

Urino-genital diseases. : Pt. I. On gonorrhoea and gleet in the male; exemplifying the influence of a scrofulous or scorbutic state of system in producing those morbid secretions; and shewing that the true nature of their diseases action is irritative, not inflammatory. / By George Franks, surgeon.

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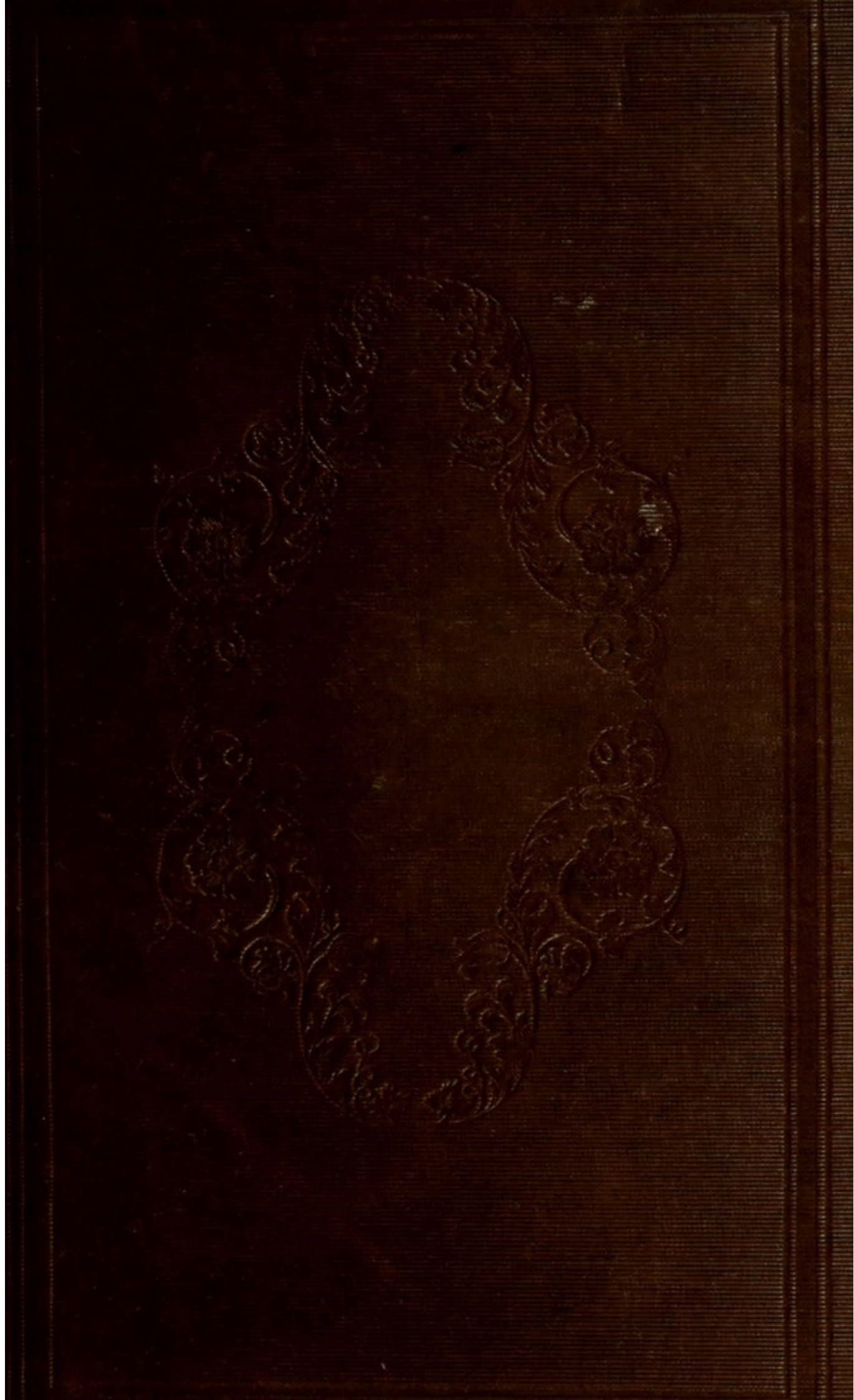
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URINO-GENITAL DISEASES.

PART I.

ON

GONORRHŒA AND GLEET

IN THE MALE;

EXEMPLIFYING THE INFLUENCE OF A

SCROFULOUS OR SCORBUTIC

STATE OF SYSTEM IN PRODUCING THOSE

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AND

SHEWING THAT THE TRUE NATURE OF THEIR DISEASED ACTION

IS

IRRITATIVE NOT INFLAMMATORY.

BY GEORGE FRANKS,
SURGEON.

LONDON:

PUBLISHED BY THE AUTHOR, 90, BLACKFRIAR'S ROAD.

—
MDCCCXLVI.

URINO-GENITAL DISEASES

PART I

GONORRHOEA AND GLEET

IN THE MALE

BY GEORGE FRANK

SCIENTIFIC ASSISTANT TO THE SURGEON-GENERAL

OF THE ARMY AND NAVY

WITH SECOND EDITION

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P R E F A C E.

DURING my apprenticeship and pupilage at the Borough hospitals (Guy's and St. Thomas's), my attention was especially directed to the origin, nature, and treatment of the morbid secretions, or discharges from the sexual organs. I observed that the remedies employed for their cure were chiefly confined to the balsam of copaiba, and cubebs or Java pepper, and to the use of injections; and also, that these were most generally prescribed in all discharges resulting, or supposed to result, from infection.

It was part of my duty, in the Apothecaries' department at Guy's Hospital, to prepare or make up the medicines prescribed by the medical staff; and I had ample opportunity of observing the operation of the balsam, and the results of the

treatment : from all which I concluded that the diseased action producing these morbid secretions or discharges, and, more particularly, the remedies used for their cure, had obtained less consideration or investigation than their importance demanded. But it was evident that the balsam of copaiba and cubebs were the drugs upon which the cure most depended ; that they exerted a specific influence on the mucous membrane of the urethra, which uniformly antagonised the diseased action ; and that they effected perfect cures in such patients as could take them and continue their use ; yet, that the forms in which these drugs were prepared, or rather admixed and administered, produced such nauseating effects upon the stomach, that they could seldom be retained in that organ ; and therefore, in many cases, these remedies were discontinued as unsatisfactory and inefficient.

The object to be attained, in all the formulæ employed, was evidently to make the balsam more fluid and miscible with the other ingredients, and also less obnoxious to the stomach. I therefore directed my attention to these circumstances, and made many trials and experiments to analyze the balsam itself, but failed ; and hence concluded, *at*

that time, that the formula of the *mistura copaibæ*, then uniformly employed, was the best preparation for the administration of the balsam.

Having completed my hospital studies, I commenced the practice of my profession, and was appointed to a public medical institution. I then resumed my experiments with the balsam, and, after much anxious labour and research, I succeeded in the analysis, and discovered what I conceived to be a great desideratum—namely, *a process by which the pure balsam, or active principle, could be separated from the grosser oil and other vegetable matter, and that the pure balsam was perfectly soluble in water and other fluids*; and, as a medicine, *that it was not nauseous, neither did it irritate the most delicate stomach; and, consequently, that its specific action could be continued for an indefinite period.*

This preparation of the balsam of copaiba, in combination with cubebs, &c., &c., I have called my SPECIFIC SOLUTION OF COPAIBA. I shall never forget the delight I experienced on witnessing, in my own practice, the results of its first application. From its effects, *in every case* in which I subsequently administered it, I was thoroughly satisfied of the value and efficacy of the prepara-

tion, for in no one instance did I experience disappointment; on the contrary, I was gratified by the most conclusive and satisfactory evidence of its SPECIFIC VIRTUES.

I then supplied the medicine to many of my professional friends, and to some of our public hospitals. I requested Mr. Joseph Henry Green—one of the surgeons of St. Thomas's Hospital, under whom I received the practical part of my surgical education, and had acted as his dresser for twelve months—to administer it to his patients in that hospital; this he kindly acceded to, and directed me to forward my solution to Mr. Whitfield, the apothecary of the hospital, for trial. Mr. Green himself prescribed it, and, *upon the results of cases under his own especial observation*, gave me the following testimonial:—

“ I have made trial of MR. FRANKS'S Solution of Copaiba, at St. Thomas's Hospital, in a variety of cases of discharges in the male and female; and the results warrant my stating that it is an efficacious remedy, and one which does not produce the usual unpleasant effects of copaiba.

(Signed) “ JOSEPH HENRY GREEN.

“ *Lincoln's Inn Fields, April 15th, 1835.*”

I likewise supplied the solution, for the trial of its efficacy, to other surgeons attached to other

public medical institutions, who favoured me with the following testimonials—namely, from Mr. Bransby Cooper, surgeon to Guy's Hospital, as under:—

“MR. BRANSBY COOPER presents his compliments to MR. GEORGE FRANKS, and has great pleasure in bearing testimony to the efficacy of his solution of copaiba in gonorrhœa, for which disease Mr. Cooper has prescribed the solution in ten or twelve cases with perfect success.

“*New-street, April 13th, 1835.*”

From Mr. Alexander Tweedie, surgeon to the Free Hospital, Greville-street, Hatton Garden, I received the following letter:—

“MY DEAR SIR,—I have notes of six cases, in which I have administered your preparation of copaiba for the cure of gonorrhœa, in all of which the disease has been subdued in a shorter period of time than according to the ordinary plans hitherto made use of. Besides these cases of which I have taken notes, I have tried it in several instances at the Greville-street Hospital, and am quite satisfied that it possesses a control over the urgent symptoms of gonorrhœa, relieving the discharge and mitigating the scalding in making water, that I have not observed in the usual methods of exhibiting copaiba. In one instance only did it disagree with the stomach; but in this it seemed to depend rather on the method of exhibition than on the remedy itself, for, on diluting it with a larger quantity of water, the objection was at once obviated, and the patient got well in ten days from the time that he commenced taking the medicine. I have not had a case in which the discharge continued longer than ten days after commencing this treatment.

“I am, dear sir, yours very truly,

“*April 15th, 1835.*” (Signed) “ALEXANDER TWEEDIE.

I take this opportunity of acknowledging the satisfaction I have received from the corroborative testimonies of many other highly talented and eminent practitioners, who have used and continue to prescribe the solution in their practice, and who avow *their conviction* of its *specific virtues and efficacy*.

All medicines which produce their effects, or operate through the circulation—that is, are taken up by the absorbents, and conveyed to remote parts of the body, there to exert their specific influence—act more energetically and promptly in proportion to their *solubility* and *divisibility*, which promote their speedy and perfect absorption. The balsam of copaiba, when administered in its crude state, is only *partially* dissolved in the stomach and bowels, and, like castor oil, passes off with the dejections, its oleaginous state being opposed to its absorption; but in MY SOLUTION, the balsam readily mixes with the ingesta or contents of the stomach, and, with them, is taken up by the absorbents, and conveyed to the organs and parts it specifically affects—as the urino-genital organs and their mucous membranes.

In the following pages, the state of the constitution, age, habits of life, and other circumstances,

are said to regulate and modify diseased actions ; and the same, no doubt, influence, to a certain extent, the operation of particular medicines or remedies ; but when a remedy, separately or conjointly with others, produces *uniformly a definite control over deranged functional action, and removes its attendant symptoms*, such remedy, I contend, is strictly and properly A SPECIFIC.

Some medicines undoubtedly effect peculiar changes in the blood, chemical or otherwise, by which the functions of nutrition and secretion—functions assigned to the capillary system of vessels—are modified and altered, occasioning some change in the state of the tissues, and altering the quality and nature of their vital power and action. The operation of MY SPECIFIC SOLUTION OF COPAIBA, I believe to be on the blood, and that it effects some chemical change in that all-important fluid ; but this, of course, is not demonstrable : however, by absorption, it is taken into the system and mixed with the blood, and conveyed to the different parts and organs. In passing through the different tissues, it acts, I presume, upon some which are more peculiarly susceptible to its influence, and so produces a functional change in their power and action.

It is observed by an able writer on the materia medica, that "The vital actions of the system may be either changed or annihilated by medicines and poisons. The changes may be quantitative or qualitative. Agents which merely augment or lessen vital activity (excitability), effect quantitative changes, and are termed respectively 'stimulants' and 'sedatives;' while those which alter the nature of vital action occasion qualitative changes, and are the true alteratives. Agents which destroy the essential composition of an organized tissue, destroy or annihilate vital action." That "the oleo-resins are principally employed in medicine to relieve diseases of the mucous membranes, especially the urino-genital mucous membrane. That they are employed, and with great benefit, in gonorrhœa, leucorrhœa, gleet, and chronic catarrh of the bladder."—*See Pereira's Materia Medica*, vol. i., pp. 128 and 183.

The balsam of copaiba is an oleo-resinous product, and is obtained from several kinds or species of the copaiifera officinalis, the juices of which vary materially in quantity, and more especially in quality; indeed, the medicinal virtues of the balsam obtained from the same species are found to vary much. This depends upon the age of the tree, the

climate in which it grows, the season of the year in which the tapping, or drawing off, of the balsam is performed, and upon the quantity extracted at the time. The balsam imported into this country from Para (Brazil) is considered the best; this, however, I find to vary from 50 to 70 per cent. in the quantity of its *pure balsam or active principle, which alone is separated and dissolved by the process I adopt in making MY SOLUTION.* The residue possesses acrid and irritating qualities, *but no medicinal virtues.*

The great importance of selecting the best balsam for medicinal purposes will, therefore, be readily conceived even by the non-professional. It is very difficult—nay, impossible, in its crude state—to judge accurately of the amount of its active principle; this can only be done by separating it from the grosser oil and vegetable matter mixed with it, the quantities of which will be found to vary very much in different samples. This circumstance will account, in some measure, for the difference of opinion entertained by different practitioners as to the specific virtue and power of the balsam of copaiba in antagonising the diseased action producing the discharges from the mucous membranes of the urino-genital

organs. Some have extolled its virtues, and called it a specific; while others have expressed their opinion of its specific action, in some cases only, and in particular states of the discharge, and in certain habits or constitutions; indeed, most authors have differed in their opinion of its virtues. However, what I have stated respecting the article itself, and the forms of its administration, will readily account for this difference of opinion. Dr. R. Williams, in his work on gonorrhœal and other morbid poisons, states (p. 212), that “copaiba has been known to the profession as a remedy for gonorrhœa since 1702, without our being agreed as to its properties, or the circumstances under which it may be administered with the greatest success.”

From what I have stated, in the following pages, of the pathology of the discharges or morbid secretions from the male sexual organs, the principle of treatment to be adopted is plainly indicated; and I trust the FACTS and OBSERVATIONS adduced will satisfactorily and conclusively convince all readers, that the *compound preparation of the balsam of copaiba, cubebs, &c., which I have called MY SPECIFIC SOLUTION OF COPAIBA, is applicable to such principle in treatment* and

that it does possess and exert a SPECIFIC POWER over the diseased action (irritation), producing the discharges of pus and mucus from the male urethra ; which diseased action manifests a diminution of the normal excitability in the capillary system of vessels of the mucous membrane of the urethra, its glands and ducts ; and, consequently, that the application of such remedies as will give tone and power to the capillary system of vessels, to restore the balance of excitability in the affected parts, is the treatment indicated.

MY SPECIFIC SOLUTION OF COPAIBA acts as a *stimulant, tonic, and alterative*, increasing the excitability of the parts and surfaces secreting the discharge, and thus, through the agency of the nervous and circulatory systems, restoring the normal or healthy excitability. Its influence over the causes of gonorrhœa and other discharges I shall not presume to determine ; but, from the assurances of those who have long been accustomed to its use as a protection from infection, I am justified in concluding that it does act as a *preventive*.

One main object to be desired in all discoveries of importance in medicine, as intimately connected with the health and happiness of individuals, and the well-being of their offspring, should be to

secure the accurate preparation of the remedy, so that it may be efficient in its operations in every case to which it is applicable. My desire was to effect this object; and after mature reflection, aided by the advice of my professional friends, I resolved to confine the manufacture of the SPECIFIC to myself, in order to secure its genuine preparation; and, with a view to extend the benefit and advantage derivable from its use to all persons in need of the remedy, particularly to those removed from professional aid (*who might otherwise allow the diseased action to establish itself*), and, more especially, to young persons (*who are very apt to suffer from the concealment of their errors, and thus inflict serious injury upon their health and constitution,*) I determined to vend it as a PUBLIC OR STAMPED MEDICINE.

I confidently assert, from a most extended experience, and the knowledge of its uniform effects, that MY SPECIFIC SOLUTION OF COPAIBA *may be taken by all persons afflicted with irritation and the discharges from the sexual organs, referred to in the following pages, and that the directions accompanying the medicine, if strictly observed, will ensure a safe and permanent cure.*

I therefore deem these circumstances a suffi-

cient apology for offering to the profession, and to the public interested in the subject, such facts and observations as have occurred to me in a long and extensive practice, principally confined to the treatment of the diseases of the urino-genital organs; and in this work I hope so to convey my views of such facts and observations, together with my opinion of the nature, cause, and treatment of the morbid secretions or discharges from the male sexual organs, as that they may be understood by all medical men, prove instructive to the young practitioner, and be readily comprehended by the general reader; and, with the cases appended, that this may serve as a text-book to such as may be otherwise more particularly interested in the subject.

GENERAL SUMMARY.

The numbers refer to the paragraphs.

1. The importance of the discharge, and its consequences to the well-being and happiness of society.
2. Errors in judgment respecting the nature of the discharge often, *unnecessarily*, the cause of great anxiety and distress, both to the patient and those connected with him.
3. Distinction between *health* and *disease*.
4. Influence of *hereditary taint* and *predisposition*, and of *sympathy*.
5. *Normal excitability*, constituting the stamina or resisting power to diseased action.

6. Disease engendered from excess or defect of normal excitability.
7. Diseased actions primarily *inflammatory* or *irritative*.
8. INFLAMMATION an excess of the normal excitability; IRRITATION a diminution of the normal excitability.
9. The importance of a correct distinction between inflammatory and irritative diseased action in reference to treatment.
10. Inflammation a destructive action: irritation an excited action.
11. Inflammation suppresses the natural secretions: irritation increases and alters them.
12. Ulceration not necessary to the formation of matter.
13. The discharges produced, primarily, by irritation.
14. *Inflammation attacks more particularly the ducts and glands in the urethra, which it tends to destroy; and this more usually takes place in the maiden gonorrhœa—the*

consequence of maltreatment, neglect, or violence.

15. From maltreatment, neglect, or violence, inflammation and irritation may co-exist.

16. Discharge characterized by *an increase in the quantity, and an alteration in the quality of the natural secretion* : important to distinguish whether infectious or not.

The character of the discharge, and its peculiar properties cognizable only to the experienced practitioner.

17. The quality of the discharge influenced by the degree of irritation ; and the importance of ascertaining, satisfactorily, the existence or non-existence of irritation.

18. The seat of the discharge in the mucous membrane of the urethra its glands and ducts, sometimes followed by general or constitutional affections ; in which cases the glands in the urethra are ulcerated.

19. The *antiquity* of the discharge, and its *origin from sexual intercourse*.

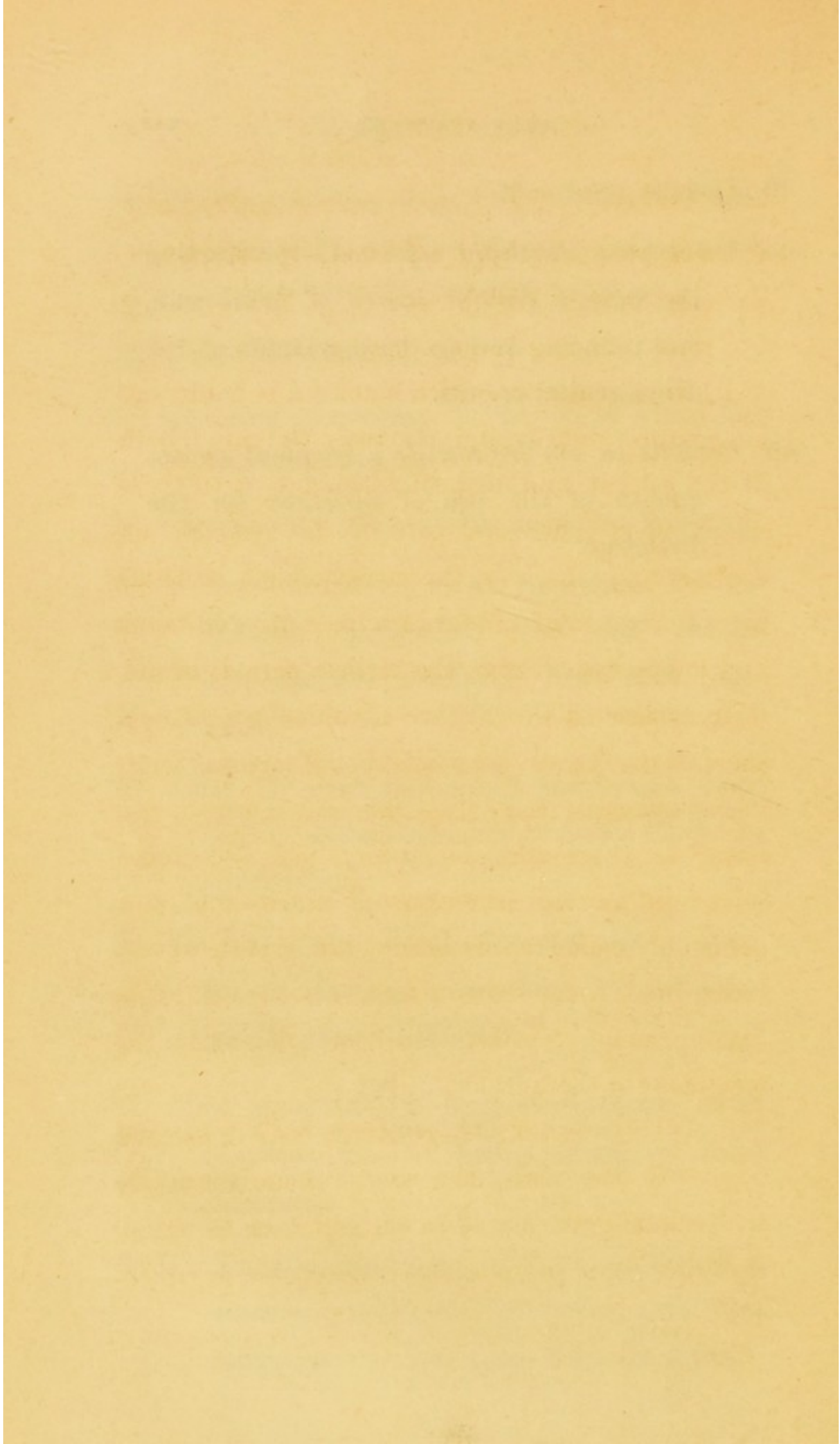
20. The *causes of the discharge*, common or predisposing, specific or direct.
21. The same cause variously affecting different individuals.
22. The most common cause—the *morbid condition of the female sexual organs*.
23. Discharge may be produced by constitutional changes or states of the system, as *gout, rheumatism, &c., &c.*
24. Derangement of the digestive organs from excess of animal food, and stimuli—*malt liquor in particular*—a predisposing cause of discharge and infection.
25. A sifting investigation of the cause of the discharge, essential to a correct diagnosis and success in treatment; calculated to remove anxiety, and to prevent interruption to the confidence between man and wife.
26. The discharge of the mucous membrane of the sexual organs modified by a *scrofulous or scorbutic state of the system*, in which there is a low degree of vital energy parti-

cularly manifested in the *nervous temperament*.

27. The secretions from scrofulous and scorbutic females are more abundant, ichorous, and infectious.
28. *Specific gonorrhœa and ulcers* produced by the secretions from the *sexual organs of scrofulous and scorbutic females*.
29. Diseased action induced by *excessive alternate excitement and depression, or venereal indulgence*.
30. Causes which tend to excite scrofulous or scorbutic habits modify the diseased action (irritation) which produces the discharge.
31. Diseased action varied or modified in proportion to the impressions made upon the organ or part affected.
32. The discharge may be suspended by the *accession of fever*, and return upon its *secession*.
33. The discharge occurring during an attack of gout or rheumatism, similar in appearance to that of gonorrhœa.

34. Stone, calculus, or gravel passing through the urethra excite a discharge also similar in appearance to that of gonorrhœa.
35. SPECIFIC GONORRHŒA.
36. Opinions respecting the period at which the discharge appears.
37. Caution and treatment in suspected infection.
38. GLEET—erroneous views respecting its infectious properties, and the serious consequences resulting from such opinions.
39. Gleet, the continuation of gonorrhœa, from *neglect, mismanagement, or maltreatment by INJECTIONS.*
40. The TREATMENT of the diseased action (irritation) causing gonorrhœa by antiphlogistics, contra-indicated.
41. Mild symptoms of long continuance more injurious than a severe attack of short duration.
- 42 MY SPECIFIC SOLUTION OF COPAIBA acts as a *stimulant, tonic, and alterative*, and thus antagonises or overcomes diseased action.

43. Dietetic treatment.
44. INJECTIONS *decidedly injurious*,—protracting the cure, *a fruitful source of STRICTURE*, and inducing serious derangements of the urino-genital organs.
45. *Orchitis* or *swelled testicle* a frequent consequence of the use of *injections* for the discharge.



URINO-GENITAL DISEASES.

1. No diseases, to which mankind is liable, engage more painfully and anxiously the mind, both of the patient and medical attendant, than those which affect the sexual part of the system; nor are there any diseases, the consequences of which are of more vital importance to our well-being and happiness. From the earliest periods of medicine, these diseases have obtained a principal share of the labour and researches of medical men; whose opinions respecting the origin, cause, and nature of those affections which manifest themselves in morbid secretions of mucus and pus, commonly called a discharge, are greatly at variance with each other; and, consequently, no fixed principle has hitherto been adopted in the treatment of them.

2. Whenever a discharge occurs from the sexual organs in the male, the source is unfortunately too generally attributed to contagion or infection, resulting from promiscuous intercourse or otherwise.

The want of sufficient knowledge and due discrimination, in these cases, has often, *unnecessarily*, occasioned great anxiety and distress of mind, not confined to the unfortunate patient himself, but too frequently extended to others more immediately connected with him; for the patient, not having indulged in promiscuous intercourse, is led to suspect the fidelity of an innocent wife, and, thus, mentally as well as bodily afflicted and tortured by shame and distress, he is induced to seek the advice, and adopt the treatment of those whom, under ordinary circumstances, he would have been the last to consult. This remark more especially applies to youth suffering from immoral intercourse, who, anxious to conceal his error, and influenced by the dread of discovery, and, moreover, ignorant of the consequences to his health and constitution, neglects to apply for medical advice until the disease has established itself, when he is compelled by bodily suffering to seek relief, and is too often made the prey of ignorant and unprincipled pretenders.

ON HEALTH AND DISEASE.

3. To convey to the general reader, in particular, a correct idea of disease or derangement of any organ or part of the system, it will be necessary first to consider that state of the body which is called *health*. When there exists a *due balance* in all the functions of the several organs and parts of which the system is composed, we may be said to be in *health*; any interruption to this harmonious state, is the commencement of *disease*; the *balance is destroyed*, and *diseased action* in some organ or part is *engendered*, varying in its intensity according to the constitution and state of the system, the degree of sensibility and nature of the part affected, and also from the peculiar nature of the cause immediately producing disturbance in the healthy balance of functions.

4. Unfortunately, perfect health is rarely enjoyed for any lengthened period, either from *hereditary taint*, or from *predisposition*, or from a variety of other causes, by which diseased action is excited in some organ or part, producing a dis-

turbance to its proper functions ; or, through the inscrutable law of SYMPATHY, other organs or parts, or, in fact, the whole system may more or less participate in the derangement. “By sympathy is meant the affection of one part of the body directly, by the affection of another, through vital agency alone, independently of physical.” “Sympathy exists universally throughout the system, although the more palpable and striking instances of it only pass usually under that name.” “In disease these sympathies are sometimes more striking, because there may be an undue excitement of the part influencing, or undue excitability of the part influenced.” Again :—“Sometimes the natural sympathy may languish from the want of excitement in the influencing part, or of excitability in the influenced.” Again :—“Sympathies occur in disease between parts which are not observed to sympathize at all in health, and the disease may be in the affecting or affected part.” “The condition of the peculiar function of certain parts of the brain exercises very powerful influence upon every part of the body. When grief, fear, anxiety, despair, terror, or contentment, hope, enthusiasm, joy, love, or hatred, sexual passion, &c., &c., occur in the brain, certain sym-

pathetic effects take place in certain other parts of the body, as in the circulating organs at large, in the genitals, &c. ; and the effect may be violent even to the destruction of life, and, perhaps, laceration of structure, or continued, so as, if agreeable, to remove disease, or, if unpleasant, to occasion functional or structural derangement in any part that may be the most predisposed.”* The effects of *sympathy* upon different parts of the body are well known ; for instance, a blow on the head will produce sickness of the stomach ; so also will a blow on the testicles. The breasts of the female will enlarge and secrete milk in the latter periods of pregnancy. These can only be explained by what we call sympathetic action between the parts concerned ; as, in the first, between the head and the stomach ; in the second, between the testicles and the stomach ; and in the third, between the breasts and the womb : indeed, the various sympathies of the different parts of our bodies, one with another, *beautifully illustrate the intimate connection of the whole, both in health and disease.* We know nothing of the precise nature of sympathy ; it may perhaps be proved to

* Elliotson's Physiology, pp. 452 and 454.

depend upon some electric or galvanic property in the nervous system; but on this point the present state of our knowledge is not conclusive.

5. There is a certain degree of *excitability* essential to the healthy state of every organ or part of our system, which may be called its *vital power*, and which constitutes the *stamina or resisting force to diseased action*: this is particularly evidenced under any increase or diminution of function; in fact, every state of the body is more or less influenced by its excitability: it exists in different degrees, in different constitutions, at different periods of life, and under various other circumstances affecting health; its degree and kind of action vary in different organs and parts of the system; and, under any excess or deficiency of this normal excitability or vital power, diseased action is induced, which if not remedied or controlled, the whole system may, by sympathy, become involved, affecting the constitution to a greater or less extent, and ultimately terminating in the destruction of the organ or part primarily affected, or even of life itself. Dr. Elliotson, in his excellent work on Physiology, observes, that he conceives "the influence of organs upon each other to be incessant, at all times influencing and

being influenced, and that the well being of each is essential to the well being of the whole.”— (p. 445).

6. We therefore conclude that *disease* is engendered in that state of the system when its *normal excitability* is *excessive or defective*, producing derangement in one or more of the organs or parts of our body, which acts either by stimulating or depressing inordinately their functional action.

ON INFLAMMATION AND IRRITATION.

* 7. All diseased actions take their distinguishing characteristics from the peculiar state of the system and constitution, and manifest all their changes in various degrees of excitement or depression of the different functions of the organs or parts of the body, and particularly of the nervous and circulatory systems, and may, therefore, be considered as inflammatory or irritative diseased actions. These actions are modified by the various tendencies and predispositions which pervade the body in which they take place; for, from whatever cause functional derangement may arise, it excites either *inflammation* or *irritation* in

the system or part, and the various forms or types assumed depend upon the particular degree or state in which these actions exist.

8. Inflammation, therefore, I consider to result from *an excess* of the *normal excitability* in any organ or part of the body, with an increase of the natural action and power, for the most part, of the whole circulatory system ; and *irritation* to result from *a diminution of the normal excitability* of any organ or part of the body, with an excited or increased action only ; and that principally confined to the capillary system of vessels, which, having the most important functions allotted to them—as those of secretion and nutrition—are abundantly supplied with nervous influence ; and, consequently, under deranged action, the different organs and parts of the body are, from sympathy, more generally affected.

9. To the medical man in particular, I deem it of the greatest importance that this distinction between inflammatory diseased action and irritative diseased action should be well understood, especially as regards the discharges from the mucous membrane of the sexual organs. Both inflammation and irritation are manifested by many similar symptoms, as pain, heat, redness, and

sometimes tenderness and swelling, with increased action in the vessels of the part: but the kind, degree, and extent of these symptoms, and particularly of the increased action and pain, are widely different. The pain in inflammation is constant; in irritation it is inconstant and spasmodic. However, great difficulty is often felt, even by practitioners of long-standing and experience, in distinguishing between inflammation and irritation, and in ascertaining their exact nature; consequently sad errors in treatment too frequently occur; for it will be readily conceived that the treatment indicated in inflammation is contra-indicated in irritation, at least so far as the destructive lancet and other antiphlogistics are concerned. I am, therefore, induced to believe that the above definition given to these two primary diseased actions points out the exact nature of their functional derangement; and the kind and degree of their excitability being more correctly defined, the practitioner will the more readily be enabled to adopt the proper treatment.

10. Inflammation speedily tends to alter or destroy the structure of an organ or part in which it is excited; after which, its action is changed into irritation, when no depletory remedies are

indicated or even warrantable; at least, *such is the LAW; when otherwise, the EXCEPTION.*

11. It will be found that, whenever inflammation is primarily excited in a secreting organ or part, its effects upon the capillary system of vessels is the reverse of that of irritation—that inflammation tends *to suppress* the natural secretions, whereas irritation tends *to increase* them. This is proved in daily practice; therefore the term “inflammation” is inappropriate when, as is too generally the case, applied to that diseased action of the capillary system of vessels, in the mucous membrane of the urethra, *which produces an increase in the quantity, and an alteration in the quality of its natural secretion*, or a DISCHARGE; and, in a pathological sense, or, in reference to the nature and cause of disordered function, and the treatment indicated, the application of the terms “inflammation” and “irritation” require the particular attention of the medical man; for, if rightly understood, the proper treatment is plainly indicated, much simplified, and established upon fixed and satisfactory principles.

12. I am disposed to think that the term “inflammation” was first applied to diseased action producing a discharge from the mucous mem-

brane of the urethra, from a belief that it was the consequence of some ulcerated state of the urethra; and therefore, for the production of the ulceration, there must have existed inflammation. But this was disproved by Dr. William Hunter so far back as the year 1749; in the winter of which year the doctor discovered, on the *post mortem* examination of a child, a quantity of pus in the cavity of the thorax in which there was no breach of surface—establishing the doctrine now universally admitted, that “matter may be formed without a breach of surface.” And in 1753, Mr. John Hunter examined the bodies of eight men, “two of whom he knew had at the time very severe gonorrhœas; and, although very accurate in the *post mortem* examinations, found no ulceration: the two urethras appeared merely a little bloodshot (congested) especially near the glands, proving that the matter in a gonorrhœa did not arise from an ulcer.” Mr. Hunter, in continuation, states, that “he had opened the urethra of many who at the time of their death had gonorrhœa, yet never found a sore in any; but always observed that the urethra near the glands was more bloodshot (congested) than usual, and that the lacunæ were often filled with matter. I

have indeed," he observes, "seen an instance of a sore a little within the urethra; but this sore was not produced by any ulceration of the surface, but from an inflammation taking place, probably, in one of the glands, which produced an abscess in the part, and that abscess opened its way into the urethra." He adds that "the very same sore opened a way through externally at the frænum, so that there was a new passage for the urine."

13. These facts, if properly considered, I think justify the conclusion that the *diseased action* producing the *discharge* is *primarily irritation—not inflammation*—as now, even by medical men, it is sometimes called. The great evil, as I conceive, resulting from *this misnomer*, particularly with those who have had little experience in these cases, is, as I have before stated, the inculcation of an erroneous principle in the treatment: moreover, it appears to me that *inflammation*, commencing in particular organs or parts of the body, should be considered *a diseased action of the glandular organs of those parts*, rather than of their secreting surfaces; and that it is excited in consequence of the secretions of the glands being obstructed in their exit, until at length the *destructive action* (inflammation) is set up, pro-

ducing ulceration, suppuration, or abscess, and, consequently, the confined secretion is allowed to escape; when the inflammation, having effected this purpose, ceases, and irritation is established in the glands and parts.

14. It is not uncommon in an attack of gonorrhœa, for the glands, situated about an inch down the urethra, to swell, when they may be felt externally. The ducts or openings of these glands, called "lacunæ," become closed and prevent the exit of their morbid secretion, when inflammation is excited; and they ulcerate sometimes outwardly, but more usually into the urethra itself. *This occurs particularly in maiden gonorrhœas.* This effect of inflammation is speedily produced, and therefore the discharge—the symptom of the primary irritation—is scarcely suspended; but in instances which sometimes occur, the inflammation is longer in producing the suppuration or ulceration, and, in such cases, there is a diminution, if not an entire suppression of the discharge from the mucous surface of the urethra, in consequence of the inflammation extending itself to that part; therefore great care is requisite in this stage of the disease, to prevent such extension of the inflammatory action; for, if not prevented,

it will spread itself down the urethra to Cowpers' glands, the prostate, and the neck of the bladder. *It is my opinion that neglect or injudicious treatment at this period is the most frequent cause of the extension of the inflammation to these parts ;* and, that if the glands and lacunæ, when first attacked by inflammation, *be properly treated,* those glands in the lower part of the urethra *are rarely affected* by inflammation, unless, indeed, it be excited in them from other causes; as excessive exercise during a discharge, exposure to much damp and cold, or the abuse of injections, &c.; but whenever they do become inflamed, similar changes take place in them as in the glands and lacunæ at the specific distance, and are attended with similar results; but from their size, situation, and importance, the symptoms are much increased, and the consequences become more serious and distressing.

15. From what has been stated, it appears that in certain stages which occasionally occur from neglect and maltreatment in the course of an attack of a discharge, the two diseased actions—inflammation and irritation—may be co-existent; that is, inflammation in the glands or lacunæ, and irritation in the mucous membrane or surface.

But as the inflammation extends, which it is sure to do if proper treatment be not adopted, it takes the place of the irritation in the surface or urethra as well as in the glands or lacunæ, and extends onwards to the neighbouring parts, when the discharge is suppressed or greatly diminished; and the diseased action altered from an irritative to an inflammatory character, marked by intense pain, scalding, throbbing, and, in fact, all the prior symptoms, *except the discharge*, much aggravated; and a feverish state of the whole system is produced.

DISCHARGE FROM THE MALE URETHRA.

16. The discharge, whether it possesses an infectious property or not, is uniformly characterized *by an increase of the quantity, and an alteration of the quality, of the natural secretion of the urethra, its glands, ducts, and surfaces.* Many of the discharges proceeding from the urethra are attended with similar symptoms, particularly at their commencement; and therefore it is of great importance to be borne in mind, when an opinion is sought as to the nature and cause of a dis-

charge, lest, by a hasty and ignorant judgment, the reputation of the innocent should be injured.

The discharge is more or less purulent, and differs in appearance, in proportion to the excitement of the capillary vessels and the secreting glands and ducts. Any attempt to describe its varied colour and consistence would tend to confuse and mislead the non-professional inquirer; indeed, it is only the experienced eye that can distinguish a noxious from an innoxious discharge, and that not always, for there is no well-marked distinctive character by which we can satisfactorily form an opinion; and chemistry has hitherto failed in detecting any equivalent from which it derives its peculiar properties. It is, however, a subject of great anxiety both to the practitioner and his patient, and a point, also, of considerable importance, to distinguish, if possible, between an infectious and a non-infectious discharge. The secretion, in the abstract, is indeed altogether unknown; but, in all its various states, it is capable, when favoured especially by a scrofulous or scorbutic predisposition, of producing, on contact, a discharge similar in appearance, and capable of reproducing itself.

17. The result of my experience induces me to

conclude that we have no infallible guide for our decision; but the opinion I have formed—and if in error, it is an error on the right side—has been derived from the existence or non-existence of an accompanying irritation. In proportion to the degree of irritation in the parts attended with a discharge either of pus or mucus—if from the mucous membrane of the sexual organs and resulting from intercourse—will be its degree of irritating and infecting quality. Common leucorrhœa, or gleet and other discharges resulting from a gonorrhœa, may continue for a short time after all diseased action or irritation in the parts has ceased, simply from a habitude in the vessels of the part to continue the action. Hence I infer that all these discharges attended with irritation are infectious, and in proportion to its diminution or cessation is the infectious property lessened or lost. I need not, therefore, state that I deem it important to determine, satisfactorily, the existence or non-existence of irritation in the organ or part affected; for even that irritation which exists in the male urethra, resulting from some new action or state of the parts following as a consequence of gonorrhœa, its neglect, or maltreatment—such as organic or other changes in the various parts

within the urethra, in the prostate gland, or in the neck of the bladder—may produce a discharge which is infectious.

18. In the male, the discharges proceed from the mucous membranes lining the urethra, its glands and ducts; and I have seen general or constitutional affections accompany or follow a discharge of matter from the urethra: in these cases the diseased action had been excessive, and one or more of the glands in the urethra had ulcerated, which *I believe never occurs from any other than a decidedly infectious matter*: however, the symptoms are always more severe and of longer duration, especially when the glands, situated in the lower part of the urethra, suppurate or ulcerate.

19. Some authors have devoted much time and labour in investigating the origin and progress of the virus or discharge; at least, great space in their works has been occupied in reviewing medical and other historians upon this point. It is not my intention to imitate these examples, nor would it make this essay more interesting or satisfactory to my readers, nor tend to any practical object or benefit; I therefore deem it sufficient to state that the antiquity of the discharge, if that be any satisfaction, is proved by the scriptures themselves; and,

although it may have varied in its character and virulence from time to time, and in different parts of the globe—most likely occasioned by the changes of climate, and the social or civilized states of society, as well as by other circumstances occurring at various periods—nevertheless, the disease known to us as gonorrhœa is evidently the same as that alluded to in the 15th chapter of Leviticus, and was then, as it is now, produced by promiscuous intercourse. It must be evident, however, to every practitioner of any experience, that the discharge is, as I conceive it has at all times been, generated *de novo*, and that unfortunately too prolifically.

20. The causes of these discharges in the male may be considered as *common* or *predisposing*, and *specific* or *direct*; either of which, when sufficient to excite disturbance in the functions of the capillary system of vessels in the mucous membrane of the sexual organ, produces *an increase in the quantity and an alteration in the quality of their natural secretion, or a DISCHARGE*; but should the excitement be insufficient to produce disease, it will cease of itself.

21. The same cause will not affect all persons alike, and with equal severity; nay, some may not

be at all affected by it; and this can only be explained by the difference in the predisposition and state of the stamina or constitution at the time favouring this or that effect.

22. The most common cause of these discharges in the male, arises from the various morbid conditions of the female sexual organs; and a discharge which is comparatively innoxious in them, may, upon contact, when favoured by predisposition and other circumstances, generate discharge in the male, and even impart to that discharge the specific quality of propagation—this part of our subject will be illustrated by extracts from well-accredited authors, and by cases which have occurred in my own practice.

23. There are other causes, arising from constitutional changes or actions taking place in the system, as from gout, rheumatism, affections of the kidneys, bladder, and prostate gland; and from the mechanical irritation produced by stone, calculus, and gravel in those organs, passing through the urethra; and also from an *abuse of the sexual functions themselves*.

24. One of the common or remote causes of diseased action producing the discharges from the male urethra, is a disturbed state of the func-

tions of the stomach at the time that the promiscuous intercourse takes place, either arising from an excess of nutrition or stimuli, or both; which fact has been strikingly manifested in a great majority of cases that have come under my consideration and treatment, and which I deem of importance sufficient to induce me to explain, generally, the functions of digestion, nutrition, and secretion; so that, in reference to these cases, the general reader may comprehend that which is well understood by the professional reader, viz., *that disturbance of the digestive organs is capable of producing diseased action in almost every other organ or part of the system*; which explanation of the intimate relation of cause and effect I hope will in some measure tend to excite caution.

The digestion of food in the stomach is performed by chemical as well as vital agencies, which reduce it to a new mass, called "chyme." When this has passed into the duodenum, or first bowel, it is there acted on by the bile and pancreatic juice; the nutrient part is converted into "chyle," and the residue passes on through the bowels as excrementitious matter; the *chyle* is taken up by the absorbents, carried into the circulation, and having passed through the lungs, is conveyed to

the capillary system of vessels, where the important functions of nutrition and secretion are performed; and in proportion to the perfect or imperfect state of the vital and chemical actions on the food in the stomach and duodenum, will be the normal or abnormal state of nutrition and secretion, and, consequently, *health* or *disease*. If the food be perfectly assimilated, the new products formed from the chyle for the growth and repair of the various structures of the body and for the other purposes of the system, are normal or healthy; if, on the contrary, the assimilation of the food be imperfect, the blood is abnormal or unhealthy, and unfitted for the purposes of the system: its noxious properties occasion deranged or morbid action in the extreme capillary system of vessels, by which *an increase in the quantity and an alteration in the quality of their natural secretions or discharges are produced*. This occurs to a greater or less degree in the capillary system of vessels of all the organs or surfaces of the body; *more so on mucous membranous surfaces, and glandular organs, and especially in an organ or part weakened by excessive functional action*. Dr. Prout remarks, in his able work on stomach and renal diseases, page 19, "That unnatural principles

(of an acid and poisonous character?) appear to be occasionally developed during derangements of the assimilating functions, and that many local affections, originating from mal-assimilation, are accompanied by the development of such unnatural principles." I am, indeed, perfectly convinced that those who indulge in promiscuous intercourse under a deranged state of the stomach, from excess of animal food and stimuli and of *malt liquor in particular, rarely escape infection.*

25. To enable us to arrive at a proper conclusion as to the cause of the discharge, it is essential that a sifting investigation be made into the history of the patient's constitutional state of health, his age, habits of life, and the state of the system; and I am quite satisfied, if such investigation were more generally adopted by the profession, that *much distress and anxiety of mind would be avoided—that the confidence between man and wife would be less disturbed—and that a proper mode of treatment would be adopted.*

26. Health, as has been before said, is seldom free from some hereditary taint or predisposition to diseased action; and those tendencies to diseased action which are most common to the

system are termed *scrofulous* and *scorbutic*. These states appear essentially to modify the diseased action engendered by the disturbance of the proper functions of the sexual organs; and we not unfrequently find them combined; and, in proportion as they exist, will different forms of disease result; indeed, a scrofulous or scorbutic habit of body, or both, seems to be intimately connected with, and to influence the diseased action which produces the morbid secretions of pus, or matter and mucus, from the mucous membrane of the sexual organs, and also modifies its symptoms.

It is not my intention, in this essay, to do more than briefly refer to the diseased states in the female, as the causes of discharge in the male upon intercourse. They will be found to be deranged functional conditions of the vagina and neck of the womb, modified by a scrofulous or scorbutic constitution or habit of body, in which there is a *low degree of vital energy* or *normal excitability*, such as is commonly called a *nervous temperament*, attended with a disposition in the glands and mucous-secreting surfaces to disturbance in their proper functions from slight causes, and in which there is less resisting power to dis-

eased action than in the opposite or *sanguineous temperament*.

27. The secretions of scrofulous and scorbutic females are, *cæteris paribus*, more abundant, and of a more ichorous character, and the skin in such is easily irritated, throwing out eruptions from the slightest causes; and these persons are very generally afflicted with a peculiar and ichorous state of leucorrhœa, caused by *irritation in the neck of the womb and upper part of the vagina*, from which is sometimes secreted a whitish, stringy mucus; at other times a greenish yellow matter not unfrequently streaked with blood, and very commonly attended with ulceration of the mucous follicles or glands situate on or about the neck of the womb; and sometimes, but less frequently, in the mucous membrane of the vagina; and the secretion from the lacunæ, or follicular glands, in the external parts of generation of the scrofulous or scorbutic habit, is also more abundant and ichorous.

28. *I have known very many instances of discharge from the male urethra to take place from connection under such circumstances, differing in no respect in appearance from that of a specific gonorrhœa; and I have no doubt, when favoured*

by the circumstances before alluded to, that it is *decidedly infectious, and capable of being propagated to a third party.* And I have traced ulcers to the same cause; but this I shall allude to at another time. The symptoms are generally less severe, but well marked; and I have no doubt that many discharges, resulting from even promiscuous intercourse, with persons not *specifically* infected, have their origin in that excited and sensitive state of the system which is manifest in females afflicted with a scrofulous or scorbutic leucorrhœa, particularly when a disposition is induced by excessive venereal excitement and stimuli, coupled with the state of the system of the male under the operation of the sexual orgasm.

Mr. B. Bell gives a striking instance of discharge excited by intercourse under what I conceive to be a similar state of leucorrhœa. He states—vol. 1, p. 418—“I have, in different instances, been consulted by women, who, on finding their husband’s linen stained with matter, have fancied that they themselves had been injured by them. I was consulted by a lady in circumstances of this kind, who, from the cause I have mentioned, had long been reduced to a state of the greatest distress and misery. Her mind was, in the first place, deeply

affected with the supposed misconduct of her husband ; and she was fully convinced that she herself laboured under almost every symptom which attends the venereal disease. To this she was, in a great measure, led by the opinion of a midwife, who, unfortunately, informed her that, from much experience in matters of this kind, she was convinced that she was diseased, and desired her to apply to me. Instead of this, she put herself under the care of one at a distance from town, where she resided, and who, from not having much experience in matters of this kind, was easily induced to believe that symptoms took place which did not exist but in the imagination of his patient. There was no external mark of disease, but she complained of pain in her bones, severe pain in the parts of generation and loins, uneasiness in the nose, throat, &c. ; in short, she had perused a modern treatise on the lues venerea, by which she had become acquainted with the symptoms of that disease, almost all of which she now imagined that she laboured under. A complete course of mercury, besides a variety of other medicines, were given in the country ; but no advantage being derived from them, the patient came under my care. It appeared at once that she was diseased in

imagination only ; for I did not find, on the most minute inquiry, that any symptom of the lues venerea had existed from the first. She acknowledged that at different times, both before and after marriage, she had been much distressed by fluor albus ; but this was the only disease of which she ever complained, and it never was of long continuance. I endeavoured to convince her that she was perfectly sound, that she never had the disease, and that the matter which she had seen on her husband's linen, and which was the only foundation of her suspicion, was either produced by his connection with her while she was distressed with fluor albus, or by some other cause of a nature equally innocent. All this, however, would have proved ineffectual ; but I luckily had an argument in my power which brought conviction along with it, and which, in the course of a few days, made all her symptoms vanish, which otherwise might have been of the most permanent nature. At the very time when she suspected her husband to have given her the infection, he had consulted me by letters, which I preserved, in which he expressed his astonishment at the sudden appearance of a discharge of matter from his urethra, accompanied with heat and un-

easiness along the whole course of the passage from the glans to the bladder. He never had been infected with gonorrhœa; and, having had no connection with any other woman than his wife, of whom he could not entertain the least suspicion, he concludes his first letter by inquiring whether or not such symptoms ever originate from other causes than intercourse with an infected person, and at the same time wished that such medicines might be sent him as would as quickly as possible put a stop to the discharge. In my answer to this, which I also preserved, I mentioned several causes by which a discharge from the urethra may be excited, and especially the effect of repeated intercourse with women labouring under fluor albus, where the discharge is more acrid than usual. A sight of this correspondence, which I was enabled to shew, could alone remove the distress under which my patient had long laboured. I have since that period had occasion to know that her husband has, at different times, had a return of the discharge from the urethra—in some instances from exposure to much cold, fatigue, or wetness, and repeatedly from connection with his wife when she laboured under fluor albus.” Mr. Bell further states it as

his opinion—"That a person being over-heated with wine, or having more connection than usual, even with sound women, will produce a discharge of matter from the urethra; and the matter produced in this way is so similar to that of the matter of gonorrhœa, communicated by impure coition, that the one cannot be distinguished from the other."

29. It may easily be imagined that the normal excitability, or resisting force to diseased action in the male sexual organ, may be disturbed under an excessive alternate excitement and depression, and produce functional derangement that may engender diseased action.

30. It is witnessed in every day practice, that the causes which tend to excite these habits of the body (scrofulous and scorbutic), such as a variable climate, exposure to cold and damp, privation of free air and exercise, dissipation, mental excitement or depression; in fact, every cause which tends to debilitate the system exerts an influence on these discharges. The immediate effect consequent upon an interruption to the proper balance of the functions of any organ or part, is the excitement of the nervous system, whereby the capillary system of vessels in that

organ or part, and, by sympathy, in other organs or parts of the body, is particularly affected ; and that, too, in proportion to the importance these organs or parts bear to health and life. Should the balance of the functional power not be destroyed, the excitement induced will be insufficient to produce disease, and will cease of itself.

31. There exists in the body a variety of predispositions to disordered functions in the different organs and parts of our system ; some arising from hereditary taint, and others from peculiar causes operating under particular circumstances, and influencing the state of the body at the time : hence we have a variety of diseased actions ; and whenever a greater or different impression is made upon an organ or part, its action or function is modified and altered, in proportion to such impression.

32. This law, in the animal economy, enables us satisfactorily to account for most of the circumstances occurring during the progress and the cure of gonorrhœa, gleet, and other discharges from the sexual organs. For instance, it is not uncommon for a gonorrhœa or other discharge to be suddenly suppressed upon the accession of

fever, and to return upon its secession, or after the fever has run its course.

33. It is not uncommon for persons much afflicted with gout or rheumatism to have a discharge of matter from the urethra, either ushering in the attack, or occurring upon its secession. I have been consulted upon several such cases. The character of the discharge was in appearance similar to that of gonorrhœa, and attended with considerable smarting and heat in passing the urine: when the discharge has preceded the gout or rheumatism, upon the accession of the gout or rheumatism, the irritation leaves the urethra, and the discharge ceases: when it appears upon the secession of an attack of gout or rheumatism, irritation and its consequences, or discharge from the urethra, results. I have generally found in these cases co-existent disease of the prostate gland.

Mr. Bell, in his "Treatise on Gonorrhœa," vol. i., page 426, states—"That he has met with well-marked instances, where a flow of matter from the urethra has alternated with pains in the knees and other large joints; and among labouring people, accustomed to work much in water, as ditchers, a discharge of this nature is by no means unfrequent:"—"that a patient of his who an-

nually took a great deal of exercise in following game, was always seized with a discharge of matter from the urethra when he went in search of ducks, by which his feet and legs were kept immersed in water for several days together ;” and at page 428, he says, “ that the matter produced in this manner in the urethra is so similar to that of gonorrhœa, communicated by impure coition, that the one cannot be distinguished from the other.”

34. A discharge of matter from the urethra, caused by stone or calculus in the kidneys and bladder, or from foreign bodies passing through the urethra, must be familiar to every practitioner ; the discharge is, indeed, often the first symptom that excites the attention of the patient to the state of his health, and induces him to apply for medical advice. If he has had promiscuous intercourse, both the practitioner and the patient may be satisfied in attributing the discharge to that circumstance, until, from the difficulty in removing the symptoms, or from its frequent relapse, the attention of the practitioner is directed to the true cause of the disease. The discharges in these cases appear and disappear with the irritation excited by the stone, calculus, or foreign body. Discharges of matter from the

urethra are not unfrequently produced from an irritable and enlarged prostate; but they will not be particularly alluded to in this essay.

SPECIFIC GONORRHŒA.

35. The discharge called "specific gonorrhœa," is commonly restricted to matter resulting from intercourse with a female infected with a discharge, possessing and imparting the specific power of propagating itself upon contact, without regard to age, constitution, habits of life, or any of the other circumstances before-mentioned as influencing the functions of the mucous membrane of the urethra; but, as I have already stated, a discharge, to all appearance the same, is excited from many other causes affecting the system, and the genital functions in particular, which, under circumstances of predisposition, &c., &c., acquires the specific property of imparting itself to a sound person; and therefore I conclude that all discharges, especially those resulting from promiscuous intercourse and attended with irritation in the urethra, have the power of propagation, and

consequently are, to all intents and purposes, specific gonorrhœas.

The symptoms resulting from infected intercourse vary not only in the order of their appearance and the period at which they commence, but also in their severity. Most commonly the attention of the patient is directed to the sexual organ, by an uneasy sensation in the testicles and urethra, near the orifice, which appears swollen and redder than usual; and in some cases, the glans penis is also swollen and of a shining red colour: shortly after follows a thin, whitish-yellow matter, which soon increases in quantity, and changes to a thick, greenish-yellow discharge; the passage of the urine through the urethra seems impeded in its course, and on passing out becomes twisted or divided into separate streams. There is also a more frequent desire to make water, attended with heat or scalding. These symptoms become more aggravated, and the discharge profuse; such symptoms constitute a very common form or attack of gonorrhœa: but in some constitutions and states of the system, the scalding and spasm in passing the water are intense, and immediately follow or precede the appearance of the discharge, which is not unfre-

quently a little tinged with blood: the penis is swollen and tender; the spasm, and scalding in passing the urine, extend along the whole course of the urethra to the prostate gland and neck of the bladder, attended with great pain in the testicles and behind the scrotum—a very painful erection of the penis occurs involuntarily and frequently, called *chordee*, when straining efforts are made, and an incessant desire to pass the urine is felt, which at times is so painful that the patient will turn sick and faint. Sometimes, indeed, the urine can only be passed in drops, and in many instances not at all, and the torment of the patient is almost insupportable; in this state blood occasionally flows from the urethra and affords relief to the patient for a time; the irritation is excessive, and sometimes merges into inflammation, when the discharge becomes suppressed, and a destructive process is commenced in some part, most commonly in the glands called “Cowper’s glands,” which ulcerate, and frequently form abscesses; unless these are opened, and *that freely*, sinuses form running in various directions, the urine becomes extravasated into the cellular tissue, extending over the adjacent parts and threatening speedy destruction; the inflamma-

tion spreads over the whole genital organs, subjecting the patient to the greatest amount of bearable suffering; indeed, the entire system is affected by it, even to the extent, at times, of producing mortification, and jeopardizing the life of the patient: but this state of diseased action may be more properly considered *as an effect of neglected gonorrhœa, or its mal-treatment by injections; indeed, I have never known it to result from gonorrhœal irritation alone.* The more severe symptoms, indicating an extreme and aggravated form of infected disease, most frequently occur in the *first* attacks of gonorrhœa; this severity of symptoms is more particularly to be accounted for, from the circumstance that, in the maiden gonorrhœa, the irritation excites the glands in the urethra situated about an inch from the orifice, called by Mr. John Hunter the "specific distance." These glands speedily ulcerate and are destroyed, and in such cases the cure is prolonged. It would seem to be a law in the economy, *that these glandular bodies, when they ulcerate and are destroyed, are not regenerated.* By this an aggravating cause is removed, and one reason, at least, is presented to enable us to account for the diminished severity of the symptoms in subsequent dis-

charges ; although it does not necessarily follow that in the *first attack* the irritation should lead to inflammation, and the consequent destruction of these glands ; for I have seen cases of the *third and fourth occurrence* in which these have been ulcerated, and I have seen *some first cases* where they have not. This I attribute to the degree of irritation excited by the infection. When the glands situated lower down the urethra and called “Cowper’s glands” take on the irritation, inflammation and its consequences speedily follow.

36. It has been stated by some authors, that an infectious discharge or specific gonorrhœa uniformly appears upon the third day after sexual intercourse ; and that other discharges of pus or matter from the male urethra, for the most part, appear earlier : however, my experience does not induce me to concur in such views ; indeed, my observations on this point lead me to conclude that the specific infection may remain some time dormant. Any impression made on the system sufficient to suppress an established discharge—not an uncommon occurrence—I believe may influence the periods at which the discharge and other symptoms commence after connexion. There is a certain time necessary, in all systems

and under all circumstances, for establishing diseased action; this will be regulated and varied by the causes, and state of the constitution and system; at least, such is my opinion, whether the result of infection or not. Dr. Robert Williams observes—"An important law in poisons is, that they lie latent in the system a period of time, which varies in different individuals before they set up their specific actions."

There are some symptoms more common in discharges from the urethra than others, as the sensations of pain, heat, or scalding in passing the urine, &c., &c. These vary in degree or intensity in different persons, and in the same person in different attacks, and at particular periods of age: they will be found detailed in the cases cited in another part of this work. The periods at which the symptoms consequent upon infectious intercourse make their appearance vary much in different individuals, and even in them at different times. I have known them to occur within a few hours after sexual intercourse, and in other cases not until six weeks or more have elapsed: however, *the average period may be said to range from the fourth to the sixth day after coition.*

37. It not unfrequently happens that medical men are asked their opinion respecting deranged sensations in the sexual organs before any state of disease is manifested, other than that which is indicated by a slight irritation of the urethra or of the glans penis; for instance, a married man under the influence of wine and passion yields to the temptation of promiscuous intercourse, and afterwards feels the greatest anxiety to learn if, by his folly, he has been infected or not: he applies to a medical man for his advice and opinion; in giving which, it is obvious that the greatest caution should be observed, knowing that, in some cases, the symptoms do not appear until long after connexion. My general rule is to adopt the treatment as though patients were infected, and continue it, unremittingly, for a fortnight; in some cases, perhaps in all, it may have been unnecessary; but in such uncertainties it is best to err on the right side. *Whether infected or not, I have never found the symptoms make their appearance after this precautionary treatment.*

GLEET.

38. Any discharge from the urethra arising from infection, unattended with pain and scalding in making water, is called a GLEET; and, therefore, whenever the more prominent symptoms of gonorrhœal irritation in the urethra have subsided or diminished, such discharge not being attended with painful symptoms has been pronounced “innocuous and non-infectious,” and is by too many considered as of little consequence—“*only a gleet*”—“*not infectious!*” This dogma has led to the most distressing consequences, affecting not only the bodily health and mental suffering of the patient, but exciting, in the dearest objects of affection and respect, the most alarming apprehensions and, in many instances, unjust suspicions; and seriously injuring the reputation of the practitioner himself.

I have, in numerous instances, been consulted by *married persons* of unimpeachable veracity, for *purulent discharge* which had been communicated to the wife by a *gleety discharge* in the husband, the consequence of a gonorrhœa which had been treated and was sup-

posed to have been cured upwards of twelve months or even two years before marriage ; and who had been assured by the medical attendant that no danger of infection need be apprehended. Gleet, the continuation or consequence of a gonorrhœa, is therefore not less important than its parent disease, and, like it, is possessed of a specific power of infection. Dr. Robert Williams, in his treatise on gonorrhœa, page 205, states that “the matter of gleet is supposed to be non-contagious ; but this doctrine is dangerous, and has led to most mischievous consequences. It has happened, also, that after the apparent cure, the patient, without any fresh infection, has relapsed.” *I have seen such repeated instances of this infectious property in gleet discharges, that I conclude that the infectious power is continuous with the irritation ; and that when the irritation ceases, the discharge, whether gonorrhœal or gleet only, ceases also ; in some cases of a scrofulous, or relaxed and irritable habit, it may be continued a short time after the irritation itself, “from a habitude in the vessels to continue the same action.”* Should there be any irritation, even though insufficient to cause or to be manifested by a discharge, all the symptoms may, and frequently do, return even to

severity; and the returned discharge is decidedly infectious: therefore, those who conclude that every discharge, unaccompanied with the more prominent symptoms—as a purulent discharge, with heat and pain in making water—is not infectious, betray gross ignorance of the subject: their opinions are fraught with irreparable mischief and incalculable evil; and, therefore, I am convinced that this part of my subject cannot be too strongly impressed upon the attention of all classes in society; for, unfortunately, errors of judgment on these occasions are too common: *I therefore repeat, that so long as irritation remains in the urethra, or its glands and ducts, accompanied with a discharge, however small—if the consequence or continuation of a gonorrhœa—I am decidedly of opinion that it is infectious.* The cases cited in this work will be found sufficient to satisfy every candid and unbiassed practitioner.

39. The glairy, mucous discharge from the urethra, most frequently called a “gleet,” arises from neglected or mal-treated gonorrhœas, and especially those which have been treated with INJECTIONS. When the pain and heat on passing urine in an attack of gonorrhœa have subsided, it is too commonly the practice to *inject*

the urethra, with a view to stop the morbid secretion; and various astringents are used for that purpose. These invariably tend to alter the structure of the mucous membrane of the urethra, in the great majority of cases, without effecting the primary object, viz., the cure of the discharge; and lay the foundation of greater evil—as stricture, irritation of the prostate gland and neck of the bladder; and I contend that *injections are never successful*, if, during the previous stage of the gonorrhœa, the glands in the urethra have been affected by the irritation; for in such cases the discharge of glairy mucus is secreted in the follicular ducts or lacunæ, to the surfaces of which the injection should be applied to be successful: they are, however, beyond its reach, and therefore the cause of their not curing the discharge is apparent; but they will check its appearance for a time, by sealing up, as it were, the mouths of these lacunæ. On discontinuing the use of the injection, the discharge will re-appear, and be continued an indefinite time. The injection alters the character and appearance of the discharge which becomes more stringy, and rarely passes away but with the urine, and is only visible in it, except under exer-

cise or other causes which tend to increase the irritation, under which it will return again, and, to all appearance as in a fresh attack of gonorrhœa; this stringy mucus is most decidedly infectious. It is true the quantity of the discharge is so greatly diminished that some parties consider themselves well; and it only concerns them when aggravated from cold, indigestion, or other deranged states of health; but it most assuredly makes itself and its consequences painfully manifest in the course of time. It is a fruitful source of stricture, impotence, and general deranged state of the urino-genital functions. Falek observes (p. 132)—“There is something so very gentle in the sound of a ‘gleet’ that the patient is very little concerned at it, and too frequently less so the practitioner he applies to. For my own part,” he adds, “I had rather cure ten recent virulent claps than one old-standing gleet.”

Irritation of the urethra attended with a discharge sometimes occurs from other causes than gonorrhœa. It may arise from sympathy with other parts; very commonly it arises from stone, calculus, or gravel in the kidneys, bladder, prostate gland and urethra; from ascarides, and other worms in the bowels; or from disease in the rec-

tum. It is not unfrequently manifested during the period of dentition, especially on the cutting of a wise tooth. Instances of the latter have been mentioned by Mr. John Hunter. Those occurring in the period of infantile dentition, particularly in females, must be familiar to every experienced practitioner. There may be irritation, attended also with a discharge from the mucous membrane of the urethra or its glands and ducts, the consequence of stricture; but from whatever cause, *other than gonorrhœa*, they may have been produced, *they are not infectious*.

TREATMENT.

40. Any discharge of pus, matter, or mucus, from the urethra being too generally referred to inflammation, bleeding, low diet, and the catalogue of *antiphlogistics*, are brought into action. These remedies uniformly *aggravate the symptoms*, unless, indeed, there be inflammation in the mucous membrane of the urethra; in which case, so far as my experience goes, there would be a suspension or suppression of the discharge; the other symptoms of pain as heat, throbbing, redness, &c.,

would be greatly increased, and the inflammation, if severe, would not be confined to the part or organ affected, but extend to the neighbouring parts, and threaten a general inflammatory state of the whole system. But, if antiphlogistic remedies be applied for the symptoms indicated by irritation, they invariably increase the disease, protract the cure, and induce such debility as renders the diseased action chronic or of long continuance.

41. It will always be found that a discharge attended even with mild symptoms, if of long continuance, is more injurious than a severe attack of short duration: but we shall allude to this more particularly in another place.

42. We have, I trust, satisfactorily, traced the diseased action producing these discharges, to an abnormal condition (*irritation*) of the extreme capillary system of vessels, and shewn the nature of the remedies indicated to restore them to their normal condition. *Irritation*, as I have before stated, is manifested by a diminution of the normal excitability in the capillary vessels of the part or organ affected. MY SPECIFIC SOLUTION OF COPAIBA acts as a stimulant, tonic, and alterative; it increases the power and action of the capillary system of vessels, restores them to their normal con-

dition, and thus antagonizes or overcomes the diseased action. For a detailed account of the doses and general treatment I adopt for these discharges, I refer the reader to the various cases I have cited; yet it may be well in this place to state generally *that in proportion to the degree of the irritation, the discharge, and its continuance, do I vary the quantity or dose.* For instance, in a recent case, where the discharge is trifling and the attendant symptoms of heat or scalding in passing the urine are inconsiderable, the dose of *two teaspoons full*, three or four times a day, is advised; but, if the discharge be considerable and the accompanying symptoms are urgent and painful, the dose of a *table-spoonful*, four times a day, is advised. The result of my experience enables me to state, with confidence, that such treatment is efficient; it is essential that the effect of the medicine be thoroughly maintained so long as there is any symptom remaining, *however trifling, and, for security sake, continued some days after.*

43. In the dietetic treatment, I recommend the accustomed nutritious food and beverage, presuming that persons only take what best agrees with them: I have not found that a moderate quantity even of spirits or good port or sherry wines is ob-

jectionable; on the contrary, it assists in maintaining the stamina or constitution; and whatever tends to improve the general health invigorates the resisting force of the system, and, consequently, diminishes the power of the diseased action. How often do we find a change of air, scenery, and relaxation from business, cure chronic discharges that have resisted all ordinary treatment! Low diet and total abstinence from stimulating drinks, in such persons as have been accustomed to them, are very common causes of the continuance of the discharge; for, instead of aiding the natural energies of the system by increasing the excitability of the organ or part affected, they undoubtedly tend still further to diminish power, and perpetuate the abnormal action. I have found *malt liquor and the effervescent wines* uniformly hurtful wherever irritation exists in any of the urino-genital organs; and, therefore, in the directions accompanying the medicine, strict attention to these particulars is especially enjoined.

44. The treatment of these discharges and particularly of the specific gonorrhœa, by local remedies, *as injections, is decidedly erroneous and prejudicial, and calculated to protract the cure.* From

what I have stated of the nature of the diseased action producing the discharge, I trust I have clearly pointed out that the indication in treatment is *to restore the normal excitability in the capillary vessels of the part*, by giving to them tone and power and thereby establishing *a healthy action*: some injections, doubtless, have the effect of stimulating the extreme capillaries on the surface of the urethra; and in cases where the diseased action is confined to it alone they may produce a beneficial effect; but such is rarely the case, unless at the very onset of the attack; for the irritation speedily extends to the glands and ducts, *when, in my opinion, no injection is effectual or proper*; the surfaces of the lacunæ in which the disease is principally situated in its chronic state are not acted upon by the injection, that is, they are not injected; but their openings are constricted, and so the morbid secretion is prevented from flowing into the urethra: it is locked up, as it were, and the irritation is increased in the glands and ducts, or determined to other parts, as to Cowper's and the prostate glands, or to the testicles and their appendages. *These are common effects from the use of injections*, and frequently occur in chronic discharges, for which

they are generally used, and rarely in the more acute stages in which they are not used.

45. It will be found to be in accordance with all experienced authors upon this subject, that *orchites* or swelled testicle, as a consequence of gonorrhœa, rarely occurs in the acute stage. Mr. Hunter remarks that swelled testicle rarely occurs but towards the close or cure of a discharge, when the patient believes he is fast recovering; and Ricord states that swelled testicle does not occur in the first week of an attack of discharge in more than one case in every three hundred; that it is more frequent in the second week; and that it occurs still more frequently in the third week and subsequent periods, when all the severity of the symptoms have passed away. In my opinion the orchitis or swelled testicle is caused by the means used for the cure of the gonorrhœa, that it is, frequently, erroneously considered as a consequence of the discharge, and that it is produced by the injection used. I think it of importance to explain this, that it may be well understood: injections are not recommended, even by those who are advocates for their use in discharges *in the acute stages; therefore, orchitis rarely occurs in the acute stage:* but those symptoms

which constitute the acute stage of a gonorrhœa generally subside or diminish so much within a fortnight from the commencement of the attack, that the discharge is considered as *chronic*; when the use of the injection is commenced, and consequently, *swelled testicle occurs more frequently than at an earlier period*; and, the injection failing to cure the discharge, its strength is increased, and *greater irritation* is thereby produced, which accounts for the *greater frequency of orchitis or swelled testicle at this latter period*. It may therefore be concluded, that under the use of injections for the cure of gonorrhœa, *the frequency of orchitis is in proportion to the continuance or chronic state of the discharge*; however, when the testicle does swell, the discharge uniformly diminishes or entirely ceases; but returns as the affection of the testicle subsides; and thus *the unfortunate patient, instead of finding his cure progressing, is painfully convinced that a more chronic state of disease is established; and, in too many instances, that the functions of some, or of the whole of the urino-genital organs are more or less disturbed*: in some constitutions and habits of body the consequences are truly serious, among which may be named *diseases of the kidneys,*

*bladder, and prostate gland; but the most common, and indeed almost uniform result is STRICTURE OF THE URETHRA.**

Mr. Howship states that injections thrown into the urethra are frequently followed by permanent irritability of the bladder. I am quite satisfied that the many troublesome and serious derangements of the urino-genital organs, following an attack of gonorrhœa, are *mainly attributable to mal-practice by injections, and neglect. Injections are seldom admissible, and at all times unnecessary and hazardous.*

Amongst the many consequences of a diseased state of the urino-genital organs is *an irritable and enlarged state of the prostate gland, and a degenerated state of the kidneys; under which deranged states the generative functions of the organs become impaired, the mal-assimilation or imperfect digestion of the food vitiates the secretory processes, serious disease is engendered in the system, and a broken-down state of the constitution results.* This manifests itself more particularly after the patient

* It was the opinion of the late Sir Astley Cooper, which is in accordance with my own experience, that ninety in every hundred cases of Stricture of the Urethra have their origin in long-continued discharges and their mal-treatment.

has passed the meridian of life. Dr. Prout observes (page 136) that—"of all other causes, particularly in large towns, venereal affections and their remedies lay the foundation of kidney diseases in every class of society, and perhaps at all ages, more frequently than any other cause. Few in early life so situated escape these loathsome affections in some form or other; and what with the excitement of fermented liquors, and, among the lower classes, the constant use of ardent spirits, the wonder is, not that the urinary organs suffer, but that they do not suffer even more severely than at present; and even if the effects of youthful excesses sometimes subside, as they do for the time, they are often felt when the vital powers become enfeebled in advanced life, and thus contribute to render old age miserable. Hence the gay and thoughtless little think of the consequences of their dissipation, and that they are, in fact, to use a mercantile simile, drawing bills at twenty, which will certainly be demanded at some future period of their lives with fearful interest."

These deranged states of the prostate gland and kidneys are at first but functional; by imperceptible degrees they become confirmed or or-

ganic; and although the symptoms may not be so great or prominent as to attract the particular attention of the patient, yet he complains of a want of *elasticity in his health and feelings*, and is distressed from the derangement of the digestive functions, &c., under the slightest irregularities of living, the changes of temperature, and other circumstances; neither of which affected, or would have affected his health before.

Those affections of the urino-genital organs, which follow as a consequence of these discharges, and their mal-treatment or neglect, will be particularly treated of hereafter.

LIST OF CASES.

1. *Maiden Gonorrhœa*, occurring from promiscuous intercourse, in which the *glands* in the urethra at the specific distance did *not* ulcerate.
2. *Maiden Gonorrhœa*, occurring from promiscuous intercourse, in which the *glands* in the urethra at the specific distance *did* ulcerate.
3. *Gonorrhœa*, resulting from excessive venereal indulgence with a healthy female.
4. *Gonorrhœa*, from promiscuous intercourse, in which *swelled testicle (orchitis)* resulted from the use of an injection.
5. *Gonorrhœa*, from gout and gravel.
6. Irritation of the urethra, and discharge from worms (*ascarides*) in the rectum.
7. *Gonorrhœa*, from intercourse with a female affected with scrofulous leucorrhœa.
8. Two cases from Mr. Evans's Treatise on Ulcerations of the Genital Organs, illustrating

the production of *gonorrhœa* and *ulcers* by a morbid condition of the secretion from the female sexual organs, without ulceration being apparent.

9. *Gonorrhœa*, from intercourse with a young female afflicted with scrofulous leucorrhœa, the *glands* in the urethra at the specific distance *ulcerated*, and the *discharge producing gonorrhœa in a healthy female*.
10. Case in which ulcers on the glans penis and prepuce of the husband were produced by intercourse with his wife, whilst afflicted with scrofulous leucorrhœa and ulceration of the mucous follicles on the neck of the womb.
11. Case of three attacks of gonorrhœa produced from intercourse with a female afflicted with scrofulous leucorrhœa.
12. *Gonorrhœa*, produced by intercourse before any symptom of disease was manifest in the infecting party, and two cases cited by Mr. Hunter.
13. Intercourse with the same female producing *gonorrhœa* in one and not in another.
14. Case in which the husband infected the wife with *gonorrhœa*, and after an absence of

- seventeen months the wife was supposed to re-infect the husband.
15. Case from Mr. Hunter's work, in which a *gleety discharge*, said to be "non-infectious," produced *gonorrhæa* in a lady the day after marriage.
 16. *Matrimonial Gonorrhæa*.
 17. *Matrimonial Gonorrhæa*, case cited by Mr. Skey.
 18. *Gonorrhæa* produced from a long standing *gleety discharge*, said to be "non-infectious."
 19. *Gonorrhæa*, twice excited in the same person from intercourse with a female afflicted with scrofulous leucorrhœa; and, subsequently, ulcers without discharge.
 20. General summary of cases occurring *in my own practice*.
 21. Hospital cases.

CASE I.

Maiden Gonorrhœa occurring from promiscuous intercourse, in which the *glands* in the urethra, at the specific distance, did *not ulcerate*.

MARCH 13, 1842.—I was consulted by a young gentleman aged 19. He had promiscuous intercourse on the 2nd instant; the discharge and other symptoms commenced on the 8th. The glans penis and the orifice of the urethra were redder than natural, and swollen: the discharge was small in quantity, and of a greenish yellow colour, mixed with a little blood; “scalding pain” extending along the whole course of the urethra, intense when passing his urine and during erections, at which time the penis was bent, or curved downwards (chordee). The frequency of these erections and the constant desire and urgency to pass the water, he described as almost

unbearable. He had also great difficulty in passing the urine, it came away dribbling ; yesterday after an erection he passed a considerable quantity of blood, which he thought relieved the symptoms, and particularly the pain and tightness of the testicles, but he soon afterwards felt as bad as before ; he complained much of pain across his loins, extending round the lower part of the abdomen and down the thighs ; he also complained of sickness of the stomach, and of a general feverishness of the whole system. The prepuce was swollen and somewhat contracted, it was with difficulty he reflected it to expose the glans. He had been under the care of a surgeon, in considerable practice, who strictly enjoined him to live low and abstain from all wine and spirits ; gave him a copaiba mixture to take three times a day, and an injection to use frequently. He suffered much pain on the first application of the injection and found all the symptoms greatly increased.

He took a table-spoonful of the SPECIFIC four times a day, and I directed him to bathe the parts well with cold water and frequently. I advised him to take a mutton-chop or steak for his dinner, and a glass or two of sherry-negus during the day. The symptoms gradually subsided,

and, at the expiration of ten days he had scarcely any discharge. He was well on the 4th of April.

CASE II.

Maiden Gonorrhœa occurring from promiscuous intercourse, in which the *glands* in the urethra, at the specific distance, *did ulcerate*.

MAY 11, 1842.—I was consulted by a gentleman aged about 22. He stated that he had promiscuous intercourse on the 26th ultimo, three days after which he experienced pain in passing his urine and much uneasiness about the parts, particularly in the testicles; the same day a slight discharge appeared, and he applied to a medical man who treated him; his symptoms grew worse and the pain when passing his water was most severe about an inch down the urethra, at the specific distance, and a little blood generally passed with the discharge, particularly after

the erections, which were very painful. On examination I found the discharge inconsiderable, but of a greenish-yellow colour ; the glands were distinctly to be felt at the specific distance ; the lips of the urethra were redder than natural and swollen.

He took a table-spoonful of the SPECIFIC four times a day, and the symptoms gradually subsided ; on the 20th the glands were not perceptible, and the discharge only when the urine was passed into a glass. I strictly enjoined him to persevere with the medicine, assuring him that the discharge and other symptoms would return if he neglected it. He took with him a supply of the SPECIFIC and the discharge entirely left him on the 26th.

CASE III.

Gonorrhœa resulting from excessive venereal indulgence with a healthy female.

In this case I was consulted first by the female who stated that she wished my opinion of her health, a gentleman who occasionally visited her having accused her of diseasing him ;—she men-

tioned that this gentleman was about 40 years of age, and of a very excitable and irritable temperament;—that his pursuits were literary and his health not good;—that he had been in the habit of visiting her for more than two years. Previous to his last visit he had been to Brighton for the benefit of his health, and returned—looking better; two days after this visit he called again and accused her, and told her that he had that morning discovered a considerable discharge, of a yellow colour, from his urethra, and felt pain in passing his water. On examining her I was unable, at the moment, to decide whether she had a discharge or not, yet the mucous membrane of the vagina particularly about the neck of the womb seemed blushed and irritable. I examined her twice afterwards within the week; the mucous membrane of the vagina had become natural in appearance. From her anxiety to disprove the accusation no remedies were prescribed.

The gentleman himself afterwards consulted me, April 20th, 1843. His discharge and symptoms were those of a mild attack of gonorrhœa. He took a table-spoonful of the SPECIFIC three times a day till the 2nd of May, when he was perfectly cured.

I consider in this case that the discharge was excited from excessive venereal indulgence, the scrofulous state of the male patient predisposing him to diseased action. The female appeared to have had a good constitution and sound health; the gentleman at the time he consulted me had scrofulous affection of the eyes.

CASE IV.

Gonorrhœa from promiscuous intercourse, in which *swelled testicle (orchitis)* resulted from the use of an injection.

JULY 9, 1845.—I was consulted by a gentleman, aged 32, for a gonorrhœa he had contracted in promiscuous intercourse eleven days previous. The discharge made its appearance on the 6th instant. He stated that, occasionally, he was much afflicted with “gravel in his water,” during which periods he always had some irritation in the urethra and some slight discharge, more especially if at such times he had intercourse, but that it always passed off of itself; that he had been living rather irregularly lately, and his “gravel”

was worse ; on this occasion however the irritation had become gradually more aggravated and painful ; the discharge was considerable, and of a bright yellow colour. He was of a very excitable temperament, and, being married, his state of mind was one of great anxiety.

I advised him to take a table-spoonful of the SPECIFIC four times a day. On the 11th, I was requested to visit him : I found him in bed ; his left testicle was much swollen and very painful, the discharge had nearly ceased ; I ascertained that in his anxiety to remove the symptoms, and “save appearances” as he termed it, he had procured an injection from a young medical friend, and had used it. It produced intense pain, and he passed some blood ; this was followed by great difficulty in voiding his urine. He was seized with rigors, and the testicle swelled ; I ordered fomentations only to the testicle, and the SPECIFIC to be continued. The orchitis gradually subsided, and the discharge ceased on the 14th. He wore a suspensor for the testicle, and I advised him to reduce the dose of his medicine to two tea-spoonful four times a day ; he continued its use, and on the 20th, he ceased taking medicine and was well.

In this case, I believe the irregularity of living, added to the formation of the gravel in the urinary passages, was a predisposing cause to the diseased action producing the discharge, which was greatly aggravated by the use of the *injection*; however, in this gentleman's case, when a return of the gravel afterwards manifested itself, he took, as I advised him, a few doses of the SPECIFIC, and with the most perfect effect; *indeed, I have never known it fail to relieve that state of morbid secretion commonly called "red gravel."*

CASE V.

Gonorrhœa from gout and gravel.

On the 2nd of May, 1841, I was consulted by a gentleman aged 58, for a thick purulent discharge from the urethra, attended with considerable pain in passing his water, to which he was frequently urged; but the urine passed slowly and in a small stream. He stated that he had been very subject to "gravel," and believed he had stricture in the urethra. He said that he had just recovered from an attack of gout in his toes, to which he was sub-

ject ; but on this occasion it was more severe than usual, and the *discharge had come on the very day the gout left him.* The purulent discharge after a few days ceased entirely, but a glairy mucous discharge which had long existed, continued. I then made an examination of the urethra, and found a stricture about an inch and a-half down the passage. The prostate gland presented great difficulty to the passage of the sound, and on examination *per anum*, I found that gland enlarged and altered in its shape. The patient had been gradually becoming impotent, and had had no connection with his wife for some years.

He took a teaspoonful of the SPECIFIC three times a day with very great benefit ; his digestion and the secretion of urine improved, and the irritation of the bladder and urethra was much relieved. Unfortunately, this enlargement of the prostate gland — “the old man’s disease,” as Sir Astley Cooper used to call it—is beyond the power of medicines to reduce and restore to its normal state and action ; however, much comfort and relief may be afforded, in such cases, by allaying the morbid irritability of the organ and the parts in sympathy with it—*for which purpose the SPECIFIC was recommended* ; he always experienced speedy relief of the symptoms caused by the gravel.

CASE VI.

Discharge and Irritation of the urethra from worms (ascarides) in the rectum.

FEB. 2, 1845.—I was consulted by a gentleman who had a discharge from his urethra, attended with some pain in passing his urine; he had been occasionally troubled with worms in the rectum, and they always produced a slight discharge and irritation of the urethra. He stated that this attack was more severe than usual, and, having exposed himself to the risk of infection, he wished my opinion on his case. The urethra appeared very irritable, and the discharge was of a yellow colour.

I advised his taking two tea-spoonsful of the SOLUTION four times a day, and to throw up the bowel a turpentine enema. On the 6th, he reported that he had used the enema twice, and the ascarides had ceased to annoy him; the discharge from the urethra was nearly gone: he continued the SPECIFIC till the 10th, when he left off the medicine, being quite well. This gentleman was afterwards occasionally troubled with worms, and always had some attendant irritation of the urethra, but it yielded to a few days' use of the SPECIFIC.

CASE VII.

Gonorrhœa from intercourse with a female affected with scrofulous leucorrhœa.

29th DECEMBER, 1842.—I was consulted by a gentleman who stated that he experienced darting pains in the urethra, and a slight sense of heat in passing his urine; that he was annoyed with erections, and a sense of tightness and fulness of the penis, and that he observed stains on his night linen, and also a discharge from the urethra. On examination, the glans penis appeared redder than usual, and the lips of the urethra were swollen; the colour of the discharge was of a whitish-yellow, and the discharge itself was of the consistence of cream, but scanty. He stated that he was satisfied it could not be gonorrhœa, for that he had had connection with only one female whom he had been keeping for some time; and that he was satisfied she had nothing the matter with her, for she had assured him that she was quite well. Having explained to him my reasons for suspecting that it originated in a leucorrhœal discharge, he requested

me to attend this female, I did so; and, upon examination, found a white stringy discharge, and the mucous glands about the neck of the womb prominent and redder than natural, tenderness was experienced in touching that part, and the secretion of the mucous membrane of the vagina was increased. She assured me that the discharge, to which I alluded, was no more than she generally had, and that she had never been diseased. The gentleman kept this female for some time afterwards, during which period he suffered from three similar attacks; in the last, which occasioned their separation, the symptoms were more aggravated and severe; the scalding was excessive, particularly in the glands about an inch down the urethra; great pain was experienced in making water, which passed out of the urethra in various shapes; the chordee, or pain on erection of the penis, was distressing, and attended with considerable spasm about the lower part of the urethra immediately after passing the urine, and a frequent desire to do so; indeed all the symptoms of a virulent gonorrhœa were present, and they were longer in yielding to treatment than the former attacks. I could distinguish no difference in the state of the parts in the female to

account for this, although upon every occasion I examined her very carefully. The tonsils of her throat were swollen and pained her in swallowing, but they were not ulcerated; in fact, it was evident that she was suffering from a severe cold.

This patient applied to me two days after the discharge appeared in his first attack, and I ordered him to take two tea-spoonful doses of the SPECIFIC four times a day, which were continued from December 29th, 1842, till the 11th of January, 1843; but all symptoms ceased on the third or fourth day.

On the 3rd of May, 1843, he applied again to me with his second attack; the discharge was very slight and the other symptoms mild; he repeated the same treatment as in the former instance; no symptoms were cognizable after the second day, and he discontinued the medicine at the end of eight days.

On the 10th of September following, he found stains on his linen, and had some smarting sensation in passing his urine; but he was compelled to join his family in the country, and therefore did not apply to me, nor adopt any treatment. The symptoms at the commencement were the same as in his former attacks; yet, after three

days he experienced more scalding in passing his urine, and the other symptoms aggravated: however, he did not return to London till the 19th: he arrived in town in the evening and repaired to his *chère amie* with whom he passed the night, and most imprudently indulged in intercourse; the following morning September 20, he consulted me. I ordered him to take a table-spoonful of the SPECIFIC four times a day; the pain in passing his urine and the painful erections speedily diminished, but the discharge continued nearly three weeks; he persevered in the treatment till October the 20th; during the last five days he diminished the dose of the SPECIFIC to two tea-spoonful.

No treatment was adopted for the female on the two first occasions, but in the last I applied the nitrate of silver to the neck of the womb, and repeated the application three times on alternate days; and she took two tea-spoonful of the SPECIFIC four times a day, and was well; the treatment was discontinued at the end of a fortnight.

In these cases I infer that the decidedly scrofulous habit of the female and the character of the leucorrhœa or secretion from the mucous follicles at the neck of the womb, added to the excited

states of the system from stimuli and venereal indulgence, were sufficient causes to produce the diseased action which followed upon intercourse. The alternate excitement and depression of the sexual functions, from excessive venereal intercourse and the consequent exhaustion of functional power, was sufficient to engender disease; indeed, I believe such to be a prolific source of morbid secretions from the sexual organs in both sexes, and, when favoured by predisposition, to be capable of being propagated.

CASE VIII.

Two cases from Mr. Evans's Treatise on Ulcerations of the Genital Organs, illustrating the production of *gonorrhœa* and *ulcers* by a morbid condition of the secretion from the female sexual organs, without ulceration being apparent.

The following cases are extracted from the pathological and practical remarks on ulcerations

of the genital organs, by James Evans, surgeon of the 57th regiment :—

A.

“Two gentlemen had connection with a girl, the one shortly after the other ; one of them contracted *venerola vulgaris*,* the other gonorrhœa;—the girl was examined, she had some discharge from the parts, but no ulceration.”

B.

“A gentleman in the habit of going with one particular woman, was occasionally affected with discharge from the urethra, sometimes accompanied with pain in passing his urine, but more frequently not ; in the first case it usually remained upon him eight or ten days, in the second it generally went off in four or five. One day he applied to me for advice, under the impression that he had contracted chancres ; his disease however was *herpes preputialis*, finely marked, the vesicles being distinct, and placed in two parallel lines of three vesicles in each. The disease was

* Simple syphilitic ulcer.

explained and the necessary directions given ; he nevertheless that night paid the lady another visit, and three days afterwards came to me, with an ulcer in the place where the herpes preputialis had been, and which turned out to be *venerola vulgaris*. The girl was examined ; there was some increased secretion but no ulceration ; the disease in him ran its course regularly in about twenty-eight days. No sooner was he well, than he went again with the same woman, and a few days after, had virulent gonorrhœa. The woman was again examined, and found free from further disease, than that degree of increased secretion, which may be termed slight leucorrhœa, which she acknowledged to have been occasionally subject to for six months before. In this case, then, we see both *venerola vulgaris* and gonorrhœa take place in the same person from the same cause."

"Whether or not in some cases ulceration exists beyond the reach of the eye, can only be decided by examination after death. I must acknowledge, no good reason presents itself, to point out why it should not ; but as we have no proof that venereal ulcers do form so far within the vagina, as to be beyond discovery, I am no way disposed to argue upon the supposition that they do, par-

ticularly as this is one of the many matters of fact that cannot be demonstrated by reasoning."

It will at once be evident that Mr. Evans did not avail himself of the use of the *speculum* in exploring the *vagina*; perhaps that very useful instrument was not invented at the time the above cases occurred: however, the inference drawn by Mr. Evans from these and other cases cited in his work, is that the morbid secretions from the *vagina* without breach of surface, may produce either gonorrhœa, or ulcers, or both.

CASE IX.

Gonorrhœa from intercourse with a young female afflicted with scrofulous leucorrhœa, the *glands* in the urethra, at the specific distance, *ulcerated*; and the *discharge producing gonorrhœa in a healthy female*.

I was consulted by a gentleman, about 40 years of age, who had a discharge of purulent matter from the urethra, attended with scalding in passing his urine to which he was urged very frequently; at night, particularly, he suffered from

painful erections, or chordee; the glands about an inch down the urethra were evidently ulcerated, and very painful if pressed between the finger and thumb, when a little blood would pass mixed with the matter. This gentleman stated that he never before had gonorrhœa, but that some years previous he had suffered from ulcers on the penis. The case proved more than usually obstinate. The female who communicated the disease was his servant, and he placed her under my treatment; her age was 17, she was of a delicate constitution and strumous habit of body, and highly susceptible, taking colds from very slight exposure, and generally troubled with a sore throat and cough. On examination, the mucous secretion of the vagina was not abundant, but it was mixed with a whitish-stringy discharge, and was attended with considerable irritation at the upper part of the vagina and neck of the womb which was highly sensitive to the touch. She was seldom regular in menstruation.

† The gentleman informed me that he had had intercourse with a widow a short time after connection with his servant; about four days after which he was informed by the widow, that she had uneasiness about the sexual organs attended

with the discharge of a yellow matter. I was requested to attend this lady, whose age was about 35. On examination, I found considerable discharge from the vagina and from the external parts which were much swollen; there was no irritation about the neck of the womb or upper part of the vagina; she complained of frequent desire to pass the urine, and of scalding in doing so: she was well within a week, long before the gentleman who infected her.

Feb. 2, 1840.—I was consulted by the gentleman three days after his symptoms had appeared: he took a table-spoonful of the SPECIFIC four times a-day. On the 7th the discharge was greatly diminished, but there was still some scalding in passing his urine, which was confined to the “specific distance,” about one inch and a-half down the urethra. On the 12th he reported that all his symptoms had left him and that he was well. He passed his water into a glass, and with the first flow small quantities of stringy, purulent matter were visible. *This is a sure sign that diseased action still exists in the ducts or lacunæ of the urethra, and, if neglected, very frequently re-assumes its original character and severity.* I therefore directed him to continue

the SPECIFIC, which he did, but was not well till April 10.

His servant came under my care February 3rd: I applied the nitrate of silver to the neck of the womb and the upper part of the vagina; and she took two teaspoonsful of the SPECIFIC four times a-day; in ten days the discharge had ceased, and she was much better in her general health; she continued the SPECIFIC as a tonic and alterative till March 14th, when she menstruated; after which she expressed herself as feeling better than she had done for a long time. She afterwards occasionally had leucorrhœa, and was irregular in menstruating—*for which* she took the SPECIFIC with great benefit.

I visited the widow on the 3rd of February: she took a tablespoonful of the SOLUTION four times a-day. At my second visit on the 10th, she informed me her symptoms had ceased. I recommended her continuing a few days longer with the medicine, which she did, and subsequently reported herself to me through her friend as quite well.

CASE X.

Case in which ulcers on the glans penis and prepuce of the husband were produced by intercourse with his wife whilst afflicted with scrofulous leucorrhœa and ulceration of the mucous follicles on the neck of the womb.

I was consulted in this case, first, by the husband who had a sore on the reflected membrane of the prepuce, and another on the corona glandis which he said he supposed was venereal, as he had, when intoxicated, exposed himself to infection, about a week before ; he complained of swelling and pain in the right groin ; his general health seemed good. On examination I found the sores with irregular edges and a slight slough ; they bled on pressing them with lint, which removed the slough. Some months afterwards, he again applied to me with similar sores which he said he could not account for but by supposing that he had not been perfectly cured of the former attack, for that he had had no pro-

miscuous intercourse since. His wife, also about the same time, came to consult me under the supposition that she had been diseased by her husband; she complained of a discharge, attended with a forcing and bearing down of the womb, considerable pain across the loins, extending to the hips and thighs, with frequency and pain in passing water. On examination I found considerable leucorrhœal discharge, and small ulcers at the neck of the womb. She stated that she had had the discharge for a long time, that it varied at different periods, and often produced such soreness of the parts that she was inconvenienced in walking, and that she suffered so much pain in the womb that it induced her to avoid coition as much as possible. In about two months her health was greatly improved, and the remedies were discontinued. About nine months after they both again came under my treatment in a similar state of disease, except that in this instance the leucorrhœa was diminished, and there was no ulceration.

The female in this case had never been pregnant, although married eight years. Her general habit of body was decidedly scrofulous: the husband had marks of scrofula in his joints, and,

although apparently in good health, was readily depressed by bodily exertion or mental anxiety, on which occasions he indulged too much in stimulating liquors. From all these circumstances I infer that the deranged state of secretion from the mucous surface of the vagina, neck of the womb, and the follicles situated thereon, had existed some time previous to the appearance of the sores in the husband, which might have been produced by intercourse with his wife; and were not, necessarily, contracted in the promiscuous intercourse, he being at the time under the excitement of stimulants and the venereal passions, by which such a depressed state of the functional powers *was induced as to dispose his system* to adopt the diseased action. Why in this case sores should have been produced and not a discharge, I imagine, depended upon the ulcerated state of the mucous follicles at the neck of the womb, and, I believe, *in proportion to the scrofulous condition and depressed state of the system at the time that the irritation is excited in the organ or part, will be the tendency to ulceration;* but it not unfrequently produces both. “Like causes very generally, but not of necessity, produce like effects.”

The husband consulted me January 6th, 1843. I applied a lotion of the nitrate of silver to the ulcers, which progressed very gradually, and were healed on the 12th. He took sarsaparilla, which he continued till April 10th. He had no secondary or constitutional symptoms.

He consulted me the second time August 2nd, on which occasion the ulcers were similar to the former, and yielded to the same treatment. During the treatment he complained occasionally of a sore throat; it appeared to me not to depend upon any particular action excited in the part, but as the consequence of a cold. No treatment was adopted for it; it was, however, an additional reason for his continuing the sarsaparilla. He was well Nov. 20th, 1843.

May 11th, 1844.—On this occasion the ulcers were deeper and more sensitive than in the former attacks, but yielded readily to the nitrate of silver application. The patient, purposely, did not take the sarsaparilla; but a fortnight after he applied to me complaining of a sore throat and pains, as he described it, all over him, particularly in his legs, and he had a few papular eruptions on the forehead and neck. He commenced the sarsaparilla, under the use of which these gradually subsided, and

he discontinued the treatment. August 19th, quite well.

The wife consulted me August 8th, 1843. I applied the nitrate of silver to the neck of the womb and upper portion of the vagina, on alternate days, for ten days; she took two tea-spoonsful of the SPECIFIC four times a day: her general health improved greatly; under bodily or mental excitement the leucorrhœa would, occasionally, re-appear for a few days; however, she was quite well and discontinued treatment October 14th, 1843.

She consulted me again May 11th, 1844: on this occasion the symptoms yielded to the SPECIFIC alone, *which removed the leucorrhœa, and improved the general health.* Cured May 30th, 1844.

CASE XI.

Case of three attacks of gonorrhœa produced from intercourse with a female afflicted with scrofulous leucorrhœa.

January 10th, 1843.—I was consulted by a gentleman aged about thirty. He stated that he

had intercourse with one female only, and that he believed her to be quite well; however, it happened that he visited her after a debauch on the 4th inst. On the 6th he experienced all the primary symptoms of an attack of gonorrhœa: he immediately purchased the SPECIFIC, and all the symptoms had ceased, except a *small stringy or fibrinous matter*, which was only perceptible in his urine when passed into a glass. I advised him to continue the SPECIFIC so long as he perceived this fibrinous-like matter in his water; he did so, and perfectly recovered. This gentleman suffered two similar attacks from intercourse under similar circumstances with the same female, which readily yielded to the same treatment.

On the 12th January I was requested to see this female: on examination I found her labouring under a scrofulous leucorrhœa; the *discharge* was inconsiderable but *stringy*, and there was more than usual sensitiveness at the neck of the womb. I ordered her a lotion of the nitrate of silver; she took two tea-spoonsful of the SPECIFIC four times a day, and was well on the 26th.

CASE XII.

Gonorrhœa produced by intercourse before any symptom of disease was manifest in the infecting party : and two cases cited by Mr. Hunter.

Sept. 10th, 1843.—I was consulted by a gentleman, aged about thirty-five, who stated that he had dined at a convivial party on the 3rd instant ; returning home much elated, he was induced to have promiscuous intercourse, but that he was scarcely conscious of the act. Two days after he had intercourse with his wife, and at that time, had no symptom whatever of being infected : however, yesterday the 9th, he was surprised to find some pain in passing his water, and a slight discharge from the urethra ; and, upon enquiry, he found his wife had had considerable discharge, attended with heat and swelling of the sexual parts since the 7th. His attack was not severe, but his wife's symptoms were more urgent.

The symptoms, however, in both yielded very readily. Each took two tea-spoonsful of the SPE-

CIFIC four times a day. The husband was well on the 18th, and the wife on the 22nd.

The following cases are instanced by Mr. John Hunter, in his work on Gonorrhœa:—

“A married woman was seized with the usual symptoms of gonorrhœa, which greatly surprised her, as her husband was free from complaint. On questioning however the husband, he confessed that he had had connection with a common girl, about a week before his wife complained; but he positively asserted that he had had no discharge or uneasiness whatever, and certainly then showed no signs of disease. In about four days afterwards, that is to say, nearly a fortnight after the impure connection, and a week after he must have communicated the disease to his wife, a gonorrhœal discharge appeared on him.”

“A gentleman, when absent from home, exposed himself to the hazard of infection. At the end of three days he returned home, and in about four days afterwards, his wife had a gonorrhœa. On the tenth day after the connection the gentleman first perceived a discharge, and the other symptoms of gonorrhœa.”

It is impossible to determine the period within which the symptoms of gonorrhœa become

manifest after impure or infected intercourse. In paragraph 37 I have stated the treatment I advise under suspected infection, and, I would further recommend that, previous to any intercourse being had after exposure to the chance of infection, the urine should be passed into a glass vessel, when, most likely, some small portion of matter will be seen mixed with the water, if the party be infected.

CASE XIII.

Intercourse with the same female producing *gonorrhœa* in one, and not in another.

July 10th, 1845.—I was consulted by two patients, A. aged about twenty, and B. about twenty-four. They stated that on the 3rd instant, they both had intercourse, unknown to each other at the time, with the same female who was a servant in the establishment where both resided. A. had gonorrhœa; B. had no symptom of disease. The gonorrhœa made its appearance in A. on the 8th inst., with all the symptoms of a virulent attack. B. had not the slightest evidence

of infection, but applied for advice, imagining that he as a matter of course was infected. It appeared from their statement that A. had intercourse about two hours after B.; that A., although generally of steady habits, had been dining with a party of friends and returned home somewhat excited by the dinner and wine.

I advised A. to take a table-spoonful of the SPECIFIC four times a day. B. took no medicine.

14th.—I was again consulted by A. whose symptoms had yielded to the SPECIFIC; scarcely any discharge being visible, directed to continue.

21st. Quite well. He reported that B. had no symptom of infection, and was quite well.

It appeared that on a previous occasion A. had had intercourse with the same female; but no disease resulted from it. I therefore infer that the state of his system, at the time of his last intercourse, predisposed him to the diseased action.

CASE XIV.

Case in which the husband infected the wife with *gonorrhœa*, and after an absence of seventeen months the wife was supposed to re-infect the husband.

Feb. 15th, 1844.—I was consulted by a gentleman aged about thirty-five, for a gonorrhœa which he stated he had unfortunately communicated to his wife. He was obliged to leave England on the 17th.

I ordered a table-spoonful of the SPECIFIC three times a day. He applied to me again on the 19th July, 1845: he stated that he continued the use of the SPECIFIC as I advised him on his leaving England, and that he was quite well in about a week; that he suffered from a fresh attack when in Calcutta which also readily yielded to the SPECIFIC; that he had returned from India only a week, after an absence of 17 months, and on the 16th discovered all the symptoms of an attack of gonorrhœa, when he immediately took the SPECIFIC as in the former instances, and was now

nearly well; but that his wife had an abundant discharge, and some small ulcers; that he supposed she had not been properly cured, and therefore requested me to see her.

On examination I found the ulcers were external and of a simple character, that she had a profuse discharge from the external parts which were much swollen, and considerable irritation at the neck of the womb which was very sensitive to the touch. She was of a highly scrofulous habit.

It appeared that this lady had been attended by her usual medical man, in the country, for the gonorrhœa she contracted from her husband in February 1844; and that, occasionally, she had been subject to a discharge, but unattended with painful symptoms, which generally yielded to some lotions she was directed to use; that at the time her husband returned to England she had some discharge which was increased by a long journey to London the day before her husband's arrival.

The ulcers yielded to a *stimulating lotion*; for the irritation at the neck of the womb and the discharge, she took two tea-spoonsful of the SPECIFIC four times a day. She was much im-

proved in a week, and, at the end of the month, returned with her husband into the country quite well.

I conclude, from the above cases, that the lady was cured of the gonorrhœa in February 1844; that had her intercourse with her husband been interrupted for a less period, and taken place under ordinary circumstances, no irritation and discharge would have occurred in him; that the leucorrhœa was of a scrofulous character, aggravated by the long journey to London, and an excited state of system. Such, I consider, sufficient causes for the diseased state in both, and that the husband's gonorrhœa was produced by the scrofulous leucorrhœa in the wife, independent of any prior infection. I have had several similar cases, and they are instances requiring great circumspection and cautious management. I nevertheless believe gonorrhœa may exist for an almost indefinite period, and retain all its infectious properties: this was also the opinion of Mr. Hunter. In his work, page 40, he says:—"The case of a young woman from the Magdalen Hospital is a striking proof of this, so far as circumstances can prove a fact. She was received into that house, and continued the usual time which is two years.

The moment she came out she was picked up by one who was in waiting for her with a post-chaise to carry her off immediately; she gave him a gonorrhœa.”

CASE XV.

Case from Mr. Hunter's work, in which a *gleety discharge*, said to be “non-infectious” produced *gonorrhœa* in a lady, the day after marriage.

“A lady of a delicate habit of body, great sensibility of mind, and extreme irritability of the whole nervous system, had in general enjoyed good health until her present illness, which began in the following manner:—The morning after her marriage she complained of great soreness and swelling of the pudenda, attended with a good deal of pain and difficulty in making water; this was considered as the natural consequence of her connexion, and she continued her journey in a post-chaise, though in much pain, the whole day. The following morning her complaints were much increased, and a considerable discharge came on from the parts. In this situation she came to

Bath a few days after, when I was desired to see her. I found her in an agony of distress, her husband having informed her that from circumstances attending himself, he was apprehensive her complaints might prove venereal. Upon questioning him, I found that for some months he had had a running from the urethra, attended with heat of urine; that he had been under the care of a surgeon in the country, who had assured him his disease was not venereal; that, confiding in this assurance, he had married, not doubting that he was perfectly well, except a trifling gleet which remained, and he still was troubled with heat of urine. I was at first inclined to hope that (as women are not so easily infected with the venereal poison as men) all these complaints might be the consequences of a first connexion, followed by a long and rapid journey in a post-chaise; I therefore ordered an opening mixture, and desired the parts might be fomented with a decoction of poppy-heads in milk-and-water, and a soft poultice of bread-and-milk applied. Finding no advantage from the use of these means, I examined the state of the parts affected, and found there was a considerable discharge of matter, principally from the urethra,

the orifice of which was much swelled and inflamed, as well as the ducts of the glands on each side of the urethra: there did not appear to be any discharge from the vagina; the hymen still appeared unbroken, and very firm and fleshy; the lacunæ from Cowper's glands on each side were very much inflamed, and there was a hard tumour on one side of the hymen, which afterwards suppurated. There was no appearance of disease anywhere about the labia or nymphæ. It was treated as venereal, and she went through a course of mercury, which was persisted in for some time; the abscess above-mentioned burst; her mouth grew a little tender; her complaints were so much mended that there was no doubt of a speedy and happy termination of her disorder, when she was seized with a most violent diarrhœa, which was with the utmost difficulty restrained. Mercurials of every kind were then left off; the former symptoms grew more troublesome; the heat of urine increased, and extended to the bladder, as appeared by the continuance of the pain for an hour or two after she had made water. She was now desired to rub about a drachm of mercurial ointment upon the thighs, labia, and inside of the pudenda. About this time another

abscess formed, in nearly the same situation with the former, which was opened with a lancet; this gave her much relief; the heat of urine went off in a great measure, but the discharge from the urethra still continued as much as before: she continued the mercurial frictions with great freedom during the healing of the abscess, insomuch that her mouth was greatly affected; she then left off the ointment for a little time, and soon after the orifice of the urethra swelled and inflamed very much, the discharge greatly increased in quantity, and there was likewise a discharge of matter from the vagina; an injection of crude mercury rubbed down with mucilage of gum-arabic till it was extinguished, and mixed with water, was ordered to be used twice or thrice a day: she had all along taken the almond emulsion with gum-arabic for her constant drink, and this was continued in large quantities; she also again resumed the use of the ointment as before, by which her mouth was at times made exceedingly sore. The disease had now continued nearly five months; the catamenia regularly appeared ever since her first complaint; at the last return of them she was free from pain, and the discharge as little as it had been at any time during her

illness, and she continued free from uneasiness during that period, but soon after its cessation the heat of urine again returned in a most violent degree, and continued for an hour or two, with unabating violence; the orifice of the urethra again swelled as much as before. The discharge from the vagina at present is much the same to which is superadded a shooting pain in almost every direction of that passage and the parts adjacent, which frequently recurs during the day. I can feel no swelling of any other part within the reach of my finger; nor does the pressure give pain in any direction. Being now fully persuaded that the venereal virus must be fully subdued, all mercurials are left off, and she now uses only an injection of opium and thin starch, keeping the bowels open with a little castor oil now and then. Every fresh return of the ardor urinæ has been accompanied with a train of most distressing nervous symptoms, hysterics, and extreme dejection of spirits and the pain is generally most violent in the night, though she drinks an astonishing quantity of diluting liquors with gum-arabic, pulvis Tragacanth: comp., &c., and has frequently taken opiates, from which she has cer-

tainly received relief; but as they always increase her nervous symptoms, she is greatly overcome by their use.*”

In this case the gentleman had a gleety discharge resulting from gonorrhœa; he had been under the care of a surgeon who assured him his discharge was not infectious: he married a lady of a highly scrofulous habit of body and of a nervous temperament; one in whom the resisting power to the diseased action was defective, and the scrofulous state of her system predisposed to adopt irritation in the mucous membrane of the sexual organs from slight causes; thus the excited state of the parts from intercourse and the morbid secretion from the husband, induced the virulent gonorrhœa. It will be evident, from what I have stated respecting infectious discharges, that there would have been no doubt in the mind of the medical man who first attended this gentleman and formed so egregiously erroneous an opinion as to its infectious character or property (had he been experienced in this part of his profession) that the *heat* his patient experienced in passing urine was

* See Hunter on the Venereal Diseases, p. 69.

an evidence of the *still existing irritation*; and, consequently, being the *continuation of a gonorrhœa*, that it was *infectious*.

It is important to allude to the treatment this unfortunate lady was subjected to, in order to point out its inapplicability and inefficiency. The administration of mercury, in any form, for the cure of gonorrhœa has been long since exploded. No one in his senses, who knows anything of his profession, would, at this time, think of salivating a patient for gonorrhœa; mercury, either internally taken or externally applied for irritation in the mucous membrane of the sexual organs, is contra-indicated.

CASE XVI.

Matrimonial Gonorrhœa.

May 15th, 1844.—I was consulted by a gentleman about twenty-two years of age, respecting a discharge. He was evidently suffering from great anxiety and distress of mind; in fact, he was quite hysterical during the narration of his symptoms. He said:—"About a week since, a little more than a month after my marriage, I discovered a sense of

uneasiness in the urethra, and a slight smarting sensation in passing the water; having been confined in my bowels for some days, I attributed these symptoms to that circumstance; but on the following morning, I discovered a discharge of matter from the urethra. I could not account for this, but being away from my own home and family doctor, I resolved on consulting a medical gentleman in the town we were then in, and he told me that I was diseased. Upon my assuring him that it was impossible, for that I had had no intercourse but with my wife, he said still he had no doubt about the case, and that possibly I might have contracted it from some water-closet; at all events, he added, he was quite satisfied of the nature of my complaint. He gave me some drops to take, and an injection to use. Being at the time with the friends of my wife I did not apply the remedies till yesterday when I arrived in town, and ever since using the injection the pain has been so excruciating that I can scarcely endure it. My water after the injection was tinged with blood. Just before coming out I attempted to pass my urine; the pain was so great that I thought I should have fainted."

On examining this patient, I found the glans

penis swollen and red, the lips of the urethra also swollen, great tenderness along the whole course of the urethra, and the discharge of a greenish-yellow colour.

On presenting himself the second time, anxiety and distress were exchanged for confidence and comparative cheerfulness in the expression of the countenance; the patient stated that, after having taken the second dose of the SPECIFIC, he passed his water with much diminished pain; that he had had a tranquil night, had no chordee or erections, and he was delighted to find the discharge had disappeared. He continued the SPECIFIC for a week; at the end of that period he called on me again to obtain my opinion respecting the cure. I satisfied his scruples, and advised caution.

He took a table-spoonful of the SPECIFIC three times a day.

I could obtain but little information from this patient as to the state of his wife's health; but I had reason to conclude that she did not suffer much;—she was attended by an old medical friend of her family.

CASE XVII.

Matrimonial Gonorrhœa, case cited by Mr. Skey.

Mr. Skey in his lectures, reported in the "Medical Gazette," June 22nd, 1839, states the following case. "A young man married a very young lady; some months after his marriage he was compelled to take a journey to some distance, and while travelling he experienced pain in making water, and shortly perceived a discharge from his urethra. On arriving at a town he consulted an eminent surgeon, who assured him he had a gonorrhœa. The gentleman stated he was but just married, and had never known any woman but his wife from the hour of his birth. The surgeon smiling asked whether he wished to deceive him, for that he was quite convinced that he was diseased. The patient continued to protest his innocence; some days after however the testicles swelled. The surgeon now assured him that if his wife were virtuous that he himself must have transgressed; between the two alternatives, of his own or his

wife's purity of course he could not entertain a doubt. He wrote to her an indignant and passionate letter, and then blew out his brains. The unfortunate lady submitted to an examination, which proved her free from disease—never uttered another word—shortly miscarried, and died.”

In the above case, whether ignorance or want of circumspection on the part of the medical man is most apparent, it may be difficult to decide—perhaps he may justly be charged with both.

CASE XVIII.

Gonorrhœa produced from a long-standing *gleety discharge*, said to be “non-infectious.”

Nov. 14th, 1841.—I was consulted by a gentleman who stated that, about two years previous, he had contracted a gonorrhœa at Malta. He had been treated by an experienced practitioner; the symptoms were very severe and obstinate. About a month after the symptoms commenced he had been attacked with fever, and the discharge entirely ceased for more than two months; on his convalescence the discharge returned. His general health

had suffered very much; and he was recommended to return to England, which he did, and his health became comparatively re-established; but the discharge continued. He stated that he had used injections and had taken medicines of all sorts under different surgeons; indeed, he observed, "I have physicked from the commencement; sometimes the discharge would all but cease, and then return again. The surgeon under whose care I last was, assured me that it was a *gleety discharge only* and would wear itself out, and advised me to leave off all medicines and endeavour to banish it from my mind; he was satisfied it was *not infectious*. I was guided by this opinion, so confidently expressed as to its nature, and although a trifling discharge continued I married on the 3rd instant; and am distressed, beyond description, to find that I have communicated disease to my wife. We returned to London on the 10th, when the physician who always attended her in illness was called in, and gave it as his opinion that I had communicated a virulent gonorrhœa."

I had no hesitation in concurring in the opinion as to the possibility, apart from the probability, of the *infectious* property of the gleety discharge which I found, on examination, to be considerable

in quantity ; it appeared to have increased much under the excited and distressed state of mind of the patient. I saw his wife twice in consultation with her medical attendant, and certainly never witnessed a more severe case of vaginal discharge; the symptoms of pain and urgency in making water were distressing : however they readily yielded to the SPECIFIC, and her general health was soon restored. The unfortunate husband's case was much more chronic ; he had stricture, which was the principal cause of the irritation, and which I have no doubt was dependent on the long continuance of the discharge, and the *injections used for the cure.*

I passed the catheter twice a week, for nearly two months, and ordered two tea-spoonsful of the SPECIFIC three times a day ; which treatment was continued till Feb. 10, 1842, when the patient was perfectly cured.

CASE XIX.

Gonorrhœa twice excited in the same person from intercourse with a female afflicted with scrofulous leucorrhœa ; and, subsequently, ulcers with discharge.

MAY 2, 1841.—I was consulted by a gentleman, about 30 years of age, for gonorrhœa he had contracted by promiscuous intercourse ten days previous. The discharge was profuse, of a greenish-yellow colour, attended with pain or scalding in passing his urine, and painful erections ; these symptoms commenced on the seventh day after the connection.

He took a table-spoonful of the SPECIFIC three times a day ; on the 8th instant, all symptoms having ceased, he discontinued.

On the 9th of July he again applied to me with a similar state of discharge, but the other symptoms were not so urgent. He stated that he did not consider his present state dependent on fresh infection, but thought that he had left off taking

the SPECIFIC too soon, that he had observed slight slimy mucous discharge from his urethra, particularly in the morning, since he had discontinued the medicine.

I advised him to keep up the action of the SPECIFIC longer, after all appearance of discharge should have ceased: he took it again, and, at the expiration of a week, scarcely any discharge was visible.

He consulted me again, October 12th, suffering from a similar attack of discharge, and an ulcer on the prepuce; he stated that he only continued the SPECIFIC 16 days, at which time the discharge was "all but" gone, and he felt no inconvenience from it; that he was so situated that he could not conveniently continue the use of the medicine; and, in fact, he did not think it necessary. The ulcer, which was of a simple venereal character, healed under the application of nitrate of silver, and the administration of sarsaparilla which he took with the SPECIFIC; the discharge in about a week was reduced to its former chronic character. I urged upon him the necessity of a longer continuance of the medicine, and he followed my directions until Feb. 6th, 1842, when he was quite well, and assured me that his intercourse, since

June last, had been confined to one female whom he had every reason to believe was not diseased; she was a married woman, and he knew her husband to be quite well.

My impression on this case is that the patient did not continue the SPECIFIC sufficiently long in the first attack, and that the returned discharges were the consequence of excessive sexual indulgence. The ulcer most likely depended upon an ulcerated state of the follicles at the neck of the womb, or on a scrofulous state of the leucorrhœa in the female.

CASES OF SPECIFIC GONORRHOEA,

Attributed to Promiscuous Intercourse.

No. of Cases.	Time of appearance of symptoms after intercourse.	Commenced taking the SPECIFIC after the appearance of the symptoms.	The periods within which the symptoms ceased after commencing the SPECIFIC.					Total
			4th day.	8th day.	12th day.	16th day.	20th day.	
31	the following day	before the 3rd day	13	16	2	—	—	<p>In a great majority of these cases no treatment had been adopted previous to commencing with the SPECIFIC, and, in none had <i>injections</i> been used; the symptoms varied from those of a <i>mild</i> to those of a <i>severe</i> form of attack of Gonorrhoea; the dose of the SPECIFIC advised varied from <i>two tea-spoonful</i> to a <i>table spoonful three or four times a day</i>. In some cases the symptoms were at their height before the third day after their appearance; in other cases not so. The most speedy cures uniformly resulted in those wherein the SPECIFIC was administered immediately upon the appearance of the symptoms of infection, manifested by either a slight discharge or irritation only in the urethra.</p> <p style="text-align: center;">SUMMARY.</p> <p>244 cured before the 4th day 340 cured between the 4th and 8th day 70 cured between the 8th and 12th day 30 cured between the 12th and 16th day 7 cured between the 16th and 20th day</p>
19	ditto	subsequently	5	11	3	—	—	
47	the 2nd day	before the 3rd day	19	22	4	2	—	
14	ditto	subsequently	6	7	1	—	—	
84	the 3rd day	before the 3rd day	33	45	4	1	1	
27	ditto	subsequently	7	16	2	2	—	
129	the 4th day	before the 3rd day	58	43	17	9	2	
25	ditto	subsequently	6	11	7	1	—	
91	the 5th day	before the 3rd day	35	47	6	2	1	
18	ditto	subsequently	3	11	3	1	—	
57	the 6th day	before the 3rd day	17	29	8	2	1	
20	ditto	subsequently	6	8	4	1	1	
31	the 7th day	before the 3rd day	11	18	1	1	—	
8	ditto	subsequently	1	5	2	—	—	
24	the 8th day	before the 3rd day	10	9	3	2	—	
9	ditto	subsequently	2	6	—	1	—	
18	the 9th day	before the 3rd day	6	10	1	1	—	
4	ditto	subsequently	—	3	—	—	—	
35	the 10th day and subsequently	before the 3rd day and subsequently	6	23	2	3	1	
691			244	340	70	30	7	

CASES OF GONORRHOEA,

Which I believe to have originated from intercourse with females whilst afflicted with scrofulous leucorrhœa, and other ichorous secretions from the neck of the womb and upper part of the vagina, in most of which intercourse was excessive, and occurred under deranged digestive function and inordinate excitement.

No. of Cases.	Time of the appearance of symptoms after intercourse.	Commenced taking the SPECIFIC after the appearance of the symptoms.	The periods within which the symptoms ceased after commencing the SPECIFIC.					Total
			4th day.	8th day.	12th day.	16th day.	20th day.	
13	the following day	before the 3rd day	4	7	2	—	—	—
17	ditto	subsequently	3	9	4	1	—	—
9	the 2nd day	before the 3rd day	3	5	1	—	—	—
7	ditto	subsequently	2	4	—	1	—	—
22	the 3rd day	before the 3rd day	7	9	4	1	1	1
18	ditto	subsequently	4	7	5	2	—	—
37	the 4th day	before the 3rd day	13	12	9	1	2	2
23	ditto	subsequently	8	11	3	—	1	1
31	the 5th day	before the 3rd day	11	9	7	3	1	1
19	ditto	subsequently	6	7	4	1	1	1
25	the 6th day	before the 3rd day	8	9	6	2	—	—
13	ditto	subsequently	3	8	1	—	1	1
9	the 7th day	before the 3rd day	4	3	2	—	—	—
11	ditto	subsequently	3	5	1	2	—	—
10	the 8th day	before the 3rd day	4	5	1	—	1	1
7	ditto	subsequently	2	2	—	1	—	—
8	the 9th day	before the 3rd day	3	5	1	—	—	—
5	ditto	subsequently	2	1	1	1	—	—
21	the 10th day and subsequently	before the 3rd day and subsequently	6	11	2	—	2	2
			96	129	54	16	10	305

The dose of the SPECIFIC advised varied from two tea-spoonsful to a table-spoonful three or four times a day. The majority of these cases occurred in concubinage with very young females. In 87 I found, on examination, a morbid secretion of a stringy nature secreted by the neck of the womb, and attended with more or less irritation. The discharge was not abundant; indeed, in many cases, by the parties themselves, was not known to exist.

SUMMARY.

96 cured before the 4th day.
 129 cured between the 4th and 8th day
 54 cured between the 8th and 12th day
 16 cured between the 12th and 16th day
 10 cured between the 16th and 20th day

CASES OF MAIDEN GONORRHOEA,

In which the glands at the "specific distance" did *not* ulcerate: the symptoms were similar to those in CASE I.

No. of Cases.	Time of the appearance of symptoms after intercourse.	Commenced taking the SPECIFIC after the appearance of the symptoms.	The periods within which the symptoms ceased after commencing the SPECIFIC.			
			4th day.	8th day.	12th day.	16th day.
11	the following day	before the 3rd day	3	6	2	—
15	ditto	subsequently	2	9	3	1
10	the 2nd day	before the 3rd day	3	6	1	—
13	ditto	subsequently	4	2	5	2
19	the 3rd day	before the 3rd day	8	10	1	—
11	ditto	subsequently	3	6	2	—
27	the 4th day	before the 3rd day	12	9	4	2
18	ditto	subsequently	5	8	3	2
29	the 5th day	before the 3rd day	9	15	2	3
14	ditto	subsequently	3	6	3	2
22	the 6th day	before the 3rd day	7	10	4	1
15	ditto	subsequently	3	6	4	2
10	the 7th day	before the 3rd day	2	6	1	1
9	ditto	subsequently	2	4	1	2
7	the 8th day	before the 3rd day	2	4	1	—
5	ditto	subsequently	—	3	1	1
8	the 9th day	before the 3rd day	2	4	1	1
4	ditto	subsequently	—	1	2	—
17	the 10th and subsequent days	before the 3rd day and subsequently	5	7	3	2
—	—	—	75	122	44	23

The dose of the SPECIFIC advised in the above cases, varied from two tea-spoonful to a table-spoonful three or four times a-day.

In a great majority of these cases no treatment had been adopted previous to commencing with the SPECIFIC, and in none had injections been used.

SUMMARY.

75 cured before the 4th day
 122 cured between the 4th and 8th day
 44 cured between the 8th and 12th day
 23 cured between the 12th and 16th day

CASES OF MAIDEN GONORRHOEA,
CASE II.

In which the glands at the "specific distance" in the urethra *did* ulcerate: the symptoms were similar to those in

No. of Cases.	Time of the appearance of symptoms after intercourse.	Commenced taking the SPECIFIC after the appearance of the symptoms.	The periods within which the symptoms ceased after commencing the SPECIFIC.					Total
			8th day.	12th day.	16th day.	20th day.	24th day.	
9	the following day	before the 3rd day	2	5	1	—	1	<p>The dose of the SPECIFIC advised in these cases varied from <i>two tea-spoonful to a table-spoonful three or four times a-day</i>. It is important to notice, after the symptoms appear to have ceased, whether a <i>slight stringy discharge</i> be apparent <i>in the urine</i>; if so, diseased action still exists in the ducts or lacunae of the urethra; and unless the full action of the SPECIFIC be maintained, the discharge and other symptoms not unfrequently return as in a fresh attack. This fact cannot be too strongly impressed on the mind of both practitioner and patient, for the neglect of it often proves a source of much annoyance and distress.</p> <p style="text-align: center;">SUMMARY.</p> <p>51 cured before the 8th day 93 cured between the 8th and 12th day 63 cured between the 12th and 16th day 19 cured between the 16th and 20th day 7 cured between the 20th and 24th day</p>
13	ditto	subsequently	1	4	6	2	—	
11	the 2nd day	before the 3rd day	2	7	1	1	—	
17	ditto	subsequently	2	9	5	1	—	
13	the 3rd day	before the 3rd day	3	5	5	—	1	
18	ditto	subsequently	3	9	4	1	—	
11	the 4th day	before the 3rd day	5	3	2	1	—	
25	ditto	subsequently	8	5	9	2	—	
16	the 5th day	before the 3rd day	3	9	2	2	—	
19	ditto	subsequently	7	8	2	1	—	
9	the 6th day	before the 3rd day	1	4	4	—	3	
18	ditto	subsequently	6	5	3	3	—	
9	the 7th day	before the 3rd day	2	1	5	1	—	
12	ditto	subsequently	3	4	5	—	—	
5	the 8th day	before the 3rd day	—	3	1	1	—	
7	ditto	subsequently	1	4	2	—	—	
2	the 9th day	before the 3rd day	1	—	1	—	—	
6	ditto	subsequently	1	3	1	1	—	
13	the 10th and subsequent days	before the 3rd day and subsequently	—	5	4	2	2	
			51	93	63	19	7	

CASES OF IDIOPATHIC GONORRHOEA,

Consequent upon excessive intercourse with females in whom no disease was traceable, the symptoms being those of a mild attack of gonorrhœa.

No. of Cases.	Time of the appearance of symptoms after intercourse.	Commenced taking the SPECIFIC after the appearance of the symptoms.	The periods within which the symptoms ceased after commencing with the SPECIFIC.		The dose of the SPECIFIC advised was two tea-spoonsful three or four times a day. The discharge in these cases readily yields to the treatment, and in some instances ceases spontaneously.
			4th day.	8th day.	
16	the following day	the same day	13	3	SUMMARY. 49 cured before the 4th day 6 cured between the 4th and 8th day
19	ditto	the 2nd day	17	2	
13	the 2nd day	the same day	13	—	
7	ditto	the 2nd day	6	1	
			49	6	
55				55	

CASES OF MATRIMONIAL GONORRHEA,

Consequent upon excessive intercourse and inordinate excitement, occurring, for the most part, in highly scrofulous habits.

No. of Cases	Time of the appearance of symptoms after marriage.	Commenced taking the SPECIFIC after the appearance of the symptoms.	Periods within which the symptoms ceased after commencing the SPECIFIC.		The dose of the SPECIFIC advised in these cases was <i>two tea-spoonsful four times a day.</i> I here repeat that these cases require stricter investigation and greater circumspection at the hands of the medical practitioner than perhaps any other; an erroneous opinion of their nature may tend to the destruction of future confidence and happiness: they readily yield to the treatment, nay, their cure is often spontaneous upon the cessation of the exciting causes.
			4th day.	8th day.	
7	the 5th day	the same day	6	1	<p style="text-align: center;">SUMMARY.</p> <p>25 cured before the 4th day</p> <p>2 cured between the 4th and 8th day</p> <hr/> <p style="text-align: right;">27</p>
2	ditto	subsequently	2	—	
3	the 6th day	the same day	3	—	
5	ditto	subsequently	4	1	
1	the 8th day	the same day	1	—	
4	ditto	subsequently	4	—	
1	the 11th day	the same day	1	—	
1	ditto	subsequently	1	—	
2	the 13th day	the same day	2	—	
1	subsequently	subsequently	1	—	
27			25	2	

HOSPITAL CASES.

The greatest difficulty presents itself in determining, satisfactorily, the result of the treatment administered to the poor and distressed objects who are *out-patients* at our public hospitals, from the fact that few continue their attendance uninterruptedly; that others, from circumstances over which they have no controul, discontinue the treatment; and that some chronic cases of *discharge* are too soon dismissed as cured. A return of the patient, with a return of the disease, is consequently not uncommon. The majority of this class of patients are also placed under circumstances most favourable to disease, and unfavourable to the cure.

Summary of 212 cases of discharge from the male urethra treated with MY SPECIFIC SOLUTION OF COPAIBA, upon which, in addition to the cases of *in-patients*, and of others occurring in private practice, the testimonials cited in the Preface to this work refer.

76 of these cases were *gonorrhæal*, and decidedly infectious. The patients having a purulent discharge, and scalding in passing water, many had painful chordees, with tenderness and sense of weight in the testicles, &c., &c.

31 were dismissed as cured in 7 days

24 were dismissed as cured in 10 days

21 were dismissed as cured in 14 days

—

76

—

Most of these patients were furnished with a week's supply of the SPECIFIC, and none of them re-applied within three months after.

136 cases were considered as *gleet*, all supposed, and indeed most admitted, to have been the continuation of a *gonorrhæa*. The character of the discharges varied from a well-matured pus to a thin slimy mucus: all had existed

more than two months, many much longer, and several had co-existent stricture of the urethra.

12 were dismissed as cured in 7 days

15 were dismissed as cured in 10 days

21 were dismissed as cured in 14 days

39 were dismissed as cured in 21 days

20 were dismissed as cured in 28 days

18 were dismissed as cured in 35 days

6 were dismissed as cured in 42 days

5 were dismissed as cured in 49 days

—

136

—

In most of these cases, also, the patients were furnished with a week's supply of the SPECIFIC upon their dismissal.

One main object which I have pursued in my practice has been the classification of the cases of urethral discharges referable to their particular causes. I have always endeavoured also to ascertain the kind and degree of diseased action induced, and the period at which the symptoms

were manifested, which *important information* I have deduced from the patient's history, and a careful investigation of each case in which I have been consulted. The following is a general summary, comprising—

691 cases of gonorrhœa attributed to promiscuous intercourse.

305 cases of gonorrhœa from intercourse with females whilst afflicted with scrofulous leucorrhœa and other morbid secretions.

264 cases of gonorrhœa in which the glands in the "specific distance" of the urethra did *not* ulcerate.

233 cases of gonorrhœa in which the glands in the "specific distance" of the urethra *did* ulcerate.

55 cases of gonorrhœa from inordinate intercourse and excitement with females not diseased.

27 cases of gonorrhœa from inordinate intercourse and excitement upon marriage.

C O N C L U S I O N .

THE facts and observations recorded in the preceding pages, I offer to the Profession and to the Public as the result of more than twenty years' experience, in a practice principally confined to the diseases of the sexual organs in the male and female. I have, I trust satisfactorily, explained the causes and nature of the diseased action producing the morbid secretions of *pus* and *mucus*, commonly called *discharges*, from the male urethra; and shown, that such as have their origin in the intercourse of the sexes, manifested by a disturbed or abnormal state and action of the extreme capillary vessels of the glands, ducts, and surface of the mucous membrane of the urethra, are controlled and effectually remedied by MY SPECIFIC SOLUTION OF COPAIBA, and

consequently restored to their normal state and function.

I therefore conclude, with the hope that I have contributed to remove a therapeutic difficulty in this department of the profession, and to establish a fixed and satisfactory principle of treatment for these important diseases ; and that the perusal of these pages may tend to *protect* HEALTH, *ameliorate* SUFFERING, *remove* ANXIETY, and *mitigate* DISTRESS.

THE END.

