many prejudices in favour of old opinions, and it was not before considerable mistakes were made, that any of them were given up;—In this fituation, one thing appeared evident, viz. The great variety that occurred in the cure of different patients, which was by no means in proportion to the virulence of fymptoms, it often happening, that the most malignant, and feemingly confirmed

firmed disease yielded in a short time to the administration of mercury; and on the contrary, the greatest difficulty sometimes occurred in getting rid of complaints, which to every appearance were perfectly recent.—As this peculiarity frequently presented, and as the progress of the cure was seldom observed to be the same in any two subjects, it seemed a natural and just supposition, that the constitution of the patient had a principal share in the matter, and I am ready to affirm the doctrine delivered on this subject, was the consequence of a careful attention to the success of the practice; and though there can be no doubt, that in every case where the symptoms of the pox have

have remained for any considerable time in the habit, they may be reckoned more virulent in their nature, and more difficult to overcome, still I assert, that the cure is to be conducted by keeping in view the proper support of the circulating system, which is peculiarly necessary to assist the mercury in eradicating the disease. This is given as matter of fact, and it is much to be wished in every investigation, a proper deference was paid to such authority.

Setting opinions aside, it may be said, the treatment recommended in the different stages of the complaint is far from being new, and only what is practised by a number of surgeons of the present day.

Though

Though this remark may certainly be well founded, it is far from being a sufficient argument against a publication, intended for the instruction of those entering upon the business, and who stand in need of every assistance which the endeavours of a more experienced practitioner are capable of supplying.

This brings on the execution of the work, which certainly is the principal subject for animadversion. But as the profession are alone qualified for deciding on this point, the author, with all deference, submits the performance to such a respectable tribunal, being convinced their sentiments will be marked with candour and impartiality.

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T R E A T I S E
O N T H E
V E N E R E A L D I S E A S E.

I N T R O D U C T I O N.

AS the practice laid down for the cure of the venereal disease in its simple and confirmed state is essentially different, it may be proper before we enter on the rules necessary to be followed in each stage, to say a few words relative to the cause, upon which this diversity of treatment is founded.

I think it perfectly unnecessary to enter fully into the variety of arguments which might be produced in support of the sameness of the venereal matter in producing gonorrhœa, or confirmed lues; ---it is certain a great deal of fallacy attends most of our opinions on this subject, it being exceedingly difficult to trace the cause of infection with accuracy in any individual, so as to produce an absolute conviction in respect to its particular nature.—This being the case, and as the two diseases materially differ in the cure, it gives a strong presumption that the virus producing them is different, or it may be explained by supposing, that in the gonorrhœa there is no absorption. In whatever light this matter is viewed, it is certain that in ninety-nine cases of a hundred, a gonorrhœa is not succeeded by a general lues, which is a sufficient authority for the practitioner to regulate the cure upon different principles, independent of any arguments built on a particular case, and which
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may have occurred in the course of an extensive observation.

Having said this much, I am far from asserting any thing positive on the subject. I think only the treatment is sufficiently decided, which is the grand object to be attained. And if the matter lies open to future investigation, it is a lucky circumstance that for the present, our views in respect to the practice are determined with sufficient accuracy.

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GENERAL PRINCIPLES

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C H A P. I.

G O N O R R H E A.

BEFORE we proceed to the treatment proper to be pursued in this stage of the complaint, it will be necessary to describe the symptoms which characterize it, and the opinions of surgeons, relative to their nature.

It is almost needless to observe that the disease is got by coition with a person infected, and that in general it appears in three or four days afterwards;--- this period however is far from being

constant ; in some the symptoms appearing sooner, in others much later. The first thing observable is a sort of itchiness at the point of the penis, attended with a very slight degree of heat in making water, which is far from producing a painful sensation ; on the contrary, it is rather agreeable. In a short time after, the heat of urine encreases, and a yellowish matter is discharged from the urethra ; at first in small quantity, but as the disease proceeds, every symptom is aggravated, and the patient now complains of violent pain in discharging urine, principally felt in that spot of the urethra, immediately above where the frenum is attached, so that when the penis is erected, the corpora cavernosa of the urethra being inflamed, do not readily admit the free influx of the blood, without producing considerable pain, and as the penis is usually bent a little downwards, this symptom has got the name of chordee ; besides this, there is in general a pain and swelling in one or both groins,

groins, which is nothing more than a sympathetic affection, as it always keeps pace with the inflammatory stage of the complaint, and disappears along with it.

After this short enumeration of the principal symptoms in the early period of the disease, it will be worth while to stop, and take a view of the opinions of surgeons relative to their nature, and the method of cure which they practised.

It is well known to those who are versant in the cure of the gonorrhœa, that it is only of late the practice has been built upon the idea of its being local, and that to this day the generality of older surgeons still adhere to their former opinions, and proceed first by evacuations, until the inflammation is reduced, and afterwards by alterative and laxative medicines, so as to correct the virulence of the discharge, and by act-

ing upon the mass of blood, prevent the disease from becoming general in the system. As the arguments they produce are very specious, and have the sanction of general opinion, and a long continued practice, it will be found a matter of some difficulty to overturn them.

In the first place they affirm, that when the disease has made any progress, and the discharge of matter is considerable, attended with a fixt pain in a particular part of the urethra, it is far from being improbable that an ulceration may not have taken place, and thus by absorption, the mass of fluids may be tainted;---but even allowing that the disease has not proceeded so far, and that the running may be accounted for, as proceeding from an increased discharge of mucous, altered in its nature by the inflammation, still they do not see a wiser course to follow than to get the better of this inflammation, by evacuations, and the pursuance of the antiphlogistic regimen, using

using alteratives at the same time so as to obviate the possible chance of absorption. In this method every symptom is attended to, and the running is not improperly checked. On the contrary, if by astringent injections a stop was put to the discharge, we prevent nature from effecting a cure by this salutary effort, and swelled testicles, and other symptoms of a confirmed lues are brought on, which can with very great propriety be attributed to this practice. These have been the general opinions of surgeons on the subject, and it is only of late that a different treatment has been pursued.

Before we proceed farther, it is necessary to attend to the success of the practice just now recommended, as it may be affirmed this circumstance has a very principal share in the present enquiry.

Surgeons by pursuing the method of cure already recited, seldom found much difficulty in obviating the symptoms of inflammation. The lancet and purgatives being instruments, the effects of which they could easily command. The difficulty arose from the running, which though in some cases it ceased with the inflammation, in the greater number, continued, and proved exceedingly troublesome to get rid of.

The question that now occurred was, Whether this symptom was to be considered as venereal, or only a gleet, the consequence of a relaxed state of the parts.—Here a problem of very different solution presented;—some thought the colour of the matter sufficient to solve it, but experience proves that gleet, strictly so called, put on every appearance which the running in the more early stage of the complaint assumes. This circumstance, therefore, gave rise to a diversity in the practice, as at one time the surgeon

geon thought there might be a chance of some infection remaining, and ordered mercurials; at another, the symptoms put on the appearance of a gleet, and then heating balsamic medicines were prescribed. Some went so far as to direct an astringent injection to be used, but this with the greatest caution, and only where there was a certainty of no infection remaining;—This being the case, I am confident I do not assume too much in asserting, that the cures performed in this way were generally tedious, and after a patient had followed a strict regimen for several months, in the end, he found himself almost as bad as at first setting out. I wish it to be understood, that I am far from denying, that cures are daily made by this practice in a short space of time, this is very certain; but I appeal to those, whose practice has been extensive in the disease, for justifying the assertion, that cures made in a short space of time, have been but few in proportion to those who have lingered under

der the complaint for several months, and at the long run have laboured under a gleet, much more difficult to remove than the disease in its original state. This being the truth, it will be proper to consider whether or not any other treatment can be thought of, more successful than the one already mentioned.

I apprehend there is, and that, by the use of injection.

The first and principal argument to be combated is, that by astringent injections the running is too hastily stopped, and nature is prevented from putting an end to the complaint in that way which would seem most natural.

This, however, is the very argument I could wish to employ in favour of their use.

I consider the running to be a consequence of the inflammation excited in
the

the mucous glands of the urethra, by the venereal poison.—Are we not therefore more likely to succeed in the cure, by applying our medicines to the part affected, and thus get the better of the inflammation, which is purely topical, than by using means which can only succeed by lowering the tone of the system in general?—It may be said, that by thus checking the discharge, the patient may be poxed. But what proof can there be adduced, that this actually happens in fact, or why does the stoppage of the running produce this effect? Is it not much more probable to suppose that the running disappears from the reduction of the inflammation, by reason of our remedies being applied to the part affected?—I believe it will be allowed by those who understand the nature of the œconomy, that a confirmed lues can only take place in consequence of an absorption of the poison, through the medium of the lymphatic system. I beg leave to ask, how the stoppage [of the
running,

running brings about this absorption, or what is the reason an absorption does not take place the moment an inflammation seizes on the internal surface of the urethra? * Those who remark that swelled testicles are a consequence of such practice, do not seem to have attended with sufficient accuracy to the various phænomena which accompany this inflammation, and which render an explanation upon other principles much more probable †. Upon the whole, therefore, I am clear in opinion, that the gonorrhœa is to be considered as an inflammatory affection in the mucous glands which line the internal surface of the urethra, and that

* Whether this depends upon the difference in the virus, or the want of absorption, may be difficult to determine, but it is fully sufficient for the present purpose that the fact is observed to be so.

† In the next chapter this matter will be investigated.

in consequence of something, as yet not sufficiently understood, a confirmed lues very rarely or ever succeeds. The disease therefore, is to be considered as purely local, and I now proceed to treat of the method of cure as such.

This will vary according to the stage of the complaint, at which the surgeon is consulted;—if applied to early, and before the inflammatory symptoms have arisen to any height, the first thing to be done is to order the patient to provide himself with a suspensory truss, made of flannel,* and to prescribe the following injection,† which is to be used three times a day with great care, and

* The propriety of this precaution will appear in the next chapter.

† ℞. Calom. p.p. gr. v.
 Sacch. Saturn. ℥i.
 Pulv. e Ceruss. comp. ℥i. G. Arabic. ℥ss. solv. in
 aq. font. bull. ℥viiij. Misce. fiat Inj.

to be persevered in until all the symptoms have disappeared.—The injection here recommended, is one which I have found from repeated experience, to be attended with remarkable good effects, and scarcely, if ever, producing any bad symptom. It is sufficient to remark with regard to the variety of injections in use, that few surgeons employ the same, and those of any eminence, keep their particular receipts a secret, so that there is no doubt but a considerable variety must obtain in this respect. The receipt I have given will be found in general to answer exceedingly well, provided we are sufficiently attentive in the directions given to our patients, to throw a proper quantity into the urethra, retaining it for a short space, and by rubbing with the finger along the course of that tube, he endeavours to apply the fluid to every part of the internal membrane. (See cases 1st and 2d.)

If

If the inflammatory symptoms have advanced considerably before any remedies have been administered, I have sometimes, though rarely, found this injection to produce very considerable pain.—When this happens, it will be proper immediately to desist from its use, and by taking some blood, and ordering a gentle purgative, a case will seldom occur, where it may not be had recourse to, in the space of a few days, and that with the best effects, provided the patient can be at all depended upon.

During this course there is no necessity for the patient living very low, it is sufficient that his food should be light and easy of digestion, and that in the first stage of the complaint, he should neither indulge freely in wine or spirituous liquors ;——moderate exercise, as riding and walking, serve very much to heighten the inflammatory symptoms.

If the method now laid down be properly attended to, I am convinced few cases will be found, which will not yield and be attended with a complete cure.— If we have been fortunate to begin early, this issue may be looked for in a few days; if the inflammatory symptoms have gained considerable ground, we cannot expect to succeed so soon.

It has been the general practice to order some alterative medicine (viz. a pill containing half a grain of calomel, or a quarter of a grain of corrosive sublimate) to be taken every evening.

This I would on no account wish to object to, and principally because it may serve as an inducement to surgeons to follow the method by injection, which for this reason will be entered upon with more security; although in all the practice I have had an opportunity of observing, they are very little or at all necessary, the disease being entirely local.

Having

Having thus mentioned the treatment to be employed in the generality of gonorrhœas, where the symptoms more evidently depend upon the irritation produced in the part by the venereal virus, it may be proper now to consider the nature of that discharge, which sometimes remains a considerable time after the irritation brought on by the above cause has been overcome,

This, as it affects particular constitutions, and assumes various colours, and degrees of consistence, has been supposed to acquire a different treatment; but as nothing is more fallacious, or of less consequence to be attended to in practice than the two last observations, it will be sufficient simply to consider such complaints, in so far as they differ from one another in their cause, and thus give rise to a diversity of cure.

In the first place, a running from the urethra will often be difficult to over-

come, not only as depending upon the first exciting cause, but on the particular irritability of the patient, which renders the inflammatory symptoms more obstinate, and thus more difficult to be overcome by the power of medicine, either when taken internally, or applied in the form of injection.

This is confirmed in practice, for cases sometimes appear, where the inflammation will not give way to any course of evacnants, neither will it yield to injection of any sort:—when this happens, which it is to be remarked is very far from being a common occurrence, we are to pay the most particular attention in the observance of the antiphlogistic regimen, taking care that exercise of every sort is avoided, which often has a very principal share in keeping up the state of inflammation; if by paying attention to those circumstances, the progress of the disease is observed to be on the decline, recourse may be had to the injection before recommended.

commended, which will in general be found to succeed, provided the state of inflammation is such as to admit of its use, without producing violent pain. In cases of this sort, the judicious administration of opiates have the most salutary effects, as they serve to take off that irritability of habit, which is the principal cause of the obstinacy of the complaint.

Secondly, A running very often continues from topical irritation, and that with or without obstruction in the urethra.—When depending on the former of these two causes, we shall find the obstruction to be occasioned by a warty excrescence, similar in appearance and consistence to those which grow out from the external surface of the glans, and which by irritating the parts that are contiguous, keeps up a constant discharge.

This is illustrated in a peculiar manner by attending to Case 3d, where the excrescence at first produced obstruction and a discharge of matter; but as its situation was so near to the orifice of the urethra, it soon made its appearance externally, and gave an opportunity of judging more exactly of its nature.—When this is the case, and the running is accompanied with a difficulty in making water, which is confined to a particular spot of the urethra, the cure is only to be expected from a long continued use of bougies, which by the pressure they produce on the obstructing cause, not only relieve the symptoms for the present, but in the end produce a radical cure, and this without supposing that the bougie possesses any medicated virtues, which serve to destroy supposed callosities formed in those parts; it being more agreeable to observation and experience, to attribute their good effects to pressure alone, which is found to have a very powerful influence
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in stopping the growth of fungous excrescences of every denomination.

Thirdly, A running may proceed from an irritation confined to a particular spot of the penis, unconnected with obstruction.

It is difficult in some of those cases to convey an accurate notion of the cause of the complaint;—it may be distinguished from every other by the patient complaining of a pain confined to a small space of the urethra, which is principally felt when the urine is discharged, or the yard erected;—this some have considered as an ulceration, and it no doubt is a plausible opinion, being strengthened by the appearance of cicatrix, observable on the internal surface of the urethra where dissections were made after death. It is however probable, that such an occurrence seldom takes place, and that the obstinacy of the complaint may be account-

ed for as depending upon a greater irritability in the part affected, which renders the inflammation much more difficult and tedious to reduce.

The cure in such a situation is often assisted by repeated frictions of small quantities of mercurial ointment to the inside of the thigh, and root of the penis, and particularly if there is reason to think the disease proceeds from any venereal virus, which may still serve to keep up the inflammation.

The injection before recommended may be had recourse to in cases of this sort, and though it may sometimes fail, as indeed all our endeavours often do, it will never be found to produce any bad effects.

Fourthly, A debility of the system in general, or a relaxed state of the mucous glands of the urethra, which were the original seat of the disease, are causes much

much more prevalent than the former in producing gleans; and the latter in particular, is very usually an attendant on gonorrhœas, which are treated by the antiphlogistic method, without the use of injection.

It is needless to enter into an enumeration of the various sorts of gleans, which may all be traced from the same source, and which assume various colours, in proportion to the state of the vessels at the particular time.—It is sufficient to remark that the difference of colour presents no variety in the practice as has commonly been believed, and that every sort of discharge not connected with the foregoing causes, may with great propriety be brought under the head of general or local debility, existing separately or conjoined.

This being the case, the cure will be conducted in supporting the tone of the system in general, by the administration
of

of bark, joined to the cold bath, and the use of astringent injections, which in no case are of more essential service, provided they are persevered in, for a sufficient length of time after symptoms have disappeared.

It must however be confessed, that notwithstanding all our endeavours, particular cases will occur, which will baffle every effort employed towards the cure; but these are very few in number, and not near so troublesome to manage under the practice by injections, as in the other method, where the medicines are thrown into the general system, and the patient is kept under a course of heating astringent remedies, which seldom prove of much efficacy except under a long administration.—This has been the chief cause why the use of injections has come into repute of late years, and though a number of surgeons still cry out against them, there is no doubt but the practice is every day becoming

coming more general, and will soon be very universally in vogue.

It is a very difficult thing for surgeons who have been educated, and have been in the use of treating this disease under different principles, to give up their habits of thinking, and to be reasoned out of their former opinions, even though the practice gives it against them.—Specious arguments are by no means wanting to those who wish to employ them in favour of the old opinions, and if in any one case, where injections are recommended, the complaint is succeeded by a general infection, the injection and its adviser are blamed, although upon a more minute and candid investigation, the issue will be found to proceed either from irregularity in our patient, or some other circumstance which has not the most distant connection with the remedy employed. This being the case, the propriety or impropriety of injections is still a matter of very great dispute, and

as the practice can alone determine this important point, it is much to be wished that surgeons would give them a fair trial, and determine upon their merit by the success which attends them. This is recommended by one who set out upon the former ground, and only altered his treatment after the practice had given it against him.

CHAP.

C H A P. II.

INFLAMMATION OF THE TESTIS.

THIS disease has been generally supposed to be occasioned by the stopping of the discharge in the gonorrhœa, from the too early use of astringent injections, and as I am very far from agreeing in this opinion, it will be necessary, before entering on the practice, to obviate some arguments that may be adduced in support of the above doctrine, and to mention what seems to be the most rational idea in respect to the nature of this inflammation.

In the first place, it is observed, that a swelling in the testis is often brought on by the sudden stoppage of the discharge in a gonorrhœa, from the above cause; and as a proof that this is really the case, the running will be found to return, so soon as the inflammation is reduced, by pursuing the antiphlogistic course.—This is a remark which has often been made by practitioners, and has been considered as a very strong argument against using injections in the early stage of a gonorrhœa. In answer to it I observe, that the stopping of the running is by no means the cause of the subsequent inflammation, neither is its return a proof that the injection occasioned the complaint; for upon a more attentive observation, the inflammation will be found to be the *cause* rather than the *effect* of such symptoms, and the return of the running evidently a proof of its resolution, in consequence of the application of our different remedies. (See Case 4th.)

In proof of this, I affirm, that inflammations of the testis are by no means confined to those cases where injections are employed in the cure; on the contrary, they occur oftner, where the antiphlogistic method has been pursued, and nothing astringent applied;—here there is a necessity for having recourse to some other explanation; and surgeons have been much puzzled in deciding on this business, as it is well known that this inflammation is not confined to a particular stage of the gonorrhœa, but occurs indiscriminately at any period, and its attack can usually be traced from some irregularity in our patient, in respect to exercise, or exposure to cold.

This being the case, some other cause must be looked out for, which seems to be more immediately connected with the disease in question. And I apprehend we are led to a probable one, from remarking, the use of suspensory bandages, not only in preventing a return of the complaint,

plaint, but in obviating its attack.—I was far from seeing this matter in the clear light I now do, in the early part of my practice among soldiers, who wore breeches, which in some degree served to suspend the testicles.

After being convinced that this disease occurred independant of the use of astringent injections, as in them, they were never employed for the cure of a gonorrhœa*—I was at a very great loss to discover from what cause it more immediately proceeded, and all my endeavours ended in this, that the inflammation could be most commonly observed to be brought on, either in consequence of violent exercise, or exposure to cold,

* This is owing to the particular circumstance of every soldier being obliged to do duty, who labours under a simple gonorrhœa, which effectually prevents that attention and regularity being bestowed, which is absolutely necessary to produce a cure by this method.

and this independent on any inflammation which previously existed in the urethra. The case was therefore treated as a simple inflammation, and when reduced, the use of a truss was prescribed; and as it was always found, that in proportion to the attention which the soldier paid in wearing this bandage, a relapse was prevented, it naturally followed, that the same means which obviated its return, might serve to prevent its attack; and having regulated the practice by this principle, it answered every expectation, and I am confident in asserting from my late observations, that swelled testicles will seldom occur, provided the patient makes use of this expedient.

In order to set the matter in a still clearer light, I think it proper to mention a fact which happened to me some time ago. Soon after my appointment as surgeon to a highland battalion, there were eight soldiers reported with gonorrh-

heads at the same time, each of them was blooded, and ordered some cooling physick, being desired to attend the hospital when off duty; the precaution of the trufs was however forgot, and in the course of a week five of them were attacked with inflammation of the testis; this at first seemed surprizing, as I never before had met, in so small a number of cases, such a frequent occurrence of the complaint; but on a moment's consideration, the difference of drefs, and the want of a trufs accounted for the whole, and though I was sorry for the neglect, the occurrence pleased me, as it served so fully to explain the cause of the disease, particularly when I assert as a fact, that in a hundred cases of gonorrhœa which I have treated since, exactly under similar circumstances of inflammation, by the attentive use of a suspensory bandage, although the soldier in the course of his duty was exposed to cold, and pretty severe exercise, I never had one case of swelled testicles ensuing.

After

After remarking this peculiarity in the treatment of gonorrhœas, which will be found to obviate the attack of this disease, the theory of its proximate cause advances one step nearer; but still it may be difficult to give a precise reason, why the suspension of the testis should prevent any subsequent inflammation. I am far from thinking any thing I can offer will serve at all to solve the question;—so much may safely be asserted, that by suspension, the vessels of the testis and chord are relaxed, and that sort of tension is taken off, which otherwise might be productive of inflammation, from the sympathy which naturally takes place in parts contiguous to one another.

I now proceed more particularly to consider the attack, and nature of this inflammation, and the various means to be employed in the treatment. The first symptom by which a patient guesses the testicles to be affected, is a shooting pain from the lower part of the

scrotum up into the belly, which exactly marks the course of the spermatic vessels. In a little time after, the substance of the testicle appears red, very painful to the touch, and somewhat enlarged. If nothing now is done, every symptom of pain and inflammation is aggravated, and at last encreases to such a degree, as to bring on a complete paroxysm, exactly resembling the cold fit of an intermittent fever.—In this state the testicle appears very large, and exceedingly sensible to the touch, so that the patient is not able to bear the smallest weight on its surface.—If the surgeon is now called in, the first object is the reduction of the inflammation, which is principally to be effected by plentiful bleeding, which in no case is more necessary or more essential; it is therefore to be repeated so often as the inflammatory symptoms and strength of the pulse render it requisite; we are at the same time to pay attention to the posture of the body, which ought to be horizontal, the testicle being completely

pletely suspended with a bandage, so as to take off any weight from the chord. Recourse is likewise to be had to topical remedies, such as warm fomentations, which are to be continued some considerable time, and often repeated, as they certainly tend by their relaxation and warmth to take off the spasm, which seems in a peculiar manner to be an attendant on this species of topical inflammation.

The application of leeches are no where more serviceable than in the present case, provided the general bleeding has been carried to a sufficient length before, and the pulse seems to forbid its repetition.

As to poultices, they may be used with success, when the inflammation begins to give way, but are improper before, on account of their weight, which is generally unsupportable, and their preventing the frequent repetition of the

fomentations, which are so much more to be depended upon.*

Those made with the saccharum saturni, are at present much in vogue, but are only to be used under the above restrictions. Vomits are likewise recommended as a powerful means of reducing this inflammation, and certainly after plentiful bleeding, they may be employed with very great advantage. In no one instance of topical inflammation does there seem to be such an immediate connexion between the stomach and the part affected as the present, that viscus seemingly partaking of every alteration which takes place in the testis during the progress of the inflammatory symptoms.

* The fomentations may either be warm milk and water, or plain water, to which a small quantity of chamomile and marshmallow leaves have been added.

Purgatives have likewise been advised, but I think very injudiciously ;—they, as a part of the antiplogistic regimen, certainly serve to take off the inflammatory diatheris, but are attended with one inconvenience, which more than balances for any good they may produce as evacuates, and that is, the necessity the patient is under of altering the posture of his body when going to stool ; this is troublesome, and attended with such pain in the beginning, that I have very often seen every symptom considerably aggravated from the administration of a purgative (see Case 4th) ; the posture of the patient, and proper suspension of the testis, is therefore principally to be attended to ; and by the use of glysters, moderate evacuation is produced without inconvenience, and the effects of costiveness are sufficiently obviated,

By pursuing those different means, which are to be regulated at the discretion of the surgeon, few cases will

occur which will present much difficulty in the cure, the inflammation gradually decreasing, and the testis becoming softer, so that the epididymus can be felt separate from the body. This will always be found to be the last part which softens, and the patient is not to be considered as free from the danger of a relapse, until it assumes its usual flabby feel, and even then the use of a suspensory bandage is indispensably necessary, which if properly fitted to the part, and unremittingly worn for two or three months, will for the most part, give a complete security from any return.

Hitherto nothing has been said relative to the use of mercury, and for this reason, because it is totally unnecessary, the disease not being at all venereal, and only connected with gonorrhœa from the the circumstances before mentioned. Indeed I have seen several cases where the testis was considerably hardened and enlarged without much pain, and in
appear-

appearance somewhat resembling a schirrus, where a mercurial course completed the cure; but this occurs very rarely, and certainly admits of a complete distinction from the foregoing, and may be rightly judged as an induration brought about in the testis, by reason of the venereal virus which is universally prevalent in the system, and only admitting of a cure by the application of our remedies in correcting the mass of blood,

CHAP.

C H A P. III.

S H A N C R E.

IT will be necessary before we enter on the treatment of this symptom, to describe its particular appearance.

When it is the consequence of a fresh infection, it usually comes on in the course of a few days, or within the first week after coition with the suspected person; this period however only holds good in the generality of cases, as some few are remarked, where shancre have
appeared

appeared several months after the poison had been received,

If our observation is accurate, and takes place early, we shall perceive, previous to any sort of ulceration or discharge, a slight inflammation, or red spot, confined sometimes to one, oftner to several portions of the glans and preputium. As the disease advances, these gradually become more visible, and now discharge a thin purulent matter. Following the progress of those ulcerations, it may be remarked as a likely conjecture, that each chancre seems to have been produced by the same cause operating originally at the time of infection, and not by discharge from a particular one, begetting a second, and so on; this is rendered probable by their number being always determinate early, and each ulceration preserving afterwards its own limits; whereas if we supposed that one ulceration begat another, it is difficult to give a reason why chancres should
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not be produced *ad infinitum*, as in the progress of the complaint there are few spots either on the surface of the glans or preputium, that are not exposed to the application of the venereal matter.

— Be this as it will, the number of shan-
cres may, in general, be determined in a few days after the first has made its appearance; and in their after course, each ulceration is confined to certain bounds, and seldom makes a junction with those in the neighbourhood.

It is a very difficult matter to express in words the particular look which those ulcerations assume, and which to one conversant in venereal complaints, will serve completely to characterise their nature: it is sufficient, therefore, on this subject to observe, that it is only by attentively viewing the appearance of venereal sores, in a variety of cases, that the young practitioner will be able to form an opinion in regard to them, that will at once be just and decisive.—

cifive.—After proceeding thus far, it may not now be altogether improper to mention the ideas of furgeons on this point, and to give the grounds on which they have endeavoured to establish them.

The opinion almost univerfally received by the profeflion has been, that fhancres are fymptoms proving that the venereal virus had infected the fluids. This doctrine has, however, been called in queftion lately, and fhancres have been reckoned, not as marks of a general lues, but only as proceeding from the venereal virus lodging on a particular part during coition, and afterwards producing an inflammation, and fubfequent ulceration, which is to be confidered as local, and not at all dependant upon a general infection pre-exifting in the fyftem; the difeafe has, therefore, been claffed between the two oppofite extremes of gonorrhoea fimplex and confirmed pox; and as our treatment of every

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very complaint ought in justice to correspond to the notions we entertain in respect to its nature, it is very rational to suppose, that the advocate for this opinion, would principally have in view the obviating of the topical symptoms, the general habit not being at all concerned. If we look however into the author who has written on this subject, we will be surprized to find him not only giving directions as to the topical treatment, but likewise advising us, by no means to neglect the use of mercury internally, as, without its judicious administration, the patient in a few months would infallibly labour under a confirmed lues.—This being the case, it may be asked, how comes it to pass, that this termination will in general ensue from a chancre being healed without the internal use of mercury?—If the disease was topical, no mercury need be employed; if, on the contrary, its termination was often in a general lues, does it not give a certain presumption

tion that an absorption frequently takes place, and that the only certain way of effecting a radical cure, is by throwing the mercury into the general system, and thus obviating the effect of such absorption. In objection to this it has been said, that in general we find the complaint can be completely cured by the use of mercury, even though the patient goes abroad; whereas in the confirmed lues, we feldom or ever succeed without confinement, and perseverance in the medicine for a considerable time. Allowing this argument its full force, although I must observe, practice very much contradicts it, it by no means goes the length of proving the locality of the disease, and only proves what certainly is observed to take place, that when symptoms have not been of long standing, and where the patient enjoys good health, the mercury acts with its greatest effect, and notwithstanding he walks about, the state of circulation is such, as very much to assist the cure; in

in confirmed cases, the situation is very different, and there is every reason to think the variety which obtains in the treatment may be explained more consistently with observation, as depending upon the reduced habit of the patient at the time, which renders it exceedingly difficult for the mercury to eradicate the disease.*

It is fully sufficient for the present purpose now to remark, that chancre may be considered as brought on by reason of the venereal virus lodging on the part during coition, and afterwards causing inflammation, and consequent ulceration; it is therefore possible, that in some cases it may be local; but as in every ulceration, there is a strong presumption that an absorption may have begun, even where a tumor is not ob-

* This will be treated of more at large in a subsequent chapter.

servable in the inguinal glands, (that not being always a constant attendant) we have sufficient grounds therefore for considering chancre as a complaint, in which the habit is almost certainly affected, and to conduct the cure upon such principles.

This, no doubt, will be regulated by the state of our patient when consulted.

If he is of a plethoric habit, it will be absolutely necessary to let blood, and to order some cooling physic, previous to administering any mercurial; on the contrary, if his system has been much debilitated by previous evacuations, we must carefully avoid pushing them any farther, always keeping in view the preserving a certain strength of circulation, which seems absolutely necessary for the proper action of the mercury. Regulated by this hint, we proceed to throw it in by slow degrees, endeavouring by the frequent use of warm baths, and of flannels

flannels applied next to the skin, to relax the surface, and thus give an opportunity for the mercury to go off by this secretion.

The preparation I would wish to recommend for this purpose, is the ointment, which, in its effects is by much the most certain, and less liable to a number of inconveniences attendant on the other forms in which it is prescribed;* the quantity to be used in each friction, and the frequency of repetition, will vary almost in every case;—provided it is of the strength ordered in the London Dispensatory, two drachms rubbed every second night may be considered as a general rule; but it is only by paying an attention to the constitution of every individual, that the surgeon will be enabled to regulate the proportion and re-

* The reason for this preference will be given afterwards.

petition, so as to conduct the cure properly, always keeping in view the prevention of salivation, and the endeavouring to throw the mercury off by perspiration, which as it is the most general evacuation of the system, so it most likely will best succeed in expelling the venereal virus. If, notwithstanding every precaution, a spitting should ensue to any degree, the principal resource is to wait with patience until it goes off, and then pursue the course as before. This, no doubt, will often prove tedious, but can only be hastened by encouraging the other secretions of the system; and with this view purgatives may likewise be employed with advantage.*

In this course, several anomalous symptoms sometimes appear, which it

* The exhibition of sulphur will often assist in checking a salivation when it has arisen to any height.

is of consequence for the practitioner particularly to attend to. The principal of which are, diarrhœa;—swelling of the fauces, attended with difficulty in deglutition;—universal debility, accompanied with profuse sweats, and fiery eruptions, which break out upon the extremities where the ointment has been rubbed.

The two first symptoms are in general the consequence of cold, to which the patient has been exposed. The most expeditious way of removing the diarrhœa, is by ordering immediately a gentle purgative, and if a warm bath cannot be procured, putting the patient's legs and thighs in warm water, and ordering an opiate after the physic has done operating. This never fails to take off the purging and pain in the bowels, with which it is always accompanied, provided the patient does not again expose himself to the same exciting cause. The swelling in the fauces is sometimes

very obstinate and alarming, on account of the difficulty in deglutition which ensues. The principal object to be wished for in this situation, is the restoration of the perspiration, which is chiefly to be brought about by the assistance of warm bathing. We are likewise, by the use of fomentations and poultices applied externally, and the drawing into the fauces the steams of warm water, to endeavour to reduce the inflammation. When symptoms run high, and the patient finds a considerable pain and difficulty in swallowing, recourse must be had to the free use of the lancet, and the application of blisters externally to the part. By these, and such like means, the inflammation is to be reduced, and there are very few cases but what will yield to the above treatment. Sometimes, however, this complaint, instead of being inflammatory, shows a putrid tendency. When this is the case, the cortex, joined to opiates, are immediately to be prescribed,

as the only remedies that can at all be depended upon. Universal debility, accompanied with profuse sweats, sometimes comes on when the patient is under a mercurial course; it will be found adviseable, when this happens, either to give up the mercury, or if continued, the tone of the system is to be supported by the free use of the bark, and a nourishing diet. If this is neglected, feverish symptoms either come on, which oblige us to desist, or, if the venereal complaint should disappear, it is only to break out with greater violence, whenever the habit is restored to any vigour. The pimples which break out upon the lower extremities by the repeated frictions, are very often troublesome and painful to the patient; in such a situation the ointment may be rubbed on any other part of the body, and it is seldom that the eruption becomes so general, as absolutely to prevent the preparation from being employed; the best application in these cases is the saturnine

ointment, after having fomented the parts with warm milk and water.

The diet during this course should be moderately nourishing, at the same time light and easy of digestion; if milk agrees with the stomach and bowels, it may be employed, if otherwise, weak broths may be substituted, joined to a certain allowance of animal food, which ought to be fresh, and devoid of fat. The drink should consist of diluent liquors, such as whey, barley water, &c. and ought to be indulged in freely. The decoction of the woods may likewise be prescribed, which will always be found very much to promote the good effects of the medicine.

By thus throwing the mercury gradually into the habit, and observing a proper regimen during its administration, the shancres will, for the most part, heal in the course of four

or five weeks, and the cure be completed.

After remarking so much with regard to the general treatment of chancre as respects the operation of mercury on the habit, and thus bringing about a cure, it will now be proper to say a few words relative to the external applications which are most usually made to them.

These may be divided into three different kinds : viz. 1st, caustics ; 2dly, mercurial applications ; and, lastly, keeping the parts clean with warm milk and water, and applying any simple cooling ointment.

The first of these modes of practice is very much in vogue at present, and principally on account of the caustic being supposed entirely to destroy the cavity of the ulcer, and thus cure the complaint. If we consider, however, that
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it is only at the very beginning where this properly will hold good, and that the opportunities of making such application, so early as may be requisite, are few even where they present, and that there is no saying, with absolute certainty, but an absorption may have taken place, we shall find little room for agreeing in this mode, particularly, as by it sores are often healed, the habit remaining infected, and we are led to conclude the patient cured, until the appearance of other symptoms clear up the mistake. This, I have frequently seen, and it is very far from being a pleasant situation for the surgeon to be in with his patient.— The use of caustics therefore I look upon as improper in the beginning, and only to be had recourse to, either to repress fungous flesh, or in applying to particular chancres, that may have withstood the judicious administration of internal, as well as of external remedies of the simpler kind, and where
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there is every reason to suppose the complaint is solely local.

The second method by mercurials is very generally practised, and I think, so far as I have seen, with bad effect, as they always tend to encrease any inflammatory symptoms that may be present. Upon the whole therefore I am disposed to think the practice by keeping the parts clean, and applying simple digestive ointment, is the best. In this method, all topical inflammation is prevented from encreasing, the sore is defended from the contact of the air, and we are certain any alteration which takes place in its appearances, is owing to the efficacy of our internal remedies, which in most cases, it is of considerable consequence to the surgeon to be assured of.

After remarking the principal circumstances to be attended to in the cure of this disease, it is of considerable moment

ment to take notice of a peculiarity which occurs in some constitutions, and which makes a deviation from the practice now delivered, absolutely necessary. We sometimes find, that the sore instead of assuming a florid healing look, and discharging a matter more nearly resembling true pus than it did at first, by the mercurial course being commenced, a thin offensive sanies is emitted, of a very acrimonious nature, and the ulcer encreases considerably in size ;—in this situation, the mercury is immediately to be desisted from, and the cortex joined with opiates, prescribed in pretty large doses, which is to be continued until every appearance is changed, and the spreading of the ulcer completely stopped, (see Case 5th). We are then, and not before, to have recourse to mercurials ; and during the whole progress of the case, the change which took place is still to be kept in view, and the cortex on no account spared, provided the symptoms should at
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all require it. From this circumstance not being attended to early, and the mercury continued, I have seen more than one case, where all the powers of the bark, joined to the very free use of opiates, were of no effect, the penis being lost.

Having now considered the variety of treatment which obtains in respect to chancre, strictly so called, and where it is not connected with any topical inflammation, the rules which are to be observed when thus circumstanced come next into view and this brings me to the divisions most commonly made into **PHYMOSIS** and **PARAPHYMOSIS**.

C H A P. IV.

P H Y M O S I S.

THIS disease is in general understood to be brought on in consequence of an inflammation excited by shancres, situated between the glans and preputium, and thus preventing the extremity of the penis from being denuded.—The practice commonly followed by surgeons in such a situation, is to obviate the symptoms present by venesection and purgatives, keeping the parts as clean as possible by syringing with warm milk and water, and pursuing a strict anti-phlogistic

phlogistic regimen, so as to lessen the inflammation which has already taken place; at the same time the mercury is thrown in by slow degrees, in order, as is supposed, to correct the virulence of the discharge, and by gradual perseverance in this course the inflammatory symptoms will subside, the pus becoming milder, and thus in a short time the cure be completed,

If, on the contrary, the disease should not give way by the method now laid down, which is often found to be the case, and which may be easily accounted for, by reason of the irritable habit of our patient, and the inflammation having perhaps made some considerable progress, before any remedies have been administered, we are directed to make an incision on one side of the penis, with a concave bistoury, so as completely to divide the preputium, and by thus removing the stricture which had taken place, the further progress of the inflammation

Inflammation is prevented, and the cure will for the most part go on without any more trouble.

As this particular stage of the venereal disease occurs very frequently in practice, and as I am of opinion the method already recited is far from being so judicious as it might be, I think it essentially necessary to be more minute on this head, and to give the reason of deviation from the common mode, and my recommending another which in some points is very different.

I remark, in the first place, that practitioners are very often under much difficulty how to proceed in some of those cases, by reason of the inflammatory symptoms running very high; and although the patient has undergone considerable evacuation, it is by no means an unfrequent occurrence for a mortification to come on, and consequent sloughing, so that

a great part of the penis is lost. Even in cases where those symptoms have not run so high, and where the surgeon finds an absolute necessity of having recourse to the operation, still it is to be considered, that a division of parts takes place, which are highly inflamed, and the future progress of the cure does not turn out always as might be wished;—this, in the course of my own practice, I have more than once experienced, the operation being followed with violent inflammation, which terminated in gangrene. As this event must at all times be exceedingly distressing to a surgeon of feeling, and as the operation, though not attended with such consequences, necessarily produces considerable pain to the patient, it is a thing very much to be wished, that some mode could be adopted, more successful, and less painful. This I am well convinced is practicable, and solely upon this principle, that we are carefully to pay attention to
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the topical symptoms present, and by no means to think of giving the smallest particle of mercury, until the stricture is entirely reduced, and all danger from inflammation at an end.

Let us attend but for a moment to the change produced by mercury on any venereal sore, and the truth of this matter will very clearly appear. We find, that the first effect of the medicine, is to produce an encreased discharge, attended with a considerable degree of inflammation; if this has a free vent, and topical symptoms are prevented from coming on, it gradually lessens in quantity, becoming milder and thicker every day, the inflammation subsiding, and the sore now assumes a florid healing look:—if, on the contrary, a phymosis is present, does not the very action of the mercury in producing a cure, tend to aggravate all the inflammatory appearances? The encreased discharge, from not getting free vent, insinuates itself

between the glans and preputium, and thus heightens every symptom of the disease, it is no wonder therefore, that we are often baffled in our attempts, even though evacuations be employed to any extent, and that the operation is at at last performed, when our patient is in a situation not very fit for bearing it. Besides this, it is well known, that independant of any topical irritation, the action of mercury on the general system evidently tends to encrease the irritability. It is therefore of the utmost consequence for the practitioner to attend to this circumstance, and on no account to prescribe any mercurial, until the topical inflammation is entirely reduced.

It may be said, that by this practice the cure will often be exceedingly tedious, and notwithstanding every thing that has been urged, cases will occur, where the antiphlogistic method will fail of success, and where the knife must at last be had recourse to.

In answer to the first objection, I assert, that so far from protracting the cure, we by this means certainly hasten it; as the encrease of topical inflammation is prevented, which will be found to be the principal hindrance. To the second, I am positive in affirming, that in an extensive practice which I have lately had, I cannot say one case has occurred, where the method now delivered, has not been attended with the very best effects, so as entirely to prevent the necessity of any operation. At the same time I can conceive it *possibly* may be necessary, either where the preputium is more than ordinarily constricted, and that independent of any inflammation subsisting, or where warts have grown to a considerable size, from the internal surface of the preputium, or external surface of the glans, and thus by the irritation they produce, a necessity ensues for laying the parts open, in order to get at the root of the disorder.

After having said this much in respect to the propriety of pursuing the anti-phlogistic course in such cases, and that independent of mercurial medicines, I now proceed in a more particular manner to consider the nature of this topical inflammation, and the remedies that are found to be most effectual in reducing it.—Here I think it necessary to divide phymosis into two species, as the treatment in each is very different. First, where the inflammatory symptoms more evidently depend upon chancre. And, secondly, Where the inflammation is of a simpler kind, not connected with ulceration, but may be the consequence of inattention in our patient in not keeping the parts clean when inflicted with a gonorrhœa, or it may be owing to cold.

The first species is distinguished by observing the preputium thickened, and unequal to the feel, the hardness being more evident where the chancres are situated,

tuated. Joined to this there is a considerable discharge from the part, and the inguinal glands are for the most part swelled; these symptoms necessarily convince us that the parts are ulcerated within.

The antiphlogistic course is now to be pursued in its strictest sense, and the lancet to be used pretty freely, provided the patient's pulse and habit can bear it. Besides this, the most salutary effects will result from the constant use of the syringe, as by injecting every two or three hours, fresh quantities of warm milk and water, the matter which is discharged from the sores is prevented from lodging, and this is a circumstance of such moment, that I am convinced all our other efforts will be of little use, if it is not carefully attended to. The patient during this time ought to be kept in bed, or at least permitted to walk very little, as every sort of motion will keep up the state of inflammation. The pe-

nis is likewise to be suspended, and fomentations may be used externally with good effect. As to poultices they certainly will serve the same general indication, but are inconvenient, for this reason, that they must be taken off each time the syringe is employed, which is so much more to be depended upon, that it ought never to be superseded by the application of any thing externally. Purgatives are included as part of the antiphlogistic regimen, and they no doubt will be of considerable assistance.

By pursuing these different methods with attention, when the inflammatory symptoms begin to give way we are not to think of employing mercury, as it may still bring on the very complaint we have been endeavouring to remove; it is only to be had recourse to when they are completely gone, and the ulcerations exposed to view by the stricture being got the better of. Then, indeed, it is to be begun, and a cure is only to be

be expected from its judicious administration, and from continuing it a sufficient time, until every appearance of ulceration and hardness has subsided, and the part recovered its usual feel and colour. Sometimes the constitution of the patient is such when labouring under this complaint, as to prevent any sort of evacuation from being employed. In this case the use of the syringe is of the first importance, at the same time carefully avoiding every sort of irritation; it may likewise be necessary to administer opiates pretty freely, which often produce the most happy effects by their antispasmodic power.

The second stage of phymosis, where the inflammation does not depend upon chancre, may be distinguished from the preceding by several marks. In the first place, it is observed very often as a symptom attendant on a gonorrhoea; whereas the chancre, though *sometimes*, is very far from being *generally so*.

Secondly,

Secondly, The inflammation which takes place, though in general considerable, is not attended with induration of the preputium, it seems only very red, and has a glossy crystalline appearance. Thirdly, The discharge for the most part is principally from the orifice of the urethra, and what comes from behind is of a paler colour than the matter emitted from ulcerations. Fourthly, The attack of the complaint can be often traced from exposure to cold, which produces the inflammation independent of any ulcerations which had previously existed. Fifthly, The glands in the groin are seldom observed to be indurated or swelled, which is a very constant attendant on the former species; this however is not always the case, as a swelling sometimes appears in the groin, where the phymosis is not connected with ulceration;— This depends upon the cause which holds good in respect to swellings in those glands, in the early stage of a simple gonorrhœa, viz. on the general sympathy of the

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the parts; and, as a proof of this opinion, the swelling in such cases will be always found to hold pace, and disappear, with the topical inflammation.

When most of these marks are joined in the same subject, we shall seldom find much difficulty in distinguishing these two species of disease, and I am convinced it is a matter of no small importance to be able to do so, as an accurate notion of the complaint will thus be formed. This being supposed, the treatment which follows, will pretty much resemble the foregoing, in what relates to the practice of venesection, and the strict observance of the antiphlogistic regimen. As to syringing the part, though equally necessary here, I have found it of very great consequence instead of using warm milk and water, to employ a solution of Saccharum Saturni,* which

* The proportion is gr. x. of Sacch. Sat. to ℥ss. of water.

not only relieves the inflammatory symptoms, but by its astringent and sedative powers diminishes the discharge, which had taken place between the surface of the glans and preputium, and which seemed in a great measure to proceed from a laxity and want of tone in the parts.

We are by these means to continue our endeavours in lessening the inflammation, and when we have so far succeeded, as to be able to draw the preputium completely back, and do not perceive any shancres, but only a sort of watery limpid discharge, which seems to come equally from every part round the root of the glans, there is great reason to consider the disease as local, and that no absorption has taken place. The astringent application is to be therefore continued a little longer, and we shall in this way be seldom disappointed of a complete cure without the smallest use of mercury, provided we are accurate in
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distinguishing between the appearance of ulceration, and that attendant on a relaxed state of the parts, which as I observed before, is not to be done with certainty, if the surgeon has not been accustomed to the look of those fores.

CHAP.

C H A P. V.

P A R A P H Y M O S I S.

BY this term is generally understood a stricture of the preputium behind the glans penis, in consequence of an inflammation occasioned by shaneres.

I am disposed to think this is very far from being a just view of the complaint in every case; and as this is a matter which necessarily will influence the practice, it will be requisite to be particular in the description of the symptoms.

It may be remarked, that in different subjects a diversity prevails in the situation of the preputium in respect to the glans. Some having the glans denuded, and the prepuce moveable upon its surface, whilst others have it covered at all times by the preputium, so that it is with considerable difficulty they are ever able to draw it back.

This being premised, the present complaint will be found to be chiefly an attendant on those who come under the last description; the parts being more susceptible of inflammation, and consequently more subject to stricture when that comes on. Whereas in persons of the former class, the glans is much less irritable by being always exposed to friction, and the contact of the air, and the preputium is so exceedingly moveable, that the symptoms must arise to a very considerable height before the disease in question possibly can appear.

After

After taking notice of this distinction, I now proceed to consider the treatment as arising from two causes.

First, From an inflammation excited in the glans and preputium by a gonorrhœa, and that merely from the sympathy of the parts : or, Secondly, In consequence of an inflammation occasioned by shancres, situated externally, or between the glans and preputium.

I apprehend, that in most instances this complaint will be found to arise from the former of these two causes, conjoined with the natural difficulty of denuding the penis.

The patient in this situation labouring under a considerable degree of pain from a gonorrhœa, endeavours to pull the preputium back, in order to wash away any matter that may have insinuated. This, though difficult to be effected in health, is much more so in

the present inflamed state of the parts, and not being aware of any harm that may ensue. He continues his efforts until the intention is accomplished, and he now finds, when it is too late, the impossibility of bringing the parts back to their former state, the retraction being so considerable round the root of the glans, that every effort made towards the reduction is baffled.

If the surgeon luckily should be at hand, he is not by forcible means to attempt the reduction, as his efforts in general will be of no effect, and may be productive of considerable mischief, by irritating the parts in such a state of inflammation; neither is he, as some would recommend, to remain inactive, and by ordering fomentations and emollients, to expect the stricture will give way; and, if disappointed, it will be time enough in a day or two afterwards to have recourse to the knife. This argument might be of some weight, provided

vided all along no alteration took place in the structure of the penis ; but this is so far from being the fact, that I am convinced, there are few cases in which a timely scarification will do more good, and where any sort of delay will be productive of more mischief. The surgeon is therefore immediately to make an incision on each side of the penis so deep, as to convince himself that every sort of stricture is removed, and when this is effected, there will be no necessity for bringing the parts back to their former situation, it is sufficient that the symptoms are prevented from encreasing, and it will be found, by pursuing the antiphlogistic course, applying proper fomentations, and relaxing medicines, that every symptom will be obviated, and the cure go on without any farther trouble.

Hitherto I have considered the surgeon as applied to early, and the consequences of the stricture removed by a

timely operation ; I now suppose the contrary, and that the disease has been allowed to remain for some short time. —And here I must confess I cannot help thinking, that surgeons in general have by no means been aware of the very great change which takes place in the shape of the part, and that in a very small space, otherwise their directions would have been much more urgent for operating early. In a few hours after the stricture has come on, a considerable swelling appears on the lower part of the preputium, immediately where the frenum is inserted into the glans, and this soon encreases to such bulk, as entirely to distort the shape of the penis. In this situation, it is still in the power of the surgeon to be of the greatest service, and that only by performing the operation. In doing it, he is with the fore finger of the left hand, to penetrate to the bottom of the fossa, immediately behind the glans, and divide it across with the knife for some length on each side,

side, so as completely to set the stricture at liberty ; for all slight scarifications, which do not reach the cause of the complaint, do mischief, as they serve to give the surgeon an assurance of his having done his utmost, when he has only been trifling with his patient,

We are not to expect, after an operation of this sort, that the parts being relieved from the stricture, will immediately assume their usual shape. This is impossible,—It is enough, that by it a mortification is prevented from taking place, and we are now, by pursuing the antiphlogistic regimen, and by the use of fomentations and poultices, to lessen the inflammation. During this course, a circumstance occurs of consequence to attend to. A few days after the operation has been performed, a considerable degree of ulceration comes on between the sides of the fossa, made by the stricture. This is always a troublesome symptom ; and, as it assumes in

some degree, the look of a venereal sore, it has induced practitioners to treat it as such, and to prescribe mercurial and alterative medicines.

In order to shew the impropriety of such practice, it is only necessary to look back to what was remarked at setting out, viz. That the present complaint originated from a simple gonorrhœa, by a mechanical cause not at all connected with chancre. This will shew, that instead of prescribing mercurials, the ulceration is to be considered as depending in a great measure upon the contiguity of parts, very much swelled by reason of the former disease, and the extravasation of lymph into the cells, and that by proper fomentations, and lubricating the part with unguentum saturninum, the inflammatory symptoms present are obviated, and a cure expected only by supposing, that an absorption will gradually take place, and the parts be thus in time restored to their former
bulk,

bulk, which in practice is found soon to be accomplished. This fully shows the necessity of attending to the distinction of the complaint, as the treatment now delivered must vary considerably from that, where the stricture depends upon inflammation excited by ulceration.

When this is the case, we are not to hesitate a moment in setting the parts at liberty, in the same way as recommended before; as without this, all or nearly the same symptoms would necessarily come on. The state of the parts however, after the operation, is to be viewed in a different light, as the method laid down for the treatment in the former case will not hold good here, in respect to every symptom. It is evident, that after the inflammation and swelling have in some measure abated, it will be necessary to throw the mercury into the habit, and it is only by paying a proper attention to this circumstance that a radical cure is to be expected.

It may be said, that upon many occasions, particularly where the swelling has increased to some considerable size before the surgeon is consulted, it will be difficult for him to distinguish, whether the stricture has been brought on by the inflammation communicated in consequence of a gonorrhœa, or from the inflamed state of an ulcer.

I apprehend, however, that little difficulty will occur in this matter, as the state of the parts previous to the coming on of the complaint will be a sufficient guide,—viz. If the patient has only laboured under a gonorrhœa without any other symptoms, the presumption will be strong in favour of the first opinion. On the contrary if he has had any chancre, and consequent symptoms of absorption, as a tumor in the inguinal glands, he will not hesitate in assenting to the latter*.

* The greater number of cases of paraphymosis which I have seen, have been entirely owing to

So far the operation has been considered as necessary, in order to prevent a mortification from ensuing. It is however very far from being an unfrequent occurrence, that before the surgeon has been called in, the inflammation has advanced so rapidly, as to shew every mark of an approaching gangrene.

In this state, he is by no means to think of making an incision, it would now be too late, and, if any thing, tend to aggravate all the symptoms, by encreasing the extent of the mortification.

The only adviseable thing now to be done, is to have recourse to the cortex joined to opiates, and it is wonderful what happy consequences will some-

a gonorrhœa supervening, and have always yielded to the course before recommended, without the least use of mercury.

times follow from their administration, even in cases that seemed desperate.

The exact time in which the inflammatory symptoms are so circumstanced as to forbid the operation, is not absolutely fixed, and it is only by taking a number of circumstances together, that an accurate notion can be formed. It may be sufficient here to say, that if the part puts on at all a livid appearance, the patient at the same time not complaining of violent pain, compared to what he felt some little time before, it will certainly be too late to think of any operation*.

When there is thus an absolute necessity of having recourse to the bark, the most favourable issue in general to be ex-

* The above remark, so far as it relates to the administration of the bark, will equally apply to a similar situation of the inflammatory symptoms in phymosis.

pected, will be, that all the portion of the penis before the stricture will mortify, and be thrown off from the sound part. When this is effected, the principal difficulty which now presents, is the preventing the aperture of the urethra from contracting, and thus obstructing the free flow of the urine.— In such a situation, it will be necessary to pay the greatest attention to the constant use of a bougie or sponge tent, until the orifice is pretty much enlarged, and when this is accomplished a leaden probe is to be worn for some time so as to render the sides of the passage perfectly callous.

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C H A P. IV.

BUBOE.

THIS symptom may justly be reckoned as the consequence of absorption from a venereal ulcer, and as such it is found to be principally an attendant on recent cases where the chancre is situated on the penis itself, and not when the complaint is more general in the system, and breaks out round the verge of the anus, in the fauces, or indiscriminately on the surface of the body.

This

This remark, so far as it goes, seems to shew that the venereal poison is taken up by the absorbents of the part affected, and passes in a straight course to their termination in the thoracic duct. In this passage, when it arrives at the lymphatic glands in the groin, a swelling is generally perceived to be the consequence, and this will be found always to be produced in that gland, into which the absorbents from the part affected with ulceration first enter; as in the after progress of the complaint, the glands placed within the abdomen, and which receive those vessels in their course to the heart, are never observed to be indurated. This is a very lucky circumstance, and it certainly is very difficult to account for it in any way that may be at all satisfactory. The most probable opinion seems to be, that the poison is diluted by its mixture with the lymph from other parts, and is thus prevented from giving that stimulus to the glands, in its future progress, which seems to be

be necessary in order to produce the disease in question.

Be this as it may, there is the greatest reason to consider buboe, as a mark attendant on the absorption of the venereal virus, which by its particular stimulus produces induration, and subsequent inflammation; the probability being at the same time strong, that the general system is infected, as there is no proof whatever that this topical inflammation prevents the poison from going farther.

After giving this general definition of the complaint, I proceed to the treatment, which may be comprehended under two general indications, viz. The suppuration, or repulsion; and, as the preference given to either method will influence the practice, it may be now proper to consider the merits of each.

It has been alledged in support of the former doctrine, that a buboe is to be considered as an effort of nature to get rid of the disease, which ought therefore to be cherished as much as possible, as by this practice the complaint is not only cured with more certainty, but with less mercury, which is a circumstance of very great consequence to the patient. This opinion has been very general among practitioners until very lately, and as the reasons urged in its favour, seem to be in some measure proved by the practice, the process of bringing buboes to supuration, is still considered, by a number of surgeons, as the most rational and successful treatment. On the contrary, it is alledged by others, that an issue of this sort is in no case desirable (which is always attended with considerable pain to the patient, and often with trouble to the surgeon in the after treatment), because it is in vain to rely for a cure in either method, without the judicious use of mercury internally, the
fys-

system being always tainted, and the suppuration by no means preventing such an occurrence. The buboe ought therefore to be repelled by every means in our power, which is generally practicable, and in this way the disease may be cured in a shorter time, and with less suffering to the patient.

Notwithstanding I am inclined to support the latter opinion, I cannot help confessing that the practice I have seen in the former way, has been uniformly more successful, as a case seldom occurred where the buboe suppurated which did not end in a complete cure, and I have very often seen relapses attendant on their repulsion.

It may therefore appear at first sight strange, that I should wish to support a doctrine which the practice forbids; but as I am convinced by attending carefully to the subject, that the repulsion of buboes is by much the most ad-

viseable treatment, and that the success in the other way is not altogether dependant upon the reasons already adduced, I think it necessary to mention what seems to me sufficient to account for the diversity which no doubt holds good in the generality of subjects.

It is well known to surgeons who are conversant in this sort of practice, that the principal obstacle they find, for the most part proceeds from their patient, it being often exceedingly difficult to convince him of the necessity there is in continuing a course of mercury so long as to ensure a complete cure. This remark applies in a very particular manner to the disease in question. For instance, I suppose the surgeon consulted in the case of a buboe, and that he advises by all means to repel it; this is willingly agreed to, and in a few days, by following the directions which are given, the tumor subsides, and the patient is glad to find himself so near being

ing well.—He is however astonished when the surgeon tells him, the disappearance of the swelling is far from being a proof that the venereal taint is entirely got the better of, and that it is only by allowing the mercurial course to be persevered in for a few weeks, that will produce any certainty in the matter.—This is a language not easily relished when every symptom of disease is gone; and though some patients may submit to our judgment, the greater number will follow what their present feelings seem to dictate.

On the contrary, if the buboe is brought to a suppuration, it is a certain fact, that so long as any sore remains unhealed in the groin, so long will our patient consider himself as labouring under the complaint, and be willing to submit to whatever is prescribed. There is then a sufficient time given for the administration of mercury, and the healing of the buboe at last, is a very

sure mark of the efficacy of the medicine, and will in general, under proper administration, give a complete certainty to the surgeon.

What I have said goes a great way in explaining the variety of success attendant on the two methods of cure in cases of buboe, and that independant on the supposition of a greater quantity of mercury being required in the latter: and keeping this in view, I would say, that a surgeon ought to regulate his treatment by the knowledge he has of the temper of his patient.

Provided he is ignorant of this, the best general practice will be the repelling the tumor, which saves the pain and trouble necessarily attendant on the suppuration, and is equally successful, provided the mercurial course is continued for a sufficient time after the swelling has disappeared.

The various means for attaining both these purposes come next to be considered. And first, of the suppuration.

When this event is wished for, the surgeon will find it most adviseable to put the patient upon a nourishing diet, which ought to consist of the usual allowance of animal food, with a moderate quantity of wine. He is likewise to prescribe the free use of fomentations to the part, which are chiefly to be considered as conducive to the suppuration, by reason of their warmth. On the same account poultices may be employed, and are only to be looked upon as useful, when by their softness, warmth, and frequent application, they serve the same general end. The use of mercurials has been recommended in small doses to promote the suppuration, but I have generally found they served a contrary purpose, and are only to be employed in particular cases, where there is reason to suppose the indolence of the

buboe depends upon a want of irritability in the system, which no doubt may be encreased by the use of mercury. As to evacuations of any sort, whether general or local, they certainly tend to repel the suppuration, and will with more propriety come under the consideration of the next head.

In order therefore to accomplish this intention, the support of the system in general, is to be kept in view, and the encreasing the topical inflammation, by applying heat to the part, which is found to be peculiarly useful in forwarding every suppuration. When by these means the tumor has encreased, and a collection of matter is formed, which may be ascertained, from its appearance and feel, the next point in question, is, relative to the propriety of the different means which have been recommended for its further treatment.

These

These may be comprehended under three heads. First, The allowing the tumor to burst of itself, and only applying simple dressings externally. Secondly, The application of caustic. And Thirdly, The use of the knife.

The first method has been recommended of late, and chiefly for this reason, that a malignant state of the sore is avoided, which often is apt to succeed the application of the caustic or incision, and as the surface of the wound is small, there is less chance of a venereal absorption afterwards taking place.

On the other hand, the disadvantages attending this method, are many and obvious. In the first place, in consequence of the matter seldom having a free vent, it undergoes a considerable change in its nature, the thinner parts coming away, and the more viscid remaining, which at last acquires such a consistence, as renders an incision abso-

lutely necessary. Secondly, The matter often insinuates into the adjoining cellular membrane, forming different sinusses; and thus from not being discharged by a timely incision, various abscesses are formed, which prove very troublesome and tedious in the cure.— It must however be confessed, in a number of cases this method may answer very well, and particularly where the tumor is of small extent, and the induration not very considerable.

The second method, by caustic, is very generally practised, and may be had recourse to with great propriety, where the patient will not submit to the incision.— It is however attended with some inconveniences, as we never can regulate with sufficient exactness the depth it is to go, which is a circumstance of the very first consequence to be attended to*.

* I have more than once seen a caustic, which had only been applied a few hours,

So that upon the whole, I am disposed to think, after giving each method its due share of credit, that the incision will claim the preference, provided it is performed by a judicious surgeon, and proper attention paid to the subsequent state of the sore.

Various ways have been recommended for making this incision, some advising a small puncture to be made in the under part of the tumor, merely to give a vent to the matter, whilst others give it as their opinion, that a circular piece should be taken out from the centre.

Those who are of the first opinion, seem to have too much in view the analogy between buboes and collections of matter formed in the cellular membrane,

commit such havock, as to bring the patient's life into imminent danger, the blood vessels in the groin being laid completely bare.

in other parts of the body. In these a simple incision is found to be fully sufficient, which allows the matter to be discharged, and the parts collapsing, in a short time resume their usual appearance, the inflammation gradually going off.

But if we attend to a buboe under similar circumstances, and particularly where a considerable induration and thickening of the tumor has taken place, we shall find that after all the matter has been discharged, the lips of the wound shall put on a flabby appearance, and there still remains a necessity for employing the knife, or caustic applications, in order to bring the sore to a healing state.

This being the case, the surgeon will find it to be in general the most adviseable and successful practice, to remove a circular piece from the fore part of the tumor with a common bistory, which

which can be very easily performed, and with no very great pain to the patient, provided the surgeon is at all dexterous. This being done, seldom any bad consequences will follow, and as the lips of the wound are removed, the after cure of the sore will proceed with much more expedition. The dressings employed, ought to be of the simplest kind, such as dry lint, and the common digestive ointment;—If any fungous should arise, which is a very common occurrence, it is to be restrained by touching it with caustic, or the application of the unguentum cœruleum.

By pursuing the above measures, at the same time paying proper attention in throwing in the mercury, the sore in a short time will assume a healing look, and as the induration and inflammation go off, the wound will contract, and the cure be thus completed.

It was remarked, when treating formerly on shancres, that in some constitutions, upon the use of mercury, every symptom seemed to be aggravated, the sore spreading, and discharging a very thin, offensive, and very acrid matter;—This holds true in a very eminent degree in the progress of this complaint; and it is a circumstance which demands our particular attention. The state of the wound ought therefore to be carefully attended to for some days after the operation, and if the discharge is perceived to be considerable, and of an acrimonious nature, the sore at the same time enlarging, recourse is immediately to be had to the very free administration of the bark joined to opiates, which are to be persevered in, until the spreading ceases, and the pus assumes its proper and usual appearance. (See Case VI.)

Having thus considered the means employed where the buboe is brought to a suppuration; the repulsion comes

next

next to be taken notice off. Here it will be absolutely necessary to begin the mercurial course, following the antiplogistic regimen to a certain extent, always avoiding excessive evacuations, which, as they lower the tone of the system to too great a degree, so they prevent the mercury from acting upon it, with its proper effect.

When the frictions have been continued for some time, so as to bring on a slight soreness of the gums, the indurations in the groin not seeming to lessen, it will be proper to order an emetic twice or three times a week, which from the general shock, and the particular connexion which the stomach has with the surface, is very powerful in dissolving those tumors.

If this fails, recourse may be had to topical remedies, and here the application of leeches often answer a good purpose, particularly when joined to the use of the *saccharum saturni*
poul-

poultice, which by its astringent and sedative virtues, is of great use in the discussion of topical inflammation.*

By following this course, our intention will for the most part be answered, the buboe gradually becoming softer, and smaller, so as at last entirely to disappear. When this happens, the disease is not to be imagined as perfectly overcome, until there is every reason to think from the quantity of mercury thrown in, and the time employed in its administration, that the virus has been completely expelled.

The issue here given is by far the most common, viz. Where the surgeon has been applied to early, and by the use of evacuations, and administering the

* The quantity may be a drachm of sacch. saturni to a pint of water, mixt with bread.

mercury, the buboe has gradually gone off.

It sometimes however happens that this event does not take place; the buboe either remaining perfectly indolent, or one day seeming as if a suppuration would commence, at another time putting on the appearance of discussion. This variety is often puzzling, and sometimes gives rise to a considerable diversity and uncertainty in the practice, at different times. When this is the situation, I believe it will be found to be the most judicious treatment, either to give up the use of mercury entirely, and put the patient upon a full regimen, so as to bring on the suppuration, or if it is thought most adviseable to pursue the other course, it ought not to be stopt upon any little alteration that may come on in the state of the buboe, but be persevered in for a sufficient length of time, so as to afford a full conviction to the mind of the surgeon, that the

venereal

venereal taint is completely removed, and if after this any swelling should remain, which often is the case, he will be at no loss in judging of its nature, and in pronouncing a proper prognosis.

I have often thought that in cases of indolent buboe, it might be adviseable to try the effects of electricity, which is known to be exceedingly powerful as a stimulus.

In one instance related to me by a surgeon in the army, it was found to succeed, but as I have never had any opportunity of making the experiment, I cannot offer any thing positive on the subject.

Having thus finished the consideration of chancre, not only as connected with topical inflammation, but consequent absorption, and thus producing buboe, it will be requisite just to say a few words

words in respect to the treatment of warty excrescences, which are frequently an attendant on this disease. These make their appearance most commonly upon the preputium, and surface of the glans, and from their number, and the extent they occupy, often give very great trouble in the cure.

They may be divided into two species, viz. As venereal, or topical.

When of the former class, they always disappear with the other symptoms, and thus furnish a pretty certain proof, as to the efficacy of the mercurial course.

When they are not dependant upon this cause, the practice to be followed will be, the application of caustics, or excision with the scissars, afterwards dressing with the common digestive ointment, in which a small portion of the powder of favine has been mixed.

This will for the most part restrain their growth sufficiently during the administration of mercury; and if they should afterwards encrease, there is nothing to be done but to repeat the former applications, which will in general succeed, if continued for a sufficient length of time.

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and will only differ in the latter, as requiring a larger administration of mercury, and a greater attention to the constitution of the patient, these are the reasons why it is necessary to use the same.

CHAPTER VII.

CONFIRMED SYMPTOMS.

I MAKE use of this term out of respect to the universal opinion, as I am far from thinking it solely applicable to those particular symptoms which remain still to be treated of, there being every reason to consider chancre, and buboe; as coming under the same general description; and though the terms of *recent*, and *confirmed*, are certainly well founded, as marking a distinction in the gradual progress of the disease, the method of cure in both is nearly the

same, and will only differ in the latter, as requiring a larger administration of mercury, and a greater attention to the constitution of the patient.

I think it perfectly unnecessary to enumerate the whole tribe of symptoms which are the consequence of the venereal virus infecting the fluids, and which by attacking various parts of the body, thereby characterize different species of disease. In all of them the general intention will be the same, and the cure be successful in proportion to the care and judgment with which the administration of mercury is accompanied.

I shall therefore only take notice of those, which are of most frequent occurrence, and perhaps may require a little attention in the topical treatment.

The first which presents is the ulcerations formed in the fauces. These have been very justly considered by most authors,

thors as the true marks of a confirmed lues, although a late writer is of a different opinion, and thinks they may be reckoned as topical symptoms, occasioned by the translation of the virus from a venereal chancre situated on the penis.—But as this translation can only be supposed to take place through the medium of circulation, it necessarily follows that the fluids must be affected in this passage. Avoiding all theory of the sort, and sticking to the matter of fact, it is universally found that ulcerations situated in the throat, are certain marks of a confirmed disease, and provided the distinction is accurately marked, between such as are venereal, and those which are the consequence of sloughing and inflammation, the cure will be dependant on the proper direction of the mercurial course; and this brings me to offer a few remarks relative to this distinction.

In the first place, the look of the sores constitute a very certain test to a surgeon at all versant in this business, as they nearly resemble the ulcerations situated on the penis. On the contrary, those which are not venereal, have a whiter appearance, and have their bounds less distinctly marked.

Secondly, The absence of tumor and inflammation is a very sure sign that the sores are venereal, the other class of symptoms being most commonly attendant on a certain degree of swelling in the fauces, brought on very often during the mercurial course from exposure to cold. This circumstance ought therefore to be particularly attended to; and in every case of the kind, where any suspicion of venereal taint remains, we should not be too rash in pronouncing judgement, until we are certain, by a proper observance of the antiphlogistic regimen for some time, that the
appear-

appearances do not depend on the above cause.

Thirdly, Our judgment may be very much assisted by attending to the state of the patient some time previous to the attack of such complaints. For instance, if they have appeared soon after the removal of chancre, and where the mercury was not persevered in for any time, there is a strong presumption of a venereal taint, particularly if any other symptom of a general infection is present. On the contrary, if there is reason to think the patient had obtained a radical cure before, there will be more doubt respecting their nature.—It may however be observed that in this, as well as in every other case, a great deal must be left to the sagacity and discernment of the surgeon, as it is in vain to lay down any general rules for characterizing a disease, if those requisites are wanting. Supposing the matter is determined, the cure is to be

conducted entirely upon the principles laid down when treating of chancre; and as in this case there is every reason for supposing the virus to exist very generally in the system, the administration of mercury is to be continued for some time after every appearance of disease has gone off, attending at the same time to the proper support of the habit, so as to give the medicine its fairest chance of success.

The topical treatment here required, is simply to keep the parts clean, by gargling with warm milk and water, as all acrid substances, by irritating the sores and encreasing the inflammation, serve to retard the healing.

Excrescences situated round the verge of the anus, and on the surface of the scrotum, are another very common symptom of the confirmed lues, and as such, require nothing particular in their
treat-

treatment from that delivered under the foregoing head.

When they are large, and spread considerably, very great attention ought to be paid in keeping the parts exceedingly clean, by frequent fomentations with warm milk and water, afterwards anointing them with the unguentum album. Provided they rise high, and are small at the root, it will be sometimes requisite to remove them with the scissars, preventing their farther encrease by repeated applications of the caustic.

The next symptoms which follow, such as—ulcerations situated on the extremities and surface of the body—Pains in the head and limbs—The various diseases of the bones——Deafness——Cough, &c. &c. are so complicated with particular constitution, and occur so seldom in practice of late years, on account

count of the cure being so much better understood, that I have nothing to offer of consequence sufficient to merit a place, if it is not, the attention necessary to be paid by the surgeon to each case, and to give up the administration of mercury, when the patient's strength is exhausted, as it uniformly will disappoint us in our expectations of cure under such circumstances.

Venereal ophthalmia may be justly reckoned a frequent occurrence, and as such, not coming under the above description.

So far as I have had an opportunity of observing the practice, it is to be regulated, by first attending to the lessening of the inflammation by general and local evacuations, joined to a strict observance of the antiphlogistic regimen, and afterwards, administering
the

the mercury, until the complaint is removed. It is sometimes necessary to begin this course, before the inflammatory symptoms are entirely gone, they being often very obstinate in yielding to the administration of evacnants.

CHAP.

the mercury, until the complaint is removed. In its treatment necessity to begin this course, before the inflammatory symptoms are entirely gone, they being often very obstinate in yielding to the administration of mercury.

It is necessary to observe, that the mercury should be continued, until the complaint is entirely removed, and the system restored to its natural state.

ARTICLE OF THE DISEASE

The following is a description of the disease, as it is commonly known.

The disease is characterized by a swelling of the glands, and a discharge of a white matter.

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C H A P. VIII.

PREPARATIONS OF MERCURY.

HITHERTO, in the rules laid down for the cure of the venereal disease, nothing has been said relative to the variety of mercurial preparations employed by surgeons for this purpose.—I shall now enter very briefly on the subject, and give the reason for preferring the ointment.

Mercurial preparations may be divided into two kinds,—the acrid, and mild.

It is needless to enumerate the variety of preparations of the former class, which have been in use for the cure of this disease.—There is no doubt but all of them have succeeded under proper administration, but they have likewise very often failed, which is not surprizing, considering the difficulty which attends the throwing in any quantity into the blood, without bringing on anomalous symptoms, as purging, pain in the stomach, violent salivation, &c. all of which tend very much to retard the progress of the cure. On this account, they will be seldom found to answer, and though the corrosive is still a medicine in high repute, and very deservedly so, I believe it is rather upon the decline, as surgeons find that every intention in practice can be equally well answered by the milder preparations, which are much easier to manage, and equally efficacious in the end.

Some cases may however occur where a surgeon wishes to employ the corrosive, and when this happens it ought to be pretty much diluted, and joined to an opiate, which not only assists its action, but is of very great use in preventing a pain in the stomach, and griping in the belly from succeeding, which are frequent attendants in the use of this preparation.*

When dissolved in water, and made up into pills with bread, the same precaution ought to be employed, and here the dose will be from half a grain, to a grain, in the twenty four hours.

* The following solution may be employed :

℞. Mercur. corrosiv. sublimat. grana decem,
Aqua fontana libras duas, solve, et adde tinctura opii drachmam unam. Misce capiat unciam, mane et vespere.

The milder preparations are made by trituration, and may be divided into those taken internally, or rubbed on the surface. In the first, forming the various tribe of pills. In the second, constituting the ointment.

As all these preparations serve the same general end, and principally differ from one another in respect to the quantity of mercury thrown into the system, the only proper standard for deciding their respective merits, no doubt, is the success in the practice.— And on this subject I am very positive in affirming, that after giving each a proper trial, the preference seems to be justly due to the *Ointment*, which not only can be thrown into the blood in greater quantity, without producing any anomalous symptoms, but is much more to be depended upon in thoroughly eradicating the disease. And though there can be no doubt, but in the hands of a judicious surgeon, several of the milder prepa-

preparations will answer every purpose in the cure, still it is a very frequent occurrence for relapses to appear. And so far as my observation goes, they much oftner succeed where the pills have been employed, than as a consequence of frictions, which certainly ought to be the principal guide for regulating the practice. Besides this, I think it is of considerable moment for every surgeon to come to a determination relative to the preparation he is to employ; as by so doing, he will be able much more accurately to account for the cause of the diversity which obtains in the cure of different patients, his practice soon teaching him, when symptoms are to be attributed to constitution, and when to the preparation.—On the contrary, if he is unsteady in this respect, and shifts about from one to another, this distinction will not be made so easily, and he will find it exceedingly difficult to have those clear and accu-

rate views in practice, which is necessary to ensure success.

I except those cases where the patient cannot be brought to submit to the ointment, which often happens, and here the common mercurial pill may be substituted, which ought to be triturated with mucilage or honey instead of turpentine, it not being so apt to affect the stomach and bowels in this form.

The dose of the pills will, in general, be from four to five in the day, each pill being supposed to contain a grain of mercury; but this will vary in every subject, and must be regulated by the effects produced.

After having recommended the ointment for general practice, it may be just proper to mention two things relative to its administration, of consequence to attend to. First, The having it of a proper strength. And, Secondly, The rubbing

rubbing it a sufficient time on the extremities until perfectly absorbed.

As to the first,—The rule laid down in the London Dispensatory is very proper, but I think may be a little improved upon, by substituting the mercury in greater proportion to the lard, which will enable us to throw more of the medicine into the system, with less trouble and fatigue to the patient.

The second observation ought very much to be attended to, as I am convinced the want of care in this alone, has been the cause of many relapses. The directions given to our patient therefore ought to be very particular in not giving over the frictions until the extremities are perfectly dry, and if he is very much fatigued in rubbing, an assistant may be substituted, who is provided with two pieces of very thin bladder to cover his hands, in order to pre-

vent him from being exposed to the action of the medicine.

A method has of late been recommended as preferable to mercurial frictions, viz. The rubbing a certain proportion of calomel upon the gums and inside of the mouth; but as I have not as yet been much versant in this practice, I cannot take upon me to say how far it may be eligible.

CHAP.

C H A P. IX.

OF THE ACTION OF MERCURY.

HAVING fully considered the treatment of the various symptoms attendant on the venereal disease, in its simple, as well as in its more confirmed state, and having likewise taken notice of the different preparations of mercury usually employed for this purpose, and given an opinion concerning the preference which the ointment seems to possess over the others ;—It may not now be improper to consider the action of mercury upon the system in a more

particular manner, and principally with a view to determine two very important questions, which occur in the practice :

First, What are the appearances brought about in the system by the action of mercury, which are to be considered as of importance in assisting the cure of the disease? And,

Secondly, How far the disappearance of symptoms gives a certainty of this having taken place?

The only rule which has been laid down by surgeons, in judging of the action of mercury upon the habit, is the effects which are found to be produced by this medicine upon the salivary glands. Authors have been divided relative to the cause, why mercury should produce its more immediate effects upon this secretion; and although different theories have been formed upon this sub-

subject, which have gained ground in proportion to the plausible arguments which supported them, still it has been allowed on all hands, that the discharge of a certain quantity of saliva is necessary to convince us of the proper action of mercury on the blood. The practice therefore of salivation, in cases of confirmed pox, has been very general, and though of late it has lost considerable ground, still it is much practised, and is considered by most surgeons, as the only certain method to be pursued in the confirmed state of the complaint.

As this doctrine is very far from being well founded, and as any arguments brought in support of another, will, no doubt, have weight, in proportion to the force of those urged against the practice of salivation, it will be proper now to consider this matter more fully.

And first, I assert as a fact, that in proportion to the general action of the

mercury on the habit, so will the cure of the disease proceed, and it is only by a careful attention to this circumstance, that we have any right to expect the venereal virus will be expelled.

Let us now see how far any sort of salivation gives a probability that this really takes place. If we attend to any stimulus which acts upon the system in general, we shall observe, that in proportion to the more uniform effect produced upon every secretion, and the less tendency it has to run off by a particular one, so will it more essentially serve the curative purpose it was designed for, and upon this principle, that the encrease of any one secretion, naturally produces a diminution of every other.— This being allowed, purging is avoided in the administration of mercury, because if promoted, it would certainly prevent its entering into the blood in due quantity; but I beg leave to ask
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the favourers of salivation, what proof can be adduced that the same effect is not brought about by the encouraging the salivary discharge? Is it not a natural supposition, and confirmed by observation, that the promoting a salivation, lessens every other secretion of the body, and as the skin is undoubtedly a much more general outlet, it would seem just to throw off the mercury in this way, in preference to the other.— But it may be said, that mercury is peculiarly adapted to act upon the salivary glands, and that we ought to encourage a discharge which the medicine seems naturally to produce. This to me is a very strong argument on the other side of the question, as it never can apply, until proof is brought that the encrease of this secretion, corresponds with the more general action of the mercury on every other. As this is not the case, and as in the confirmed lues, the virus is supposed to exist very generally in the body, the most rational practice to be adopted

dopted, will be, the throwing in the mercury so slowly, as to avoid any sort of salivation; and by the use of warm baths, frequently applied to the surface, the pores of the skin are opened, and thus a discharge is encouraged, much more general than the other, and on that account more likely to hasten the cure. Besides it is well known, that when a salivation comes on to any great degree, it gives very great uneasiness to the patient, and prevents him from swallowing any sort of nourishment, by which he is often so much reduced, as to put the surgeon under a necessity of stopping the course for some time, in order to allow his strength to recruit. And this brings me to consider a circumstance, not very much attended to, and which certainly is of the first importance in the cure of this disease,—viz. The proper support of the system; as there are many reasons for supposing the difference of cure, which obtains in the recent
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and confirmed state of the disorder, and which has been thought to proceed from the disease being more local in the one, and more general in the other, is principally dependant upon the constitution of the patient at the time.

This is proved from a number of observations. And,

First, Let us attend to the situation of those persons who labour under recent chancre, accompanied with buboe, and who are cured without confinement, or the observance of any regularity in point of regimen. I assert, that for the most part, they will be found to be young, healthy in other respects, enjoying a good appetite and digestion, and who have not suffered much by this complaint before, and particularly at a period not very distant. This remark will hold good very generally, and I have more than once seen a complete proof
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of it in the same subject. For instance, a patient labours under a venereal complaint for the first time in his life. If he is young, the idea of confinement is very disagreeable, and seldom complied with;—He however takes his medicine, lives irregularly, and gets well very soon, to the no small surprize of his surgeon, who finds much more difficulty in completing the cure of another, who follows every prescription with the most minute exactness, but has not the same constitution to work upon. This being the case, it often follows, that the same patient receives a fresh infection soon after the former, and gets rid of it with equal ease, and he probably goes on in this way for several years, without finding any difficulty in the cure;—but let us not suppose this is always to continue, for if our observation be pursued a little farther, we shall find him, after having given his constitution a considerable shock by frequent irregularities, labouring under the disease in a
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state equally simple and recent with any of the foregoing, but much more difficult to remove, and he is now under the absolute necessity of paying the greatest attention to every prescription of the surgeon, and very often, after all his endeavours, the cure is with difficulty completed. This has been observed by surgeons at all times, and they have attributed the diversity of cure, as depending upon the difference in the virulence of symptoms, whereas it can with more propriety be attributed to the want of sufficient strength of constitution in those persons, who labour under the more advanced stages of the pox.

Secondly, It may be urged in support of the same opinion,—That old persons are always much more difficult to be cured than young ones, and there is an absolute necessity for paying more attention to the support of the system during the course, by prescribing a more nourishing diet, and the use of the cortex.

tex. This fully shows, that the support of the strength is connected with the practice, as there is no reason to think, that in them the original virus communicated in time of coition, was of a more virulent nature.

Thirdly, Whenever any feverish symptoms come on, which render it necessary to discontinue the mercury, the venereal sores will for the most part disappear, but will uniformly return when the fever has subsided, and the patient recruited a little strength.

Fourthly, As a similar case, It will always be found, that whenever such a debility takes place, as obliges the mercury to be laid aside, even though no fever comes on, the venereal symptoms will most commonly go off, and as in the former case, will not appear until the habit is somewhat restored. This is a very strong argument against the practice of salivation, which often brings
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on very great lownefs, from the difficulty the patient finds in fwallowing any fort of food, and the nauſea which always is an attendant. In this ſtate, ſymptoms will for the moſt part diſappear, and nothing is more certain, than that from this very circumſtance, relapſes have enſued, after the ſurgeon had kept up a ſalivation for ſeveral weeks, and all appearance of diſeaſe gone of.

Fifthly, I remark, as an additional proof of very great weight, a circumſtance attendant on confirmed caſes, which few ſurgeons of much practice in this diſeaſe, muſt not have obſerved, and which in a peculiar manner ſeems to illuſtrate the preſent queſtion : viz.

That whenever a patient is ordered to the country from an hoſpital, for the benefit of the air and a milk diet, it being found impoſſible to produce a cure by any continuance of mercury, we ſhall always find, that in proportion

portion to the strength which he gains, in the same proportion will his symptoms be got the better off by an after course; and very often we see a person who had left an hospital considerably reduced, and venereal symptoms in appearance very much confirmed, returning in a few weeks from the country, with a hale, ruddy complexion, good appetite, and only requiring a slight course of alterative medicines to complete the cure.

Sixthly, In every case of relapse, a greater attention is necessary in supporting the system by a nourishing diet, and the use of the bark, the venereal sores requiring a longer time before they assume the healing appearance.

From all these circumstances taken together, I think there can be no doubt, that the cure of the disease is to be conducted by throwing the mercury into the system, in such a manner as to enable it
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to produce its effects very generally; at the same time the greatest attention is to be paid, in supporting a proper strength of circulation, which seems peculiarly necessary to enable the mercury so to act, as completely to expel the venereal virus.

I now proceed to consider the different marks, by which we are enabled to judge, how far the disappearance of disease, will produce a certainty in the cure.

The first, which surgeons have thought of importance to attend to, is the time of continuing the medicine. This in recent cases will in general be from four to five weeks, and in confirmed ones longer, on account of the reduced habit of the patient, which is not calculated to give much assistance to the mercury.

This is not the only reason, as the virulence of symptoms certainly have a share in protracting the cure.

The second mark may be regarded as of more importance, viz. The effects produced by the mercury on the system. This being founded upon the principles of its more general action. We are therefore to assist such intention, by the use of warm baths, which ought to be employed frequently during the cure; and as a substitute when they are wanting, the patient's legs and thighs ought to be put every evening in a vessel of warm water, which has a powerful effect in encreasing the perspiration, by reason of the intimate connection which subsists between the extremities and surface of the body.

At the same time, every sort of salivation and purging is to be avoided, as the promoting of either will serve to take off from the more general action.

tion of the mercury on the circulating system.

The third mark generally attended to, is the quantity of mercury employed. This is considered by some practitioners as a circumstance of considerable consequence, but as we seldom find any two persons, to which a general rule will apply, it is only to be regarded as of importance when taken along with the two foregoing.

A fourth mark of the proper action of the mercury, is the colour of the part after ulcerations have healed. This most commonly at first has a considerable redness, and so long as it retains such appearance, the disease is to be considered as still existing, and the course to be continued, until the cicatrix assumes the colour of the surrounding skin. If this is not strictly attended to, relapses will very often succeed.

The feel of the part constitutes a fifth mark. This for the most part accompanies the former. The softness and colour of the skin after ulcerations have healed, being very sure tests of the cure of the disease. The greatest attention ought therefore to be paid to both those circumstances, as they are the principal guides by which a surgeon is enabled to form a just prognosis, after the disappearance of symptoms.

By attending to these different diagnostics, at the same time keeping in view what has been said relative to the support of the system in the former part of the chapter, the surgeon will for the most part succeed in the cure; although it must be confessed, that relapses are far from being such uncommon occurrences as they are supposed to be; and even under the most attentive and judicious practice, they will often happen. And as it no doubt is of some importance, to be able to separate them
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from such complaints as are the consequence of a fresh infection, I shall mention a few circumstances peculiar to their appearance, which may serve in some measure to guide the judgement in marking the distinction.

In the first place, the attack of a relapse corresponds to those parts of the body which are most usually afflicted with confirmed symptoms. Such as the fauces, verge of the anus, scrotum, or surface of the body in general. Whenever any of those symptoms make their appearance, we ought to be very particular, in our enquiries of the patient, relative to his state of health some time before, as it is by no means common for venereal complaints to make their *first* attack on those parts, and upon enquiry, they will generally be found to be symptoms of relapse, in consequence of improper treatment in the recent state of the disorder.

When there is a fufpicion of this being the cafe, the mercury is to be thrown in cautiously, attending to the proper fupport of the ftrength, which for the moft part has been very much impaired from what the patient has pre-viously gone through. Secondly, the appearances brought about by the action of mercury on fores of this clafs, differ very much from what is produced in recent cafes. Inftead of an inflammation immediately coming on, and an encreafed difcharge, which gradually leffens as the ulcer refumes a healing look, it emits a thin matter, and there is generally a neceffity for having recourfe to the bark, in order to correct the confiftence of the pus ; —This I muft remark, feems to be dependant on the particular habit of body of the patient at the time, and is feldom an attendant on recent cafes than relapses, becaufe in the latter the ftrength is moft commonly impaired.

A third diftinction is the abfence of buboes.—It is obferved in practice, that

buboes are very generally attendant on recent cases, particularly if the ulcerations are situated on the yard. This, from what was said before, seems to be very easily accounted for on the supposition that the swelling is occasioned by the irritation of the venereal virus in that gland where it first enters, as it loses the power in its after progress to produce similar effects in those glands situated nearer the thoracic duct, and within the abdomen. In this case, the virus is supposed to be only in its passage into the system, but in relapse, the symptoms which appear evidently depend upon a general taint of the fluids, which is not so likely to produce an inflammation in any of the lymphatic glands, as the irritation is so general, and the mass of blood being affected, the different parts are in a great measure accustomed to the impression. Besides, the absorbent vessels of the penis mostly pass through the lymphatic glands in the groin, so that it is no wonder indu-

rations are produced in them, when an absorption has taken place from an ulceration situated there. But in the more general affection, the matter absorbed from the ulcers does not pass near those glands, so that there is little chance of their being at all injured.

Having thus pointed out a few circumstances, by which we may be enabled to make a guess when symptoms are the consequence of a relapse;—It may be proper to observe as a sequel to the whole,—That the more extensive a surgeon's observation and practice has been in this disease, the more he will be convinced of the necessity there is for continuing the administration of mercury a certain time after symptoms have disappeared; without this precaution, he will often be disconcerted by the return of complaints, and have cause to blame the want of attention and judgement in the former part of his practice. This ought to be a warning
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to us to be very cautious in the prognosis given in any case, and to be assiduous in marking the progress of the disease, as knowledge in every science can only be the result of attentive observation.

C O N C L U S I O N .

So far the treatment of the disease has been considered as applicable to the male sex; the opportunities I have had of observing its progress in the other, not being extensive enough to furnish any remarks of consequence to be attended to in the practice; it may be sufficient on this subject, shortly to observe,—that in them the cure will be infinitely more simple; as most of the topical symptoms are wanting, and will only differ from the other, in proportion to the delicacy of the female constitution, which will require a greater attention in the exhibition of mercurials.

C A S E S .

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CONCLUSION

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C A S E S.

C A S E I.

J. M. Soldier, aged 30, reported with symptoms of a virulent gonorrhœa, which he thinks the consequence of infection received a few days before.

As the pain in discharging urine was exceedingly severe, I thought it a case very proper for the trial of injection ;— He was accordingly taken into the hospital, and it was used in the evening ;—As it did not produce any great degree of pain it was persevered in twice a day, and in the course of a fortnight every appearance of disease went off. He
was

was accordingly discharged from the hospital, and desired to attend once a week, in order to ascertain the certainty of cure, but this was soon discontinued, he never having any symptoms of relapse.

C A S E II.

W. B. Soldier, aged 20, reported with symptoms of gonorrhœa exactly similar to the former, but joined with an inflammation of the testis, which came on the evening before, from exposure to cold.

By pursuing the method recommended for treating this inflammation, it soon yielded, and the testis resumed its usual size and appearance, the symptoms of gonorrhœa still remaining without much alteration.

The injection was now prescribed, and answered every purpose, as in the course of three weeks the pain and discharge

charge of matter had entirely gone off, and he was dismissed perfectly free from every complaint, without ever being subject to any return.

It is needless to insert a variety of cases of the same sort, which have come under my observation, and have yielded with the most complete certainty in the cure, under a similar practice. They all sufficiently illustrate the present enquiry, and though in particular constitutions, the treatment by injections will sometimes fail, still the same consequences much oftner attend a pursuance of the antiphlogistic method, and if minutely enquired into, will be found not to be the fault in either practice, but dependant on particular circumstances in the habit of the patient, or nature of the complaint, which will not give way to the administration of external or internal remedies in a short space of time.

C A S E III.

A. C. Soldier, aged 25, reported with a confirmed lues. His symptoms were, several ulcerations on the glans, penis, tumor of the inguinal glands, and warty excrescences which were very numerous all over the glans and prepuce.

After being confined under a course of mercurial frictions for above a fortnight, he complained of a stoppage of urine immediately above the attachment of the frenum, accompanied with a discharge of matter, which exactly resembled in colour and consistence that discharged in a virulent gonorrhœa. Upon examination, the obstruction and discharge was found to proceed from a warty excrescence, which grew out from the internal surface of the membrane which lines the urethra.—I had an opportunity of being fully satisfied

as to the nature of this substance ; as in the course of a few days, it encreased so rapidly, as to push out for upwards of half an inch beyond the orifice of the urethra, and it then seemed in no respect to differ in appearance from those situated externally, except in being a little more fluid, and softer.

It was accordingly taken off with the scissars, as near to the root as possible, and the patient directed to be attentive in the constant use of a bougie, which in the space of a few weeks, by preventing its farther enlargement, restored the passage pretty nearly to its former diameter. The running now ceased, and as the other symptoms disappeared, by continuing the above course, he obtained a perfect cure.

C A S E IV.

J. M. Soldier, aged 34, reported, 4th March, with an inflammation of the testis, which appeared the evening before when on duty, and which he thinks was brought on by the coldness of the night air. Previous to this attack, he had a slight discharge of matter from the urethra, not attended with any pain, and which was the remains of a former gonorrhoea.

He was immediately taken into the hospital, and ordered to be bled pretty freely, as his pulse was full, strong, and rather frequent.

Warm fomentations were likewise applied to the part, and particular directions were given as to the suspension of the testis and posture of the body.

5th. As the inflammation still encreased, the same quantity of blood was drawn off from the arm as before, and the warm fomentations frequently repeated, which always gave very great ease.

6th, 7th, and 8th. Every appearance of inflammation seemed to decline, though not so rapidly as might be expected, and as the pulse forbid carrying the general evacuations any farther, three leeches were applied on the body of the testis, which produced a considerable discharge, and an emetic was ordered in the evening, the patient all along complaining of nausea, and sickness at the stomach.

9th. All the symptoms very much changed for the better, and there now came on a discharge of matter from the urethra, which encreased in quantity in proportion to the resolution of the inflammatory symptoms.

10th and 11th. The inflammation still decreasing, and the size of the testis so much diminished, that the epididymus could be very distinctly felt.—The patient now complained of a pain in his belly, which he attributed to costiveness, not having had a stool for several days.

12th. Two ounces of the sal catharticum glaubis was ordered, which produced a very considerable evacuation, and as he was obliged during its operation to get frequently out of bed, on the morning of the 13th, every symptom of pain and inflammation returned, and the discharge from the urethra now ceased.

As all these appearances could with certainty be attributed to the frequent alteration of the posture, in consequence of the violent effects of the purgative, nothing seemed more likely to overcome
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the disease, than a strict perseverance in those remedies, which had proved successful before;—The leeches were therefore applied a second time, and with equal good effect, and it was observed, that the discharge from the urethra came on exactly at the same period it did before, and continued very considerable in the after progress of the cure, which went on well; the effects of costiveness being obviated by glysters, and the greatest care paid in suspending the testicle, until every appearance of hardness and inflammation had entirely gone off; then indeed the running ceased, and the patient was discharged, free from every symptom of disease, without the smallest quantity of mercury being prescribed.

C A S E V.

W. M. Soldier, aged 26, reported, with several ulcerations on the upper part of the penis, near to the root. After having a dose of physic, he was ordered to rub two drachms of ointment the succeeding evening;—Next morning the ulcers discharged a very offensive matter, and seemed rather larger, the frictions were however continued, and in six days from his coming into the hospital, every symptom was evidently worse, and there now seemed to be a danger of the patient losing his yard, as the shancres had spread considerably, and continued to discharge a very acrid offensive matter. The course was now immediately changed, and the cortex prescribed to the quantity of half an ounce in the twelve hours, mixt in port wine. A grain of opium was likewise ordered to be taken morning and evening.

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This in the space of a few days altered every symptom, and the sores now put on a favourable appearance, their spreading being entirely stopt, and the mercury being afterwards thrown in gradually, still continuing the bark when necessary, he obtained a perfect cure,

In this, as in every other case, where there was a necessity of continuing the bark for any time, I have always been obliged to encrease the dose each day, as it never failed to lose its effect, if given in the same quantity for twenty four hours. This would seem to show, that the principal action of this specific, is upon the nerves of the stomach, according to the opinion of the very learned and ingenious Dr. Cullen.

C A S E VI.

A. M. Soldier, aged 24, reported 1st of October. His symptoms were a buboe in the left groin coming to a suppuration, and one in the right, which had been opened some weeks before by incision when in the country, and which was nearly healed. His look was pale, and habit a good deal reduced in consequence of the mercury he had already taken.

Directions were given for his continuing in the mess, and poulticing the buboe, which brought it to a complete suppuration in the space of a week.

9th, Taken into the hospital, and had the buboe laid open by cutting out a circular piece from the centre.

By this time the right groin had healed up, and as every symptom wore a favourable aspect, he was ordered to rub in two drachms of the mercurial ointment the second night subsequent to the operation.

12th. The fore looked much worse, and discharged a vast quantity of a thin ichorous matter, of a very offensive smell.—This increased considerably the two following days, and as every appearance seemed to indicate an approaching mortification, the course was immediately changed, and the cortex prescribed to the quantity of a drachm every four hours, mixed in port wine.

Notwithstanding the bark was persisted in with the greatest attention, the ulcer continued to spread daily, and the virulence of the matter was such, as to excoriate the perineum, and surface of the scrotum to such a degree, that the
patient

patient could with difficulty endure the vast pain which succeeded.

In this situation the bark was thrown in, to the quantity sometimes of four ounces a day, mixed in port wine, which the stomach retained. Two grains of opium were given at bedtime, and the decoction of the wood was taken for common drink. The diet consisted of rich soup, beef, mutton, or fowl, which were varied according as they suited the fancy of the patient at the time.

Untill the first of November the symptoms were one day better, and another worse; those which were favourable seemed chiefly to be brought on by the bark, which regularly failed of success, if not encreased in quantity. At last the stomach began to nauseate the powder, and then the decoction was given mixed with port wine, in as great quantity as possible.

The ulcer on the left side had now gone so deep, as to lay all the inguinal glands bare, which projected into the fore, and were of a florid red colour. The pulsation of the artery below could likewise be observed, and if the virulence of the matter had not been considerably abated, by the vast quantity of bark thrown in, nothing could have prevented the coats of the artery from being eroded.

The sore on the right side never went so deep, although its circumference was nearly the same, viz. about eight inches. The spirits of the patient in this lingering state were surprizing, his principal complaint arising from the excoriations of the scrotum, which were always very much relieved by frequent fomentation with warm milk and water, rubbing the parts afterwards with the unguentum saturninum. His pulse never exceeded 93 in a minute, at any one period, and was always moderately full.

13th. About this time it was proposed by a gentleman of the faculty, to whom I mentioned the case, to try the effect of a small dose of calomel along with the bark, which might tend in some degree to correct the acrimony of the discharge. Accordingly two grains of calomel were ordered at bedtime for three nights successively. On the morning of the 18th every symptom seemed evidently much worse. His discharge being greater, and of a more offensive smell. It was therefore immediately laid aside, and from this day to the middle of December, he took only the decoction of the bark, joined to an opiate morning and evening, the greatest attention being had to the support of the strength, by the free use of port wine, and a nourishing diet.

18th Dec. The discharge had now lessened very much, and the pus was become much milder, and of a proper consistence, so that about the middle of
Janu-

January, both ulcerations were completely healed, and he obtained a complete cure, without any further administration of mercurials.

This patient, from beginning to end, took between five and six pounds of the cortex, and upwards of seventy bottles of port wine, which no doubt must appear an astonishing quantity.

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