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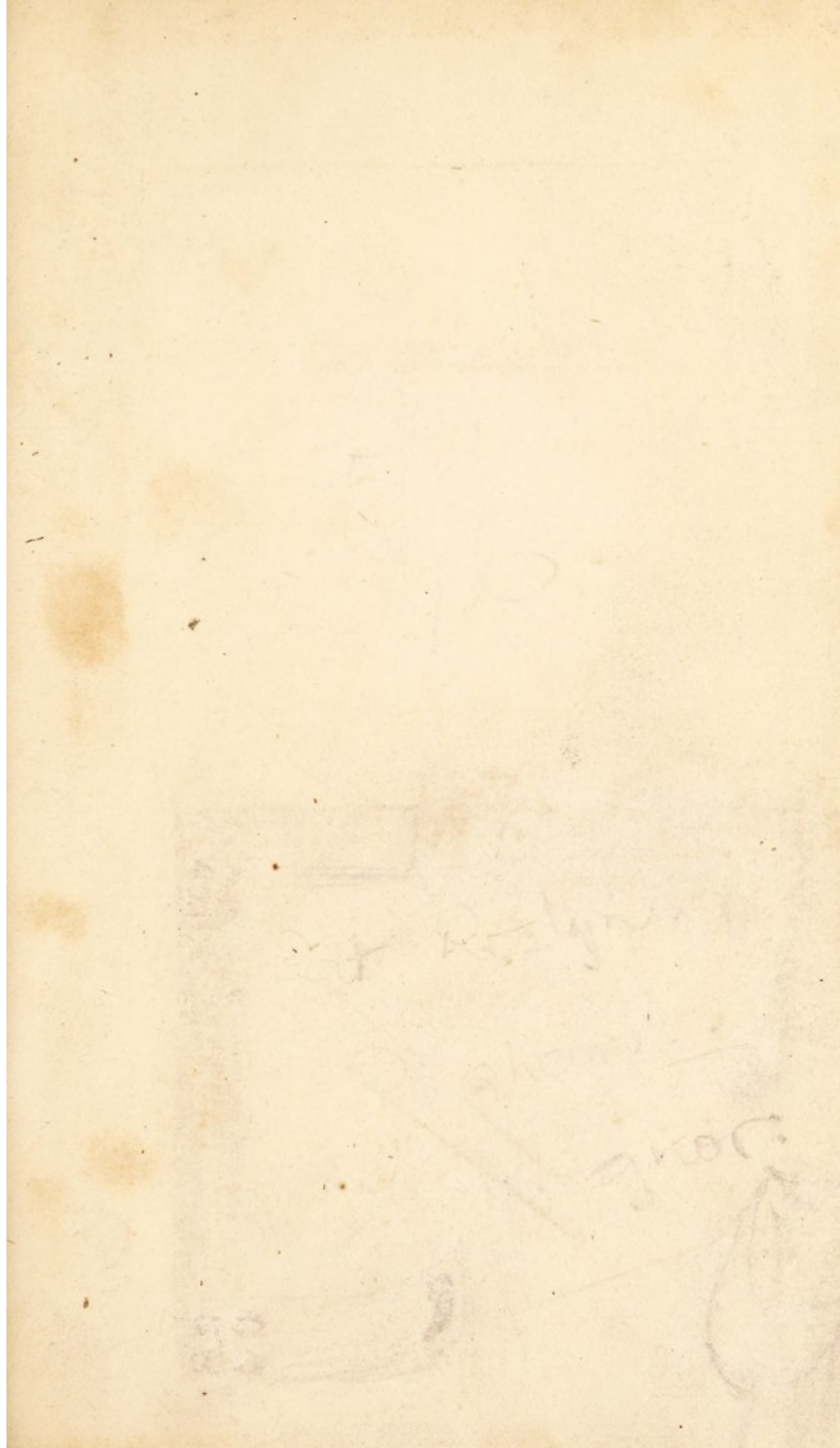
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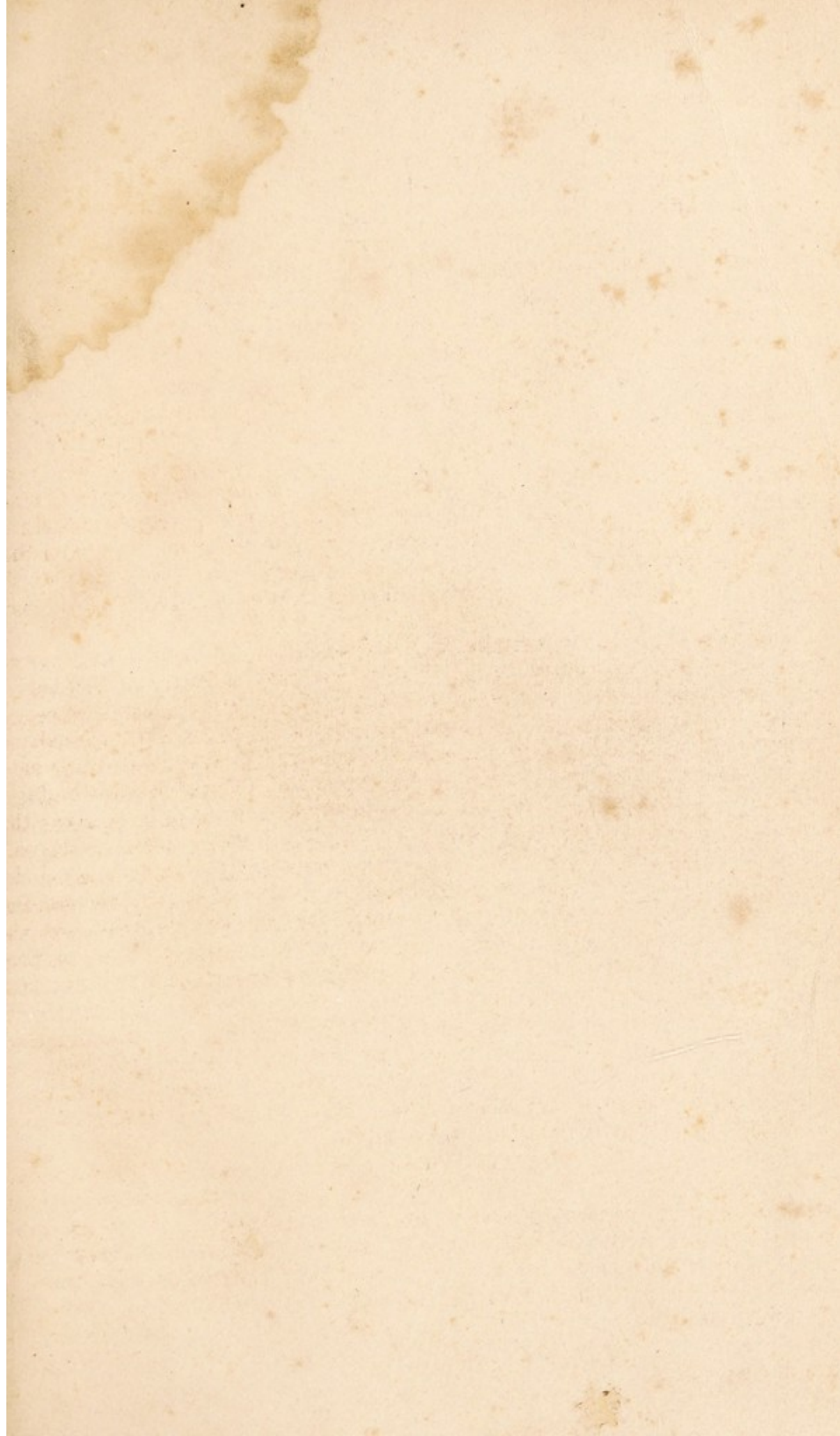
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by Chinn.

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Yours truly
R. J. Fulverwell M.D.

Medical Counsellings,
OR
THE GREEN BOOK.

THE MODERN TREATMENT
OF
SYPHILIS, URETHRAL AFFECTIONS, AND ALL DISEASES
OF THE URINARY AND SEXUAL ORGANS:
ARISING FROM
ACCIDENTAL, CONTAGIOUS, AND HEREDITARY CAUSES,
OR THE WEAR AND TEAR OF HUMAN LIFE,
WITH
ORIGINAL PAPERS
ON THE
ANATOMY AND PHILOSOPHY OF INCONTINENCE, CELIBACY,
MARRIAGE, IMPUISSANCE, STERILITY, NERVOUS DEBILITY,
AND ON
THE LAW OF DIVORCE,
&c. &c. &c.

BY
R. J. CULVERWELL, M. D.,
FELLOW OF THE LONDON ROYAL COLLEGE OF SURGEONS, AND LICENTIATED
PRACTITIONER IN MEDICINE.

ELEVENTH EDITION.

*"Æque pauperibus prodest, locupletibus æque;
Æque neglectum pueris senibusque nocebit."
Horat. Epist. i. 25.*

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PREFACE TO THE ORIGINAL EDITION.

IN the course of a professional career, now of some duration, I have had, but too frequently, painful occasion to remark the great extent of constitutional disease primarily springing from neglect or maltreatment of syphilitic ailments. Every medical man, who will make it his study, as it has been mine, to investigate as far as possible in every case, the original channel through which disease or constitutional disorder first found its entry into the system, will be astonished at the mass of human suffering which may be traced up to a venereal origin, although its primary symptoms may have been for years, apparently, eradicated from the frame. Nor do the sources of this misfortune lie very deep from observation. The malady generally commences its attack in early life, before experience has overcome the short-sighted heedlessness of youth, and taught it to look beyond the pains and pleasures of the passing moment. Delicacy or shame will not allow him to seek assistance, until the poison has acquired strength and virulence too alarming to be neglected; and the patient then, instead of applying to his usual professional friends, flies to some empirical practitioner, who temporarily arrests the external symptoms, and discharges him as cured. Thus matters go on until the malady becomes constitutional; and the patient is at last compelled to place himself under the treatment of those, who, at an earlier period, might have preserved his constitution untainted, and his body comparatively uninjured by the ravages of this insidious disease.

It is some years ago that the idea first occurred to me (and since that period experience has afforded me ample ground to confirm it), that a popular treatise, divested as much as possible of technical phraseology, explaining to the non-medical reader the structure and anatomy of the parts primarily affected by the venereal disease, and describing its first as well as its subsequent and aggravated symptoms, and pointing out the safest treatment of it in inexperienced hands, while in its simple form,—would be of much avail in counteracting the effects of the complaint, resulting from mal-treatment or neglect

among the young and thoughtless. This work is intended to teach him where serious danger exists, or may be apprehended; for the treatment in a great degree, and under any circumstances, must fall upon the patient himself: and every medical man knows, that in very many instances, those who are fully alive to the injury that may arise from such self-management, are yet reduced by considerations of delicacy and secresy to practise it; and it is hoped that a perusal will contribute to give him a knowledge and confidence which he never could acquire from the uneducated empiric. Under these impressions have I ventured to submit the following pages, and while I hope their utility may be acknowledged, I am desirous of explaining that they are not intended to supersede medical aid in any stage of the disorder, but that, on the contrary, I would impress upon the reader, if he need it, the prudence of having immediate recourse to it, in the earliest stages of the disease. But where, from circumstances, which in venereal complaints very frequently occur, the party cannot have recourse to professional aid, the next best step is certainly to place in his hands a formula of that treatment which is most likely to be successful with himself. In conclusion, I am not insensible, that, in thus publicly unfolding the mysteries of this department of the profession, I may expect some reprehension from those who assume that all medical knowledge should be limited to the regular practisers of the science, who still adhere to the old system of exacting a heavy tax from the ignorant: but I would fain remind all parties, that, although this branch of medical writing has hitherto been in the hands of mercenary empirics, it is equally conducive to the honour of the profession and the interest of the patient that these pretenders should be driven from the field. Conscious of my integrity as a regularly educated surgeon; and not altogether destitute of successful practice to rest my claim upon, it is with less hesitation I depart from professional ceremony; and whatever opinion may be pronounced as to my success in performing the task I have undertaken, I may be allowed to hope, without arrogance, that I am, at least, entitled to the praise of industry and humanity.

R. J. CULVERWELL, M.D.

PREFACE TO THE PRESENT EDITION.

THE present work consists of an amplification of the important topics treated of in "The Green Book," and of the addition of many new ones; my aim being to make this a comprehensive treatise upon all the diseases, derangements, and defects, to which the generative organs, and those immediately connected with them, are liable; to shew the individual and social injury arising from them; and to console the sufferers, by exhibiting proofs that there are very few cases indeed that are not susceptible of palliation or cure.

In the original preface to "The Green Book," I have stated the necessity which appeared to me to exist for giving a popular account of the causes, consequences, and treatment, of several complaints; and as I find that larger and longer experience has only confirmed the truth of all the assertions there insisted on, I have inserted that preface in this edition. A striking proof of the correctness of my views, is to be found in the fact, that the work in question has gone through ten editions in seven years, and 20,000 copies have thus been disseminated over the three kingdoms. Popular success, in such cases, may fairly be considered as a test of popular utility. The world does not buy largely, what the world does not want.

But I have some remarks to make, peculiarly applicable to the improvements which this edition will present to the reader.

In the introduction to "The Institutes of Marriage," I have exposed the futility of the objections raised by unphilosophic cavillers, to the promulgation of medical and surgical knowledge to the public in general, and shewn the beneficial results which have eminently accrued to numbers of all classes from the opportunities they have enjoyed of hearing able lecturers, who have, in popular language, unveiled the mysteries of organization, and of the functions of life; and who, while detailing many of the most prevalent diseases, have indicated the means by which they can be avoided. And though, for many weighty reasons, arising from the present constitution of society, the physiological laws of generation have been excluded from the like

popular investigation and explanation; yet there can be no doubt it is essentially for the good of the community that these laws should be generally understood and appreciated; and the mode I have selected, seems to me to be well adapted for the communication of information of this description, without any countervailing injury to morals. That which has reference to humanity at its very source, must be of incalculable importance: for on soundness of body depends sanity of mind; and on the perfection of the two, rests individual, social, and national happiness.

The shyness to speak of any disease of the generative organs, and the ignorance of the consequences of neglect, have ruined the constitution of many a patient, and brought him to an untimely grave. Syphilitic complaints are not like the ordinary affections to which flesh is heir, and which nature, unassisted, will often cure; for the venereal ulcer (if left alone, under the idea of the all-efficiency of the "*vis medicatrix nature*") marches fearfully onward without spontaneous reparation, and the human being becomes a specimen of hideous and loathsome corruption. Can he be blamed then, who, seeing his fellow-creatures unconsciously sinking, from the most lamentable ignorance, under this terrible scourge, speaks to them in friendly accents, and, exposing all their danger, points out how they may be rescued? And again, when he knows from long experience, each day strengthened by fresh confirmation, that the sources of life are, in numberless instances, sapped by that self-polluting habit which is generally acquired in immature years, is it not his duty, as one feeling the full force of, and glorying in, that expression of the Roman dramatist,—

"Homo sum, nihil humani a me alienum puto:"

is it not, I say, his duty to give warning of the deadly tendency of the custom, and to bring hope to the desponding, by the assurance and the proofs that the ravages already made may be remedied? My purpose, without being morbidly opinionated, I contend, is highly moral. It is to admonish the rising generation, and those who have the care of them, of the snares that beset their path, that, knowing, they may avoid them; and to rescue those who have, through ignorance or bad example, adopted pernicious practices, from a further

pursuit. My aim has been to imbue my countrymen with philosophic ideas of the true end of life and of living; and to induce them to act conformably with the benevolent laws of their organization.

In the chapter relating to nervous derangement (which is always a greater or less approximation to insanity) I have proved the certainty of its cure, by means of proper moral and medical treatment; and when the frequent examples of unhappiness, arising from this cause only, are considered, I trust that, if my book had no other object than this, I should have deserved well of the community.

As my works fall constantly into the hands of gentlemen of refined and literary tastes, I have enforced many important positions by passages selected from eminent poets and other classical writers, in the living and dead languages. But, that no reader should be unacquainted with the force, beauty, and aptitude of every quotation, the best translations have been made use of to render the citations into the vernacular.

The engravings which illustrate the work have been executed by a first-rate artist, and are so accurately delineated that they cannot fail to convey fully to the mind that which they are intended to represent.

And here I might leave my treatise with the words of Southey—

“———, from this my solitude,
I cast thee on the waters, go thy ways;
And if, as I believe, thy vein be good,
The world will find thee after many days.”

If it were not that false delicacy has such influence over men as to render them averse to the statement of ills of the peculiar description to which many of my pages have reference, unless the ways and means of access to the physician are indicated in a manner which may gratify their morbid feelings, many would be glad to make a confession of their maladies by letter (which mode of communication is as frequent with me as any other); and, in some respects, it affords the patient great advantages, on account of the coolness and self-possession with which he can set about a statement in the solitude of his own chamber: and there is no case which cannot be opened in this way, as I shall immediately discover whether any necessity exists for a personal interview. I have patients in England, Scotland, and Ireland, whom I have never seen, but have treated, and am treating successfully,

from the information acquired solely by means of epistolary correspondence.

The subject of *Fees* is a delicate one, but, perhaps, it can hardly be omitted altogether in this introduction. Every man who has devoted his time and talents to the acquisition of that which is important to the welfare of his fellow-creatures, has a claim upon them commensurate with the good he contributes; and as I follow the profession as one desirous of benefiting society to the utmost of my power, and, subordinate to that, with a view to derive from its practice a decent and honourable subsistence for myself, and those who have a legitimate right to look to me for support, I consider myself entitled to receive, as a *quiddam honorarium*, such remuneration for my services as they are fairly entitled to. *At each conference, personal or by letter, the fee is expected, except when an arrangement is entered into for the conduct of the case for a definite period, or to a successful issue;* but I trust that in all cases, more especially in those where the sufferers have but limited means, I shall never be found wanting in that sympathy and liberality which should ever be prominent in the members of an honourable profession; and which lay the only stable foundation for enjoying hereafter, when the autumn of one's years comes on, that *otium cum dignitate*, which it is the aim of every prudent and well-principled man to secure.

R. J. CULVERWELL, M.D.

5, New Broad Street.

1841.

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THE MALE ORGANS OF GENERATION.

1. THE Male Organs of generation may be defined as consisting simply of the *penis* and *testicles*; but as the intention of this work is to consider not only the diseases relating thereto, but also those of the structures connected therewith, particularly the *Bladder* and *Kidneys*, a more extended description is necessarily demanded and afforded.

2. The Penis may be said to commence where the bladder terminates. It is of a cellular or spongy structure, and consists of three bodies, appositely placed to each other. The two uppermost and largest are called *Corpora Cavernosa*; the smallest and under-one, *Corpus Spongiosum*. These bodies are covered by the common integument, or skin, which integument projects loosely beyond the end of the penis, forming what is called the *Prepuce*, and which, upon withdrawal, exposes the *Glans* or *Nut* of the penis, an expansion of the *Corpus Spongiosum*.

3. The Glans furnishes, around the *Corona*, or that portion from which the prepuce appears to spring (or the prepuce itself may have some share in producing it), a secretion of peculiar odour, that in some individuals accumulates, thickens, and cakes over the glans, and in time produces irritation and occasional adhesions with the *Nut* and *Prepuce*: and hence, as the best preventive for the annoyance is excision, or division of the prepuce, the practice of circumcision.* This secretion is furnished in greater quantities in hot climates, and in individuals of robust and full habit. The use of the secretion is doubtless to preserve the sensitiveness of the glans, and to facilitate the withdrawal of the prepuce in coition and in urinating. Upon the under surface of the glans, near the opening of the urethra, the prepuce is attached by a fold called the *Frænum* of the prepuce. Its use is to limit the movements of the prepuce, and to draw down the orifice of the urethra to direct the flow of urine.

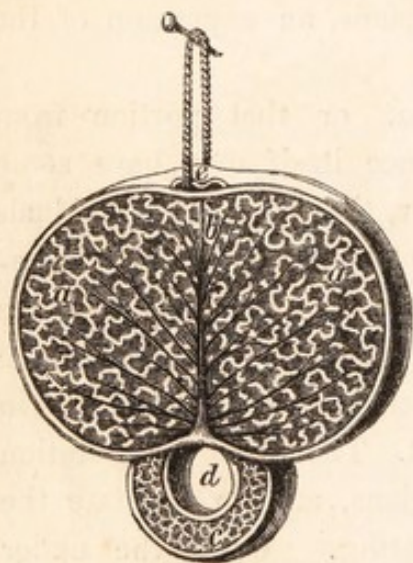
4. The *Prepuce* is highly elastic, and answers, to the *Glans*, the same purpose as the eyelid does to the eye—to protect the sensitive surface underneath. Occasionally, however, the prepuce becomes permanently contracted, and the glans consequently denuded. This is sometimes what is called con-

* That nothing is formed in nature imperfect, no one will deny: hence circumcision evidently was adopted to save the trouble of cleanliness.

genital, or happens from birth, but it more usually ensues on the approach of adolescence: the Glans, in the former instance, misses not its protector; while in the latter, it soon loses its sensitiveness, and no further inconvenience is experienced.

5. The *Corpora Cavernosa* form two bodies or tubes united in the greater part of the length of the penis, separated only by a thin partition, and enveloped by a firm sheath. The internal structure is composed of innumerable cells that communicate with each other, and receive the blood that occasions their distention and the erection of the penis. These tubes end rather abruptly, forming rounded points under the *Glans Penis*. At the other extremity they diverge from each other; and, attaching themselves to the bend of the *Os Pubis*, thereby fixing the penis, constitute what are called the *Crura*, or legs of that organ.

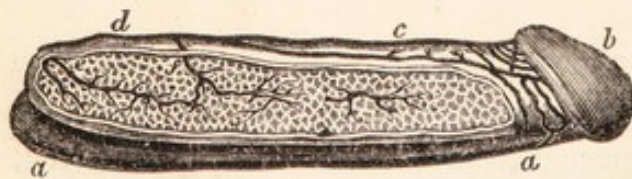
6. The *Corpus Spongiosum* forms the lower and under body of the penis. As before stated, it terminates at the point in the *Glans*, whilst in the other direction it extends the whole length of the penis, and again becoming enlarged, something like a pulse glass, forms what is called the bulb. Through the *Corpus Spongiosum* we have the urethric canal or urinary passage, which connects the penis with the bladder.



The annexed sketch shews the three bodies as they would appear in a section of the penis:—

- a, a,* Corpora Cavernosa.
- b,* The division or Septum.
- c,* Corpus Spongiosum.
- d,* The Urethra.
- e,* The great vein of the Penis.

The subjoined drawings further explain the relative functions of these bodies:—



A section of the *Corpus Cavernosum*, exhibiting the vessels that enter its structure, and occasion distention or erection of the penis.

a, a, The urethric part.

b, The Glans.

c, The Dorsal Artery, serving the Glans.

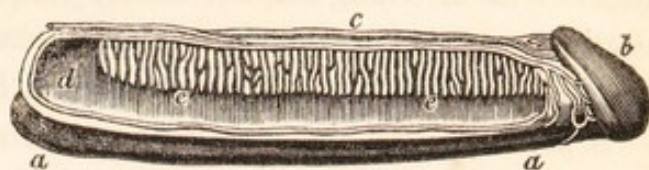
d, The Dorsal Artery serving the interior of the Corpus Cavernosum.

e, f, The deep-seated arteries.

The following exhibits the *Septum* or division of the *Corpora Cavernosa*, in

which is shewn the vessels whereby, on the erection of the penis subsiding, the blood escapes into the dorsal vein of the penis:—

- a, a*, The Urethra.
- b*, The Glans.
- c*, Dorsal Vein.
- d*, The Septum.
- e, e*, The Vessels.



7. The Urethra is the canal or pipe that passes through the *Corpus Spongiosum* to the bladder, of which it may be said to be an expansion. It serves for the purpose of conveying the urine from the bladder, and also as a conduit for the male semen. It is composed of the inner and another membrane of the bladder. It is very elastic, permitting the introduction of a large sized bougie, and closing upon the smallest; in fact, it is at all times closed, yet permeable with the least effort. It is supported in its course by the *Corpus Spongiosum* and the *Prostate Gland*, between which a slip is left apparently unprotected, which is called the membranous portion. It differs in calibre, that is to say, capacity for dilatation in different parts; for instance, it is rather contracted at the orifice, enlarges within, and, for an inch, again contracts, dilates near the bulb, diminishes in the membranous portion and prostate gland, and finally enlarges, funnel-like, into the bladder. The present illustration will recall what has just been stated respecting the connections of the urethra, and help to introduce its other peculiarities:—

- a*, The Bladder.
- b*, The Ureter.
- c*, The Vas Deferens.
- d, d*, The Openings of the Ureters into the Bladder.
- e*, The Prostate Gland.
- f*, Orifices of the Excretory Ducts.
- g*, Openings of the Seminal Ducts.
- h*, Ischio-cavernous Muscles.
- i*, The Bulb of the Urethra cut.
- k*, Cowper's Glands.
- l*, The wide part of the Urethra.
- m*, The narrow part.
- n*, The Fossa Navicularis, the usual seat of the clap.
- o, p*, The Prepuce.



The urethra is furnished with a continual mucous secretion, the source of which is in the membrane itself, the glands, also the *Lacunæ*, or folds, which yielding to the pressure of the urine as it flows, or other altered conditions of the urethra, yield up their contents. The inner surface of the urethra is very vascular and sensitive, as evidenced on the slightest laceration by the bougie, or by chordee, when considerable bleeding

often takes place. Its sensitiveness is well known in the first passing of a bougie, or in the presence of inflammation, when the pain in the former, or the act of urinating in the latter, frequently occasions fainting; in fact, the urethra cannot be interfered with meddlesomely without producing considerable fever and general disturbance of health.

A point yet remains unsettled—whether the urethra is muscular or not, the probability of such being the case resting upon the sensible control we have over the act of ejecting the urine, and upon the general irritability of the canal; the same physiologists contending that both longitudinal and circular muscular fibres are discoverable upon dissection, interposed between the urethric membranes. On the other hand, the contractility of the urethra is stated to depend upon the bodies which surround it, which is readily comprehensible; but of this hereafter, when treating upon stricture.

8. The Bladder is the receptacle for the urine, which it receives by drops from the ureters, the conduits from the kidneys. In shape the bladder is somewhat like a pear; but it is much modified by the quantity of its contents, and the relative condition of the neighbouring parts. For instance, when the bladder is full, its upper part may be distinguished as rising above the pubis, or that portion of the lower part of the abdomen that is covered with hair. In very fat persons, the bladder is flattened by the weight of the intestines, and obliged to find room where it can in the pelvis, as in pregnant women.

Anatomists, in describing the bladder, speak of the body (the bulk), the fundus, or upper part, the sides, and the neck, where the urethra commences, and which is surrounded by the prostate gland. The following engraving exhibits the continuation of the urethra into the bladder, and exposes other important structures yet to be spoken of.



- a*, The inner surface of the Bladder, shewing the direction of the Muscular Fibres.
- b*, The opening of the right *Ureter* into the Bladder, whence the urine issues.
- c, c*, The Prostate Gland cut through, and its sides exhibited.
- d*, The Urethra.
- e*, The Verumontanum.
- f, f*, Orifices of the Seminal Ducts, marked by twigs inserted therein; the other points mark the Orifices from the Prostate and other Glands.

The bladder is composed of several coats. There is a peculiar membrane investing the important structures in the abdomen called the peritonæum. The

fundus and back part of the bladder is covered by a portion of this peritonæum, which serves in some measure to support the bladder in its position, and also exercises certain physiological properties, which may hereafter be alluded to.

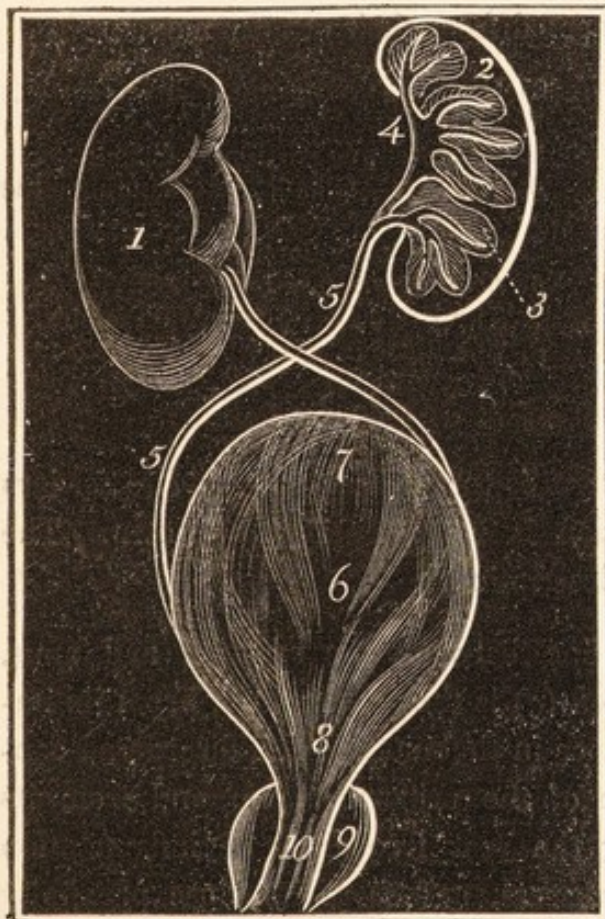
The muscular coats of the bladder are very strong; they consist of fibres running in three different directions, and the name given to the upper is the *Detrusor Urinæ*, and to the lower, the *Sphincter*. An idea of their strength may be given, when it is stated that the bladder is capable of containing, *per force, two to three pints of urine*, the whole of which can be ejected to the last drop. The force of ejection differs with all individuals, and is also dependent upon the state of health. The next coat is called the *Nervous* and *Cellular* coat. The inner coat is soft, smooth, and bedewed with a sheathing mucus, that protects the bladder from the acrimony of the urine. The bladder when distended is equally smooth all over; but at other times it falls into folds or *rugæ*, and when quite empty collapses into a triangular flap.

It has already been stated, that the bladder is maintained in its position by the peritonæum; it also derives great support from its connection with the urethra, which is fixed by ligamentous and muscular attachment to the sides of the pubis.

We hear occasionally of many peculiarities, independently of the diseases of the viscus, such as a plurality of bladders, divisions of the one into compartments, &c.

The usefulness of diagrams is now so universally admitted, that the introduction of one needs no apology. It exhibits the bladder and its muscular coats; also

the neck of that viscus embedded in the prostate gland. The bladder is represented in a state of distention, and of course as detached from the body. Connected with it are the kidneys and their ureters, crossed merely to save space in the sketch. One kidney is shewn in its natural appearance; the other exhibits a sectional view: the references give the names of the different parts.



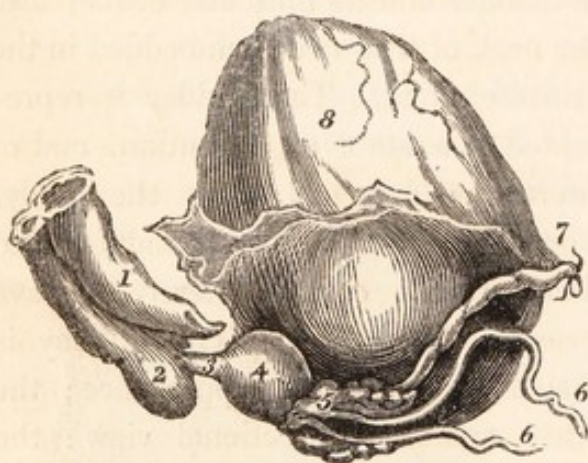
1. The entire Kidney.
2. The Cortical or secreting part of the Kidney.
3. The Papillæ of the Kidney.
4. The Pelvis, or funnel portion.
5. The Ureter.
6. The Bladder.
7. The Detrusor Muscles.
8. The Sphincter Muscles.
9. Prostate Gland.
10. Neck of the Bladder.

In the last engraving but one, the situation of the ureter is explained (fig. b),

through which the urine distils from the kidney. The ureters open very obliquely into the bladder, for the twofold purpose of preventing a retrogression of the urine, and its too rapid descent into the bladder. The bladder, as the urine accumulates in it, becomes sensibly excited to contraction; and hence the discharge. The contraction of the *Detrusor* and the relaxation of the *Sphincter* muscles of the bladder, are, however, much at our command or will. It has hitherto baffled the inquiries of physiologists as to the way, and especially the rapidity, in which the drink swallowed is converted into urine. Many liquids consumed will, in ten minutes, occasion a copious secretion of urine. It is supposed that the fluid has no direct channel to the kidneys; but that it is absorbed, and so conveyed into the general circulation, and thence directed to the kidneys.

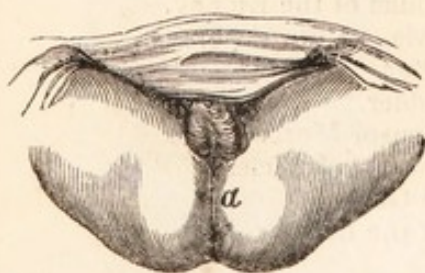
As it is the intention of this work to treat amply upon the disorders of the generative system, it is considered that the reader cannot be too well familiarised with the anatomy of the structures concerned: it is, therefore, now proposed, having given the interior of the organisation, to explain the same structures in their external relations. Recourse is again had to the aid of the engraver, previously to which the following illustration explains the connection of the penis with the bladder, as before alluded to, only viewed profile-wise.

The structures are of course dissected from the body, and exhibited disconnected from their attachments.



1. Corpus Cavernosum.
2. Bulb of the Urethra.
3. Membranous portion of ditto.
4. Prostate Gland, surrounding the Urethra.
5. The Vesiculæ Seminales.
- 6, 6. The two Vasa Deferentia.
7. The Ureter, supplying the Bladder.
8. The Bladder.

9. The Perinæum.—Familiar as the term is to medical ears, and to readers of medical publications, yet the situation is very imperfectly known. The subjoined sketch is worth a volume of description.

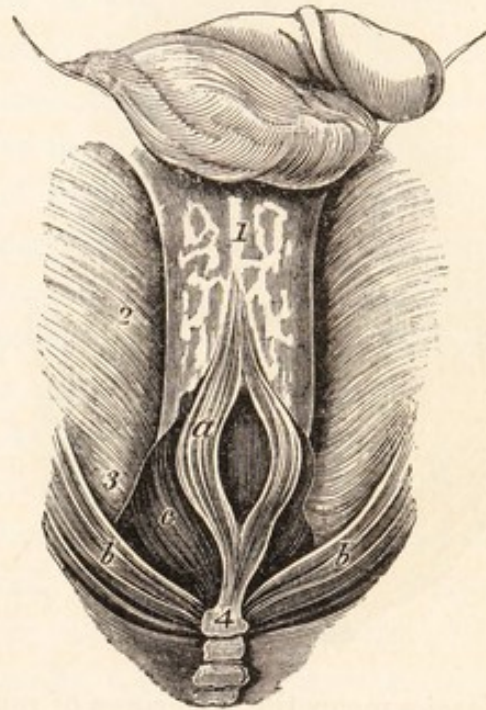


The line between the scrotum and anus, marked (*a*) is the perinæum. From its importance in the sanatory and disordered condition of the urinary system, and from its being the seat frequently of inflammation and abscess, and from its close proximity to the urethra, the following drawings are

submitted, explanatory of its purposes in health, and the situation of morbid action when disturbed.*

10. Plate I. represents the *Perinæum* and *Anus* stripped of their integuments, disclosing:—

1. The superficial fascia of the Perinæum.
2. The fascia lata, or shiny covering of the muscles of the thighs.
3. The tuberosity of the ischia, or part whereupon we sit.
4. The last portion of the spine, called the Coccyx, easily to be felt posteriorly to the rectum.
- a, The Sphincter muscle of the Anus.
- b, The inferior border of the great muscles of the buttock, called the Gluteal.
- c, The lavator Ani, or muscles which elevate the rectum.



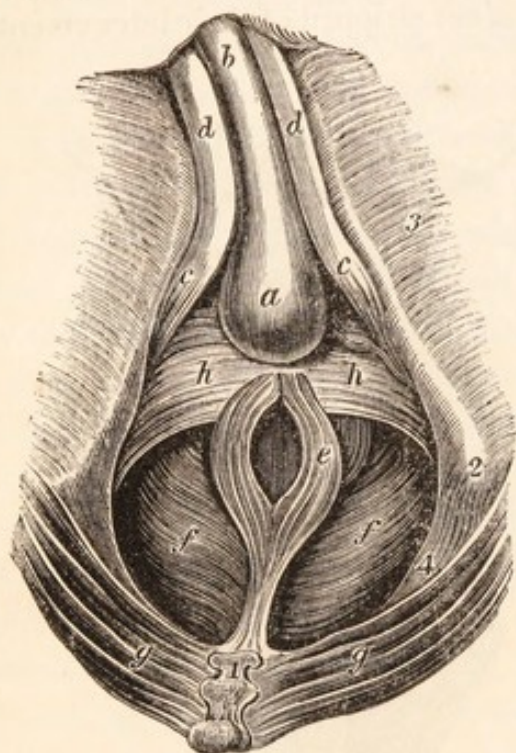
11. Plate II. represents the muscles of the perinæum exposed, the superficial fascia having been removed.

1. The point in the Perinæum where the principal muscles take origin or meet.
2. The covering of the Thigh.
3. The Seat.
4. The Corpora Cavernosa of the Penis.
5. The Corpus Spongiosum.
6. The Coccyx.
7. The great Sacro Sciatic ligament.
- a, a, The Erector Muscles of the Penis.
- b, b, The Accelerator Urinæ Muscles.
- c, The line whence the above Muscles take their origin.
- d, The transverse Muscles of the Perinæum.
- e, e, The Sphincter Muscle of the Anus, supposed to be distended with tow or wool.
- f, f, The Lavatores Ani.
- g, g, The great Gluteal Muscles.



* The three ensuing sketches are abridged from a very clever work on the Perinæum, by M. Morton, of University College Hospital (published by Taylor and Walton).

12. Plate III. represents a deeper dissection of the Perinæum, the muscles having been removed.



1. The Coccyx.
 2. The Seat.
 3. The covering of the Thigh.
 4. The great Sacro Sciatic Ligament.
 - a, The Bulb of the Urethra.
 - b, The Corpus Spongiosum.
 - c, The Crura of the Penis, being the conclusion of—
 - d, The Corpora Cavernosa Penis.
 - e, The Sphincter of the Anus.
 - f, The Levatores Ani covered by a fascia or prolongation of the triangular ligament of the Urethra.
 - g, The great Gluteal Muscles.
 - h, h, The Triangular Ligament of the Urethra.
- The artery of the bulb is seen on the left as it runs between the Crus Penis and bulb of the Urethra.

A brief description of the structures displayed in the preceding drawings will render this part of our subject perfect.

The *Fasciæ* mean the coverings of muscles, such as is seen in cutting a domestic joint—a leg of mutton, for instance—a shiny surface—their use is to strengthen the action of the muscles, to bind them well together, and they mostly exist about the buttocks, back, &c.

13. The office of a Sphincter Muscle, of which we have several, as that of the bladder and anus, is to keep close the aperture they surround. The sphincter ani closes the rectum, and pulls down the bulb of the urethra, by which it assists in ejecting the urine and semen.

14. The Levator Muscles lift up the part they are connected with. The levator ani form the funnel appearance of the rectum, and help to draw it up after the evacuation of the fæces or stools. They also assist in sustaining the contents of the pelvis, and help to eject the semen and urine, and contents of the rectum, and, perhaps, by pressing upon the veins, contribute to the erection of the penis.

15. The Gluteal Muscles help the rotatory motion of the thigh, and give support generally to the buttocks.

16. The Sacro-Sciatic Ligaments assist in the firm union of the bones of the pelvis.

17. The Erector Muscles of the penis propel the urine and semen forwards; and by grasping the bulb of the urethra, push the blood towards the corpus cavernosum and the glans, and thus distend them.

18. The Accelerator Urinæ muscles, as their name implies, help to eject the urine and semen.

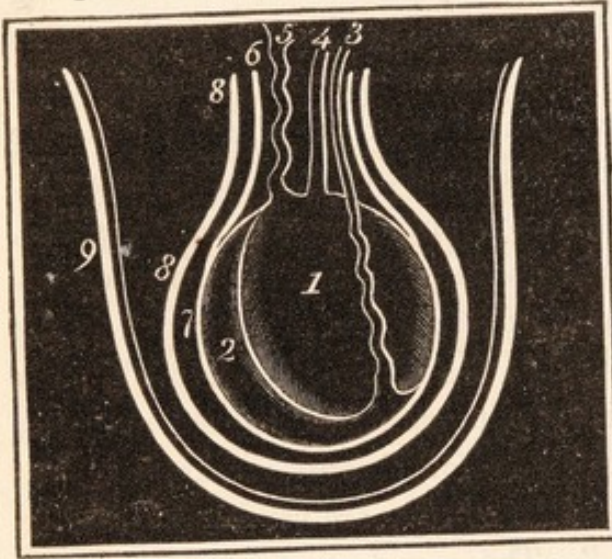
19. The Triangular Ligament of the urethra assists the preceding purposes.

20. OF THE TESTICLES.

THE Testicles are two glandular oval bodies suspended in the scrotum. They furnish the male seed. They are supported by what is called the Spermatic Chord, which consists of the spermatic artery that supplies the testicle with arterial blood, whence the semen is concocted; the veins that return the superfluous blood, and the tube that conveys the semen to the urethra. The testicles are very liable to inflammation, and particularly to changes resulting from the wear and tear of human life—changes that not simply produce pain or inconvenience, but those whereby the power of the organs becomes partially if not wholly lost. A rather ample description of their complicated structure will shew the necessity of attending to the earliest symptoms of disturbance. The testicles, in embryo, are lodged in the belly, but they gradually descend, and usually are found in the scrotum at birth. There are occasionally exceptions, where one or even both testicles do not descend, but are retained in the groin. Mr. Hunter considered that their virility was thereby impaired, although such an opinion is negatived by numerous illustrations. An old authority stated that “the testicles were placed externally for chastity’s sake, for such live wights as have their stones hid within their body, are very lecherous, do often couple, and get many young ones.” The non-descent of the testicle, necessarily from its confined situation when in the groin, cannot be so fully developed as where it is allowed to range in the scrotum. It is also exposed to accidents when retained, and cases have occurred where Hydrocele has ensued, producing much inconvenience, and occasionally the same has been mistaken for rupture. The testicles have several coats.—(21.) The Scrotum should be considered as one, which is merely a continuation of the common integuments, exceedingly elastic, nearly destitute of fat, and possessing a peculiar contractile power of its own, whereby it can closely embrace the testicles, and at other times yield or become distended, as in hernia or hydrocele, to the size of a pumpkin. The contractile powers of the scrotum have been assigned to the supposed presence of a muscle, which is merely a thickened cellular membrane, and called (22) Dartos. It was stated that the testicles were suspended by their spermatic chords—their support is rendered more perfect by the presence of a muscle to each, that descends into the scrotum, and which is called the (23) Cremaster—it is an expansion of one of the muscles of the abdomen, called the internal oblique, and it spreads itself umbrella fashion around the chord, over the upper part of the testicle, and its fibres extend ray-like over the other coats of the testicle—its office is to draw up the seminal organs during procreation.

The testicles, thus suspended, have two coats, one adhering closely, and the other loosely surrounding the former—between the two, a lubricating fluid is

secreted, whereby the various movements of the body are permitted without injury—it is between these coats that water is secreted occasionally, constituting the disease known as Hydrocele. The closely fitting coat is termed from its whiteness and density (24), *Tunica Albuginea*—the other (25), *Tunica Vaginalis*. These coverings are formed of that extensive membrane in the abdomen called the *Peritonæum*. The *Tunica Albuginea* which surrounds the testicle previous to its descent, accompanies it into the scrotum, propelling, as it were, the *Tunica Vaginalis* before it. On the descent of the testicles into the scrotum, the opening through which they passed becomes impermeably closed.



The annexed diagram will explain the coats and will facilitate the understanding of subsequent descriptions.

1. The body of the Testicle.
2. The Epididymis.
3. Vas Deferens.
4. Spermatic artery.
5. The Veins,
6. Cremaster Muscle.
7. *Tunica Albuginea*.
8. *Tunica Vaginalis*.
9. Scrotum.
- 3, 4, 5, 6, and 8, constituting the Spermatic Chord.

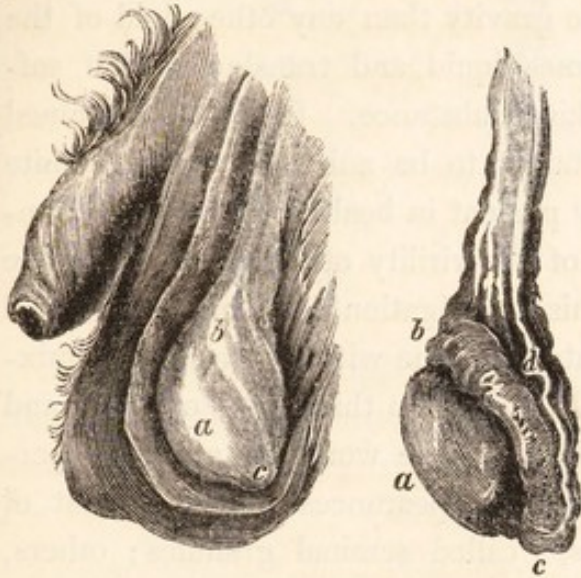
The testicle on being denuded of its coverings, is found to consist of innumerable delicate white tubes, which when disengaged from the cellular membrane that connects them together, and steeped in water, exhibit a most astonishing length of convoluted vessels; they appear to consist of one continuous tube, convoluted in partitions of the cellular membrane. When the *Tubuli* come out from the body of the testicle, they run along the back of it and form a net work of vessels called (26) *Rete Testis*—it is supposed that by the net work the semen is conveyed from the testicle. The continuations of this *Rete Testis* have been denominated *Vasa Deferentia*, which, ending in a number of (27) *Vascular Cones*, constitute what is called the Epididymis. The *Vasa Deferentia* after forming three conical convolutions unite and form larger tubes, which ultimately end in one large excretory duct, called the (28) *Vas Deferens*,



The following description relates to the accompanying sketch.

- a, The body of the Testicle.
- b, The Tubuli Testis.
- c, c, The Rete Testis.
- d, The Vasa Deferentia.
- e, The Vascular Cones.
- f, The Epididymis.
- g, The Vas Deferens.

(29) The preceding completes the anatomical description of the Testicle. The semen is supposed to be secreted by the arteries that ramify among the seminal tubes—the last drawing exhibits the testicle as from the hand of the dissector. In life and in health the epididymis is attached to the testicle—the vas deferens passes up the chord, enters the abdomen, and, passing down into the pelvis,

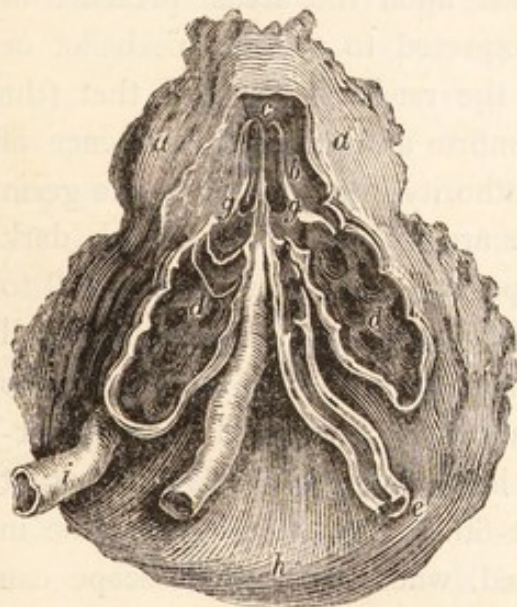


terminates in the vesiculæ seminales as already, but to be again, alluded to. The two subjoined drawings illustrate the testicles in their natural situation. In the larger figure the testicle is displayed as enveloped by its coverings, and in the lesser as stripped of them.

The references serve for both.

- a*, The body of the Testicle.
- b*, The commencement of the Epididymis.
- c*, The end of ditto.
- d*, The Vas Deferens.

We now come to speak of the (30) Vesiculæ Seminales. It was just observed, that the Vasa Deferentiæ terminated in these structures. They are attached to the lowest and back part of the bladder, behind the Prostate Gland. The following drawing is the prelude to the description :—



It represents the Prostate Gland, the Vesiculæ Seminales and the Bladder.

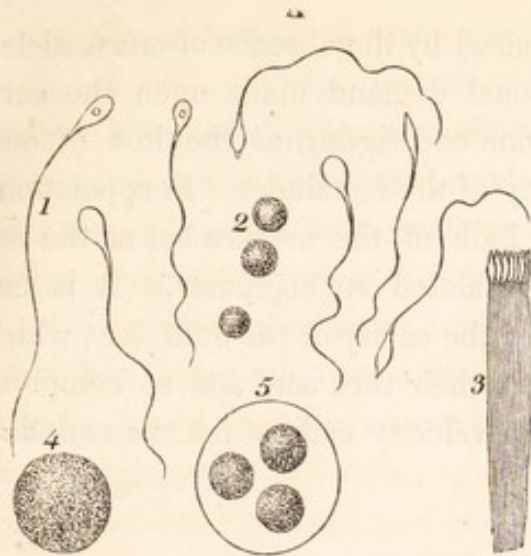
- a, a*, The Prostate Gland.
- b*, The Gland cut away to shew the Ducts of the Vesiculæ.
- c*, The ends of the Ducts.
- d, d*, The Cells of the Vesiculæ.
- e*, The left Vas Deferens, also cut open to shew its connection with the Vesiculæ.
- f*, The right Vas Deferens.
- g, g*, The openings of the Vas Deferens and Vesiculæ into the Urethra.
- h*, The Bladder.
- i*, The Ureter.

(31) The Vesiculæ Seminales appear like two cellular bags. They have two coats, the one called nervous, and the inner the cellular, a membrane divided into folds or ridges. The use of the Vesiculæ is supposed to be, to act as reservoirs for the semen; but there are different opinions upon the subject, some contending that they furnish a fluid, not spermatic but merely as an addenda to the seminal secretion; whereas others, who have examined the vesiculæ of persons who have suddenly died, have discovered all the essential qualities of the male seed therein; and in fact physiologists who direct researches in these matters

advise such examinations as the surest means of obtaining, in a state of purity, the seminal fluid.

(32). The Male Semen is a fluid of a *starch-ish* consistency and of a whitish colour. It has a peculiar odour, "like that of a bone while being filed—of a styptic and rather acrid taste," (for physiologists use more senses than one in these researches,) "and of greater specific gravity than any other fluid of the body." Shortly after its escape "it becomes liquid and translucent;" if suffered to evaporate, it dries into scurfy-looking substance. By being examined through a powerful microscope it is ascertained to be animated by an infinite number of animalcules; but they are only present in healthy semen, and consequently that fact is taken as a criterion of the virility of the secretion. The method recommended to be employed in this investigation, is to procure a small quantity of fresh male semen, and to dilute the same with albumen; the mixture is then to be placed in the usual way between two thin plates of glass, and exposed to a strong magnifying power, when a little world in motion is perceptible. The objects seen present different appearances: some consist of (33) "minute, round, granulated bodies," called seminal granules; others, (34) "little oval bodies with very fine tails of the length of 3-100,000th of an inch, their bulk such as to admit the existence of 216,000 in a sphere whose diameter was the breadth of a hair!!" "and their rate of travelling nine inches in an hour." Somewhat of the marvellous must be expected and allowed in these speculations; but recent authorities insist upon the actual presence of some such creations, and as the narrator is expected to venture his belief or withhold his credence from such assertions, the reader is assured that (the writer) is not an obstinate sceptic, but can confirm and prove the existence of living motion therein: A higher published authority* thus describes the germ of future animal life: "The seminal granules are colourless bodies with dark outlines, round and somewhat flattened in shape, and measuring from 1-300 to 1-500th of a line in diameter." "The animalcules exist in the semen of all animals capable of procreation. They are diversified in form in all animals according to their species, but in man they are extremely small, scarcely surpassing the 1-50th, or almost the 1-40th of a line in length. This transparent and flattened body seldom exceeds from the 1-6th to the 1-800th of a line in length." It may be wondered at or doubted, whether the microscope can attest to these statements, but the public are sufficiently acquainted with its powers, as exhibited at the various exhibitions in the metropolis, to place faith in the statement.

* Dr. Wagner, of the University of Göttingen.



The annexed drawing* exhibits the granules and animalcules of a human male being magnified from 900 to 1,000 times :—

1. The Animalcules of a man, taken from the Vas Deferens immediately after death.
2. Seminales Granules.
3. A bundle of Animalcules, as grouped together in the Testicle.
4. A Seminal Globule.
5. The same surrounded by a cyst or bag.

The semen is never discharged pure ; it is always diluted with the secretion from the prostate and other glands, and also the mucus of the urethra. A chemical analysis is thus given of 100 parts :—

Water	. . . . .	90
Mucilage	. . . . .	6
Phosphate of Lime	. . . . .	3
Soda	. . . . .	1
		100

The semen may certainly be vitiated and diseased : the odour and colour assume all the gradations of other secretions when in a morbid condition.

Semen not discharged is supposed to be absorbed, thereby adding to the strength and nutriment of the economy ; but as it is furnished for a specific purpose, and its secretion depends much upon the play of our animal passions, and as they are rarely permanently idle, there is not only the inducement that the fluid be furnished, but also emitted, and hence we have nocturnal emissions. These, to a degree, are salutary ; but they may happen so frequently that the function becomes disordered and perverted, and in some individuals the semen (unconsciously to them) escapes during sleep, or on the slightest local excitement of riding, walking, or on the action of the bladder or rectum.

The prostate gland, as has been stated, contributes much to the dilution of the semen ; it may empty itself independently of it. The gland is composed of numerous cells, from which proceed some twenty or thirty pipes or passages that open in the urethra by the sides of the verumontanum, as shewn in the drawing.

The diseases of the testicle will be treated upon in their proper place, but it may not be amiss to state that the generative powers, although certainly to a

* Copied from Willis's work on Human Generation.

degree diminished, are not considerably impaired by the absence of one testicle; for as most functions are double, the additional demand made upon the surviving one is met by the latter's increased tone and vigour, as the loss of one sense is compensated by the increased activity of the remainder. In copulation, doubtlessly, the vesiculæ seminales and the bulb of the urethra act as the reservoirs of the semen, else it could not be ejaculated so copiously. It is believed that the presence of secretion stimulates the cavity of the bulb, &c., which excitement is conveyed to the muscles, that in their turn act, and so compress the urethra as to account for the force and velocity with which the emission takes place.

ON DISEASES OF THE REPRODUCTIVE ORGANS.

THERE is no condition of the human mind that so powerfully depresses the natural pride of man, as the consciousness of suffering under disease of the reproductive organs. The first discovery of a clap, for that perhaps is the primary and most frequent ailment incident to young men, can, I think, never be forgotten. The feelings of vexation and mortification that immediately ensue are of the most acute character. The idea which it gives of personal uncleanness, the check which it imposes on sexual pleasures, and the restraint it affixes on the common indulgences of ordinary life, conjure up associations of the most anomalous nature. A confused retrospection of the past flits by the victim of incaution or ill-luck like a floating vision: there is first a wonderment as to the "how," and the "when," and "from whom" he could have contracted it; secondly, the useless regret for past folly, and the recollection of having neglected sundry necessary precautions; and lastly, a series of revengeful vows of reformation for the future. Fully satisfied, however, that he is bewildered by no delusion, mayhap, the next thought may be, "what is best to be done?" He generally decides upon one of three resolves—immediately to seek medical relief, to fidget after the nostrums of newspaper notoriety, or, with a temporary assumption of indifference, boldly determines to leave it to take its chance. If he do the first it is well: but there are many more who select the second or third, and as often alternate the one with the other. The same remarks apply to individuals who may be the victims of one or more of the infirmities detailed in these columns; and, although the diseases herein introduced may be of slower or of as sudden introduction, I am convinced that their severity and duration are in most instances attributable to the last-mentioned causes.

To solve, then, the enquiry of such, to whose hands these pages may find admission, is this book's design: it is not to deprecate the immediate recourse to professional aid, but to recommend it, and to recommend it most strongly.

It aims not at individual comparisons, nor does the writer assume more than his neighbour: it has the same object as any other practical production, namely, of submitting the writer's pretensions through its medium, and thereby offering himself as one of the candidates for public sufferance; but it is most decidedly influenced by a desire to dissuade the thoughtless or ignorant from falling a victim to neglect, or, what is worse, empiricism. It is to impress upon the mind of the reader, if he be an invalid, that every hour of diseased action but brings nearer the destruction of the organ it has possession of, and therefore the sooner the enemy is attacked the more quickly and likely will be its dislodgement.

ON MORBID SECRETIONS AND IRRITABILITY OF THE URETHRA.

I HAVE stated that clap or gonorrhœa is one of the first and most frequent complaints of the generative apparatus. There are many secretions common to the urethra, such as those afforded by the various glands for the purpose of lubrication, &c.; and the lining membrane of the passage yields a moisture for its own protection, like the membrane of many other organs, such as the eyes, nose, mouth, and so forth, and these secretions may become unhealthy or vitiated, and give rise to symptoms that lead on to confirmed disease; and, what is still more remarkable, may assume many of the characters and appearances of gonorrhœa, but they rarely induce such constitutional disturbances as clap. Were it not for this circumstance, the disputed point as to whether gonorrhœa was a spontaneous or specific disease might easily be settled; that is to say, whether clap arose from intercourse betwixt man and wife, both being free from disease in the first instance, and being faithful to each other, or whether it was contracted only by having intercourse with a party already suffering under it. The symptoms, consequences, and duration of clap, form its distinguishing features from any other discharge of the urethra: it is very important that such distinction should be understood, for the treatment of the two affections differs most materially; the one is an affection of weakness, and the other of an inflammatory and pestilential nature (the former will be found treated upon in their proper place, *see Index*.) The symptoms of clap are as follow: there is usually first felt an uneasy sensation at the mouth of the passage or urethra. The patient is frequently called upon to arrange his person; that uneasy sensation sometimes amounts to an itching (occasionally of a pleasurable kind) the feeling extends a little way up the penis; there is oftentimes an erection and a desire for intercourse, which, if indulged in, the sooner develops the disease; and it is in this manner that the infection is sometimes

conveyed by a married man (who may have risked infection, and who considers the discharge to be the only evidence of disease) to his wife. The itching alone will not convey the disease from one person to another; but if intercourse be held, the action of the inflamed vessels is accelerated, and a purulent secretion which is infectious is urged forth and emitted with the semen: therefore the very symptom of the tingling or itching, for it rarely exists in healthy urethræ, should be noticed, and intercourse be avoided until it shall have ceased.

About this time is perceived a slight heat on passing water, or at the conclusion of that act; and shortly after, or may be before, a yellowish discharge is observed oozing from the mouth of the glans or nut of the penis; the symptoms then rapidly advance, unless timely and judicious means be adopted to palliate them or effect a cure: the scalding becomes intense, and the pain and smarting continue some time after each operation of passing water: the discharge becomes profuse and clots on the linen, and continues to ooze out with little



intermission: the orifice of the urethra looks red and inflamed, and the glans itself swells and is occasionally extremely tender: the foreskin or prepuce sometimes, but fortunately not always, becomes swollen, and tightened over the nut of the penis, from which it cannot be drawn back, constituting that form of the disease known by the name of phymosis. See drawing annexed.

When that is the case, other annoyances ensue; the purulent matter collects around the glans; excoriations, ulcerations, and sometimes warts, are the consequence; the whole symptoms become thereby much aggravated. It also happens that the prepuce from inflammation assumes a dropsical appearance, that is to say, the edges or point swell, and appear like a bladder



filled with water; thus—the size which the penis then arrives at is enormous, and to the patient very alarming; it usually, however, subsides in a day or two, if rest and proper measures be employed. The glans, with some people, is always bare, and the foreskin drawn up around it. Such a state may be induced also by disease: in either case, it may become so inflamed as to resist all efforts to draw it over the glans; and, from the swelling and consequent pressure on the penis, a kind of ligature is created; and instances have been known where the most disastrous results have ensued. The circulation of

the blood in the glans is checked; the nut puts on a black appearance, and if the ligature be not removed or divided, mortification takes place, and the tip or more of the penis sloughs off or dies away. This state of the prepuce

is called *paraphymosis*: it sometimes happens to young lads, who, having an indicated opening of the foreskin, endeavour to uncover the glans; they succeed, but are unable to pull the prepuce back again. They either take no farther notice of it, or else become frightened, but conceal the accident they have committed: in a few hours the parts become painful, swell, and all the phenomena above detailed ensue.

The annexed diagram exhibits the foreskin in a state of paraphymosis:—



The next proceeding which will probably be induced, will be an extension of the inflammation to the bladder: the symptoms are a frequent desire to make water—and occasionally ulceration of the membrane lining the bladder follows, when a quantity of muco-purulent matter is discharged, which, mingling with the urine, gives it the appearance of whey. Now and then the bladder takes on another form of disordered function: the patient will be seized with *retention of urine*, that is, a total inability to discharge his water, except by the aid of the catheter. A new and most perplexing feature about this stage of the proceeding is perceived: it is what is called *chordee*. The existing irritation excites the penis to frequent erections, which are of the most painful nature. The penis is bent downwards; the occasion is, the temporary agglutination of some of the cells of the *corpora cavernosa* through inflammation, and the distention of the open ones by the arterial blood, thereby putting the adherent cells on the stretch, and so constituting the curve, and giving rise to the agony. This symptom is frequently a very long and troublesome attendant upon a severe clap; it is more annoying, however, than absolutely painful, as it prevents sleep, it being present chiefly at night-time when warm in bed.

Occasionally the glands in the groin enlarge and are somewhat painful, they sometimes, but very rarely, swell and break—they more frequently sympathize with the adjacent irritation, and may be viewed as indications of the amount of general disturbance present; as the patient gets better the glands go down, leaving a slight or scarcely perceptible hardness as it were to mark where they had been. The most painful of all the attendant phenomena of clap is *swelled testicle*, or, as in medical phraseology it is called, *Hernia humoralis*.

The first indication of the approach of the last-named affection is a slight sense of fulness in the testicle, generally the left first, although occasionally in the right, sometimes one after the other, but rarely both together: a smart twinge is now and then felt in the back upon making any particular movement: the testicle becomes sensibly larger and more painful, the chord swells also and feels like a hardened rope in the groin: the patient is soon incapacitated from walking, or walks very lame; if the inflammation be not subdued by some

means, and if the patient be of a "burning temperament," that is, of a very inflammatory constitution, fever is soon set up, and the patient is laid upon a "sick bed." There is no form of the complaint so dangerous to neglect as swelled testicles; they have sometimes been known to burst or become permanently callous and hardened, and ever after wholly unfit for procreative purposes: in other instances, they have entirely disappeared by absorption; in fact, all diseases of the testicles interfere with the generative power. At the onset of inflammation there may be a brief increase of sexual appetite, but when the structure of the testicle becomes altered or impaired, that appetite is subdued or wholly lost: there is such a wonderful sympathy betwixt all parts of the generative economy of man, that if one portion only be injured, the ordinary end of sexual union is frustrated.

The gonorrhœal poison is capable of producing a similar discharge from other parts to which it may be applied besides the urethra. It has been conveyed by means of the finger or towel to the eyes and nose; and a purulent secretion (attended with much pain and inconvenience, indeed with great danger, when the eye becomes so attacked), has oozed plentifully therefrom. Gonorrhœa is an infectious disorder, and consequently is communicable by whatever means the virus be applied. It certainly is possible, and (if we are to believe the assertions of patients, who are often met with, declaring they have not held female intercourse, and yet have contracted the disease,) it certainly is not improbable, that it may be taken up from using a water-closet that has been visited by an infectious person just before. It may also be contracted, as I verily believe it has been frequently, by using a foul bougie. I have met with several patients who have laid the charge of their illness to such an accident. In my own practice, I invariably keep a gross or two of instruments, and never use a bougie that has been employed with a contagious case a second time.

If the gonorrhœal discharge be suffered to remain on particular parts of the person, such as around the glans of the penis, or on the outside of the foreskin, excoriations, chaps, and warts spring up speedily and plentifully, and protrude before the prepuce, or sometimes become adherent to it, as here drawn: it therefore only shows how necessary cleanliness is in these disagreeable complaints, to escape the vexations alluded to. A species of insect also is apt to generate about the pubes,* and indeed extend all over the body, particularly in those parts where hair grows, such as under the arm-pits, chest, head, &c. if cleanliness be not observed. They are called crabs. The itching they give rise to is very harassing, and the patient, unable to



* The external part of the organs of generation that is covered with hair.

withstand scratching, rubs the parts into sores, which, in healing, exude little crusts that break off and bleed. When the gonorrhœa has been severe and there has been much constitutional disturbance, there frequently hang about what are

called flying rheumatic pains; and sometimes, if the patient's health be much broken up, confirmed rheumatism seizes hold of him, and wearies him out of several months of his existence. I have seen many a fine constitution, by a tedious ill-treated or neglected gonorrhœa, much injured, that, had the sufferer consulted a medical man of even ordinary talent, in the first instance, instead of foolishly leaving the disease to wear itself out with the help of *this* recommended by one, and *that* by the other, he might have shaken off the hydra, and have averted the hundred vexations that follow.

I come now to add to the list of calamitous consequences, stricture, which, in my opinion, prevails to an enormous extent; however, its consideration will be reserved, as well as the affections of the bladder, and prostate gland, for their proper places. I will simply repeat my impression that a stricture, or narrowing of the urethra, or some organic changes, invariably ensue when the clap has been mismanaged, or its cure unfortunately protracted.

It is the opinion of many medical men, and it can, no doubt, be borne out by many patients, that a clap, if unattended by any untoward circumstance, will wear itself out, and that the duration of such a proceeding is from one to two months: there is no disputing but that such has been, and is now and then the case, but a clap rarely stands even so fair a chance of recovery as to be left entirely alone: even if medicine be not taken—rest, abstemiousness, and such like means are seldom followed up; either the patient lives gloriously free, or else goes to the opposite extreme.

The cases of gleet which seek medical relief are more numerous, as most professional men must be aware, than those of gonorrhœa, for the reasons so frequently alluded to; the fair inference would be, that a gonorrhœa seldom escapes the terminus of a gleet.

The distinguishing feature of gleet from gonorrhœa is that it is not considered infectious: it consists of a discharge ever varying in colour and consistence: it is the most troublesome of all urethric derangements, and doubtlessly helps more to disorganize the delicate mucous membrane lining the urinary passage than even the severest clap. Its action is constant though slow; and subject as we are to alternations of health, of which even the urinary apparatus partakes, it is not to be wondered at that a part of our system which is so frequently being employed, should become disturbed at last, and that stricture and



A, The Pubis studded with these insects,

B, The Crabs, or Pediculi Pubis, as they are called, about their natural size, as picked from the skin.

all its horrors should form a finale ; but as gleet and stricture form in themselves such important diseases, I shall devote a chapter to the consideration of each separately.

A few words more, previously to entering upon our proposed chapter on treatment. A gonorrhœa may exhibit itself even in the short space of twelve hours after receiving the infection, or it may not be discovered until the expiration of as many days. Mr. John Hunter mentions a case where six weeks elapsed. The average time, however, that occurs before the symptoms set in is probably from six to nine days. It all depends upon the state of health and the peculiarities of the patient's constitution. Some people are proof against the contagion, whilst others again take it in an inconceivably ready manner. There are many young men, and elderly ones too, who visit the miserable harbourers of the pestilence with impunity, whilst others become the immediate victims of such temerity. There are also many curious anomalies in the manner and time of acquiring a clap. Some men from experience declare themselves safe, if they remain unaffected until the fourth morning ; it is a much safer criterion to suspend judgment until the expiration of a fortnight. Gonorrhœa in women is less painfully severe and inconvenient generally speaking, than it is with men, but it is often more difficult to cure. The extensive surface of the vagina, and the position of that surface, it assuming, when quiescent, long lines of membrane in the form of folds that overlap each other, and retain the matter when secreted, whereby new patches of inflammation are continually accruing, keep up the disease in defiance of all except the most assiduously applied remedies. It is only, however, while the discharge is very profuse and acrid that a female experiences much positive inconvenience. The disease being communicated in the first instance by the male organ, it is probable that the upper end of the vagina near the mouth of the uterus is the part primarily affected ; accordingly it is only as the inflammation descends that the urethra participates, or as the discharge drops on the adjacent part, the outer margins of the vagina, &c., and the thighs and perinœum, that its scorching (not an inappropriate word) influence involves them in the irritation. After a while in both sexes the virulence of the inflammation subsides, but the affected parts do not regain their tone for a long period afterwards, and, consequently, a gleet discharge continues for weeks, months, or even years. Now a question very naturally presents itself, is it possible to arrest a gonorrhœa at the onset, or is it possible, after having cohabited with a diseased person, and having actually absorbed the seeds of the distemper, to prevent its development, or to neutralize its property ? or lastly, is there any known anti-contagion remedy that will enable the wearer to escape scatheless ? Some of my readers may be travellers ; if so, they may have profited by their experience. Many contrivances are resorted to, to avoid the chance of contagion from a promiscuous and impure intercourse ; but they all more or less interfere with the

healthy performance of the sexual embrace, and any deviation from the purposes of nature deserves the severest censure words can express.

There are a set of vicious panderers in this world, who appear to live only for the most selfish purposes, and who in their desire to make others share in their criminality, promulgate doctrines subversive of that law, whereon the very fulfilment (of that law), the uppermost of all our hopes, namely, the transmission of offspring, depends.

The most worthy consideration is, Can gonorrhœa be checked? or, Will it run through its several stages despite the most vigilant treatment? In some instances, timely and active measures succeed in wholly arresting the disease; but of course, there are many contingencies, whereon the success depends; such as time, measures, aptitude, and the rest, that a certainty of accomplishing such an object cannot always be relied upon. Of this fact there need not be the least doubt, that the sooner attention is paid to the complaint, the sooner will the cure be completed.

Having enumerated a tolerably full list of accompaniments or sequents to Gonorrhœa, and detailed the symptoms of the last-named disorder itself, I will proceed in like form to submit the principles and the practice of the treatment which I adopt or recommend.

THE SURGICAL TREATMENT OF GONORRHŒA.

It will be remembered that the principal symptoms indicative of the outbreak of a gonorrhœa, were stated to be a scalding burning sensation along the urethra as the urine passed through it, and also the pouring forth of a profuse discharge of yellow matter from the same passage. The urethra is lined with a very sensitive membrane, fashioned, however, to be insensible to the urine in its natural state; but if the character of the urine or the membrane itself be altered, the most exquisite misery is produced. Now in gonorrhœa, when it is a first attack, the initiatory sensation is invariably heat, itching, or pain in the urethra: the seat of this suffering is in the mucous membrane. On separating the lips of the orifice of the urethra, the passage appears highly vascular, very red, and looks, according to the popular notion, very sore. On examining it with a powerful glass, little streaks or surfaces of a yellow and tenacious matter are perceived, which, upon being removed, are soon replaced by others. When the patient attempts to urinate, this purulent exudation becomes washed off. By this time, the system is somewhat excited, and the urine is consequently more deeply impregnated with uric acid, which renders

it more acrid and pungent to the delicate and now tender outlet through which it flows : the sensation is faint at first, but is rendered very acute by the combined worry inflicted upon the urethra, by its muscular contraction to eject every drop of urine, the denuded state of the membrane itself, and the irritating quality of the water. Such, however, is the habit of action, that the urethra in course of time becomes indifferent to the annoyance of the flow of urine. The nervous sensibility is much diminished, and the urethra is further protected by an abundance of the venereal secretion. There are numerous contingencies that prevent the changes ensuing in such order, and, consequently, the scalding, and the amount of discharge, are seldom two days alike. Were there to be no interruption, the inflammation, for such is the whole process in obedience to the animal law, would fulfil its intention and retire ; but molested as it is by diet, exercise, the varied states of health, and numerous other fortuitous circumstances, as we well know, it exists indefinitely. It would be next to an impossibility to explain the process whereby the character of a secretion becomes altered, or to describe the exact changes which the structure or vessels undergo when furnishing the discharge ; but we well know that some such changes do take place, and that a cause must precede an effect. In like manner we can ascertain the result of certain experiments, although the *modus operandi* may baffle our penetration. Gonorrhœa is originally a local complaint, but if not arrested, it involves not only the neighbouring parts, but it compromises the general health.

Now if the same ends can be brought about by artificial means in a few days, that it takes weeks to effect in the ordinary routine, all the intermediate suffering may be avoided, and all the inconvenience of confinement and physic-taking spared. The old favourite plan of treating gonorrhœa was by guiding it through its several stages, and attempting to palliate the severity of the symptoms as they transpired ; the average time a clap took to get well was from six weeks to six months. It is as common as possible to hear "old stagers" talk of their first clap which "hung about them" for one or two years, and left a troublesome gleet or a tormenting stricture behind it. In almost all the cases of stricture and affections of the bladder which I meet with in elderly people, I find that they attribute the origin of their distresses to a protracted and ill-cured clap. The old plan is still patronized by some even of our present most eminent medical men, and it would be hard, indeed, if they could not adduce some cases wherein nature had been kind, and a cure wrought by her own powers, despite the pains they take to impoverish her resources.

My experience of the treatment of gonorrhœa amounts to this : I find that in many cases, if the parties apply at the very onset of the disease, before the discharge and scalding have set in with any thing like severity, and they themselves be not of a very inflammatory temperament, that a sharp stimulating

injection will at once subdue the sensitiveness of the urethra and alter the action, and, at the cost of very little, and that only temporary suffering, effect a speedy cure: the mode, except it be by stimulating the relaxed vessels, or owing to the specific action of the injection, is, like all other medical operations, a mystery. The opportunities for such practice are certainly fewer than the next I have to speak of, inasmuch as delay in seeking relief is characteristic of a gonorrhœal patient. Next I find that the system of lowering a patient (I speak generally) by purgatives, and total abstinence from all but slops, considerably retards the cure, and at the same time undermines the general health, which oftentimes goes to embitter, if not abridge, life itself. Acting on the opposite plan, I observe the opposite result. I find, from experience, the stimulative method to be the best, and I have also found that those cases where the least restrictions have been imposed, have got well the speediest. I have the greatest confidence in local applicants. The prejudice that has arisen or exists against injections, emanates certainly from the mischief they have been thought, or supposed to produce; or even granting that they have aggravated the inflammation, which is now and then possible, it has been owing more to the circumstances under which they have been used, namely, the enfeebled state of health induced by the previously lowering system, than by any specific action of their own. I am by no means deprecating what is called the antiphlogistic system, because I have oftentimes no other dependence, and I am urged to adopt it to the extreme as much as other people; especially when the case has proceeded beyond the stages in which I advocate the stimulative method as the most beneficial. The best exemplification I can give of the treatment I pursue, and the result I usually meet with, is by the entry of the following cases.

CASE I.

GONORRHŒA CURED IN TWO DAYS.

A gentleman aged twenty-six years, of good constitution, contracted a gonorrhœa: it was a second attack: the particulars are these. On the sixth morning after cohabitation with the female who infected him, he discovered, on withdrawing the prepuce back for the purpose of urinating, the glans penis deluged in a discharge resembling, to use ~~his~~ his own expression, "melted oil:" he felt some slight pain in passing water. Being an old patient of mine, he forthwith called

upon me. I advised the immediate injection of the solution of nitrate of silver,* which he permitted me to effect for him: presently a little stinging was experienced, which subsided, and he left. On the next day when he called, he told me that, in obedience to my advice, he had abstained as long as possible from making water. When

* The formula I employ is generally in the proportion of one scruple of the nitrate dissolved in one ounce of water and strained.

he attempted to do so, the pain certainly was rather sharp, but in a few minutes it entirely subsided. The urine was mixed with a considerable quantity of discharge, and little flakes resembling detached pieces of membrane floated on the surface. The subsequent micturitions presented nothing remarkable: the pain and discharge had both ceased after the first time. In the evening he had taken a

warm bath: he retired as usual to bed, and on the following morning there was a slight collection only of matter which was washed off when he urinated, and which process gave no uneasiness. I ordered a mild solution of zinc injection to be used twice a day. On the third day he was quite well: he continued the zinc lotion a few days, and had no relapse.

CASE II.

GONORRHŒA CURED IN THREE APPLICATIONS.

A medical friend, stationed at a public dépôt, knowing my practice, having often heard me speak in high terms of the efficacy of the nitrate of silver injection in arresting a gonorrhœa, resolved to test it upon himself. He was living some thirty miles from London, where he contracted a most virulent clap: the female, to whom he was under the obligation, it appeared, was a discharged patient from the dispensary of the town he was an inhabitant of, but whether she had been imperfectly cured, or had renewed her acquaintance with the disease, he could not tell. It was very probably the former, for the poor creatures, the women, cannot afford to give that time and attention to their cases which are necessary, and they cannot always encumber the books of the institution. They have their occupations to attend to, if they do not follow prostitution as a means of living, and either pursuit is incompatible with a speedy recovery. To get well they should rest, and have the means of subsistence as well as medical attendance. Dispensary practice imposes much waiting about, and much painful publicity, and cannot possibly afford the advantages, if a twelvemonth were consumed in the endeavour, that a few weeks' resi-

dence in the wards of a public hospital could. The luckless patients get probably wearied out by the inconvenience they are put to, and any improvement in their health they construe into a recovery. There can be no doubt that the great prevalence of the disease is owing to the difficulties in the way of these unfortunate creatures getting cured. It is much to be regretted that there are so few public asylums for the reception of the diseased, and much more so, that so many difficulties occur in the way of procuring admission to those which exist. Except great personal interest be used, or here and there an accident of good fortune offers, more time is wasted in seeking an entrance to a public hospital, than the treatment would have occupied in completing. The trouble imposed in seeking after the privileged donors of admission tickets, the delay and uncertainty of election, and the subsequent condition imposed on those who recover, that they shall publicly present themselves to attest the benevolence of the governor and the skill of the physician, give to the charity a questionable aspect to its claim for such a cognomen.

To resume the case: my friend, on discovering his misfortune, which he

did on the seventh day after the intercourse, injected up (the urethra) a small syringeful of the injection, in the proportion of a scruple of the nitrate to an ounce of water. It appeared to destroy the cuticle whereon it went, the lips of the urethra were covered instantly with a white slough, and the operation was followed by a tolerably smart spasm. On passing water about five or six hours afterwards, the pain was much the same as is experienced during a severe clap. The same sensation (slightly diminished) attended each subsequent act of urinating. On the following day, the discharge was profuse, but there was not the least pain in making water. He repeated the injection: the inconvenience was less than on the preceding day; but there was still pain on passing water, and the discharge continued at intervals, but was much diminished. On the following morning there was little appearance of inflammation; the scalding had ceased, as had nearly all the discharge. He determined upon once

more employing the injection, which he did in the usual manner. The pungency formerly felt, occasioned by the solution passing up the urethra, was not experienced the third time of the injection; and, with the exception of a slight heat, on next attempting to urinate, he encountered no further annoyance. During this experiment he took no medicine whatever, nor did he alter his diet: he was usually a temperate man, and, therefore, there was little need of a change. At the end of a week he continued quite well. His next step was to seek out his frail acquaintance, whom he made a patient of. It is no novelty among the profession to cure gonorrhœa in a female by caustic injections; it is, therefore, much to be wondered at, that such aversion should exist against the same plan of treatment in a male. He discovered her, and prevailed upon her to use the like preparation. He found it necessary to increase the strength, but the result was as satisfactory at the end of a few days as in his own person.

I have at this moment several cases convalescent from the same treatment,—one especially, which not a week ago presented itself, and added to the number. The patient was a mere youth, nineteen years of age: it was his first attack. I assure the reader I administered but one injection, and on the third day, with the use of no subsequent remedy but a mild litharge and opiate lotion, he was quite well. I could furnish a complete case-book filled with corresponding instances. I fearlessly state it as my opinion, that the same results await all future cases where the remedy is as promptly applied, and under corresponding circumstances. In saying this much, I hold myself not responsible for the temerity of others: there is a rashness, as well as a timidity, that may be alike mischievous. I am myself guided by the following considerations:—

The disease must be thus treated at the very first symptom: the patient must be otherwise in comparatively good health, and his occupation must not expose him to much bodily fatigue. He must not be given to intemperance, nor should those instances be selected where the sufferer is of a very inflammatory constitution. Experience begets confidence, and confidence begets experience. In cautious hands I am satisfied of its usefulness; but there are

cases that turn out failures. I have used the injection when the disease itself was a week old, and with like success; but I am ready to confess I have known cases, the cure of which were retarded by its employment. The inflammation has been temporarily aggravated, but they were cases where the treatment was not appropriate; the disease was far advanced, there was much heat and swelling, and the patient's health was in most instances considerably affected; but yet beyond the few hours' increase of suffering merely, no extraordinary symptoms were produced. The cure was very shortly after effected by means which I shall presently allude to.

In all cases of suspicious connexion I recommend copious ablation as soon as possible.* The syringes I would advise to be used should have their points conically shelved off (pear fashion) thus: they fill up the urethra like a wedge, and prevent the immediate escape of the injection: all injections should be retained a few seconds, and then be allowed to flow out. It is seldom worth while to repeat the operation more than twice on an occasion; but that occasion may be resorted to two or three times a day.



When the nitrate of silver is used, the syringe had better be made of bone, but the movements of the pewter syringes are smoother, and, consequently, they are better adapted for all injections that do not chemically affect that material. The nitrate of silver discolours the skin, linen, &c.; therefore gloves should be worn, and care taken that the fluid be not spilt over the person or dress.

In thus promulgating a method of treatment, by which, if aptly followed, so much unpleasantness and inconvenience may be spared, I am in no way desirous of arrogating to myself undisputed originality; but I claim what is equally as remunerative—the satisfaction of proving what has been viewed with scepticism only, to be true. I am aware that it takes a long time to overcome prejudices, and I am often thwarted by the objections which patients frequently manifest towards the simplest operation being performed upon them. In the treatment of obstinate gonorrhœa or gleet, the bare mention of a “bougie” often puts a patient in terror; and he will, if possible, make his exit, and take with him an ailment which one of the simplest and most innocuous of all operations might remove. So is it often in recent gonorrhœa. Let the medical man but propose an injection, and the patient will lose confidence fifty per cent., and if he consent to follow plan second, it will only be to avoid the first. Imagination has much to do in the treatment of disease; and the faith of the patient is necessarily pinned to what he likes best; and as he thinks no one will suggest a secondary remedy in preference to a first, if the first corresponds not with his

* A wash composed of one part of the chloride of soda, with five of water, is as good as can be used; the same may be injected up the urethra.

own (the patient's) notion, he believes he has applied to the wrong person. With this episode, I will now consider the next and certainly more frequent method I employ in the treatment of gonorrhœa.

The plan of injection, I must remind the reader, is only applicable in early and old cases. The recent cases, as I have before stated, are less frequently before the medical man than what we may call a "ripe" gonorrhœa. The old cases present also some difference as to the cause of their continuance, and require also some difference in their treatment, and they will be introduced under the chapter headed "Gleet."

The symptoms of a clap, fully developed, are severe scalding, voluminous discharge, painful erections, local inflammation, probably phymosis or paraphymosis, glandular swellings, and possibly swelled testicle.

But all cases of gonorrhœa are not ushered in with such severity; nor do many, if common cleanliness and quiet only be maintained, experience even the various accompaniments just described, and still fewer would if the following precautions and measures were used.

The plan just laid down, may be called the surgical treatment of Gonorrhœa: the following may be designated the *Medical*. This is divided into two methods—the one denominated the Antiphlogistic, the other the Specific. The *Antiphlogistic* is a term applied to medicines, plans of diet and other circumstances, that tend to oppose inflammation by a diminution of the activity of the *vital powers*, whereby the inflammation is subdued, and Nature rights herself again of her own accord. The *Specific* implies a reliance upon a particular remedy, which is supposed at once to set about curing the disease, as, for instance, by giving Bark in Ague—Colchicum in Rheumatism—Cubebs or Copaiba in Gonorrhœa.

Now, both these plans are successful in curing gonorrhœa; but the majority of medical men adopt the former method, inasmuch as although it but *quietly* conducts the case to a successful termination, still it *does so*, whereas the specific, in unskilful hands, is often productive of many annoyances, much delay, and not always a cure. In pursuance, however, of the intention of these pages, to submit a determinate plan of treatment, I select my own as the standard of what I would recommend to others, commenting upon it as I proceed; and accordingly, without further delay, I enter at once into its details.

In the first place, I take into consideration the appearance of the patient—if he be strong, robust, sanguine, or of full habit, and youthful—if it be his first attack, and if the symptoms be ushered in with any degree of severity, I invariably and rigidly (where I choose not the surgical) pursue the antiphlogistic course of treatment—if the case be in a person of phlegmatic temperament, of mature age, and the disease be but a repetition of the past, and there be no evidence of physical excitement, I fearlessly adopt the specific. Where, in the third

place, I encounter a patient with no very prominent peculiarity, nor with symptoms demanding extraordinarily active measures, experience has taught me the propriety of cautiously combining the two methods—a mild aperient had best always precede a tonic or a stimulant, in cases when there is a doubt of inflammation lurking in the system; and, recollecting the tendency our complicated organization has, when assailed by a distemper, to become irritable, it is always as important to know when to withhold a remedy as when to prescribe one.

The three following imaginary cases will serve as no inapt illustration of the principles laid down.

A. B. A man 26 years of age, five feet six inches in height, weighing eleven stone six pounds, of a full rounded form—florid complexion, of what is termed a sanguine temperament, and harnessed with the following symptoms—profuse discharge in large yellow clotted lumps of gonorrhœal virus—intolerable scalding on passing water—great pain at the rectum at the close of micturition—redness and swelling of the orifice of the glans penis, puffiness of the prepuce, a *vicious* chordee, inclination to head-ache, a bounding pulse—hot skin—and an anxious mind. Treatment:—say first Bleeding, then Purgings—Warm Bath—Saline Powders or Mixtures—cold lotions to the part—rest—abstinence—the following eve, symptoms will be less severe. Continue the powders, temperance and quiet. In a few days, the discharge will be lessened—the scalding mitigated, the chordee gone, and the fever exchanged for the cool skin of health. The resuscitative powers of nature await only the fillip of some gentle stimulant, and the sick man throws off his mantle for the coronal of health.

B. C. At 23, dark countenance—marked features—well developed muscular form—pulse 66—bilious temperament, accustomed to late hours, hard drinking, and seldom still, and *subject* to clap. Symptoms:—plenteous discharge with but little scalding, and no inconvenience beyond the suspension of ordinary sensualities—Treatment:

Cleanliness—cubebæ or copaiba—injections—a black draught, and half a dozen days' rest, release him from his quarantine.

C. D. At 19—a timid bashful youth for the first time infected with gonorrhœa, which he has enduringly borne for the last fortnight, having neglected until now to seek professional aid, although cajoled into the purchase, and imbibing of some popular “never-failing antidote” for a “certain disease.” Symptoms:—discharge *cured*? Right testicle swollen, and treble the size of the other, and excruciatingly painful—frequent desire to pass water—pain in the groin and back—general lassitude, and a feeling of illness all over. Treatment:—leeches—warm bath—bed—purgings—fever medicines—cold lotions—hot fomentations—low diet and patience—a month's imprisonment, and

a slow recovery. Had the treatment of the two first cases been reversed, the results would have been very different; and had the last sought timely and efficient aid, he would have been spared much that he endured.

However, to particularize the treatment for each symptom; to commence, I will request the reader to remember that on the first appearance of gonorrhœa, attended with an unusual inflammatory aspect, I practise, where permissible, venesection—if the case demand it not, at least there should be administered an aperient—let, therefore, a dose of opening medicine be taken immediately (Form 1).^{*} This is the first step towards reducing inflammatory action—the next should be directed towards allaying the local symptoms, by diminishing the nervous irritability of the urethric passage.

With this view, no plan surpasses that of bathing the penis in warm water, or immersing the entire body in a warm bath. The former should be repeated several times in the day; the latter, daily, or certainly on alternate days, so long as the severity lasts.

By these means, the parts will be preserved clean, and will derive benefit from the soothing influence of warmth; and, in many cases, this will be the means of averting chordee or swelled testicle.

Where, however, from peculiar circumstances, warm water and warm baths are not to be had, the penis should be bathed in *cold* water, or encircled with pledgets of rags or lint, moistened with cold goulard or rose-water. Warm, however, is to be preferred, although cold water seldom fails affording relief.

To lessen the acrimony of the urine, which keeps up the irritability, and somewhat to lower the system, all strong drinks, such as ale, beer, wine, and spirits, should be avoided, and milk, tea, barley-water, toast and water, linseed tea, gum arabic in solution, and other such mucilaginous diluting liquors taken instead. The diet should be lowered: in fact, a spare regimen should be adopted, not wholly abstaining from animal food, but partaking of it once only in the day, and carefully excluding all salted meats, rich dishes, soups, gravies, &c. The usual employment should be suspended, and rest should be taken as much as possible in a recumbent posture.

Of course the preceding remarks apply only to cases of severity; I mean such cases as first attacks ordinarily prove; and which remarks, if attended to, will greatly mitigate the violence of the disease.

To assist the foregoing treatment, the aperient medicine, which should be repeated, at least, on alternate days, until the inflammation is ameliorated, should be followed by some saline or demulcent medicine to allay the general

^{*} Form 1.

Four to six drachms of castor oil, the ordinary black draught, a dose of salts, or a dose of any family aperient pills.

disturbance. Several formulæ are suggested for that purpose, suitable to various temperaments and conditions—[*See annexed Formulæ.*]*

By these means, the disease, if not aggravated by intemperance of living, or otherwise, will gradually subside, and in the course of a fortnight, or three weeks, cease entirely, without the aid of any other remedy whatever.

But we need not rest satisfied with merely “showing” the disease through its stages—we can expedite it, and many of its steps we can skip over, and here it is we may call to our aid the specific method of treatment alluded to. This specific method consists of the suspension of a vitiated secretion, and a restoration of a healthy one. Now how this is effected we know not—we only know that it can be done; and experience has taught us that it may be done safer at one time than another. During the existence of a fevered state of the circulation, it would be highly impolitic suddenly to check a discharge from any surface, much less one situated like the mucous membrane of the urethra, in the immediate connexion, as it is, of important nerves and glandular structures—a metastasis of the inflammation will almost invariably ensue; and hence we account for swollen testicles, buboes, painful affections of the bladder, &c. Whereas, on the subsidence of inflammation, the revulsion is borne; and to our satisfaction, the disease disappears. A constitution in a state of excitement, is like a fretted child—it will have its “will” out, and the rod is not always the safest corrective.

On the subsidence, therefore, of the scalding, and a lessening of the general fever, the specific plan of treatment may be commenced. Upon the same principle that the surgical treatment is selected according to the symptoms, so also are the just-named preliminaries in many cases dispensable, and hence, as hereafter detailed, it will be found that the antiphlogistic and specific do not go always hand in hand.† However, to explain the latter:—

* Form 2.

The following mixture lessens the acrimony in making water, subdues irritability, and tends to diminish the discharge:—

Take of

Carbonate of potass . . . 1 drachm
Nitrate of ditto . . . 1 drachm
Mucilage of acacia . . . 5½ oz.
Hydrocyanic acid . . . 10 drops
Syrup of Tolu. . . . 2 drachms.

Mix. Take a table spoonful in a wine glassful of water twice daily.

Form 3.

Take of

Linseed Tea ½ pint
Spirits of Sweet Nitre . . 2 drachms
Battley's Sedative . . . 60 drops.

Mix. Take three table spoonful twice or thrice daily.

Form 4.

Where it is inconvenient for a patient to

carry a bottle about his person, the following electuary, combining the essential ingredients of the former two, may be substituted:—

Take of

Lenitive electuary . . . 2 oz.
Conserve of roses . . . 2 oz.
Strong mucilage of acacia . 2 oz.
Nitrate of potass . . . 2 drachms.

Mix. Dose—Two tea spoonful twice or thrice a day.

Form 5.

A good combination, that may be taken even in the inflammatory stage (but see cases).

Take of

Cubebs 2 oz.
Carbonate of magnesia . 1 drachm.

Mix. Dose—A dessert or table spoonful twice or thrice daily.

† It may possibly surprise the reader to learn, that among the array of drugs, chemicals, and compounds, that weigh

By specifics are meant those remedies that exert a positive curative effect on a particular disease, and the most prominent of those, in gonorrhœa, are copaiba and cubebs. Subjoined are some useful recipes of both.—Form 6, 7, 8, 9, 10, 11.*

down the shelves of our laboratories, there are scarcely half a dozen specific curatives that shall solely and unassistedly claim the merit of ridding humanity of its sickly troubles. We have observed that quinine is extolled for its enmity to ague, colchicum to rheumatism, mercury to syphilis, and, what must be consolatory to the pupil of pleasure, copaiba for gonorrhœa. It is of this last I have to speak. In the old play of "The Elixir of Love," the travelling quack lauds his medicine for its power and pleasantness; but in modern and real life the elixirs rarely possess but one cardinal property; they may be cleverly efficacious, but terribly nauseous, or palatable and good for nothing. Copaiba belongs to the first-named class; it has been before the public time out of mind as a specific for gonorrhœa, and no "*remedium salutarium*" has been submitted more to the furnace, mortar, or skill of the chemist, with a view to disguise or disengage its ill-flavour, than this. It is in itself, however, so horribly nauseous, and possesses such an acrid and oleaginous taste, that the palate revolts at its exhibition: in fact, few patients can, in its pure state, take a sufficiency to do themselves any service.

It has been by the aid of some absorbent powder formed into pills, the chief objection to which was the number necessary to be taken, the powder forming three-fourths of each pill. Another method was to extract the resin by heat, also to form pills; but, they were found inert, for in the process, the volatile oil, wherein the specific anti-gonorrhœal property resides, was evaporated, and hence the valueless nature of the residuum.

Balsam of copaiba has been administered in the form of emulsions, electuaries, drops, &c., and even taken in wine; but very rarely has it found favour in the palate of the patient, who will tell you he prefers bitters that exceed wormwood or gall, or sours surpassing verjuice, to the never to be forgotten infliction on his gustatory nerves.

The balsam of copaiba, from not being so capable as many medicines are of being tested by taste and appearance, is often adulterated. From analysis, it has been found mixed at the rate of forty or fifty per cent. with some kind of oil, perhaps linseed.

Pharmacoplists, nothing daunted, have proceeded with their experiments; and from the discovered tendency of the balsam to combine with alkalis, have produced at last a solution of the volatile oil and essential principle free from the resin, which not only

does not occasion the obnoxious results of the natural balsam, but, as repeated experience has amply shown, possesses a very increased specific effect in the disease under consideration.

The French have a very ingenious way of encasing balsam of copaiba in gelatinous capsules. They succeed in concealing the flavour, as the capsules, being tasteless and only the size of bolusses, can be swallowed; but it is not always the palate that resists the flavour of copaiba; it is the stomach also, and of course the same objections that are bestowed upon the pure balsam, apply to the capsules, though certainly in a less degree.

The preparation, the virtues of which the last several years' practice has fully confirmed, is one called the "Alkaline Solution of Copaiba;" it is prepared under my own immediate direction, and may, consequently, be depended upon for its genuineness and efficacy. There are other medicines that possess marked power in gonorrhœal and other similar diseases; for instance, the cubebs, or Java pepper, an agent of recent discovery, a valuable medicament—the various preparations of turpentine, lytta, iron, and other tonics and astringents; but they are all inferior to copaiba; and now, since by this last preparation all the former disagreeables are overcome—since the most fastidious stomach will retain the alkaline solution, it being now really of passable flavour and grateful tendency, there is scarcely any need of resorting to other medicines. The old twang is scarcely perceptible, being corrected by the addition of a due proportion of the choicest spices.

* Specific Remedies.

Form 6.

Take of the alkaline solution of copaiba a table spoonful three times a day in water.—Also

Form 7.

Take of

Balsam of copaiba . . .	1 oz.
Powder of cubebs . . .	$\frac{1}{2}$ oz.
Mucilage of acacia . . .	$6\frac{1}{2}$ oz.
Spirits of sweet nitre . . .	2 drachms
Battley's sedative . . .	30 drops.

Or,

Hydrocyanic acid (Scheele's strength) . . .	8 drops
Syrup of orange peel . .	2 drachms.

Mix. Dose—Two table spoonful, once or twice daily in water.

For instance, cubebs may be taken alone, in water, in doses of a tablespoonful twice or thrice daily. If cubebs produce no good effect in four or five days they had better be discontinued, and other means sought after.

These proceedings usually carry the disease to a close, and, if no adventitious circumstance occurs, successfully and speedily. It is well to deserve success; but it cannot be always commanded.

The business engagements of young men render it almost impossible for them to devote that care and attention, so importantly requisite; and few, consequently, will be found who will be fortunate enough to escape the usual concomitants of a gonorrhœa.

Where, therefore, the scalding or passing the urine is very severe, the pain may be mitigated by carefully injecting, previously to making water, either of the Formulæ No. 12 or No. 13 (*see note*) into the urethra.

The inflammation extends in general not more than two inches down that passage, so that much force is not required to inject the intended fluid, nor should an unnecessary quantity be used.

When the inflammation reaches the bladder—which is indicated by pain in that viscus and the perinœum, with a constant desire to pass water—the taking of a warm bath at a temperature of 100°, and remaining therein for a quarter of an hour, will afford essential relief.

When a chordee is attendant on a gonorrhœa, and the patient cannot sleep,

Form 8.
Turpentine Pills.

Take of Venice turpentine 1 drachm, form it into pills, by adding as much rhubarb as is necessary, and take two, three times a day.

Form 9.
Turpentine Mixture.

Take of

Venice turpentine 1 scruple
Mucilage of gum arabic . . 2 oz.
Emulsion of bitter almonds . 4 oz.
Syrup of orange peel . . . ½ oz.

Mix. Dose—Two table spoonsful three times a day. Sedatives may be conjoined with the above preparations if they produce too much action of the bowels. To the pills may be added one scruple of Dover's powder to the drachm of turpentine. To the mixture, thirty drops of laudanum.

Form 10.

Take of

Terebinthin chiœ 1 oz.
Extract of rhubarb 1½ drachm
Camphor 1 drachm.

Mix, and divide into pills of 5 grains each. Dose—Three, three times a day.

Form 11.

Take of

Cahio turpentine,

Balsam of copaiba,
Oil of amber, of each equal parts.

Mix, according to art. The Turpentine must be dissolved by warmth. The dose is 30 or 40 drops three or four times a day. This medicine is very nauseous, but very serviceable in long standing gleet and obstinate claps. The best way to remove the flavour left in the mouth after taking turpentine, copaiba, and other filthy medicines, is to chew a piece of gingerbread or cheese, or suck a lemon, or put some salt upon the tongue.

Form 12.

Injectons to diminish the Pain on making Water.

Take of

Rose-water. 3 oz.
Solution of the acetate of
morphine 2 drs.

Mix.

Form 13.

Take of

Goulard water 3 oz.
Mucilage 4 oz.
Solution of the acetate of
morphine 2 drs.

Mix.

the draught (Form 14)* may be taken on going to bed, or the powder (Form 15)† in some gruel. The embrocation (Form 16)‡ rubbed on the parts affected, however, will instantly remove both the pain and the spasmodic contraction, and not unfrequently prevent their recurrence. Care must be taken that the embrocation be only used for its specific purpose, and not swallowed by mistake, as it is poisonous.

In the event of the patient being obliged to follow his ordinary occupation or to go about, the use of a suspensory bandage will be found of great benefit; indeed it is indispensable, and the neglect of it has often brought on swelled testicle or most excruciating chordee.

By way of recapitulation, the treatment of gonorrhœa thus far consists—in severe cases, of bleeding—in ordinary ones, and in both, of warm bathing—local or general; where impracticable, cold—attention to diet—the taking of aperient, soothing, and astringent medicines—rest as much as possible, and the use of the suspensory bandage. These remarks are equally applicable, then, through every stage of this complaint that is accompanied by inflammation, and may be relied upon as the most effectual, to avert all the consequences I now proceed to detail.

The consideration of the symptoms here following, is not in the order in which they always occur; for swelled testicle may ensue without phymosis or paraphymosis preceding, or even being present; and the converse holds equally good with regard to every other.

The successful treatment of phymosis (that condition of the foreskin in which it cannot be drawn back over the glans) depends very much upon local management. Bathing the part frequently in warm water, the daily use of the warm bath, and the frequent injection, by means of a syringe, of warm milk and water, are generally all that is required to reduce phymosis; but where it is attended with much inflammation, where the glans is excoriated, probably by the discharge from the urethra accumulating between it and the prepuce, and thereby inducing irritation, bleeding is even sometimes necessary—the strictest antiphlogistic regimen should be preserved; and the treatment advised in the early stages of gonorrhœa scrupulously followed.

Sometimes the prepuce becomes so swollen as to assume an œdematous or dropsical appearance; in which case it may be scarified with a lancet, or

* Form 14.

Sedative Draught to be taken at bed-time when annoyed with Chordee.

Take of

Acetated liquor of ammonia $\frac{1}{2}$ oz.

Camphor julep 1 oz.

Solution of the acetate of } 20 to 25
morphine } drops.

Mix.

† Form 15.

Take of

Dover's Powder 12 grains

True James's Powder 5 grains.

Mix.

‡ Form 16.

Take of

Compound camphor liniment $\frac{1}{2}$ oz.

Laudanum $\frac{1}{2}$ oz.

Mix. To form a liniment.

several leeches applied. With the exception of concealing the state of the glans, phymosis is less dangerous than paraphymosis, and is most usually produced by the patient worrying the part, by frequently uncovering the glans to observe its condition. Where a discharge is perceived oozing from beneath the prepuce, which is not urethral, and the glans does not feel sore or tender, the injection (Form 17)* syringed up five or six times a day, will prove very efficacious in healing the ulceration.

Where there is an unnatural elongation of the prepuce, it will be constantly subject to phymosis, not only from gonorrhœal inflammation, but from the accumulation of the natural secretions of the part. In that case, cleanliness is the only remedy the patient can employ of himself. Occasionally it is necessary to have recourse to the surgeon's knife.

Paraphymosis is the opposite to phymosis, and usually arises in this way:—the orifice of the prepuce, being contracted by the inflammation, is drawn back for the purpose of washing or examination, and is allowed to remain, or, as frequently happens, it cannot be re-drawn. When this continues some time, considerable inflammation both of the glans and prepuce arises. The contracted orifice pressing more tightly, it will often happen that a sloughing of both it and the glans will take place; but this occurs only in consequence of neglect, or in constitutions injured by intemperance.

If seen and attended to early, this state may be removed very easily—the penis should be immersed in a basin of cold water, or sponged so as to cool it as much as possible, or it may be well oiled. In either case there will not be much difficulty in pressing up the glans and drawing the prepuce over it; but where adhesion has taken place, or ulceration exists, it will be harder to accomplish: the adhesions must be separated, or the stricture divided with the scalpel.

I need scarcely observe, that such an operation is out of the province of the non-professional person, who should lose no time in consulting his surgeon.

I omitted to mention in the description of the symptoms of gonorrhœa, that, occasionally, in very severe cases, a tumour forms in the perinœum, which, if neglected, proceeds to suppuration, and establishes a fistulous communication with the urethra. On the instant of such a swelling appearing, leeches, fomentations, and poultices, should be applied with a view to disperse it: but the management of such a case had better be entrusted to the surgeon.

Excoriation of the membrane of the glans or prepuce requires for its treat-

* Form 17.

Injection for the Ulceration of the Glans Penis.

Take of

Chloride of soda 1 oz.

Rose water 5 oz.

Mix.

ment frequent ablution with warm water until the redness and discharge somewhat diminish, when Form 17 may be resorted to and applied, if practicable, by a moistened layer of lint; but if accompanied by phymosis, the syringe must be used.

Warts, if not large, are easily removed, by brushing them with the muriated tincture of iron, or the application of a lotion of lunar caustic.*

Where they are numerous and large, and resist the remedies just recommended, the nitric acid is an excellent escharotic: it gives little or no pain, and is rarely productive of inflammation. The glans, if not naturally denuded (in which instance, by the way, warts seldom accrue), should be kept so for a time; and the nitric acid, after a few moments, washed off with cold water. Notwithstanding, excision is sometimes necessary to their complete removal.

When the organs of generation are infested by pediculi, or crab-lice, the most efficacious and agreeable remedy is the sulphur bath; one bath generally effecting an extinction of every one of them, even though they be all over the body.

Some recommend shaving the hair off the pubis, the locality in which the vermin are most usually engendered, and applying blue ointment or the black wash. Such a practice is seldom ineffectual, but the irritation attendant upon the re-production of hair is absolutely intolerable. The hair need not be removed, as the above remedies will be all-sufficient without it. Rubbing the parts well with strong mercurial (or blue) ointment, or the black wash,† or even powdering them with calomel, will at once destroy the insects, and thereby remove the itching.

Swelled testicle, or *hernia humoralis*, more especially that proceeding from gonorrhœal irritation, is ushered in and discovered in the following manner.

The patient, on some sudden movement of the body, experiences a pain, darting from one of the *testes* (both being rarely affected at the same time) to the loins—the left testicle is the one generally attacked. On examination, he finds that the testicle is rather swollen and full, and very painful on being handled; the swelling quickly increases and becomes hard, which hardness extends to the spermatic chord, presenting the feel of a rope, passing from the scrotum to the groin.

It is remarkable that when swelled testicle occurs, the discharge from the urethra, which, from previously being very profuse, and the scalding on making water, which was very severe, both suddenly diminish, or cease entirely, until the inflammation of the *testis* declines; hence, it has been supposed by some, that the disease is translated from the urethra to the testicle.

* Form 18.

Take of
Nitrate of silver . . . 1 scruple.
Distilled water . . . 1 oz.
Mix.

† Form 19.

Take of
Calomel $\frac{1}{2}$ drachm.
Lime water 4 oz.
Mix.

It is more probably, however, derived from the sympathy between the two ; the irritation of the one affecting the other, and the preponderance of inflammation in the testicle acting on the principle of counter-irritation to the urethra, and, for a time, thereby lessening the disease in it : for it is observed, that, as soon as one improves, the disease returns in the other. The treatment of *hernia humoralis* must be strictly antiphlogistic. In no form of gonorrhœal disease is bleeding more absolutely necessary.

The timely and prompt loss of twelve or sixteen ounces of blood from the arm will often cut short the complaint, and render other remedies almost unnecessary—while the shilly-shally delay, under the vain hope of the inflammation subsiding, will allow the disease to make rapid progress, and impose a necessity of several weeks rest and absence from business, before a cure can be effected.

Immediately, then, on the occurrence of swelled testicle, I would recommend the patient to be bled—to take some aperient medicine, and, if the inflammation continues, to apply from twelve to eighteen leeches, and afterwards suffer the wounds to bleed for twenty minutes in a warm bath ; to retire to bed or to the sofa, and to maintain a horizontal posture. If he be strong, young, and robust, an emetic may be given previous to the aperient,* which has been known to remove the swelling almost instantaneously.

Iodine also possesses a similar specific property in reducing swelled testicle, and may be taken during the inflammatory stage after bleeding and aperients,† as may likewise the chlorate or hydriodate of potass.‡

With regard to local applications, the repeated employment of leeches, fomentations, and poultices, with the frequent use of the warm bath, and, above all, keeping the testicle constantly supported by means of a bag, truss, or suspensory bandage, will subdue the disease in a very short time, without impairing the functions of the important organ concerned.

A hardness, however, of the *epididymis* commonly remains and continues during life, but rarely gives rise to any inconvenience.

Almost every case of inflamed testicle will terminate favourably by strictly pursuing the plan proposed ; but when, from any untoward circumstance, the inflammation proceeds to suppuration, the case must be treated like one of

* Form 20.

Emetic Powder.

Take of

Ipecacuanha powder . . . 1 scruple.
Emetic tartar . . . 1 grain.

Mix.—To be taken in a glass full of warm water, and repeated in twenty minutes, if it do not produce vomiting.

† Form 21.

Iodine.

Take of tincture of iodine twenty drops twice or thrice a day in a little water.

‡ Form 22.

Take of

Hydriodate of potass . . . $\frac{1}{2}$ drachm.
Mucilage of acacia . . . $\frac{1}{2}$ oz.
Camphor julep . . . 5½ oz.

Mix. Dose—three table-spoonfuls three times a day.

common abscess, in which event professional aid should be sought for without delay.

Other diseases of the testicle will be treated upon under a specific head.

To return to the treatment of Gonorrhœa :—On the abatement of all or any of the enumerated symptoms, such as the diminution of the scalding upon making water ; the subsidence of chordee, the escape from, or cure of, swelled testicle—phymosis and paraphymosis, warts, crabs, excoriations, &c. ; the discharge may still continue, though thicker in consistence, and deeper in colour : and it is at this period, which I will call chronic gonorrhœa, when all inflammatory symptoms have left, that stimulants may be judiciously given : but it must be borne in mind that relapses often occur from imprudence : and this chronic form requires as much attention as the acute or early stage. (See *article Gleet*.)

The diet must still be temperate. If the person has been daily used to wine and other stimuli, he may partake *moderately* of them ; but the most trifling excess will be found hurtful.

The reader is now presented with a series of cases, illustrative of the preceding suggestions. They will be found varied, inasmuch as they are intended to exhibit the various forms under which the affliction shews itself, and the temperaments and constitutions it attacks.

In the selection, names, dates, and residences have been omitted, the author preferring to rest his claims of confidence upon his own responsibility as a qualified practitioner, not wholly unknown, and certainly not of a few years' standing in his profession, rather than upon such particularization as might be construed by parties, patients, or their friends, into a breach of trust or unnecessary publicity.

CASE I.

GONORRHŒA.

A young man in the employ of the excise office, contracted a gonorrhœa, and on application to me presented the following symptoms:—A thick yellow purulent discharge from the urethra, and a pain on passing water ; the lips of the urethra were red and swollen, and appeared, according to his sensations, to be the chief seat of pain when urinating. He dated his disease about nine days' previously, and he considered that he had been daily getting worse ; the last night he had a painful erection, and an involuntary seminal emission.

Treatment.—Advised him to procure a scrotal truss or suspensory bandage, to take a dose of Form 1., and afterwards, on the bowels being relieved, to take Form 2. as directed.

Three days from this period, I saw him again : the pain had diminished on micturition ; but the discharge continued, and the glans, together with the prepuce, appeared much swollen. There was considerable tenderness on attempting to draw the latter back, which was not persevered in ; although, from the profuseness of the discharge, there must have been a line of excori-

ation around the glans. An injection of warm poppy fomentation was directed to be thrown by means of a syringe, between the glans and prepuce several times a-day, and if the swelling did not increase, a few grains of powdered alum to be added to it after the third or fourth application. The mixture to be continued, and an occasional dose of castor oil. In four days all the symptoms had much diminished, the pain on passing urine had nearly ceased, the discharge had lessened, the swelling had wholly subsided, and the prepuce could be everted, when it was discovered that there had been several spots of excoriation, and there remained still one or two not yet entirely healed. The chordee had not occurred every night, nor was it so severe as at first. The following pills were then ordered, as he was averse to "nauseous medicine," having usually a very sick stomach, but one that could retain pills.

Take of

Balsam of Copaiba and
Magnesia of each

equal parts to form a pill, four of them to be taken three times a day; continue the fomentation.

I saw no more of him for a fortnight, when he told me he was quite well, having discontinued the pills this day, and desiring to know if more were requisite. Of course, such inquiry was negatived, and it was satisfactory to him and myself that he had encountered and combated the disease so well, more especially as his avocation kept him employed on foot all the day, and he was exposed to the temptation of tippling, common to men of his class of life, and which I had reason to believe he did not altogether resist; the excoriation had healed under the use of an alum and poppy fomentation, and the pills were effectual in arresting the discharge from the urethra. Balsamic medicines produce different effects on different individuals; some cannot bear them at all, whilst to others they produce almost an instant curative effect. It would be difficult to distinguish the *nolens* and *volens* property of the stomach by any general rule; but the use or disuse of such medicine must depend upon circumstances that can only be ascertained by a reference to the several habits, temperaments, &c. of the parties invalidated.

CASE II.

GONORRHOEA CURED BY THE ALKALINE SOLUTION OF COPAIBA.

A young man, a compositor by occupation, contracted a clap. There were the usual symptoms present—discharge of thick yellow matter from the urethra, with scalding heat on making water. This patient took the alkaline solution for the space of nine or ten days, in doses of from one to

two table-spoonsful in water, night and morning; and at the end of the time mentioned he was quite well. He took possibly three doses of aperient medicine at intervals of three or four days—it was his first attack. He encountered slight chordee, but had no other unpleasant attendant.

CASE III.

GONORRHOEA CURED BY THE ALKALINE SOLUTION OF COPAIBA.

The following is a brief history of a case speedily and successfully cured by the above means. The patient was about thirty-four years of age, of fair

complexion and feeble habit. On his application to me, he stated that he had for the past fortnight been suffering under gonorrhœa. He had experienced some inflammatory symptoms, but he had subdued them by salines and aperients. The discharge was copious, of a greenish yellow, and the pain at night, during erection, was terrific. He had fallen considerably away, and he felt generally very weak. I advised him to discontinue all aperients; and prescribed for him the following combination of cubebs, soda, &c., thus:—Take of

Cubebs powder . . . 2 oz.
Carbonate of soda . . . 2 drachms.
Powder of cinchona bark $\frac{1}{2}$ oz.

Mix—dose, a dessert-spoonful every morning at eleven o'clock, to be taken in water; and I advised him also to take a table-spoonful of the alkaline solution every night and morning. In all cases marked by prostration of strength, where the discharge is greenish, where the urine is scanty, as it was with him, and where symptoms

of indigestion are also present, I give the cubebs and soda; they constitute a grateful stomachic and antacid, and qualify the stomach for the copaiba, and at the same time promote and facilitate the flow of urine. I recommended him also to immerse himself in a warm bath every second or third evening. The case went on very satisfactorily, with very little alteration in the remedies, except having occasion now and then to correct the operation of the copaiba, which sometimes purges where there is any stomachic or intestinal derangement. An astringent powder, or five drops of laudanum, after or with each dose of the solution, fully counteracts the disagreement alluded to. The warm bath is also a great help in all cases of urinary irritation: independently of its soothing properties, its action on the skin and secretions generally tends to facilitate the cure. At the end of a fortnight, the only symptom left was a slight watery weeping from the urethra. A mild zinc injection effectually removed it in half-a-dozen applications.

CASE IV.

TREATMENT OF INFLAMMATORY GONORRHOEA.

A patient, during a brief continental trip, became afflicted with gonorrhœa. Relying upon what he supposed the security of the French regulations, which enjoin that the “*dames des plaisirs*” shall undergo frequent medical surveillance, and the sickly be removed from the exercise of their occupation, he indulged indiscriminately in sexual intercourse, and was no less surprised than mortified, at finding that they do not always manage these things better in France. The disease was, on the day of his interview with me, of three weeks' existence. Symptoms: profuse discharge, phymosis, with supposed excoriations on the glans, chordee, painful swellings in the

groins, much fever, and great depression of spirits. He had attempted his own cure, had purged and “physicked” himself, and also taken the copaiba, that “sickened his heart,” despite all which, the disease advanced.

Now here was an instance where some preliminaries were necessary, previously to exhibiting the copaiba. There was general fever and irritation; and the administration of stimuli would readily have provoked a swelling of the testicle, or some affection of the bladder.

My treatment consisted of abstracting ten ounces of blood from the arm; prescribing aperient and saline medicine, low diet, prohibiting wine, spirits,

malt liquor, salted food, &c., advising frequent warm bathing, local and general, and on the subsidence of the inflammatory symptoms, full and frequent doses of the *Liquor copaibæ alkalinus*. At the end of about ten days a slight discharge only remained, which assumed a gleet character, and which, when the disease puts on unusual severity, is generally the consequence.

A mild injection of six grains of the sulphate of zinc in an equal number of ounces of rose water, thrown up twice

or thrice daily, soon removed it. The dose of the copaiba, in this instance, was carried to two table-spoonsful every six hours, and it produced not the slightest nausea, which the other form that he took, self-advised (its pure state, I believe), created in an unbearable degree; the only disagreeable effect of the *Liq. cop. alk.* is a pungent warmth felt in the fauces and throat, but which may be avoided by increasing the quantity of water.

CASE V.

GONORRHŒA.

From an unusual number of cases that have fallen within my care of late, and in which I tried the *Liq. copaib. alk.* most extensively, and almost always with the like successful result, I abstract the two following, which I consider will be enough to satisfy all reasonable beings that this *Liq. copaib. alk.* is a remedy of the greatest utility, and that it constitutes a vast improvement upon the former modes of administering the balsam. Although gonorrhœal cases bear a great resemblance to each other, yet the treatment must be guided, to be fortunate and efficacious, by the temperament or constitution of the patient; but to detail all the varieties and circumstances of every possible case, would form a volume instead of a chapter. The few cases here given may serve as the type of as many hundred, and the patient will perceive that although the *Liq. copaib. alk.* is a favourite agent with me, I administer it not without caution, nor with inattention to inflammatory symptoms; which I take care always to subdue, if there be any, before I prescribe a single drop, especially if the invalid has a bounding pulse, a fevered skin, or much local functional derangement.

A gentleman, apparently forty years

of age, of phlegmatic aspect, who had passed the better part of his life in a central part of India, and had returned no wise improved in health, contracted a clap. Although there was much excitement going on in his system, being mentally chagrined at the circumstance, and feeble in health; yet, independently of this, he feared to submit to active measures, and was particularly averse to blood-letting, and so forth: so I determined to venture on the administration of the solution, commencing cautiously with small doses, and to leave the complaint to combat with no other remedy than an occasional tepid bath. The result of this case increased my favourable opinion of the preparation. After the lapse of twenty-four hours, I found him considerably relieved, the discharge from the urethra was unprecedentedly mitigated, and at the end of three days had entirely left. I advised his continuing the solution for a week, and no recurrence of the complaint took place. In this instance, the medicine acted both as a tonic and astringent, and it is often found in lax habits, with no inflammatory tendency, such remedies may with impunity and advantage be exhibited, although to an indifferent observer the symptoms may contra-

indicate the propriety of their exhibition. Although thus far, these cases are eulogistic of an easy and frequently successful treatment, I cannot too often urge, that I by no means desire to create a disregard for professional interference, which surely offers an

advantage over self-management, especially when the aid sought be that of one whom observation and practice have taught, and hard labour perfected in the proper exercise of his laborious and too frequently ill-paid occupation.

CASE VI.

GONORRHOEA.

A gentleman's servant called on me the early part of September, and discovered to me a severe gonorrhœal flow from the orificium urethræ: he had accompanied his master on the first day of the sporting season as far as Exeter, and had been exposed for several days subsequently to great fatigue, labouring all the while under the disease. There was much pain on micturition, also considerable heat about the rectum on discharging the fœces; the groins were tender, and he had much fever. I prescribed a full dose (three-quarters of an ounce) of castor oil; and a saline powder, to be taken after the operation of the cathartic every six hours. I urged the necessity of rest and abstemious diet with local warm fomentation. On his next visit I found all the symptoms much aggravated. He had been obliged to accompany his master on horseback a distance from town; on his return, he discovered one of his testicles to be swollen and exceedingly painful. There was, besides a difficulty in voiding urine, a constant desire so to do, and the discharge was scanty, which is the case on the occurrence of swollen testicle. It was here imperative that he should obtain permission to rest in bed for a few days; his master being a considerate man, readily assented, and my patient underwent the necessary treatment. I bled him, gave him calomel and jalap combined

for a purgative, indispensable in such cases, and applied leeches to the scrotum; after which warm fomentations, and subsequently cold lotions. I placed him on milk and farinaceous diet; and at the end of a few days he was in a fit state to commence the copaiba. This young man was under my care a fortnight, during which period his disease passed from the severest form to a state of entirely recovered health. The effect of the copaibic solution, on the yielding of the inflammatory symptoms, was surprising. The discharge, which of course returned in abundance as the swelling of the testicle went down, as speedily disappeared after the fourth or fifth dose of the solution; and my patient, as well as his master, expressed themselves much gratified at the rapid convalescence.

From this limited exposition of cases, it might be conjectured, as it is also really believed, that gonorrhœa in this large town was on the decline. Such, however, is not the case: it exists as much as ever, extends as much as ever, and from the very same causes. I have before stated the difficulty the female patients have in getting cured: some attention, it will readily be allowed, is necessary: some suspension from physical occupation, and surely from sexual intercourse, is necessary; but how are the poor creatures to support themselves during the interval? It is well known they are

the least provident of all classes of living mortals, and consequently, the least able to encounter sickness or mis-

fortune. They hurry through a spring and summer of sunshine to an autumn and winter of dreariness and desolation.

CASE VII.

GONORRHŒA IN WHICH THE STOMACH REJECTED BALSAMIC MEDICINES.

A case similar to the last, only occurring in a younger man, was the subject for treatment. The inflammatory symptoms had subsided, and a mixture containing copaiba was prescribed. The first dose induced severe vomiting, with frequent desire to pass water; the second, violent purging. The copaiba was combined with opium and given in another form; the stomach again rejected it: indeed the very smell occasioned sickness. A day was suffered to elapse: in the meantime, a purgative was taken to remove any vitiated secretion in the stomach consequent upon the late irritation, and the following day copaiba in pills was ordered. It was in vain: they shared the same fate; they were rejected, and all further attempt to administer the balsam was abandoned. The only reason why it was persisted in so long was owing to the urgent

request of the patient, who pinned his faith on the knowledge that it had cured others. The symptom for which it was ordered, was a continuation of the discharge, but unattended by scalding, chordee, or any other local irritation.

The following mixture was substituted with a view to restore the tone of the stomach and strengthen the system:—

Take of

Compound extract of sarsaparilla 1 ounce.
Lime water 1 pint.

To be mixed, and a wine-glass full to be taken twice or thrice a day.

An injection of six grains of sulphate of zinc and half a pint of rose-water was directed to be used in conjunction; and at the expiration of ten or twelve days, the patient was convalescent.

CASE VIII.

SEVERE GONORRHŒA.

— ætat. 25.—A gentleman of sanguine temperament, applied July 3rd, 18—, for the cure of gonorrhœa. The following symptoms were present: copious purulent discharge, intense pain in passing water, succeeded by a sensation of aching around the root of the penis, severe chordee at night, cloudy deposition of the urine within ten minutes of its being voided; the disease he stated to be of about

six days' duration, and from its being the first attack of the kind he had ever experienced, he was loth to consult any medical man, and had taken simply aperient medicines; the symptoms, however, increasing, he became alarmed, and a friend recommended him to apply to me. From the severity of the *ardor urinæ*, the profuseness of the discharge, the diffused and irksome pain around the inguinal space,

and the presence of a full and throbbing pulse, all indicating a high state of inflammation, I advised the loss of blood from the arm, to which he consented; and I abstracted nearly twenty ounces. This occasioned vomiting and syncope. Upon recovering, he took a pill of two grains of calomel with a quarter of a grain of emetic tartar, followed by a nitrous powder. In the evening the same was repeated, and directions were given that on the following day the same should be continued, morning, noon and night; and, in case of need, the bowels to be opened by a dose of castor oil, which was taken with effect.

July 5th. — *Ardor urinæ* a little abated, also the chordee; discharge continues immense, drop succeeding drop, that, without exaggeration, it may be calculated to amount to the enormous quantity of two to three ounces, in the day time only. Conceiving it possible that an abscess might exist in the neighbouring part, in communication with the urethra, whence the discharge might proceed, a careful examination was made without detecting the least tenderness or tumour. Upon questioning the patient whether he was subject to any peculiarities of health, it was discovered that about this time every year he became subject to a cutaneous disorder (psoriasis) that generally hung about him for two or three months, and which, this summer, he had as yet escaped. We know very well that many persons are subject to periodical complaints, which are only averted by some circumstance

that shall produce a change in the constitution. It is very probable that the peculiar excitement usually induced at this season of the year, in the case of this gentleman, was not to be suppressed, but was diverted in its consequences from the skin to the urethra; the disease of the latter, however, being insufficient in itself wholly to counteract the affection of the former. Satisfied so far, I conceived it prudent to treat the case as though the cuticular disease were present, and, directing him to continue the same regimen and quiet as I considered necessary to the cure of gonorrhœal affections, I prescribed the arsenical solution with equal parts of compound tincture of cinnamon to be taken in doses of thirty drops twice or thrice a day; the bowels to be kept open by an aperient every night. To the satisfaction of myself, and no less to that of my patient, within six days the discharge had diminished to a few drops per diem, the scalding was not worth consideration, and the chordee very much abated. In addition to continuing the arsenical solution, I advised him to employ an injection, and to turn into a vapour bath at least once a week; and as frequently as he chose into a warm bath. At the expiration of a month, my patient was quite recovered, he having gradually improved his diet and relinquished his medicines; and to this period, the latter end of August, not a spot or blemish of the hitherto annual visitor has manifested itself; and I should not be surprised if it be found wholly eradicated.

CASE IX.

EXCORIATION AND WARTS OF THE PENIS, WITH SYMPATHETIC BUBO.

A young man aged nineteen years, following a sedentary occupation, of a thin and unhealthy look, became a patient of mine for the cure of an ex-

tensive sore around the glans, and which gave forth a profuse discharge. He said that the sore commenced with a sense of itching and redness of the

part, when in a few days the skin came off, and a quantity of yellow discharge accumulated: he feared he had contracted syphilis. I ordered the penis to be well washed in warm water, and upon everting the prepuce, discovered a line of abrasion of the corona glandis, and here and there a crop of warts springing, as it were, like little red pointed islands, from the excoriated surface underneath. I ordered a brisk dose of purgative medicine, consisting of

Calomel Five grains

Jalap One scruple,

to be taken directly, and the diseased part to be well washed with Form 17, the warts to be touched with the nitrate

of silver. Upon examining the groin, I found the glands in the left side very much swollen, but not painful, and which he informed me had fallen into that state several weeks back; the tumor was hard, but moveable. I attributed his complaint to a want of personal cleanliness, and general bad state of health. The excoriations soon healed with the use of the lotion, and the warts disappeared after two or three applications of the caustic. A course of warm bathing reduced the swelling in the groin, and at the expiration of a few weeks, his health, by the aid of a little alterative and tonic medicine, and dietetic regulation, was perfectly re-established.

CASE X.

GONORRHOEA SUCCEEDED BY PHYMOSIS, AND SLOUGHING OF THE PREPUCE.

Cases like the following result only from neglect at the commencement of the disease. The patient, in the first instance, probably is affected with clap, accompanied with sores or excoriations of the prepuce. From the pain occasioned by attempting to draw back the prepuce, it is suffered to remain, and the extent of the mischief is consequently unobserved; and if the patient be not under the care of some medical man, but should continue his daily pursuits, and partake of his ordinary stimuli, the inflammation rapidly extends, and only attracts his notice when the part, from its depending position, becomes enormously swollen and painful. Such was the situation of the patient whose case I am now about to narrate.

A——C——, ætat 21, a young man occupied in the city, stated that he had been affected with gonorrhœa about a fortnight; that a few days after its commencement, the penis be-

came very red, swollen and painful, at the same time he felt very feverish. In the course of twenty-four hours from that time, a dark spot made its appearance in the integuments of the penis, and gradually extended round it. A small opening had formed through the slough, through which the urine flowed, independently of which there was considerable hæmorrhage. Of course, rest in this instance was indispensable, and I advised him to keep his bed. I enlarged the opening of the prepuce, to disengage the glans, and directed the penis to be enveloped in lint, dipped in equal parts of turpentine and oil, moderately warm, and to be frequently repeated. His pulse was very quick, his skin was hot, and his tongue furred. I prescribed saline medicines and middle diet. In a few days a great portion of the prepuce had entirely sloughed or mortified off, leaving the glans denuded and free from disease, except one spot of ulceration, the size

of a small wafer, the surface of which was covered with a yellowish matter: the constitutional symptoms were, however, relieved. The turpentine and oil were ordered to be continued until the sore presented a healthier aspect. In two days the ulcer assumed a granulating appearance, the edges having been touched with nitric acid, and a linseed poultice applied. The sulphate of quinine in the decoction of bark, was prescribed to be taken, to

the extent of three grains of the former to one and a half ounces of the latter, three times a day. Until the expiration of a month from his first application to me, the healing process of the ulcer went on without interruption. The other symptoms of discharge and chordee yielded to general treatment; and I had the satisfaction of seeing him return to his occupation perfectly cured.

CASE XI.

GONORRHŒA CURED BY INJECTIONS.

The following case, although somewhat similar to the former ones, will probably be read with interest.

There are many cases of gonorrhœa that circumstances shall render an immediate cure of the utmost importance, and the patient will not hesitate to encounter any treatment that may hold out a chance of success; nay, many there are, who, if their medical advisers will not attempt to effect such a desideratum for them, will incur the responsibility themselves. The speediest method of accomplishing this end is, by direct topical application; but the practice is not sufficiently established to warrant general adoption. It should be submitted to the patient, whether it is not more politic to abide by a plan tested by experience, at the expense of a few days' delay, than to employ a mode of cure by no means so infallibly certain in its result.

Still there are many advocates in the profession even, who entertain great confidence in the treatment of gonorrhœa by injections, and who fearlessly, and often successfully, adopt it; and, as there are no doubt also many patients who, from some pressing emergency, would gladly entertain a similar

faith, and who might consider an aggravation of the disease even worth hazarding, to spare a disclosure that would entail much—very much—unpleasantness; it will at least be charitable to prove that such a plan of treatment is not altogether unwarrantable, and that, if conducted timely and judiciously, it is sometimes as safe as it is expeditious.

The defence set up for such practice is as follows: the primary evidence of gonorrhœa is an increased and altered flow of the secretion common to the membranous lining of the urethra. This secretion is attributable to an altered quality of the circulation of the part, and the condition of the vessels secreting it, occasioned, we are to presume, by the absorbing action of the venereal poison. It is also of an irritative nature, and flowing over a surface naturally, but now rendered morbidly sensitive, by the inflammation its very presence occasions; the disease advances, and speedily, if not arrested, involves the neighbouring structures, and those in sympathetic communication with them. If, therefore, at the very first blush of the disease, any means could be adopted that might

arrest the specific inflammation existing, although by such means another species, but one less obnoxious, should be established, the infectious properties at least of the gonorrhœal discharge, and its consequences, might be averted. In inflammation of mucous surfaces, confined to the capillary circulation, the peculiar character of which inflammation is to diffuse itself, as in ophthalmia or sore throat, the application of any styptic, or the adoption of any means that shall constrict and lessen the calibre and excitability of the minute vessels, will oftentimes, not only arrest all further progress of the diseased action, but cure that already made. Of the success that has attended the application of the nitrate of silver, both in substance and solution, to diseased surfaces, we have ample evidence; our medical journals abounding in such details; and, as the analogy between gonorrhœa and ophthalmic and other surfacial disorders is not so very remote, the textures they abide in being membranous, and their property not very dissimilar, it needs not a great stretch of conjecture to suppose that what would be successful in one case, might also be so in another. At all events, the experiment was worthy a trial: that trial has been repeatedly made; and when seasonably and carefully, the result has fully realized the anticipations. The time that may elapse between an infectious intercourse and the first appearance of its consequences, varies according to the severity of the disease, and the idiosyncrasy of the patient. Some individuals are so susceptible of infection, that the disease will show itself the day following the connection. John Hunter relates the case of a gentleman in whom, however, six weeks transpired. The subject of the present case had the first symptoms, namely, the discharge and scalding, the third day after cohabitation. He was most pressing for an immediate attempt at cure. It was of the utmost

importance to him that he should be well within a very limited and stated period. He would submit to any process, however severe, swallow any medicine, however nauseous — in fact, commit any sacrifice, so that it would rid him of the disease within the time prescribed. It were wasting words to point out the safer plan, and wasting time to delay the treatment that held out a chance of his object being obtained. Ten grains of the nitrate of silver were dissolved in one ounce of distilled water, and a small syringe-full injected, as far as the membranous part of the urethra, although the disease appeared limited to within two inches from the orifice of the glans. The operation gave no pain until the solution was rejected, when a smartish burning sensation was felt along the whole course of the canal; this continued for probably an hour, when a feeling of soreness alone remained, but which was very sensibly increased on attempting to pass water, which he found it necessary to do in the course of the evening. No medicine was given, but fluids were prohibited, lest they should excite the action of the kidneys, and promote micturition, and thereby irritate the urethra. The following morning the discharge had disappeared, although a few drops had passed during the night. The urethra was still tender, and pain was felt on micturition. Towards the evening a few more drops of the discharge appeared, and the soreness had subsided, when the injection was again repeated. The same effects followed the application as the last, with the addition of pain around the root of the penis, and frequent disposition to urinate. A powder containing 15 grains of Dover's powder was prescribed to be taken at bed time, and an aperient the following morning; the next day all trace of the disease had left, nor was there any return, a month having elapsed since the occurrence of the case, and its entry in my note-book.

In extensive practice such instances are often to be met with, and pleas of justification are no doubt to be found for the experiment, for experiment it is, and one that sometimes meets with a failure; when the case is rendered doubly severe, and protracted at the mental, physical, and pecuniary cost of the sufferer. In chronic gonorrhœa, in gleet, in other discharges, injections are indispensable, but there the virulence of the inflammation is abated. In incipient gonorrhœa, the difference

is, that the inflammation is not present—it is in ambush, and if roused, but not driven from the field, it awaits the opportunity, and rushes upon its foe with unmanageable fury. Injections are like edged tools—dangerous instruments in the hands of the unskilful.

[*This case appeared in one of the earlier editions of the "Green Book," before confidence was established in the use of injections, as narrated in the preceding pages of this work.*]

CASE XII.

GONORRHŒA CURED BY CUBEBS.

Probably the only general rule that should regulate us in the treatment of gonorrhœa, or, in fact, any other disease, should be founded on the temperaments of the human body. It is well known that we all differ in *habit*, or *constitution*, or *temperaments* (synonymous terms, according to general acceptation) as we do in stature and physiognomy; and it is the attainment of the knowledge wherein the difference of these temperaments exists, and of its adaption, that distinguishes the practice of medicine as a science. Take, for instance, fever:—An invalid of a sanguine and bilious temperament, suffering under fever, would bear depletion even to exhaustion, and rally again; whereas, a nervously excited creature, afflicted with the same disorder, would need restoratives, cordials, and even stimulants, lest the feeble powers of the prostrate sufferer should sink without re-action. Again, stimulants in another case would induce fever, and a fourth would bear them with impunity. So it is with cubebs, copaiba, and the therapeutic et cetera of the doctor's list of the curative agents in gonorrhœa. It is the apt and fit time of their administration

that establishes their value. It is their incautious and indiscriminate exhibition that renders their influence nugatory or hurtful. Several cases of gonorrhœa have been related, where the stimulative plan was adopted during the inflammatory stage of the complaint, whereby the cure was protracted to an almost indefinite period; and gleets and general debility were the result. There remain, however, some exceptions to be told, and the recorded cases in our medical journals attest such to be of frequent occurrence.

A young man under thirty years of age, who had passed much of his time at sea, who had encountered many vicissitudes and was inured to every hardship, and, withal, was of a phlegmatic temperament—one whom nobody could conciliate, excite or intimidate, so far lost hold of the reins of his own government, that one night, under the influence of an evening's "hard drinking," he wandered he knew not whither, nor any one else knew where; but on being sobered down, the following day but one, he found himself rewarded with a most pestilential clap. He became a patient

of mine; but as for physic, he was obdurate, obstinate, and impenetrable in his resolution—he would take none—he would weather the complaint through, and he was sure he should right himself. This was poor philosophy; but it was his. Argument may do much, persuasion may do more: if he abhorred physic, he need not reject common sense. The celebrated John Hunter's opinion was, that gonorrhœa would exhaust itself, and the patient would be well in six or seven weeks, (but I would venture to say my patient never even heard of him); the *vis medicatrix naturæ* should at all times command our respect, but it is not always infallible against the aggression and ultimate triumph of disease. To rely too confidently upon such a shield of defence is not common sense, and he who slinks behind it, may and should be told that it is not impenetrable. This is a long introduction to my case; but, as there are many such patients, the observations are at their service.

To resume—I tried the persuasive tack. I submitted cubebs to the ordeal of his palate; they were less objectionable than he could have supposed, the only remaining difficulty was the quantity—three drachms three times a day. (It is sheer folly—it is worse, it is puerility—to prefer the endurance of disease to the taste of medicine.) I persuaded him to the undertaking; on the third day, the dose was increased to half an ounce. The disease was at its height—profuse discharge, severe local pain, a most uncompromising chordee, but all unattended with fever, or even an accelerated pulse. My patient enacted the hero—he took twenty-one ounces of powdered cubebs in thirteen days, at the expiration of which every symptom, every trace of the malady had disappeared. As warm bathing was not physic, and as each bath afforded great comfort, topical and general, he did

not omit a single day taking one; and this circumstance contributed not a little to his fortunate and speedy recovery. I have no doubt but that I could fill a volume, if I could call to memory the instances wherein I have known a similar plan of treatment successful, without the aid of a single dose of purgative medicine, or the occurrence of any untoward symptom during the progress, existence, and cure of the disease.

In country practice, in particular, balsam of copaiba and spirits of sweet nitre are registered among the archives, and constitute the heir-loom of every village reprobate, as a panacea for the “bad disorder.”

In my days of initiation into the “mysteries and art” of Galenicals, a period that I look back upon at this moment with feelings of pleasant regret, from the reminiscent association of kindness, attention, and friendly feeling I received from him (my instructor) and those of (his family) under whose roof I passed seven brief years, and where much in the way of practice was to be seen, probably unequalled in the present day (within the same compass), arising from an extensive general connection, the attendance upon several parishes, and a county gaol,—I well remember the unshorn and unwashed villager bringing his phial for his pennyworth of “pivy” and “sweet nitre,” a purchase or two of such effecting his cure; for no man could be ill, and absent from his team or his employ, without its transpiring to his discomfiture, and, of course, the secrets of the prison-house being unbosomed to his Æsculapian confessor. But withal this, with the very many successful instances which have fallen within my own observation and that of many others, of gonorrhœa yielding to this empyrical mode of treatment, too many are indelibly engraven in the history of events on the other side of the question, far out-

numbering the successful, wherein such treatment has been attended with the most serious and alarming results; and notwithstanding, there may still be some instances in which such treatment shall be admissible, nay, successful, the patient who thoughtlessly adopts it must be prepared to

pay the penalty of his own temerity. In the treatment of disease there is nothing like a fixed principle to start from and act up to; without it no system can exist, and the knowledge of this principle can only be attained by patient and persevering investigation.

CASE XIII.

CHORDEE.

The following case is recorded to show that this symptom of the disease, rarely absent, is one that should not be neglected, notwithstanding the indifference of the patient, who, perhaps, manfully encounters it, knowing it to be a necessary, or at least, a usual attendant upon gonorrhœa; it having, in this instance, among others, been productive of serious constitutional disturbance, accompanied by bloody urine, irritability of the bladder, &c. The phenomenon of its occurrence has been already explained; and the treatment hitherto recommended will, in ordinary instances, be found successful. A patient suffering under gonorrhœa in a very severe form, and of about fourteen days' duration, consulted me, principally, as he said, with a view of getting relief from an agonizing, in fact insufferable, chordee. He had been taking remedies for the urethral discharge and heat in micturition, which were both somewhat mitigated; but the erection of the penis at night, when warm in bed, was unbearable. It wholly prevented sleep, and induced frequent emissions of semen, which were with difficulty voided, and accompanied with blood; and also were

followed by a desire but inability to urinate. He was obliged to get out of bed, pace the room, deluge the parts in cold water, and only when he commenced shivering as though he had an ague, could the priapism be alleviated. No sooner did he return to bed, and become warm, than the chordee recurred. Upon enquiry, I discovered that the medicines he had been taking were of the stimulative description. I at once advised their discontinuance, and applied four leeches to the under surface of the penis, which, when they had drawn freely, were removed, and the bitten parts suffered to bleed for a quarter of an hour in a hot bath, at a temperature of 100°. The patient afterwards went to bed, previously taking a cup full of milk and farinaceous food, and a sedative (Form 14,) when I left him, with directions to take an aperient the following morning. He passed a tranquil night, without experiencing a relapse of the chordee; the bowels were relieved the next day, and he felt altogether more free from uneasiness, than he had since the commencement of the attack. At the expiration of three weeks from our first interview, he was perfectly convalescent.

CASE XIV.

PHYMOSIS.

Phymosis, or that condition of the prepuce where it cannot be drawn back

over the glans, may exist from birth, or may arise from disease, such as

adhesion to the glans, warts, chancres, or ulcerations, which, healing, have changed the structure of the prepuce, into, as it were, an unyielding ligamentous band. Such cases admit but of one mode of cure—division: and the operation is the more imperative, as the disease is an effectual barrier to sexual intercourse. The operation is very simple, and consists of clipping the under and lateral part, or upper as the case may be, of the prepuce with a pair of scissors or a scalpel, and preventing a re-union of the divided edges by means of lint or linen dipped in oil or spread with cerate, and inter-

posed between them. There is seldom much hemorrhage: but should there be, the best check is cold water applied to the part.

In a case of phymosis, within the last week, on relieving the glans, I found the cause of the disease to be a cluster of warts, completely lining the inner part of the prepuce, so that the elasticity of that integument was entirely lost. After the division, the prepuce was easily everted, and the warts destroyed with the nitric acid. The case, which had existed for several years, was hereby cured in as many days.

CASE XV.

DROPSICAL STATE OF THE PENIS.

It frequently happens that in severe cases of gonorrhœa, the prepuce, when in a state of phymosis is enormously swollen and œdematous: it feels cold, doughy, and pits upon pressure; and although this is seldom attended with danger, it gives considerable alarm to the patient. In those cases which I have met with, I have found nothing

afford so much relief as puncturing the dependent parts of the prepuce, and giving exit to the effused fluid therein, and afterwards placing the patient in a hot bath for half an hour. Some cases are relieved by cold applications; this state of the prepuce is the consequence of inflammation, and sometimes leeches are necessary.

CASE XVI.

PARAPHYMOSIS.

Paraphymosis is that condition of the prepuce wherein it is drawn back over the glans penis and cannot be returned, forming a sort of ligature behind the corona. This disease may proceed from two causes; one from imprudence or accident, whereby the prepuce, being preternaturally small, becomes everted, and its return, from inability or omission, neglected—a contraction ensues behind the glans, which swells and increases the stricture. The prepuce also becomes swollen and œdematous

or dropsical; and, if the stricture be not released or divided, mortification may ensue. The second cause of paraphymosis is a venereal virus. In grown persons where the glans is uncovered, chancres frequently arise in the prepuce, which are generally attended with more or less inflammation; this inflammation is alone sufficient to render the prepuce too strait for the size of the penis, and hence the same result. About two years from the date of this publication, I was consulted by a

newly-wedded young man, whose glans for the first time in his life became uncovered on his nuptial night. His prepuce being unusually small, he was unable to return it, and it remained everted for nearly eight and forty hours, by which time considerable inflammation had arisen. His timidity or bashfulness prevented the disclosure to his wife, who, by the bye, had been a widow before he married her, and might have helped him out of his difficulty, but in this dilemma he applied to me: the appearance of his penis was as follows. The glans was exposed and extremely red, tumid, and painful; the prepuce was drawn tightly around it, and enormously swollen. Finding it impossible to disengage it, I clipped the stricture

at the under part to the extent of half an inch, and then immersed the whole penis in warm water. Instantaneous relief followed; the prepuce slipped over the glans; there was but little bleeding, and the divided edges were ordered to be kept apart by means of oiled lint. In two days the wound had healed, and my patient was for ever secure against a similar accident. In paraphymosis arising from chancres on the inner part of the prepuce, division of the stricture is equally imperative, and what at the same time is no less satisfactory, is equally successful. The operation is momentary, is scarcely felt; and the division of the prepuce is no hindrance to the functions of the generative apparatus.

CASE XVII.

SYMPATHETIC BUBO ACCOMPANYING GONORRHOEA.

The lymphatic glands in the groin often become enlarged and painful in gonorrhœa, more particularly when the habit of the patient is irritable, and the symptoms of the disease are severe, but they rarely proceed to suppuration. Generally, as the gonorrhœa declines, so do the inflammation and enlargement of the glands resolve themselves; but, as all diseases are regulated less by fixed laws than the peculiarity of the patient's constitution, so there are exceptions to this occurrence. I have

met with many cases where sympathetic bubo has remained, and even proved very troublesome, long after the urethral discharge had disappeared.

A young gentleman, a patient of mine, had a sympathetic bubo, the size of a small pear, of an oblong form, hard, but not tender, nor were the integuments in the groin at all discoloured; the chief inconvenience was a stiffness in walking, and an uncertainty how the disease might terminate. A few warm baths, however, removed it.

CASE XVIII.

HERNIA HUMORALIS, OR SWELLED TESTICLE.

Nov. 10th, 18 —A gentleman, 26 years of age, on his first visit to London, at the commencement of the last month (October), was unfortunate enough to contract a gonorrhœa.

Never having had the complaint before, and being unwilling to consult any one indiscriminately, after the disease had attained its greatest severity, he was induced to try one of the

advertised "specifics" of the day. At the time of his taking this medicine, the gonorrhœa was in its inflammatory stage—the discharge was profuse—the scalding intense—the chordee at night most troublesome—and, in fact, his whole system was in a very excitable state; instead, however of resorting to abstinence, rest, and depletive measures, he followed strictly the advice given with his "specific that imposed no hindrance to diet, business, or pleasures," to the amount of several bottles, and which appeared to answer his expectation admirably, for the discharge left in about two days, and he was congratulating himself on what he considered his rapid cure, the scalding and chordee alone remaining, when he was suddenly seized with a pain in the right testicle, that was much aggravated on the least movement. In the course of twenty-four hours, it had swollen considerably, and the pain had increased to a very great degree. A circumstance so unexpected, greatly alarmed him, and a friend advised him to send to me. On visiting him, I found the testicle hot, hard, and the size of an orange. He was very feverish, and his pulse was 136. I instantly ordered a discontinuance of the medicine which he had been taking till this period—abstracted from him at least 20 ounces of blood, whereby sickness was induced, when he threw off a quantity of indigested food, medicine, &c., and thereby rendered the administration of an emetic unnecessary—advised him immediately to lie in bed and have a dozen leeches applied to the scrotum covering the inflamed testicle, and afterwards to keep it wet with a cold saturnine lotion. From the feverish symptoms present, attributable, no doubt, primarily to the stuff he had been taking, thereby disordering the stomach, I advised an active purgative, consisting of calomel and jalap, to be followed by a saline effervescing mixture every four hours.

By the next day the inflammatory symptoms had materially subsided. The testicle was much less painful, softer, and diminished in size: the pulse was less frequent, and a slight oozing took place from the urethra.

A continuance of rest, abstemiousness, the saline medicine, with an occasional repetition of the powder, together with the local application of the cold lotion, was insisted upon; and on the fifth day all inflammation had left, a slight gleety discharge alone remaining. The testicle had returned nearly to its original size, with the exception of a slight thickening of the epididymis, but it could be handled without pain.

In two days from this time, permission was given to him to leave his room, with a recommendation to provide himself with, and wear a bag-truss, &c. With a view to promote the complete subsidence of the swelling by provoking the absorption of the congestion of the vessels that occasioned it, he was advised to take a warm bath at least every alternate evening, until that result was accomplished. Some tonic medicines were also prescribed, his strength having somewhat failed him, from his confinement and the treatment he had been subjected to; in addition to which, he was advised to take the preparation of copaiba, to arrest the remaining urethral discharge, all of which he faithfully did; and, at the date heading the narration of this case, he became perfectly convalescent. The relation of this case is less to exhibit the success attendant upon the subsequent treatment pursued, than to point out the danger of resorting to stimulants in the inflammatory state of the disease, a plan highly condemnatory, especially when not under professional superintendence. Although not a universal advocate of the Sangrado practice, I cannot re-echo too earnestly my firm conviction of its necessity in a first attack, and that when ushered

in, in an inflammatory form, not only as tending to cut short all its progress, but to avert all the after-consequences of irritation and debility. To conclude: I feel assured that the majority of cases of *Hernia Humoralis* are induced by the neglect and bad treatment of the

disease, rather as a necessary part and parcel of the gonorrhœal affection; in corroboration whereof, I need only appeal to the experience of the invalid, or the practice of those engaged in the treatment of this class of complaints.

CASE XIX.

SWELLED TESTICLE.

A gentleman contracted a gonorrhœa that was unattended with any very severe symptoms—in fact, he was convalescing—when he was obliged to travel outside the mail (this was before the rail-road was in existence) from Birmingham to London, in the course of which he took cold; and on his arrival in town he experienced very acute pain in the right testicle. The first thing that occurred to him as likely to be useful, was a warm bath; and, on his visiting my establishment in the city for that purpose, I accidentally encountered him. My opinion was asked as to the propriety of what he was about to do; I readily gave my assent, but requested at the same time permission (which was readily granted) to examine the tender organ. I found it enlarged, painful, hot, and suspended by a chord that was much more sensitive than its neighbour. I advised the loss of a few ounces of blood from the scrotum, by opening the vein in the depending part of that integument; which operation (a very admirable, expeditious, and easy method of abstracting blood) I myself performed, and

placing my patient in the bath, allowed the bleeding to continue for nearly ten minutes. On his quitting the bath the scrotum was wrapped in a towel, which arrested all further hemorrhage, and he adjourned to the nearest inn, when he immediately went to bed, and, aided by a sedative, soon fell asleep. The following morning a purgative was exhibited, and the day after he was enabled to transact his engagements, and encounter the fatigue of traversing from westward to eastward without any return of the pain, or aggravation of its concomitant symptoms. The warm bath was continued daily during his stay in town, and the affected structure well supported by a bag-truss. I subsequently learnt (several months afterwards) that he experienced no relapse. This cure was satisfactory, inasmuch that had it not been promptly treated, much suffering, loss of time and inconvenience would most likely have been experienced; whereas, by the timely loss of blood, the warm bath, rest, purgation, and local support, all these evils were averted.

CASE XX.

SWELLED TESTICLE FROM THE UNSEASONABLE USE OF AN INJECTION AND BALSAMIC MEDICINES.

In the last summer I was consulted by a gentleman, about three-and-thirty

years of age, who had often encountered gonorrhœa and frequently con-

ducted his own cure with success. Being an original subscriber to this volume, and an observer of the regimen and practice advised in its pages, consisting of rest, abstemiousness, purgatives, soothing remedies, and lastly, stimulative injections, his treatment was usually judicious. On the occasion of his present attack he was particularly anxious to get well by a fixed period, and, as the symptoms were not so intense as on other occasions, he could not restrain his desire at once to employ an injection. He applied to a chemist in a town through which he was passing, about thirty miles from London, to have a prescription prepared, which he had before used with advantage, but he thought he would have the strength increased, which was accordingly done; and by the persuasion of this self-same chemist, he was induced also to take some copaibic preparation of his own. The application of the injection was followed by a severe and one hour's continued burning sensation along the urethra accompanied by a strong and frequent disposition to pass urine. By about bed-time the uneasy sensation of the bladder and penis had subsided, when, according to his newly acquainted adviser's directions, he commenced taking the solution. He passed a restless night, in the course of which the medicine was repeated twice; and on the following morning, on dressing, he found a sense of weight and pain in his right testicle. As he would be in

London the same evening, he determined on seeing me before he went on any further with the 'treatment.' On his arrival, the testicle was swollen considerably, there was much pain in the organ itself, also along the chord and around the loins. My patient was also very feverish, fatigued, and out of sorts. I advised, instantly, a hot-bath, which very considerably allayed all the symptoms present. My patient having conceived a strong disrelish for all medicines, I advised the use of the enema apparatus, and the injection of two pints of tolerably warm water with 1 oz. of castor oil mixed therein. A copious evacuation was thereby induced, and after taking a basin of tea, I prevailed upon him to take a draught (Form 14) and retire to bed, and at intervals during the night to foment the swollen testicle, which he complied with, and did so several times. In the morning, I found him much better, the swelling was diminished, the pain, and all other unpleasant feelings, had entirely subsided. Notwithstanding his anxiety to leave London forthwith, he waived his determination so to do, rested within doors the whole of the day, fomented the parts frequently with hot water, and, the following morning, with the scrotum supported by a bag-truss, he left London for Manchester, and, as I subsequently learnt, found no difficulty in completing the cure by adhering to the practice he had on previous occasions so happily pursued.

CASE XXI.

GONORRHŒA, WITH TUMOUR IN THE PERINEUM.

I have, at the instant of penning these remarks, a gentleman convalescing under my care who encountered the following symptoms:—He applied to me for the cure of an ordinary clap. I prescribed the warm bath on

alternate days, and the internal use of the alkaline solution: he went on well for a week; the discharge had much diminished, and the scalding had become very slight; he very imprudently went to a dance—"walked through" a

set or two, and remained on his legs till early the following morning; a tumour arose near the bulbous portion of the urethra; it was painful, but did not in the least impede the flow of the urine, nor seem to interfere with the disease: it, however, threatened supuration, as it progressed so rapidly, and fearing some fistulous communication in case of the formation of an abscess, I ordered twelve leeches, warm fomentations, and entire rest. The other medicines were discontinued, and salines and active purgatives necessarily substituted: the following day he underwent the application of as many more leeches, which were obliged to be repeated to the extent of many dozens. The scrotum soon participated in the

disturbance; and the whole appearance of the genitals amounted in size to a large pumpkin. It was necessary to scarify them to insure copious depletion, and it was only at the expiration of a week's most active treatment that the inflammation was subdued. Had this case been neglected, it might have cost the patient his life; he, however, happily escaped,—the swelling has gone down, and he is now convalescing, and will in a few days be perfectly restored. It is difficult to account for the occurrence of the secondary attack, except it be occasioned by local irritation induced by fatigue in a system enfeebled by previous irregular living up to the time of the attack.

CASE XXII.

GONORRHOEAL RHEUMATISM.

Whether rheumatism belongs fairly to the list of gonorrhœal consequences, or be induced by cold caught or applied to a constitution predisposed to its reception by the latter disease, is difficult to determine. From its prevalence in persons who have had a severe attack of clap, and its differing somewhat from ordinary rheumatism, it is a fair presumption that clap paves the way for its admission, and modifies its character. The following case illustrates its general principles and treatment:—

A gentleman, in the latter part of September, 18—, placed himself under my care for relief from rheumatism of the right hip, leg, and shoulder. Upon enquiry, I found he had recently recovered from a tedious and severe attack of gonorrhœa, which had left behind an occasional gleet discharge. The right shoulder was exceedingly painful, and he was unable to raise the hand of the affected side, tie his cravat, or put on his coat without assistance. The pain

in the hip, along the course of the sciatic nerve, was also very acute; and for the last day or two the pain had “shot” into his knee, which was swollen, and prevented him extending his leg. He was completely crippled, and came to my establishment in the city in a coach. He further informed me that warmth relieved him, applied in the form of fomentation, but that when warm in bed the pain became insupportable, depriving him wholly of sleep. His appetite was impaired, and he had wasted in flesh, and lost strength, the least exertion producing a cold clammy sweat over his body. The gonorrhœa had been cured principally by copaiba and cubebs; but it had been upon him for several months. On examining the knee, there was evidently an effusion of fluid into the capsule of the joint, floating upon the patella, and which seemed to be extending upwards. From the instantaneous relief afforded in the almost innumerable cases of rheumatism, no matter from what cause, provided they

be not accompanied by inflammatory fever, by the vapour bath, I advised him immediately to take one, which he did: and, to his great surprise, on coming out of the bath all trace of pain had left him—he could stand without assistance, and walk to the couch prepared for him to recline upon for the twenty minutes succeeding the bath. When dressed he expressed himself much refreshed, but the stiffness had in a degree returned; he however was able to walk down stairs, along the court to the coach, promising to repeat the bath the next day but one following. The subjoined prescription he took with him:—

Take of

Compound Extract of Sarsaparilla 1 oz.
Hydriodate of Potash $\frac{1}{2}$ dr.
Water 1 pt.
Mix—a wine-glass full twice a day.

The shoulder and knee to be rubbed with the veratrine ointment, composed of

Veratrine 10 grs.
Spermaceti Ointment. 1 oz.

Mixed together—a small piece the size of a nut to be rubbed over the part affected night and morning. Diet to consist chiefly of milk thickened with farinaceous food for breakfast and tea, with beef-tea, boiled chicken, broth of ditto, &c., as advised in middle diet, for dinner.

On his next visit I was much gratified to find him considerably better—the pain in the shoulder and hip had

nearly gone. A slight blush of inflammation appeared where he had rubbed in the ointment, which occasioned the usual tingling sensation for an hour or two after its application; but the pain and swelling of the knee were as violent, indeed worse than the day before, and he suffered much from want of sleep. I ordered him to repeat the bath, apply a blister around the knee, which was to be dressed afterwards with savine ointment, and desired him to take Form 14 going to bed. At his request I visited him the following day, he living in a Manchester house near at hand. He informed me that he had slept well; a vast accumulation of serum was contained in a bladder produced by the blister, which I removed, and, clipping the raised skin, discharged its contents.—Continue the mixture, and, when able to get out, repeat the bath. From this time the swelling of the knee subsided, and, to the conclusion of the case, nothing further of interest occurred.

He repeated the bath several times, reducing its frequency to twice a week, at the same time taking the medicine. At the expiration of a month from the time of his first consulting me, he was perfectly well, with the exception of the gleet, for which he took the following drops, that speedily cured him:—

Composed of

Muriated Tincture of Iron . . . 1 oz.
Tincture of Cantharides . . . 1 dr.
Dose, 20 drops twice a day in water.

CASE XXIII.

RHEUMATISM OF THE FEET, ESPECIALLY THE HEELS, AFTER AN ATTACK OF GONORRHŒA.

A gentleman's servant, but out of employ, in consequence of his complaint incapacitating him from attending to the duties of his situation, appeared at my establishment in Broad Street to

enquire if the baths would be of service to him. He stated that he had been lame for nearly three months, and that instead of any amendment taking place, he was daily getting worse; the affec-

tion came on suddenly, after, as he supposes, taking cold. He rose one morning and found an extreme tenderness in his feet and great difficulty in walking down stairs: however, in an hour or two the tenderness went off and he thought no more of it. The following day the lameness re-appeared and his feet began to swell; he found he could not put his heels to the ground, and was obliged to walk on tiptoe. Towards the afternoon the lameness became less, and he got through the day, but at its close he felt exceedingly unwell. His master desired him to go to his own medical man, who gave him some medicine and advised him to lay up for a day or two. His master leaving town, he (the patient) was left in London. As he did not improve, he determined on going home to his friends at Kensington, where he wholly lost sight of regular professional advice, and continued only to take such remedies as were advised first by one friend and then another. Instead, therefore, of improving, he gradually got worse, was obliged to give up his situation, and, as a last resource, his friends proposed his taking the baths. At the period of his visit to me the ankles and insteps were swollen, painful, and puffy, and the tenderness of the heels was so great, that he was obliged to support himself on crutches. He had lost flesh and strength, and appeared pale and sickly, his countenance indicating great suffering. On questioning him as to the cause of his illness, whether it followed any attack of fever or cold, he told me he had been under treatment for gonorrhœa with swelled testicle for several months, and that within three weeks of his recovery from the latter, the present affliction commenced. It is unnecessary to detail the minutiae of the medical treatment adopted throughout this case, which was necessarily a

tedious one: suffice it to say, it consisted first of a few doses of alterative medicine, followed by sarsaparilla and the hydriodate of potass, and lastly the carbonate of iron in two drachm doses three times a day. He took about twenty-three vapour and Harrogate baths, submitted to a farinaceous and milk diet, and at the expiration of seven weeks was enabled to walk from Kensington to the City, and has since so far recovered as to accept and enter into another situation, and which, fortunately for him, offered itself in the country, where (I have since been informed by his friends) he continues, and that he is in possession of perfect health, nor has he experienced the least return of any of his late rheumatic symptoms. These cases are very variable and tedious, and difficult to cure. The pain on being driven from one spot, or leaving it spontaneously, shifts to another, and where it happens originally to attack an extensive surface, such as the back, chest, or loins, on its decline or departure, it concentrates itself as it were in a particular joint, sometimes of the hand, wrist, elbow, or clavicle, at others of the neck or spine, but more frequently one of the complicated structures of the foot. From the confinement that lameness imposes, the health necessarily suffers, and thus a double disorder is produced, and the most serious cases of general debility may be traced to long continued or neglected local rheumatism. Many such cases might be enumerated; but as the object is chiefly to illustrate the treatment, the narration of one (the above) is sufficient; the principles of which it will be perceived are, that, in directing our attention to the more obvious local affection, we should not be unmindful of the state of the constitution, to the improvement of which every effort should be directed.

CASE XXIV.

GONORRHOEAL RHEUMATISM.

A young tradesman contracted a clap which he himself treated, as he stated, with tolerable success, that is to say, he got *well* (?) within six months. His cure consisted of a suppression of the discharge, except, at least, occasionally a slight oozing of a little matter from the orifice of the penis, in the morning, perhaps, once a week, or oftener if he lived freely: but the cause of his application to me was to obtain relief from a vexatious and sudden rheumatic attack. I am describing his case from his own narration. He went on to say, that the pains were not constant, that sometimes for days he was free from them, and then again for a week he was tormented with them—they were most severe in his loins, back, and hip joints: his ankles and feet, at other times, were excessively painful, compelling him to use a crutch for support, and as for getting rest or sleep at night, it was impossible. He had taken "*loads*" of physic, had become very thin, and he was much enfeebled, so as with the greatest difficulty only to be able to follow his occupation. Gonorrhœal rheumatism differs very little from ordinary rheumatism; they both doubtlessly spring from the same cause although differently named: and that cause is cold taken by a patient in delicate health, and predisposed for the particular disturbance. The only difference between ordinary rheumatism, and rheumatism ensuing after gonorrhœa, is, according to my experience and belief, that, on the latter occasion, the disease is less severe on account of the health being reduced only temporarily and by medicine; which state of health may be speedily recovered when the medicine is omitted: whereas, in ordinary rheu-

matism, the attack is generally confined to persons of long-continued failing health, which is decidedly the more difficult to treat as speedily and successfully as the gonorrhœal rheumatism. However, doctors differ not only in their notions of disease, but also of treatment; and in few complaints is there greater diversity than in rheumatism. Rheumatism is inflammation of particular structures of the body, and these structures are generally the tendonous coverings of the joints, the sheaths or "*quilts*" of muscles, and the various membranes: there are various degrees of inflammation, and, according to the amount, so corresponds the general disturbance. The treatment must be modified by circumstances. The severer the symptoms, the more active the remedial measures. Some cases demand leeching, bleeding, and other kinds of depletion: others may be subdued by medicine, whilst cases that have withstood the combined treatment have given way to warm and vapour bathing. The case under consideration yielded to the last-named means in a surprisingly short time. The cure, however, might have been protracted to an indefinite period, had not attention been paid to the gleet. Upon examination it was found that there was an excrescence within the eighth part of an inch of the orifice of the urethra, besides several irritable spots at different distances in the passage; local irritations of these kinds tend much to injure the general health, and I have known many morbid feelings to disappear on the removal of a urethral discharge, a stricture, or on the subsidence of *vesical** irritability: the

* Bladder.

inflammatory symptoms, which were not extraordinarily severe in this instance, were controlled by temperate diet, rest, a few doses of alterative medicine, and the use of the bath: the

local affection of the generative apparatus by the excision of the excrescence or wart, and the dilatation of the stricture by the bougie.

CASE XXV.

GONORRHOEAL OPHTHALMIA.

The rarity of a disease may dissipate apprehension; but it does not diminish the severity of its symptoms. All persons suffering under gonorrhœa should therefore be particularly cautious in keeping the hands, handkerchiefs, towels, linen, or whatever may have imbibed the venereal poison, from the eyes; for when the disease is transferred to the visual organs, the consequences are most severe, and frequently end with partial, if not total loss of sight. As in gonorrhœa with swollen testicle, the discharge, on the occurrence of the new affliction, generally ceases until the inflammation has expended itself, when it again flows from the urethra. The symptoms of gonorrhœal ophthalmia may be gathered from the following case. A patient of mine, suffering under a most virulent clap, transferred the disease to the right eye from using a handkerchief during the night, that in the day he had formed a suspender of. The eye was violently inflamed, accompanied with intense pain in the ball: the conjunctiva or white covering of the

eye, which also lines the eyelids, was red and very vascular, and there oozed from it a plentiful discharge of purulent matter, resembling that from the urethra; which latter was much diminished, as well as the symptoms, such as pain, scalding, &c., that attend the act of micturition. He was also generally ill, and highly feverish. The treatment necessarily was most active: bleeding from the arm, numbers of leeches to the eye and temple, low diet, rest, and depressing medicines, to diminish the power of the circulation, were the measures employed. This case ended successfully, owing to the timely attention paid to it; but had it been neglected, sloughing or destruction of the *cornea* (the bag of the eye) might have ensued, and especially that part over the seat of vision, and sight have been irremediably lost. The disease has been known to be acquired through employing the urine as a cosmetic (a practice many foolish people adopt), and which proceeded from a person who was labouring under the clap.

CASE XXVI.

GONORRHOEA WITH IRRITABLE BLADDER.

A French gentleman who was unlucky enough to contract a severe *chaudpisse*, the French term for the anglicized word clap, which, by the

bye, was originally abbreviated from our neighbours, who used to call it *clapise*, was introduced to me under the following circumstances. An un-

fortunate girl whom I had attended some time previously, happened to reside in the next *mansarde** to the Frenchman. Hearing him groan during the night and call out for assistance, she got up; and learning from the housekeeper, for her own abode was at one of those houses, like the lodging-houses in Paris, where every floor and apartment is occupied by a separate tenant or family, that he was labouring under *strangury*, or difficulty of voiding the urine, she advised his removal to my establishment for the purpose of taking a bath. His sufferings appearing so acute, for Frenchmen are poor nervous patients among strangers, no time was lost; a coach was procured, and he arrived about half-past one o'clock, A.M. at my residence. A hot bath was speedily made, and the poor foreigner was quickly immersed therein. It was an Elysium to him. His pains were instantaneously relieved. Some flow of urine took place, and he soon became bedewed with perspiration. It appeared that he had endured his *chaudpisse* without applying to any medical man, and that the inflammation had extended to the mucous coat of the bladder, to relieve which he had been taking quantities of hot water and spirits. The stream of water had been diminishing in capacity some time, and also the quantity besides, which was thick, cloudy, and mixed with a purulent discharge. After remaining in the bath nearly an hour, for our continental friends esteem the bath as a luxury, equally as for medical purposes, he was conveyed home and put to bed. The following formula† (Form 22) was sent to the chemist's,

* Attic or garret.

† Form 22. Take of

Castor oil	1 oz.
Mucilage of acacia	1 oz.
Spirits of sweet nitre	1 drachm.
Water	3½ oz.
Laudanum	60 drops.
Mix.	

and directions left for the patient to take, when it should arrive, a third part of the mixture every three hours: the diet to consist of gruel, broths, and linseed tea.

On my visit in the afternoon of the same day, I found the unlucky stranger much relieved. No further symptom of importance occurred worth detailing; he gradually got better, and at the end of a fortnight, through the assistance of the alkaline solution of copaiba, of which he (after the free evacuation of the bowels) took appropriate doses two or three times a day, now and then adding a few drops of laudanum or henbane, his gonorrhœa had ceased, and with it all irritability of the bladder.

All diseases of the urinary organs more or less disturb the general health. Those affected with pain, induce sympathy with neighbouring structures, which in their turn take on some inflammatory form; and a gonorrhœa, simple in the first instance, may, through neglect, or the accident of constitution, generate such a host of ills as shall destroy life itself. The complications of a clap can therefore easily be believed to be very numerous; and the distress both of mind and body, which they sometimes occasion, are of the most afflicting character. To detail all the varieties would constitute a library. A practice devoted to this branch of the profession, as a matter of course, could furnish many curious recollections; but those already narrated form the most frequent and prominent symptoms, and such as will enable the reader to anticipate others, if he suffer those herein described to pass unheeded. Gonorrhœa is the forerunner of most of the affections comprised in the heading, Diseases of the Generative Apparatus; but several diseases, such as those incident to the bladder, prostate gland, &c. &c., will be separately noticed.

ON GLEET.

GLEET is certainly, as its name implies, a discharge of thin ichor from a sore. Patients usually understand, and medical men usually allow, a gleet to be a discharge from the urethra, which has existed some time, of a whitish colour, unattended with pain, and that is *not infectious*, by which is meant is incapable of producing Gonorrhœa. There are several kinds of morbid secretions, the successful treatment of which depends upon a knowledge of their differences. They may be divided into two principal orders—those secreted from the mucous surface of the urethra or bladder, and those which proceed from the various glands leading into one or the other. Gleet is a term popularly applied to both, but more strictly relates to that which proceeds from the membrane lining the urinary canal. There is great analogy in inflammatory affections between the mucous membrane of the digestive and pulmonary, as well as urinary passages. In inflammatory sore throat, the secretions assume various appearances: there is a discharge of viscid mucus, of purulent matter, or of a thin watery nature: these secretions are dependent upon the amount and duration of the inflammation present. Exactly in like manner may be explained those issuing from the urethra. They are consequently alike modified by treatment, by diet, by rest, and aggravated by a departure from constant care. It is the nature of all membranes, lining canals that have external outlets, to attempt the reparative process by pouring forth discharges, whilst those which line the structures that have not, effect their cure by union with the opposite surface. It is an admirable provision, else important passages might become closed, and so put a stop to vital processes; and in the other case, accumulations ensue that could not escape without occasioning serious mischief. When, however, disease has existed a long time, the operation of the two kinds of membranes is reversed. The serous,* through inflammation, take on the character of abscess, dropsy, or other secretions, and the mucous ulcerate or form adhesions, as evidenced in stricture, or ulceration of the throat or urethra. Gleet may be a spontaneous disease, that is to say, may arise from other causes than infection. It may exist independently of gonorrhœa, and be the result of cold, of intemperance, and of general or of local excess. Its long continuance and neglect, however, renders it infectious, and it also gives rise to ulceration, excrescences, and stricture: and when, from other causes, ulceration, or excrescences, or stricture, are set up, gleet is in return generally one

* Lining internal structures which have no outlet, as that in the abdomen, called the peritoneal,

of their consequences. Gleet, despite these various occasions, is, after all, most frequently a remnant of gonorrhœa; and it is very difficult to define the time or point where the one ends and the other commences. Pathologists draw this distinction between the two:—they say that gonorrhœal discharge consists of *globules*, mixed with a *serous* fluid, whilst gleet is merely a mucous secretion. I confess it difficult for a non-professional person to decide which is which, the resemblance, in fact, being so great—a gonorrhœal discharge being one day thick and yellow, a few days afterwards thin and whitish, and at one time in quantity scanty, and the next profuse. Gleet assumes nearly the same changes. The best test for distinguishing them is, by regarding the accompanying symptoms. Where there is pain on passing water, bladder-irritability, tenderness in the perinæum or neighbouring parts, and the discharge plentiful and offensive, staining the linen with a “foul spot,” it may, without much fear, be decided to be clap; but where the discharge is next to colourless, like gum-water for instance, and where there is no other local uneasiness than a feeling of relaxation, and where it has existed for a long period, and was, or was not, preceded by a gonorrhœa, it may fairly be called a gleet. Now where does the discharge of gleet come from? Let us recapitulate its causes: first from clap, which is a specific inflammatory affection. It may therefore be a chronic inflammatory state of the lining membrane of the urethra, of greater or less extent; in which case we would call it chronic gonorrhœa, and which would be owing to a relaxed state of the secretive vessels. We know that when a disease exists for a long while, and is one not positively destructive to life, a habit of action is acquired that renders its continuation in that state as natural as its healthy condition. This is the state of the secretive vessels in gleet, arising from gonorrhœa; and hence the discharge is poured forth instead of the secretion, natural to the urethral passage in its healthy order. Secondly, such may have been the severity of a clap, that ulceration of some portion of the urethra may have taken place. The disease may have got well except in that identical spot which, owing to the constant irritation occasioned by the urine passing over it, struggles with the reparative intention and effort of nature, and exists even for years. Thirdly, when stricture is brewing, which will be explained in an appropriate chapter, the alteration going on gives forth a discharge, and, as I have stated in another part of this work, I here repeat, that a long and obstinate gleet, as the slightest examination would testify, rarely fails to indicate the presence of a stricture. Lastly, gleet may be produced by loss of tone in some or the whole portion of the secretive vessels, induced by one or many of the accidents of life, or the various kinds of physical intemperance when they not only weep forth various kinds of fluids, at irregular intervals, which impair the muscular and nervous energy of the generative organ, but render persons labouring under this description of weakness very susceptible of infection, if they hold sexual contact with those but

slightly diseased. Hence persons labouring under this form of debility incur what others escape. An individual so circumstanced would receive a taint from a female having leucorrhœa. Very many inconveniences have arisen from this infirmity, giving birth occasionally to unjust suspicions, and creating alarms of the most distressing nature.

Thus then we may have gleet from gonorrhœa, gleet from ulceration, gleet from stricture, gleet from debility and discharges, popularly understood to be gleet, but in reality glandular secretions, which will be considered shortly and separately. Gleet is a tiresome and troublesome disorder. So difficult, occasionally, is its management, that oftentimes the more regularly a patient lives, and the more strictly he conforms to medical regimen, the more deceptive is his disorder. He will apparently be fast approaching to, as he conceives, a recovery, when, without "rhyme or reason," the complaint recurs, and hints that his past forbearance has been thrown away. It would be dispiriting, indeed, were every case of gleet to realize this description; but it is well known that many do, either from neglect or mismanagement; and, if it have any influence at all, it should convince those who seek to be cured, that it is not such "a touch and go" sort of affair as some specious pretenders vaunt their own powers capable of rendering it: at the same time it should inform them that without perseverance and determination to accede to the measures proposed, although they may be a little disagreeable (as what medical applications are not?), they can never expect to get well. Now it must be evident that the treatment of gleet depends upon what may happen to be the occasion of it. Where the membrane of the urethra is entire, internal remedies may, and do avail. The alkaline solution of copaiba will achieve wonders; the use also of a mild injection, perseveringly employed, will give tone and stringency to the weakened vessels, and so correct the quantity, at least, of the secretion. In very obstinate cases, stronger injections are servicable; and we are not without many useful internal medical combinations, which, properly administered, conquer this troublesome complaint. In ulceration and stricture, these two causes must be removed, else all efforts are unavailing. In general and local debility, the attention must be devoted to the constitution: to particularize what that attention consists of, would be to suppose that I held my publications as "the only booth in the fair." Common sense and common reading must give to persons, possessing both, every necessary information. The community are beginning to appreciate the advantages of temperance, air, and exercise too highly, to need instructions how much of the one or either of the other two are essential to the preservation or recovery of health. The results of a particular, and I may add, extraordinarily successful, method of curing gleet, that I have employed, and which the last few years have attested, as worthy the encomium I have passed upon it, I can best illustrate by the narration of a few of the "every day" and "out of the way" cases it has been my province to have

been consulted upon : and, that I may not incur the charge of extravagant laudation, I shall detail instances of its failure.

CASE I.

GLEET.

Instances of this misfortune form a large mass of professional practice. Where gleet exists alone, and consists of a mere trifling discharge, the alkaline solution of copaiba scarcely ever fails to eradicate it, at the end of a second or third phial-ful. The case I am here introducing, befel a gentleman, who, travelling, "collected" a clap: it had troubled him for several months, when it assumed the form of gleet, which all the medicines he had been advised by different parties to take had been ineffectual in removing. He was well acquainted with the taste of copaiba, and upon the bare mention of its name, feelings of such loathing and disgust sprung up, and of so unconquerable a nature, that he declared he would sooner endure the "curse" of his libertinism than take any more. By dint of hard reasoning, and a great deal more persuasion, he consented, notwithstanding, to try the alkaline solution, which I assured him was so prepared as to retain little or no taste of its parent source. He took, perhaps, in all, half a pint. He found my account correct of the nearly tasteless nature of the solution, and had no reason to repent having relinquished his obstinacy, an abandonment of an untenable objection: and defeat as honourable to the vanquished as the conqueror; for ere a fortnight expired, he got rid of a torment that had haunted him the past twelvemonth. The alkaline solution is most useful in all analogous cases, and also in those attended with other symptoms; even where dis-

organization is going on or has occurred. It appears to correct the action of the diseased vessels; it at all times lessens the discharge; and, now and then, when it disturbs the bowels, which is a rarity, but ever salutary, yet where such effect is not desirable, it can be corrected by the addition of a teaspoonful to each succeeding dose or two of paregoric or five drops of laudanum. In all cases of gleet, where medical aid is not at hand, and where there is not present any specific irritability, the alkaline solution will be found most serviceable. The dietetic treatment of gleet is less restrictive than in gonorrhœa; but it much depends upon circumstances, and should be arranged according to the particular constitution of the party. Generally speaking, a patient should avoid excesses, and the more digestible the food is, it certainly the better accords with physic-taking, and so far expedites the cure. Diuretic wines and spirits I abjure in most urethral disorders. The blander the fluids are, the more readily and harmlessly are they distilled through the urinary system, and, consequently, less interruptive of the cure going on. The introduction of a particular remedy into general practice is necessarily slow; but the immense quantity of the alkaline solution supplied to the profession this last twelvemonth, through some of the first wholesale houses, is a sufficient testimony that it is a remedy of growing and deserved repute.

CASE II.

GLEET CURED BY LOCAL STIMULANTS.

The patient had been harassed with gleet for several years; was married; and although he held connubial intercourse, he occasioned no absolute inconvenience to his companion. The symptoms were, discharge always of a morning, in colour generally straw-coloured, sometimes of a lighter tinge. After the slightest excitement, the flow became increased: occasionally he would have pain in the urethra about two inches from the orifice; again in the perinæum, and sometimes at the neck of the bladder when passing water. He rarely had the happiness of being entirely free from one annoyance or another connected with the disorder. From the preying nature of his abomination, he became very dejected and nervous. Sexual union afforded him less delight than formerly, and, upon holding connexion, the seminal emission was tardy in its escape, and oozed from him after all orgasm had subsided. His wife was young, had been married for nearly five years, but had not borne him children. She was in apparently good health; but at the usual periods, her menstrual relief was profuse, painful, and debilitating. The treatment I pursued with my male friend was to ascertain the exact seat of disease, and thereon, by means of an elastic tube, I applied a drop of the nitrate of silver solution (in very obstinate cases the powdered nitrate itself may be deposited): a mere sense of warmth was

felt, which quickly subsided, and my patient permitted the same simple ceremony to be practised to two other patches of ulceration. The operation was several times repeated; after which mild injections were occasionally thrown up, and bougies of increasing sizes used on alternate days, for the ulcerated spot formed a puckering of the urethra, both before and behind, and constituted the commencement of a stricture. The alkaline solution was taken during the continuance of these measures. It is true the case was tedious, and required considerable attention, which, however, happily rewarded the pains bestowed upon it. My patient, at the end of a few weeks, was perfectly restored to his original health. Holding an official situation, he applied for, and obtained, a month's leave; and the use he made of it was, to render the cure more perfect by a trip to the Dovor coast, where he availed himself of cold and warm sea bathing. He was too generous not to share the healthful excursion with his wife, who also, by my advice, embraced the same opportunity of bathing, which she did, to the infinite improvement of her health. It is now two years since the parties were patients of mine; and although what I am about to add may create a smile, and provoke, perhaps, a little scepticism ("let those laugh who win"), certain it is, the wife has become a mother.

CASE III.

GLEET.

The introductory address of a patient to his medical man, especially if he be

newly advised, is so tinged with nervousness, timidity, or diffidence, that

it is rather disadvantageous to both. The patient forgets the half he has to complain of; and the doctor has much to do in the way of begetting the confidence of his new friend; so that, as it often happens, neither having too much time to spare, at the first consultation, and where it is the only one, much ground is not got over. I have alluded to the dislike which patients entertain generally to any thing like instrument-using or operation-performing; and, as gleets of long standing, except under very peculiar circumstances, do not require those preliminary purgings, &c., which are usually the first means prescribed by medical men, on the accession of a new case, in order that they may "start fair," why, of course, except it be to lose time, no delay should take place, but the method I am about to propose, as almost the only measure necessary in very many instances, should be adopted the instant of its recommendation. These remarks are offered, not to intimidate a nervous person, as if no service await him, except he submit to be handled about, but rather to assure him, that, if it should be necessary to sanction the practice suggested, it is as harmless as it is useful, and that the sooner it be adopted, the more speedily will the good effects be realized. It is a good plan for patients to note down the various annoyances which may affect them, when they purpose seeking professional advice. There is no need of arrangement: sensations are realities, and the unstudied memoranda of a sick person more clearly convey a just notion of his sufferings than those which the first-rate novelist, even though he were the "giant of the North," could depict: and, as a concluding suggestion, it should be recollected, that as medical men of the present day are not like magicians or conjurors* of old, but

men wearing the garb and manners of humanity, and also scrutinised by the public eye, the afflicted ought to have no fear in making such their confessors, whilst the reputation of the *pseudo-father* will guarantee the penitent, that no abuse shall be practised from the exercise of his (the surgeon's) prerogative.

But to the case. My patient was one of the class I have been directing my remarks to. In the detail of cases already furnished, I have not considered it necessary to particularize, in every instance, ages, figures, and temperaments. I have held it less important to form imaginary groups, than to illustrate principles; and even supposing all the cases fictitious, so long as the symptoms they comprise are correct, and the treatment just and judicious, the reader or invalid need desire no more. If he become no patient of mine, he may find others of whom he can inquire into their probability, and he also will soon ascertain if the same expedients be put in practice in his own case, how far they correspond with those he gains this information from. Should choice or any other circumstance introduce the reader and writer together, I am ready to stake my humble reputation on the successful issue.

My patient had long been a victim to gleet. His occupation was active; requiring him to travel much and in various ways, by coach, steam, and horseback. The urethral discharge perpetually perplexed him. He had

caution will point out: they are like ravenous wolves, greedy and grasping in their nature, and possessing no compunction or remorse. An instance fell within my own immediate knowledge last spring, wherein a villanous scoundrel, of hand-bill and other notoriety, extorted or conjured from the pocket of an unsuspecting patient, five-and-twenty pounds for two interviews, wherein an immensity was promised, and an immensity, with a verity, performed, to the serious inconvenience of the unfortunate victim.

* There are, doubtless, many black sheep in the flock, which a little reflection and pre-

not escaped from the several concomitants of the disorder. The whole pelvic viscera had occasionally a transference of the irritation. He had taken all known remedies for the disease, even the alkaline solution, and all had failed. Some medical friend had sounded him, that is, examined him with a bougie, but, detecting no stricture as he said, to no purpose. On the third or fourth interview, he consented to allow me to pass a bougie after my own fashion. It occasioned no inconvenience, and on the morrow, in a state of the highest exhilaration, he called upon me. The following day, and on a subsequent occasion, I repeated the "operation." *Within ten days he was perfectly convalescent*, and although months have now passed, he has had no relapse. Now, lest the reader should suppose that the mere passing a bougie wrought this miraculous change, I will undeceive him. He may possibly have perused the chapter wherein I speak of the advantages of the nitrate of silver solution in cases of early gonorrhœa. Whether there be a similitude in the nature of a newly acquired clap and an old endured gleet, I cannot say; but the preparation with which I "*arm*" the bougie is the same, although in a different form, and the success I have met with in similar cases is as great as it is extraordinary. I have alluded to the advantages, in chronic forms of disease, of varying the remedies, and I occasionally substitute other styptic and astringent preparations with the

like success; but it is absolutely like unto a new era in the treatment of gleet. I unhesitatingly declare that I succeed in the space of a week or two to cure cases of the most inveterate gleet, which formerly would thwart my endeavours altogether, or encroach into many months' continued perseverance. I amalgamate the preparations in question into an unctuous paste, with which I cover the bougie, of a size that will readily pass over or through any obstruction, and as I before observed, seldom find more than three or four repetitions necessary to effect the desired result. The patient, during the intervals, may take and use appropriate adjuncts, such as the alkaline solution of copaiba, mild injections, the warm bath, &c. &c. According to editorial custom, I ought not to close this article without again panegyricizing and further illustrating the treatment I have just introduced; but to use an old saying, as "one fact is as good as a thousand," I must content myself by observing, that in all such chronic cases as the one here introduced, I have but in very few instances been disappointed, where I adopted the same means. The mode of its operation appears to be by destroying the apathetic kind of inflammation present, and of establishing a natural form of inflammation, which the constitutional and local resources of the patient of themselves throw off. Further experience may furnish a better reason, but the most satisfactory fact obtained is, the knowledge of its almost certain success.

CASE IV.

LONG STANDING GLEET.

I am about to detail one of the most obstinate cases of gleet I ever met with, which the reader may possibly set down as the antithesis to

the case last detailed, and adduce it in refutation of the plan I have just so eulogised, because that very plan in this instance failed. Our profes-

sion would be the most lucrative, most honourable, and most god-like, if we never found our schemes, projects, and endeavours to fail.

We should forget we were mortals, could we but *command* success, as easily as we may strive to deserve it. It should be recollected that every passing event is the result of an irrefragable law. Every shooting pain, every escaping sigh, every transient thought, is regulated by a natural law. There is design in all things, and nothing happens without a cause.

Disease is only cured according to natural laws. Disease is Protean in appearance and reality. The reason why the measures generally so successful in others, were fruitlessly employed in this case, was owing to some indisposition on the part of the structures affected to accommodate themselves to the anticipated influences of the remedies chosen: for instance, on the application of the smeared bougie, the sedative injection, or the blister, &c., the already morbid state of function or structure yielded apparently at the commencement; but a new and variable order of things ensued that rendered subsequent continuation abortive, and it was only on the entire subsidence of the inflammation, that the disease gave way to the extolled means. This case, therefore, most readily demonstrates how difficult it is to calculate with unerring certainty, not only on the probable issue of a case, but as to the other relations of the actual state of it; and also, that all symptoms are not infallible *diagnostics*. In this instance we can only infer, that chronic inflammation existed, by the advantage derived from anti-inflammatory measures, and the waste of time and means occasioned by what might be called an obstinate perseverance in useless practice; but facts afford better ground for reason

than argument, and I proceed to present them.

A military gentleman, aged fifty-three, who had passed nearly thirty years of his life in Madras, related his case to me about twelve months back, and detailed the ensuing particulars, which, together with what I acquired during my acquaintance with him, I will compress after my own manner, and give in as short a space as possible. He had years ago been subject to clap, gleet, and stricture, all of which he recovered from. Last year in the spring he acquired a fresh clap; it yielded to treatment under some professional gentleman; but the gleet and stricture returned, or were newly produced. At the time of placing himself under my care, he endured the following inconveniences. There was a continual discharge of a thin yellowish fluid from the urethra. He experienced occasional pain on making water, also pain in the perinæum, and anon in one or other of the testicles. Now and then, without any apparent reason, he would find difficulty, but have great desire to make water. The urine at these times was cloudy, scanty, and darkish-coloured; but at others it was profuse, colourless, and flowed without any very great difficulty. On the occasion of an attack of bladder irritability, he would seek the warm bath, wherein he could generally obtain relief, and also now and then pass a catheter. He would have days of relief and accessions of suffering, but could rarely foretell the coming or subsidence of either event. Being a gentleman of property, and moving in high society, his illness was a source of great vexation, as it precluded him from partaking or mixing in those pleasures that awaited him. The result of our conference was an agreement to employ graduated and armed bougies. He had experimented upon all the popular remedies, but to no avail. The bougies were

used, commencing from a No. 3, and dilating the urethra so as to admit a No. 12. Their application produced but slight inconvenience and pain: they relieved the stricture, but the discharge obstinately remained. Whilst the bougie was in the urethra, a thickened ridge could easily be distinguished by passing the finger along the under part of the corpus spongiosum, indicating that some chronic inflammation still existed. Leeches were applied with some benefit: several blisters also were placed on the perinæum. Powerful and mild injections were used, and the unctuous preparations of caustic, copper, and even mercury, were passed up, but to only transient purpose. Several professional friends of my own suggesting, and of my patient's choice, were consulted, but the disorder remained undisturbed. The discharge degenerated into a dirty water-coloured fluid, and possibly as much escaped and soiled the linen worn for protection, in the twenty-four hours, as would fill a small teaspoon. Unwilling to be foiled, and maintaining still the confidence of my patient, who would submit to any plan likely to afford relief, which I might propose, I suggested the insertion of a *seton* in the perinæum: it consists merely of passing through a small fold of the skin in the fork part of the seat, a skein of silk with a flat needle, and allowing the silk to remain, which keeps up a slight irritation and discharge, thereby establishing a moderate but regular degree of counter-action to the complaint so long in existence. To this measure my friend consented, and at

the expiration of a week he went into the country. Within two months he returned; and, to my infinite satisfaction, he declared himself entirely recovered. He had, until a fortnight back, continued to wear and dress the seton; but as all the urethral discharge had entirely ceased, he deemed the silken application no longer necessary, and he had accordingly removed it. He further stated, that whilst he wore it, it occasioned but trifling inconvenience, he could walk any moderate distance, and had almost daily been in the habit of *riding on horseback*!! So at last, this case, which had harassed and embittered for so long a period the common comforts of life, yielded to that most useful, but often most objectionable of all medical appliances, counter-irritation; establishing the fact that one disease quenches another, and proving the principle to be correct on which the treatment of the past infirmities, from incipient to the obstinately chronic gonorrhœa, is suggested in these pages. These few cases would make it appear that there was no certainty in the operations of nature; that she was very frolicsome, and now and then jilted the most sage and observant, if our treatment were well founded and correct: but it is owing to our ignorance of the minutiae of her wonderful workings, and the consequently mis-directed means we employ to aid, assist, or oppose. The inference is, that these cases, which are oftentimes the most perplexing to all parties, require the most unwearied attention, watchfulness, and perseverance, and ultimately they will seldom be found to remain unrewarded.

CASE V.

GLEET.

Now as to the infectious properties of gleet:—I know many instances that have occurred, and I am almost daily in the habit of meeting with others

that do still occur, of persons contracting gleet from an intercourse with a female labouring under leucorrhœa, or the whites, which is similar to gleet in the male; and I am equally well prepared to prove, and to allow, that leucorrhœa in the female, although it may be a sequence of gonorrhœa, still has arisen, and does arise, from connection with one of the opposite sex labouring under gleet, derived no matter from what cause. Independently of all this, I am also prepared to believe, and my belief is derived from experience, that leucorrhœa in the female often arises from other causes than sexual communication, such as uterine irritation, local debility, &c.

Having stated thus much, the purport of which is to explain away sundry doubts one often hears expressed in the course of practice, by parties suffering under one or other of the diseases alluded to, of the fidelity, continence or purity of those whom their fate, pleasure, or caprice, allies them to, by which the confiding and the mistrustful may alike pause ere they condemn. I quit this digression to detail the several causes, and consider the best means of removing, perhaps, one of the most obstinate and tiring forms of disease hitherto treated upon in these pages.

In presenting the following case of gleet before the reader, I beg to assure him that it is but one of many similar cases continually occurring, not only in my own practice, but in that of every professional man with whom I am acquainted:—The patient was a gentleman about the mid-age of life, of high respectability, active habits, and temperate in his enjoyments. He discovered one day, on changing his linen, some stains that surprised and no less frightened him; for, conscious of not having subjected himself, as he supposed, to infectious intercourse, he was at a loss to account for their appearance. On further examination, he

found that there issued from his person a straw-coloured and somewhat glutinous discharge. On passing water the discharge appeared washed away, and he observed no more of it for several days. On rising in the morning, after a slight evening's dissipation, limited to late hours and an extra glass of wine or two, he again discovered his dress stained with a quantity of discharge, but of a more yellow tinge and a thicker consistence than the last. He even felt disposed to believe the secretion in this instance modified by diet and drink (no unusual event), to be only a seminal emission. As, however, it continued at intervals during the ensuing day, he concluded that he was attacked with gonorrhœa. He instantly repaired to the party of whom he supposed he had contracted the complaint, and in no very measured terms vented his suspicions. They were indignantly repelled; and, despite the most solemn asseveration of innocence of the charge, so convinced was he of his accusation, that an immediate separation was contemplated. It would be fastidious to suppress the fact, that the subject of suspicion was a female under his protection; at the same time, as the sequel will prove, the occurrence might have befallen one allied by a less precarious tenure, but not more virtuous, as far as fidelity may be considered, or more morally responsible. My opinion was solicited, and, although the discharge resembled that of gonorrhœa; yet from the absence of any other single symptom, and from the history of the preceding particulars, I begged a suspension of his conviction for the two following days. A dose of aperient medicine was prescribed, a warm bath recommended, and an injection of sulphate of zinc, one grain to the ounce, directed to be used frequently. My instructions were complied with. On the following day my patient ailed no more. By way of honourable atone-

ment, he requested me to see the party whom he had so hastily accused. To close the case, she had been, and was still, but less so, the subject of leucorrhœa, induced by cold, salutiferous suppression, and some past anxiety. My male patient was not free from the

charge of sundry late acts of irascibility, concomitants perhaps, in this instance, of ill health, and his gleet can only be accounted for through some temporary urethral irritation (following cohabitation) induced by a mixture of the above causes.

CASE VI.

GLEET, THE CONSEQUENCE OF GONORRHŒA.

This form of gleet is without doubt the most perplexing and harassing in the catalogue of ills incident to the organs of generation, and becomes, by long continuance, so mixed up with the constitution that it may be, not inaptly, termed the physical barometer. The line of distinction between clap and gleet is the subsidence of all inflammatory symptoms. It appears that the vessels secreting the gonorrhœal discharge go on progressing to a certain extent towards recovering their tone and healthy property, when they come to a stand-still, and this condition constitutes gleet; they then retrograde or improve, according to the health, habits, and many other acts of the patient, but continue, if neglected, or unless cured by art, until stricture or ulceration is the consequence.

From this it will appear, that gleet is necessarily as much within the province of the patient as that of the doctor to cure, and, without the assistance of the former, the fees paid to the latter afford him but a sorry recompense for his disappointment. I will here detail a case wherein the most varied treatment was ineffectually resorted to, and where the cure was at last effected by counter-irritation applied to the neighbourhood of the disease, aided by such a change in the habits of the patient, as tended more to the establishment of his health than all the pharmacopœial medley he had filtered through his system.

A gentleman about eight-and-twenty years of age, of well-developed and powerful make, sanguine in temperament, and rude in health, but, unluckily for himself, of free and unrestrained habits, became checked, in the hey-day of a London season, by an unwelcome attack of clap. It was ushered in with unusual severity. There was scalding on passing urine, which was much aggravated by vesical irritation, urging to micturition every half hour in the day. There was an intolerable chordee, that defied sleep, or even rest; the pain extending from the root of the penis, and diffusing itself internally and externally around; to these succeeded swollen testicle, accompanied by irritating fever. Indeed, the severity of the attack may be better estimated when it is told, that bleeding general and local, active purgation, the most rigid and severe abstinence, and a six weeks' imprisonment in a sick chamber, were among the least of the endurances submitted to by the subject of this history.

At length the virulence of the complaint abated, the ardor urinæ subsided, the chordee took its departure, and Mr. ——— was released from his quarantine discipline; the only remembrance of his past misfortune that he carried away with him, was a thin gleety discharge, which he was told, would leave him as he improved in health. After an endurance of this memento of his disorder for nearly

fourteen months, he became a patient of mine, and the following is a brief outline of the treatment he had pursued during the above-named period:—He contented himself, in the first instance, with the frequent employment of mild injections, that would sometimes for a week, a month, or only a few days, suppress the discharge, when it would, after some frivolous excitement, or perhaps not even any, annoy him by its re-appearance. By the advice of a medical friend (after having tried several others) he took, for a period of three weeks, half an ounce of cubebs three times a day, which afforded but questionable benefit. With another, he ran the gauntlet of copaibic, balsamic, and terebinthinate remedies *ad nauseam*. He had swallowed chalybeates and tonics in every form; he had taken cantharides in minute and full doses; he had varied the injections, which, during the whole course of his treatment, he had seldom laid aside beyond a week or ten days, from the infusions of bark, green tea, logwood, ivy leaf, and other vegetable preparations, to the solutions of copper, quicksilver, caustic, and a variety of other metallic and saline substances renowned for their efficacy in this specific disorder. He had had bougies smeared with copaiba passed into the urethra without obstruction to the bladder, but with as profitless results as the means hitherto enumerated. He had passed several weeks at various watering-places—had employed sea-bathing, horse-riding, the cold shower-bath—had varied his diet, subsisting at times on fish, at others on meat—had practised continence, and had given way to excesses;—withal, the time rolled on, and his disease remained. At the date of our first interview, I find the following symptoms entered:—A moisture oozing from the orifice of the glans, that imparts to his linen a feeling of dampness, and, upon changing it night and morning, a slight stain;

it varies in quantity, consistency, and colour, appearing aggravated oftentimes when the greatest care is taken to prevent it, and ameliorated when most neglected.

This characteristic feature of gleet proves that the discharge mainly depends upon nervous tone, vigour, or relaxation: When the frame is "*wound up*" by a day or two's high living, the gleet is suppressed, and the patient rejoices in his supposed improvement. As the excitement declines, the discharge returns, and exasperates the sufferer to indifference and irregularity. In long established gleet, the secreting vessels only fulfil the functions of their acquired power or conformation, and without some permanent change in their structure, or their property, or their nervous energy, one might as well expect the secretion to be altered as the liver to perform the duties of the kidneys, and vice versa. In this case the disease did not appear confined to any particular part of the urethra. The whole canal was involved; and occasionally the bladder participated, when the usual symptoms attendant upon irritability of that organ would show themselves. Under these circumstances I deemed it advisable at once to found the treatment upon some active counter-irritation, whereby the diseased action might be diverted and removed, at the same time to enjoin rest from muscular exertion, such as walking, and to impose abstemiousness and an avoidance of fluids as much as possible, in order to diminish the secretion of urine, and to avoid irritating the urethra. Accordingly, a small blister of an oblong form was placed on the perinæum, and was suffered to remain for twenty hours—it drew—its contents were discharged—it was dressed with savine cerate, diluted with elder-flower ointment. On the fifth day the blistered surface had nearly healed, when the application of another blister was renewed, my patient, during

this while, being confined to his apartment. The second blister was dressed with simple cerate, containing powdered strychnine, in the proportion of two grains to the ounce and half, with a view of stimulating the nervous tone of the part, strychnine possessing that power in a most extraordinary degree, and no less so when endermically applied.

Little inconvenience attended this treatment, the chief objection raised being against the confinement, but which sacrifice (as it was) was amply compensated by the very evident improvement in the state of my patient: *the discharge had wholly ceased*. Considering it well to impress the change already produced on the urethral secretion, I advised the following mixture to be taken for a week:—

(Form 23.) Take of

Balsam Copaiba . }
Syrup of Tolu . } of each 2 oz.
Yolk of one Egg .

Madeira Wine . . . half a pint.

Mix. Dose: a wine-glass full twice a day.

The following injection was also directed to be used night and morning.

Take of

Sulphate of Zinc 20 grains.

Water half a pint. Mix.

The injection was ordered of the above strength, from the urethra having been so long initiated in the use of such, otherwise it is always prudent to commence with much weaker solutions. By the time my patient had conformed

to the advice here laid down, all evidences of the complaint had left. My friend left for a short sojourn in the country, promising to acquaint me if any relapse should occur, and to call upon me on his return to London. I advised him not to omit the daily ablu-tion of the lower part of the abdomen, perinæum, and back, with cold water and salt, or sal ammoniac; that he had commenced as soon as the second blister had healed, and with the promise of complying with this advice he departed. At the expiration of two months, I received a visit from him, merely to announce that he continued quite well. I have been thus prolix in the detail of this case, knowing similar ones to be of such frequent occurrence, and productive of so much annoyance and anxiety, that the reader, be he but such an invalid, cannot but peruse with pleasure any instructions that offer a chance, if followed, of his recovery. It remains but to state, that in all those cases depending upon local debility, and which have resisted the treatment ordinarily practised by medical men, I have been foiled but in few instances where I have employed perinæal vesication, and which, I have reason to believe, can be much assisted by the strychnine. One case of long-established gleet was cured by the internal exhibition of strychnine dissolved in sesquichloride tincture of iron, the quantity being two grains of the former to one ounce of the latter—dose, 20 drops twice in a day in water.

MORBID IRRITABILITY OF THE URETHRA.

Of the varied symptomatic sensations, few are more provoking and fretting than some continued troublesome itching or pain that frequently attends the passing of water; there may be no discharge of any kind, but there is either a constant tingling, partially pleasurable sensation, drawing the attention perpetually to the urethra, or there is felt some particular heat or pain during the

act of micturition. These feelings do not always indicate a venereal affection; they appear to depend upon local irritation, perhaps induced by a morbid condition of the urine. The treatment consists in temperate diet, moderately laxative medicines, and now and then local applications: some cases yield to sedatives topically applied and alkalies given internally, while others need local stimulants and specific tonics. The alkaline solution I have found in many instances sufficient. At all events, whenever there is any unhealthy feeling in those parts, it points out that some altered action is going on, which, if not arrested, is likely to end in stricture or gleet, and therefore attention had better be bestowed upon it as soon as possible.

ON STRICTURE OF THE URETHRA.

OF all diseases of the genito-urinary system, stricture must be allowed to be the most formidable. It is not the most difficult to cure; but it involves, when neglected, more serious disturbances—disturbances which frequently compromise only with loss of life. Stricture is a disease unfortunately of extensive prevalence; and in nine cases out of ten is the sequence of a gonorrhœa; and, what is more Job-comforting, few persons, who become the prey to the latter infliction, escape scot-free from the former; not because a clap *must* necessarily be succeeded by a stricture, but simply because it *is*, and all owing to the carelessness and inattention manifested by most young men in the observances so necessary for the perfect cure of the primary disease. One very prevalent notion, and which explains a principal cause of the extension of the venereal disease, is entertained, that the way to give the finishing *coup* to an expiring clap, is to repeat the act that gave rise to it: the disease becomes temporarily aggravated, and the impatient invalid probably flies, from an unwillingness to confess his new error, from his own tried medical friend to some professional stranger. From a desire to earn fame as well as profit, the newly consulted, prescribes some more powerful means; the discharge is arrested for a while, but returns after the next sexual intercourse; a strong injection subdues the recurrent symptom, which only awaits a fresh excitement for its re-appearance. Thus a gleet is established. The patient finding little or no inconvenience from the slight oozing, which, as he observes, is sometimes better and occasionally worse, according to his mode of living, determines to let nature achieve her own cure, and for months he drags with him a distemper, that, despite all his philosophy, he cannot reflect on without a humiliating diminution of self-approval; so insidiously, however, does the complaint worm its progress, that the patient, considering his present state the worst that can befall him, resolves to endure it, since it appears his own constitutional powers are incapable of throwing it off.

In the midst of this contentment, the invalid finds that the process of urinating engages more time than formerly, the urine appears to flow in a smaller stream, and is accompanied by a sensation as though there were some pressure "behind it." The act of making water is not performed so cleanly as it used to be; the stream differs in its flow, seldom coming out full and free, but generally split into three or four fountain-like spirts, as the annexed drawing displays:—



At other times, it twists into a spiral form, and then suddenly splits into two or more streams, whilst at the same moment the urine drops over the person or clothes, unless great care be observed, as witness diagram:—

In advanced cases, the urethra becoming so narrow the bladder has not power to expel the urine forward, and it then falls upon the shoes or trowsers, or between them, as observe illustration:—



Persons afflicted with stricture, and urinating in the streets or public urinals, may almost be detected from the singular attitude they are obliged to assume to prevent the urine from inconveniencing them, and also from the time occupied in discharging it; some few minutes after making water, when dressed and proceeding on his way, the patient finds his shirt become moist by some drops of urine that continue to ooze from the penis: and it is only as these annoyances accumulate, he begins to think he is labouring under some other disease than the gleet. The next symptom he will experience, will be a positive but temporary difficulty in passing his water, perhaps a total inability to do so: it will, however, subside in a few minutes. This will lead him to reflect, and he will even appease his fears by inclining to think it may be the consequence of his last night's excess: he resolves to be more careful for the future, and he gets better; his contemplated visit to his usual professional adviser, if he have one, is postponed, and a few more weeks go by without a return of the last symptom. The next attack, which it is very difficult to avert, and which is sure to accompany the succeeding debauch, or to follow a cold or fatigue, does not so speedily subside; the patient finds that he cannot complete the act of making water without several interruptions, and each attended with a painful desire resembling that induced by too long a retention of that fluid. In that state he eagerly seeks medical assistance; the treatment generally adopted, consisting of some sedative, immersion in a hot bath, or the passing of a bougie; relief being thus easily obtained, professional advice is thus thrown up, and the symptoms are again soon for-

gotten. Before proceeding further with the more severe forms and consequences of stricture, which may now be fairly said to have commenced in due earnest, a brief anatomical description of the urethra may enable the reader to understand how the constriction or narrowing of that canal takes place.

I have elsewhere stated the urethra to be a membranous canal, running from the orifice of the penis to the bladder, and situated in the lower groove formed by the *corpus spongiosum*.

The difference of opinion entertained by some of our first anatomists, on the structure of the urethra, is deserving of notice, for only in proportion to the correctness of our knowledge of it, can we arrive at a just definition of its diseases.

One party assert it to be an elastic canal, whether membranous or muscular they do not say, endowed with similar properties of elasticity to India rubber, or to a common spring. That it is elastic, is beyond doubt; but the mere assertion is no explanation of its mode of action.

Others, from microscopical observations, declare it to consist of two coats, a fine internal membrane, which, when the urethra is collapsed, lies in longitudinal folds, and an external muscular one, composed of very short *fasciculi* of longitudinal fibres, interwoven together, and connected by their origins and insertions with each other, and united by an elastic substance of the consistence of mucus. This is the more satisfactory of the two.

They account for the occurrence of stricture in this way. They say that "a permanent stricture is that contraction of the canal which takes place in consequence of coagulable lymph being exuded between the *fasciculi* of muscular fibres and the internal membrane, in different quantities, according to circumstances."

A spasmodic stricture, they define to be "a contraction of a small portion of longitudinal muscular fibres, while the rest are relaxed; and as this may take place, either all round, or upon any side, it explains what is met with in practice,—the marked impression of a stricture sometimes forming a circular depression upon the bougie, at others only on one side."

With respect to the change consequent upon permanent stricture, dissection enables us, in some degree, to arrive at the truth. Excrescences and tubercles have been found growing from the wall of the urethra; but in the majority of instances, the only perceptible change is a thickening of the canal here and there, of indefinite length; but whether it be occasioned by the exudation of coagulable lymph, or whether it be the adhesion of ulcerated surfaces, which I contend are more or less present in gleet, is not so easy to determine: at all events, it is undoubtedly the result of inflammation.

With regard to the action of spasm, all we know of it is theoretical; but experience every day furnishes instances of its occurrence.

Spasmodic stricture is generally seated at the neck of the bladder, and may occur to persons in good health, from exposure to wet or cold; from some digestive derangement; from long retention of urine, particularly while walking, owing to the absence of public urinals; or to violent horse exercise; but more frequently does it happen to those young men who, when suffering from gleet or gonorrhœa, imperfectly or only partially cured, are tempted to commit an excess in wine, spirits, or other strong drinks. Surrounded by jovial society, glassful after glassful is swallowed, each one to be the last. The patient, with his bladder full to repletion, scarcely able to retain his water, yet probably 'going' every moment, represses his desire until the party breaks up, when, on encountering the cold air, he finds himself unable to void even a drop, or if so, but with extreme difficulty. The greater the effort, and the more determined the straining, the greater is the impossibility, and unless relief should be afforded, the most alarming consequences may ensue.

The rationale is this. The patient, opposing the action of the muscles of the bladder, by contracting those of the urethra, they (the latter), from irritation, become spasmodically contracted.

The urine, by the powerful action of the muscles of the bladder, is forced against the contracted portion of the urethra; and by its irritation increases the mischief. Where neglected, or unless the spasms yield, extravasation will take place, mortification ensue, and death follow.

The urethra is situated at the under part of the penis, and is embraced by a substance called the *corpus spongiosum*; it (the urethra) consists of several different layers or coats, the inner, the one continuous with that lining the bladder, which possesses the power of secreting a mucous fluid, and the other made up of muscular fibres, which give to the urethra the power of contracting and dilating, that regulates the flowing or jetting of the fluid which has to pass through it. The mucous membrane of the urethra is of a highly sensitive nature, and in some parts more than others, as, for instance, in the membranous and bulbous portion of the canal; and hence it will be found, that those are the parts most liable to disease. The mucous membrane has several openings called *lacunæ*, for the furnishing a particular fluid to moisten and lubricate the urinary tube; these also are frequently the seat of disease.

The drawing may be appropriately introduced here,—



A, Signifying the urethra cut open.

B, The lacunæ and the cut end of bougie, to show the continuation of the urethra.

In passing a bougie in contracted and irritable urethra, it sometimes enters the openings marked B, and if violence be used in propelling the instrument, false passages are made.

Independently of the function of the urethra being to discharge the urine, it has also to convey the semen to the orifice of the glans, and here in this act is to be observed the wonderful adaptation of means to an end; during the excitement attendant upon venereal commerce, the seminal fluid accumulates, prior to emission, in the bulbous portion, and when the fitting moment arrives for its ejection, the membranous portion spasmodically contracts, thereby preventing the regurgitation of the semen into the bladder, while the muscles surrounding the bulbous portion contract with energetic force, and so complete the transmission of the generative fluid. Such are the functions of the urethra in health. Now, this canal being extensively supplied with nerves, that have more extensive communication with others than any particular ones have in the whole body, and made up, as before stated, of surfacial and muscular membranes, and exposed to the performance of several duties which are often unduly called into exercise, cannot be supposed to be exempt from the consequences of such misappropriation; and therefore it is very liable to inflammation. From the sensitive nature of the tube, it is very obnoxious to spasm, which may be partial, general, temporary or continuous; hence spasmodic stricture. This condition is of course dependant upon many causes, excess of diet, fatigue, cold, &c., irritating the general system; when from the local irritation previously set up in the urethra by the forenamed causes, a neglected gleet or clap, the urethra is not long in participating in it; the phenomena are the symptoms recently narrated. Highly restorative as the powers of nature may be to remove disease, she does not appear readily disposed to interfere with the processes set up in the machine she inhabits, for self-defence, to protect itself from the constant irritation produced, by the daily flow of acrid urine, which in several cases often produces ulceration; coagulable lymph is thrown out in the surrounding cellular structure of the particular diseased part, thereby thickening the walls thereof, and constituting permanent stricture, it appearing preferable to impede a function which a narrowing of the urethric canal does, namely, that of urinating, than of allowing ulceration to ensue, whereby the urine would escape into the neighbouring parts, and occasion great devastation, and probably death. Permanent stricture, as its name implies, outlives the patient; *it never yields, unassisted by art.* I have described the ordinary symptoms of stricture, especially that form induced by gonorrhœa. Stricture may arise from other causes. Inflammation, in whatever way set up, if allowed to go on or remain, will give rise to stricture, and the celerity or tardiness with which it takes place depends upon circumstances. An injury from falling astride any hard substance, blows, wounds, contusions occasioned by riding, the presence of foreign substances, the injudicious use of injections, and lastly, which is as frequent a cause as any one of those heretofore

enumerated, *masturbation*. The violent manual efforts made by a young sensualist to procure the sexual orgasm for the third or fourth time continuously, I have known to be of that degree, that irritation has been communicated the whole length of the urethra, extending to the bladder; and retention of urine, in the instance I allude to, ensued, and required much attention before it could be subdued. Excessive intercourse with females will give rise to the same effects; not so likely as in the case preceding, inasmuch as the former can be practised whenever desired, whilst the latter needs a participator. The act of masturbation repeated, as it is, by many youths and others, day after day, and frequently several times within each twenty-four hours, must necessarily establish a sensitiveness or irritability in the parts, and alteration of structure is sure to follow.

The positive changes which take place in stricture in the urethral passage are these: There ensues a thickening and condensation of the delicate membrane and the cellular tissue underneath, which may possibly unite it to the muscular coat. This thickening or condensation is the result of what we call effusion of coagulable lymph. It will be rather difficult to explain the process; but lymph is that fluid understood to be the nutritious portion of our sustenance or system, and which is here yielded up by the vessels which absorb it, and which vessels abound, with few exceptions, in every tissue of our body. However, it will suffice to say, that where inflammation takes place, there is an alteration of structure, and that alteration is generally an increase. In stricture this increase or thickening takes place, as I observed before, in particular parts of the urethra, but where the inflammation is severe, no part is exempt, and whole lengths of the passage become occasionally involved. It is true, certain parts are more predisposed than others, as, for instance, the membranous, bulbous, and prostatic portions of the canal, but there are oftentimes cases to be met with where these parts are free, and the remainder blocked up. This effusion or thickening assumes various shapes, and selects various parts of the urethra. The subjoined diagram will convey a tolerably perfect idea of the malady in question; indeed it is a beautiful specimen of simple stricture.

- A, the cut edges of the Corpus Spongiosum.
B, the urethra.
C, the stricture.



To continue the description of the formidable consequences of neglected stricture.

In protracted and neglected cases, that part of the urethra, between the stricture and bladder, becomes dilated from the frequent pressure of the urine upon it, induced by irritability of the bladder, which has an increasing desire to empty itself. In process of time, complete retention of urine will ensue, ulcer-

ation will take place at the irritable spot, and effusion of urine into the surrounding parts will follow ; and the consequences will be, as in the instance of the spasmodic affection, *fatal*, unless controlled by the skilful interference of the surgeon.

The symptoms of permanent stricture are often as slow in their progress, and as insidious in their nature as they are appalling in their results, and are seldom distinctly observed by the patient, until firmly established.

He is suffering from a long-continued gleet, and is first alarmed by a partial retention of urine—it passes by drops, or by great straining, or not at all. This usually occurs after intemperance, and is relieved by the warm bath, fomentations, and laxative medicines. This is the first stage, and is attributed to the debauch solely ; whereas, at this time, an alteration of structure is going on in the urethra. Its calibre is becoming diminished, which necessarily causes the urine to flow in a smaller stream. This is not observed at first ; and it is only after a long period, that the patient becomes aware of the fact.

The disease proceeds. In the morning, from the gluing together of the sides of the urethra, by the discharge from its diseased surface, the urine flows in a forked or double stream ; and then, as this agglutination is dissolved, it becomes natural.

There is a greater and more frequent desire to make water, disturbing sleep many times during the night, but unattended with pain, unless the neck of the bladder be affected.

There are also uneasy sensations in the perinæum, a sense of weight in the pelvis, with flying pains in the hips ; and in the permanent stricture there is a remarkable symptom frequently prevailing, that is, a pain extending down the left thigh from the perinæum.

As the disease advances, the urine flows in only a very small stream, or forked, twisted, double or broken, or in drops ; and the patient solicits the flow by pressing with his finger on the perinæum, and elongating the canal, somewhat after the manner in which a dairy-maid milks a cow.

The dilatation of the urethra between the stricture and the bladder already alluded to, now takes place ; and some urine remains in the dilated part, which oozes through the stricture, making the patient wet and uncomfortable.

There is great difficulty felt, and more time is occupied in getting rid of the last drop of water than formerly. This sensation continues all along ; and the cure is never accomplished until this is finally removed.

If the stricture is still neglected, more severe symptoms come on, and the neighbouring parts become affected also.

The *sphincter ani*, or the muscle of the anus, is relaxed, from the excessive action of the abdominal muscles ; and the fœces pass in small quantities involuntarily. There is a protrusion of the bowel, which adds to the distress ; and, by its irritation, brings on a looseness or diarrhœa.

The prostate gland, which is seated near the neck of the bladder, suffers

inflammation and enlarges, beginning at the orifice of the ducts, which open into the urethra.

The emission of semen, which often happens involuntarily, is attended with agonizing pain, producing cold shiverings, followed by heat; and fever soon becomes fairly established.

The liver and its secretions become diseased, discharging in the intestines large quantities of vitiated bile. The fever assumes the intermittent character. The discharge from the urethra is greatly increased in quantity, showing the formation and bursting of an abscess of the prostate gland into it.

The bladder is much thickened and diminished in size, and acutely or chronically inflamed. The desire to make water is continual, allowing hardly a moment of rest; and the patient, in the agony of despair, prays to be relieved from his sufferings.

Soon succeeding the irritation of the prostate, the testicles become involved, the disease being propagated by means of their ducts, which open into the urethra. The testicles swell a little, become uneasy and painful, and a dropsical or hardened enlargement ensues.

When the stricture forms a nearly complete obstruction to the passage of urine, the violent efforts of the bladder to expel it bring on ulceration or rupture of the urethra, through which the urine is forced into the cellular membrane, with all the power of a spasmodically excited bladder.

The scrotum and neighbouring parts become distended, erysipelas supervenes, black patches of mortification break out in different places, the febrile symptoms are augmented, and the patient at last irrecoverably sinks into a state of coma or muttering delirium, and death closes the scene. Such is the progress and termination of stricture when neglected.

The reader, if he be an afflicted one, will eagerly turn to the page wherein the treatment of this formidable and distressing malady is considered; and great will be his satisfaction and delight, on finding it remediable by such simple means, and entirely within his own control; more especially if he direct his attention to the disease in its earlier stages.

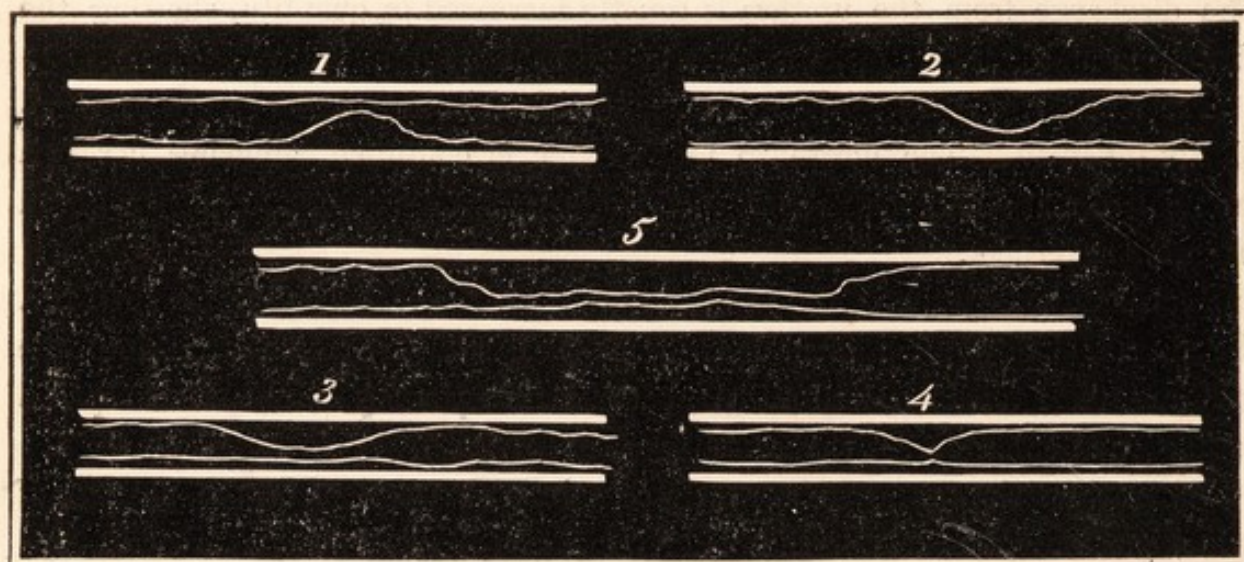
He must by no means, however, be too sanguine, from these remarks, or indulge in the idea that as stricture is remediable, it is unimportant when the cure be attempted: the longer the delay, the greater will be the cost to the patient; and, furthermore, the slightest deviation from the instructions laid down, will surely aggravate the disease, and increase the embarrassment of the sufferer.

The following diagrams are further explanatory of the stricture in its amplified forms—

The thick white marginal lines denote the calibre of the urethra, and the thin inner lines, the actual diameter of the obstructed passage. Figure 1 shows the stricture to be on the upper part of the urethra. Figure 2, the lower part.

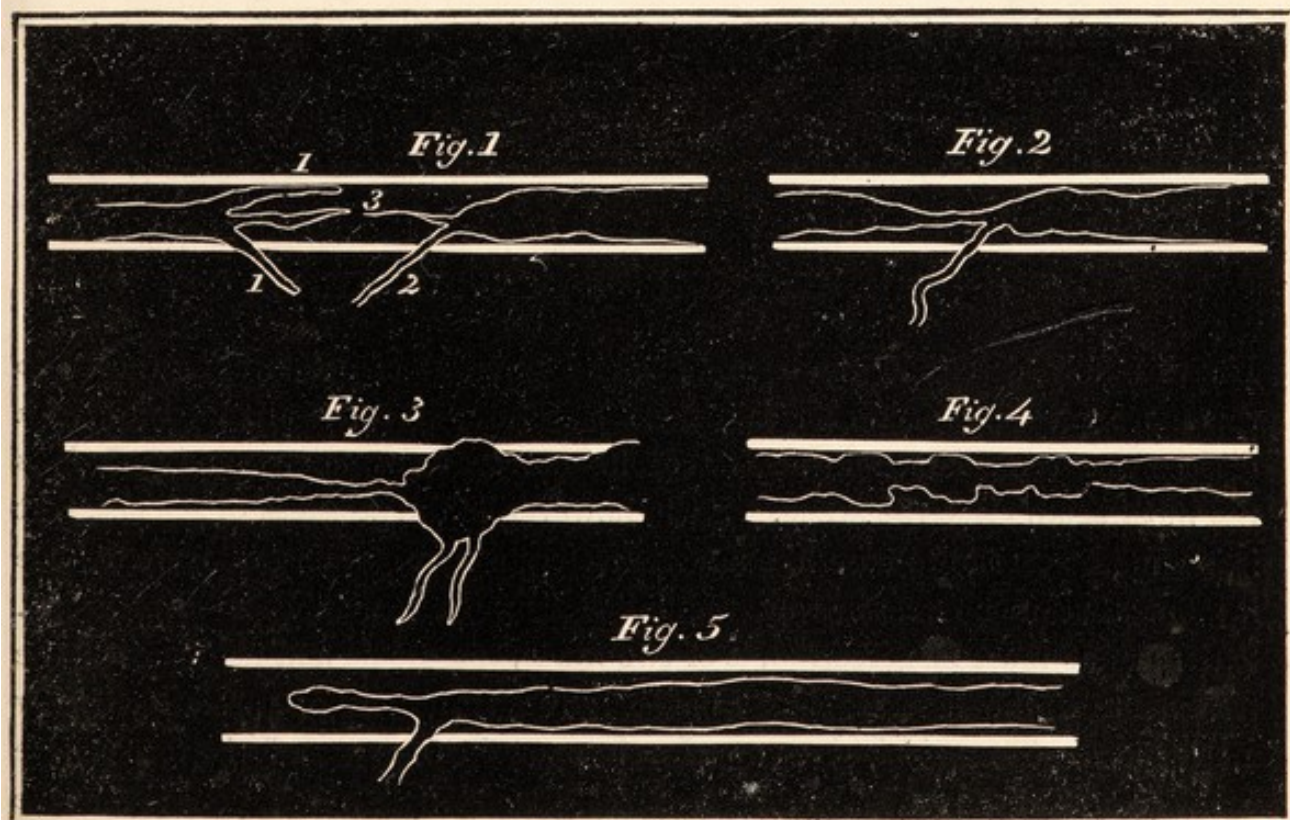
Figure 3 exhibits a stricture of some length, and a somewhat contracted state of the whole canal. Figure 4 denotes a very common form of stricture, which resembles a flour-bag tied in the middle; it is the least difficult to cure of any, because it signifies that the seat of irritation is limited; but these cases are generally precursory to severer forms, if not promptly attended to. Figure 5 represents a stricture of long endurance, and of course very difficult of removal.

There are many provocatives to stricture, and when once mischief is pro-



gressing, it makes up for its slow initiation by giant-strides. A patient may have a trifling stricture for years without experiencing much inconvenience. He takes cold, fatigues himself, commits some stomachic or other excess, may possibly have fever, all of which, more or less, disturb the general economy, alter the character of the urine, and in that manner doubly accelerate the disorganization going on in the urethra. A small abscess may spring up *in* the urethra, or *below* it among the cellular membranes and integuments. In either case, it chances now and then to burst an opening and create a communication externally with the urinary passage, constituting what is called *fistula*. A person labouring under stricture is always liable to these occurrences. As much mischief is done oftentimes by mismanagement as by neglect. The clumsy introduction of a bougie, or, in other instances, the unjustifiable introduction of one, is likely to, and very frequently does, lacerate the delicate and irritable membrane, and make a false passage. The next diagram exhibits an instance in Fig. 1, Nos. 1 and 1: the upper numerical shows a false passage made by a bougie, and an obliteration of the ordinary passage of the urethra, the result of inflammation, constituting an impassable stricture; the lower figure exhibits a false opening made, in the first instance, by a fruitless effort at passing an instrument, when inflammation completed the process. No urine escaped from it of course, because communication was cut off from the bladder by the impassable stricture, the outlet for the discharge of that fluid being through a sinuous opening marked No. 2, the No. 3 denoting the closed end of the urethra. The case happened to a man in very ill-health, who was prone to ulceration, and he gradually sunk under exhaustion from debility and pre-

mature old age. Fig. 2 exhibits a stricture, where the posterior part was enlarged by the constant pressure of the urine to escape through the narrowed part of the urethra; ulceration ensued, and a fistulous opening was the consequence: the stricture was seated high up, and the fistulous canal was several inches long, terminating in the upper and posterior part of the thigh; the urine used to dribble through it as well as through the urethra. The patient had been a seafaring man; he was in exhausted health from hot climates and intemperate living, and he died at last of consumption. I have the parts showing the stricture and the fistulous opening by me, in a state of good preservation. In Fig. 3, is presented an illustration of extensive ulceration producing two fistulous openings: the state of the urethra was only discovered after death, the patient having concealed his infirmity for many years, and dying suddenly from apoplexy, as he was found dead in his bed by the people of the house where he lodged. Fig. 4 portrays irregular and extensive ulceration. The patient died from syphilis, having gonorrhœa also at the same time. I have the preparation. Fig. 5 shows an impervious urethra, and a fistulous opening, through which the urine flowed. The urinary passage was blocked up within two inches from the orifice, and the length of the obstruction was perhaps a quarter of an inch. It was perforated successfully by the lanced stilette, and the passage thereby rendered continuous; the catheter was worn for several days, and the false opening soon healed after a slight application or two of nitric acid. Numerous other illustrations might have been given, but the preceding one and the present convey a passable notion of the simplest and most confirmed and most severe forms of the malady in question.



It is melancholy, notwithstanding the resisting and reparative power of nature to avoid so saddening a disease as stricture, that it is so very prevalent, and that it is occasioned by so many causes. Where it is not destructive to life, it is very injurious. It involves, where it is severe, other important organs beside the seat of its abidance; the repeated calls upon the bladder, through sympathy of the irritation, created so near to that viscus, the efforts which at all times it is obliged to make, although assisted by the muscles of the abdomen and contiguous parts to void its contents, at last, and very frequently ends in paralysis, and total inability to pass water ensues, except through the aid of the catheter. Independently of which, where so much disease exists as in the urethra, the urine also constantly pressing against ulcerating and irritable surfaces, extravasation of that secretion takes place, and the most formidable and alarming consequences ensue. In the simplest form of stricture, many important functions are disturbed. A very frequent consequence is permanent irritability of the bladder, so that the patient is obliged, ten or twelve times a day, to micturate, and is unable to pass through the night without suffering nearly the same inconvenience. Besides which, the natural sensitiveness of the genital organs becomes speedily and much impaired. I am satisfied that where disorganization of the testicles does not exist, and where the patient is young, or even middle-aged, if he be impotent, he will in nine cases out of ten be found to have stricture. There are exemptions, which shall be named when speaking on the infirmities of the genital system, but in nearly all cases of impuissance there will be found, if not stricture, at least some morbid irritability of the urethra. During the existence of stricture, there is generally a vitiated secretion from the seat of mischief, constituting a gleet; therefore a gleet at all times should be regarded, lest it be an indication of something more than a mere weeping from enfeebled vessels.

ON THE TREATMENT OF STRICTURE.

HAVING fully described the symptoms and progress of stricture, I proceed to the more pleasing part of treatment. Stricture, if early attended to, is a disease easy remediable: if neglected, its horrors accumulate, and sufferings the most acute close the scene. Such, however, is the progress of science, that it is almost possible to cure the most inveterate case, at all events to relieve it; but that is no reason why the initiatory notices should be disregarded. Stricture, as must be perceived, is of two kinds, spasmodic and permanent: the treatment of the first is chiefly medical, the treatment of the latter chiefly mechanical. The principal agents I rely upon in the cure of the former, are the warm bath, rest, sedatives, and certain dietetic restrictions; for the

removal of the latter, I place unbounded confidence in the practice of *dilatation*; and I am of opinion that the other methods, namely, the application of caustic or the scalpel, might be dispensed with altogether, if the dilating method be not delayed too long. From holding myself thus open to, and soliciting, as I do, patients labouring under this class of infirmities, it may readily be conjectured that I do not get the cream of practice; but that, in fact, the majority of cases are of the most inveterate character, cases of long continuance, and which have often made a tour of the profession before falling to my care. Therefore that which I recommend, adopt, and so highly approve of in ordinary cases of stricture, although even in severe cases efficient, namely, dilatation, will not level mountains, or, in other words, will not remove cartilaginous deposits, or *bore* through pigmy tunnels of needle-like diameter. In some of the ensuing cases, the reader will perceive that I am obliged to resort to those means that, in my previous publications, I have not esteemed so highly, namely, cauterization, and even division; but necessity has suggested several improvements, particularly for the application of styptic preparations, which I believe have not been, nor are, employed by any other person than myself, and which remove at once all the objections I originally entertained, as will be hereafter shewn. With regard to the cure of stricture by division, it may be observed, it should only be used, in my opinion (of course modifiable by circumstances), when dilatation or the other are unavailable, or have already failed; but the cases illustrative of the practice will best explain its necessity, and exhibit the manner of its employment.

One of the most powerful adjuncts in the treatment of all affections of the urethra, bladder, prostate gland, kidneys, and other structures, pertaining to the urinary and generative system, is the warm bath. From my connexion with one of the largest metropolitan bathing establishments, the reader may smile, and significantly ascribe my laudation of bathing to a feeling somewhat interested in the adoption of the practice of self-immersion; be that as it may, I hold the obligation but slight which the public may think proper to favour me with, when the withholding of it would require considerable self-denial. English people are beginning, as it were, to feel that the neglect of entire personal ablution creates a want; and there are few countries in the world, like our own, the inhabitants of which have only to desire to have, and where the wish becomes so speedily realized, as among the people I am addressing; warm bathing, I therefore repeat, in the treatment of disease, is as indispensable as it is essential to the personal comfort of those in health. As a proof of the estimation in which it is held by the public, there is scarce a country town without an establishment for the purpose, independently of those that form so prominent a feature at the watering-places, from one end of the British coast to the other.

Before commencing the cure of stricture, I need hardly observe, that we

ought to be fully satisfied of its existence. Symptoms are not always unerring guides; and, therefore, our reliance should not wholly depend on them.

— “to be once in doubt

Is once to be resolved.”

The only mode of ascertaining the precise condition of the urethra, is by an examination of it, which should not be delayed a moment after suspicion is entertained of the impending evil.

For this purpose, it is recommended that a solid silver sound should be used as the best instrument; because it will pass with much less pain or inconvenience. It should be made conical, that is, smaller at the point than at the shaft, and of a size to pass very readily into the orifice; the shaft or body of the sound should not exceed two thirds of the size of the canal. The sound should be warmed, and afterwards it should be well oiled. The directions for examining the urethra pertain to the passing of a bougie or catheter; and as it often falls to the lot of a patient, that he is beyond medical assistance, it behoves him to learn how an instrument should be passed, in order that in emergencies he may officiate himself; besides, it often happens, in cases of diseased bladder, and in those instances where retention of urine frequently occurs, that an invalid cannot command the necessary constant attendance of his professional man; and, therefore, such knowledge will well repay any little time or trouble bestowed in the acquisition. The two annexed drawings will render the commonest observer a proficient. The first shows the manner in which the bougie is to be introduced. Where the instrument can be passed thus far, without the assistance of the other hand than that which holds the bougie, it is better, as it keeps the penis and the muscles which influence it in a passive state. When the instrument has passed as far as it will, in the direction the dotted lines denote, it is to be turned gently round, raising the handle towards the abdomen. A slight pressure is then to be made *downwards*, and the handle of the catheter or bougie at the same time to be borne away from the body. See diagram. The instrument will, if there be no impediment, gradually slip into the bladder. A trial or two will perfect and surprise the novice. The same directions apply to the introduction and use of all other instruments into the urethra. The sensation experienced on having a bougie passed, partakes more of a strange tickling feeling than absolute pain, except there exist stricture, and even then, the urethra on a subsequent trial is almost insensible to it.



If soreness or pain is felt, on the sound passing over the affected part, we may presume there is chronic inflammation of the urethra, or that the surface is ulcerated, as in long standing gleet. If the sound meet with an impediment, but proceeds after a little pressure, it indicates a thickening of the mucous membrane, the forerunner of stricture.

I may here observe, that stricture is generally found to exist either within an inch of the orifice, or at about six inches and a half from it, or in the prostate part of the urethra.

If the sound passes, without hindrance, the last situation, but with increased pain, the membrane of that part is diseased, and may extend to the bladder; which will be indicated by the frequent desire to micturate during the night, owing to the irritable state of that organ.

If the instrument be arrested at about six inches and a half, the complaint, in all probability, is seated in the transverse portion of the prostate, and requires very cautious treatment.

When the obstruction is at the very entrance of the bladder, a resistance will be perceived, which on yielding, will impart a peculiar sensation as the sound enters the bladder. When stricture is thus situated, there is a frequent desire, with almost total inability, to micturate; and when once formed, it is productive of the most serious mischief, unless relieved.

In cases of permanent stricture, the passing of the sound conveys the sensation of going over a ridge. Where it meets with a temporary stoppage, and then passes on, it has probably hitched on a fold of the urethra. Sometimes it will enter the orifice of a dilated follicle; and if much pressure is used, it will occasion considerable bleeding.

The nature and situation of the disease being ascertained, the cure may now be proceeded in, recollecting that no force is to be used, and that too much be not attempted at one essay. Now without entering into an inquiry as to the laws on which *contraction* and *elasticity* of certain animal structures depend, it is enough for our purpose to know, that the urethra possesses both properties; it may contract so as to oppose the exit or entrance of the smallest stream, and it may be dilated to admit the introduction of an instrument an inch in circumference. The urethra maintains these properties in disease as well as in health, and upon the strength of this fact, is the practice of dilatation in the cure of permanent stricture founded. Permanent stricture, it will be recollected, is a positive narrowing of the urethric canal; and as it is the nature of all organic diseases to progress, unless prevented by art, it needs no stronger argument than necessity to show how imperative it is to set about their removal.

The cure by dilatation is as follows:—the seat and size of the stricture being ascertained (both of which can be easily done by the passing of the sound as directed, and the observance of the stream of urine), a bougie in circumference somewhat larger than the calibre of the urinary current, warmed and dipped in

an oleaginous mixture combined with some sedative* or stimulant† according to circumstances, is to be passed to the stricture, and the gentlest pressure is to be employed for the space of five, ten, or twelve minutes, according to the irritation it produces, removing it as soon as any uneasiness is felt.

Even in this very simple operation, a certain dexterity is requisite; for the direction of all urethræ is not alike, and the mere pushing a bougie against a contracted part is not the only likely method of effecting a free passage. Much also depends upon the nature of the bougie—the elastic ones, although assisted in their attempted passage to the bladder, by the smooth and well lubricated sides of the urethra, have a tendency to straighten; and unless considerable rotatory motion be observed, are apt to hitch in a fold of the urethra, especially if the case befall a person of relaxed fibre, and he be much worn down by suffering. The bougies that I employ are constructed upon an improved plan to those in general use, being prepared of a material that will preserve the shape I adapt them to, previously to introducing them, but at the same time, sufficiently soft to yield to any accidental tortuosity of the tube they are intended to explore. The bougie then is to be pressed softly, but steadily against the obstruction, now and then withholding for a minute the bearing, so as to allow a respite to the stretched membrane; then renewing by what is better done than expressed, an “insinuating” pressure for the space of the time advised above. The patient should not be dispirited even if the bougie do not perforate the stricture at the first trial: it would doubtless do so, if longer time were employed, but that is rarely advisable, except in cases where the urine can scarcely escape, or much expedition be requisite. Should the operation even be unsuccessful in this first attempt, the patient will find his ability to micturate much greater than before the introduction; but, save in long-standing and obstinate strictures, I rarely find myself foiled, nor do those who practise the same method, if they have patience and skill enough, in overcoming the difficulty at the first interview. A great advantage of the cure by dilatation, independently of its safety and efficacy, is the insignificant pain it occasions; the sensation produced being only like a pressing desire to make water, which immediately subsides on withdrawing the bougie.

I cannot forbear mentioning in this place, a case that fell under my own

* *The Sedative Application to anoint a Bougie with.*

(Form)

- | | |
|----------------------------------|------------|
| 24. Take of Extract of Aconitine | 1 grain. |
| Oil of Olives | 1 drachm. |
| Mix. Or, | |
| 25. Take of Extract of Henbane | 5 grains. |
| Lard or Olive Oil | 1 drachm. |
| Mix. Or, | |
| 26. Acetate of Morphine . . . | 3 grains. |
| Simple Cerate or Oil . . . | 2 drachms. |
| Mix. | |

† *Stimulating Application.*
(Form 27.)

Take of powder of Calcined Alum, and dust the end of a bougie previously oiled, and introduce it to the stricture in the usual manner, and suffer it to remain until the obstacle be overcome. Occasionally the bougie may be smeared with the Balsam Copaiba, where the case is chronic, and there happens to be much secretion from the part.

observation some years back, of the removal of stone from the bladder, by which it will be seen to what extent of dilatation the urethra is capable of submitting, and which affords a forcible argument in favour of the practicability, to say the least, of the plan here recommended. A foreign gentleman, upwards of forty years of age, had for a long time been suffering under calculus of the kidney: after enduring many months agony, the stone passed through the ureter into the bladder. Being an ingenious man, he set about contriving, of his own accord, how to release it from the bladder:—he procured different-sized bougies, and employed them in progression, to enlarge the passage. When he had succeeded in introducing one in thickness the size of a small desk ruler, he had a silver tube made, similar in circumference, bougie-fashioned, with an open end, through which he ran a double string of cat-gut, looped; and he directed the same through the urethra into the bladder. After many ineffectual attempts, usually made in a morning when in bed, and persevered in for several weeks, he at last succeeded in catching the stone, which he, by dint of perseverance, drew after the manner of extracting a cork from a bottle, half way through the urethra. Nothing daunted, knowing that he could, if it came to the worst, have it “cut away,” or “out,” by a surgeon, he ordered a hot hip bath to be provided, into which he got, and, after an hour’s immersion, and gentle pulling therein, to his great joy and satisfaction, this stony monster emerged from its dark recess:—it was of a hard character, and in size equalled a small horse chesnut. It need scarcely be added (for he is still alive and in sound health) that he carefully preserves it to this day.

I should not hesitate recommending patients, similarly circumstanced, to his care and treatment—and I very much question whether he was not one of the first lithotritists. He is aware of the plan of crushing stones in the bladder now, instead of cutting into that viscus for them as formerly; but he was quite ignorant of that method, when he commenced operator.

Another method of dilating a stricture, where it happens to be of chronic existence, is the passing a plastic catheter into the bladder, and suffering it to remain all night, or even for several nights, stopping up the handle end with a cork or wooden peg, which the patient can remove when he desires to urinate. The urethra, by this means, becomes quickly dilated, and much beyond the size of the instrument. It necessarily confines the patient to his room and couch; but where an expeditious cure is the object, as much may be effected in this manner in six days, as by the ordinary method in as many weeks. Time, however, it must be remembered, is the working *materiel* of nine-tenths of strictured invalids, and a week’s lay-up may cost a twelve-month’s salary, a purchase too dear to be generally incurred.

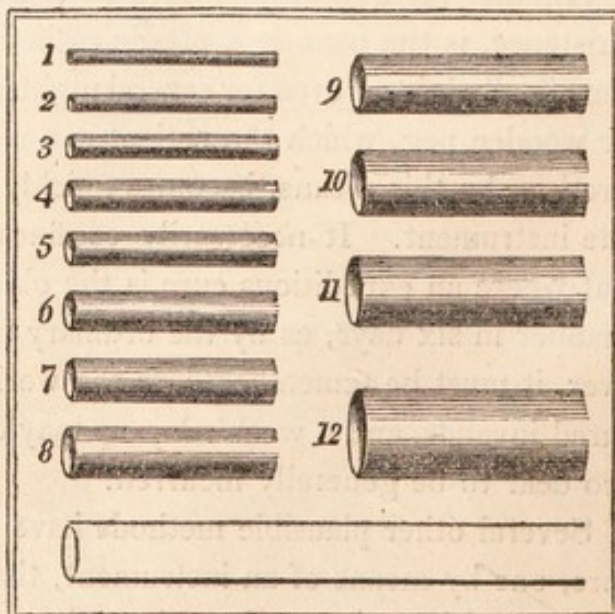
Several other plausible methods have been suggested for the cure of stricture, one by means of an instrument, that the operator could enlarge when it was passed into the urethra, through turning a screw; another, which was to

introduce a tube made of some thin skin, and then to distend it with wind or water : a third, and oftentimes, in reality, a very useful and available one, is to compress the penis around the glans, and suffer the urine, as it accumulated, to distend the anterior part of the urethra before the bandage was removed and the urine suffered to escape ; but they have their several disadvantages :— the processes, with the exception of the last, are complicated and uncertain in their result ; the instrument is not so manageable, or so useful as an ordinary sound ; and the gut, instead of distending the strictured part, enlarges the healthy portions of the urethra. The bougie, in proper hands, notwithstanding it is a simple instrument, is the most positive and effectual method of curing stricture as yet, or likely to be, discovered. An entrance, then, having by this means been gained, a bougie of a larger size is to be selected on the next occasion, and the same process repeated. It is never advisable to repeat the operation oftener than once in two days, and when the urethra is irritable, only every three or four days.

By continuing in this manner, the stricture gradually yields, and a bougie as large as the orifice will permit to enter, will at last proceed through the whole passage without meeting any obstacle. The operation, notwithstanding this apparent success, should not be wholly laid aside, but continued until the disposition for contraction is entirely removed ; and the patient should never rest without occasionally examining his urethra, say once a month (at least once a quarter), lest he encounter a relapse.

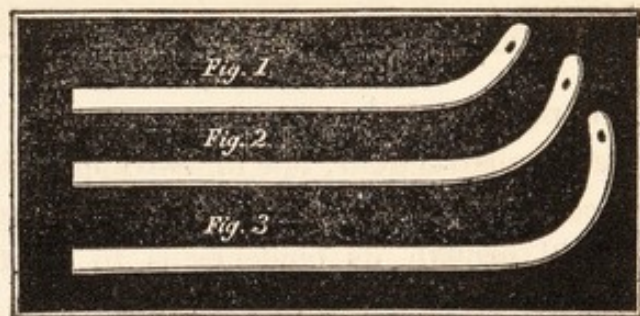
Having disposed of the treatment of stricture in its fortunately most usual, namely, the mildest form, I proceed to consider the treatment of severe kinds—previously to which, a little enlightenment of the various kinds of instruments, their structure, shape, and size, will render any subsequent allusions more intelligible.

The diagram here introduced represents the calibre of the various bougies in general use, and the observer will perceive, that as they are made to accommodate themselves to the passage they have to pass, how varied must be the changes which the urethra undergoes ; the last outline indicates the natural and healthy bore of the urethra. Bougies are manufactured of different materials, waxen cloth rolled together, elastic and yielding, flexible metal, silver, and gold ; the bougies which I employ are constructed upon an improved plan to those in general use ; the elastic, as

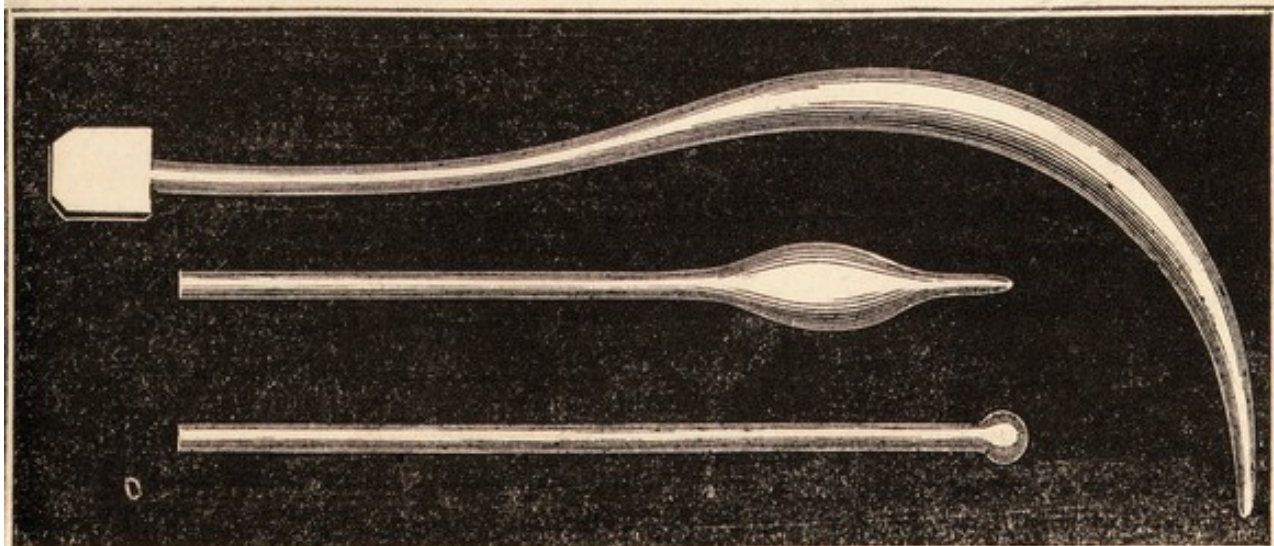


they are termed, although assisted in their attempted passage to the bladder by the smooth and well-lubricated sides of the urethra, have a constant tendency to straighten, and consequently are liable to hitch in all the folds they may encounter, which, in relaxed habits, are very numerous in the membranous portion of the urethra: to obviate such a possibility I prefer that the bougie should be of such a consistence and manufacture as will admit of its preserving the shape I adapt it to previously to introducing it; at the same time, the material to be sufficiently soft to enable it to accommodate itself to any accidental tortuosity of the tube it is exploring.

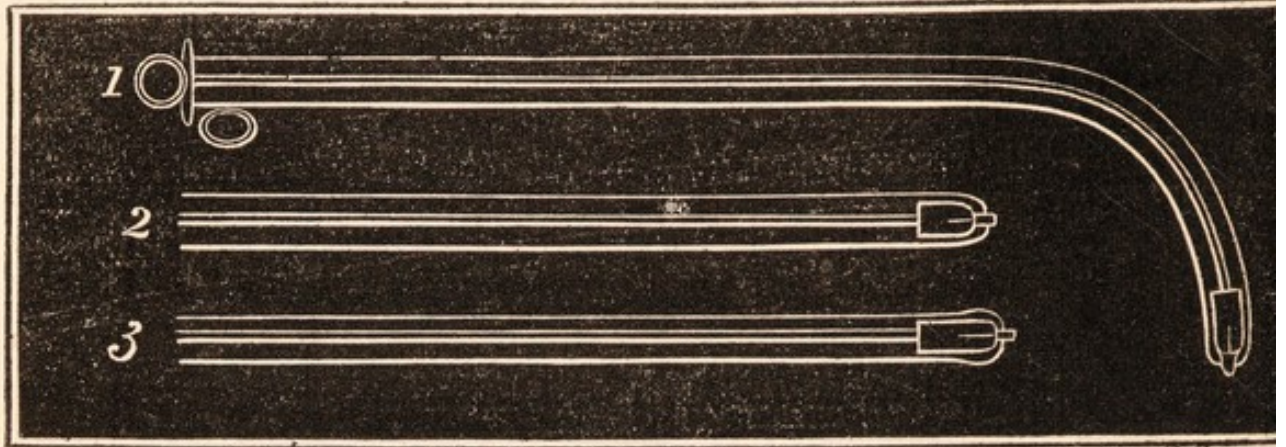
Catheters are instruments for the purposes of withdrawing the urine: they are consequently hollow, and are made of the same materials as bougies; but the most useful, and to be depended upon, are composed of silver. Surgeons, like other men, have their fancies: a catheter, when made of silver, has very little flexibility; accordingly, it must be shaped beforehand. Some medical men prefer them quite straight, others with an immense curve. A surgeon should possess many forms, as the direction of the urethra differs almost in all men; the subjoined exhibits not the size, but the shape of the more useful and the more usually kept. The figures 1 and 2 suffice in most instances, whereas figure 3 is necessary in cases of enlargement of the prostate gland, which presses up the bladder, and renders the urethral passage consequently longer.



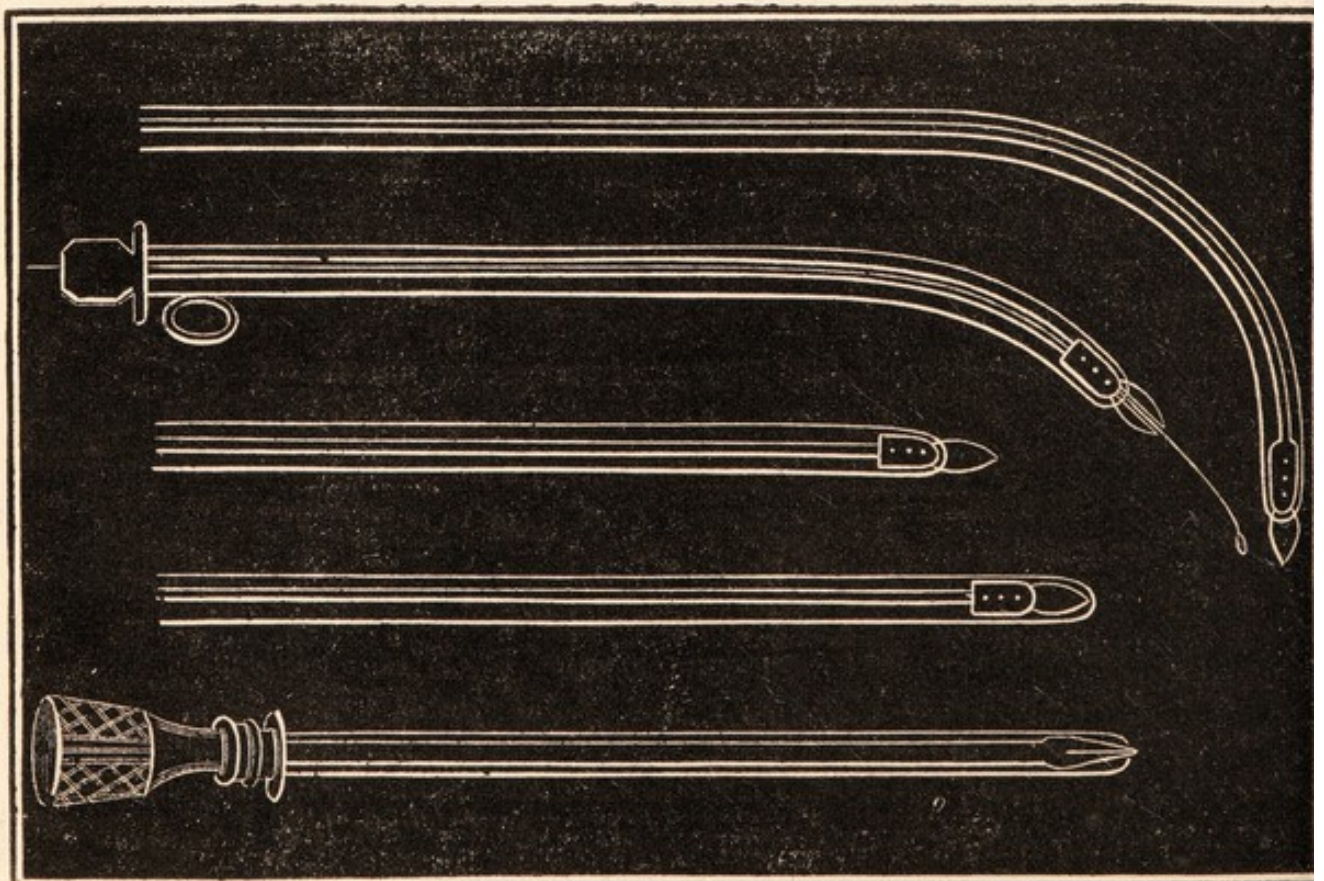
Our neighbours, the French, employ not only variously curved instruments, but variously shaped. In peculiar cases, they are doubtlessly useful; but they require to be used only by persons of skill and judgment. In the next diagram are views of such: they are called conical bougies, the first curved, the second straight; they are made of silver, waxen cloth, or India-rubber: the third exhibits a sound, employed to ascertain the seat of stricture.



I have already alluded to the improved method I employ on finding it necessary to use escharotics. I cannot better explain the process than by submitting a sketch of the instruments; whereby the mode of application will be instantly perceived. The instruments are made of silver: the figures represent, No. 1, a curved; No. 2, a straightened; No. 3, ditto, with enlarged head, which puts the *areola* of the stricture on the stretch, and secures the central part for the application of the caustic, or whatever substance may be employed.



The next kind of instruments are for the purposes of dividing or piercing hardened obstructions, one or two applications creating a passage which a hundred *cauterizings* would not effect (see cases). When any styptic is applied to a morbid growth, its tendency is to create a slough, or to destroy the part whereto it is applied. In some instances, a styptic actually promotes increased



action: it may temporarily destroy the part, but the moment the effect is over, a reaction follows, and the excrescence is increased. Such is the case in many long-standing, obstinate strictures; and their removal by perforation or division is rendered indispensable. The practice requires the most careful attention and anatomical knowledge: and no one but a professional man would attempt its employment. The various objections and possible mischances will be considered when illustrating the practice anon. The reader is requested to examine the preceding diagram.

The top sketch exhibits a curved instrument with the pointed lancet projecting as when applied. The second exhibits ditto, but with a differently formed instrument, consisting of two portions separated, so as to allow a director in the form of a thin silver wire with a silver knob, to pass for the purpose of exploring the passage which the instrument is to follow and enlarge. It is indispensable in strictures seated among the soft and deep parts, lest a false passage should be made. The third figure represents a straight instrument; the fourth, ditto, but with the lancet in reserve; the fifth a perforator.

The reader has now been made acquainted with the various resources the surgeon has at his command. A few words on their employment will complete the necessary amount of information to render the one as wise as the other. By way of recapitulation, the treatment of stricture is by *dilatation*, *cauterization*, and by *division*. They are to be estimated in the order of their arrangement. By dilatation is meant the enlarging of the urethral passage through the frequent introduction of bougies of graduated sizes. It is an operation unattended with any considerable pain: its novelty sometimes renders a patient a little nervous; but a complaint is rarely made after the second or third introduction. Indeed, it is oftentimes courted more frequently than is desirable. The application also of caustic, or even the perforator, produces scarcely the least inconvenience. Hæmorrhage, of most things to be dreaded, is less frequent with cauterizing and cutting instruments (in skilful hands) than the incautious employment of blunt-pointed bougies.

In accordance with the arrangement of this work, the following cases are presented as illustrative of the methods recommended in the preceding pages for the various kinds of treatment of stricture.

CASE I.

SPASMODIC STRICTURE.

<p>A Spanish gentleman labouring under retention of urine, came to my establishment in the city for a hot bath. He was in great agony, being</p>	<p>every now and then drawn double with pain: he was cold and shivering, and his face bedewed with a clammy perspiration. The desire to make water</p>
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was so vehement that he feared his bladder would burst. After several powerful efforts, a few drops of urine, accompanied by many more of blood, would follow, but with no relief to the anguish he experienced. There is no complaint which makes such powerful appeal to our sympathy as that of the retention of urine. I urged his hastening into the bath which I had prepared at 98 Fahrenheit, and immediately administered to him a glass of hot spirit and water, containing one drachm of laudanum. He felt immediate relief from the pain on getting into the bath, but no urine flowed. Understanding he had not passed water since the morning, and that he had partaken largely of tea for his breakfast, I examined the region of the bladder and found it distended. I determined, therefore, upon introducing the catheter, and accordingly selected one the size of a No. 9 bougie, and smearing it well with an admixture of belladonna and lard, a most admirable relaxant for spasm, cautiously passed it into the urethra. There was much resistance about one inch within the orifice; a gentle and continued pressure, however, soon overcame it, and the catheter passed on towards the rectum, when it became locked in that portion of the urethra near the prostate gland; a slight pressure for the space of three minutes was maintained (the operation all this time being proceeded with under the water, which had been increased to above 100 degrees), when, to our mutual joy, the catheter glided on uninterruptedly into the bladder, and nearly two quarts of pale-coloured and inoffensive urine escaped. His relief was so exciting to him, that he immediately fainted; he was removed, wrapt in blankets, laid upon a couch, and presently recovered, and within two hours was conveyed to his hotel in St. Paul's Church-yard. On visiting him in the evening, I learnt that he had long been

labouring under an irritable bladder, with a gleet discharge from the urethra, and was frequently subject to incontinence of urine, desiring to evacuate it several times in the half-hour; so that at last it would dribble in drops, and ultimately become suppressed, when he would experience the torment he exhibited at my establishment. I prescribed a sedative mixture, to be succeeded in the morning by a dose of castor oil. The following day every symptom had subsided; he had slept soundly; and the laudanum and the mixture had the desired effect, in allaying all further spasmodic contraction. With a view of maintaining the advantage gained, I advised him to take the *liq. cop. alk.* to give tone to the bladder, and correct the discharge from the urethra. He followed my advice for about a fortnight; at the expiration of which, he told me he felt much improved in health, and had not experienced any symptoms of his old complaint. In some cases, it is necessary to continue the daily application of the bougie, armed with the belladonna or other sedative application, for a week, and to persist in a lessened diet, an avoidance of exercise, and the use of the hot bath, and a continuance of sedative medicines at the same time; but a few days will be generally found sufficient. On the subsidence of the complaint, the health, on which the recurrence of the spasm so much depends, should be carefully attended to. Exciting diet, late hours, venereal indulgencies, and mental and bodily fatigue, should be strictly avoided; and astringents, chalybeates, and other tonics cautiously given. This case is narrated to show the consequences of cold caught upon an ill-treated and "unfinished cure" of gonorrhœa; and at the same time to exhibit how speedily and permanently relief may be effected by a prompt application of the proper means.

CASE II.

SPASMODIC STRICTURE.

A gentleman who had been living very freely, in the most extensive sense of the word, for several days successively, was seized with a sudden and violent desire to make water, but an inability to void the least quantity. Having on previous occasions overcome such an attack by immersion in a hot bath, he repaired to my establishment in the city for the purpose of taking one. After being in the bath for ten minutes, at a temperature of 104° and without experiencing relief, he requested to see me immediately. On learning his case, I lost no time in attempting to pass the catheter, knowing from experience that if I could not introduce it into the bladder the attempt would not be without its advantages, the pressure of a bougie or any similar instrument against a stricture, if the contraction depends on spasm, exhausting the morbid irritability of the diseased portion of the urethra sooner than any other plan I know of; nor was it ineffectual in this instance. Although the further passage of the catheter was opposed when it arrived at the membranous portion of the urinary conduit, the gentle pressure I continued produced a powerful desire for micturition; and my patient hastily requested the withdrawal of the instrument, saying that he felt he was about to be relieved. On removing it, the urine followed in a somewhat spiral and minute stream, which soon acquired its natural diameter, and all pain and annoyance was at an end for the present.

I advised an oleaginous purgative to be taken forthwith, which advice was adopted; and the following day my patient was convalescent, and full of resolutions to live more temperately for the future.

From the known efficacy of warm bathing in spasmodic stricture, I very often encounter cases in my baths, the majority of which experience relief without the aid of any other means; but there are cases that appear to be rendered worse by hot bathing and catheterism; when opium is next to be relied on. It may be administered in the form of a clyster, in the proportion of 40 drops to half a pint of warm gruel. In case of failure in this instance, the following mixture is a highly-advantageous remedy; but it must be borne in mind that these suggestions are only thrown out to be used until the arrival of the surgeon, who ought, in such cases, on no account to be dispensed with:—

Form 28.

Take of

Mucilage of Acacia . 2 oz.
 Liquor of Potass . . $\frac{1}{2}$ dr.
 Tincture of opium . 1 dr.
 Spirits of Sweet Nitre 2 drs.
 Pennyroyal Water . 4 oz.

Mix. Dose, three table-spoonsful every hour till relieved.

I will not suppose the patient to be beyond the reach of medical assistance; and, therefore, in presuming upon the failure of all the methods herein advised, consisting of the warm bath, the introduction or attempt at passing the catheter, the exhibition of opium and purgatives, there is no alternative left but puncturing the bladder itself, or making an opening in the urethra behind the stricture, and which, as I need not observe, is so far beyond the province of all but professional men, that any further mention is superfluous. Happily these cases are rarely of such severity as to require such rigorous measures for their relief.

CASE III.

PERMANENT STRICTURE.

A naval officer of about 49 years of age, in the course of last summer consulted me for relief from stricture, of which he gave me the following account. He had, he said, contracted gonorrhœa about 18 years back; since which, at various periods, he had been annoyed with gleet. Accustomed to free living, and indulging oftentimes in grog and punch, he rarely escaped for six months at a time, during the last four years, an attack of spasmodic retention of urine, but one that would yield to hot fomentations, applied over the lower part of the abdomen, aided by an injection of hot water into the rectum. After the subsidence of the attack, he would observe for the next five or six days the stream of urine to be diminished in its calibre, and he also experienced great difficulty in voiding the last few drops, being compelled to stand over the urinal for many minutes. When he had recovered from the effects of his intemperance, he would feel much better, the urine would flow in a fuller stream; and he could retain it for a longer period than he was wont. During this while, however, he found that each act of micturition, which had also become much more frequent, occupied a longer period than formerly, that the urine issued out in a weak and scattered stream, and that he lost much of his sexual desire, and that in a late attempt at commerce with a female, the emission of semen, according to his own impression, instead of being propelled through his urethra, regurgitated into the bladder, and was accompanied with a severe aching pain around the pubis, loins, and genitals. Since that period, he had experienced great difficulty in passing water at all, and, on attempting to urinate in my presence, I found it dribble in form

not thicker than a bodkin. Upon examination with a sound, (as recommended in page 86), I discovered a hindrance to the passage of the instrument, about two inches from the orifice of the glans. Upon continuing the pressure for a few moments, the sound slipped through, but was again firmly impeded about four inches and a half further on. So far satisfied that a stricture, in fact more than one, really existed, I determined on attempting the cure by dilatation. On withdrawing the sound, slight hæmorrhage followed, and my patient felt faint: a glass of wine was handed to him, and he rallied. Not choosing to carry the treatment on further that day, beyond suggesting his taking a laxative, I appointed three days hence for our next interview, when I proposed repeating the operation. The patient should learn to bear his disappointment, if the first, or even second, or third attempt to pass a sound or bougie be unsuccessful; and he should not be impatient, if the operation be not repeated for several days. At best, it is productive of irritation, and that irritation should be allowed to subside, before the part be meddled with again. At the time appointed, my patient was punctual; and I proceeded to dilate the stricture in the following manner:—I passed a small waxen flexible catheter in which was a stilette to preserve its form. I encountered no difficulty in getting through the first stricture, and the second yielded to a few minutes' pressure. I pushed the instrument forwards, after having everted the handle, and arrived at the neck of the bladder, where I found all further progress impossible. Without drawing the catheter, I assisted my patient into a warm bath, that I had had prepared ready for the pur-

pose, and desired him to hold the instrument, keeping up at the same time a gentle pressure on the handle. At the expiration of twenty minutes, during which time the temperature of the bath was increased to nearly 110° , and which my patient bore without the least inconvenience, I renewed the attempt to enter the bladder. After partially withdrawing the catheter, again pressing it forward, and using a little rotatory motion, it gradually slid into that viscus; and my patient very sensibly discovered that the urine followed the removal of the stilette, by the ease it afforded him.

In numerous cases of stricture, I have derived immense advantage from the aid of the hot bath, many cases holding out a rigid opposition to the entrance of a bougie, until the body is immersed in a temperature far exceeding its own, when all further resistance, has oftentimes subsided, and the stricture been easily overcome. After suffering this gentleman to remain in the bath for half an hour, I removed the catheter, suffered him to dress, and, after enjoining rest, temperance and quiet, postponed our next interview

till that day week. I should here state that ever since the introduction of the sound, he had micturated much more freely than before.

On his third visit, I simply repeated the passing of the same instrument that I had done on the second, but with this difference, that the operation gave no uneasiness, nor did it meet with any resistance. At each of our subsequent meetings, I employed a larger bougie, until I could pass one the size of a quill, when I suffered my now proficient pupil to perform the operation upon himself in my presence, which he did as much to my satisfaction as his own. As he purposed leaving London, I advised him to avail himself frequently, at least once a week, of warm bathing, to pass the bougie while in the bath at short intervals, and to avoid as much as possible exciting drinks, stimulative diet, and relaxing and debilitating habits. Although a period of eight months has elapsed since the occurrence of this case and its narration here, I learn that my patient has experienced no relapse of his complaint.

CASE IV.

CURE OF PERMANENT STRICTURE BY DILATATION.

My patient, in this instance, was a professional gentleman, thirty-six years of age, of sanguine temperament, slender form, and in a state of extremely feeble health. The history of his case was as follows. When a youth, he fell a victim to the unhappy error of personal abuse, which he would resort to twice or thrice a day. This habit clung to him for many years. When embarking in the world, he availed himself of the usual opportunities of associating with the other sex; but he found, owing to his

former improvidence, he could not achieve with women what many other young men of his own age could perform. The testicles were lax and pendulous, and his venereal appetite flagged when most needed. When about two-and-twenty, he contracted a clap which teased him for nearly six months. On his recovery, he again ventured on dangerous ground, and was again the victim of his sensuality. The symptoms, on the second occasion, were more virulent than the first. His testicles became alternately

swollen, and his health was necessarily much shattered by the remedies—bleedings and so forth—that were employed. At the end of a few months he was again convalescent. His pursuits were now more active, which kept him, perhaps, out of harm's way. About this time, he formed an acquaintance with a respectable lady, whom, after the usual preliminary courting, he married. His position was again altered. The demands upon his reproductive system were of course more urgent; and he, consequently, began to experience many annoyances and other ill effects of his youthful gaities. The retentive powers of his bladder, were not in such excellent order as they were. He became troubled with frequent desires to urinate, which he could only do in small quantities; besides, the flow appeared to come from him in a finer stream. The trouble increased so much that he reckoned he was urged to micturate at least thirty times in twenty-four hours. For this he took medical advice; and by living temperately, and abstaining from wine and other fermented liquors, he got somewhat better. Occasionally he observed a gleet secretion from the urethra, especially in the morning; and he distinctly observed the stream, when passing water, to be getting smaller and smaller, so that he could never empty his bladder in less than two or three minutes. A train of nervous feelings now ensued: his spirits began to droop, and his health to fade. His amative powers appeared nearly suspended; and he fell into a state of extreme nervous debility. One of my publications made acquaintance with him. He consulted me; and I found he laboured under stricture, on which all his other ailments depended. Being a very nervous patient, there was some hesitation before he would consent to an examination of the state of the

urethra. At last my friend was decided; and in an instant, I detected a stricture within an inch of the orifice, another near the bulb, and a third at the very entrance to the bladder. On withdrawing the sound, a few drops of blood oozed out, and great relief was experienced. This was succeeded by a faintness, which, however, a moment's rest on the sofa in a horizontal position removed. I then suffered my patient to retire, advising him to abstain from urinating as long as possible, and to visit me the succeeding day.

The report at our next meeting was favourable. There was a little heat left in the urethra; but the facility of micturition was certainly greater than before. I determined this time to have recourse to the warm bath, into which I desired my patient to get. When he had remained there some fifteen minutes, I attempted the introduction of a much larger bougie than the sound of the day before; and, to his astonishment and my own satisfaction, I passed it through with but trifling inconvenience. It often happens that a large bougie will pass very readily, when a small one will give the greatest trouble. Whether the latter hitches in any of the urethral folds, or whether the large bougie overcomes any spasmodic obstruction, which a small one tickling in the passage may provoke, or whether it relaxes the elastic membrane by main force, is difficult to determine. It may be owing to all causes; but it nevertheless very often succeeds when the small one will fail. The bath also exercises great influence. It is a very powerful assuager of spasm, and often enables the surgeon to pass a bougie, which in other circumstances would be forbidden by the pain and suffering occasioned in the attempt; in many instances, it is preferable to perform the operation in the bath. From that moment his

sufferings began to diminish. In three or four more visits, the largest bougie could be passed without difficulty. The use of the bougies increased the discharge, which a few doses of the *alkaline solution of copaiba*, however, entirely removed. A course of warm baths was advised, to be succeeded, as the spring advanced (for our conference was during the winter), by the cold shower bath. Several constitutional and topical remedies were prescribed. Refrigerating applications were ordered for the local debility, and some grateful tonics were taken with the best success. At the moment of noting this case, my friend is in sound and restored health, taking the words in their fullest acceptance.

I could enumerate many other cases; but this is a type of nearly every form of permanent but dilatable stricture. An examination or two will always tell a surgeon accustomed to this department of practice whether it can be, and by what means best relieved. Where an obdurate hardness exists, all the dilatation in the world will fail, and there are likewise cases that will yield only to the lancet

or perforator. It is not necessary that the patient should first submit to the dilating plan, then the cauterizing, and then the perforating: the propriety of using, and the preference to be given, should be decided promptly, which practice alone can enable the surgeon to do, by which means time may be spared, and trouble and much useless suffering may be avoided.

The next case will illustrate the removal of stricture by the *potassa fusa*.* Many surgeons employ the *argentum nitratum*.† They are both useful; but there are cases demanding the preference of one over the other. In very hardened obstructions, the *nitrate of silver* makes a more defined *eschar* than the *potassa fusa*, which immediately *deliquesces* or melts. The instruments I have given a sketch of, contain a little cup for its reception, which prevents its diffusion to any serious extent: where that can be done, it is preferable, in cases that are called bleeding strictures, and also painful ones, as its contact presents no rough edges, and consequently does not wound; besides, its tendency is more sedative than the other.

CASE V.

CURE OF PERMANENT STRICTURE BY THE POTASSA FUSA.

A young man, thirty-three years of age, who had been strictured many years, and who had been in the habit of passing bougies without assistance, became a patient of mine the beginning of this month (June 18—). The history which he gave of himself was as follows:—About two or three years ago he left this country for Canada, where he had some friends settled, and whom he was anxious to join. He took with him a number of bougies of various sizes, including the

gradation from No. 7 to 11 or 12, and one of which he found necessary to pass every or every other week. From some cause or another, he neglected his case: he so delayed the operation that he found he could not pass the same large sizes as formerly, and by degrees he was obliged to relinquish the one after the other, until he could no longer pass one at all: the urine flowed in a very small stream; and he was subject to a continued discharge of serous fluid from

* Pure caustic, formerly called *lapis infernalis*.

† Lunar caustic.

the urethra. I should observe, that during his residence abroad he re-contracted a clap, of which the present gleet appeared the residuary: the treatment I subjected him to was nearly this. At our first interview I found a stricture at the membranous portion of the urethra, where a No. 8. sound became obstructed. I then selected a small bougie, a No. 4, which entered the stricture, but would not pass through it (the strictured portion embracing the bougie): on feeling the urethra in the perinæum outside, a thickened state of the canal was very evident. The bougie resisted further pressure, and was also with difficulty withdrawn. From the hardened state of the under surface of the urethra, and the *depth* the bougie appeared to rest in, I considered the stricture to be owing to a thickened state of the base of the urinary canal. I next passed one of my silver instruments, armed the instant previously with the *potassa fusa*,* and propelling it gently, but quickly, forward to the obstruction, pressed the point downwards, bringing the handle of the instrument towards the abdomen. Feeling confident of the exact position, I pushed the stilette, containing the preparation alluded to, against the hindrance in question, and held it for a few seconds, until the potass was thoroughly disposed of, and which is generally ascertained by the occurrence and subsidence of a slight sense of heat, perceptible by the patient at the part diseased. I then withdrew the instrument, and suffered my patient to pursue his pleasure, desiring him only to refrain from urinating for several hours. At his next visit, which was on the third day, he told me that he felt no inconvenience from the last operation: there was a slight heat on passing water the first time, which did not re-occur: in fact, he considered the stream to be larger

and freer. In accordance with the advice suggested elsewhere, I examined the urethra with a common bougie, the size of the silver instrument, to ascertain if any progress had been made by the application of the *potassa fusa*. The bougie entered the stricture, where it became firmly grasped, and, upon being withdrawn, the end was covered with the slough produced by the previous application of the caustic, which the force of the urine only was not sufficient to detach. I then, after the former method, applied again the *potassa fusa*: it gave and produced no uneasiness whatever. On the fourth application the instrument passed through it with the greatest ease and facility, and went on to the bladder, which it entered, and, withdrawing entirely the stilette, nearly half a pint of water came away. At the expiration of his usual period of seeing me, every third day, I introduced a No. 9 bougie, and subsequently a No. 10, 11, and 12. At the close of the case he could pass urine freely, there was no discharge, and he was in every respect as well as ever he was in his life. This may be called one of the successful cases. It was truly so; but it is not an isolated one. Except the stricture be dependent upon any thing like cartilaginous deposit, the *potassa fusa* or the *argentum nitratum*† rarely fail to break down the hindrance and accomplish the cure: it is true, much time is required, and I have heard of instances where *escharotics* of the above class have been resorted to several hundred times without much advancement; but in those cases we must attribute to one party little discrimination and long perseverance, and to the other plenty of patience and a deal of credulity, to be so imposed upon as to believe any good could possibly come of so many fruitless trials.

* Pure caustic, formerly called *lapis infernalis*.

† Lunar caustic.

CASE VI.

STRICTURE CURED BY PERFORATION.

The explanation of the instruments for perforating and dividing strictures of the urethra, renders an account of the mode of employing them almost unnecessary: they bespeak their use themselves. The following details will aid the explanation:—a patient, near upon forty years of age, had for many years been suffering from stricture. At the time of his application to me, he could make water only in a stream certainly not thicker than a pin. He laboured also under piles, together with an occasional descent of the rectum, from which proceeded, according to the state of his bowels, bleeding to several ounces extent.

His general health was much disturbed. He had been a patient to a professional man, westwards, who had used bougies of various kinds and sizes, but had afforded him no relief: the stricture was seated high up the urethra, near the extremity of the membranous portion, up to which the largest size bougie would pass; but into which the smallest would not enter. The whole urethra was in a very irritable state: there were evidently several ulcerated spots since much pain was felt passing the bougie over them; there were also frequent bleedings, and a continual discharge. He stated, moreover, that about twelve months past, he had consulted an eminent surgeon, who violently and forcibly passed a catheter into the bladder, which, although it gave him severe pain, afforded him relief for several months afterwards. The stricture then began again to contract, and he had been getting gradually worse up to the time of our interview. To spare further details and time, he suffered me to introduce an instrument similar to No. 1 in the last sketch,

and, with one thrust only of the lancet, the catheter slipped into the bladder, whence immediately flowed an immense volume of confined urine, mixed with much mucus, and of an intolerable odour. He said he supposed he never made more than two or three ounces of water at a time, and that his bladder must always have contained upwards of a pint. He was invariably disturbed ten or a dozen times during the night. I withdrew the instrument, the end of which contained a drop or two only of congealed blood: the pain he experienced was absolutely less than that occasioned by the introduction of an ordinary bougie. I had prepared for him a warm bath, into which he placed himself, when he declared he felt as if he were in heaven. The next step was to introduce a flexible and soft gum catheter, to keep pervious the newly made opening, which was done in the bath. In an hour he was on his way home. On the third day he revisited me, and told me, that according to instructions he wore the catheter during the night after the operation, when feeling so well in the morning, he withdrew it, and found he could pass his urine without the least difficulty: he had experienced no pain, bleeding, or in fact any annoying symptom. I examined the urethra, and easily introduced a No. 10 bougie. The subsequent treatment consisted of repeating the same ceremony at each visit, which was once or twice a week, when he generally also took a warm bath; and in less than a month all remedial measures were given up, my friend being restored to health and comfort. He is well known in my neighbourhood, and would not hesitate to satisfy any sceptical or fearful fellow-sufferer

as to the truth of this statement in every particular.

In giving these cases in the form and order which I have done throughout these pages, I have selected such as best illustrate the principles of treatment I advocate. Their number might easily be increased a hundred-fold, but it is questionable if with benefit; the object being chiefly to portray the various stages of disease, and the means best or most likely to remove them. Patients should reflect, as they can scarcely ever be insensible to an approach of ill-health, that notwithstanding their frames and constitutions may have an invincible dislike to disease, and be capable of retarding or resisting its advance; still neglect or delay very much weaken that bulwark of defence, and lastly, enable the enemy to make an easy conquest. With regard to stricture, it is seldom so severe that a few introductions of a bougie will not entirely remove it. If cauterization or perforation be necessary, it must be admitted patients have only themselves to blame: still there are many feelings to consider and respect; and oftentimes what can be endured is submitted to, rather than divulge the existence of a malady that infers probably incaution or excess. The same argument will apply to concealment: for if a disease of so progressive a nature as stricture arrives at a second or third stage, it will assuredly reach the last, when the very means now offered may not avail. This world abounds, and I dare say ever will, with diseases of every degree; and I cannot suppose stricture will be removed from the list. The perusal of the observations devoted to this part of our subject ought not to be without interest; they hold out consolation to those labouring under one of the most severe of all bodily afflictions, under the most trying circumstances; and they aim to prove that the earlier the means offered be

applied, the less unpleasing interference will the invalid have to encounter. The following table, selected from a diary of cases that came under my notice, exhibits the proportion of severe and simple forms of stricture that presented themselves, and the treatment which they severally demanded. The time comprised was continuous; but, to avoid the imputation of boasting of the plenitude, or exhibiting the poverty, of my practice, it need not be stated. The individuals, with very few exceptions, were persons ranging from the middle class of society engaged behind the desk or counter, to those of property and leisure.

In 100 Cases of Stricture,

74 were cured by *Dilatation*.

15 . . . *Cauterization*.

11 . . . *Division*.

The time occupied in the treatment varied from one week to two months. The cure by *Dilatation* is the simplest, and in mild cases the best: the cure by *Cauterization*, being only required in cases that resist or will not permit of dilatation, is certainly the longest. The operation cannot be repeated oftener than twice a week; and if the stricture be a lengthy one, the operation must be repeated several times. If, however, I make no progress in half a dozen sittings or standings, I usually adopt the method of division. Cases are recorded where the caustic has been applied upwards of 200 times without advantage. The plan of division is the speediest method of effecting a free passage; it seldom requires more than two or three repetitions; frequently only one: it is, perhaps, less painful than dilatation or cauterization; but, of course, it is only useful where there is something to divide. In stricture that is dilatable, the narrowing may exist throughout the whole length of the urethra; and to make one continuous incision would be hazardous and severe; whereas the careful and

frequent introduction of graduated bougies, by their pressure promote the *thinning* of the membrane, or the ab-

sorption of the deposit behind it that projects it forward.

CASE VII.

COMPLICATED CASES OF STRICTURE.

Bleeding Stricture.

When a stricture has existed any considerable time, and has been submitted to many attempts at bougie-passing, it takes on, after a while, to bleed, when a sound or catheter is introduced; and occasionally hæmorrhage to a vast extent ensues. Whence it proceeds is difficult to determine, except the seat of stricture shall have been so pummelled and pressed by futile attempts at introducing an instrument, that the slightest touch ruptures some varicose twig of a vein: occasionally vascular excrescences sprout up in the urethra. When once a stricture takes to bleed, every subsequent attempt to introduce the bougie will renew the bleeding, except a long interval be suffered to elapse, in order that the tender and torn membrane or substance may recover its tone. In a case which gave rise to these remarks,

on one occasion, in an examination of the urethra which I made, bleeding took place to the amount of seven or eight ounces, besides which, a quantity flowed into the bladder. It was several days before the hæmorrhage ceased; the urine during that time was tinged and streaked with blood, besides being occasionally very offensive. The patient subsequently submitted to have the urethra perforated, and recovered in two applications. There was occasionally a slight bleeding on continuing the introduction of bougies for the purposes of preserving the advantage gained by the perforator, but which, by the frequent application of cold water, ice in a muslin bag, and other refrigerating measures, subsided; and the case was in the end satisfactorily cured.

CASE VIII.

STRICTURE WITH RETENTION OF URINE.

About twelve months ago, an elderly gentleman was taking a bath at my establishment, when the attendant was alarmed by hearing him groan most loudly. Fearing some accident, he entered the room, and inquiring into the reason of his complaining, learnt that the bather was suffering from detention of urine: he stated that he had got

stricture—that for several days past he had been unable to pass his water except by drops, and with the greatest difficulty—that for the preceding twenty-four hours he had not voided the smallest quantity—that he was enduring the greatest suffering—and that if he were not relieved he should die. The gentleman expressed

a wish to see me instantly. The case turned out to be a stricture of nearly thirty years' duration. He further informed me, that he had been in the habit of passing instruments, but that, being very nervous, he had been obliged to forego the use of one bougie after another, till at last he could not pass the smallest-sized one. Upon examining the abdomen, the bulk of the distended bladder was readily felt, and the surrounding parts were very tender upon the slightest pressure. Having next introduced a No. 8-sized catheter, I discovered the stricture to be at the furthest end of the prostate gland: in fact, had it been a bougie instead of a catheter, I should have believed it had entered the bladder: as it was, no urine flowed, and the resistance was firm and unyielding. Feeling assured of its contiguity to the bladder, I described to him the favourable opportunity of using the perforator. His agony was such he would consent to any plan likely to give immediate relief. I withdrew, therefore, the catheter, and, without hesitation, passed up to the seat of hindrance one of the armed instruments, according to sketch, and which are generally the size of a No. 9 bougie, and which also being hollow, and having an opening at the side, besides the slit for the lancet to pass, admit the flow of liquid through them; and with two gentle *thrusts*, for thrusts they must be called, the bladder was entered, and such was the volume of urine which it contained, that it was several minutes before the whole escaped. At the conclusion, a similarly sized bougie, flexible and very soft, and well oiled, was substituted for the perforator, with directions that it should be retained all night. My patient dressed, for the operation was performed in the bath; and, ordering a coach, went home to his lodgings. In the evening I found him free from any uneasiness. There was a little novelty in wearing

the bougie, but he had no pain nor fever. I prescribed, however, a sedative for the night, and a dose of castor oil for the morning. In two or three days he was quite convalescent, and he can at this present time pass a No. 12 bougie, which he continues occasionally to do, and he also can urinate without the least obstruction or difficulty. My friend, at our first acquaintance, resembled a man of seventy, and in infirm health—he now, although past sixty, has the appearance of a beau ten years younger. He is an elderly bachelor, having, in reality, been deterred from marrying on account of his infirmity, and although the heyday of amatory excitement may have subsided, he retains a privilege, it is the good fortune only of the provident or fortunate to hold at his time of life.

In private life, cases of such severity, even as the last, rarely occur. Now and then a solitary exception happens; and I could adduce instances where I have been a party concerned: yet, where the object of a writer is not to horrify, but simply to narrate the commencement and progress of disease, and address the multitude rather than the few, with a view to point out the necessity of attending to such in their early stages, rather than holding consolation to those who from diffidence, indolence, or unpardonable neglect, suffer the last era to arrive, I think the purpose more likely to succeed, by appealing to the reflection of the sensible, than by denouncing upon errors long since committed, and perhaps irretrievable. Death is sure to arrive at last; but it may be retarded by the exercise of a little knowledge, which oftentimes may be so easily acquired as by some to be considered worthless. I knew an instance—quite foreign to this subject indeed, but it bears upon the proposition, and proves that, to use an almost infantile phrase, “a stitch in time saves nine.” It is

a singular fact, that in affections of the stomach, on the healthy performance of which the life and health of all of us depend, occasionally the simplest means will arrest the death-blow, and thereby give time for a reformation of the abuses that placed it in jeopardy. I know from personal experience, and I have witnessed it in others, where the timely application of *strongly* gingered water in cases resembling apoplexy, paralysis, hysterics, and some other nervous affections, all painfully distressing and frequently as fatal, have been the means of arousing animation and absolutely turning aside the threatened blow, so as to allow

time for "the party to take better care for the future," and thereby add to the lease of his life, which, but for the simple restorative in question, might have been forfeited. So is it with the urethral diseases; "delays are dangerous," early attention puts it wholly out of their power to lessen life's term: neglect, which in another sense means encouragement, harbours a formidable and sometimes an unconquerable enemy. A simple gonorrhœa has set up retention of urine, and neglect has produced extravasation of the same: and two days have placed the patient in his coffin.

DISEASES OF THE TESTICLES.

THE testicles, from their office and connexion with other structures equally as important, are liable to many excitations. In gonorrhœa they are subject to sympathetic inflammation, as in *Hernia Humoralis*, which, if neglected or mal-treated, gives rise to abscess or chronic hardness. Inflammation also rises in them as in other structures: accidents, such as blows or bruises, horse-riding, wearing very tight pantaloons, are all fertile sources of derangement. Scrofulous constitutions are predisposed to have their testicles, like the rest of the glands, diseased: the most frequent disturbance, however, of the testicles, is a dilatation of the veins, constituting what is called varicocele; and generally accompanied by a wasting away of the testicle itself. In the book "On Marriage," I have considered at large the various duties of the testicles, and I have not omitted to state what tends so much to their disorganization, namely, personal lonely abuse, and also that of sexual cohabitation. It is rare, indeed, to find perfectly healthy testicles in an individual who has been much exposed to the pleasures and sensualities of this huge town; and as, of course, even amative desire, as well amative power, depends upon the absolute sound condition of the glands in question, the inference is, that in very numerous persons, the sexual instinct is considerably diminished, and not unfrequently wholly suppressed, before half the natural term of their existence has expired, at which time they ought in reality to be at the climax of their prime and capability.

It is not so much a painful complaint as an unpleasant one—there are occa-

sionally pains in the back and loins, and other feelings, creating a sensation of lassitude and weariness ; and now and then some local uneasiness is felt.

Varicocele gives to the examiner a sensation as though he were grasping a bundle of soft cords. It sometimes exists to such a degree as to resemble a rupture. In advanced stages of the disease, or disorganization, the epididymis becomes detached from the body of the testicle, and is plainly distinguishable by the finger. The result of all is, that a considerable diminution of sexual power takes place ; and if means are not adopted to arrest a further break-up of the structure, the venereal appetite will subside altogether. The annexed drawing exhibits a tolerably faithful portrait of the disease : it represents the varicocele to be on the left side, the side most usually affected.



The folds formed by the veins lapping over each other are clearly distinguishable, and the dependent state of the scrotum on the affected side exhibits very well the occasion of it. The treatment consists in giving support by means of a suspensory bandage, which may be worn during the day, and the use of local refrigerants night and morning. The state of health is sometimes mixed up with it, and tonics and generous diet are useful : the cold shower bath helps to brace the system. It is a complaint in which, if it be not of very great severity nor very long continuance, much good may be done. In some instances the veins may be allowed to empty themselves, which they will do when the body is in the recumbent position, and a coated ivory ring or a silken band may be so placed around them, as shall prevent their refilling. It is, however, a case fitter for the surgeon's management.

CHRONIC ENLARGEMENT OF THE TESTICLE.

CASES.

<p>A young man formerly mate on board ship, now engaged at a wine cooper's, has a chronic enlargement and indurated testicle. He says that about six weeks back he fell across some timber, and struck the testicle</p>	<p>(the right) with considerable violence. The pain caused by the blow was so severe as to incapacitate him from moving for a considerable time, and from that day it has continued increasing gradually in size and hard-</p>
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ness. The testicle is now exceedingly tender, and of a stony hardness. Complains of pain in the loins, and is weak. The treatment consisted of leeches, locally applied, the hot bath, and one of the following pills three times a day :—

Take of (Form 29.)

Calomel 12 grs.

Tartarized Antimony 2 grs.

Powdered Opium . 2 grs.

Confection as much as is
sufficient to form 12 pills.

The pills were continued until the mouth became sore ; the leeches were repeated twice, and the bath several times ; and at the commencement of March the swelling had subsided, and

my patient was enabled to resume his employment.

A case at the moment of penning these remarks has presented itself. The invalid is a porter in a public office, and exposed to much walking and standing about ; the testicle is only painful towards night, but is much swollen. I propose leeching, local support and rest ; and I expect he will be well in a few days.

Cases of chronic enlarged testicles are of frequent occurrence ; and, if active treatment be not too long delayed, are generally very manageable ; but in all these instances they had better be intrusted to the patient's medical friend.

ABSCESS IN THE TESTICLE.

THE testicle is subject to inflammation and suppuration like any other structure. A case about three years ago fell under my notice, where a quantity of dark foetid fluid was released on puncturing a testicle in which the sense of fluctuation was very evident, and the patient stated that it had been five or six years in arriving at that condition. He was wasted considerably from nocturnal perspirations and acute pain, and his sexual desire was much diminished. The case did well, and the latter function was restored without much loss.

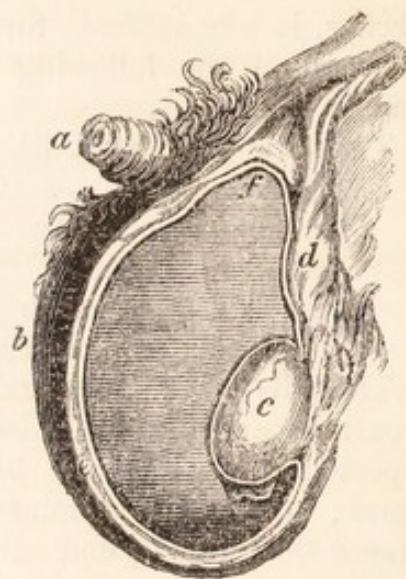
HYDROCELE.

HYDROCELE is an accumulation of yellow serous fluid in the *tunica vaginalis testis* (refer to the engravings in next page), or peritoneal covering of the testicle. It is a disease incident to every period of life, but more commonly met with in grown persons. The ordinary formation of hydrocele is unattended with pain ; and the patient accidentally discovers the existence of the swelling, but oftentimes not until it has attained a considerable magnitude. The tumour, when large, produces an unsightly appearance, and forms a hindrance to sexual intercourse, from the integuments of the penis being involved therein, and thereby preventing a perfect erection of that organ. The disease may appear to originate spontaneously ; but it is usually traceable to some bruise, blow, or other external injury to the part.

The two following drawings exhibit the outward and inward appearance of the scrotum in hydrocele :—



The Scrotum largely distended.



The Scrotum distended to its utmost extent, and the position of the fluid shewn. The penis is almost always more or less drawn up, and in severe cases it appears drawn up so as scarcely to be perceptible.

The notion that the cure of hydrocele depends on promoting adhesion to the sides of the tunica vaginalis with the testicle is somewhat upset by several preparations in our London Hospitals, exhibiting the *tunic*, taken from persons in whom a radical cure was effected by injection, and in whom no fluid was re-produced, nor were the sides of the said investment at all adherent with the testicle, but apart, as in the healthiest individual. Hitherto surgeons, acting on the aforesaid notion, with a view to obliterate the cavity, adopted various plans of treatment, such as, for instance, laying open the entire cavity, cutting away a portion of the tunica vaginalis, the application of caustic, and lastly, the seton, as advised by Dr. Pott, which was suffered to liberate itself by ulceration. When, in any of these instances, suppuration was induced, the cavity became in time filled up by the granulating process. The plan of the present day is by perforating the sac with a trocar, suffering the effused fluid to escape, and injecting some stimulating liquid which is allowed to remain until a degree of inflammation is produced, that shall cause an obliteration of the cavity by adhesion, or, as it has also been proved, prevent a reproduction of the fluid, by closing the mouths or altering the diseased action of the exhalent arteries. Which-ever be the effect produced thereby, the cure is almost certain, and the principles of the treatment consequently judicious. But, notwithstanding, the operation is not *always* immediately—nor *ultimately* successful; the degree of inflammation set up may be insufficient, and the effusion again take place, and the operation may require a second and third repetition; or an excessive degree of inflam-

mation may ensue, that shall occasion serious constitutional disturbance, either by suffering the injected fluid to remain too long, or its being of too stimulative a character, or from its escaping into the cellular membrane of the scrotum, an accident not unfrequent, unless great care be used in the operation.

From a collection of several cases in my note-book, the following is extracted ; in which, after puncturing the scrotum and releasing about fourteen ounces of fluid, a similar quantity of a weak solution of the nitrate of silver was injected through the canula, suffered to remain for five minutes, and then drawn off, when the patient recovered in a few days, without any untoward symptom.

Aug. 7th, 18—.—A gentleman 59 years of age, of robust make and healthy appearance, consulted me for the cure of hydrocele of the right testicle. The scrotum was nearly the size of a pumpkin, felt elastic like an India-rubber bag or ball, and resembled a large hernial tumour. It was not painful to him, but was inconvenient and unsightly. He attributed it to a blow he met with while hunting, through being jerked up in the air and alighting on the pommel of the saddle, when attempting an awkward leap. I performed the operation as just detailed, covered the aperture with a layer of lint, applied a bag-truss, and suffered him to follow his usual engagements. Some slight inflam-

mation ensued, and the scrotum became red and somewhat swollen. The bag-truss was removed, cold lotions were applied, a dose of purgative medicine administered ; and in twenty-four hours all inflammation had subsided, except a little oozing from the punctured wound, which degenerated into a small ulcer ; but at the expiration of the time named, it had healed, and permitted my patient to take his departure from town. There was no re-accumulation of the fluid whatever, nor has there been any return of the disease. Where the health is good and the testicle sound, and the operation performed skilfully, the cure is seldom protracted beyond a day or two—I might say an hour or two.

RADICAL CURE OF HYDROCELE.

THE term radical is applied to the process narrated in the last case, but, as has been observed, the operation is occasionally required to be repeated several times. In the case I am adverting to, after tapping, several injections were thrown in between the tunics, and withdrawn ; and on one occasion the morbid fluid was secreted to the greatest possible distension of the scrotum by the following morning. Its subsequent withdrawal and the injection of a more active stimulant effected, however, a permanent cure. In the country, surgeons frequently plunge a lancet in the scrotum, suffer the effused liquid to escape and desire the patient merely to wrap the parts up in a handkerchief, to take no further heed, and to ride home,—and these cases generally do well.

HYDROCELE CURED BY ACUPUNCTURATION.

A NEW method of treating hydrocele has of late years been introduced, namely, by the insertion of a needle into the sac or bladder of the testicle, which, upon its withdrawal, permits the fluid to escape in the cellular membrane, whence it is rapidly absorbed. A pint of fluid may be got rid of in that way in two or three hours; and, although the disease may not be radically cured, it will occupy several months before a re-accumulation of the fluid takes place. In recent cases, this treatment oftentimes proves permanently successful. Many nervous persons will not submit to anything approaching an operation, not even to the simple one of acupuncture. In such cases, there is no alternative but counter-irritants, to be applied over the part, such as the tincture of iodine, or the following ointment.*

It is at all times best to attend early to any disease of the testicles—the progress is so rapid, the mischief so great, and the consequences so deplorable, of uncontrolled disease.

ERUPTIONS INCIDENT TO THE ORGANS OF GENERATION AND THE RECTUM.

THE structures included in the above heading are subject to a variety of eruptions, varying in character, intensity, and duration. Thus we have the *papular*, a chronic inflammation characterized by papules, or very minute pimples, of nearly the same colour as the skin, accompanied by intense itching, and terminating, when broken by scratching, in small circular crusts—this is called by dermoid pathologists, Prurigo. Another order of eruption is designated the *vesicular* and *pustular*, and consists of groups of small pimples of a very bright red colour, and containing a serous fluid. They are accompanied by itching, which increases as the contained humour becomes turbid, and assumes the puriform aspect. They then incrustate, and at the end of about a fortnight drop off, leaving the skin healthy underneath. The name given to this variety is Herpes.

* (Form 30.)

Take of

Iodide of potass	1 drachm
Mercurial ointment	1 do.
Simple cerate	4 do.

Mix. A portion to be rubbed over the scrotum night and morning as long as it can be borne.

The last and most inveterate species is characterised by an itching of the skin, which, on inspection, appears of a suffused redness, and gives off, after a while, a number of thin scales; these re-accumulate, and the entire organs of generation become sometimes covered with similar patches—this is denominated Psoriasis. These affections, which are but various degrees of inflammation, modified by idiosyncrasy and habit, arise from local and constitutional causes. Among these, are frequent excitation of the organs of generation, the contact of the fluids secreted during sexual intercourse, an unhealthy and relaxed condition of the genitals, and, lastly, a disordered state of the digestive organs. It is astonishing to what an extent these disorders prevail, and more so to find how long the individuals, probably from a sense of diffidence in seeking professional assistance, endure them. I have encountered many patients who have informed me that they have had the complaint upon them from five to ten years, purposing during the whole of that period to consult some medical friend, but postponing it until their interview with myself; and it is the more to be regretted, as the cure may always be effected in a week or two, with moderate attention and perseverance. But, if the attempt be neglected, there is no limiting the extent to which the disease may proceed. Local diseases, especially of such a nature as those under consideration, cannot exist any great length of time without involving the digestive organs, which become sympathetically deranged; and in like manner do local diseases participate with dyspeptic disturbances—each, therefore, goes on aggravating the other.

In illustration of the severity of genital irritation, I solicit attention to the following case. It is one of psoriasis scrotalis, intermixed with *prurigo podicis*, and fell under my notice in June, 18—. These cases are frequently mistaken for secondary symptoms.

The patient was a gentleman, 38 years of age. He stated that the first symptom that he experienced was an itching at the anus, which he could not refrain from scratching, on which the itching would then for a time subside. At the expiration, probably, of a month, without any assignable cause, to the best of his recollection, it would recur; and he resorted to the same method of cure. The irritation continued its visits at irregular periods, and annoyed him till he tore the skin off the affected part. He was then advised to apply Eau de Cologne, cold water, and hot fomentations, all of which afforded but temporary alleviation. The itching next extended to the nates, the inner part of the thighs, and, lastly, the scrotum. The disease,

thus aggravated, became at times insupportable: he would be compelled frequently at night to scratch himself until he was excited to a state of furor, and only when completely exhausted could he obtain a wink of sleep. The skin around the anus and on the seat was rough, and covered with excoriated spots, torn by the nails. The inner part of the thighs showed evident signs of scratching; and the scrotum was shiny, red, hot, and very much relaxed. The penis was covered with scaly incrustations, and the prepuce fissured at its orifice, so as to prevent its being drawn over the glans. With all these formidable symptoms, it was hardly to be expected that my patient should be in a good state of health: he was dyspeptic, and had lost flesh and spirits.

I subjoin an outline of the treatment I pursued. I recommended his taking daily a Harrogate Bath, at a temperature of 96°, and remaining therein twenty minutes; to restrict himself to a middle diet; I prescribed also the following pills and powders, to be taken as directed:—

(Form 31.)

THE PILLS.

Take of
Blue pill 1 scruple
Ipecacuanha powder . . 12 grains
Compound powder of senna 1 scruple
Syrup, as much as is sufficient to form a mass.

To be divided into twelve pills, one to be taken every night.

(Form 32.)

THE POWDERS.

Take of
Powdered rhubarb 3 grains
Powder of calumba root . . 5 do.
Compound powder of cinnamon 5 do.
Dried subcarbonate of soda 3 do.
To be mixed, and taken in half a glass of water daily, one hour before dinner.

The ointment, the prescription of which is subjoined, to be applied night and morning to the affected parts:—

(Form 33.)

Take of
Nitrated ointment of mercury 1 drm.
Spermaceti ointment . . . 1 oz.
Creosote 1 drm.
Simple spirits of lavender . 1 do.
To be mixed together, and used as directed.

The Tincture of Iodine, or the Nitrate of Silver Solution, form occasionally excellent local remedies in these affections.

At the expiration of ten days, during which period my patient religiously followed my instructions, I found that the irritation had most materially subsided. The excoriation around the anus had healed, and also that of the nates and thighs; the scales had detached themselves from the scrotum and penis, and were less profuse; and the fissures of the prepuce, which I directed to be smeared with the blue ointment, had so far healed that the glans could be nearly denuded.

I advised a continuation of the bath and the ointment, and substituted the following mixture for the pills and powders:—

(Form 34.)

THE MIXTURE.

Take of
Muriatic acid $\frac{1}{2}$ dr.
Comp. decoction of sarsaparilla 1 qt.
To be mixed. A wine-glassful to be taken twice a day.

The case proceeded favourably; and at the end of five weeks from our first interview, my patient had wholly recovered. The disease, in this instance, was greatly dependent upon digestive disorder, and a fixed local unhealthy condition of the parts affected, acquired through the long continuance of the disease. As soon as the visceral secretion was improved, and the functional powers of the skin were restored, which the baths and medicine contributed not a little towards effecting, the malady retired, and my patient was restored to health and ease.

DISEASES OF THE BLADDER.

THE anatomical description of the bladder will be found in the earlier pages of this work: it may simply be re-stated—

The bladder is a viscus somewhat similar in structure to the stomach: it is composed of several coats, muscular, nervous, and mucous: each are liable to

diseases peculiar to their several structures. The size of the bladder differs in most persons, and in the sexes.

The female bladder is generally the largest; but the largeness is observable more especially in females who have borne children. The proverbial ability of females to retain their urine longer than men is thus accounted for. The gallantry of those not conversant with the fact just mentioned, led them to assign it to the natural delicacy and modesty of the fair sex. These latter essentials doubtlessly influence the property, as they encourage the habit of retiring as seldom as possible, which, as the function of micturition is considerably under mental control, can be to a very considerable extent regulated; besides which, females, from their usual abstinence from liquids, do not need emptying their bladder so frequently as males. It is at all times dangerous to thwart natural and moral desires. Much mischief is often done by both sexes disobeying the particular "call of nature" to urinate, and the younger branches should have that fact impressed upon them. I have known children acquire a severe and obstinate form of irritability of the bladder by retaining their urine too long. Diseases of the bladder are generally the consequences of other complaints, and those complaints have already been enumerated: they may be thus summed up:—

Gonorrhœa extending to the bladder, and producing absolutely a clap of the bladder. If the inflammation is not subdued, or does not subside, probably some permanent mischief ensues; at all events, the inflammation extends, and involves other coats than the interior: accordingly, we have inflammation of the muscular coat, the nervous coat, and lastly the peritoneal coat: these terminations, severally, have certain symptoms, and certain names.

There are others, and among them may be named colds, local injuries, hæmorrhoids, excess in drinking particular fluids, sensual indulgences, diseased condition of the kidneys, or long retention or vitiated states of the urine, nervousness, and lastly the formation of stone in the bladder. The most common form of bladder ailment is irritability, which is a milder term for inflammation; then we have absolutely inflammation; and lastly, loss of power, or paralysis.

IRRITABILITY OF THE BLADDER.*

THE chief indication of disease affecting the bladder is a frequent desire which the patient experiences to pass his water: but that symptom alone does not de-

* To enter into a description of the pathological condition of the bladder in the several states of irritability, paralysis and inflammation, would be to swell this article to an inordinate length, and serve no useful purpose, the symptoms and treatment comprising the

most essential knowledge for the patient to possess—it may be briefly stated, that the bladder is less subject to become disorganized (the function being chiefly the disordered symptom) and sooner even regains its tone than other organs, not less important to life.

termine the nature of the complaint. It may be irritable from sympathy with surrounding irritation, and disappear on the subsidence of that irritation. It may be constantly fretting the patient by its contractions, through the urine (owing to some general derangement in the system, being altered in its chemical qualities) exciting the bladder the moment it is secreted therein, or it may be the result of nervous agitation, with or without any actual diseased state of the bladder. These causes should be understood to regulate the treatment which of course must be qualified by the provocation, and which the patient, when in doubt, had better leave to the discrimination of wiser heads than his own.

PARALYSIS OF THE BLADDER.

THE bladder may become, through loss of nervous stimulus, insensible to irritation, and consequently be disobedient to its natural functions. The urine, in these cases, accumulates in large quantities, distending the bladder to its utmost, which it does without pain, and the excess of secretion then dribbles away involuntarily. This state of the bladder is called Paralysis, and is an aggravated form of disease, arising from the same causes that establish inflammation, or from some contiguous nervous injury—the treatment of paralysis of the bladder must be entrusted to experienced hands—it consists chiefly of purgatives, stimulative enemata up the rectum, the introduction of the catheter, the cold bath, rest, and general medicinal nervous excitants.

INFLAMMATION OF THE BLADDER.

CASES of acute inflammation of the bladder are of rare occurrence, but they do occur, occasionally prove fatal, and always are productive of much general disturbance, which yields not without vigorous and active treatment. Gonorrhœa is most usually the exciting cause. On the sudden suppression of the urethral discharge, an inflammation sympathetically seizes the testicle, the glands in the groin, or the bladder; and when the latter is the seat of the transference, it may be held as the ratio of the severity of the disease. In inflammation of the bladder, there is a constant desire to pass water, which when made, is usually in very small quantities, and leaves a sediment. The patient often experiences an insupportable inclination to urinate, with a sensation as though the bladder were ready to burst, whereas there may be little or no urine in it—there is much pain at the root of the penis, and it extends along the perinæum to the rectum, which latter is assailed with almost constant spasms, resembling straining—there is considerable thirst, fever, and anxiety, the pulse is full and quick, the tongue furred, and all those symptoms are present that prevail during severe constitutional excitement. The treatment consists of bleeding, leeching or cupping, relieving the bowels by castor oil and injections, giving mucilaginous drinks—administering

opiates—preserving rest, and total abstinence from stimulating diet. If these means fail in subduing the inflammation, it runs on to ulceration, permitting extravasation of urine, occasioning mortification and death; but where they are effectual, the patient is soon left free from complaint. It often happens that the inflammation is not so vigorously treated, or it may be wholly neglected, and yet it may happily resolve itself without proceeding to the extremity narrated, but unfortunately it may degenerate into a minor but not less troublesome form, denominated chronic, and which, in fact, is the disease christened “irritability,” and the one for obvious reasons, as above stated, for which relief is most usually sought, the patient having in vain daily looked for the subsidence of his malady. Having stated that irritability of the bladder must be treated with reference to its cause, it is obvious that more than non-medical discrimination is required. Where it depends upon stricture, the stricture must first be cured—where upon stone in the bladder, the stone must be removed—where upon sympathetic inflammation, the source must be attacked, and so on.

However, it has been stated that other causes may exist, that it may even be a primary disease in itself; and as this treatise professes to be a private mentor to the invalid, I will detail such measures as may be safely adopted for the cure of a complaint, as often borne from being trusted to unskilful hands, as from a morbid delicacy in seeking proper and legitimate relief. The ordinary symptoms are, first, an inordinate desire to make water: it flows in small quantities, with pain before, during, and after. The urine has an offensive ammoniacal odour: it deposits a thick adhesive mucus, of a grey or brown colour, sometimes streaked with blood, and of an alkaline character.

In this stage of affairs, rest is indispensable—sedatives and opiates may be given; but alkalies (rarely omitted in prescriptions for incontinence of urine) should not be indiscriminately given, for they only render the urine more alkaline, which occasions it to deposit calcareous flakes, that if not passed off, accumulate, unite, and lay the foundation of that frightful disease, stone in the bladder. The extracts of *Conium*, or *Henbane*, combined with mucilage, may be given in doses of three to five grains, every six hours—the *Tincture of Henbane* in doses of a *fluid-drachm*, or the *Tincture of Opium*, not exceeding *ten or fifteen drops* at a time, may be given in like manner, and continued for several days, keeping the bowels open with castor oil—the daily or alternate daily use of the hot, general, or hip bath will afford immense relief. The various preparations of *Morphine*, *Aconitine*, and of *Hops*, possess great power in small and frequent doses. The *Uva Ursi* is a remedy of ancient note, and is often prescribed with advantage—the dose is one scruple to a drachm in milk, or any bland fluid three times a day, or it may be taken in infusion or decoction, one ounce to a pint of water, that quantity to be drank during the day.

The *Pareira Brava* exhibited in a decoction (by simmering three pints of water containing half an ounce of the root, down to a pint) may be taken in divided

doses of eight or twelve ounces during the day, or in the form of extract in quantity of a scruple, which equals the above amount of decoction.

The *Achillæ Millefoliæ* is an excellent plant, and possesses astonishing astringent powers, often restoring the tone of the bladder to a healthy condition, when all other remedies have failed. A handful of the leaves are to be infused in a pint of boiling water, which when cool, may be poured off, and given in doses of a cupful three times a day. Any of the preceding sedatives may be given in conjunction with these preparations.

Lime water taken with milk as an ordinary drink, is a useful corrective.

The *Buchu* (the *Diosma Crenata*), an ounce infused for several hours in a pint of boiling water, and a wine-glass full of the cooled liquid administered three or four times a day, has justly obtained some notoriety. Where all these means prove ineffectual, the injection of sedative and astringent applications often answers the most sanguine expectations; but they should be employed only by professional persons, and even then with great care, as when the disease has been at its height, and they have been used, much inconvenience, and even mischief has been occasioned—a mild infusion of poppies, or weak gruel, may be thrown in, once or twice a day, in quantities not exceeding two or three ounces at a time, and withdrawn after being suffered to remain thirty or forty seconds (a catheter with elastic bag. should be the instrument used).

In the more chronic forms, where the urine does not deposit much mucus, or is tinged with blood, the addition of ten drops (*very gradually* increasing the quantity) of the diluted nitric acid may be made to the fluid injected, repeating or declining the operation, as the effects are discovered to be advantageous or prejudicial.

In an irritable state of the bladder depending on some disease of the kidney, there is a frequent desire to void the urine without there being any or but very little urine in the bladder; there is also a severe cutting pain felt about the neck of the bladder, especially after each effort to make water, followed or attended by a “languid” pain in the loins. The urine is often the colour of whey, at other times tinged with blood, and deposits, when suffered to remain a while, a purulent sediment: the severe symptoms should be allayed by the same remedies as prescribed in irritable bladder arising from other causes; but the original seat of the disease in this instance demands energetic attention. The various counter-irritants are in great requisition; leeches, blisters, setons, &c.

In addition to the tonics and astringents already advised, an infusion of the *Wild Carrot-seed*, made by macerating for a couple of hours, one ounce of the seeds bruised in a pint of boiling water (drinking, when cool and strained, the whole of the liquid in divided doses during the day), may be taken with every chance of relief. Like as in the other infusions, the patient must persevere in the use of this for some time.

I will now proceed to compress in as small a space as possible, without endangering the intelligibility of the subject, a description of the symptoms of stone in the kidney, and also the modern improved method of treating, or I should say, removing stone in the bladder.

URINARY, RENAL, AND VESICULAR CALCULI.

RENAL (kidney), like urinary and other calculi, differ in their composition. Chemists divide them as consisting of pure lithic acid,* oxalate of lime,† the triple phosphate of ammonia and magnesia, and the phosphate of lime. The two former are of the more usual prevalence, but they are all dependent upon the state of health of the party and the nature of the cause. The calculi vary from the size of a pin's point to a horse bean. The symptoms accompanying their formation and escape are as follow:—There is generally a pain in the diseased and corresponding loin; and the urine usually puts on a dark appearance, as though mixed with coffee grounds, proceeding from its admixture with blood, produced probably by continued exertion. These symptoms are not always present; but the patient is not so luckily liable to escape suffering on the descent of the calculus from the kidney, along the ureter into the bladder. There is severe pain, nausea, feebleness of pulse, general coldness, much weakness, and a deathly look, pain, swelling, and contraction of the testicle, and also much pain on the inner side of the thighs; and these tortures continue until the stone has entered the bladder, which process occupies various periods, extending from a few moments to many days. In some instances, renal calculi descend soon after their formation, while others remain, and completely break up the organization of the kidney. The treatment of renal calculi resembles that recommended for the treatment of gravel. When a calculus is passing along the ureter, the pain may be mitigated by immersion in the hot bath, and by sedatives. The stones already formed cannot be dissolved, but the creation of new ones may be prevented, especially those composed of the lithic acid: alkalies are chiefly the remedies employed. Lime water‡ and soap, of either or both, as much as can be taken with good effect. The benefit derivable from the administration of alkalies is owing to the power they possess, of diminishing the secretion of lithic acid, and thereby preventing the further deposit of calculi. The best mode to dislodge them when formed, is by riding briskly on horseback, and also by diluent

* Known by assuming a round form.

† Presenting the roughness of a mulberry.

‡ *A Preparation of Lime Water may be thus made.*

Take of muriate of lime . . . 1 drachm

Distilled water 2 oz.

Mix.

Dose, thirty drops, in water, three or four times a day.

drinks and diuretic medicines to encourage the flow of urine. Any of the following recipes may be selected.

Take of (Form 35.)

Nitrate of potass	2 drachms
Powdered gum arabic	1 drachm
—— liquorice	} each 1 oz.
—— marshmallow root	

Mix with simple syrup and form pills: half a dozen to be taken three times a day.

Or,

Take of (Form 36.)

The carbonate of soda from one to two scruples three times a day.

Or,

(Form 37.)

Take a handful of the roots or fibrous parts of *garden leek*, with a few sprigs of *fennel*, and boil them in two quarts of water over a gentle fire until the half is evaporated, then pour off the remainder, strain it, and drink about a pint a day.

STONE IN THE BLADDER.

I SHALL conclude the consideration of diseases incident to the bladder, by detailing the symptoms, the palliative measures (all that the patient can *alone* venture upon), and the plan adopted by surgeons of the present day for the cure of this harassing and distressing disease. The origin of a stone in the bladder is owing to the presence of a *nucleus*, either accidentally placed there, or formed from a deposition of the urine or a renal calculus, and the orifice of the bladder end of the urethra, impeding its escape. A bladder may be compared to a "chamber-pot that is never washed out;" and the urinary deposits will adhere to any nucleus they can take hold of. A nucleus once formed increases by continued deposition; nor is it limited within the viscus; where it is sometimes found occupying the whole of the cavity.* The composition is modified by the same circumstances that govern the creation of renal calculi, but it is more mixed and varied. The young and old are more liable to this complaint than those of middle life. The symptoms are modified by the figure and size of the stone, and the state of the bladder. There is always, more or less, an inclination to make water, which, when it flows, comes but in

* Sir James Earle relates a case in the Philosophical Transactions of the Royal Society for 1809, in which a calculus was found in the bladder of a patient who died, weighing 44 ounces, and measuring sixteen inches in length.

small quantities, and with frequent interruptions. The concluding part of the act is always productive of pain in the glans penis. Exertion invariably aggravates the suffering : and rough exercise, hard walking or riding, brings on a discharge of bloody urine, an almost certain indication of stone in the bladder or kidney. The sudden suppression that so frequently takes place while urinating, is owing to the stone falling upon, and blocking up the orifice of the urethra. As the disease advances, the symptoms increase in severity : the desire to make water is more frequent, and the impulse to do so, sudden and irresistible, and induced on the slightest exertion. There is a burning and intolerable sensation in the glans penis, after making water, occasioned by the stone falling on the neck of the bladder. The health soon begins to suffer, the urine becomes more alkaline, and is constantly fretting the now morbidly sensitive bladder, which, with the enlarged stone rolling about, becomes highly inflamed and ulcerated, the urine putrid and bloody ; the constitution then soon sinks, and the patient is rid of his agony only by death.

TREATMENT OF STONE IN THE BLADDER.

OF course the patient, as well as practitioner, should be satisfied of the existence of stone in the bladder, before any kind of treatment should be commenced ; and as the symptoms just enumerated, are not infallible diagnostics of the actual presence of the calculus, nothing short of its detection by the usual process, the introduction of the sound, should be relied upon. In the early stages of its existence, the urethra may be dilated to admit of its expulsion, at least if not by the natural way, by the excellent, and never to be sufficiently extolled, practice of extraction, by means of appropriately contrived forceps. The invention belongs to the late Sir Astley Cooper. The operation consists first of emptying the bladder, and injecting a sufficient quantity of tepid water to distend it moderately afterwards, and then to grasp the stone with the forceps, and gently withdraw it. The facility with which this may be done, will depend upon the size of the calculus, and the dexterity of the operator. Where, from the size of the calculus, this method is impracticable, the stone may, by newly invented instruments, be crushed, and its fragments removed as above suggested. This being entirely beyond the province of an invalid, such would doubtless consult some skilful surgeon, and there are many in London, who have devoted considerable attention to this particular practice.

THE PALLIATIVE TREATMENT OF STONE IN THE BLADDER.

FROM the supposition of the possibility of dissolving stone in the bladder by medicines conveyed through the circulation, and the conviction of others, that if such be injected direct into the bladder, the solution would follow as a matter of course, numerous remedies have been exhibited both by the mouth and by

injection, according to the nature of the stone ; but the expectations of the experimentalist have never been realized. Medicines taken by the mouth, become so modified, in fact neutralized, before they reach the bladder, as to be rendered almost inert ; and the bladder is not capable of bearing any preparation of sufficient strength to produce the desired effect. When the stone is composed of lithic acid, the effect of alkalies is to neutralize the acidity of the urine, and thereby prevent the further lithic deposit ; but if they be administered in excess, an alkaline deposit begins to coat the calculus ; and there again the object is frustrated.

The following injection has been recommended to be used for the solution of calculi of uric acid.

Take of	(Form 38.)
Subcarbonate of Soda	1 drachm
Almond soap	2 oz.
Water	12 oz.

Mix. To be injected into the bladder, and suffered to remain fifteen or twenty minutes.

Relief, however, having been experienced, at least in the intermitting of the symptoms from the administration of alkalies, the following formulæ are submitted as the best mode for their exhibition.

Take of	(Form 39.)
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The solution of potass from twenty to sixty drops, twice or thrice a day, gradually augmenting the dose.

Or,

Take of	(Form 40.)
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The Carbonate of Soda, one scruple three times a day.

Or,

Lime water may be taken to the extent of a pint per day, in an equal quantity of milk.

Two or three bottles of Soda water may be drunk daily.

The following pills may be taken twice daily.

Take of	(Form 41.)
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Soap pills with Opium, ten grains to be divided into two pills for a dose.

Where pain is a frequent or constant attendant, recourse should be had to fomentations applied over the region of the bladder, and to the perinæum. They may be prepared by boiling five or six bruised poppy heads in a quart of water, down to one pint—a similar decoction of mallows. Immersion in a hot bath, temperature 100°. The patient should drink plentifully of mucilaginous drinks ; the following medicines may be taken.

Take of

Form 42.

Mint water	5½ oz.
Liquor of Potass	1 drachm.
Spirits of sweet Nitre	2 do.
Tinct. of Opium	60 drops.

Mix. Dose—two table spoonfuls three times a day.

The Decoction of *Achillæ Millefoliæ*, as elsewhere advised in this book, will be found a great palliative to the urgent desire of urinating.

CASE I.

IRRITABILITY OF THE BLADDER.

A wealthy and elderly person, a gentleman, consulted me the commencement of the past spring. His symptoms and sufferings were these—frequent desire to pass water—unable to retain it longer than two hours at the utmost—seldom exceeding in quantity an ounce, and sometimes scarcely a table-spoonful, the urine at those times depositing a mucous sediment, and giving off, when settled, a “filmy” surface—restless nights, with repeated attacks of an urgent and sudden desire to micturate, but occasionally a total inability so to do, until after several paces of the room on the cold floor—exceedingly nervous and depressed, and altogether in feeble health. The treatment consisted of warm-bathing, injections into the bladder, sedative and slightly laxative medicine. Electro-magnetism to the loins, perinæum, &c., and ultimately tonics and astringents; the alkaline solution was useful, and the preparations of *Achillæ Millefoliæ*. This gentleman passed the season in London, and left only a few days ago so much improved, that he

had been enabled to pass whole evenings in society without being disturbed; and also to have uninterrupted nights’ rest. This case is a type of many others. It was brought on by free living, and drinking large quantities of fermented liquors. Of course, in the treatment many restraints were imposed, but they were acceded to, and my patient recovered. In a case, a short time ago, that befel a gentleman who had had repeated attacks of clap, and whose bladder was in a most irritable and tantalizing state, assuming at one time an energetic and expulsive action, and the next moment, before micturition was completed, becoming, as it were, temporarily paralysed, a perfect and speedy cure was effected by the alkaline solution, notwithstanding copaiba had been prescribed among the many remedies given to him by one of our most eminent metropolitan surgeons, and all without avail. In a young man also, who found it difficult to retain his urine beyond two or three hours, the solution completely relieved him from the infirmity.

CASE II.

A gentleman farmer from the Isle of Wight consulted me for an irritable

bladder, attended by a gleet discharge, to which he had been subject

for some years, when I gave him the solution combined with sulphate of quinine, which, at the end of a fortnight, perfectly restored him to sound health.

There are many cases of persons, who, from habit, have pressing inclinations to void their urine on particular occasions; as, for instance, before sitting down to dinner, or any other

meal; on entering a room, theatre, or place of worship: such persons will find the solution of copaiba, in most instances, a corrective; in all, a palliative. Fluids are prohibited, except in small quantities, and those should not be of a relaxing kind, nor given in a warm state.

CASE III.

LOSS OF POWER IN THE BLADDER TO EXPEL URINE, WITH ENLARGEMENT OF THE PROSTATE GLAND.

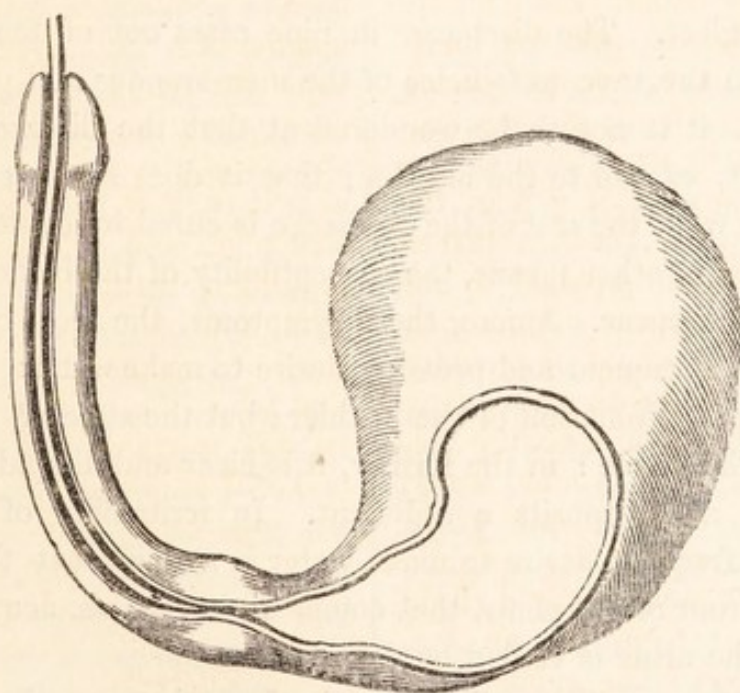
The present case is worth a quarto volume of commentaries on bladder disorders, inasmuch as it presents the symptoms incident to almost every form of complaint the bladder is subject to, and it shows the triumph of art over nature. My patient was a highly respectable gentleman, past the meridian of life, it is true, but possessing the health (independently of the symptoms I am about to narrate) and also holding the appearance of a man ten years his junior. About eighteen months ago, my friend applied to me for relief from an occasional irritability of the bladder. He would be troubled one day with a desire to pass water many times, and, perhaps, on the following, the irritation would cease: this had been the case for some years, more or less, but only lately troublesome. There was occasionally a slight mucous discharge from the urethra, resembling a gleet from gonorrhœa; but my patient being a Benedict, and a person of unimpeachable veracity, I found the suspicion ungrounded. These symptoms would assume various degrees of continuance and severity. Considering the case to be one of irritable bladder consequent upon advanced life, I prescribed sedatives, the warm bath, and the alkaline solution of co-

paiba, also copaiba in its various forms. These remedies severally afforded relief, but not permanently. Weeks rolled on, which soon made up months, and my patient began visibly to decline in health. As our intimacy advanced, I became acquainted with his habits and manner of living. Accustomed to take wine for many years, he felt a necessity for it, and as the symptoms were occasionally so urgent, of course it was necessary that all stimuli should be withheld, and which, as such was forbidden fruit, he pined the more after, and physically manifested the want of. He had hitherto assured me, that when the irritation was off, and he was tolerably well, that he could make water in a full and forcible stream. An opportunity soon occurred for me to request to see him urinate. Every man has some peculiarity. My friend could not, until after many fruitless efforts, micturate in my presence. Diffidence, fear, or any other form of nervousness, we well know will often control the will; so was it with my patient. At last ocular demonstration convinced me that at best he could void but a feeble stream, and that only with great straining. I then suggested that he might possibly have stricture, and it was only after the most urgent

persuasion that he would submit to an examination. This was the more necessary, as his complaint had seriously increased. He was annoyed with hæmorrhoids also, which bled, and which kept up a constant *rectal* irritation that greatly aggravated the bladder disorder. His nights were passed sleeplessly; his appetite failed, his strength declined, and I verily believe that, had he not experienced relief in one way or another, he would speedily have died. The desire to pass water became continual, and the urine would dribble from him only by drops, amounting, after many minutes' severe straining and effort, to scarcely a table-spoonful. The agony of retention of urine is indescribable; it must be witnessed to excite sympathy or to be believed. I passed a No. 7 catheter, which, after several obstructions and various difficulties, passed into the

bladder: then came away full a quart of strongly odoured urine. We had made a discovery. The urethra was narrowed, was irritable, and the prostate gland was considerably enlarged, so as to choke up completely the outlet from the bladder. In a similar case, but which terminated fatally through exhaustion and long suffering, I obtained permission to preserve the diseased parts: and to render the present case more intelligible, I annex a sketch, showing the passage of the catheter and the obstruction at the prostate gland. The bladder is shown in its distended state, and an imaginative section made to exhibit the course of the urethra. The catheter, it will be perceived, is clutched firmly by the prostate; and its further advance impeded, except by main force or perforation.

To return to the case of my now



living patient. I need scarcely observe, the relief was magical: it was also just in time. The urine had put on the appearance of decomposition, the bladder had lost its tone, and would soon either have become ulcerated or would have burst. Subsequent experiments proved the correctness of the surmise, but also showed that the bladder had near-

ly, if not quite, lost its contractile power. The catheter was obliged to be used every other day, and occasionally oftener, to avert the irritation which ensued on the accumulation of urine. A few weeks' tuition taught my friend to manipulate for himself. Since this period of the case, months have elapsed. My friend, at the present moment (for

this very day I have seen him) tells me that he relieves himself twice, occasionally thrice, daily—that the very instant of the occurrence of irritation, he uses the catheter, and finds relief.

The urethra is considerably dilated, and he employs a No. 10 instrument without the least difficulty. Although upwards (for the truth should be told) of seventy, my friend can walk easily several miles; can, without much inconvenience, quit his quiet table for that of a public assembly, and boasts of the satisfaction of keeping up his wine custom. I have little else to add: the conclusion is sufficiently satisfac-

tory. The only inconvenience is the necessity of attending somewhat to rules, which my patient is too sensible to discard altogether, and the requisite withdrawal of the urine. The bladder is evidently capacious, although paralytic in power, yet in other respects is in a healthy condition. The prostate gland, although enlarged, is quiescent, being relieved from constant pressure by the hitherto fruitless attempts to urinate. The discharge has ceased; and it is possible my friend has a series of years before him to enjoy the privileges his circumstances can so happily command.

CASE IV.

I have already stated that the most frequent cause of irritable bladder is gonorrhœa or gleet. The discharge in nine cases out of ten, when chronic, proceeding from the mucous follicles of the membranous and prostatic portions of the urethra, it is not to be wondered at that the disease should, on the least excitement, extend to the bladder; that it does so is proved by the circumstance, that when the seat of the discharge is cured by cauterization, the use of catheters, or any other means, the susceptibility of the bladder subsides, and the symptoms disappear. Among these symptoms, the most constant and most remarkable is the frequent and pressing desire to make water. The same desire occurs in active inflammation of the bladder; but the state of the urine is diagnostic of the difference: in the former, it is clear and limpid, but in the latter usually turbid, and deposits a sediment. In irritability of the bladder, in addition to the frequent desire to make water is a pain that the patient experiences at the root of the penis, that comes on in spasms, acute and frequent, during which the urine is voided by drops.

The following case will best illustrate the foregoing remarks, and the treatment adopted by the author:—

Feb. 7th, 18—.— A gentleman, about 31 years of age, of dark complexion and spare habit, complained that he was annoyed, every now and then, by a thin gleety discharge, that would cease probably for a week, or

even a month, and then, without any apparent cause, recur with increased severity. Within the last three months, the attacks had been accompanied by a frequent desire to make water, that on several occasions had obliged him

to leave his room twelve or fifteen times in an evening, and more than once he had discovered his shirt stained with blood. He informed me also that he had tried almost every means to get well—had consulted several of the leading surgeons, one advising sedatives and sodaics, another leeches and lotions, one matrimony, and a fourth sexual abstinence. Perplexed and annoyed, he determined upon leaving the complaint to take its chance: by degrees he abandoned the restrictions imposed upon his diet and habits, and dropped into those of intemperance and excess.

On the occasion of his consulting me, he had been drinking freely the preceding evening; and during the night had been seized with one of his attacks. He had risen from his bed every fifteen minutes; indeed, so great was the irritation, that he felt an equivocal kind of relief only when straining, and using great efforts to make water. Towards morning it had somewhat subsided; but he discovered that he had passed a considerable quantity of blood. Conceiving there must be stricture or ulceration of the urethra, near the neck of the bladder, I determined upon an examination, with a soft flexible bougie; and desiring him to recline on a sofa, I passed a No. 6 to the arch of the pubis, without giving much uneasiness to the patient; but upon attempting to press the bougie forward and upwards towards the bladder, the pain became very sharp and severe, and during its passage in the prostatic part of the urethra, still more increased, as though the bougie was being propelled over a denuded surface. By gentle management, however, I succeeded in reaching the neck of the bladder, when, after a momentary resistance, the bougie slipped in, and all unpleasant feeling for a while subsided.

After suffering the bougie to remain in the bladder and urethra for a

quarter of an hour, I carefully withdrew it, prescribed a dose of castor oil, and desired my patient to go home and rest until I visited him on the day following. In the mean time, diet to consist of farinaceous food, or oatmeal, or arrow-root boiled in water or milk, and the subjoined mixture to be taken in doses of three table spoonsful every four hours after the bowels had been opened by the castor oil:—

Form 43.

Take of

Liquid of Potass . . . $\frac{1}{4}$ drachm.

Powdered Spermaceti 1 drachm.

The yolk of egg, as much as is sufficient.

Mucilage of Acacia . . 1 oz.

Cinnamon Water . . . $4\frac{1}{2}$ oz.

Tinct. of Henbane . . . 2 drachms.

Syrup of Orange Peel . $\frac{1}{2}$ oz.

To be mixed according to art, strained, and taken as directed.

On my visit the next day, I found my patient seated comfortably by the fire, and free from pain—the disposition to urinate had subsided, and he had passed a good night—the castor oil had operated, and he had taken three doses of the mixture. There was, however, a copious discharge from the urethra of a glairy consistence, and rather of a greenish cast, and a little tingling sensation felt along the passage as the discharge oozed out. He complained also of some uneasiness in the perinæum.—Advised him to take a hip bath, at a temperature of 102° , and to continue the mixture, rest, and abstemiousness.

Feb. 9th.—Discharge lessened, and of a healthier colour and consistence; pain and tenderness in the perinæum quite gone; was seized, during the night, with an attack of irritability of the bladder, but that did not continue above an hour. I this day passed a flexible catheter, armed with a sponge containing a solution of nitrate of

silver, and, upon arriving at the ulcerated spot, pressed the wire to which the sponge was attached, and discharged its contents over the diseased membrane. The operation gave no pain, and at the expiration of an hour after the withdrawal of the catheter, a few clots of slough came away with first stream of urine. The mixture to be continued, and the bath to be taken every evening.

Feb. 16. — Discharge ceased; has been able to pass urine without difficulty or any uneasiness, and also able to retain it for a greater length of time than for some months past.

In the following May, this gentleman, from some unpardonable excess,

had a slight relapse of his complaint, but that was relieved by 20 minutes' immersion in a hot bath. I subsequently advised him to attempt taking the cold shower baths, and to continue them, if they agreed with him, through the summer; and for the next month to take a preparation of iron, both of which he certainly had resolution enough to adhere to, and fortunately for himself, as his health became completely reinstated thereby. I have not heard that he has ever been annoyed with a relapse of his malady, of which, as I trust I possess his confidence, he would have informed me, had such been the case.

ON DISORDERS OF THE URINE.

THE character of the evacuations of the human body has always been regarded by all observers or attendants upon the sick, from the nurse to the physician, as indicative of the health or disease of the living frame. A tainted breath, an unsavory exhalation of the skin, a scanty, thick, and high-coloured discharge of urine, or a corrupted condition of the alvine evacuations, severally have been admitted as bespeaking a disturbed state of health. From some unaccountable feeling, the examination of the urinary excretion has not commanded that attention that the not more important fecal deposit has. The public are fully alive to the Abernethian catechism; and patients generally come prepared with a description as to the state, &c., of the bowels, but they are seldom provided with answers relative to the condition of their urine. It may be accounted for, inasmuch as the latter excretion depends upon a function not demanding the attention and convenience of the former to fulfil,

and thereby as being held of less importance. The reverse is the reality, for, in fact, the one is the mere residue of the food, namely, that portion excluded from absorption into the system, and dismissed mechanically; whereas the latter, the urine, is, as it were, the result of a secondary process, and is the residuary or the worthless part of the blood itself, which has already been extracted from the nutriment supplied and absorbed. Another oversight with patients is, that so little generally are they acquainted with the intimate connection that the morbid state of one organ has with another, or the influence which a local disease, as it is called, has over the general health, that they will content themselves with endurance so long as the symptom they may be suffering is endurable, and productive of no great deprivation to their pleasures or pursuits, and deem it of "no moment;" and even if their attention be called to it, from its peculiarity, or somewhat greater frequency or severity, they will still, if perchance

they seek advice, cling to their own notion, that it is only a simple disturbance that might be removed without much fuss or bother, and that if it were got rid of all would be well; and therefore any verbal parade made by the physician as to its importance, or the necessity of some abridgement of the enjoyments of existence, and a little attention to regimen and physicking, is looked upon with suspicion or surprise, lest he, the patient, become the victim of medical imposture.

In the Arabian Nights' Entertainments there is a tale told, wherein the hero is presented by some presiding genius with a ring, which he is enjoined to wear; the magic power of which is to be exemplified by a proportionate pressure of the finger, to admonish him whenever he displeases his patron by a departure from the paths of virtue. All imaginings are in some way derived from actual occurrences. The fanciful story of the eastern prince is but a contortion of a fact in human nature. We are never without a monitor as to where we are to stop or proceed, if we choose to notice it. We have it in mental reflection, or it is present to our sight: and this proposition may

be brought down to bear out the remark, that in all our sicknesses (proofs of some transgression) every symptom is a forewarner of another. To present the reader with a less figurative exposition, there is perhaps not a better criterion how far we are obeying the laws, the observance of which preserves our mortal frames in good health, than by examining our own urine. Where is the free liver, the gourmand, or the debauchee, to the luckless sufferer from a city cold, who has not observed in his time the altered state of his urine on those particular occasions? And as all vary in their appearance, from the palest amber to the brightest red, and from the most limpid flow to the muddiest density, each is a separate "earnest" of some transgression that, unheeded or repeated, may produce some of the consequences hereafter detailed. But as high living and cold-catching comprise not all the departures from health that produce morbid changes of the urine, we are therefore to look for other causes; and it is only through an analysis of this important fluid that we are enabled to discover such.

THE URINE.

It is a very common observation with patients, that they never were in better health in their lives than at the moment of consulting their medical adviser, except in the very particular malady, such as an ulcered limb, a teasing cough, a gleet discharge or an irritable bladder, that they are seeking relief for; "They are quite well," they say, "in every other respect." When illness attacks an individual, it does not always announce its arrival by sound of trumpet. It does not always come on like an apoplectic

shock: some minor organization is generally the first to indicate disturbance in the healthy economy by even so simple a presage (I will take for example, more especially as the ensuing remarks bear upon the subject), as excretion of disordered urine. To resume; the patient will content himself, that the only fault in his system, is the disordered condition of his urine, and he earnestly seeks for something to touch that particular symptom, forgetting that trifling as he may fancy it, it is not merely owing to

the office of the kidneys and bladder, but to the blood itself, whence the urine is drawn, and to other circumstances in the economy that influence it. Therefore, it is not merely the urine which is at fault, but the state of it is a pretty good indication of the general state of health; and when it becomes vitiated, the urine is generally, unless restored to a healthy condition, a forerunner of some more serious evil. Still there are many variations in the character and quality of the urine, and each depending upon different causes; some from a disordered state of the fluids of the body, some from one remote cause or another, deranging the balance of the circulation, and inducing excessive perspiration and the like; and certainly not the least important, nor the least influential, exist in the very structures that make (as it were) and receive the urine, namely, the kidneys and bladder. I may observe here that chemists have detected upwards of twenty different substances, animal and saline, in its composition, but in a state of complete solution. Of all these component parts, the most important is an animal product, named *Urea*, which exists in about the proportion of one in thirty to the water containing it, while the other materials taken collectively, water excepted, yield only about double the quantity of the urea: hence when the urine is disordered, its specific gravity* is increased or

diminished, as the case may be; according to the abundance of urea and the various proportions of the saline ingredients of the urine, so is the urine thick, thin, acid or alkaline, pale or what is called high coloured. The various conditions of the urine are ascertained by producing chemically certain decompositions, or by suffering the urine to effect its own changes, which on being suffered to "stand," sooner or later it will.

Healthy urine is perfectly transparent and of a light amber colour; it yields an odour when warm resembling violets. Its taste (for pathologists trust not only to sight and smell) is saltish and offensive. As the urine cools, it throws up, what may be said to be a "urinous smell." As decomposition proceeds, the urine becomes cloudy, thick, with shining floating patches on the surface; and lastly a thick deposit coats the bottom and sides of the vessel, the whole giving forth at the same time a fetid ammoniacal exhalation, as is perceived on entering public urinals. The rapidity with which these several mutations occur affords some criterion of the healthy or disordered state of the excretion we are talking about, and hence the usefulness of examining especially the urine of persons labouring under any disorder of the urinary system and functions connected therewith. A patient will complain, for instance, of irritable bladder. The symptoms of that complaint, as far as pain and frequent desire to micturate exist, very closely resemble those affections known by the name of Diabetes, but which is

* The specific gravity of the urine materially depends upon those causes which act diuretically, and upon the quantity of fluids swallowed, which, if taken in excess, of course increases the watery portion of the urine, and vice versa. The density of the urine is ascertained by an instrument called an *Hydrometer*, which, upon being immersed in the urine, indicates its specific gravity. The usual specific gravity of healthy human urine varies from 1,010 to 1,015, whilst the temperature ranges from 75° Fahrenheit to 120°. The quantity averages from two to three pints per diem, but depends not only upon

the quantity of fluids consumed, but also upon the nature of the food, vegetables generating more urine than animal substances. In infancy and old age, the temperature of the urine is below this standard; but nearly equivalent to each other; whereas it is only at the period of puberty, that the temperature quoted exists.

distinguished from the bladder affection in question, by the quantity and character of the urine. I purpose herein to enumerate, in as familiar a manner as is possible, the various disordered states of the urine which my experience has rendered me familiar with, and to present the same as heretofore, in the form of cases that have fallen under my notice.

Now the urinary disorders that I purpose to collect a description of and exemplify, may be thus enumerated:—

First, where too great a quantity of urine is voided.

Secondly, where too little is discharged; and also, where suppression of it entirely occurs.

Thirdly, those states where the urine deposits a sediment, of which two kinds are mostly prevalent, namely, the Lithates or Acid, and the Earthy or Alkaline.

Fourthly, a brief exposition of the many but less frequent morbid changes of the urine, in which certain salts and substances, not existing in healthy urine, are precipitated or held in solution. And,

Lastly, to add a few to the number of those already presented herein, of the infirmities of those organs which excrete the fluid under consideration, namely, the kidneys and bladder.

ON INCONTINENCE OF URINE.

ALTHOUGH this is not the professional term for the disease I am principally about to speak of, yet under this head will the reader, if he be an invalid labouring under a complaint of this character, seek for a description of his own case. Incontinence of urine implies a loss of the retentive faculty of the bladder; but there is a species of disease where micturition is carried to such an extent, that a patient will attribute his leaky condition to the above cause. Not so, however, is the case: the urine, in the disease alluded to, is generated or excreted in great quantity, and the bladder merely fulfils its ordinary duty. Of the affection known under the title of incontinence of urine, most persons are aware that it is one of more frequent occurrence in infancy than in adolescence; but the latter is by no means exempt. In childhood it arises, in all probability, from drinking too much, and the bladder becomes, during sleep, overloaded, and runs

over; or, perhaps, from the irritability induced by its distension, becomes excited to action, and so empties itself, the drowsy state of the child rendering it insensible to the passing circumstances.

The infirmity soon becomes a habit, which is often rendered worse by the means taken to check it, namely, chastisement; which is highly reprehensible. It is fortunately, however, a disease that wears itself out as the child grows up; and it may at all times be materially mitigated by a little care and attention; such as inducing the child to micturate before going to bed, and even awakening it before the anticipated time when it usually is attacked with the incontinence. The last fluid meal, which should be a spare one, should be taken some hours before retiring to rest; and if the complaint has gained much ascendancy, medicines which give tone to the bladder should be taken. I have known the malady successfully

removed, in a very short time, by a combination of the sulphate of iron, and quinine, and any sedative extract, such as henbane or hops, given in small doses in the form of pills. Female children are more susceptible of the annoyance than males, probably owing to the shortness of the urethra. Every measure tending to give strength to the child should be used, such as cold bathing, fresh air, or a change of the same, especially if residing in London, to the country. Mechanical contrivances are to be had to collect the escape of urine, whereby the offensive odour arising from the continually soiled bed-linen may be avoided: and oftentimes the fretting consequences of the urine passing over the person, which induce excoriations and troublesome sores. There are contrivances for both sexes. Where the disease prevails in mid-life, it is generally traceable to early improvident habits, and of course is the result of irritability and debility of the bladder. There are many patients who can somewhat control the functions of that organ whilst awake, but have no power over it when asleep. The treatment depends a great deal upon the observance of abstemiousness both in eating and drinking; a perseverance in chalybeate remedies, both taken and administered internally; (I have injected the bladder of a person subject to nightly incontinence of urine with various tonic preparations, with very great and permanent relief;) the use of the warm bath, whereby the skin is brought into healthier action, (for it is generally arid) and parched when much urine is voided, which tends to lessen the duty of the kidneys and urinary system, should be adopted; nor should exercise, that *pabulam vitæ* of even all feeble persons, be disregarded. It is of the utmost importance for the preservation of health, under all the circumstances in which we may

be placed. Escaping from this digression, I now proceed to follow out the idea of the first paragraph of this chapter, to treat of those complaints wherein the urine is voided in excess. There is a disease commonly known by the name of Diabetes, wherein the prominent symptom is a continual aptitude to pass urine, and in much greater quantities than the fluid consumed as ordinary drink could supply. This is one form of ailment of this class; but there is another, happily less inimical to life, and which, in the order of its frequency and simplicity, should take precedence. It is that state of health, where the patient is of that leaky habit, that whatever he takes runs through him, and that very quickly too. Of course such a condition must depend upon a seriously-deranged constitution: hence there is present a perpetual thirst, an entire perversion of the perspiratory function, and a morbid condition of many of the phenomena of life. Where this disease springs up in early years, it becomes a habit proper to existence; and although it may not seriously disturb the economy of the being so as to lessen the duration of one's stay here, yet it furnishes a source of much solicitude, by depriving us of rest, and shutting us out from society.

The patient, for such he or she may be truly called, and the complaint invades both sexes, appears to have a perpetual fever. Such is the desire for drink, that attested cases record the circumstance of individuals consuming from *one to two pailsful* of water in twenty-four hours! and I positively know an instance, at the moment of writing this, of a child, fifteen years of age, consuming during the night, notwithstanding a plentiful supply of liquids during the day, a large jugful (two quarts) of water: the quantity of urine excreted is nearly equivalent. In this case, the perspiration is

profuse, and the child enjoys tolerably good health, with the exception of being occasionally nervous and hysterical. The case is under treatment, and the quantity of fluid allowed is being daily diminished. The urine on these occasions is aqueous, very pale, and of light specific gravity; the properties of the urine otherwise are not altered. These cases sometimes exist through life; and if they do not terminate fatally, they ultimately enfeeble the health, and predispose the patient, or in other words, render him less able to combat with ordinary complaints common to us all, and thereby tend to the break-up of his constitution.

There are many persons, tipplers, not for the love of the specific liquor, but from being always thirsty; and if we reflect a little we shall soon find how inclined we are to encourage the habit. Since the introduction of tea into this country, what inordinate quantities of that fluid are consumed by individuals. They must of course dispose of it after having drunk it: the stomach cannot retain it, and it escapes, either by the skin or kidneys, more usually the latter. It is no uncommon thing for nurses, washerwomen, and some females too, to swallow nine or a dozen cups of tea at a sitting: they declare it is their best meal. I once made the following calculation of the quantity of fluid consumed and disposed of by an eccentric male patient of mine some while back. He was in a mercantile house, and walked into London every morning, and out every evening:

PINTS.

At breakfast (eight o'clock,)
he took three large cupsful
of tea 1½
Before entering the counting-
house (nine,) he drank of
ale ½
Generally partook of two tum-

blers of home-made soda-
water betwixt breakfast and
dinner 1
Dined at one, and drank of
beer or ale 1
Slipped out about three o'clock
for a glass of gin or whiskey
and cold water ½
Got home to tea at six or
seven, and drank three or
sometimes four cupsful, say 1½
In the evening, which he spent
at the tavern, he invariably
drank three or four glasses
of spirit and cold water, and
sometimes double the num-
ber 1½
And would dispose of a pint of
malt liquor at supper . . . 1
He never went to bed without
having at hand a supply of
of toast and water, of which
he partook, during the night 1½

Making, in the twenty-four hours, the immense quantity of 10 pints, or one gallon and a quarter, being *half* a *pailful* of fluid.

He assured me that he has known himself to have calls to the urinal *nineteen* times in the day and night. The poor fellow's bad habits at last lost him his situation, which he had held for many years; and he died, a summer or two ago, the victim of folly and intemperance. There can be no question but that we all, as a people, indulge too much in drinking fluids; and if they find not a ready exit, they necessarily debilitate the stomach, impede digestion, and provoke a train of nervous and hypochondriacal feelings that help only to fill our public and private asylums.

Man is a great deal more careful of the quadruped world than the class he belongs to himself. He will stint his horse drink, who works as much beyond his strength as man does under his own, whilst he, the driver, will

swill till his mouth can scarcely receive another drop. The moral of a volume might doubtlessly be expressed in very few words, but then it would not be a volume, and, consequently, would not be purchased or read; therefore, the proposition herein intended to be presented to the reader would exist unheeded. It is one thing to observe, that we all drink too much, or that too much fluids are hurtful to digestion and other functions, the public require some illustration (which their own reflection would furnish, if they used it), and hence this expence of verbosity to prove the fact. As one of the consequences, then, of too great an indulgence in fluids (I am here speaking of quantity rather than quality), this form of complaint, wherein the patient is perpetually desiring to urinate, is decidedly the result; and, as all complaints have a beginning, this may be considered as the first step towards setting up the several affections of the kidneys and bladder hereafter treated upon. How important, then, is the arrest of this practice. Where the inconvenience thus detailed is present, the quantity of fluids must by degrees be diminished—the general state of health must be studied. Dieting and warm-bathing are two sheet-anchors, if properly applied. All remedies tending to afford strength to the urinary system must be had recourse to; and where the bladder loses any of its retentive power, I entertain the greatest benefit from an injection.

The next form of urinary disturbance of a proximate nature to the one just described, is also where the urine is discharged in large quantities; but, unlike the former, excreted in greater abundance than the supply. The character of the fluid is also different; it assumes two appearances, modifications doubtlessly owing to the constitution of the patient and the severity and length of the disease. It is known by the name of Diabetes: it is happily

a complaint the least frequent of urinary derangements, else from its obstinacy and difficult management, the slightest urinary disorder would excite much just dread and apprehension.

The forms of the complaint thus vary: in the one instance, there is a deficiency of the animal matter of the urine, namely, the urea, and in the other, a superabundance of it. In the former instance the urine is of a pale colour, and transparent, and sometimes like clear water, with a very faint slight odour; whereas in the latter it is generally of a higher colour, and now and then so thick as to resemble brewer's porter: it is decidedly a disease of great debility. The symptoms are, a wearisomeness and languor of the whole frame, a dry and crimped state of the skin, a sinking, gnawing pain at the pit of the stomach, the bowels are obstinately bound, whilst a great thirst always prevails. The body wastes to a mere skeleton, the discharge of urine being almost constant, at least every hour, accompanied with a call that must be immediately obeyed: the leading feature in the composition of the urine, in addition to the varied presence of the urea, is the saccharine matter contained therein. It rarely attacks others than those who have led an irregular life, or else have suffered much from other kinds of sicknesses.

Diabetes is supposed to depend upon a perverted action of the kidneys; but there is little dispute of its being a malady involving the whole process of animal economization. The quantity of urine got rid of in a day has been known to amount to ten quarts; as the disease continues, the patient becomes much emaciated, the feet swell, and he sinks into a state of low hectic fever; the urine discharged continuing all this time to exceed nearly double the amount of nourishment liquid or solid, that is taken, has given rise to the idea, that water is absorbed from

the atmosphere through the body. The disorder is generally lingering, and, unless conquered, at last fatal. The treatment embraces many remedies: bleeding, emetics, diaphoretics, and sedatives are mostly employed. It being a complaint involving the necessity of constant professional watchfulness, a more lengthened dissertation upon its peculiarities will but little serve the patient. My own opinion is, that the invalid must look for recovery,—presuming the initiatory symptoms have been duly attacked and subdued,—to careful diet, fresh air, varied scenery, and cheerful society. Bathing, either vapour or warm, is immensely useful; and, among the cases that have travelled across my path (for patients labouring under Diabetes, like any

other chronic ailment, generally take the round of the profession), I have seen much and great good achieved by the frequent employment of the bath.

As Diabetes is mostly a sequence of some previous disturbance of the urinary system, it the more behoves the afflicted to heed the first notical summons of attack: a handful of water will sometimes quench a mouldering ember that, suffered to rise into a flame, an engine-full cannot extinguish. I may add, there is no cause so destructive to virility as these drainages from the system through the urethra, an additional reason why they should be attended to upon their first appearance.

CASES WHERE BUT A SMALL QUANTITY OF URINE IS VOIDED, TERMINATING IN SUPPRESSION OF URINE.

The most popular scientific synonyms for complaints are but little understood by men really of education; for, as yet, medical knowledge forms not one of the items of collegiate lore, and few anticipate sickness to render such acumen necessary. The term Strangury, from the frequency of its occurrence, is uppermost in most men's minds; and they use it on all occasions when there happens an interruption to the process of making water. It is oftentimes misapplied. Strangury implies a difficulty in voiding the urine, but it does not include those cases wherein little is voided, because there is little to void. The affection I am now about to make mention of, is of the latter description. I have stated that the urine is subject to a multitude of changes—that the human frame is constituted to exist under a variety of circumstances, and that occurrences are daily happening, wherein its integrity is put to the test. Excesses, termed sensual, and others, which in themselves might destroy life, are

counterbalanced by what may be styled the *safety valves* of the system. A violent fit of purging, perspiration, or micturition, is often the means of warding off an otherwise fatal blow. The skin, the bowels, and the kidneys are severally to be acted upon as emergencies demand: instance the specific operations of diet and medicines. The colour of the urine is altered by (to give a popular illustration) *rhubarb*; its odour, by *turpentine*s (taken internally, or from an inhalation of the vapour of them), and by the well known vegetable *asparagus*; and its composition by alkaline and other chemicals. The function of cutaneous exhalation is augmented or diminished by warmth or cold; and the action of the bowels is suspended or increased by innumerable substances, forming portions of our daily food.

Analogous to these effects, is the result of certain conditions of ill health. A patient, labouring under fever or inflammation of any important organ, will scarcely rid himself of a wine-

glassful of blood-coloured urine in the twenty-four hours; and there are many forms of ailments, where the function of separating the urine from the blood, or even the function of supplying the kidneys with that vital fluid, are suspended, partially or entirely. Few of us have escaped attacks of this kind; they are sure to follow long-pursued habits of dissipation, or even occasional displays of it; and they are often the result of accidents over which we have but little control. A patient will complain of a frequent desire to make water; each effort so to do, will be accompanied with excruciating pain. A small quantity, or a few drops only, will dribble away, excoriating the passage as though vinegar were passing over it, and putting on an appearance almost resembling muddy port-wine, or a thick solution or suspension of brick dust: there will be present much fever and constitutional disturbance. The patient may have shivering fits, pain round the loins, down the thighs, and over the lower part of the abdomen. He will betray a readiness to submit to any thing, although conscious that his bladder is empty, notwithstanding the violent and urgent efforts at straining, which he is continually being called upon to make, as though his bladder were distended, and ready to burst. On passing the catheter (I am supposing a severe case, where retention of urine has at last occurred), not a drop will flow, and the danger of the disease is thereby made apparent. Except very severe measures be adopted, which it would be idle here to lay down, the case is

sure to terminate fatally. Instances are recorded, where that event has been retarded for upwards of a week, during which time the patient voided not one drop of urine.

The absolute cause of the disease is very obscure; but it has a beginning, and to those only who suffer from a long-continued diminution in this natural excretion, and who disregard it, is this picture presented.

The treatment, in advanced stages of the disease, is strictly professional; but the warning of the altered character of a customary evacuation, should not for a moment be disregarded.

Suppression of urine is very different from retention: in the former, there is none to excrete; in the latter, its escape is impeded. In the chapter on stricture, the cause and manner of retention is explained, and the mode of relief laid down, whereby the invalid himself has a remedy at hand; but, in suppression, the resource is neither so ready nor so effectual. It is, therefore, much wiser to notice the first alteration, and to be prompt in seeking the nearest aid. Every practitioner is acquainted with such. Although such are not ever present, even in the most extensive practice, still they do occur; and much as this mode of frightening a patient may be condemned, knowing the frequently existing disinclination towards "laying up;" yet, if it only induce a fellow-mortal to take the tenth instead of the eleventh hour, one life may be saved, and the writer can well submit to the disapproval and contempt of the thoughtless and indifferent.

ON GRAVEL.

UNDER the head of this disease may be classed all those urinary affections, wherein a sandy deposit is observed, after the urine has stood some time.

This sandy excretion varies in its composition, in the quantity voided, and in its continuance: and it is also often separated, for it is held generally in

solution in the urine, as it comes from the bladder, whilst in the bladder or in the kidneys; and hence we find gravel in the kidneys, in the bladder, and in the urine. Where it is precipitated, or formed in the kidneys or bladder, it is apt to accumulate, and constitute what is called Stone in those organs. As I have just observed, the composition of this gravel differs, and differs also at different times in the same individual, according to circumstances. Stones have been detected, that, like the rolling snow-ball, gather up, as they increase in size, whatever comes in their way; and, accordingly, as the deposits are principally composed of concretions, termed in chemical phraseology, Lithates and Phosphates, Stones are frequently found to be formed, first of a layer of one covering, then of another, and so on.

Gravel may exist for years, without inducing much disturbance of health, or it may produce serious inconvenience in a very short time. The urine being acid, holds the salts, which it contains, in solution; and, therefore, if the acid predominate, it becomes, through its own excess, thrown down, when it is detected in the form of red sand; but if there be an insufficiency of acid, the earths and salts of the urine are thrown down, and they exhibit their existence in the form of white gravel. Hence the two names, Red and White Gravel. Acidulated urine is looked upon as certainly indicative of health, and when in excess, of a high tone of health; which, as the degree ascends, is marked by inflammation and fever. Alkaline urine betokens feebleness of constitution, or interrupted health. High living and an excited life induce red gravel: irregular, or an impoverished living, with much mental inquietude and physical exhaustion, establish white gravel. The fact of gravel being known to exist without forming stone, is no justi-

fication to suffer it to incur even the chance of such a finale. There is no class of diseases so painful and distressing as those wherein the function of the kidneys or bladder is interrupted, and the majority of these affections are ushered in by a derangement of the urinary fluid. A sea-faring man, aged sixty-three, who, according to his own account, had been subject to gravel since a boy, and who stated he had passed several small stones, became a patient of mine under the following circumstances:—

Passing through the city, he was seized with an urgent desire to make water, and which, on attempting to do, he found he was unable. Each succeeding attempt was unsuccessful: upon his application to me, I immediately endeavoured to pass the catheter, which had scarcely entered the membranous portion of the urethra, ere it struck against and dislodged evidently some hard substance. The desire to micturate became so great and irrepressible, that he begged I would withdraw the instrument, which I did, when there flowed a full stream of urine, bringing with it a calculus or stone, the size of a small bean: it was rough, and of a mis-shapen oval, and had lodged in a mucus fold of the urethra. This gentleman stated, that his symptoms, for many previous months, had forewarned him of his present attack: he used to encounter pains in the loins, with spasmodic twitches extending through to the testicles, which became drawn up, and exceedingly painful. Another very common symptom, and incident to most persons suffering from gravelly collections, was a numbness in either leg, with which he would be seized at certain periods, occasioned by an escape of gravel through the ureters. Immediate relief followed the circumstance just detailed, and through a careful and appropriate regimen, and the requisite

alkaline treatment (for the stone was composed of lithic acid), Capt. ——— regained much of his lost health, and

for the past year and half has been free from a similar occurrence.

THE CAUSE OF GRAVEL.

The cause of gravel is owing to chemical affinities. The urine, among its other constituents, contains *lithic acid* and *ammonia*, which two, in healthy urine, are combined and held in solution. If any other acid, as may be instanced in expelled urine, possessing a greater affinity for the *ammonia* than the *lithic acid*, be added, the *lithic* will be thrown down. The same process takes place when effected in the system, the source of which new acid, is the stomach, which, when in an irritable and feeble state, as in indigestion, furnishes or abounds with muriatic acid. In like manner, the urine containing salts, called phosphate of lime, ammonia, and magnesia, on receiving an additional quantity of ammonia,* the lime, for the less affinity to phosphoric acid than the ammonia, is thrown down; and hence a salt, bearing its name, is generated, either to be expelled like gravel, or to feed a nucleus already existing in the bladder. These chemical changes are produced by the causes before enumerated. We are subject to an infinitude of laws:

we are perpetually changing, and these changes may fairly be stated as chemical affinities: it is owing to such, that the absorption of fluids, and the deposition of substances, which exist more or less in all derangements of health, ensue—to such that we resist death, and to such that we become its prey. Gravel is a disease not so productive of fear or suffering so long as it escapes when formed; but there are so many circumstances that may give rise to the formation of stone, that sandy urine should always command notice and treatment. A clot or point of blood that may have been discharged from irritation of the kidney or bladder, is often found to form the nucleus of a stone: the slightest substance, once in the bladder, is apt to form a basis for accumulation: a pin, a fragment of a bougie, or any instrument, hair, wood, and numberless other things that have found their way into the bladder, have given rise to the formidable and distressing complaint of Stone.

THE TREATMENT OF GRAVEL.

It is not to be anticipated that every person is prone to excrete gravelly urine, else certain Dietetics, that evidently give rise to the same, in particular instances, had better at once be removed from the list of articles of food, and their use prohibited altogether; but there are instances where a constitutional disposition exists in particular families, that is even trans-

mitted from generation to generation, to calculous diseases, and in those cases, every precaution should be taken to avoid even their development.

The antidotes to the disposition to gravelly urine are, exercise, temperance, and the adoption of all those means that tend to promote a healthy action of the skin and kidneys, namely, the warm bath: it is a perfect talisman in these affections—it needs but little eulogy;—the comfort and relief, where relief is sought, afforded on the first

* Furnished in the system by the decomposition of Urea.

experiment, best bespeak its praise: it is decidedly one of the most useful adjunctive prophylactic measures we have.

I have already stated, that disorders of the urine arrange themselves under two great heads—the acid and the alkaline prevalence. The treatment is to neutralize the excess of either: the acid diathesis, as it is called, is considered a less healthy deviation than the alkaline, and is looked upon as indicative of greater constitutional break-up. The medicines most in vogue in *gravelly* disorders are, turpentine (to increase the formation of lithic acid), sulphuric, nitric, and muriatic acids; whilst the antagonists to that form of the disease, wherein the above are given, consist of ammonia, potass, and soda. The great object, however, is to balance the health, to allay irritation, and tranquillize the morbid uproar of the system. Here we have an extensive field to select from in the class of sedatives. Opium, perhaps, is the best; the most to be depended upon, its properties being best known: the warm-bath comes next; and, lastly, the various tonics and astringents of our pharmacopœa, of which *Quinine*, *Uva Ursi*, *Pareira Brava*, *Achillæ Millefoliæ*, *Buchu*, &c. &c. stand foremost.

Although the lithic acid deposition is the most frequent, still, as the disease advances, there is a strong tendency to the formation of the alkaline: and as the remedies for the former are apt to accelerate the latter disorder, it is most important that the urine should undergo frequent examination to regulate the treatment. To recapitulate the substance of this article, it may be stated, that gravel is a disease, not dangerous in itself, but that it is always the forerunner, although not always productive, of stone; stone being formed by the collection and chemical union of the sand itself. This collection takes place in the kidney, the ureters (the vessels that convey the urine to the bladder), the bladder, and sometimes in the urethra. The stone so formed, varies in its composition and size, and is one of the saddest ills that can befall human nature. Hence the importance of watching, and attending to every urinary disturbance, of which gravel forms a prominent feature, the treatment of which has been already stated; but which, as it involves more practised judgment than a non-professional invalid can be supposed to possess, had better be entrusted only to professional hands.

ON OTHER MORBID CHANGES, IN WHICH CERTAIN SALTS AND SUBSTANCES RARELY OR NOT EXISTING IN HEALTHY URINE ARE PRECIPITATED OR HELD IN SOLUTION.

To detail the phenomena attending these changes, would occupy as many pages as I have lines to devote to this part of my subject. The list alone, as recognized by the leading writers on these points, is formidable; and, as my design is briefly to reduce or translate the scientific nomenclature of them into every-day English, I may

be excused for compressing them into the smallest possible space. The importance of a thorough knowledge of every state of urine, under all the circumstances of health and illness, to a medical man is indisputable. To a patient it is less important; it is sufficient for him to be able to distinguish or learn when and how far morbid

urine deviates from healthy fluid. The symptoms of many of these are self-evident: by attending to them the reader will at least lose the excuse often made by invalids, of being ignorant that such changes denoted any thing necessary to be attended to. Among the many publications on Urinary Complaints, the latest, and perhaps most systematic, is a work by Dr. Willis,* a highly useful library volume, to a professional man.

The following summary is compressed from the work in question:—

1. Urine which contains the lithic oxide; giving the urea in the form of an oxide, instead of an acid: it is a rarer form of the disease than the lithic acid.

2. Urine holding in solution, or depositing cystic oxide, the symptoms of which are marked by a greenish yellow colour of the urine, with a peculiar smell, like that of sweet-briar, mingled with a fetid urinous odour, the appearance also being somewhat oily.

3. Urine characterized by the presence of purpuric acid: it is distinguished by a pinkish rose-coloured sediment. There are other conditions when the urine is variously coloured; but the presence of purpuric acid is indicated by a deposit, the other states not necessarily yielding one. Urine, with purpuric acid in abundance, is indicative of great constitutional disturbance, and affords just grounds of alarm: it has been known to give rise to calculus.

4. Urine distinguished by the presence of oxalic acid, forming chiefly oxalate of lime, and leading to the formation of renal calculi.

5. Urine containing albumen. This state may be traced to two causes; one depending upon a positive alteration

of the kidney, and accompanying a general dropsical condition of the cellular membrane; and the other traceable to functional derangement only. The two forms of complaint are distinguished by an altered state of the other materials in the urine.—In the more formidable form, where albumen prevails, and accompanies dropsy, the urea of the urine is much lessened in quantity, or wholly absent; in the other, the urinary composition is unaltered, except as being supplied extra with albumen. Albumen is discovered in the urine, by being allowed to settle; and when the urine is carefully poured off, the albumen forms a tenacious yet trembling jelly, adhering to the vessel. It is a disease prognostic of serious structural change in the kidneys, and of great constitutional derangement.

The treatment depends, not in the mere administration of a few drugs, it involves strict attention to diet, and imposes extensive alteration in habits, situation, &c.

6. Ammoniacal urine, chiefly present in dyspeptic patients. It is always a consequence of deranged digestion; but it is always a sequence of long retained urine in the bladder, the putrefactive process of which has commenced.

The treatment of the two is obvious: in the one, the general health must be studied; in the latter, the urine must be withdrawn, and its re-accumulation prevented.

7. Urine containing the prussic and ferrocyanic acids.

The ferrycyanic acid is detected by the blue appearance of the sedimentary urine: it is attributable to the patient having taken either medicinally or accidentally some preparation of iron. Prussic acid is a product of the destructive distillation of animal matters, generally of blood and lithic acid in particular; and the presence of the acid in the urine, is owing to its

* On Urinary Diseases, by Robert Willis, M.D. Sherwood and Co.

elimination from the system, through the chemical powers of the kidney.

The mention of the above occasional occurrence, is more to note its singularity than importance.

8. Urine containing carbonate of lime.

9. And urine containing phosphorus. The former is a constituent of vesical and other calculi: it is rarely discovered in solution or deposit in the urine of man, but it is observable in that of herbivorous animals: instances of the phosphoric urine are recorded, but are of rare occurrence.

The two remaining varieties are, where the colour and the odour of the urine differ from ordinary health. Urine has been met with that has ranged from the *palest citrine* to the *dingiest black*.

The cause of these changes is not satisfactorily explicable, nor do they appear to have been productive of any ill consequences. The odour of urine is traceable generally to the various articles of diet. Fevers, stomach derangements, free living, and great debility, possess their influence on the colour and odour of the urine.

URINE CONTAINING SOME OF THE CONSTITUENTS OF THE BLOOD.

THERE are two prominent changes in the composition of the urine, distinguished by a milky appearance of that fluid, differing in this particular—that when the urine is suffered to stand, the deposition in one instance, amounts to the consistence of jelly, and presents an oily appearance, resembling, in fact, *blanc-mange*; whereas, in the other

case, a gruelly resemblance is the better designation: the latter is called *sero-albuminous*, and the former *oleo-albuminous*. They both indicate a deranged renal function, complicated with general disturbance.

The treatment must be left to the practitioner.

OF BLOODY URINE.

THIS may arise from a variety of causes—it may be owing to accident, whereby, from some cause, some minute vessel is ruptured in the kidney, bladder, or urethra: it may be owing to ulceration in one of its many stages, and to which these organs are severally liable. It is no uncommon circumstance to observe bloody urine during a clap, when there is much irritability about the neck of the bladder, or that organ itself. Sometimes it happens without any *apparent* cause; as we perceive persons seemingly in good health, spit blood, which may escape from the lungs or stomach, or nose, simply from plethora, or preternatural fulness of the system.

In fact, urine seemingly composed wholly or in part of blood, occurs to many persons, generally once or so in their life; that is, if they are men upon town—men, who scramble at all hazards through life, and who run through the perils of feasting and carousing. Depending upon so many causes, the treatment must necessarily be influenced by a suitable reference to that which gave rise to the disease. On some occasions, the symptoms are slight or transitory; at others, serious and fatal. Under all circumstances, professional or medical aid should be sought and procured.

The urine has been found to contain sometimes flakes of skin or mem-

brane of the various channels through which it flows. In all cases of irritability, the urine abounds with mucus, as is perceived at the conclusion of the act of micturition, and in cases where serious inflammation exists, the mucus is changed into purulent matter. When gonorrhœal inflammation extends to the bladder, the urine assumes quite the appearance of a thick dirty gruel, occasioned by the abundance of pus; of course, when produced by the former cause, it signifies the probability of protracted and serious illness.

In the urine also is to be detected the ordinary secretion of the prostate gland; also the seminal fluid, which sometimes drains involuntarily, and unperceived by the patient. In jaundice, the urine is tinged with bile: milk, by some, is supposed now and then to form a constituent of the urinary fluid; and the author, whence these outlines are taken, quotes from authority the occasional presence of yeast. Such are

the numerous vicissitudes incident to a most important outlet of the system. The necessity of carefully investigating these harbingers of human infirmity cannot be better exemplified than by remarking, that many of these states are indicative of a sudden and afflicting termination to existence, which a timely observance might prevent, and thereby prolong life to its average period. To such of my readers as may be incipient sufferers, these pages may, even though they should render the possessor nervous by the perusal, at least, be the means of giving timely notice, whereby the dreaded denouement may be averted. To others, who, from curiosity or accident, may glance over them, they may convey a hint, that some time or another may be similarly serviceable; and to those sorrowing under some of the more serious calamities detailed, the consolation of thinking, that despair is not among the category of the practisers of the science of surgery and medicine.

ON AFFECTIONS OF THE NECK OF THE BLADDER, AND THE PROSTATE GLAND.

THERE are certain infirmities of life, popularly known and dreaded, from their frequency, seriousness, and fatality. Of these, consumption, apoplexy, &c., and the above affections, constitute the most prominent. Their names are the bugbears of all nervous persons:—a cough is held as the precursor to consumption, a head-ache to apoplexy, and the slightest sensitive disturbance in the urinary organs, that is not traceable to contagion, brings with it the anticipatory horrors of an enlarged prostate gland, or a fearful suppression or retention of urine. Not but that such disorders do exist, and exist to a sad extent, or that the premonitory symptoms which coughs, head-aches, &c. constitute, are to be disregarded, but that the denoue-

ment, absolutely so anxiously looked for, to every slight functional derangement of the various parts of our system, is not always realized, is a fact as striking as the other. It has been before stated, that excesses of diet, and sensuality, and that physical and mental exhaustion, no matter the kind, disturb the urinary and alvine evacuator powers. Accordingly, people of the world rarely escape some of the "*wind-ups*" heading this article. In other words, that affections of the neck of the bladder, the prostate gland, irritability of the bladder, &c. assail all persons more or less, coming under the denomination of "*citizens of the world*," is an assertion that every reader of any experience can easily attest. Still, there are many degrees of severity

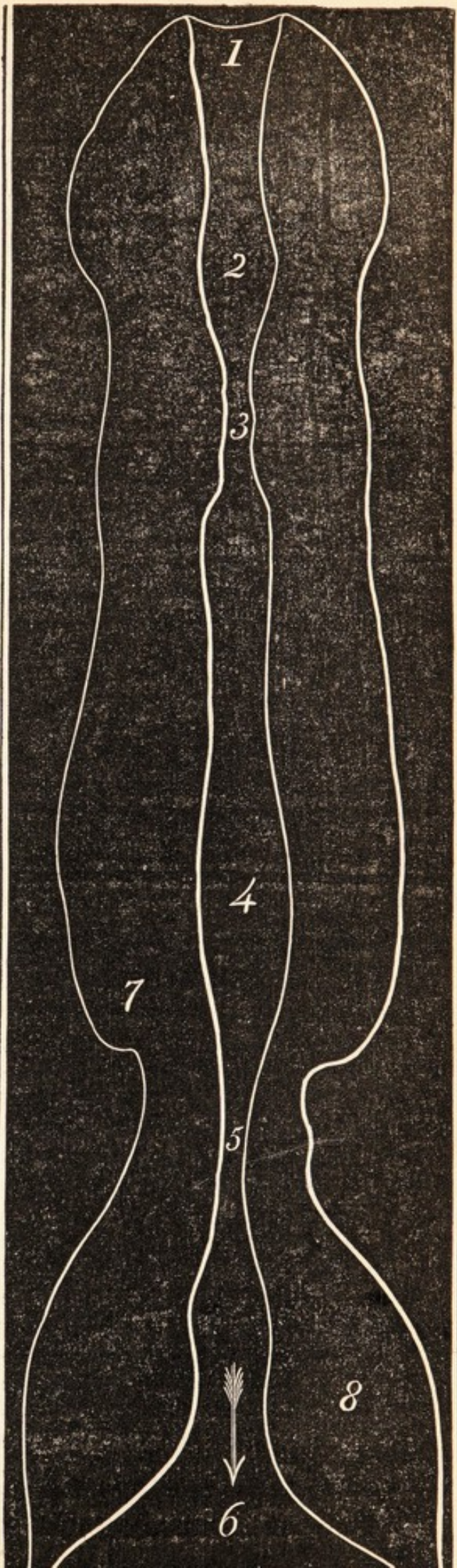
in the complaints under consideration, and there are many cases of slight import, which only the microscopic imagination of an invalid would class as belonging to those in reality of a formidable and alarming nature: it is the object, then, of these pages, to disabuse the public timidity concerning these matters, at the same time to represent what are the beacons of hope and despair.

A too frequent desire to pass water, and a difficulty attending the act, are symptomatic of something wrong about the urinary apparatus—gonorrhœa, gravel, inflammation of the bladder, and strictures, have all been sufficiently *clearly* described to enable the reader to know whether the obstacle to free micturition depends upon any of the above causes; if it do not, the next probability is, that an enlargement, or altered position of the prostate gland exists.

The prostate gland is subject, from its locality and use, to become inflamed. It also has its peculiarities. It is the nature of some glands, towards the decline of life, to diminish, and of others to enlarge; consequently, as the latter change occurs more frequently than the former, elderly people are very liable to it. The mere swelling is of no moment, except so far as it shall impede the flow of urine by clogging up the urethra, as it did in the case last mentioned: but the enlargement is generally accompanied with inflammation, and hence pain and uneasiness follow; lastly, abscess, and its inconveniences. Affections of the prostate gland are more or less connected with stricture. The treatment is so strictly professional, that the attendance of a surgeon is indispensable.

CASE V.

In the case of a person forty-three years of age, who died from long

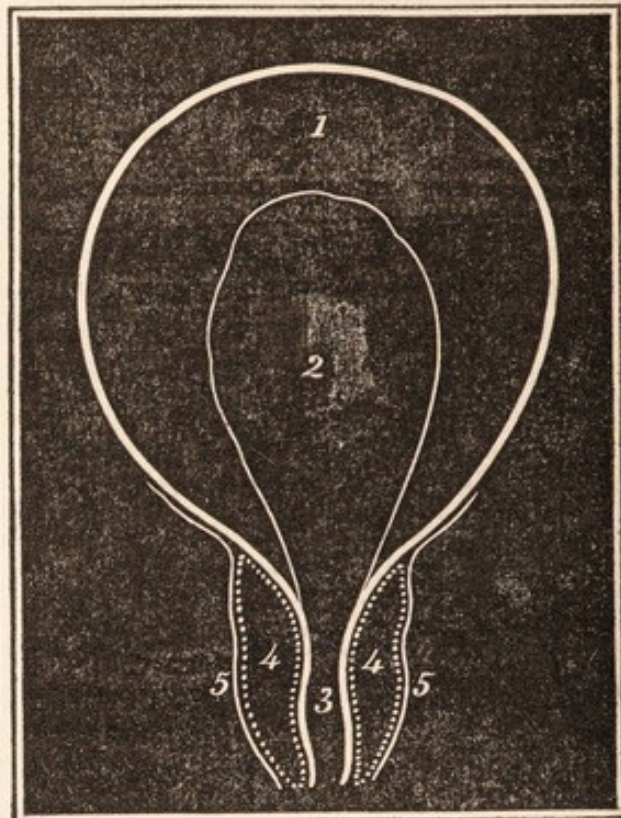


suffering, brought on by intemperance, and whose last months were embittered by frequent retentions of urine, and other forms of irritability of the urethra, prostate gland, and bladder, the catheter was obliged always to be in readiness. By permission of the patient's friends, after his death, I obtained the diseased parts: the preceding diagram exhibits most faithfully the course and condition of the urethra from the orifice to the termination of the bladder.—The outer line defines the penis; Figure 1, orifice of urethra; Figure 2, *fossa navicularis*, so called, being rather wider, and generally the seat of gonorrhœa; Figure 3, a stricture, in a frequent situation; Figure 4, the second dilatation near the bulbous portion; Figure 5, structure at the membranous portion; Figure 6, entrance into the bladder; Figure 7, the bulb of the urethra; Figure 8, the prostate gland.

In all cases of doubt, digital examination should be made *per ano*. If the gland be enlarged, it can be distinctly felt, and the nature of the inflammation also easily detected by the amount of forbearance of the patient, the least pressure in severe inflammation giving the greatest pain, whereas, when the gland is chronically enlarged, the tumour will bear even some degree of violence, without occasioning inconvenience. The examination is often forbid through motives of delicacy, and also through fear on the part of the invalid lest mischief be done by the *outrage*. The rectum is dilatable, and readily yields to gentle pressure, as is instanced in cases where leeches are required to be applied to the under surface of the prostate gland. An ivory hollow tube, from two to three inches in circumference, is passed through the rectum to the gland, affording a sufficiency of space for one or two leeches to suck themselves to repletion; therefore, it is imperative that no timidity or imaginative apprehension should

intervene with a measure of so much necessity.

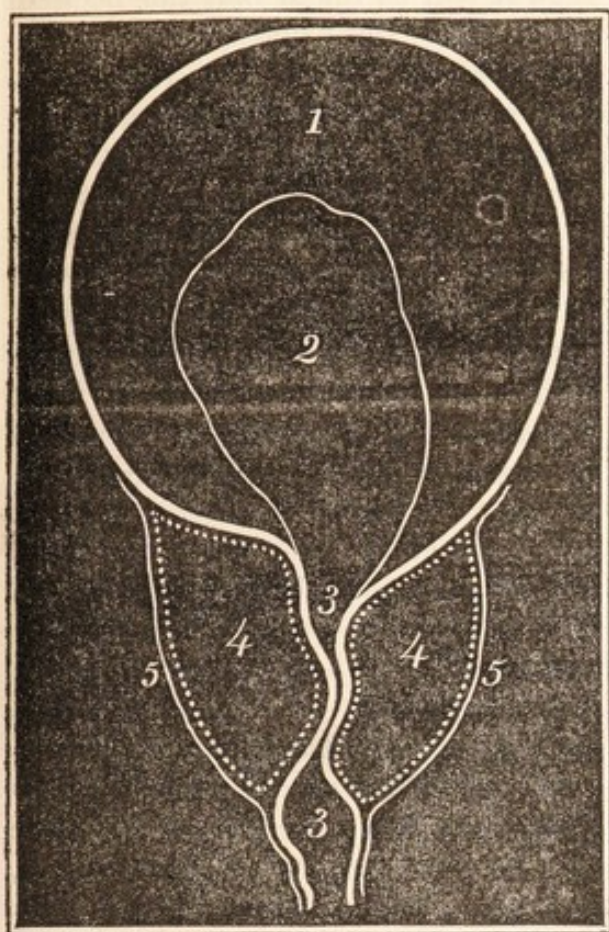
To render that knowledge still clearer and more useful, the subjoined description, together with the annexed wood-cut sketch, is submitted.



The prostate gland is a tolerably large spongy substance, surrounding the neck of the bladder, and may not inaptly be compared in form to a horse-collar, embracing that animal's neck. The bulk of the gland is consequently at the base and sides of the neck of the bladder, as shown in the following diagram. The gland is considered as being composed of two parts or lobes joined together: and occasionally, when it is diseased, a third lobe is developed, which is discovered as projecting from the broader union of the other two.

In the preceding sketch, the outlines signify the shape and interior, 1 & 2, of the bladder, and the two pared surfaces of the prostate gland, with their defined sides and investments, 4 & 5, whilst the urethric canal is denoted by number 3. To proceed at once to an exhibition of the gland in an enlarged state, the most frequent form of complaint per-

haps encountered, the subjoined diagram is appended.



The enlarged state of the gland is made apparent by figures 4, 4; and the consequent diminished calibre of the urethra is discovered by reference to the narrow passage betwixt 3 & 3. The peculiar office of the prostate gland, is to furnish a secretion for contributing to lubricate the urethra, more especially during coition, consequently, it can readily be inferred, how equally injurious excessive venery must be to the prostate gland as well as to the testicles; and hence the analogy between many of the diseases of the two structures. The prostate gland empties itself into the urethra at its under surface, and is also connected with the same by its attachments and proper vessels, whereby we account for the ready reception of inflammation from the urethric, gonorrhœal, or other causes. The susceptibility, however, of the gland to disease is not so great as some alarm-

ists would make it appear, except it be wantonly introduced. Neglected urethric disorder is the most prevalent cause, exclusive of sexual excesses. The prostate gland, independently, then, of these provocatives, may exist throughout life, in a state of health; but generally, as we advance in years, owing to the indulgences attendant upon the "*otium cum dignitate*," or the altered habits ensuing upon retired life, or even upon increase of care and anxiety, with less physical strength to combat them, the gland becomes the subject of disease. The first warning we are apt to receive of a break-up of our health and constitution is generally some disturbance of the urinary organs; either an irritability of the bladder, terminating, possibly, in incontinence of urine, or paralysis itself, or an exceeding difficulty to effect any urinary discharge at all. The prostate gland is usually a participator in these evils.

The prostate gland may date its several changes from inflammation; the inflammation may proceed to suppuration, or it may terminate in a scirrhus hardness, or in a chronic enlargement: the latter form of complaint is the most common, and the one these pages propose to treat about; suppuration being a condition too complicated for a patient to reflect upon, or determine the treatment he shall submit to for the cure thereof, it admitting but of one remedy, namely, its escape, and that requiring the promptest assistance: whereas the other is slower in its progress, less immediately dangerous, and is one whereon an invalid may ponder before he consents to any remedial attempt that might aggravate rather than relieve.

The usual accompaniment of an enlarged state of the prostate gland is a morbid condition of the neck of the bladder, and which latter is mostly attended with an irritability of that viscus. These several affections may

exist in different relations to the other. I do not mean to state that all derangements of the prostate gland are necessarily attended by an irritable bladder, or any obvious structural and functional neighbouring mischief; but the cases that present themselves to medical men, or that have fallen, and that are continually occurring, under my own observation, are the complicated ones I am about to detail; and for this reason, that the progress of these diseases is generally so slow and imperceptible, that it is rarely thought a subject of sufficient moment to seek

professional advice for, until some of the more pressing symptoms arise, and then it will be found that the neck of the bladder, the bladder itself, and the gland are all involved in the disturbance. Having neither space or intention to consider these forms of complaint *seriatim*, I purpose narrating a case in which they all existed together, wherein every possible variation of treatment was suggested and submitted to, and the reader will perceive with what success and under what circumstances the happily numerous resources of our art were applied.

CASE VI.

The patient was a gentleman six-and-twenty years of age, and in comfortable circumstances: he had laboured, under as he considered irritability of the neck of the bladder for the past four years and half. He considered that his complaint followed a tediously and unsatisfactorily cured clap. He acknowledged having fallen into all the errors common to gay young men, having time and means at their disposal: he had, in fact, led a dissipated life. From his earliest recollection, he confessed having indulged in onanism, which, however, was also very early abandoned for intercourse with women, which his pocket and person could command. He had passed through the ordeal of tavern excitation, to the couch of the sick man. He had been clapped four times, had had swollen testicle, and retention of urine: the two last sequelæ of gonorrhœa followed his last clap. Since that period, his present sufferings had come on. About four years and a half ago, he "started" with a gleet, and a tantalizing inclination to urinate after the slightest indulgence. For the cure of the gleet, he had used all the popular means,

such as injections and astringent stimuli. By degrees, all traces of discharge left him: the irritability of the bladder next began to torment him, and his sexual functions became deranged. He was troubled with nocturnal seminal emissions, to which he was insensible until he awoke: and on his attempting congress with females, to use his own expression, "he was off like a shot," and frequently, on the first approach to the sex, the erectile capacity of the penis became transient, often imperfect, and not obedient to will. These feelings induced him to apply to those whom, if self-created publicity and assurances were the test of skill, ought to have restored him to pristine vigour and health in as brief a space of time as Aladdin's enchanted palace grew into existence. His hopes were disappointed, and his physical symptoms accumulated. He would desire on some days, to pass water every hour; whilst on others, he would forget his complaint: he, however, perceived, that the urine did not flow in so full a stream as formerly, and that the completion of the act required some straining to effect. When the

irritability was on, the quantity of urine voided at a time did not exceed half a wine-glassful, and he has often made water as many as five or six times in the hour. He would be seized with a pressing desire to micturate, and, after the flow probably of a table-spoonful, there would ensue a stinging sensation near the neck of the bladder, shooting through to the rectum. All these symptoms would, after a while, subside; and he would pass even a week or two without inconvenience. For the relief of his present sufferings, he betook himself to one of our leading surgeons, who examined the urethra for him, by passing a catheter, which entered the bladder without much difficulty, except giving pain as it passed from the bulbous portion of the penis into the bladder. The opinion of that gentleman was, that there was no stricture, but that there was considerable irritation about the neck of the bladder. Cupping on the perinæum was ordered, and the patient underwent a course of the "*woody*," and other infusions, such as sarsaparilla, pareira brava, buchu, &c. His diet was otherwise lowered, and he "laid up."

The complaint somewhat amended, but a relapse soon occurred. He then consulted another eminent surgeon. The perinæum, and also the sacrum, were blistered and leeches, the urethra again examined, and found open, but the instrument met with a heavy dragging resistance.

The sensitive part of the urethra was causticized; but the method of applying the caustic being that of simply inserting a jagged or chipped piece of the nitrate of silver on the point of a bougie, the whole passage of the penis, from the glans to the part diseased, came under the influence of this powerful styptic, and, consequently, much unnecessary and painful inflammation ensued. Whilst under this treatment, some months passed by, and a short visit to the Isle of Wight and neigh-

bourhood found him, perhaps, a little relieved. Frequent recurrences, however, of the disease happened; and scarcely a surgeon or physician of eminence escaped a fee and an application for relief from this gentleman. At one time, the urine was considered as the cause of the irritation—that fluid underwent repeated analysis—it was found this day choked up with "mucous streaks and chalky-looking deposits." The next occasion presented copious "red sediments," and a subsequent one elicited the fact of the urine being too alkaline. These several examinations called for appropriate treatment. The next discovery was, that the prostate gland was enlarged. From the extreme rectal irritation, he believed his troubles were to be augmented by piles, and he sought the aid of a practitioner, whose time was much devoted to the consideration of rectal diseases. The examination exposed the increased size of the prostate gland, and showed that the plunges and spasmodic convulsions of the rectum were connected with the neighbouring disturbance. Local sedative injections were advised, and found serviceable. Some temporary palliation succeeded, and Mr. ——— went for the summer months into Wales.

The ensuing winter brought the subject of this sketch to London; and he scarcely passed a day without some attack of the old symptoms—frequent desire to pass water—pain on and after so doing, and, at the same time, considerable difficulty—disturbed nights—being compelled to rise never less than three times—a total suspension of sexual feelings, and a very impoverished condition of health. Independently of seeking the counsel of the most reputed clever men of the metropolis, not a patent medicine, said to be serviceable in these kinds of disorders, was left untried, but with seldom more than temporary benefit.

Thus much of the history of the

case, until my acquaintance with it, which occurred in the autumn of 1838. The symptoms, as drawn up by the patient himself, by my request, in the form of a diary, I here transcribe, and a similar form of a description of his present state, including a summary of the treatment instituted by myself, present a contrast equally pleasing to the sufferer, and the practitioner.

“ Aug. —, 1838.—4 o'clock, A.M. —Awoke with an urgent desire to make water—got out of bed, and urinated in a small, slow stream, probably in quantity three ounces—the act was followed by a pain, evidently at the neck of the bladder, and succeeded by a burning sensation at the glans penis, which continued a minute. On returning to bed and lying down, an escape of urine, to the extent of half a tea-spoonful, took place—went to sleep, and awoke about half-past seven—desire to urinate again pressing—obtained relief by micturating, in amount two or three table-spoonsful—pain afterwards somewhat less than before. Again betook myself to my bed, and lay till past nine. On getting up and dressing, was induced to urinate immediately, and afterwards, but only a few drops escaped each time, and attended with much straining, which appeared involuntary, not seeming to have the power of avoiding the muscular effort. Breakfasted at ten—after that meal adjourned to the closet—bowels irritable, the evacuation seeming to consist of scybalæ or lumps, and with much liquid—unable to pass water for a few minutes after the relief from the intestines—when voiding the same, suffered much local uneasiness, and considerable spasm of the rectum. Used the Enema apparatus, and threw up into the lower bowel about half a pint of luke-warm water and twenty drops of laudanum, which I suffered to remain for half an hour; after which the bowel and bladder became quiet. At twelve o'clock

walked out, and was obliged to take the first opportunity of emptying, or attempting to empty, the bladder. Passed, with an effort I should say, three ounces of pale urine, that in the morning being generally thick and white, and that in the evening thick and darker coloured. Made water once or twice more before sitting down to dinner, which was on this day 3 o'clock. Fared satisfactorily—partook of meat, bread, and vegetables, and for drink had half a wine-glassful of brandy in half a pint of cold water. Remained in during the afternoon, being engaged in looking over and attending to papers. Made water once before tea—quantity very little. Took tea about six o'clock—drank two cups—bladder very irritable all the evening, experiencing a perpetual uneasiness—a lasting desire to make water, and each attempt to do so accompanied with but a small escape of urine. Partook, towards bed time, of some warm port-wine negus, which quieted the bladder, and, before retiring for the night, made rather a copious flow of water, and which gave me considerable relief. At twelve went to bed, but was obliged to get out again before going to sleep, when I passed probably two or three table-spoonsful more urine. Dropped asleep about one o'clock, and so ends the diary of my day's proceeding. This is, perhaps, a favourable report; for I have passed days wherein my bladder has been in a constant ferment, not having a moment's suspension of uneasiness. I may safely say, that on some days, when the weather has been colder than usual, and when my bowels have been out of order, and my general health also, that I have been compelled to yield to the pressing desire to make water as many as forty times in the twenty-four hours. I am not aware of ever passing more urine than three ounces at a time during my illness.

TREATMENT.

The treatment of such cases as the foregoing has to be modified by the age and temperament of the patient, and the peculiarities present. To give a detail of five or six months' treatment would possess but little interest, and serve no useful purpose. It might, it is true, exhibit the capricious fluctuations of an unhealthy organization, and show how necessarily persevering should the invalid and his adviser be, to combat successfully a chronic and inveterate and complicated disorder. Yet a summary will satisfactorily prove on what simple and easy terms health is to be secured, and sometimes even recovered. There are many individuals who exist by alternate meals and doses of physic, the quantity of both being nearly equal, by which a constant struggle in the system is maintained to cure and kill. Physic is a sorry diet, and so my patient found it: he thrived not under it, and it therefore formed but a small item of the means adopted whilst under my care, for his recovery.

By a reference to one of the preceding pages, a sketch will be found of the catheter for the employment of the caustic, whereby only the part desired to be placed under its influence need be operated upon. I have elsewhere alluded to the usefulness of injecting the bladder in cases of muscular or membranous irritability. I have alluded to the plan adopted by many surgeons, of suffering the patient, in cases of strictures and urethric impediments, to wear a flexible catheter for several days successively, and securing the exit of the urine only at certain intervals, by withdrawing the plug with which the instrument is furnished. I may mention here, that a plan which I have found very useful where catheterism is serviceable—such as, for instance, where it is employed for

dilating purposes—is, having the instrument about two inches only at the point, of the size required to dilate the passage to, and having the remaining portion of the bougie or catheter, to the handle end of it, of stout wire thickness, whereby only that portion of the urethra which is contracted is subject to the stretch imposed by the instrument remaining in. Although the healthy portion of the urethra is elastic, it cannot be of much use to keep it distended, which cannot be done without creating irritation, and it is better to confine that irritation to the diseased part than the whole length of the canal. I am also sensible of the mischief often arising from meddlesome surgery, and patients and medical men are to be found who can bear evidence of the mischief arising from tormenting the urethra with constant bougie-passing. In this section I have dwelt on the serviceableness of sedatives in urinary disorders and the affections consequent upon them. Lastly, of the influences of diet who is insensible? Of quality and quantity, volumes have been written, the substance of which might be compressed into two words, *simplicity* and *abstemiousness*. The range for the first is wide enough, and would soon content the most fastidious stomach by a little resolution; and the second rule, if observed, would alike, and as quickly, prove to the dietician the value of the word “enough.”

The treatment which my patient underwent, comprised all the means enumerated. Catheterism, gradual and persevering, yielded relief, and created distress: it was resorted to, abandoned, and again tried, and once more laid aside—the greatest amount of relief was derived from the use of the caustic, which was applied three times: a copious discharge ensued each time, simulating to gonorrhœa, and producing

nearly all the concomitant effects, such as scalding, chordee, and a gleet, which lasted several weeks. The application was not renewed, until the effects of the previous application had subsided: sedatives were the only medicines prescribed and taken during the treatment: the sedatives were chiefly, the compound ipecacuanha powder—the soap pill with opium—the extract of henbane, and the occasional use of some of the preparations of morphine. The diet was reduced to a farinaceous and vegetable diet, and liquids, generally, were limited to about half of what he took on the previous average. Warm bathing was never dispensed with during the whole of his treatment. Local abstraction of blood by cupping, leeches, and the occasional scarification within the rectum, over that part sensibly pressed upon by the prostate gland (a very safe and efficacious process), were severally resorted to. Bed-rest formed an item for several weeks; and, lastly, injection of the bladder, with tepid water, medicated according to the emergency of the occasion.

There are many remedies that do not undergo any chemical decomposition, when thrown into that viscus, which may be selected from the majority that do. Those severally selected, were poppy infusion, creosote, nitric acid—laudanum, and that invaluable (when carefully administered) remedy, hydrocyanic or prussic acid; in the case under narration, and, in numerous others that I have employed it in, its effect was apparently magical; relieving pain and irritability for several hours. The value of injecting the bladder, consists in the mode of its application,* the character of the injection, the quantity, and the frequency

of performing the operation. I provided my patient with a flexible catheter, and a stop-tap, like those I employ myself: he first introduced the instrument into the bladder, the contents of which, of course, escaped. One of Scott's patent enema apparatuses was then fitted to the catheter, and the necessary quantity of medicated fluid injected forthwith. The tap of the catheter was then turned off, and the enema apparatus removed. The fluid was allowed to remain in the bladder as long as it could be conveniently borne, and then suffered to run off. The quantity at first used, was about four ounces; but within a week, the operation being performed twice, and, occasionally, three times a day, the bladder became so far strengthened, and, at the same time, dilated, as to be capable of receiving and retaining, for many minutes, from eight to ten ounces.

The preceding comprise the means chiefly resorted to, in the treatment of my patient's case; and, at the present time of inditing this passage, he is an occasional visitant to me, not in the capacity of one seeking advice, but to gossip upon his still maintained improvement, or the chit-chat of the day.

He can pass the whole night without being disturbed for the purposes of urinating, and he can, except on occasions of some departure from his now usual temperate habits, go through the day without micturating above four or five times. So expert did he become, from long practice, in performing all the necessary manipulations of catheter-passing, &c. that he conducted the process of injecting the bladder himself; and this operation he performed twice or thrice a

* Any enema syringe will answer the purpose, by adapting the bone pipe, at the end of the elastic tube, to fit into the catheter; but the advantage of Scott's patent is, that the stream injected is continuous, and the apparatus capable of containing the fluid to

be used, preserves the temperature of it, and altogether renders the operation more clear and simple. The method will be found far preferable to the old mode of using an elastic India-rubber bag and pipe, or the old brass syringe.

day, on which frequency alone success depended: he is free from the old rectal annoyance, and he can sit upon a hard seat, or even ride on horseback, without feeling any inconvenience at the prostate gland.

The treatment detailed above is still practised with others of my patients, more or less similarly circumstanced, and with the like result, every week; and I know many living examples of the success of it, who would not hesitate to attest the truth of this statement, were such proof at all requisite. There are, of course, numerous cases of greater severity, where a corresponding treatment might not prove so satisfactory or useful; and there are also cases that terminate fatally, despite the zeal and skill of the most expert surgeons of the day; but there are hundreds of cases that absolutely are rendered much worse by the frightened anxiety of the sick man, from the perusal of formidable accounts of the existence of such diseases. Scarce an advertisement of the daily press of the numerous nostrums for the cure of affections of the urinary and generative organs, but is emblazoned with the virtue of the remedy, in cases of enlarged or diseased prostate gland, so that the reader, acquiring by hook or by crook, some knowledge of the situation and purposes of that organ, is led into the belief that it is ever prone to disease, and that in all cases of difficulty or irregularity of micturition, the prostate gland is the disturber:—that it is liable to inflamma-

tion in severe cases of gonorrhœa—that suppuration and schirrous and ordinary enlargement of it take place—there is also no doubt that retention of urine is occasionally the consequence of its increased size—and that perforation of the gland has sometimes been necessary to save the patient's life—all these facts are equally to be credited; but that the gland is so frequently involved, and to the extent we are now and then told, I am not yet experienced enough to believe: at the same time, it is probable, that there is no London practitioner who has more frequent opportunities of testing the truth of the assertion than myself. Of this, however, I am persuaded; and I find in nearly all cases of protracted and obstinate gleet, that the membranous and prostatic portion of the urethra, or, in other words, the neck of the bladder, are, the one or the other, or more frequently both, tender and irritable—the seat of pain, on passing water, and much more so on the introduction of the bougie or catheter. Still, it does not follow, that the prostate gland should be necessarily involved: it is separated from the urethra by the muscular membrane of that canal, also by its own cellular and other investments from the urethra, and therefore not so readily implicated in surfacial inflammation. A distinguishing feature in inflammation and enlargement of the prostate gland, is rectal as well as urethral irritation on the exercise of either of the last-named structures.

IRRITABILITY OF THE BLADDER.

AMONG the many causes of the above troublesome complaint, may be enumerated those arising from loss of tone, or exhaustion, or debility of the bladder itself. That organ suffers from wear and tear like any other organ of the body, and is therefore exposed to the consequences of over-work. A relaxation of its coats and supporting agents take place; and if the urine be too copious, or be acrid or acid, or in any other way disordered, the viscus—the bladder, to use understandable language—becomes “put out of its way” as an elderly nervous and feeble person would by a current of cold air, or an ill-cooked meal; therefore, on the slightest occasion, such a patient will be annoyed with unceasing efforts to urinate: and, on the other hand, only by careful and temperate habits, and an abstinence from the causes that tended so to weaken his urinary system, can he hope to pass life in an endurable way.

A form of debility often exists in this way. The bladder, from its relaxation, especially about the neck, drops down and doubles upon the membranous portion of the urethra; so that when a desire to urinate is provoked, either by disordered urine or a full bladder, the muscular effort of the bladder is insufficient to “girdle itself up” as it were; and it is only by repeated straining and mental effort, whereby all the neighbouring muscles, those of the perinæum, and under-surface of the urethra, &c., are called to assist, in forcing out from the bladder the urine, or elongating the urethra, that the act of micturition can be accomplished: and this fact can be ascertained by attempting to pass a catheter, whilst the patient is in a standing position; the instrument on arriving at the fold will be

obstinately obstructed, except great force be used, when it will convey to the operator a sense of jumping over a ridge, and give to the patient much pain; but if the instrument be passed to the obstruction whilst the patient is in the erect posture, and he, the patient be then desired to lie down, the catheter will enter the bladder without any difficulty: therefore, when elderly persons are seized with a frequent desire to make water, and they find it impracticable to do so in the erect position (for it is rarely they meet with it but when standing up), and as experience instructs a sick man into many expedients, we find they can easily effect their purpose when leaning on their hands and knees. I had a patient who was subject to an irritable bladder, and who, to save himself the trouble and disagreeableness of getting out of bed in the night, accustomed himself to take the chamber-vessel into his bed, and urinate while lying on his back or side; at last, as the infirmity increased, he found (from the cause of the urethra, or rather neck of the bladder, doubling itself into the contrary direction) that he was unable to relieve himself, and therefore was obliged to resort to a change of position, and that which he found most suitable to his purpose was on his hands and knees. The treatment of such cases depends greatly upon diet and drink—abstemiousness in both is imperative: the warm bath and sedatives to allay irritation, and local refrigerants, such as cold ablutions of astringent lotions externally; and the injection of similar preparations both in the rectum and bladder will be found to be of great practical use: the case alluded to was materially relieved by such remedies.

DISEASE OF THE PROSTATE GLAND.

THE prostate gland is more subject to disease in advanced than in early life, but it is far from being exempt in the latter. Of the structures liable to metastasis or the inflammation in gonorrhœa, the prostate gland is the most frequent. On the suppression of the discharge, which occurs frequently after taking a dose or two of balsamic medicines, or the use of an injection, there is felt a frequent disposition to urinate, but a difficulty in so doing. The patient complains of great uneasiness and pain between the scrotum and rectum, extending to the bladder posteriorly, and along the urethra anteriorly, and which pain is occasioned by the contractile efforts of the bladder forcing the urine against the tender and inflamed prostate gland.

Patients are often to be met with who, rejoicing in the suppression of the discharge, exclaim that the only impediment to their getting quite well is a pain in the before-mentioned part of the perinæum, little dreaming of its importance. This sometimes is succeeded by an abscess, that often terminates in a fistulous communication between the urethra and perinæum. These phenomena occasion great constitutional disturbance, such as shivering, fever, furred tongue, and frequent pulse. When suppuration takes place, the consequences are always serious, and, therefore, the most rigid measures should be adopted to prevent such an occurrence. Leeches, poultices, absolute rest, the warm bath, and purgation with saline aperients or castor oil, and a solicitation for a return of the discharge, if the suppression be the cause, should be among the foremost plans of treatment; and if the abscess advances notwithstanding, no time should be lost to procure the evacua-

tion of its contents externally. Great debility usually ensues, which must be counteracted by the exhibition of sulphate of quinine, or any of the preparations of iron, if the patient's stomach is averse to the former.

A case is within my recollection, when in practice at Islington, of a young gentleman who treated a gonorrhœa by some purchased panacea that checked the urethral running, and transferred the inflammation to the prostate gland. An abscess was the consequence, and its contents were discharged through the urethra. The most alarming debility ensued, for which I was consulted; and it was some time before I ascertained the cause, he having denied that any disease had preceded it. Requesting to see the urine, I discovered streaks of purulent fluid mixed with it; this led to questions that he could not well evade, and, finally, an examination was permitted. The perinæum presented to the feel a cavity large enough for a walnut, although the integument was sound, and, on pressing it, and continuing the pressure along the urethra, a fresh quantity of discharge oozed from its orifice. An opening was made in the perinæum, previous to which a gum catheter was introduced into the urethra, to afford a channel for the urine, and a weak solution of caustic was injected into the sac of the abscess. Quinine was prescribed in two-grain doses every four hours, and a generous diet, with half a pint of port wine daily, recommended. At the expiration of a few days granulations appeared to spring up, and before the end of a fortnight, the opening had healed and the catheter was withdrawn. My patient soon after resumed his occupation.

Of all the concomitants of old age, a chronic diseased state of the prostate gland is the most frequent. A lecturer and author of some eminence says, that "When the hair becomes grey and scanty—when specks of earthy matter begin to be deposited in the tunics of the arteries—and when a white zone is formed at the margin of the cornea,—at this same period the prostate gland usually, nay, invariably, becomes increased in size." The change is so slow as to be almost imperceptible, and only when the several symptoms of enlarged and chronic inflamed condition of the gland begin to torment the patient is the disease suspected.

I will not enter into a pathological description of the various alterations that take place in this disease, lest I frustrate my object in writing for the public; but I will detail at once the symptoms whereby it may be recognised, in order that proper aid may be obtained before the cure becomes impossible. The first symptom of an enlarged prostate gland is a frequent desire to make water; and the bladder is longer in emptying itself than usual. This desire is subject to frequent and violent aggravation after any exposure to cold, intemperance in living, or sexual excitement, and often terminates in complete retention of urine. The same phenomena are produced in retention of urine from a diseased state of the prostate gland as in stricture: but in the former the nervous energy of the patient, especially if he be an elderly person, becomes sooner exhausted, and the case sooner terminates fatally, unless relieved by the timely and judicious interference of the surgeon.

As the disease progresses, a pain is felt in the urethra and glans penis, the urine continues to dribble away, on account of the bladder never emptying itself, and its muscular fibres being kept always excited. Occasionally

there is hæmorrhage from the prostate gland, which escapes through the urethra; the kidneys sympathize, and become also diseased, when, under this accumulation of misfortunes, the patient sinks and dies. Of course the denouement, thus pictured, is not necessarily universal; but it is the unerring result of neglect and malapragis. How such a result may be avoided I will now attempt to describe, provided the means be used not in the last but first stage.

The enlarged condition only of the prostate gland is not in itself of moment, except it impede the flow of urine, but which, as has been already observed, sooner or later it is almost sure to do. When such is the case, a small gum catheter, armed with a stilette of considerable curve, sufficiently firm to overcome a collapsed condition of the urethra, should be introduced and secured, so that the patient may relieve himself whenever he feels a desire, which may be done by removing the cork or peg from the orifice of the catheter. The next step is to attempt to reduce the inflammation of the gland; for which purpose twelve or twenty leeches should be applied, and their bleeding encouraged by fomentations and poultices. The patient should by no means quit his couch or sofa; he should preserve also the horizontal position; and usually, at the expiration of some days, if he adhere to abstemious diet and remain tranquil, the inflammation will subside, and the continuance of the presence of the catheter be rendered unnecessary. Finally, to reduce the swelling or enlargement of the gland, the occasional application of leeches, and of the various preparations of iodine, the administration of iodine internally, separately or combined with a long course of warm bathing, are all the means that are within the province of the surgeon to adopt. When the case is one of severity, where the health

of the party is very much deranged, and the same befall a very aged person, these suggestions, if adopted, although they will not ensure recovery, will at least tend to mitigate the sufferings of the invalid.

The following case of enlarged prostate gland occurred in a person aged about 53, and had arrived at a stage where the symptoms were irritable bladder, frequent inclination to pass water, pain in the gland, and a constant dribbling of urine, rendering him wet and uncomfortable, and occasioning him to absent himself from his employment, which was that of a coachman. The treatment consisted of the repeated application of leeches,

the almost daily use of the warm bath for several weeks, and the nightly friction over the perinæum, on the subdual of the pain, &c., with the following ointment :—

(Form 44.)

Take of

Blue Ointment 1 oz.

Camphor 1 dr.

Hydriodate of Potass . . 1 dr.

Mixed together. A small portion to be used every night.

By these means the irritability of the bladder subsided, and the urine flowed more naturally; the swelling abated, and he was enabled to resume his duties in the family in whose service he had lived many years.

ANOMALOUS AFFECTIONS OF THE BLADDER AND URETHRA.

THE bladder is subject oftentimes to wandering pains, and disordered functions, in which much conjecture is bestowed as to the cause. A patient will one day be annoyed with a pain at the neck of the bladder, pain through the "back bone," and extending around the loins: he will also possibly experience a sensation of heat on making water, that will be succeeded by an itching in the urethra: these symptoms may continue for a day or an evening, and in the morning he will be quite well. Perhaps some ten days hence, he will have a relapse, and the bladder and pelvic viscera will feel uneasy for several days. There occasionally happens some sympathetic disturbance near the "thigh joint," marked by pain on making a particular movement; these and various symptoms often arise in elderly persons, and by them are mistaken for evidences of more serious disorders. Such affections generally yield to rest and tranquillity; they

are mostly present in cold or variable weather, and may be designated rheumatic. Where medical aid has been had recourse to, the greatest benefit has been derived from the warm bath, from sedative applications rubbed in or worn over the loins, perinæum, &c., and now and then a dose of mild aperient medicine. I have often met with cases of extreme temporary irritability (although of very frequent recurrence) of the urethra, which on examination gave no evidence of stricture or ulceration; yet when the urine was passing over a particular part, there was occasioned a most violent and severe smarting or other pain; and an hour or two afterwards the process of micturition was performed without any such inconvenience. The treatment of these anomalous forms of disorder requires much modification and perseverance; often what is successful in one case is injurious in another bearing the same features. Such cases when under my care have benefited by the

treatment pursued in intermittent rheumatism. The sulphate of quinine in large doses, has, in some instances, surprisingly conquered the complaint, while others have yielded only to the severest antiphlogistic measures.

In a communication which I had with a patient some while ago, the following extract from one of his letters, will convey an idea of the strange and variable nature of what I am calling "bladder complaints:" the writer was sixty-five years of age.

"The chief inconvenience that I suffer is occasional inability to prevent the escape of a small quantity of urine, when from fulness of the bladder, or other cause, the desire to make water comes on; and this desire will seize me in a moment, and the escape take place before I can get to my chamber, or any convenient place, to relieve myself. On other instances, without any obvious reason, on retiring to my closet, I shall be seized and kept in a state of suspense for forty or fifty seconds before I can make water; and occasionally, when having, as I con-

sider, completed that ceremony, and being about to 'button up,' the desire to urinate will recur, and as plentiful a stream will flow as before. Happily these inconveniences will leave me for weeks together; but I am desirous of adopting some plan to ward them off altogether."

This patient derived much benefit from the warm bath; and being a gentleman of opulence, had one fitted up in his mansion, and which he now avails himself of periodically. Sundry changes were made in his diet and drink; and the following passage from his last communication (for he sought my services by means of correspondence only) best bespeaks his present condition: "I am certainly considerably improved; the demands upon my bladder are rarely so urgent and pressingly imperative as formerly, and I can complete the act with fewer interruptions than hitherto. My general health is also much strengthened: I am under great obligations to the warm bath, and I consider no less so to my new dietetic arrangements."

DISORGANIZATION OF THE BLADDER.

THE slighter derangements of the bladder generally produce greater suffering than a positive and extensive alteration in the structure of the same. I attended an elderly gentleman who experienced frequent desire to pass urine, and at other times an incontinence; but the quantity was at all times very scanty, ammoniacally flavoured and thick. His life was certainly rendered irksome by the continuance of the attacks, and the inconveniences he was exposed to, but he seldom suffered severe pain. Various remedies were used, which were at best but mitigatory. The alkaline solution afforded most relief. He was taken

suddenly ill with purging and spasm, and died. Upon examination, the mucous membranes of the large intestines were highly inflamed and extensively ulcerated. The bladder was contracted to the size of an orange, the sides of which were much thickened; in fact, the resemblance it bore to a bad specimen of that fruit was very great; the lining membrane was puckered, ulcerated, and dotted with blue patches of inflammation; the ureters were dilated, and their openings into the bladder extremely small; the kidneys were large, lax, and œdematous.

FISTULA IN PERINÆO.

FISTULÆ are at all times very troublesome affairs, and need all the patience of the surgeon and perseverance of the invalid to insure their cure.

Fistula is a term applied to a long and sinuous ulcer, with a narrow opening, and which leads sometimes to a larger cavity, at others, runs a tortuous course, and terminates in a blind sac. They owe their origin mostly to some deep-seated inflammation, that ends in suppuration, and makes its exit externally. The one under consideration arose from an abscess forming in the prostate gland of the urethra, which burst, discharging its contents in the surrounding cellular membrane, and burrowing itself until it obtained a vent both in the urethra and in the perinæum.

The patient was a gentleman in the prime of life, and was unable to account for the cause of the complaint. He had not had gonorrhœa, and was not aware of his having stricture. He stated that he had felt a tenderness for some time in the perinæum, and occasionally a spasmodic sensation in the urethra, oftentimes checking the flow of urine for several minutes. Conceiving it to be a common boil, he poulticed it, until at last it burst, when he was immediately relieved; since which, however, he has found that, when and after urinating, the urine dribbles through the wound, and the sinus has become very sore, and it also gives him pain during micturition. Upon examining the sinus with a probe. I traced it for nearly three inches, and found that it terminated in the urethra, near the neck of the bladder. I passed a silver catheter into the bladder without the least difficulty, and drew off about four ounces of clear urine.

As the case required constant attention, I advised Mr. ——— to keep to

his room, to remain in a recumbent posture, and to wear constantly for the next few days, an elastic gum catheter in the passage, to which he assented, and I accordingly introduced one, so that the urine flowed nearly in the ratio of its secretion, whereby the wound was released from its irritating presence. The external inflammation was subdued by laxatives and constant fomentation, and on the third day presented a much healthier appearance, when an injection of the solution of nitrate of silver was thrown up with sufficient strength to suffuse itself through the whole canal, and then suffered to dribble out; the operation gave no uneasiness, and it was repeated several times within the next three or four days, each operation requiring a less quantity of the solution than the preceding; and at the termination of a fortnight the whole of the sinus had perfectly healed, and on withdrawing the elastic gum catheter, the urine flowed through its natural passage.

Fistulæ arise more frequently from stricture, probably, than any other cause. When the urethra is obstructed by stricture, nature endeavours to procure relief by ulceration on the inner side of the obstacle, and the urine consequently insinuates itself in the loose cellular membrane of the perinæum, scrotum and penis. Suppuration ensues; and the parts, where the urine finds its way, slough, and become detached, leaving a free communication between the urethra and external surface. By this it will be seen, that abscesses in the neighbourhood of the perinæum and urethra require the prompt attention of the surgeon; for independently of the inconvenience they occasion by the constant dribbling of the urine, if neglected they produce the most serious results, ter-

minating not unfrequently in mortification and death; but, where timely attended to, they are among the least

difficult cases that fall within the notice of the surgeon.

FISTULOUS OPENINGS IN THE PERINÆUM AND INNER PART OF THE THIGH.

A CASE of extraordinary severity occurred to me in practice about four years ago, wherein there was extensive ulceration in various parts of the nates, extending round and under the perinæum, involving to a slight extent the rectum, and terminating in the inner part of the thigh. There were several fistulous openings, forming a communication one with the other; and the whole system was very much weakened by the constant drain kept up.

The treatment consisted of laying bare the sinuses, filling up the fissures thereby formed with pledgets of lint

dipped in turpentine, until a healthier secretion was formed, and granulations set up; occasionally also touching the indolent parts with nitrate of silver; administering tonics internally—allowing a generous and nutritious diet—the frequent use of the warm bath, whereby the parts were cleansed—and a removal to the outskirts of the town. In two months, by these means, a disease that had existed for several years, and that would, if longer neglected, have terminated fatally, was successfully and satisfactorily cured.

View of an enlarged Prostate Gland.—The gland, in health, has a triangular appearance, formed by the sides and a projection internally, resembling a valve. This latter is subject to enlarged growth (*vide* engraving), and impedes the exit of the urine from the bladder; the treatment is so purely surgical that comment would be out of place.

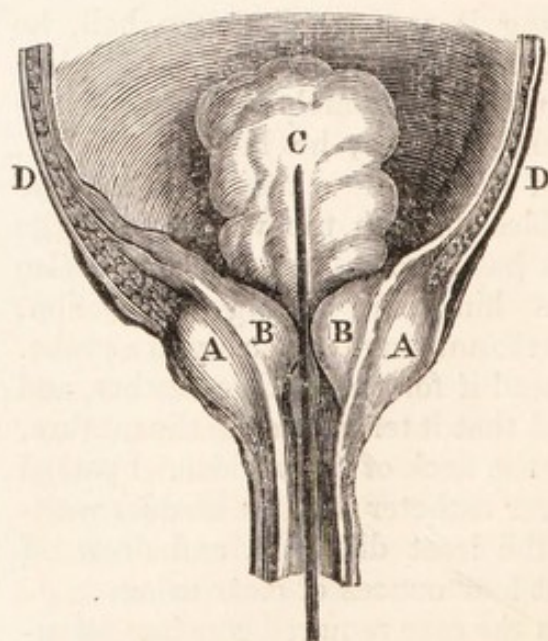
A A, The Prostate Gland.

B B, Enlargement of the same internally.

C, The Valve.

D D, The cut edges of the Bladder, shewing its increased thickness.

This sketch is borrowed from Hunter's work on the Venereal.



EXTRAVASATION OF URINE.

THE laws of nature never alter. The time might have been when venereal diseases did not exist, when inflammation of the bladder was less frequent than it now is, and when extravasation of urine was seldom heard of; but admitting the same causes to prevail, the same effects would have followed. Centuries ago, pathologists talked of the above affection, and it still prevails. The phenomenon thus occurs: The bladder, receiving its contents, must dispose of them; if the passage be obstructed by stricture, or by any other contraction of the urethra that prevents the escape of the urine, the bladder will burst or the urine will escape some way or another, or the patient will die from the general derangement set up.

Ulceration, somewhere or other, most frequently occurs. That produced by attempts at passing the catheter is a frequent cause, or it may arise from other local causes. Fortunately, ulceration generally takes place towards the surface. The ulceration once established, the urine readily gets into the loose cellular membrane of the scrotum and penis, and diffuses itself extensively around. Such is its

mischievous property, that it occasions suppuration wherever it is diffused, and where allowed to remain, produces mortification, that sloughs away, whereby an exit is obtained, and hence those sad cases of *fistulæ in perineo*.

In such cases, the scrotum, from its structure abounding in cellular membrane, and from its own elasticity, swells to the size of a child's head. The case will inevitably prove fatal, except in the meantime the stricture be removed, and the urine directed in its natural channel, or some other outlet be established. This latter can only be done by extensive and free scarification. It is needless to enlarge upon this subject, as the treatment is purely within the province of the surgeon; and no time, after discovering the same, should be lost in seeking the most able assistance. All medical men, extensively engaged in the management of venereal and corresponding affections, must be conversant with this formidable malady; and experience alone begets confidence, whereby decisive measures are adopted, and life frequently preserved.

ILLUSTRATIVE CASE.

A GENTLEMAN, somewhat advanced in life, who had been a martyr to strictures, and who had also had several attacks of inflammation of the bladder, fell under my notice under the following circumstances:—Unable at all times to pass water in a fuller stream than that equal to a No. 4 bougie, he took cold, after having led a dissipated life for several weeks,

and was seized with inability to pass water. Somewhat conversant with the treatment of an affection of which he had before experienced several attacks, he endeavoured to mitigate his sufferings by opiates, alkalies, and the warm bath. Forty-eight hours elapsed without his having voided more than half-a-pint of urine, which thickened as soon as it settled. Under these

circumstances, I became his medical adviser. I attempted to pass the catheter, but to no purpose. The urine occasionally, after great efforts at straining, dribbled in quantities not exceeding a teaspoonful within two or three minutes. After administering some castor oil (which operated), and frequent sedatives, he expressed himself much relieved, but drew my attention to a thickened state of the perinæum, and a puffy one of the scrotum. The case being new to me, and from his indifferent apprehensions of danger, I did not calculate upon the impending mischief. It was at once apparent that extravasation of urine had taken place. The most dependent position was the perinæum, and no time was lost in freely incising the sides, through which dripped, as from a filterer, drops of urine. Warm fomentations were applied around about, and in less than a quarter of an hour, half-a-pint of

urine, tinged with blood, was collected. The state of the urethra was examined, and the first exploration carried the catheter into the bladder, the stricture being doubtlessly spasmodic; about two pints of urine were thereby withdrawn, and ease immediately secured. It was discovered within the next twenty-four hours, that the bladder had totally lost for the time its contractile property, and it became necessary to employ instrumental agency to keep down the accumulation of water. The case, subsequently, did well: the bladder regained its tone, and the parts wherein the infiltration occurred, after disengaging a few sloughy collections, united without inconvenience or much disfigurement. A slight fistulous opening remained some weeks, but through fortunate management, ultimately did well, the ulceration having taken place within external cognizance.

ORIGIN OF THE VENEREAL DISEASE.

THE reader will allow that it cannot be for want of materials to produce a book, that this subject is introduced, as the multifarious nature of this work's contents will readily testify; but it is briefly to explain certain probabilities and conjectures which the afflicted curious are generally desirous of being satisfied upon. Who ever suffered under syphilis but was solicitous to know how such a plague came into the world? Many moralists believe and insist that it is a specific punishment, sent for our physical transgressions. Philosophically speaking, such it is: because the infringement of any natural law always incurs a penalty. However, if it be a manifestation of divine displeasure, it certainly is most unequally apportioned: for it generally happens to the least licentious instead of the most depraved; the timid, scrupulous, and nervous man, contracting it on the first loose intercourse, whereas the man of the town revels almost with impunity; and lastly, he who exercises the greatest caution and cleanliness escapes it altogether, although he may be the most deserving of the infliction. In a state of timorous excitement, we are more apt to catch the latent mischief. The careless thoughtless libertine, hardened against infection by indifference, free living, and, probably, good strong health, often escapes scot-free; and the cool and calculating pleasure-hunter, who exercises those useful antagonists to disease, namely, ablution and selection, comes off triumphant, with still greater certainty.

The point at issue is, when the disease first arose, and where. Medical historians give credit to America, Spain, and France, for its propagation; and controversies have been carried on by various parties, each disclaiming the honour. Now, as I do not propose to analyse the authorities, but simply to venture my own opinion, with the reasons for the same, I have no alternative but to refer the reader, if he be dissatisfied with my attempted exposition, to more comprehensive and elaborate conjectures than my own. Starting upon the proposition that nature's laws are unalterable, and believing that fever is, and has been fever since the creation of the world—that a cut finger has healed by the first intention or has *festered*, and ever may do so, each condition being modified by the state of health of the party and the nature of the wound—that a broken limb was attended with the same consequences in the year One as it will be in the year 1900—and that dirtiness generated itch, and does so still, I cannot reconcile myself to any other belief, but that any violation of the laws whereupon sexual intercourse has been permitted, has been, is, and will be, attended with corresponding results: and as such violations most likely exist where numbers co-herd together, I consider both gonorrhœa and syphilis to have been coeval with the origin of mankind. They

both doubtlessly are much modified by climate, habits, and constitution, and therefrom ensue the many modifications we see in Europe, and the other large portions of the globe. The proofs that can be adduced in favour of this hypothesis are interminable.

It is told, that until the arrival of some British sailors at Otaheite, the disease was unknown in that territory. Possibly, in its present modification; but previously to this new intercourse, it is most probable that the sexual cohabitation was not so promiscuous or frequent, and that that very infringement entailed a new form of irritation. In married persons, of even temperate passions, and of most careful habits, local sexual disorders are of frequent occurrence, the slightest derangement of female health giving rise to vaginal disturbance, that unsuspectingly is increased by the marital embrace, and communicated to the husband: and only from its presence does it occur, that the coitus may have been the cause of it. By attending to the simple suggestion of nature, viz. abstinence, cleanliness, and rest, a cure is effected; but where neglected, or should either party be unfaithful to the marriage vow, the disease becomes magnified, and extended to, mayhap, innocent parties.

The next question is, Are Gonorrhœa and Syphilis identical? Certainly not; any more than the very many modifications of Generative sores. It is absolutely now a days a difficult question to solve, whether this or that be syphilis; so numerous, and yet so closely in resemblance are the ulcers that ensue after sexual cohabitation. The eye is not to be trusted, because so different is real from spurious syphilis, that the French surgeons decide the point, by inoculating a healthy portion of the body with the matter or discharge from what they suppose to be a Syphilitic ulcer. If a corresponding sore be produced, the disease is decided to be syphilis. If, on the other hand, no result follow, the patient is proclaimed free from that malady, and stated to be labouring under merely common local irritation. What is still more curious is this: a patient will have ulcers, which every medical man will pronounce, on beholding, to be chancres, yet upon this trial, the inoculation will not evince them to be so. A while after, supposing the chancres to be healed, secondary or other symptoms will show themselves—sore throat, a spotted skin, glandular enlargements, or painful joints follow. The same consequences oftentimes ensue after gonorrhœa. The primary diseases cannot be identical, because the symptoms are vastly different, and the parts attacked are also unlike; and yet there is this anomaly, that the after-consequences frequently closely resemble each other.

Another surprising result from loose intercourse is, that one female will convey to this individual gonorrhœa; to another syphilis: a third will escape scatheless; and a fourth will have a modifiable affection of both diseases. A satisfactory exposition of the why and wherefore such things should be, or are, is I fancy beyond the skill of pathologists. It is enough to know that

they happen : and it is better to use those means which past and daily experience furnish to get rid of them, than to ponder and wonder in the vain endeavour to explore their origin.

In giving an opinion, that we have always been liable to fever, to cut fingers, and to syphilis, I am ready to admit that these several conditions depend upon the varied states of health of the parties. The fevers (ensuing upon the ill-ventilated places) of olden times, compared with those of the present day, differ in intensity and frequency, because the causes are neither so numerous nor severe. The cut finger of a drunkard, and one of otherwise feeble health, is more likely to fester, and even mortify, than should the accident befall a temperate and healthy individual ; and the syphilis (or disease simulating it) at the present time, is less severe than formerly, owing to greater attention being paid to personal cleanliness, and the simplicity and earliness of the treatment adopted.

A question worthy of enquiry into is, Why gonorrhœa and syphilis should be infectious ? *Contagion* is a word that many medical men would expel from worldly usage, not believing in its existence : that is to say, the extension of a fever or epidemic, for instance, is not traceable to the disease seizing the individual, but to the peculiar aptitude of the party to become the recipient of it. Consumption is of the most extensive prevalence ; but it only occurs in the delicate,—those peculiarly formed, or rendered apt for it, from the circumstance of their lungs being hereditarily feebly constructed, or disordered through inflammation following a cold, and which effects are traceable to an infraction of some of nature's laws. Sickly children owe their condition to their sickly parents, or to their physical mal-education, or some other positive violation of Nature's regulations ; and, in like manner, where the fire rages or the wind blows, the feeblest and least protected become the earliest victims. Both gonorrhœa and syphilis furnish a remarkably irritating purulent fluid, which, applied to delicate surfaces, produces certain effects. Experiments have not been made to multiply these effects, beyond those incurred by sexual freedom ; and the one of inoculation by the French surgeons, as quoted ; but accident has proved, that the eye, for instance, puts on, after contact with the discharge of gonorrhœa, the same kind of inflammation, as follows its contact in coition with the antagonist generative organs.

The rectum has also been the seat of venereal affection ; and instances have been known of the mouth being also the *recipient* of disease, communicated by a deposition of the poison. If there be such a thing as contagion, it certainly exists in the venereal disease ; for although I admit it (the disease) may occur spontaneously, or be generated by half a dozen of each of the sexes herding and cohabiting together, and neglecting the duties of cleanliness, or committing excesses, those very circumstances imply that the disease can be extended,

notwithstanding a majority of the careful and hardy may escape, after a risk of the same. The fact of its contagious properties is not upset, because escape is owing to the non-susceptibility of the parties, and the caution they exercise to prevent a lodgment of, or contact with, the poisonous matter.

John Hunter observes, that it is only the developed disease that is communicable, and for the propagation of venereal affections, the POISONOUS SECRETION must be deposited. So confident was he of this, that he even permitted married men having gonorrhœa to cohabit with their wives, to save appearances, care being taken first to clear all the parts of any matter, by syringing the urethra, then making water; and, *lastly*, washing the glans. Such, however, is my belief of the rapidity of the formation of the secretion, that, aided by the excitement of the generative act, the deposit of the same would necessarily take place with the seminal emission, especially in persons of full temperament, and in the plenitude of the sexual appetite, and thereby be liable to communicate the disease.

It is becoming a prevalent fashion to give new names to the several forms of venereal disease, such as substituting "Urethritis," "Blenorrhagia," &c. for Gonorrhœa; and even to Syphilis, are added, "Tertiary symptoms," the names quoted being selected to express more symptoms than the old ones conveyed. I consider that this circumstance tends to support my opinion, that Gonorrhœa and Syphilis are not identical, and that each disease (the former being distinguished by urethral discharges, and the latter by ulcers and other cutaneous disfigurements), has innumerable varieties. I hold them both to be but modifications of inflammation from a poisonous source, and its consequences common to the structures in which they respectively become seated, and differing in degree according to the severity of the attack. Another proof in support of the last assertion, is, I think, the time of the appearance of the particular disease. There is certainly a more usual time for a clap to manifest itself, such as from the seventh to the ninth day; but it very often occurs within twenty-four hours after connection, and syphilis sometimes as early; and instances occur, where weeks elapse before either of the forms shews itself.

Briefly to recapitulate, I consider, then—1. that the generative organs have ever been liable to disease from misuse—that the disease is variable and modifiable by many circumstances, such as have been before stated; namely, climate, age, constitution, and cause: 2. that it is contagious; mild cases usually producing mild consequences, but those depending much upon the treatment and the health: 3. newly indisposed and severer cases, establishing a worse form of disease, alike modifiable by circumstances. I am not prepared to insist that the syphilis of the present time assumes the same aspect as it did with the ancients, any more than I would affirm that it will be the same centuries hence: but I contend that all abuses of sexual pleasures will

be surely followed by sexual disturbances, and that the most likely form of ailment is marked either by discharges or ulceration; that these diseases are simple or complicated, and all are separate in themselves. There is no fixed order in which what are called secondary symptoms occur. It may more usually happen that a sore throat will follow the healing of a bubo, as swelled testicle is more commonly subsequent to the occurrence of a gonorrhœal discharge; but in very many cases, neither occur, or not in the succession stated. The anomalies in the disease I shall consider in describing the symptoms and treatment, when the reader will judge how far the view herein entertained, as to the origin and character of the disease, facilitates and simplifies its management and control. In conclusion of this part of our subject, I may state, that *I believe the form and severity of any syphilitic disease depends more upon the state of health and other aptitudes of the party receiving, than of the one conferring the favour.*

OF THE CHARACTER OF THE SYPHILITIC POISON.

“THE venereal poison is only known by the *action* which follows its application.” It has been observed, that it is only communicable by deposition; and that certain parts are essentially prone to its reception—these are the generative apparatus of both sexes. The poison is conveyed in the form of a purulent fluid—that of gonorrhœa from inflamed vessels with corresponding morbid action; that of syphilis, also from a purulent fluid emanating from the surface of an ulcer. The disease prevails only in the human race: it is impossible to transfer it to animals of a lower kind. John Hunter soaked lint in matter from a gonorrhœa and chancre, and introduced it into the vaginæ of bitches and asses without producing any effect: the same experiment was tried by interposing the purulent matter within the prepuce of dogs and male asses, and also by inoculation, but with no other effect than that of producing a common sore. The venereal poison attacks the human body in two ways, locally and constitutionally—the latter by absorption of the poison secreted by the patient himself. We can only suppose the local form of the disease to arise from absorption; and so altering the local action of parts as to produce specific results. The constitutional form is generally an after-occurrence; although instances are known where it has not been preceded by any apparent previous form; albeit, no doubt, such *has* existed without exciting observation. Gonorrhœa shows itself without abrasion of surface; but syphilis is marked by another action—an ulceration of the solids whereon it is found.

In Hunter's Work on the Venereal Disease, there is an interesting chapter respecting the source of the gonorrhœal secretion, in which it appears that

it is produced from the vessels investing the mucous membrane of the urethra, by their becoming altered in their action; and that ulceration is seldom found within the urethra; and when so discovered, it is not from the gonorrhœal poison; and that where ulceration occurs, it must be ascribable to an accession of inflammation of a distinct character. Both gonorrhœa and syphilis are conditions assumed by the human frame in self-defence; and are processes set up to cure the previous one; and unless the constitution be much impaired, the disease gets well. Such impediments, however, exist in the form of moral and social arrangements, occupation, and variable health, that the end, without assistance, is seldom accomplished. Gonorrhœa may cease of its own accord: but, according to the belief of Hunter, syphilis never; and certainly every day's experience proves the fact. We see gonorrhœa cured by the most ignorant persons and by the most empirical measures; but syphilis often defies the most skilful treatment. The first attack of venereal affections, especially gonorrhœa, is the most severe; from which, it is presumed, that a habit of reconciliation takes place between the disease and the generative organs, so that after a recurrence or two of the complaint, the same party may almost bid defiance to a new infection. Yet if a man lose the habit obtained by frequent intercourse, through abstinence from venereal pleasures, he will be very likely to contract the disease even on the first *re-essay*, with the very same parties, who may preserve precisely the same condition of health that formerly was innocuous to him. Cases innumerable can be adduced in support of this statement. In the first part of this book, cases have been advanced, proving that the difference in the symptoms of gonorrhœa are almost endless; the same may be anticipated with regard to syphilis.

OF SYPHILIS.

SYPHILIS is another and a more violent form of the venereal disease than Gonorrhœa. All its effects and symptoms are divided into two conditions, *primary* and *secondary*. The former being those which arise either from the direct application of the virus or poison to the part where the ulceration first shows itself, or from the irritative and specific effects of the poison on the absorbent vessels and glands, as it is passing through them on its way to the circulation.

Hence, among the first, the *primary*, may be classed the *ulcer* or *chancre*, which in almost every instance is situated on the parts of generation, and may or may not be followed by a swelling in the glands of the groin, constituting that form of the complaint called *bubo*.

The *secondary* symptoms may be defined to be all those effects of the dis-

ease which take place subsequently to, and in consequence of, the absorption of the poison into the system, comprising *sore throat*; *cutaneous affections*, both *eruptions* and *ulcers*; *pains in the bones and joints*, and *swellings* thereon called *nodes*.

I will first consider the symptoms of primary syphilis—*chancre* and *bubo*.

The coverings and linings of the body differ according to their situation. The former, the integuments, become hardened by exposure and exercise, and preserve their velvety softness where protected by clothing, and where they are subject to less use—instance the hands, feet, face, and abdomen. Certain functions are assigned to each. The covering of the feet takes on a horny hardness; and, in like manner, the hands of the mechanic assume a glove-like protection. The abdomen, by being constantly clothed, preserves its soft texture. The lining membranes of the body have also separate offices to perform—the *serous*, and *mucous*, as they are called. The *serous* is a name given to those lining the closed cavities; the *mucous*, to those having outlets. From the glans penis being generally covered by the prepuce, the parts in contact are called mucous. It differs, however, in sensitiveness from the urethra. The entire covering also of the penis is of a very delicate and tender structure; and hence, also from sexual intercourse, these parts become the chief seat of syphilis. Gonorrhœa confines its attacks to mucous membranes; or, in other words, secreting surfaces. In fact, the matter deposited on the common and exposed skin is harmless; so also, but to a less degree, is that of syphilis. Gonorrhœa is frequently seated *on*, and *around* the glans, and the inner surface of the prepuce, but more frequently, by a hundred fold, *within* the urethra. The delicate surface, then, of the glans and prepuce losing some of its sensitiveness by frequent exposure, and losing also the defence of the secretion which mucous membranes pour out, becomes accessible to an occurrence of syphilis, a disease that is readily communicable by inoculation to almost any part of the body. To quote Hunter, he says: “It is an invariable effect, that when any part of an animal is irritated to a certain degree, it inflames and forms matter, the intention of which is to remove the irritating cause. This has been before stated; but it is common only to secreting surfaces; and when the same cause is applied to non-secreting surfaces, ulceration is set up. This is not only the case in common irritation, but also in specific cases, as in syphilis, burns,” &c.

It is somewhat difficult to explain how a chancreous sore is produced. Surmises are at our service, and those which are founded upon certain facts are the more likely to be true. For instance, a person receiving the pox, must contract it from another individual having it. The mere solitary act of coition will not spontaneously produce it, provided the party be clean, for that surely is not an excess; but having connection with an infected one, and thereby exposing a healthy surface to a diseased one, becomes an infraction of

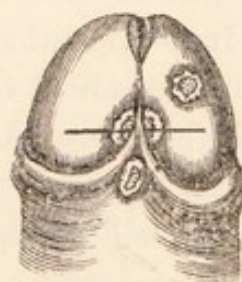
one of nature's laws. Well, the patient contaminating the other must have a chancre, which giving off by contact its morbid secretion, produces a specific result, namely, a *small pimple*.

In men, the disease is generally contracted upon the *frænum*, *glans penis*, or *prepuce*, or upon the common skin of the body of the penis, but most frequently upon the interior. From the peculiar and alterable structure of the penis and its prepuce, the poison, unless well washed off, is apt to lodge in the folds thereof, and, sooner or later, it manifests its influence, which may occur in twenty-four hours, or may be withheld for *months*, (generally, however, seven or eight or nine days puts the patient out of suspense). The first symptoms consist in an itching, succeeded by a redness of the part, out of which is soon observed to spring up a small elevation or pimple. In connections, where haste, disproportion of size, or much excitement or excess prevails, an absolute abrasion of the skin often takes place, and the parts where such occur are generally the everted portion of the prepuce, or the *frænum* of the same.

The accompanying drawings represent the extent of the redness and the first appearance of the pimple; the upper diagram alludes to the irritation and excoriation around the *frænum*, and the lower, the first evidence of a chancre. I am describing the most common form of chancre, such as is known in the profession as Mr. Hunter's chancre. A perceptible hardness next ensues round the pimple, which becomes more elevated, when it ulcerates, or, in other words, the head gets broken off and a little hollow is left; the tumour, for such it may be called, is generally of a limited circumference, seldom exceeding the size of a silver penny unless in an advanced stage of the disease. When a chancre attacks the *frænum* and undermines it, as it were, the *frænum* is often destroyed; and of course, with its destruction, departs its property of controlling, or of directing the orifice of the urethra in urinating, or in the emission of the semen.

This drawing exhibits three ulcers—one on the prepuce, another under the *frænum* having *eaten* its way through, as marked by the black cross-line, and the third situated on the glans.

When the pimple appears on the outside of the penis, on the prepuce, for instance, it assumes generally a larger form, and, as the head is broken off, crust after crust rises up until the process of ulceration has very far advanced, or the applications that are generally employed, prevent its *re-formation*. In



the former instance, the crusts are attributable to evaporation of the discharge; in the latter, their absence is already explained by the prevention of the same. There is such a thing as sympathy in eruptive disorders. In skin affections of the corner of the mouths of children, we often see the inflammation cross from corner to corner; the same is observable where the attacks comprise the angle of an eye. So is it with the penis, a structure equally as delicate, and, accordingly, the edges of the prepuce often put on a jagged appearance resembling chaps on the hands.

Witness the accompanying wood-cut; it portrays an ulcer somewhat diffused on the prepuce, and the ragged edge of the same structure. The sketch just introduced was taken from a patient, perhaps, only a fortnight old with the disease. Being a rackety, dissipated young man, and regardless of the treatment suggested, a week's neglect produced the following alteration.



A new ulcer sprung up, the old one increased in size; and the entire edge of the prepuce became involved in the irritation.



Phymosis and Paraphymosis occur in Syphilis as they do in Gonorrhœa,—the treatment is the same in both. Warm, soothing applications are indispensable, and occasionally, to prevent adherence between the glans and prepuce, the scalpel must be had recourse to. I have already expressed my conviction that the progress of the disease rests as *much* or *more* upon the condition of the party receiving it, than

the specific property of the complaint.

“If * the inflammation spreads fast and considerably, it shows a constitution more disposed to inflammation than natural; if the pain is great, it shows a strong disposition to irritation: it also sometimes happens that they begin very early to form sloughs; when this is the case, they have a strong tendency to mortification; bleeding is also a consequence owing to exposure of the ulcerated *Corpus cavernosum*.”

The reader will recollect that it has been stated that chancres, like the many symptoms of gonorrhœa, differ in their characteristics. Quoting from authorities, and as will be further illustrated, the following may be taken as the summary of the most prominent appearances.

The ordinary chancre is characterized by a hollow centre, a hard and ragged edge, a yellow surface, with a deposit of tenacious and adherent matter, and a red and inflammatory margin. There is also a hardness felt at its base on

* Hunter.

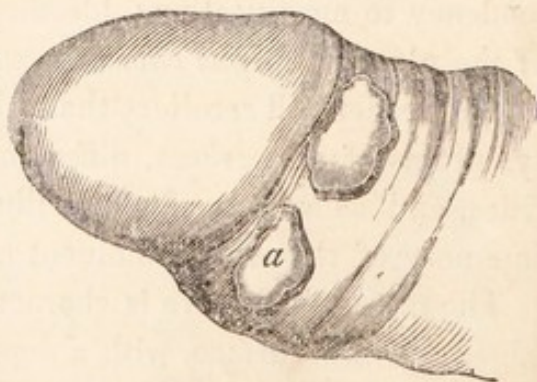
taking the part up between the fingers. This has already been shewn, but as illustrations multiply, the possessor of this publication, especially if he be an invalid, will readily recognise the annexed: it exhibits the ordinary chancre on the inner part of the prepuce, the glans, and the orifice of the urethra—no infrequent seat of chancre.

Many ulcers assume a very indolent form, and remain quiescent for a long period. One patient I knew, who consulted me for rheumatism, and who disavowed ever having had syphilis. He took vapour baths, which assuaged the pain, but did not remove it. Accident discovered to me the existence of a sore on the penis, by observing the dressings of the same, carefully placed on the corner of the mantel-piece in the bath room. The following was the appearance of the sores; he had endured them for nearly three months, nor had he perceived much alteration, either for better or worse. The disease was properly healed, and he soon got well.

Another kind, is one denominated the superficial, with raised edges. It is more frequently seated at the upper part of the prepuce, and creating a thickening of it, ending in phymosis, which lasts a long time after the cure of the ulcers. This kind of chancre is sometimes very obstinate, and continues many weeks. The present illustration portrays its presence near the edge of the *corona glandis*.

There are two other kinds of sores called the *phagedenic* and *sloughing* ulcers and chancres.

The phagedenic is a corroding ulcer without granulations—it is also destitute of any surrounding induration, but frequently its circumference is of a livid red colour. When the disease is injudiciously treated, the whole of the penis will be destroyed in a very short time. The absence of coloring detracts from a faithful representation of the kind of sore just alluded to. The drawing is sketched from Mr. Skey's Work on Syphilis. I may here insert, per parentheses, that it might have added to the *fame* of this publication, had every drawing been original: it is, however, a somewhat difficult task to procure *sitters* or *models*. The eye may retain a tolerable recollection of appearances, but it is better



a, the ulcer.

to trust to positive drawings made from a patient sick man, a fixture in fact, than those carried away in the mind's eye from a *fee—ing* invalid, whose diffi-

dence may hardly afford you a momentary glance of his complaint. The majority of the wood cuts have been pencilled by the author; and where otherwise, they have been acknowledged:—the anatomical drawings are common property, like the picture of a tree, a cottage, or a waterfall.

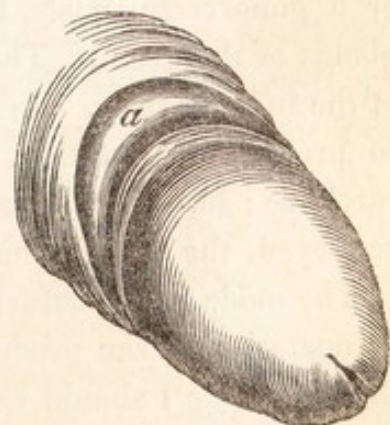
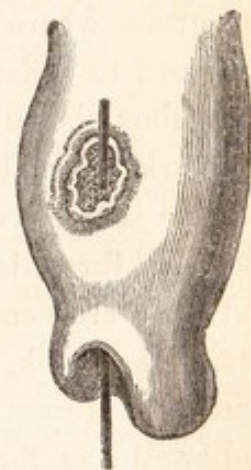
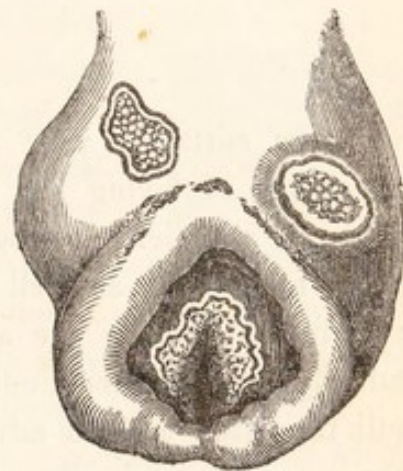
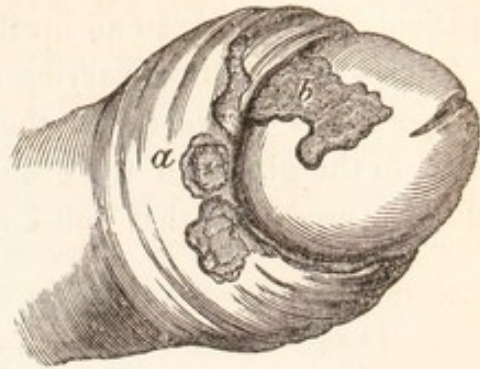
Another and more confirmed specimen from the same authority is presented; it represents the *sloughing* ulcer.

a, the ulcer on the prepuce. | *b*, the ulcer on the penis.

I have witnessed the sloughing, or, in other words, the loss of the entire top of the glans and prepuce, within half a dozen days. The subjoined drawing represents a tumefied state of the penis, ulceration on the glans, surrounding the orifice of the urethra, phymosis of the prepuce, and ulcers in different stages on the outside thereof. The sketch was taken from *Wallace's* work. Such are often met with. Chancres, as before stated, often become irritable, spread rapidly, and slough, more particularly in persons of intemperate and dissipated habits, or when the case has been improperly treated; and openings into the urethra are formed to a considerable extent, sometimes to the destruction of the glans, or a portion of the penis. The illustrative companion to this paragraph exhibits an ulcer that has wormed its way through the prepuce, as marked by the black line. Warts are often met with, as in gonorrhœa, and, like those, will arise from simple local irritation; from the accumulation of the natural secretions or want of cleanliness. They are hard and soft, and require different treatment accordingly. They are not

contagious, that is, they do not communicate a venereal affection, but they very readily produce a similar disease in parts they come in contact with. The story is here well told by the engraver's aid. It often happens that the ulceration appears checked. A tumour will form, and the surface

will look very red and angry—will even yield a moisture, and finally disappear—I say finally, because it frequently proves very obstinate, and trespasses upon



a, the tumour.

the patience and forbearance almost to induce despair. It usually is very irritable, the itching being most troublesome. The illustration was taken from a patient, who had been an invalid several months.

After a certain time, varying in proportion to the virulence of the disease, the poison is conveyed by the numerous absorbents (which run from the penis) to the glands in the groin, one or more of which become inflamed and enlarged, producing that well-known swelling, already alluded to, called *bubo*.

OF BUBOES.

BUBOES are certainly very formidable features in syphilis. The pain, the inconvenience of laying up, or the betrayal they occasion, by the attendant lameness of a patient having one, and also by the channel they open to secondary symptoms, as well as the time they occupy in the cure, occasion them to be dreaded by the afflicted, and disrelished by the surgeon. Were human physiology better understood, medical books need not be one tithe of the bulk they are ; and the advantages would be equal to the reader and writer. Buboes occur through absorption of any particular irritation, or poison, that exists *in*, or *on* the surface of the system. The origin of the word applies to the groin, where those we speak of are generally situated ; but surgeons use the word to inflamed glands from syphilis, wherever they happen to be. The body abounds with absorbents, which are small delicate vessels, that form a net-work over the entire surface, and exist also in every structure. Their purpose is to convey the nutriment to the circulation, and also to *suck up* every excess of formation. They form *stations*, as it were, as points of assemblage ; and these are generally situated in the angles of the body, the groin, the arm-pits, hams, neck, &c. parts most protected from injury. When skin inflammation is present, to familiarize the meaning, the nearest glands sympathize and swell ; as, for instance, who has escaped a swelling at one time or other of his life in the neck, throat, or arm-pits ? When a sore prevails on the penis, or a gonorrhœa exists, there most frequently ensues an enlargement of the glands of the groin. The result of that enlargement depends upon the nature of the inflammation. In gonorrhœa it is merely temporary, not being sufficient to provoke suppuration, or the formation and discharge of matter, or very rarely so ; but in the case of venereal ulcers, where the inflammation is so conveyed, the escape from such consequences is as seldom.

The mode which nature adopts to transfer the poison is as inexplicable in its operation as the production of a swelled testicle. Buboes (herein meant) then—are, or I should say a bubo is, a specific inflammation of the glands of

the groin; it usually occurs on the same side of the body as the ulcer is situated, but when the ulcer is seated on or under the frænum, there seems to be no fixed rule which side shall have the honour; another peculiarity is, that they more readily spring up from ulcers on the prepuce than on the glans, and are more attributable to ulcers than merely inflamed surfaces; they do occur sometimes without either being apparent: to facilitate the clear understanding of what we are talking about, a drawing is presented of the inguinal glands, and the absorbents leading to and from it, which conveys but an imperfect idea of the number of the absorbents; but it serves to show the nature of them and their mode of communication.

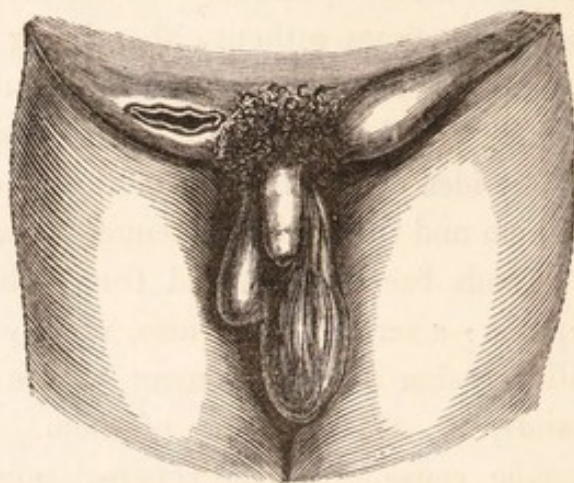
Glands become inflamed from other causes than syphilis; a scratch—a bruise, or any local irritation will occasion an enlargement of the nearest set of glands, or at least one of them. Scrofula is a specific cause. As the venereal poison carries with it its morbid nature wherever it happens to be conveyed, the glands become infected with it, and hence it is the more readily transferred to the system at large. Very frequently and fortunately the disease



terminates *in* the glands—that is to say, does not extend to the circulation at large. The time that intervenes after absorption has taken place, before bubo manifests itself, is as uncertain as that of chancre appearing after connexion; but generally the party is safe a fortnight after the entire disappearance of the chancre. Where it is otherwise, some trace of irritation on the glans or prepuce is discoverable upon close investigation, or it will follow great fatigue, venereal excesses, &c. If the disease extend to the constitution, it rarely affects other glands than those primarily attacked; and hence it is rare that more than one gland becomes inflamed. Having given the received notions of the cause, the symptoms should next be described. No person can be unaware of the approach of a bubo; there is seldom much advance of a swelling without pain, which latter may be said to attract the patient's attention to the part, when a tumour, possibly the size only of a horse-bean, is discovered. If the swelling be venereal, it rapidly increases in size—it is at first moveable, but soon feels as though firmly fixed; there is next experienced inconvenience in walking; if the disease proceed to suppuration, a continued throbbing is felt in the part, which, also swells, assumes a diffused redness, and at last an evident sense of fluctuation is perceived. It may be ushered in with a shivering fit. The skin becomes thin and tender, and a conical point protrudes, which, unless punctured, bursts and emits its contents. It is astonishing what immense destruction of parts takes place in large buboes. The theory how solids become converted into fluids—how muscle, fat, and cellular membrane become absorbed, and a thick

purulent secretion deposited, is fitter for a work addressed exclusively to medical men than to the public; and it therefore must suffice that such happen, and few persons are ignorant of the fact, but the *modus operandi* may at best be but the subject of conjecture.

The artists' graver has pencilled a faithful picture of the appearance of the disease in question. On the right side is represented a bubo that has broken, or discharged its contents, and which is in a state of healing; on the left side a bubo ready to burst, and by way of economising space, the left testicle is exhibited in a state of varicocele, by no means an unfrequent accompaniment to the previously narrated condition, but at the same time, by no means a necessary attendant, it being a totally distinct affection. Buboes present more varieties in their size and duration and consequences, than they do on their initiation. Cases in corroboration will be found in their proper place.



ON LUES VENEREA, OR SECONDARY SYMPTOMS.

SECONDARY Symptoms are those changes which occur in consequence of the admission of the venereal poison into the system, or common circulation at large. The introduction to the disease of bubo explains the mode of inlet. Like gonorrhœa and primary syphilis, it is often a very complicated complaint. Secondary symptoms are admitted to occur without being preceded by any primary form; as, for instance, by immediate absorption unattended with the irritation which accompanies chancre, or attendant upon bubo, but where one secondary affection arises without the primary, at least many hundred arise subsequent to it; and, unless in the latter instance, treatment, and vigilant too, is adopted, not one in a hundred escaped them.

Lues Venerea (a synonymous term with syphilis), is supposed to be imbibed from a very sensitive glans penis—a simple abrasion of the skin of that organ—an ordinary ulcer, or it may be transferred by inoculation. The late John Hunter is certainly the most eminent authority—the *vade mecum* of professional men. In these matters he was a man of indefatigable perseverance and untiring observation. Few new lights have been thrown on syphilis

since his time, except on the treatment, which has become wonderfully simplified, notwithstanding *ton weights* of books have been printed, it having ever been, and still being, the most prolific theme for medical aspirants to solicit public suffrages upon.

In thus again adverting to Mr. Hunter's name, it is chiefly to observe, that the basis of my own thoughts and practice have been built upon his writings; and, therefore, in being thus explicit in describing syphilis and its multitudinous varieties, the reader is assured that what is here written is, at all events, well founded, and not compounded of the many new adventurising propositions of the day. Mr. Hunter considered that contamination took place about the beginning of the local complaints; that no person was safe from lues whilst the original sore was present, and not under treatment; but that if the seeds of lues were not already implanted in the constitution, the consequences might be averted by treatment. Children are born infected with *lues*, which they derive from their parents: for instance, a man laboring under secondary, or primary symptoms, cohabits with a healthy female, the female *may* escape both diseases, but the child may inherit them. In Alibert's (the French *dermoid pathologist*, whose practice I attended for six months at the Hôpital St. Louis, at Paris,) work on skin disease, several specimens are exhibited.

Instances have been known of children so infected, conveying the disease to the wet nurse, to whose care they may be removed; and like other infectious disorders, the complaint may be diffused *ad infinitum*.* There is an impression abroad, that, like consumption, healthy persons are obnoxious to the breath and perspiration of the afflicted; but, as in many other conjectures, corroboration is wanted to prove the fact.

Syphilis is divided into primary and secondary; but modern pathologists add a third stage, called tertiary symptoms. Hunter used to divide Lues into two orders: the first was the most frequent form of the complaint, after chancre and bubo; the second the remaining symptoms. The former consisted of the affections of the skin, throat, nose, mouth, and tongue; the latter, the bores and their coverings, called the periosteum and the fasciæ of muscles, as explained in the preliminary part of this publication. Lues does not always exhibit itself according to this arrangement; which circumstance explains that the occurrence is more owing to conditions of health, and peculiar tendencies of the structures involved to receive the contamination, than to any properties of the animal poison.

* A case is recorded of a couple having been married for twelve years, during which time, neither party had been unfaithful to the other, nor were either diseased: the husband had had syphilis two years previously to his marriage, but considered himself cured. About this time, the lady bore him her fifth child; her two first children were healthy, but

the two following were feeble, and soon died; the lady was also in poor health. The last child was put out to nurse, and being itself afflicted with blotches resembling venereal, and having a sore mouth, the nurse became affected, both locally (on the nipples) and constitutionally, with a disease bearing every similitude to syphilis. — *Hunter*.

He considers also, that the development of the disease depends much upon state of weather, and the care the patient may bestow upon himself; cold being a formidable predisposer to the extension of secondary symptoms; and that the parts least protected are generally the first to become diseased: hence the throat usually exhibits a morbid action before the skin, furthermore, upon the cure of the more superficial parts of the body; and, therefore, suddenly suspending treatment, the symptoms manifest themselves in the deeper-seated. The deduction from this statement is, a necessity for especial care in the clothing of the body, and the continuance of the treatment some little while after all external evidences of the complaint have disappeared.

Mr. Hunter considered that the disease may be engrafted in the constitution, and remain dormant for a considerable period, through the parts not being brought into action by any of the afore-mentioned causes. Ordinary illness, simple fever, excess, fatigue, and a host of other occasions, may excite a particular structure into a morbid condition, when the hitherto dormant disease will sprout out. His arguments are supported by numerous cases, wherein *several years* elapsed between the primary and secondary symptoms, although no new infection was contracted in the intermediate time.

Mercury was Mr. Hunter's sheet-anchor: his faith in it was to the effect that it would cure every stage of the disease, but that one course of it, although it might cure chancre, would not prevent secondary symptoms; they might not occur because the poison may not have been carried into the circulation: and in like manner the second stage of the disease need not be followed by a third; but he considered, that when the several forms of the disease betrayed themselves, their origin must be traced to a general contamination of the system at the same time; the following case is better illustrative of the doctrine than the statement above:—

A gentleman who had been mercurialized for the cure of chancre, and who had thereby got well, applied to Mr. Hunter to know if he might consider himself safe from any after symptoms. Mr. Hunter would not assure him that he might, but told him that, if no new symptom broke out in three months, the probability would be that he would remain well till he exposed himself to a new source of infection. In about six weeks the gentleman returned with sore throat and copper-coloured spots on the body. He underwent the usual mercurial treatment and was soon pronounced well. He then demanded,

with some impatience, if he might consider himself radically cured. Mr. Hunter would only guarantee that he should be free from a return of the chancre, the sore throat, and the spots; Mr. Hunter contending that a part once perfectly cured is never irritated again by the same stock of infection, though probably some other parts of the constitution are still under the venereal irritation. Within two months, the gentleman actually had nodes; after the cure of which Mr. Hunter hesitated not to express a belief that he (the patient) was for ever free from a recurrence of the complaint, except from a new infection.

OF THE SYMPTOMS OF THE FIRST STAGE OF LUES.

SIX weeks is the time usually allowed to elapse between primary and secondary symptoms; but it is not invariably the case, instances having occurred where the disease has embraced, and most severely, both stages in a fortnight, and others between which a much longer time has existed; the first symptoms of *Lues* consist either of a sore throat or a spotted skin. When the skin is the seat—a red spot, not unlike a flea-bite, is perceived; the red colour soon *dies* into a brownish or coppered-coloured hue; occasionally, at the outset, a small pimple is observed, which breaks and scurfs; the coppery-coloured spot next feels rough, and a kind of scurf will exude that after a few days falls off to make way for more. The disease being more usually slow than rapid in its progress, weeks may be consumed before ulceration occurs, and merely a discolouration of the skin is seen in spots seldom exceeding the size of a sixpenny or fourpenny piece. Some of these spots will nearly disappear, leaving a faint scar, and new ones will spring up. The entire body may be covered with them, but usually those parts nearer the centre of circulation generally possess the most—such as the chest, neck, shoulders, arms, wrist, hands, and head. As the disease progresses, the scurf on the spots accumulates, falls off, re-forms, getting thicker each time, when upon being detached, for they cling now more closely, a sore and moist state of the skin is observable; this may become covered with a new crust, or may at once proceed to suppuration.

When an ulcer is formed, it will sometimes



spread rapidly and embrace a patch the size of a crown piece, when the process of ulceration will assume the vigour of disease; the accompanying sketch portrays, perhaps, more the seat of the disease when attacking the upper part of



the body, than the appearance; for to give a true portraiture, the drawing should be the size of life, and coloured after nature: it is, however, I doubt not, sufficient to exemplify the site of the disorder; the eruption is smaller on the face and less vicious, generally, than on the body; but it proves most unsightly, and indicates great advancement of the disease. The legs and those parts of the skin, least vascular, assume a mottled appearance resembling recent bruises, at other times, clusters of spots like grapes hanging together.

The shoulder, arms, and wrists also present a somewhat similar appearance; though perhaps not to the same extent, owing to being more warmly clad, and less in exercise than the lower extremity.



When the disease extends to the hands, it is marked by exfoliations of the palm, with occasional deep cracks that cause much pain; nor are the fingers and nails exempt from this encroaching malady, which, during its occupation, shews itself by a redness under the nail, that at last ends in the destruction of the nail.



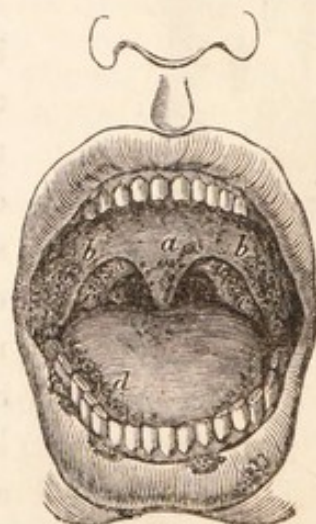
The head also is a frequent seat of the disorder. It is generally discovered by running the hands through the hair, when a little crust will be detected by the fingers, or a slight itching will point its position, or the brush may break it off. The top and hind parts of the head are generally the situations selected; occasionally the hair will fall off, leaving spots of a smooth baldness.

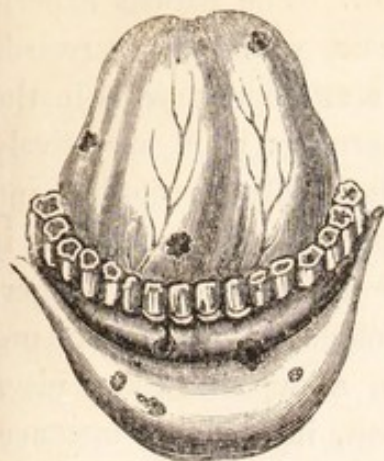


The vital organs fortunately are never subject to syphilitic inflammation; such as the brain, the viscera of the chest and abdomen, nor is even the mucous membrane of the interior of the body affected, its power being confined solely to those parts or structures subject to the influence of external causes.

When the venereal virus attacks the throat or palate, the membrane of the roof of the mouth becomes red and inflamed, patches ulcerate, and, if not cured, sooner or later, expose the bony palate, which may be felt by the probe,—this is the first stage. The exposed bone next exfoliates, and a communication is thereby formed between the mouth and nose, the fluids return through it, the voice is changed into a nasal twang, and a most offensive discharge is secreted.

This drawing represents ulceration of the tonsils, uvula, and arch of the palate, also the edges of the tongue. The drawing below shews the under surface of the tongue, the inner part of the lower lip, and the lower gums affected with venereal ulcers.





When the tonsil glands are attacked, ulcers appear precisely similar in character to chancres, hollow in the centre, with raised ragged edges, yellow on the surface, with a livid colour on the surrounding margin. A sense of dryness is perceived, extending up the Eustachian tube to the ear; sometimes the tongue, gums, and inner part of the lips are attacked. (*See representation.*) In the progress of the disease, the *pharynx* or top of the gullet is brought under its influence, and the ulceration spreads through it to the *vertebræ* or

back-bone. Extending its course, it next attacks the *larynx* or top of the wind-pipe, when, if not arrested, it will soon destroy life. Attending this affection of the *larynx*, there is always loss of voice, the patient speaks in a low whisper. It is more fatal than any other form of the venereal disease.

The mucous membrane of the nose stands next in order, as subject to the influence of syphilis. The patient's attention is first directed to it by an incrustation, which forms in the nostril. On this being removed, a quantity of blood mixed with purulent matter is discharged. In two or three days, similar incrustations are formed, and under them ulceration takes place, which frequently lays bare the bone and occasions it to exfoliate; and this exfoliating often continues after the venereal action has ceased. The number of bones which come away is often very considerable; and horrible deformity is the result.

The *periosteum* and bones become in their turn affected by swellings called nodes—the *periosteum* first, and the bones subsequently; of these the cylindrical, being most exposed to vicissitudes of temperature, are commonly the first attacked. Those which are much covered by muscle are rarely affected, as, for instance, the back part of the *tibia*, or large bone of the leg, while nothing is more common than to see nodes on its anterior part, which is only covered with skin and *periosteum*. They occur on the *fibula* only when it is slightly covered, and only on the *ulna* or elbow bone when similarly circumstanced. Nodes on the *os humeri*, or shoulder bone, except on the outer side, are of very rare occurrence, but are frequently found on the *clavicle* or collar bone, at its scapular and sternal articulations.

In this wood-cut is an illustration of the most frequent situation of nodes on the fore part of the *tibia*, or chief bone of the leg: the swelling is considerable; the upper one proceeding to suppuration, and the lower indicating merely a tumefaction of the lower part of the bone, near the instep.



The symptoms which mark the disease are as follow. The patient experiences in the evening a sensation of pain in the bone, which is afterwards the seat of the node. In the course of a few days, a swelling appears in the evening, which disappears again on the following morning: it is excessively painful and tender at night, but in the morning it is hardly perceptible, and the tenderness is almost gone. At this particular period, the periosteum is only affected; but when the inflammation has continued some time longer, the bone is diseased and becomes enlarged. The rationale is this:—an inflammation of the periosteum ensues; in a short time, a deposit takes place between it and the surface of the bone. This deposit, in the first instance, is only a serous fluid, but a cartilaginous substance is soon secreted, which is gradually converted into bone.

When attended to early, their treatment is very simple; but occasionally cases of considerable difficulty will arise. Large quantities of fluid will be found fluctuating between the periosteum and the bone, which, when unaccompanied by redness and inflammation of the skin, may be absorbed by proper treatment, but which more usually is only curable by evacuation; and, unless great care be used, exfoliation of the bone will ensue to a very great and sometimes fatal extent; the *eyebrows*, *forehead*, and *temples* are often the seat of fluid tumours varying from the size of peas and beans—their cure must be effected by absorption, or destruction of the bone is often produced.

The flat bones are also subject to syphilis—the one most commonly attacked is the *os frontis*, the symptoms being just the same as those on the shin. The side-bones of the head now and then are affected; the *os occipitis* or back-bone of the head very rarely; and the *os temporis*, or temporal bone, being well covered with muscles, and exposed to very little change of temperature, is never affected.

The *os frontis*, being the most exposed, is the most frequently attacked. Suppuration sometimes takes place; and when this has occurred on the front it has happened that the same suppurative process has occurred interiorly between the *dura mater*, or the external membrane of the brain, and the internal surface of the bone. The matter presses upon the brain, and death is the consequence, if the pressure be not removed by the use of the trephine or trepanning instrument. This is a degree of severity to which the disease rarely reaches now a-days, from the more extended knowledge and improved treatment of modern times.

It must be observed generally, of both these diseases, that of the throat and nose, and this of the bones, that they are oftener the result of improper treatment, such as the excessive use of mercury, and exposure to great vicissitudes of weather while under its influence, inducing what is called the mercurial disease (which, in fact, is, or was, of more frequent occurrence than the constitutional syphilitic one), than the result of the natural tendency of the disease in an otherwise healthy individual.

ON THE TREATMENT OF SYPHILIS.

I CONSIDER it a fair presumption that any invalided reader, except he be an accidental one, of this book—by which I mean one, not having *sought* its possession—must be acquainted with the association of *mercury* and *syphilis*. If not, let him be told for the first time, that such association exists as between *copaiba* and *gonorrhœa*; or perhaps what may be rendered more familiar to him, namely, as between *bark* with *ague*, or *colchicum* with *rheumatism*. That for upwards of three hundred years past mercury has been held an antidote to venereal affections; and still is, in many forms of the same, acknowledged indispensable for their removal.

From old notions afloat that syphilitic patients to be cured must be salivated to the extent of furnishing or filling two or three wash-hand basins daily with saliva—that the teeth drop out, that the breath becomes horribly fetid, and that the consumer of the poison sacrifices one-third of his probable existence, even though he get well—the greatest possible prejudice exists against mercury, and the generality of uninformed patients have acquired a most uncompromising dread of the remedy. From the frequent difficulty in getting patients to submit knowingly to mercurial treatment, many new means have been caught up, and some judiciously applied, by which it has been discovered that, in many cases, less frightful resources are available; that in fact, many cases of syphilis are removable without a grain of quicksilver, or any of its compounds.

Medical men, honestly no doubt, have sanctioned the abandonment of the old practice; and books have been written, and large ones too, to condemn the former deleterious method, and to advocate a new, safe, speedy, and permanent means. This new method has its advantages; but it does not realize all that is promised. It consists in advising rest, cleanliness, simple soothing applications, and, on the other hand, mild astringent ones, a temperate diet, fresh air, an easy mind, sarsaparilla, and other alterative medicines. There are many believers in the efficacy of simplicity; and the success that follows such treatment of nine-tenths of the ailments of humanity, bears out the usefulness of the preceding methods; but the remaining tithe have alike a claim upon our consideration, and of this tithe the syphilitic invalids form a large portion.

The anti-mercurial advocates have, however, a salvo, and admit now and then, an exception to exist, that particular cases *do* require a mercurial course, but then it should only be adopted in its mildest possible form, merely with a view to act on the general health, rather than for any specific property of its own. Again, there are books, which are very elaborate, and what is equally important, modern ones, written by talented men,* which still profess faith

* Colles, Wallace, Ricord, of the Venereal Hospital, Paris.

in the curative powers of mercury, and employ it as the chief agent in the cure of the venereal disease. Instead of administering it to the same extent as formerly—instead of attempting to produce salivation to the flow of quarts—they merely aim at producing an impression on the constitution; they are satisfied with a proof that their patient is under mercurial influence: this is ascertained by a coppery taste in the mouth, a slightly increased secretion of saliva, and the presence of the accompanying, but temporary depression.

Now the question to be resolved, is, which of the two methods is the correct one. If an octavo volume be required by each party to maintain their separate position, a quarto will be scarcely sufficient to consider both sides, and determine the contention. As my work may fairly be supposed to convey only my own impressions on these matters, and enters the lists less with a view to disputation, than to portray the results of my own practice, I may state, in the few pages I propose devoting to this topic, that I am not incredulous of the extraordinary and inexplicable properties of mercury in the extermination of the syphilitic poison, nor do I hold it impossible to eradicate every form of generative disturbance by dispensing with it altogether. The many forms of disease of the sexual structures satisfy me, that their treatment should be modified by circumstances; but I believe I am wise enough to know, and certainly old enough to have observed, that the severer forms of syphilis, and even the milder in some constitutions, require the aid of mercury for their cure; in fact, *will yield to no other plan of treatment*, thereby admitting the *specific virtues* of the remedy.

The principles, therefore, which I advocate in the treatment of syphilis, are precisely those I depend upon in gonorrhœa, or, to familiarize the analogy, in a fit of indigestion or an attack of local or general inflammation. Where the health is disturbed, the first step is to attempt restoration. The fact is almost too familiar to every one to need repetition, that, as is the condition of the health, so is the resistance it is capable of opposing to disease. The next proceeding is, to attempt the subdual of the prevailing symptoms. Syphilis, whether in the form of chancre, bubo, or any of its secondary varieties, induces more or less fever, inflammation, and interruption to the important offices of digestion, and other vital processes, which consequently require the promptest attention. Equally various are the local indications of syphilis—the ulcers may be common, superficial, phagedenic, or sloughing, each requiring various treatment, as hereafter will be specified; but, above all, too much reliance cannot be placed on the dietetic and physical regimen—two comprehensive significations, which are, after all, the Alpha and Omega of the *Materia Medica*. With this declaration, I pass on to the treatment in detail, of the more frequent, and, I may add, leading features of syphilis.

TREATMENT OF CHANCER.

PRELIMINARY REMARKS.

CHANCRES are of various kinds. The most remarkable are—

1st. That characterized by its circular form, its excavated surface covered by a layer of tenacious and adherent matter, and its hard cartilaginous base and margin.

2nd. Another form of chancre, unaccompanied by induration, but with a very high margin, appearing often on the outside of the prepuce, and seldom existing alone, called, from the preceding description, the “superficial chancre with raised edges.” These kinds of ulcers are sometimes very tedious, neither getting better nor worse, but resisting every plan of treatment for their removal. I have known instances where they have existed for several months.

3rd. The phagedenic chancre, a “corroding ulcer without granulations,” and distinguished by its circumference being of a livid red colour. This is the kind of chancre that is invariably rendered worse by mercury: indeed, cases have occurred where, from the injudicious administration of that medicine, the whole of the penis has been destroyed.

4th. A most formidable kind of chancre, denominated the sloughing ulcer. It first appears as a black spot, which spreads and becomes detached, leaving a deepened and unhealthy-looking surface. The sore is very painful, and encircled with a dark purple areola. If neglected, or improperly treated, the process of mortification goes on until all the parts of generation are destroyed.

The last-named chancre is more often the consequence of neglect on the part of the patient, than the natural progress of the disease.

Now the usual method adopted by surgeons to remove chancres, has been to excise them, or to apply caustic; the latter is the plan I adopt, and would recommend; but all chancres are not to be treated alike, some requiring anti-phlogistic remedies, others soothing, others stimulant. Some practitioners rely entirely upon constitutional remedies.

On the first appearance of a chancre, I would enjoin an alteration in the diet, regulating it according to the strength of the patient. Abstemiousness should be the motto, avoiding extremes, however, lest debility should be induced. Quietude and rest in the recumbent position, are two essential adjuncts in the treatment of primary syphilis throughout.

With respect to the treatment of the ulcer, characterized by its circular form, excavated surface and hardened base as detailed, the plan I almost invariably adopt is, immediately on its appearance, at least as soon as the pimple has broken or desquamated, to smear it with a hair pencil filled with the

solution of caustic, sometimes twice, at least once a day (see Form 45),* and to keep it frequently washed in the daytime with a lotion of the chloride of soda (see Form 46), or the black, red, or blue wash (see Forms 47, 48, 49).

If the patient be strong, and otherwise in good health, I simply recommend a dose of purgative medicine, in anticipation of any irritation that may arise. After which, I suggest a middle diet to be adopted for the next few days. From the sedative and salutary effects of the warm bath, I recommend its employment immediately after the operation of the medicine, and its repetition at frequent intervals. Independently of its effect on the system, it is the best general cleanser that can be resorted to. The subsequent treatment is regulated by the result of the above, which can be ascertained about the third day.

In numberless instances, and where the disease is thus early detected and similarly treated, the mere continuance of either the chloride lotion or black wash, the middle diet, an occasional aperient, the bath, with as much rest as possible, are all that will be found needful to cure the disease, which generally is effected in about a week or ten days at farthest. From the universal dread that so sudden a disappearance of the sore occasions, lest it should "be driven into the system," and from the apprehension that it is incurable without taking mercury, I verily believe that, in many cases, the practitioner, participating in the fears of his patient, and anxious to allay them, reluctantly administers that mineral; and to such weak judgment may be traced the relapses, or the occurrence of other symptoms sometimes mistaken for secondary. Even when the case terminates favourably, and within the space of time alluded to, I would not be considered as recommending a sudden return to free living; on the contrary, I would not release the patient from the restrictions imposed upon his diet, exercise, and regimen, for at least the same time as was occupied in the cure, nor would I predict that, in every instance, secondary symptoms should not ensue. Mercury was supposed to possess some antisiphilitic property, inasmuch, that when chancre healed during its exhibition, secondary symptoms were averted. Facts, however, have been wanting to corroborate that supposition; for secondary symptoms have appeared despite the external and internal employment of mercury, even to the extent of salivation. Authors there are, who attach similar properties to other medicines, such as nitric acid, sarsaparilla, and such like. Now, how do these medicines act upon the system? Or what is their tendency of action? Why, by increasing some particular function, such as the secretive process of the salivary and other

* Form 45.

Strong Caustic Solution.

Take of	
Caustic	$\frac{1}{2}$ drachm.
Distilled Water	1 oz.
Mix.	

glands—by increasing perspiration or absorption, &c. The remedies whereby these changes are induced are termed alteratives. I am not going to deny that these, or some such changes in the system, are unessential for the eradication, particularly of morbid conditions of structure and function, dependent probably upon altered condition and diminished action in others. On the contrary, they are the only antagonists to disease which we possess.

But what I contend is, that, in our selection, we should prefer those which produce most speedily and effectively the desired change, with the least detriment to the general health. And to this end, I invariably enjoin, where practicable, warm or vapour bathing. I have elsewhere considered this subject at length, to which I refer the reader; but I will fearlessly assert that no one, or any plan of treatment, will be found so effectual towards increasing physical power to repel disease, or so permanently preservative of health, as the modified employment of the warm or vapour bath; and, therefore, in all cases of doubt and apprehension, or independent of either, the use of the warm or tepid, plain, or salt-water bath, two or three times a week for a month, or the vapour bath about every fourth or fifth day for the same period, is the best preventive that can be adopted to avert secondary symptoms. Where bathing of every kind is impracticable, as is the case in some country-places, and the same necessity exists, I advocate the administration of alterative medicines; nor do I object to the employment of mercury, where, under other circumstances, without reference to its imaginary efficacy in syphilis, it would be prescribed:—but of this as we proceed.

Where, at the expiration of a week, the chancre neither recedes nor advances, and is the only symptom present, it is to be presumed that the condition of the patient's health has something to do with it, and that condition should be minutely inquired into. There may be diminished or increased appetite, with imperfect digestion; there may be fever, with restlessness at night; there may be torpor or irritation of the bowels; or the patient may consider his only ailment to be the chancre, the irritation of which may be found to arise from too active exertion. To whichever cause it may be ascribed, the treatment should be directed. In conjunction with local remedies, which may be varied, alteratives may be given—five grains of the blue pill twice a day;

Form 46.

Wash for Chancres.

Take of
The solution of chloride of soda 2 oz.
Rose water 4 oz.
Mix.

Form 47.

Black wash for Chancres.

Take of
Calomel 1 scruple.
Lime water 3 ounces.
Mix.

Form 48.

Red Wash for Chancres.

Take of
Bi-chloride of mercury . . . 4 grains.
Lime water 4 oz.
Mix.

Or,

Form 49.

Blue wash for Chancres.

Take of
Sulphate of copper 5 grains.
Distilled water 1 oz.
Mix and strain.

for instance—the Plummer's pill in doses of five grains every night—the occasional application of an active aperient (see Forms 51, 52), the decoction of sarsaparilla (see Forms 67, 68, 69). This plan, carefully pursued, seldom fails in setting up a permanent cure. The patient should be apprised of the vast importance of quiet, rest, and abstemiousness; for, where they can be attended to, the duration of the disease will be diminished one-half: whereas, he who is continually in the erect posture, and subject to much walking about, who is indifferent to his diet, and lives as freely as formerly, incurs the risk of bubo, and all its alarming consequences. Now, in no case or description of chancre, do these remarks apply so aptly as to the phagedenic and sloughing ulcer; in fact, they are applicable to all, but more particularly the two latter, as they are the result of already increased action. Mercury, violent aperients, and other active remedies, should also be avoided in these two forms of chancre; the local appliances should be poultices of bread and water, linseed meal, and a solution of opium, or poppy water—the sloughs or mortified portions we should endeavour to detach, by the application of a *smear* of nitric acid, or the chloride lotion (Form 46); or stimulative ointment (Form 50). The superficial sore usually gets well by the same means as the ordinary chancre.

Where the chancre is situated under the prepuce, and the latter covering is so inflamed and swollen as to prevent its being drawn back to exhibit the sore, the discharge should be carefully washed out by any of the lotions already recommended, by means of a syringe, several times in the twenty-four hours. Much good is often done by varying the local remedies, occasionally

For dressing chancres, lotions and washes generally answer better than ointments; but their alternate use is sometimes serviceable. In cracked sores near the prepuce, the blue ointment has wrought a cure when all the lotions devised were ineffectual.

Form 50.

Take of

Red precipitate of Mercury . . . 4 grains.
Ointment of spermaceti . . . 1 oz.

Mix.—A little to be smeared over the ulcer, twice a day.

‡ Form 51.

Active Aperient in indolent Chancres.

Take of

Calomel 4 grains.
Powder of jalap 15 to 20 grs.

Mix—to be taken in something thick, as jelly, honey, or tamarinds.

Form 52.

Active aperient to be mixed in water and (stirring it) to be drank off quickly.

Take of

Chloride of mercury or calomel 5 grains.
Powder of jalap 25 do.

Mix,

Form 53.

Ointment to promote absorption of Bubo.

Take of

Iodine of potassium . . . 1 drachm.
Tincture of iodine . . . 1 do.
Acetate of morphine . . . 10 grains.

Mix—apply constantly a plaister of some of this ointment spread upon rag or lint, over the bubo, and occasionally rub a little of it gently into the skin.

Or,

Form 54.

Take of blue ointment a similar quantity, and use it in like manner to the preceding. The reliance to be placed on this ointment is precisely the same as the [other, namely, to excite absorption. The following ointment may also be used for the same purpose.

Form 55.

Take of

Calomel 2 drachms.
Simple ointment 6 do.

Mix.

flouring or filling up the ulcer with calomel, tutty powder, blue ointment, or in fact any substance which alters the morbid action of the part—but, as a general rule, the lotions of soda, lime, zinc, or oxymuriate of mercury, will be found sufficient if persevered in.

TREATMENT OF BUBO.

Bubo I have already stated to be an inflamed and enlarged condition of the inguinal (as its name implies, signifying the groin), or, in fact, any other gland, occasioned by the passage of the venereal poison from the adjacent ulcer through it, preparatory to its contaminating the constitution. But it is as well to know that the system may become affected, or, in other words, the poison may pass through the glands without involving them in the disease, or that the poison may there stop, and be expelled as the bubo is cured. It is also observed, that buboes are more frequently consequent upon an ulcer seated on the prepuce than on the glans. Buboes are not always, however, a sure criterion of the venereal disease, for they will occur wherever irritation is superficial and adjacent. Leeches applied to the temples will inflame the cervical glands—a graze or wound in the leg enlarge the inguinal, and a whitlow on the finger or any inflammation of the hand or arm will very often irritate the glands in the axilla. In gonorrhœa, the glands in the groin become swollen and painful, from sympathising with the sensibility of the urethra; but these and the preceding may, in general, be distinguished from true venereal buboes by their disinclination to proceed to suppuration: whereas in syphilis, that process runs through its several stages with remarkable celerity, unless timely prevented. Buboes in the groin are much more troublesome, and more likely to betray the disease than chancres, because they constitute an augmentation to the patient's suffering, seldom occurring, unless preceded by a chancre, and because they occasion a visible and necessary lameness. They also produce more general disturbance of the patient's health.

Form 56.

Stimulating Ointments to promote the healing of indolent ulcerated Buboes.

Take of

Red precipitate of mercury . . . 5 grains.
Ointment of spermaceti . . . 1 oz.

Mix. The ulcer to be dressed with a small portion of this ointment spread upon lint.
Or the following, which is stronger :

Form 57.

Take of

Red precipitate of mercury . . . 5 grains.
Yellow basilicon 2 drachms
Ointment of spermaceti . . . 6 do.

Mix. To be used like the preceding.

Or,

Form 58.

Take of nitrated ointment of mercury, diluted with an equal proportion of simple ointment.

Or,

The unadulterated strong mercurial ointment.

Form 59.

Styptic application for indolent Ulcers.

Take of

Caustic $\frac{1}{2}$ drachm.

Or,

Sulphate of copper $\frac{1}{2}$ do.
Distilled water 1 oz.

In the treatment of a bubo, venereal or not, the same principles recommended in the section devoted to the cure of chancre, should be followed in this instance—comprising attention to the general health, and a subdual of the prevailing symptoms.

In no form of syphilis is rest more essential than in bubo. The patient will be apt to plead the necessity of following his business, and the utter impossibility of staying at home—that is his affair, mine is only to protest against exercise, and urge the importance of rest, and, even the recumbent posture, and I can assure him, *that* alone will strip the disease of three-fourths of its terrors.

Certain local diseases produce more constitutional disturbance than others—among them may be classed buboes; it would, therefore, be as impolitic, suddenly and violently, to repel an inflammation of a gland or glands, without establishing some outlet for the increased action to vent itself, as it would be to check a flux or suppress an exanthematous eruption like measles or scarlatina.

If the bubo is, therefore, painful and inflamed, my advice is as follows. Stay at home, and rest. Descend to middle diet. Take some aperient; and should chancres alone be present, and a treatment going on for their extinction, continue the same; or as bubo often immediately succeeds the ulcer, and probably may be the first symptom noticed, adopt, in addition to that recommended above, the treatment as advised for chancre; namely, the administration of some alterative—for instance, five grains of blue pill every night—or the Plummer's pill every night—the aperient powder every other day; and let the local treatment be directed to remove the prevailing symptom—to subdue the inflammation, and, if possible, thereby prevent suppuration. It was formerly supposed, that unless buboes were allowed to suppurate, the system could not escape the venereal taint. Lower somewhat the vital powers, or, what may be more intelligible, diminish the general inflammatory action, establish some slight drain, by determining the secretions to the intestines or skin; and buboes, even when matter has absolutely formed, may be fearlessly absorbed, which judicious treatment will effect, in nine cases out of ten, without at all impregnating the constitution. To attain this object, warm fomentations constantly applied, and if possible the warm (hip or full length) bath every night. When rest is determined upon, if the swelling is great,

Mix and strain and smear the surface of the sore with a hair pencil, impregnated with either of the solutions: simple or astringent dressings may be applied afterwards.

Take of Form 60.
 Chloride of soda 2 oz.
 Rose-water. 2 oz.

Mix.

Form 61.

Preparation of Iron.

Take two drachms of carbonate of iron, three times a day, gradually increasing the dose to half an ounce, or even an ounce; the bowels during the taking of this medicine should be kept open.

red, and painful, leeches are eminently serviceable, but they must be applied in numbers of at least a dozen at a time, and repeated twice or thrice if necessary. Three or four, by the irritation of the bites when healing, and especially if the patient will not or cannot remain quiet, only worry and aggravate the disease. Where the inflammatory symptoms are high, where there is fever and much heat of skin, bleeding is the speediest and most effectual plan to subdue them; and, in my opinion, it is to be preferred before the trouble and bother of leeches. Where, however, there is no remarkable excitement, local or universal, the topical application of any of the ointments suggested will often promote absorption (see Form 53, 54, 55).

Blisters applied over the bubo, very often disperse the swelling. Pressure also made by means of a pad covered with tin-foil, and continued for several days frequently urges the absorption of the accumulated deposition in the gland.

Where *bubo* has been suffered to proceed, and the suppuration appears inevitable, it would be highly improper to retard it; poultices and warm fomentations should be applied, and when fit, an opening should be made to permit the exit from, and prevent the extension of, the matter in the surrounding cellular membrane; the operation should not, however, be prematurely performed; the skin should be permitted to become thin before an opening is made, and that opening should be made in the most dependent position, in order to allow complete escape of the matter, lest fistulæ and sinuses should form. When an abscess is thus established, its healing must be promoted with all expedition, and care taken to preserve the strength of the patient. For the former purpose, poultices, mild healing ointments, or strapping plaister applied near the edges of the wound, should be used. When the abscess appears indolent and not disposed to heal, carrot and linseed-meal poultices may be substituted. Astringent ointments should also be employed (see Form 56, 57 and 58), or lotions (see Form 59, 60), and the topical application of caustic to the edges of the wounds, or even paring them with a scalpel. The occasional use of the warm or vapour bath will give a healthy tone to the frame, invigorate the

Form 62.

The following is an excellent combination.

Take of compound iron pill two drachms, to be divided into 24 pills. Two to be taken three times a day.

Form 63.

Quinine.

Take three grains of sulphate of quinine three times a day, or,

Form 64.

Take of

Compound tincture of bark 2 oz.
Sulphate of quinine . . . 12 grains.
Muriatic acid 20 drops.

Mix. Dose—a tea-spoonful three times a day, in water.

Form 65.

Strengthening Pills.

Take of

Ioduret of iron $\frac{1}{2}$ drachm.
Castile soap $\frac{1}{2}$ do.
Alkaline extract of gentian 1 do.

Mix. To form 30 pills; take one twice daily.

depressed powers and promote recovery. The strength should be supported by more generous diet, and any of the formulæ comprised under the head of tonics, may be taken internally (see Form 61, 62, 63, 64, 65, 66). As the patient becomes convalescent, change of air, gradual exercise, the cold shower bath, or sea bathing will be of essential service.

TREATMENT OF SECONDARY SYMPTOMS.

Secondary symptoms usually appear from the sixth to the sixteenth week, but are not unfrequently protracted beyond that period; they are commonly ushered in with fever—a general sense of being ill—a quickened pulse, headache, loss of appetite, pains in various parts of the body, and restlessness at night; in short, there is disturbance of all the vital functions, until it is determined which structures are to be the retreat of the common enemy. Some authors assign the skin and throat as more liable to attack than others; but I think the distinction dependent mainly upon the natural or morbid idiosyncrasy of the invalid. At all events, the enquiry here would be foreign to the design of this work, and less useful than the advice, how best to combat the evils when and wherever they occur. I have already stated secondary symptoms to consist of eruptions, ulcerations and disfigurations of the skin, ulcerations of the mucous membranes of the mouth, throat, and nose, pains in the joints, swellings of the bones and their coverings, and inflammation of the various fibrous textures of the body.

TREATMENT OF SYPHILITIC ERUPTIONS.

The cutaneous eruptions of syphilis present considerable varieties, assuming a scaly, papular, tubercular, or pustular appearance. Formerly it was the opinion that no eruption was *venereal*, unless characterised by a scurfy exfoliation, and tinted of a copper colour. This *test* is not now relied on. In the simpler forms, we find that the skin becomes mottled at first, which appearance may partially die away and re-appear, deeper in colour, and the spots become more numerous in extent. The patient should be apprised, that when the disease has progressed thus far, it is not in its nature to depart unbidden; but, it advances usually from bad to worse.

The mottled dots enlarge, exfoliate, or scurf, or desquamate, as it is called, leaving the subjacent cuticle thicker and thicker, and of the same colour as the cuticle which peels off. In the ordinary uninterrupted progression, scabs form, suppurate, and constitute an ulcer, like a chancre, which ulcer assumes all the varieties of chancre. In other cases, the eruption, instead of being scaly, “has a raised surface, from which a whitish matter usually oozes.”

The scaly copper-coloured eruption, denominated, according to its severity

and appearance, syphilitic lepra or psoriasis, is regarded as most characteristic of true syphilis, and is the most frequent.

The annexed is a drawing copied from nature; it is alluded to a few pages further on: its similar is frequently to be met with.

A celebrated writer, Mr. Carmichael, attaches considerable importance to the character and appearance of the eruptions.

He divides the venereal disease into four species or varieties: 1st. The scaly venereal disease, which he considers consequent upon the ordinary chancre; 2nd.

The papular, consequent upon gonorrhœal ulceration; 3rd. The tubercular; and

4th. The pustular, he names from their appearance. These distinctions, if cor-

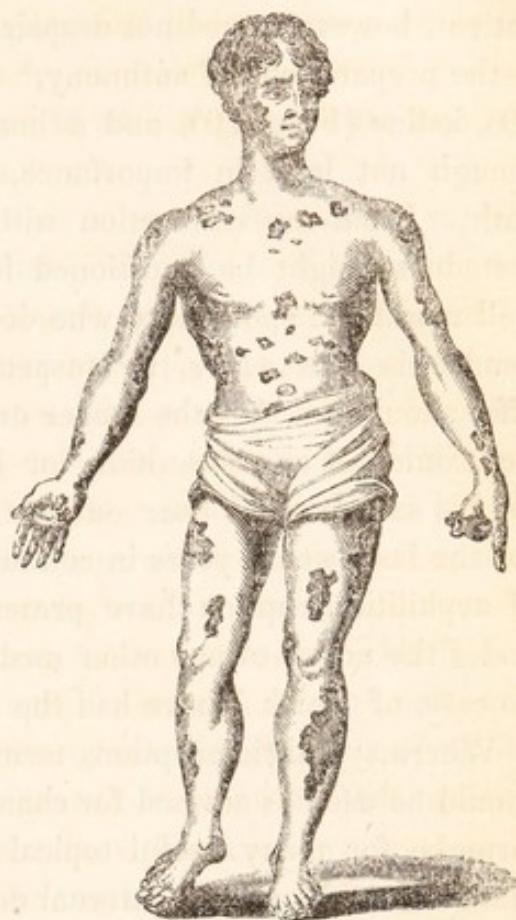
rect, must be more interesting to the surgeon, than serviceable to the patient, for

the principles of treatment must be alike in all. Now, although mercury may be

denied to possess any specific influence over the syphilitic poison, either by its

chemical action or neutralizing power, except as a counter-irritant to the system, yet the inability of Nature to shake off the pestilential hydra, unassisted by the weapons of the physician, is most apparent; and the most powerful of which is, that class of medicines called alteratives, none of which are more deserving, none more manageable, if the least judgment be displayed, than mercury.

The constitution, when under the influence of syphilitic poison, is being led like a willing horse to its own destruction; and unless the system be entirely revolutionized, that event is not likely to be retarded. Here mercury* may



* *Mercury.*

The preparations of mercury are various; but those chiefly employed in the treatment of syphilis are the oxymuriate, or bi-chloride, the submuriate, or chloride, or the red precipitate, or the hydrargyri nitrico oxydum, the blue pill, the red sulphate for fumigations, and the blue ointment.

Ptyalism or salivation, which implies an extraordinary secretion of the salivary and other glands, occasioned by the taking of mercury, inasmuch that when carried to an unwarrantable extent, ulceration is the consequence, may be produced by the internal exhibition or external application of almost

any of its preparations. With this view, however, the blue pill is usually administered in doses of five grains twice a day, or the blue ointment is directed to be rubbed in on the inner part of the legs and thighs, in quantities varying from one to two drachms night and morning. Mercury, when given to excite ptyalism, is generally taken in conjunction with sarsaparilla (see Form 69, or the fluid extract). The symptoms whereby the effects of mercury are ascertained, are a coppery taste in the mouth, followed by a tenderness of the gums on mastication, an increased flow of the saliva, and a peculiar fœtor of the breath. It is usual, on the tainted taste being perceptible, to diminish or discontinue the

lend its powerful aid, and may be carried even so far as to produce mild ptyalism or salivation. But there are instances where mercury is inadmissible. The patient, however, need not despair; extensive resources are still open for him—the preparations of antimony,* the mineral acids, sarsaparilla (Form 67, 68, 69), iodine (Form 70), and a host of others may be resorted to; and last, though not least in importance, is the medicated vapour and fumigating bath. From my connection with an establishment of that kind, my disinterestedness might be questioned in advising the employment of bathing. As well might the apothecary who deals in his own drugs, or the tradesman who vends his own wares, be suspected of disingenuousness; the reply I would offer should be, that the reader or invalid need not pin his faith on my assertion, unless it so please him; or if he do, may the onus lie at my door. But for his sake, and to bear out my own assertion, I offer this declaration, that for the last twenty years in conducting my establishment (wherein more cases of syphilitic eruption have presented themselves, than probably have fallen under the notice of any other medical man in London within the same period), no case, of which I have had the management, has failed of being cured.

Where syphilitic eruptions terminate in ulceration, the same local treatment should be used as advised for chancres. Among the prescriptions will be found formulæ for many useful topical applications, such as ointments, lotions, and fumigations, for all the external developments of syphilitic disease, with appropriate observations appended to each.

TREATMENT OF SYPHILITIC SORE THROAT.

It has already been mentioned that the order of appearance of secondary symptoms depends more upon the modified state of health than any fixed law of disease. Syphilitic sore throat may precede or follow the cutaneous erup-

further use of the medicine, unless the case be very severe, or merely to keep up the effect produced. But it cannot be denied that, although sufficiently manageable in scientific hands, mercury, or any one of its preparations, is too powerful to be taken indiscriminately.

Form 66.

Tonic and Alterative Mixture.

Take of

Oxymuriate of mercury . . . 2 grains.
Muriatic acid 60 drops.
Tincture of bark 2 oz.

Mix. A tea-spoonful to be taken twice or three times a day in a little water.

These drops are highly serviceable to persons of weak constitutions, whom it is desi-

nable to place under the influence of mercury. They form the basis of most of the advertised anti-scorbutic drops of the patent medicine venders.

* *Antimony.*

The preparations of antimony consist of the precipitated sulphuret, called now the oxy-sulphuret of antimony, and the powder, as directed to be made in the Pharmacopœia, or its secret modification, known by the name of Dr. James's Powder. The sulphuret enters into the composition of the red or Plummer's pills, which is an admirable alterative, given in conjunction with sarsaparilla, in doses of five grains, once or twice a day. The James's powder, with the like intention, may be taken in two or three grain doses twice or thrice a day.

tions; and it not unfrequently happens, that all forms of the disease are present at the same time: therefore, although they are here separately considered, it will be found that the treatment corresponds nearly in all; the only difference being in the local applications.

Syphilitic sore throat consists of ulcerations of the *fauces*, *tonsils*, and *soft palate*. The inflammation begins in the part affected. There is a redness, and sensation of dryness. A small white spot is perceptible, which rapidly spreads, is detached, re-appears, and in four-and-twenty hours, if seated on the tonsils, a cavity, as if a portion of them had been scooped out, is observable. The ulcer has a sharp margin; and its excavated surface is covered by a whitish or yellowish adhesive matter. At other times, the ulceration will be more superficial, but not less rapid in its progress, extending over the upper part of the palate, and back part of the throat. Here, the general treatment is precisely the same as in the other forms of the disease:—viz. rest, abstemiousness, low diet, aperient, saline, and alterative medicines, the blue pill, preparation of antimony, the bath, and total exclusion from all excitement. The topical treatment consists of fumigations, gargles, styptic lotions, nitrous acid gas, blisters over the larynx, rubbing in, or any counter-irritating ointment; the object being throughout to watch, and endeavour to improve the patient's health, support the strength, and mitigate and remove the local symptoms.

In the affections of the nose and palate, the fumigations are indispensable;

Form 67.

Compound Decoction of Sarsaparilla.

Take of

Sarsaparilla root, sliced . . . 4 oz.
Boiling water 4 pints.

Macerate for four hours in a vessel lightly covered, and placed near the fire; then take out the sarsaparilla, and bruise it; return it again to the liquor, and macerate it in a similar manner for two hours; boil it down to two pints, strain it, and then add

Sassafras root, sliced . . . $\frac{1}{4}$ oz.
Guaiaacum root, sliced . . . $\frac{1}{4}$ oz.
Liquorice root, bruised . . . $\frac{1}{4}$ oz.
Bark of mezereon root . . . $1\frac{1}{2}$ drachm.

Boil the whole together for a quarter of an hour, and strain.

Dose—from a quarter to half a pint, three times a day.

To avoid the tediousness of daily preparing the above, many manufacturing chemists evaporate a large quantity, and preserve the extract, which retains all the virtues of the decoction; and is at all times ready for immediate use. Or,

Take of Form 68.

Bruised root of Jamaica sarsaparilla 4 oz.
Liquorice root, sliced . . . $\frac{1}{2}$ oz.
Lime water 1 quart.

Macerate for 24 hours in a dark and cool place—strain, and bottle it, and take a pint

daily in divided doses. This is a very superior form of administering sarsaparilla. Or,

Take of Form 69.

Oxymuriate of mercury . . . 2 grs.
Muriatic acid 5 drops.
Comp. extract of sarsaparilla . 2 oz.

Dissolve the same in one quart of water, and take a wine-glassful twice a day.

Form 70.

The Iodide of Potass Mixture.

Take of

Iodide of Potassium . . . 1 drachm.
Iodine 2 grains.
Mucilage of Acacia . . . 3 oz.
Hydrocyanic acid . . . 12 drops.
Pure water 5 oz.
White sugar $\frac{1}{2}$ oz.

Mix. Take a dessert or table spoonful twice or thrice daily in a wine-glassful of water.

Form 71.

Take of

Iodide of potassium . . . 1 drachm.
Acetate of morphine . . . 10 grains.
Spermaceti ointment . . . 1 oz.

Mix. Rub a portion, the size of a nut, over the affected part night and morning.—If much irritation be produced it must be discontinued for a time.

injections must also be used, and styptic lotions applied with a camel-hair brush. These cases are very tedious; and fortunately, in the present day, of rarer occurrence than formerly; and the patient, thus severely attacked, would be more prudent to rely upon some confidential medical adviser, than to trust in his own management.

TREATMENT OF VENEREAL AFFECTIONS OF THE BONES AND JOINTS.

Nodes are alleged, by medical men of great authority, to be of rare occurrence, except the patient has been taking mercury; but the observation is not always correct.

Their treatment, of course, must be regulated by various circumstances. When the pain and inflammation are severe, leeches, bleeding, warm fomentations, or cold evaporating lotions composed of vinegar and water must be resorted to. When they are chronic and painful, without redness and inflammation, the greatest relief will be experienced by the application of the ointment of iodine and morphine (see Form 53), also by the internal employment of iodine in doses of five to ten drops twice or three times a day. Where they are very obstinate, blisters will be often useful, in promoting absorption. When they ulcerate, the treatment for chancres must be had recourse to. But the most invaluable remedy, alone or in conjunction with any of the preceding, is the vapour bath: it seldom fails to give instantaneous relief. I have seen patients who were rendered almost insensible by the pain of nodes in the head, chest, and other parts of the body, experience an entire remission of the pain, and a diminution of the swelling, by the application of one bath; and a course of six or a dozen is rarely inefficient in effecting permanent recovery.

It has already been mentioned that rheumatism of the bones and joints, and in fact of various parts of the body, is unfortunately but too frequently an accompaniment or a consequence of syphilitic disease: and an observer will discover that nodes rarely exist without rheumatic inflammation (of which by the bye they are a species) being more or less present.

I cannot conclude this article without referring the reader to my publication on the efficacy of bathing, which may be had for the asking.

CASES ILLUSTRATIVE OF THE TREATMENT SUGGESTED IN THE PRECEDING SECTION.

IN introducing these cases, it may be stated that many of them appeared in the former edition of this work. They are nearly all accompanied with passing remarks, which, although savoring a little of tautology when added to the new preliminary observations, still I consider are to the purpose, and to the reader disposed to wade through them, they will more strongly impress the

principles advocated. The concluding cases will be found of more modern date, wherein the usefulness of determining whether a case be true syphilis by inoculation will be shewn; but after all, a practised hand or eye need seldom be deceived.

CHANCRE OF THE PENIS.

———, ætat 24, a young man of slender make and apparently delicate constitution, contracted a sore on the glans, near the frænum, which is this day (August 7th, 18—) of five days' duration. The ulcer is superficial, circular, but appears extending laterally around the corona glandis, and is covered with a purulent secretion that is easily removed, presenting underneath a pale, languid-looking chancre. Applied the caustic solution, and ordered the part to be washed with Form 47. To take a warm bath in the evening.

Aug. 9.—The sore is improved; is less painful. The glands in the groin are slightly swollen, like unto

the sympathetic bubo of gonorrhœa; re-applied the caustic; advised a continuance of the lotion, and the sore to be touched every morning with Form 45; a warm bath every evening, at a temperature of 100 deg. to rouse the circulation.

Aug. 12.—The ulcer has completely cicatrized over; to continue for a few days the chloride of soda lotion, and take a warm bath twice a week for a month.

Aug. 31.—Is quite well, and much improved in health; indeed, attributes the improvement solely to the baths, that have removed a constant chill and damp feeling he used to have upon his hands and feet.

SUPERFICIAL CHANCRE OF THE PENIS AND BUBO.

A YOUNG gentleman contracted a sore on the glans of the penis; and on the fourth day of its nativity, became a patient of mine: the ulcer presented simply a superficial sore, which copiously discharged yellow matter. I advised a dose of purgative medicine, applied the caustic solution, which I also recommended to be repeated every morning and evening; and to cure the bubo which was not very large, nor very painful, recommended warm bathing. In a week the ulcer had healed, the bubo had subsided, and to prevent secondary symptoms, I urged the continued adoption of warm bathing for the next few weeks, at the rate of a bath every third or fourth day. I have elsewhere given my faith for such anti-syphilitic treatment: I can only repeat that in this, and indeed almost every other instance that I met with I found it successful. The cases next in ro-

tation are of a severer character, wherein more active treatment was necessary. Where the nitrate of silver-solution appears not to agree with recent ulcers, spirits of wine, even rum, and, still better, Eau de Cologne, or lavender water, will be found very efficacious. Where also the ulcer is exceedingly painful, opium in doses of one grain may be taken every twelve hours, and the local application should be varied. Indolent venereal ulcers are very tedious, and oftentimes occasion the patient to think ill of his medical attendant, from their long continuance. I have known patients who have had superficial sores on their genitals, despite every effort to cure them for six, nine, and even twelve months; and they have only got rid of them on the patient's remaining in bed for a week, or removing into the country.

PHAGEDENIC CHANCER OF THE PENIS.

MAY 4th, 18.—J. D. ætat. 31, of bilious temperament, dark complexion and unhealthy appearance arising from excessive intemperance, has a chancre near the frænum, the diameter of a silver-penny, and deeply excavated—the glans is very much swollen and presents several eminences apparently about to suppurate—complains of severe pain—pulse 98 full and hard—says the disease only commenced the day before yesterday. From the rapidity of ulceration, the quantity of dark purulent matter issuing from the sore, and general febrile and inflammatory symptoms, I at once determined to adopt vigorous measures, and accordingly bled him to sixteen ounces from the arm, ordered calomel, jalap, rhubarb, and compound scammony powder, of each 5 grains (the combination in urgent cases acting speedier than when fewer are conjoined), to be taken immediately—the part to be well washed and cleaned, and a poultice applied—low diet and rest.

May 5.—Went to see him, as he resided a short distance from town, having advised rest and anticipating some serious constitutional disturbance. The chancre was considerably enlarged—the prominences had suppurated and were profusely discharging their contents—penis less swollen—less painful—the bowels had been copiously relieved—pulse diminished—feels “weak to death”—is much alarmed at the rapid spread of the disease—applied nitric acid to the sores—advised a wash of rose water 4 oz., chloride of soda 2 oz., mixed together, and, one of the following pills to be taken every three hours:—

Take of (Form 72.)

Calomel 30 grains.

Emetic tartar . . . 3 do.

Extract of henbane . . 6 do.

to be mixed and made into 12 pills,

each pill to be succeeded by a dose of the following mixture:—

Take of (Form 73.)

Compound extract of

sarsaparilla . . . 1½ oz.

Distilled boiling water 1 pint.

Sulphate of quinine 12 grains.

to be mixed—dose two table spoonsful.

May 6th.—The sloughing character of the disease much altered. The ulcers, although having increased in circumference, having destroyed entirely the frænum, appear less foul and dirty—the discharge also is much diminished—bowels open, slept well, and feels much easier mentally and physically. To continue the remedies, taking the pills only every six hours, and not to leave the sofa.

May 8th.—Chancres decidedly improved; says he had a lump in the groin, but which has declined, and he feels little of it—sleeps well—has taken some fish which he has digested without inconvenience—complains of a tenderness in the gums. To continue the remedies; pills and mixture twice a day; leave to walk in the garden, the weather being remarkably fine.

May 10th.—Ulcers healthy throughout, their foul dirty white appearance quite gone. I should have mentioned that on every visit I applied the nitric acid to the sores, which I did also this day. The deep ulcer is filling up with wholesome-looking red points, and the others present a healthy cicatrizing surface; the mouth is very sore and salivation to a slight extent has ensued. Ordered the pills to be discontinued; the mixture to be persevered in; the local application of chloride of soda and rose water as before, and the diet to be more nourishing; allowing beef tea, port wine, sago, and rice puddings.

May 14th.—Able to visit me in the city: the sores had nearly healed; and, independently of feeling weak, declared he has more confidence in his health and its permanency than he had prior to his illness; that he considers it has drained off some of his grosser humours—mouth better. The myrrh lotion made with tincture of myrrh 2 drs., water 6 oz. mixed, having afforded much relief.

May 18th.—Quite convalescent.

Remarks.—This young man's case shows that the virulence of the disease depends much on the constitution it attacks; accustomed to free living—approaching to gross intemperance keeping late hours, and indulging in other excesses, he was just the subject for any inflammatory disorder to make rapid inroads towards destroying life. The mercury was administered upon the same principle as it would have

been in any other phlegmonous complaint, and, aided by the bleeding, and its combination with the antimony, produced a speedy and decisive effect; the henbane allayed the general irritative fever that the disease was ushered in with.

On the subsidence of the inflammation, the diminution of the discharge, and pain and swelling of the part, sarsaparilla and quinine fully answered the view they were given with. To support the strength, wine and a richer diet were necessary, the patient having been previously accustomed to a free mode of living and less able to continue the opposite extreme.

July 1st.—Two months have elapsed; no secondary symptoms have appeared; the patient has taken a course of vapour and warm baths, and is in the enjoyment of sound health.

BUBO AND CHANCRE.

OCTOBER 8th, 18.—R. T. ætat 39, presented himself for advice for two very foul and irregular cavities produced by suppurating syphilitic buboes. Their surfaces were covered by an apparently thick slough, the edges were swollen, irregular, and everted, and the surrounding integuments to a very considerable extent were highly painful, and of a deep red colour. There was a chancre on the prepuce large and superficial, it yielded a small quantity of pus, he suffered constant and at times acute pain in the buboes. The general health was much affected; pulse 100 degrees and sharp; he suffered from headache, thirst, and nausea; his skin was dry and hot, and exhibited very marked febrile symptoms. He states, that nine weeks ago, he first observed the chancre, which was followed in about a week by the buboes. These were highly inflamed, proceeded ra-

pidly to suppuration, and in about three weeks subsequent to their first appearance, burst and discharged. He continued to work at his trade, paying little attention to his complaints, and during the time he lived very freely; the buboes from this neglect and free living became remarkably painful, while the chancre remained stationary. The man had disease in the genital organs before, but had never been salivated, and for the present had taken nothing but an occasional purge.

I ordered a full bleeding, and immediately a smart purgative to be administered. Fomentations and poultices to the sores, and at bed-time an anodyne draught.

October 13th.—The change in the appearance of the ulcers is striking; the surrounding inflammation is greatly subdued, the pain much allayed, the sloughing seems to be checked, and

the constitutional disturbance is very much diminished. Ordered the continuance of the applications with a warm bath, and the opiate at night; low diet.

15th.—He has continued to improve; the sloughs have been thrown off from the buboes, and granulations appear beneath. Continue the medicines and diet.

20th.—The ulcers continue to decrease in size, and seem to heal slowly. Continue.

22nd.—The improvement of the ulcers has stopped, they seem quite stationary and sluggish; the edges have even become callous. Ordered the nitr. argent lotion; discontinued poultices, &c.

27.—The ulcers scarcely improved; appear quite indolent; with the view of removing this torpid condition by exciting a constitutional action, I ordered five grains of blue pill to be given every night.

31st.—The ulcers look worse; the pill was instantly discontinued: the warm bath with the opiate at night again prescribed; low diet.

Nov. 4th.—Considerably better; the use of the opiate and bath has been attended with marked benefit; the local application now is the argent nitr., but I was obliged previously to pare off the callous edges of the sores. It must be remarked what pernicious effects (and how rapidly they came on) attended the use of mercury in this case, though decidedly syphilitic; this will form a good commentary on the practice of those men, who, without any fixed or determined principle, prescribe that very active drug in all cases whatsoever which they conceive to be syphilitic. Undoubtedly, in many instances, it is useful and highly beneficial, but then even its use requires caution, and a close attention to the constitutional disposition of the individual; in this very case, though ordered with that view solely, yet the small quantity administered, threw back the patient, and retarded his recovery for a considerable time. It should have been observed that he was of a remarkably irritable and delicate habit of body.

PHYMOSIS AND PARAPHYMOSIS

OCCUR in syphilis as they do in gonorrhœa; the cure of them must be conducted in like manner in both cases, except that where the prepuce is fissured by ulcers, it is better to endeavour to heal them in the ordinary way than by resorting to an operation.

BUBOES.

INFLAMMATION and swelling of any of the lymphatic glands of the body constitute a bubo; but we rarely meet with them any where else than in the arm-pits and groin; and the instances are ten to one in favour of the latter. Buboes are of two kinds, idiopathic and sympathetic; the latter have been considered as occurring in gonorrhœa, they also occur in syphilis, but they seldom are productive of serious consequences. Idiopathic buboes owe their origin to the absorption of the venereal poison, and consequently may take

place with or without abrasion of the surface. A syphilitic ulcer is not produced by the venereal virus excoriating the integument of the affected organ, but, by its absorption, producing a specific change, and setting up a specific inflammation therein; and a bubo, no doubt, is the result of an extension of this peculiar inflammation produced by the presence of the poison. It is therefore possible that those structures, the penis and prepuce, may absorb the virus, but resist its influence, that the same may be conveyed by means of the lymphatics to the glands in the groin, and that the consequences of such absorption should be there developed which the genital apparatus had defied; and, in that manner, may we account for a bubo occurring without a chancre.

It is therefore apparent that a bubo accompanying or following a chancre, is a worse form of the disease, it being more complicated than a bubo existing alone. Buboes terminate in resolution or suppuration. When they resolve themselves, the tumour softens and the swelling gradually abates, and at last wholly disappears, but, where they suppurate, it becomes hard, painful, and throbs violently: the patient has frequent cold shivers, and the part then softens and presents a feeling of fluctuation underneath, a portion of the tumour points and at last bursts, when its contents are discharged. The suppuration of a bubo is always productive of great constitutional disturbance, and should always be prevented terminating that way if possible.

TREATMENT OF BUBOES.

Nothing is so essential to the cure of buboes as perfect repose. In fact, the majority of them I verily believe might be prevented, if patients labouring under syphilitic ulceration would confine themselves for a while to their room; instead of so doing, they positively, it may so happen unavoidably, expose themselves to even greater fatigue and walking than when in prime health, the occurrence of bubo is then less to be wondered at than vexed with. Immediately on the appearance of an idiopathic bubo, which may be distinguished from the sympathetic by the rapidity with which the inflammation proceeds, the patient if possible should lay up at least for a few days. If the symptoms be severe, and the pain acute, the swelling large, and painful shootings be felt in the gland, the immediate application of leeches is advisable, covering the part afterwards with a hot linseed poultice, previously suffering the bitten wounds to bleed in a bath at a temperature of 98° for a quarter of an hour. The bowels should be next acted upon, diaphoretic medicines taken, and the diet lowered. If the patient have ulceration, or any other syphilitic symptom, the treatment for the bubo may be proceeded with without interfering with that going on for the chancre or eruption. The recumbent posture should be next enjoined, and the following ointment be used as directed:—

Take of (Form 74.)

Hydriodate of potass 1 drachm.
 Camphor 1 do.
 Strong mercurial ointment 1 oz.

Mixed. A portion to be rubbed on the *thigh* of the affected side twice a day.

Where the object is to effect the absorption of the remedy applied, which is the case in this instance (it being known to produce oftentimes a decided change in the disease going on), the friction should be directed *not on the gland*, for the cutaneous absorbents *above it* do not *pass through it*, but run obliquely towards the abdomen: it should be directed to be used on the inner part of the thigh, the absorbents of which *do* pass through the inguinal glands. Where the object is counter or direct irritation, applications may be used over the glands themselves, which is necessary when the tumours appear neither disposed to recede nor advance. If the inflammation yields not to the further employment of leeches, but appears to run on towards suppuration, it will be useless to continue such means any longer, and the abscess should be encouraged to form, and its contents let out as speedily as possible. A surgeon at this period is indispensable, for untimely puncturing of a bubo before it is what is usually called "ripe" is productive of disastrous effects. I have known within the last twelve months three or four cases of buboes, wherein the tumours were hastily opened by the patients themselves, or some medical pretender, to continue to pour forth a nasty sanious discharge, and defy for months and months, all attempts made to promote cicatrization. The space around the opening of each was of a fiery red hue and enormously swollen, resembling a hernial enlargement, compelling the patients to walk almost double, and wholly incapacitating them from attending to their occupation. The treatment, however, that cured them was frequent warm bathing: it promoted a healthier action of the ulcer, supplied the integuments, eased the pain, and improved the health.

The bubo then should be opened at a seasonable time, and the purulent collection evacuated. After the bubo has discharged its contents, the strength should be supported, an improved diet should be allowed, port or other wines should be taken, and some tonic or grateful medicines administered. The following decoction of roots, &c. is an admirable cordial and strengthener.

Take of (Form 75.)

Sarsaparilla root 3 oz.
 Mezereon root 2 drachms.
 Cascarella bark 1 oz.
 Liquorice root 2 oz.

Water four pints, boil down to two and a half, and take an ale-glassful twice or thrice a day.

Support should be given to the wound, the divided or ruptured edges of which should be brought together by plaister, and a compress of lint placed

over them. The patient must not, however, congratulate himself that he is free from all liability to secondary symptoms; but, for the further consideration on that point, he is referred to the article under that title. The best possible prevention to such an occurrence is to avoid cold and fatigue, to live temperately and moderately, shunning late hours, to get as much fresh air as possible, and adopt every means to improve the constitution. I have probably repeated, *ad nauseam*, my opinion of the protective influence of bathing.

The two following cases occurred not long ago:—

One, a young man, whose inguinal glands of the left side became swollen, and enlarged to the size of a pear. No traces of venereal ulceration were discoverable, but he admitted having had sexual congress with a female he casually met with. As the disease had arrived at the above stage at the time of his consulting me, I expressed my opinion that suppuration was inevitable; the tumour was red and pointing. He consented to be guided wholly by my directions, which were that he should keep to his house, and preserve the recumbent posture. Warm poultices were kept constantly applied, and on the third day the integuments over the swelling were distended to their utmost; a long and deep incision was made with a scalpel, and about four ounces of thick yellow pus was let out: the poultice was repeated, and by the morning the swelling had collapsed, the wound looked healthy, and granulations were shooting from the inner surface. In a few days the discharge had diminished, so as scarcely to discolour the dressings, which consisted now of simple cerate and a compress; and before a fortnight had elapsed, my patient was convalescent. Not a particle of medicine was taken until the day of the operation, when he complained of weakness. The diet

drink, as prescribed in this section, was allowed, from which he derived much benefit. No secondary symptoms have yet appeared, nor do I anticipate that they will. He has since, and does now occasionally, take a medicated vapour bath.

The other case presented the following appearances: there were several ulcers of the phagedenic character on the glans, and a large bubo on the right groin, and for which it was considered advisable to mercurialize the system. As the patient's habit was very irritable, and as he had been of late living very intemperately, it appeared better to apply the mineral externally than through the stomach. Accordingly, poultices made with bread and goulard water (warm) were applied over the glans, and the strong mercurial ointment rubbed in the right thigh night and morning. This treatment appeared to act magically, for the sores presented a healthier aspect after the third inunction, and the bubo was evidently diminished. Independently of the local application of the black wash to the ulcers, rest, and a continuation of the rubbing, until the mouth became sore, and local poultices, were found all that was necessary to complete the cure.

SUPPURATING BUBO, WITH FISTULOUS OPENINGS.

An assistant to a tradesman contracted syphilis, for which he of his own accord took mercury. The ulcers had healed, and a bubo, which had

been six weeks accumulating, at last broke spontaneously; and at the time of his becoming my patient, the appearances were as follows:—Two fis-

tulous openings that led into sinuses right and left; the integuments were indurated around the abscesses, and the skin covering them was discoloured; the orifices of the openings pouted up and discharged a thin acrimonious fluid; the patient was emaciated and very feeble. In the treatment of this case, it was evident that the constitution demanded the most serious attention; a removal from town was imperative, and having some friends at Wandsworth, he went thither. The compound decoction of sarsaparilla, with sulphate of quinine, was prescribed, and ordered to be taken repeatedly in the day: a mild but nutritious diet, consisting of beef tea,

jellies, milk, and farinaceous food was ordered, when, as his health improved, meat, and porter, and wine were allowed. One of the sinuses healed under the injection of the nitrate of silver lotion, whilst it was found necessary to use rather more active measures with the other; a blister was applied, and after a few days repeated; the edges of the opening were smeared with lunar caustic, and it was surprising how soon a change for the better manifested itself. This mode of stimulation appeared to alter the morbid action of the diseased part, and excite a more healthy action of reparation. In three months perfect health was restored.

SECONDARY SYMPTOMS.

IN like manner that bubo which is more usually preceded by ulceration, but which may occur without it, secondary symptoms, or that form of the disease wherein the constitution is involved, may be carried into the circulation without any local effect on the part to which the poison was first applied being produced; or in other words, secondary symptoms need not necessarily be preceded by primary. I have already stated that secondary symptoms are also much modified, both as to the time, form, and severity of their appearance, by the state of health of the patient affecting and affected, and hence the varied degrees of syphilitic maladies. By referring to past pages it will be seen that the *mucous membrane of the throat and nose*, the *skin* or surface of the body, and the *periosteum* and *bones* are the structures in which secondary symptoms develop themselves, and accordingly I now proceed to their several consideration in detail. To illustrate each of them practically, I will first select diseases of the skin. They consist of four marked species distinguished as the scaly, papular, pustular, and tubercular.

The most frequent form of eruption is the scaly, and called syphilitic lepra. It is characterized by dry, flat, and round patches of different sizes, and of a *coppery red colour*. Each spot is ushered in by a minute but hard elevation of a purplish hue, that gradually radiates in size until it acquires its limit, it then puts on a scaly appearance, and, as it desquamates, with the exception of the centre, which is sometimes left white, maintains its copper colour. These patches may be distinguished from ordinary leprosy by their colour and their running on to ulceration if uncontrolled by medicine, and again by their more speedily yielding to judicious treatment; when they become paler in appear-

ance, cease to exfoliate, and die away, leaving however a coppery stain. Syphilitic eruptions occur in all parts of the body, and are to be observed on the head, face, back, legs, feet, hands, scrotum, &c. (see Wood-cut, page 189), but they are much modified in their external characters by the region they affect.

The pustular form of syphilitic eruption is also illimitable as to situation and extent. The pustules at the onset are scarcely to be distinguished from the patches of lepra, being of similar colour. They differ in size, some being very large, and others very small. When they have existed about a week, a purulent fluid escapes, which hardens and crusts, constituting a conoid tumour, and surrounded by a copper-coloured areola. This crust, after a while, drops off, leaving the under surface of the same tint as the margin. The pustular form of the disease is mostly consecutive to primary infection of the genital organs, and is often complicated with affections of the throat, nose, &c.

Syphiloid tubercles ordinarily attack the face, more particularly the nose, angles of the lips, ears, &c. They vary in size, are dispersed or grouped together, and are of a purplish copper colour; like the pustular, they terminate in ulceration, which on healing leaves an indelible scar. This and other forms of syphilitic disease are very irregular in their attacks, first selecting one spot, then another, then several together, so that the body presents often at the same time, many stages of the eruption. The papular form of eruption is generally intermixed with the pustular and tubercular, it is less strongly marked; but, like the others, successive in its development, and usually complicated with primary symptoms.

There is a form of cutaneous disfigurement, entitled syphilitic exanthema, in which the skin is discoloured by coppery red blushes that disappear under pressure of the finger. There are also deep and painful fissures and excrescences, called *vegetations*, from their resemblance to raspberries, strawberries, cauliflowers and leeks, observed in syphilis, and most commonly they are to be found about the lips, nose, eyebrows, chin, genitals, &c.

It may not be unimportant to know that syphilitic eruptions are contagious by inoculation, and that secondary symptoms may be transmitted from one individual to another.

When I was a pupil of the London hospital, a woman and her child presented themselves for treatment. The mother was completely covered with copper-coloured scaly eruptions, obviously and unequivocally syphilitic; the child also had venereal sore throat and ulceration of the mouth. The account which the mother gave of herself, was that the eruption appeared a few weeks after her confinement, and upon further enquiry, it was discovered that the husband had had a chancre of the penis: that was cured; but secondary symptoms showed themselves upon him. It was during the presence of the latter, that he had intercourse with his wife, at about the sixth month of her pregnancy. The surgeon of the week, gave it as his opinion, that the disease was conveyed

by the male semen being absorbed by the mother, which was sufficient to occasion the disease. The mother, husband, and child, all submitted to mercurial treatment and fumigations, and in a few weeks entirely recovered.

TREATMENT OF SECONDARY SYMPTOMS.

Now in the treatment of these cases, all of which are more than *skin deep*, it is evident that unless the cause which produces them be expelled, all local repellents only exhaust the physical energies of the patient; for the cure by such means, but provokes a speedier re-production of the disease, and hence the necessity of constitutional as well as topical remedies. I have fully explained my views regarding the employment of mercury; and every day's experience convinces me, that where the constitution is imbued with the venereal virus, there is no alternative but to employ the most active alteratives, to effect a decisive and speedy change in the state of the patient's health. Various habits require various preparations, the blue pill, the oxymuriate, calomel, and the external application of the unguentum hydrargyri fortius, are highly useful. I have, however, of late been in the habit of employing the proto-ioduret of mercury with unqualified success; nor do I limit its administration to internal exhibition: it may be used externally. The advantage of this preparation over others is that it rarely, if ever, produces ptyalism.

In old and inveterate cases, combined with the use of the warm and vapour bath, both of which may be impregnated with it, it has wrought wonders; and in cases that had proved rebellious to every other means, although sedulously employed, it had effected a speedy and decisive cure. In the cure of an elderly person, covered almost from head to foot with syphilitic ulceration, the internal and external application of the proto-ioduret occasioned, at the end of a few weeks, the entire disappearance of the sores, leaving only a slight livid trace. In ulceration of the throat, nose, and in fissures of the genitals, indolent buboes, &c., the success is no less remarkable than effectual.

The following is the formula, which may of course be altered according to circumstances:—

Take of the (Form 76.)

Proto-ioduret of mercury	. . . . .	20 grains.
Gum guaiacum in powder	. . . . .	1 drachm.
Confection of roses,	as much as is sufficient.	

Mix to form 36 pills, one to be taken twice or thrice a day.

For external use,

Take of the (Form 77.)

Proto-ioduret of mercury	. . . . .	1 drachm.
Lard	. . . . .	2 oz. Mix.

A portion to be rubbed over, or to dress the affected parts twice a day. If the ulceration be seated in the throat, honey of roses may be substituted for

The decoction, or any other preparation of sarsaparilla, may be taken also in conjunction with the treatment just suggested.

An ounce of the sarsaparilla root infused in 1 pint of lime water (cold) for twenty-four hours, and a wine-glassful taken three times a day, is a very eligible mode of taking it. Or,

The compound extract of sarsaparilla, dissolved in lime or soft water, one ounce to the pint, and taken in similar doses to the last, is a very good mode of exhibition.

Bathing is indispensable.

SYPHILITIC LEPRO.

A person, aged about 29 years, suffered under the above disease, and presented the following appearances and symptoms. He was covered nearly all over with copper-coloured spots, the margins of which were both elevated and red. The voice of the patient was rather hoarse, and he complained also of a tenderness on swallowing; the pain extended to the windpipe and tonsils, or almonds of the ear, as they are called. He experienced pain in his limbs, which he described to be worse at night when in bed. The spots on the skin every now and then desquamated, or peeled, or scurfed off, leaving the cuticle red and shiny underneath, and here and there the cutis was ulcerated. On examining the throat, the swallow appeared very inflamed, and the "pap" very pendulous; he was hot and feverish, and acknowledged that he had had the venereal disease about nine weeks ago, and for which he had taken some medicines that he bought, and which had cured him. When in bed, he complained of a burning, tingling, and itching of the body, wherever it was covered with the eruption. The treatment was as follows:—I bled him to the amount of twelve ounces, and prescribed a strong aperient powder. On the second day there was less irritation, and the spots appeared less red. I advised him forthwith to take a vapour bath, and repeat the same

on alternate days for a fortnight. I prescribed the pills as subjoined, and directed one to be taken twice a-day, to be succeeded by a dose of the decoction of woods, as directed already.

(Form 78.)

Take of

Proto-ioduret of mercury 20 grains.
Gum guaiacum, in powder 1 drachm.

To be well mixed together, and made into a mass with syrup, and then divided into 24 pills.

The body on coming out of the vapour bath, or whilst in it, to be sponged over with the following wash made warm:—

(Form 79.)

Take of the

Deuto-chloruret of mercury 1 drachm.
Eau de Cologne . . . 1 oz.
Water 1 pint.

Mix.

Occasionally I order the patient to be placed in a *mercurial bath*, of which there are several kinds, and which can be administered either in the form of the fumigation or in a fluid state.

After taking the bath, he could breathe with freedom and comfort, he could also swallow without difficulty, and he expressed himself much refreshed and invigorated. Many of the eruptive spots on the body had exfoliated; and he said he felt a conviction that he should soon get well.

At the expiration of a week, when he had taken but three baths, the soreness of the throat had left; the pains in his limbs were all gone, and he slept well; the ulcers had healed, and the eruption had nearly died away. I advised a continuation of all the remedies; and after three weeks of such perseverance, he was rewarded by an entire recovery. The only alteration I directed to be made in his diet was an abandonment of stimulants, such as wine, spirits, or porter.

NODES AND PAINS IN THE BONES.

IN long-standing cases of syphilis, where either much mercury has been taken, or the constitution weakened by low living or careless treatment, a painful affection of the bones, periosteum, tendons and ligaments frequently arises. Where the inflammation attacks the bone or periosteum, it usually exhibits itself in the form of a tumour, that is at first hard and acutely painful, then becomes soft, and does not always subside without ulcerating, and occasioning a tedious and unhealthy sore. These tumours are called nodes, and are extremely rapid in growth, very uncertain in their duration, and sometimes disappear as quickly as they come. When the inflammation is seated in the ligament and tendons, rheumatism is established. Both these affections are very harassing to the patient; the pains are severest at night, and wholly prevent sleep, the countenance becomes sallow, appetite, strength, and flesh fail, and hectic fever completes the list of troubles consequent upon these forms of the disease. Nodes and rheumatic pains may exist independently of, or in connection with, other syphilitic symptoms. Cases having already been related of gonorrhœal rheumatism, which are analogous to those proceeding from venereal absorption, any further detail of such would be superfluous. The treatment should also be conducted on the same principles in the one as in the other.

The specific virtues of the vapour bath will be attested by one trial. I have seen innumerable instances of immediate relief from a single application. There are few forms of syphiloid disease more distressing than these pains in the bones; the patient is all but distracted with the agony he endures. The relief he experiences from the vapour bath surpasses belief: it verily appears to be magical; it constitutes the best *opiate* we have.

Temporary relief, however, is not all that we want; it is no use to remove the effect, and leave the cause behind; the aid of medicine is indispensable. Formulæ of the most appropriate remedies will be found among the prescriptions. The general directions as to diet, regimen, and clothing, dispersed throughout these pages must be strictly attended to. The stomach must not be at any time overloaded with indigestible food. Milk diet is the best; milk thickened with farinaceous food, mild tonics to restore the tone of the stomach,

and impart strength, alteratives, sarsaparilla, the old Lisbon diet drink,* and all the suggestions hitherto offered, with a view of improving the constitution, should be carried into effect.

SYPHILITIC SORE THROAT.

THE period that elapses between the appearance of the primary and secondary symptoms has already been stated to vary from six weeks to six months, and some medical writers assert that if months may elapse, upon the same principle years may, and therefore the patient who has once been afflicted with the primary form of the disease is never exempt from the liability of the secondary. That syphilis, and diseases resembling it, do occur at every period of life is a fact of daily observation; and it is a matter of less moment to know whether the invalid has ever had chancre or bubo than is generally supposed; for, the treatment of every form of syphilis, and complaints putting on like appearances, should be conducted on similar principles. If mercury do possess anti-venereal properties, it will be found no less obnoxious to ordinary sore throats, ordinary ulceration, and cutaneous disfigurement. The presence of any of the above-named diseases indicates a habit pre-disposed to their occurrence, and that susceptibility may be induced by a variety of causes, the most prominent of which are those that debilitate the constitution, such as syphilis itself, or the remedies exhibited for its extermination, cold, fever, intemperate or impoverished diet, all of which, more or less abstract from, or derange the distribution of, nervous energy. As in the cure of these diseases, their removal depends upon an entire alteration of the system, upon that principle alone should mercury, or any other remedy be administered, not upon its supposed specific neutralizing or annihilating anti-syphilitic power.

All this, of course, is a question of experience, and as I profess that this work should convey the result of mine, I do not hesitate to express my conviction, that secondary symptoms do present themselves years after a primary affection; but, at the same time, I admit their more frequent occurrence to be within three months; and, with regard to diseases resembling the above, they are entirely independent of such influences, and are the result of circumstances from which no man is free. Of syphilitic ulcerations of the

* Form 80. Take of Sarsaparilla sliced,
China root, of each 1 oz.
Dry rind of twenty walnuts.
Antimony 2 oz. Pumice stone 1 oz.
(Tied in separate bags, and boiled with the other ingredients.)
Distilled water ten pints.
Boil to one half and strain.
Dose, an ale-glassful twice or thrice daily.

throat, which are rarely solitary symptoms of the disease, being usually accompaniments to articular eruptions or rheumatic pains, there are several forms. They are ushered in by feverishness, languor, and a peculiar contour of the countenance, particularly expressive of anxiety and debility. Of the first form of ulcerated throat, and which is perhaps the least frequent, is an excavation of the tonsil, with a tumid and red margin, accompanied by a stiffness and uneasiness in swallowing. A more common form, and which, from its occasioning little or no inconvenience, is seldom discovered by the patient until it degenerates into a worse state, is that where the ulceration is more superficial, resembling fissures rather than ulcers, and being situated at the back part and edges of the tonsils, and low down the throat. From the absence of pain and difficulty in swallowing, the medical man is usually the first to detect it, when on opening the mouth, the throat, that is the hinder part of the fauces, will be discovered red and somewhat swollen, and, on pressing down the tongue with a spoon or spatula, the ulceration will be apparent. The last form, the phagedenic, is the most formidable both in symptoms and effects; it is characterised by fever, and great pain and difficulty in swallowing from the beginning, all denoting acute inflammation of the throat; the first appearance of ulceration is on the soft palate, where a small aphthous spot is discovered, surrounded by a deep erysipelatous redness, that proceeds rapidly to involve the neighbouring parts, which soon assume the appearance of one extensive slough. This latter disease requires prompt and active treatment, else the bones of the palate and nose become implicated, exfoliate and occasion a permanent deformity. The process of cure in these cases, must be regulated by circumstances. In persons of full habit, blood-letting will be requisite to arrest at once the inflammation; an active purgative should also be taken, when, if the ulceration resist these anti-phlegmonous measures, there is no alternative left but to subject the system to the influence of mercury. The proto-ioduret pill will be found the best form; and the diet drink should be taken in conjunction. The vapour bath which can be medicated with poppies, marsh-mallows, and ivy-leaves, or any other emollient herb, will be found to ease deglutition, promote perspiration, and afford ease. Local applications, such as gargles, styptics, &c., are indispensable. Subjoined are a few formulæ with remarks:—

Gargle for the milder form of sore throat.

Take of (Form 81.)

Honey of Borax 1 oz.

Emulsion of bitter almonds 5 oz.

Mix. To be used six or seven times a day.

Or, take of (Form 82.)

Infusion of bark 6 oz.

Diluted nitric acid 40 drops. Mix.

Where the ulcers have an indolent, or present a sloughy appearance, either of the following will prove useful stimuli:—

Take of the (Form 83.)

Oxymel of Verdigris 1 oz.

The ulcer to be smeared with this preparation with a hair pencil twice or thrice a day.

Or, take of the Muriated Tincture of iron a small quantity, to be used in like manner.

Honey of roses, acidulated with muriatic acid, is a very agreeable astringent.

In severer cases, such as the phagedenic ulceration, the subjoined prescription will be found worthy of a trial.

Take of the (Form 84.)

Oxymuriate of mercury 1 grain.

Mucilage of quince seed 6 oz.

To be mixed to form a gargle to be used frequently.

Ulceration of the larynx is an occasional consequence of syphilis; but fortunately a rare one, as it is generally fatal.

All the symptoms enumerated in this section have been known to succeed gonorrhœa, and demand similar treatment. The advocates for the analogy between gonorrhœa and syphilis herein find a ready explanation for such an occurrence, which those adverse to the above opinion have no other means of controverting than by submitting that its rarity is no very substantial proof. Similar results also transpire from the imprudent, or too free use of mercury. The following case is a prototype of the many:—The patient was a person about thirty years of age, and was thus affected: there was considerable inflammation in the entire back part of the throat. The tonsils were excavated to some depth by ill-looking ulcers, the uvula shared also in partial destruction; the tongue was swollen, and the tip and front part of it fissured, and on the left side an irritable ulcer was apparent; the nose discharged a disagreeable fluid, and occasionally gave off crusts of hardened secretion; the body of this person, including the head, was thickly sprinkled with venereal blotches of the usual copper colour. His health was much impaired, and he stated the disease to have been of nearly twelve months' duration from the first to the last. The treatment consisted of the exhibition of mercury in the form of the proto-ioduret, and the sarsaparilla. The ulcers were touched with nitric acid, and submitted to mercurial fumigation; at the end of two months he was convalescent. In cases of ulceration of the throat and nose, I have used the nitrate of silver, both in substance and solution, with good effect.

CASE OF SYPHILIS AND GONORRHŒA COMBINED.

THIS case has been obligingly drawn up by one of my own patients, who is a medical pupil twenty-two years of age, and now (January 4, 18—), engaged in attendance at one of the Metropolitan Hospitals. Until he consulted me he had conducted his own case, which was one of extraordinary severity, and in the treatment of which he had displayed considerable perseverance and ability. From its long continuance, he began to despond of thoroughly eradicating the complaint, and when once self-confidence is lost, the patient stands a better chance in any other person's hands than his own. The only questionable point of practice displayed by this gentleman in endeavouring to cure himself, was that of so frequently varying his remedies, and adhering to no one fixed principle throughout. It is, however, a common error among young practitioners. If the first application or dose be unsuccessful, another and of a different kind is tried, which, should it meet with the same fate as the first, is substituted by a third, and so on, until the whole known means are exhausted, when the treatment commences *de novo*,—the case however will speak best for itself. The patient is now well, and I consider free from any liability to secondary symptoms. The treatment I adopted was in accordance with that recommended in the preceding pages, and he now (Jan. 28, 18—), continues the diet, drink, and the occasional use of the bath.

“At the distance of from 15 to 20 days from an intercourse with a female, I discovered a thick viscid discharge from the urethra, which, from the absence of pain and having lived freely, I imagined to be a kind of gleet secretion. At the further expiration of 9 or 10 days, I felt severe

pain while micturating, and the discharge had become yellowish and less adhesive. My view of the case of course then changed, as it was but too evident that I had contracted gonorrhœa; and it was therefore necessary to apply an antidote to eradicate the disease. In the first place I well evacuated the bowels by means of Epsom salts, which I took several times for a few days; the inflammation then subsiding, I used an injection composed of

(Form 85.)

Zinci Acet.	. . .	1 scruple.
Pulv. Opii.	. . .	5 grains.
Pulv. Acaciæ	. . .	2 drachms.
Alum	. . .	10 grains.
Aquæ Puræ	. . .	6 oz. Mix.

and took Tinct. Ferri. Mur. and Tinct. Cubebæ twenty drops, *ter die ex aquâ*. This treatment I pursued for several days, and the discharge considerably decreased; but the irritation returning, I was compelled to relinquish the above for a while. Having walked several miles about this time, I found at the latter part of my journey a slight degree of pain and tenderness in my left groin, which I considered to be a sympathetic bubo, and I applied a cold bread poultice to the part. At the termination of two days, during which an engagement called me from home, the swelling rather increased than diminished, and determined me on applying twelve leeches, and fomenting the part well with warm water. I then renewed the poultice made with Liq. Plumb. D., which almost totally suppressed the enlargement, and I was congratulating myself on doing well. A morning or two afterwards, I was awakened by a most violent itching of the prepuce, which, on examination, I discovered to be much inflamed. I applied a bread

cataplasm to the part for two days and nights, at the expiration of which, two large but superficial chancres made their appearance. This at once convinced me that I was not only affected with gonorrhœa but syphilis. I sprinkled the sores with Hydr. Nit. Ox., which unfortunately much increased the inflammation. I then applied the following lotion:—

Take of (Form 84.)

Cupri Sulph. . . 6 grains.

Tinct. Opii . . 1 drachm.

Mist. Camph. . . 2 ounces. Mix.

Also the accompanying ointment,

Take of (Form 85.)

R. Calomel . . Half a drachm.

Hydr. Nitr. Ox. Half a drachm.

Ung. Cetacei . 1 ounce. Mix.

Spread on lint.

“I took also one of the following pills night and morning:—

Take of (Form 86.)

R. Pil. Hydr. Subm. 2 scruples.

Pulv. Opii. . . 5 grains.

Ant. Tart. . . 2½ grains.

Make into twenty pills.

“I rubbed in on each thigh half a drachm of the strong mercurial ointment. I now began to suffer from chordee, and found much relief from an embrocation, composed of equal parts of laudanum and compound camphor liniment. In about three weeks from the first appearance of the chancres, they had entirely healed, but they were quickly succeeded by fresh ones. As I was still continuing the medicine, my mouth became sore, and I lessened the quantity of mercurial preparation accordingly. I next applied the black wash to the new ulcers, and, as the gonorrhœa still hung about me, I recommenced taking the muriated tincture of iron. My gums becoming unusually tender, I discontinued the pills altogether.

“I varied the local application to the sores by the Ung. Hydr. Nitr. The next symptom which I experienced was a tenderness of the right testicle,

which I attributed to the suppression of the discharge from the urethra. I then resumed the pills, and continued them until a coppery taste was again perceived in the mouth. I also applied twelve leeches to the testicle, emptied them, and the same evening re-applied them. The discharge from the urethra again returned, and I used an injection of decoction of bark with alum. After the third or fourth syringe full, it was once more stopped. The chancres still continuing to annoy me, I smeared them with a solution of lunar caustic, but with little effect. The last local remedy, and which I found more successful than any of the preceding ones, was calamine cerate, with Goulard's extract. The swelling of the testicle having somewhat abated, and the pain being materially lessened, the chancres well, and the discharge from the urinary passage gone, I determined upon continuing some alterative medicine to ward off any secondary symptoms, and with that view I took Pil. Hydr. 5 grains, every night, and a dose of the following mixture every morning, viz. two table spoonsful.

Take of (Form 87.)

Epsom salts . . . 1 ounce.

Tincture of senna . 1 ounce.

Infusion of senna . 5 ounces.

Tartar emetic . . 1 grain.

To be mixed.

“I also, in order to restore the testicle to its former tone, kept it suspended and cool, with a lotion composed of muriate of ammonia, dissolved in vinegar and water. In the midst of all this, I perceived a slight soreness of the throat, whereupon I imagined I was doomed to encounter the very worst forms of this pestilential disease. Despairing of successfully combating my antagonist, a friend who had formerly been a fellow-sufferer introduced me to the author of the ‘Green Book,’ to whose attention and advice I may fairly attribute my recovery.

I certainly could not have supposed so much benefit was to be derived from bathing as I have experienced, and I am bound in gratitude to speak in the highest terms of its utility. I slept even better the first night after the bath, than I had done during the

whole of my previous illness, and I now resort to it, for the treble purpose of indulging in unrivalled luxury, of improving a weakened constitution, and maintaining the health I have already regained."

CASES WHEREIN *INOCULATION* WAS RESORTED TO, TO DETERMINE WHETHER THE DISEASE WAS SYPHILITIC OR NOT.

CASES are not infrequent where, from their obstinacy or disinclination to yield to the ordinary treatment of syphilis, such as by the mercurializing method, patients, and even their advisers, entertain an uncertainty whether the complaint be in reality syphilis or not, and as every new method in these days of universal communication is scarcely sooner started than known, as from the *inoculating* practice to that of the "*Wasser-Kur*," or *cure by cold water*, the author ventures to offer the following results of his possibly limited observation. Without attempting to uphold or oppose the new theory, *per se*, that from the communicative nature of syphilis, a transference of the *tears* of a syphilitic ulcer, say from any part of the system to another, establishes the further extension of the original disease, he first begs to tender his belief that such experiments contribute but to a waste of time, because, it being needless to pursue an inefficacious plan of treatment, simply under the idea that syphilis is alone curable by mercury, he holds it advisable at once to modify his remedies to the existing nature of things, as, ergo—if the disease yield not to mercury, substitutes should be devised. The delay of a week may satisfy the experimentalist that the complaint is or is not the syphilis, or rather that the disease is not communicable by inoculation, but it does not determine what it is, beyond the fact stated—it may satisfy the enquirer of what he knew before, that the disease was not yielding to his treatment, and that any further persistence would be useless. If any reliance be to be placed on the common sense of sight, or if seeing be believing, the medical man of any observation should be able to decide which is the best method to eradicate the disease. As to the satisfaction it may afford to the sick, it certainly may settle all doubts whether the disease be this or that, it may remove the misgivings of a sceptical aunt, wife, or friend, whether (supposing that a disease contracted by illicit intercourse is alone communicable by inoculation), the invalid had been astray or not, but it by no means alters the existence of the complaint *in itself*—the plan certainly may justify the experiment to ascertain the possibility of its "*spreading*" tendency; but as I believe in the multiplicity of consequences arising from sexual improvidences, I cannot yet reconcile myself to place faith in the required acquiescence, that all sexual

spots, sears and sores that are incommunicable by “this new form of *acupunturation*” are attributable to other causes than the ordinary frailties of human flesh. I have succeeded and failed in testing the experiment; but I have derived no advantage beyond that of convincing my patient that I was cognizant of the practice, and that I was not behind “in the march of (professional) intellect.” I flatter myself that I do not pertinaciously advise a repetition of a remedy that is not in reasonable time “responded” to, and the determination of a doubt whether the ailment be *lues* or merely a common but tiresome result of accidental irritation, affords me no other service than that of convincing me I was right in relinquishing what I was credibly satisfied was wrong. A gentleman had several ulcers around the glans penis that had existed several weeks; he had under other hands been partially salivated, but the “—— spots would not out”—although he had taken three dozen blue pills and had rubbed in three boxes of blue ointment. He submitted to inoculation on the arm, and no consequences of any marked nature occurred. On the strength of the experiment he availed himself of the advice I offered on first beholding the diseased locality, namely, to apply simple dressings and to use the mildest astringent applications. In a similar instance the inoculative plan multiplied the ulcers. From their angry and ill-conditioned look, I pursued the same treatment as in the previous instance, and the result was as favourable. It is true, the condition of the health of the two was different; the latter was in a more deranged state than the former, and required a little more “*physical*” treatment. Spots incommunicable by inoculation as often require the use of alteratives as those which by the aid of the lancet are extended from “top to toe,” and hence I usually trust more to that judgment acquired by what observation has taught me, than to the variable and frequent changing doctrines of the day.

ADVICE TO INVALIDS.

HAVING now fully considered every form of syphilitic disease compatible with the design of this work, a few hints, relative to the after-management of the patient when relieved from his complaint, to guard against a relapse, and to secure an entire restoration to sound health, may not detract from its utility. There are many patients who, on the disappearance of the more prominent symptoms of their complaint, lose no opportunity of rejoicing in their supposed recovery, and innocently commit sundry inapparent irregularities, that throw them back to their former state of suffering, which a little prudence and attention might have prevented. The more severe the disease has been, the slower generally is the recovery, and also less permanent in its result. The mere subsidence of pain, the healing of a wound, the disappearance of a cuticular eruption, or the suppression of a morbid secretion, are not in themselves sufficient indications of substantial recovery. The various physical and mental functions, which during illness are always more or less involved, have yet to

regain their tone. The digestive powers of the stomach are easily deranged, and require watchful management to secure the vantage gained. Equal care is essential, lest the intellectual organs be too prematurely called into active employment. Convalescence is often protracted to an almost indefinite period, frequently from the most trifling errors in diet. The stomach of a person reduced to a low state of debility, through a severe inflammatory disorder, remains for a long time exceedingly sensitive, and fails not to evince displeasure, when oppressed with indigestible, or too great a quantity of food. No cause pre-disposes the patient to a relapse, or retards his recovery so much, as inattention to diet. It is a popular error to suppose, that the weakness consequent upon severe illness, is only to be removed by rich and substantial food and wines, and other stimulating drinks. Such indiscretion often rekindles the disease, or predisposes the system to the supervention of some other complaint. The change from the sick-room to the parlour diet, should be gradual and progressive. The milk, and farinaceous meal, may be varied by degrees to the milder forms and preparations of animal food. Solids should be given at first in small quantities; the dietetic tables* should be rigidly adhered to, and in the change from "low" to "full" diet, the intermediate one should not be skipped over. With regard to medicines: in no form of disease is it so important as in venereal affections, that they should be continued for some time after the disappearance of symptoms. Many a relapse of gonorrhœa and secondary symptoms have occurred through the sudden abandonment of the means adopted for their cure.

Exercise forms another important part of management in convalescence; it should not be suddenly resumed, nor should fatigue by any means be incurred. Early retiring to bed, and early rising in the morning, tend considerably to promote and preserve health. Warm clothing is very essential and necessary for invalids. The general signs of amendment are as follows:—a *reduced frequency of the pulse*, which is always accelerated in acute diseases, the absence of thirst, a *clean tongue*, a *moist skin*, a *good appetite*, and *refreshing sleep*; and, lastly, all these are corroborated by an improvement in the "*looks*;" the improved aspect of the countenance has always been regarded as a sure criterion of returning health.

OF THE STRUCTURE, FUNCTIONS, AND DISEASES OF THE FEMALE ORGANS OF GENERATION.

THE introduction of this section may excuse the following digressive prefatory exordium. Fully aware that a public inquiry into, or explanation of, certain

* In my work on Hints to the Nervous Dyspeptic, a series of "diet tables" from the bill of fare of the poor man's bench to the rich man's table, is given, and will be found

alike serviceable to the invalid, from the simplest stomach disturbance to the severest form of illness, whether depending upon fever, inflammation, or syphilis.

points of human physiology, more especially those relating to the gentler portion of creation, has been, and is, perhaps, still likely to be viewed as an encroachment on a topic hitherto confined chiefly among medical men, the writer (desirous of suitably realising the title of the work, namely, "*Medical Counsellings*," by which he means, that all therein shall not merely satisfy the curious, but enable them to turn the information acquired to the proper and useful purpose) hesitates not to add to his pages the present chapter, feeling inclined to trust to the better sense of the times from misinterpreting his motives as a safeguard from even a solitary censure. Should there arise an occasional scrupulous one, it is to be hoped that the tenor of the entire publication may be surveyed before its general usefulness shall be condemned for this new feature in popular medical ethics.

In a work professing to afford every possibly known purpose and misfortune of the generative system, it would but little realise the intention were one sex only included.

The author less solicits sufferance for the presentation of the following illustrations, classed under the head of this chapter, but rather ventures to justify the arrangement adopted. The very information conveyed is sufficiently, though imperfectly, early acquired by less legitimate means than this book offers; and as its circulation is likely to be limited, to those not wholly ignorant of sexual associations, it is considered that what is here introduced, if appreciated for its proper intentions, may succeed in its attempt to depress rather than excite free thoughts, at the same time to prove how fearfully and wonderfully we are made. The diseases, too, following in due order, are not wholly unknown to exist by the male sex, and it will be admitted that there are few, if any, of such who, from ties of relationship or alliance, or otherwise, are not exceedingly interested in their removal. I need not reiterate upon the impolicy of non-qualified persons assuming the management of disease, especially that which baffles the wisest heads; but the most dire results await frequently an apparently harmless and neglected beginning; and as all these diseases have a commencement, which is frequently, from diffidence, held in the patient's own counsel, or, if communicated to another, from a similar feeling in the confidant, "goes no further," I feel assured that the following hints will not be printed without their usefulness being appreciated; inasmuch as if attended to, they will teach how to detect disease, and what should be done to arrest its progress and to promote its expulsion; which two latter desiderata, if not practically acquired by the reader, a knowledge of the means will at least enable him to judge how far the practice of others is consistent with the general principles pursued by the profession.

Females, it must be remembered, are passive recipients, before they can be the propagators of syphilitic disorders; and the conscience of that man who knowingly holds intercourse with a woman clean at least in her own health, he

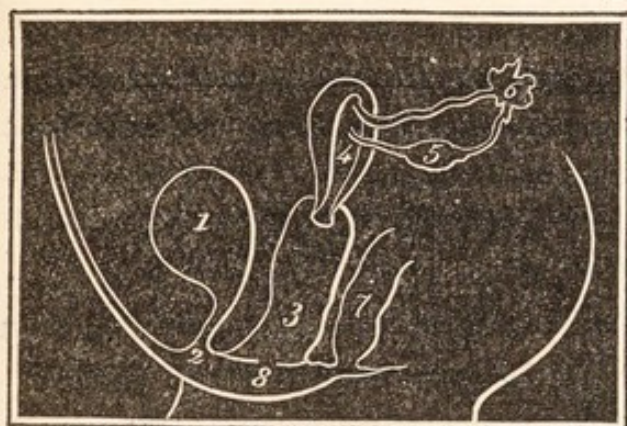
at the same time being infected with one form or other of this luckless complaint, can sit but ill upon him, if he reflect upon the endless misery and affliction he recklessly gives rise to. The unfortunate victim of his cruelty, driven from necessity to the exercise of the only means of obtaining her subsistence, namely, the barter of her person, may unknowingly for a while implant the seed of disease in others, until she be overtaken by its sensible outbreak upon herself; when, in addition to the wretchedness and disgust entailed upon her by her defenceless calling, her troubles are increased by a loathsome and ravaging disease, bringing upon her the horrors of seclusion and starvation. Numerous are the inlets to domestic infelicity through such heartless indifference, nor are there any shades of palliation, whether the creature of our passion be the street-wanderer, the faith-broken relying one, or the misled intriguante; and yet the spread of this pestilential complaint is indubitably fostered as much by such conduct, as by the illicit embraces of the fallen courtesan. Few but professional persons can be aware of the extent of the ailments consecutive to the procreative act the female sex are subject to; and the moralist may well estimate thereby the sympathy and consideration due to them, in lieu of the neglect and inattention so many of them meet with.

That syphilitic disorders thus treated upon in this section, intrude themselves occasionally in domestic life, can easily be conceived; and the man of the world has often to blush for his own indiscretion. As the only atonement he can afford, is to repair the mischief he is the author of, these pages are offered to enable him to execute the desirable amends, and the writer comforts himself with the reflection, that his advice may heal a mental wound as well as bodily deformity.

THE FEMALE ORGANS OF GENERATION.

THE female genitals occupy the same relative situation in the pelvis as the male, but they are an antithesis to each other: the male are constructed to deposit, and the female to receive; consequently, in the female there is a conduit or passage in place of the male penis, termed the *vagina*, leading to the womb, the receptacle for the impregnating fluid. The vagina is placed between the bladder and rectum. Its entrance is marked by doublings or longitudinal folds of flesh, called *labia*, between the upper part of which is the opening of the urethra into the bladder, while below is occupied by the aperture, passage, or fissure, as above described. At the roof of the vagina is a fleshy ridge with a pouting apex or point, analogous to the penis in the male, except being impervious, and called the *clitoris*, which possesses the power of erection, or rather of becoming intumescent when excited, and also of furnishing a peculiar secretion. It is exquisitely sensitive, and believed to be the seat of pleasure in the sexual embrace. The vagina consists of a very soft, vascular, elastic, and con-

tracting structure, constituting, when its sides are collapsed, liliputian rugæ, or ridges, like the impressions left on the sand by a receding sea; its surface is lined by a delicate mucous membrane which secretes a lubricating fluid. It is this membrane which is the seat of gonorrhœal discharge, fluor albus, &c., and it is also subject to ulcerations and other diseases. From the clitoris is suspended an inner fold, like a graceful mantle, called the *Nymphæ*, which are also extremely sensitive, and appear to serve, as they surround the urethra, also for the purpose of directing the flow of urine. Under the opening of the urethra, adherent to the external margins of the vagina, is a membranous veil or curtain, with a small central aperture, called the *hymen*, the presence of which is looked upon as a test of virginity. After the laceration or dilatation of this membrane, which takes place through other causes than sexual intercourse, the sides of it contract, and form little wing-like slips, to which the fanciful name of *Carunculæ Myrtiformes* is applied. The subjoined diagram will familiarise the reader with the situations of the female organs, thus far given: it exhibits a sectional view of the contents of the pelvis, or lower part of the abdomen.



1. The Bladder.
2. The Urethra, or entrance to ditto.
3. The Vagina.
4. The Womb.
5. The Ovary.
6. The Fimbria and Fallopian Tube.
7. The Rectum, or lower extremity of the bowel.
8. The Hymen.

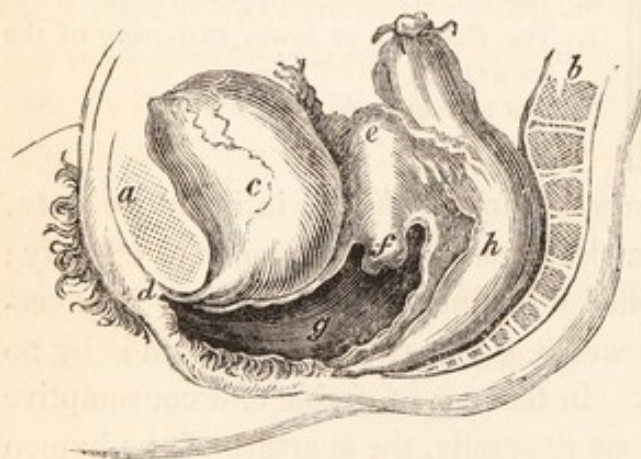
Much has been said regarding the presence of the *hymen* in its entire state. It has been deemed by many to be there placed as a moral evidence of chastity; and the newly married husband is horrified if he find too much facility in effecting his privileged consummation on his wedding night. Its laceration is by no means an infallible test of dishonour. In females of feeble and consumptive health, and others of delicate constitutions generally, the aperture of the hymen may become dilated from natural causes—from too profuse a flow of the menstrual flux, from local debility of the part itself, such as exists in the disease known by the name of the Whites; and it is sometimes to be traced to the habit of personal and solitary excitement, as will be presently alluded to. The membrane is occasionally so dense and hard as to resist sexual cohabitation; and only upon dividing it by the *scalpel* can intercourse be sustained. At other times it is so fragile and so vascular as to be torn with the least violence, and profuse hæmorrhage to follow.

At the end of the vagina is the *uterus*; it is suspended by what anatomists call its broad ligaments, which have certain local attachments; it resembles in shape a pear. It is of a peculiar structure, capable of great distension, and possessing extraordinary properties. It is divided into a body, neck, and mouth,

and, when unimpregnated, is very compact, and occupies but little space; the interior is, consequently, very small, and it secretes and pours forth at certain periods, a sanguineous discharge, termed the *menstrua*. When conception has occurred, the mouth of the womb, which before was open, becomes permanently closed until the period of delivery. Connected with the womb, and constituting a most important part of its machinery, there are discovered in the roof of the interior of the uterus, two openings, which are the ends of two tubes or canals, called the Fallopian tubes.

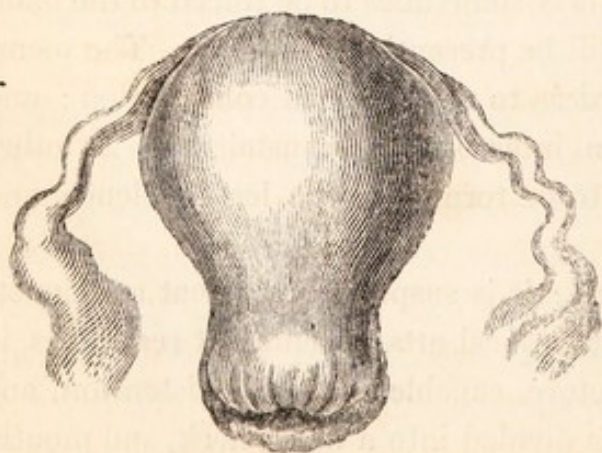
These tubes have their origin in the *ovaria*, which are two small bodies, encased in the ligamentous band supporting the uterus, and resembling the testicle of the male; hence they have been called the female *testes*. These ovaria contain a number of little vesicles of the size of mustard-seeds, and some of the size of a pea, in number from twelve to fifteen: these vesicles are denominated the eggs of the human species. Annexed to the ovaria are observed, surrounding the tubes, certain *fimbriæ*, which grasp the ovaria during the copulative act, when prolific, and squeeze out, as it were, one of these little eggs, and propel it into the uterus.

Still further to facilitate the understanding of the structures described, in addition to the preceding diagram, the following drawing is presented. It exhibits a section of the female pelvis, and explains more fully the relative positions of its contents:—



- a, The bony portion of the pelvis separated from its junction with its companion.
- b, The Spinal Column of the back.
- c, The Bladder.
- d, The orifice of the Urethra.
- e, The body of the Womb.
- f, The neck of the Womb.
- g, The Vagina.
- h, The Rectum, or end of the intestines.

The subjoined drawing illustrates the shape and appearance of the womb detached from the body. To particularize:—



The upper part is called the *Fundus*; the widest part, the *body*; the *neck*, the narrow part; and the lower portion the *mouth* or the *Os Tincæ*. The connection of the *Fallopian tubes* is well shewn.

The uterus, or womb, is described by physiologists as being of a spongy structure ("the hot-bed of the future world"), a structure that yields with its

*enlargement, that grows with its growth, that resumes the former size when disburthened of its contents ; it is supplied with blood-vessels, is duly supported, has scarcely a cavity when unimpregnated, but is ever in a state of preparation for changes. Of conception we shall presently treat : there is one function too important to omit in this place, and this is menstruation ; a term indicating a monthly periodical discharge, that escapes, or which is given off, from the womb. At the commencement of this function, woman is said to have arrived at puberty ; but there are cases of precocity, and others wherein it never occurs, that neutralise this assertion ; besides, menstruation, being deferred or protracted, depends frequently upon peculiarities of health. As soon, however, as it occurs, a sensible change takes place in the female economy ; and certainly the other developments of womanhood rapidly follow. Menstruation is the monthly discharge of a red fluid, common to females from fifteen or sixteen years of age to between forty and fifty ; and it is held, that whilst a female menstruates she is apt, and capable also, to conceive. Menstruation is a device of nature to relieve the system or to preserve the balance of the circulation, from the non-fulfilment of her intentions, by the absence of procreation. It usually continues for four, five, or six days, and seldom exceeds a few ounces. Its suppression is usually attended with marked ill health, and many of the formidable complaints of females are attributable to its irregularities. When anticipated, the female encounters feelings of depression and lassitude, and exhibits an aspect of feeble health. As a physiological fact, women, before and after menstruation, are more desirous of the exercise of sexual privileges, and usually the approach of the menstrual flow is accompanied by a sexual orgasm. It has ever been deemed by almost universal consent prudent for married persons and others to abstain from the sexual embrace during that period. If only on the score of cleanliness, it should be observed, besides the likelihood of establishing irritability, and the probability of interfering with this healthful provision of nature, should deter from the indulgence. In some countries menstruating women are excluded from associating with the other sex altogether, and are even forbid mingling with household duties. At the close of this article will be found a series of prescriptions and suggestions, for the removal of the various disturbances this function is liable to.

Previously to considering the changes that are produced by conception taking place, a space may be afforded to remark on the singular ignorance that exists amongst many females as to the matrimonial offices they are destined to assist in. It may appear incredulous, that there are women who are led on by affection to seek and encourage the society of young men, and lastly, are induced to wed them, and yet have no, or at least a very imperfect, idea of what they (the brides) are to undergo on the nuptial night. In my work called "Professional Records," I have adduced several cases where sexual access has been forbidden through many years, and as, perhaps, the reader may not possess the work in

question within reach, I may affirm the fact by a recital of another case, fully corroborative of the assertion —

A young man espoused a young English lady in America, where, with her friends, she had emigrated. His honeymoon had been protracted beyond two years, when in an interview he explained to me a source of great uneasiness to him. His companion (betwixt whom and himself much affection existed) was wholly unconscious of what women should submit to “who love their lords.” She possessed and manifested every species of girlish fondness, but resisted most determinedly every advance towards matrimonial consummation. Explanations were in vain. Arriving in this country, apart from her friends, none could be consulted; and, from feelings of diffidence, bashfulness, or some other inexplicable prevention, the bridegroom concealed his disappointment. Curiosity was rewarded with the following explanation. The lady had been brought up wholly under her mother’s care. She never had a female associate of or near her own age. She was an only child. She never experienced any sexual hint of the exchanges of married life, nor were her ideas of the propagation of children extended beyond the possible belief that they were dug out of the “parsley bed.” In the absence of womanish excitement, she married “because she chose;” but she had learnt that society sanctioned the union or marriage of man and woman, which she believed consisted in making one “bed and board” do for the two. Foolish as this may appear, I can assert that it is not the only case by many that I have met with; and I believe such feelings frequently exist. It is a positive fact that many women are wholly insensible to the pleasures of the matrimonial embrace, nay, conceive a most insurmountable disgust for it, nay, others there are who only, after *years’* initiation, become *reconciled* to it. The detail of the preceding story would be imperfect without concluding it. The difficulties, mental and physical, were overcome by *mental* and *physical* measures, without distress to either party; and the result is an exception to the general consequences arising from such a union.

The act of connection is urged by what is called the sexual propensity. It is accompanied by feelings of the intensest kind: the acme of enjoyment is at the moment of seminal ejaculation. The *penis* is excited to erection by the influx or rush of blood into its cavernous or cellular structure; the scrotum becomes constricted, and compresses the testicles; the *Vesiculæ seminales* and the *Prostate gland* are also elevated by the muscles called *Levatores ani*, as shewn in the preliminary anatomical drawings, whence their use may now be better understood, as well as those of the perineal muscles, which all, more or less assist in causing the prompt and forcible ejaculation of the spermatic fluid.

“In* the female the sense of enjoyment, *sub coitu*, appears to be principally excited by the friction of the *labia interna* and *clitoris*, which are alike in a state of turgescence or erection. This nervous excitement, as in the male,

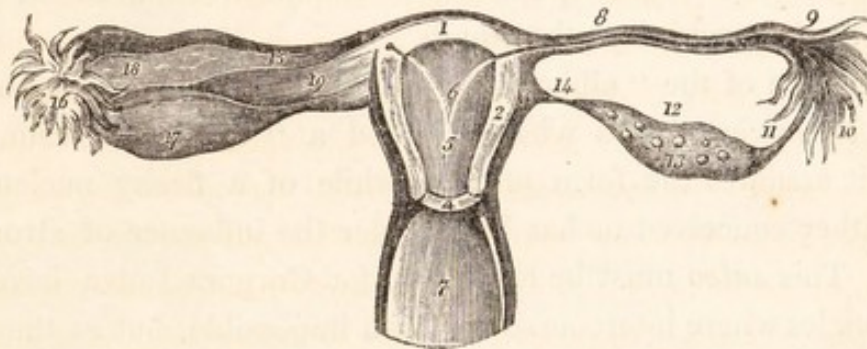
* Wagner, translated by Dr. Willis.

often reaches such a degree of intensity, that a kind of synoptic state is induced :” a sense of contented lassitude follows, and the mind is permitted to return from the regions of excited imagination to its ordinary quietude.

The due occurrence of the phenomena just detailed does not necessarily secure, although it generally succeeds, in producing a prolific result. Health, aptitude, and one important condition, are indispensable, and the last is, *a positive contact between the male sperm and female ovum.*

There are many remarkable eccentricities that embitter married life, of which not a few are detailed in my book on marriage. A union may exist between two parties who are wholly inapt for mutual enjoyment. The sensations belonging to the sexual act are involuntary, and are provoked independently of the will ; hence, in connection without consent, or under feelings of great repugnance, the orgasm is sometimes aroused, and yet where the greatest affection and desire prevail, the male oftentimes unseasonably, concluding before the female, is a most tantalising source of disappointment. Further allusions will be found to this subject under the heads of Sterility and Impuissance.

As a preliminary aid to the description of the process of impregnation, which ensues, the following anatomical draft is presented.



- | | |
|---|---|
| 1. Section of the Womb, upper part. | 10. and 16. The fimbriated extremity of do. |
| 2. Do. of side. | 11. The Pavilion. |
| 3. Do. of lateral covering. | 12. The Ovary. |
| 4. Do. of lower part of Womb. | 13. Vesicles in do. |
| 5. Cavity of the Womb. | 14. Continuation of Ovary. |
| 6. A prominence leading from the openings of the Fallopian Tubes. | 15. Ligament of do. |
| 7. The Vagina. | 17. Pavilion of right Ovary. |
| 8. and 9. Fallopian Tube cut open. | 18. Right Ovary. |
| | 19. Connecting Band. |

Man, unlike other animals, is not smitten with desire to propagate only at particular periods. In sentient beings every season is favourable to the flame of love.

When conception takes place, the following phenomena are believed to occur. The womb is supposed to participate in the excitement of the sexual act, and at the moment of the orgasm to receive the male seed, and to commingle with it, a fluid of its own. The whole apparatus of the uterus appears influenced at the same time,* by a kind of electric irritability. A *Vesicle*, owing to the *Ovaria* being grasped or embraced by the *Fimbriæ*, escapes from its lodgment and enters the *Fallopian tube*, where it bursts, and its albuminous drop is conveyed into the womb.

* Some say eight days after.

From the circumstance of the male semen returning from the vagina after copulation, it has been doubted whether it was intended to enter the *uterus*. It certainly can only enter once,* and that when impregnation takes place : and even then a small portion suffices ; for immediately after conception, the mouth of the womb becomes impermeably closed. The mouth of the womb lies horizontally, like the lips of the face, whilst that of the orifice of the urethra is arranged perpendicularly ; hence the presumption from this better adaptation to transmit and receive, that the semen to impregnate should enter the uterus.

This question is mooted, because it has been supposed by some that impregnation ensues from the vapour or odour of the male seed ascending to the womb. Contending parties admit, while others deny, that the seed may be, and has been, detected in the womb of females and animals having been slain, (or who may have died) during or soon after the act of copulation. Impregnation has followed very imperfect penetration, such as in cases of unruptured hymen, or of disproportion of parts, and other causes needless to insert here, by which the supposition is supported, that conception takes place from vaginal absorption, but it must be remembered, that the seed is projected generally with great force, and that the smallest possible quantity is sufficient for impregnation—also that the vagina possesses a constrictive movement of its own, whereby the seed is carried to the womb.

After the escape of the “albuminous drop,” the vascular membrane which contained it, is converted into what is called a “Corpus Luteum,” denoting thereby, for it assumes the form after a while of a fleshy nucleus, that the female has either conceived or has been under the influence of strong amatory excitement. This *salvo* must be admitted, for Corpora Lutea have been discovered in females where intercourse was even impossible, but as the detection of Corpora Lutea generally corroborates the surmise that so many conceptions have taken place as there are Corpora Lutea, it is to be presumed that the exception must be owing to some similarly powerful mental as well as physical excitement.

When impregnation has taken place, the womb begins to enlarge, and become more soft, vascular, and turgid—the wonderful process of fluids assuming the form of solids commences, and within a fortnight an investing membrane is formed, called the *Decidua* (I will insert as few names as possible), consisting of two kinds of folds, one lining the womb, and the other containing the *ovum*, which has therein “taken root.” The ovum is now a soft oval mass, fringed with vessels, and composed of membranes containing the early *fœtus*.—See Sketch.



When opened, the *fœtus* appears surrounded by three distinct membranes ; first, the *Decidua*—secondly, the *Chorion*, the inner

* Instances of different conceptions following connection at brief intervals are of occasional occurrence.

A case is recorded of a negress having brought forth a negro and a mulatto child,

and who confessed having received the embraces of a white and a negro the same evening. Drs. Dewees of Philadelphia, and Mosely of this country, adduce similar instances.

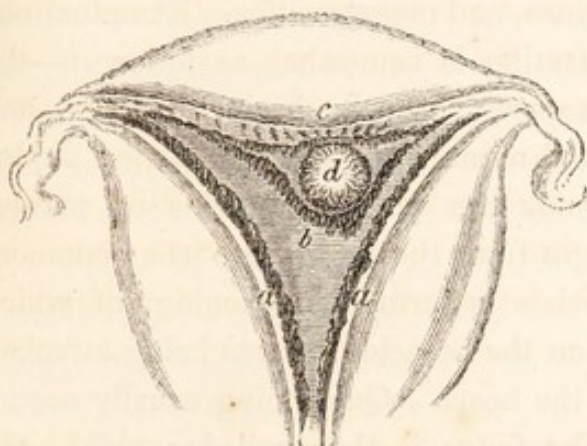
fold of the former—thirdly, *the Amnios*. The Decidua, as before stated, lines the womb—the two others cover the ovum or foetus—after a time the *Amnios* and *Chorion* become adherent to each other, and a fluid is interposed betwixt the *Amnios* and foetus, called the *Liquor Amnii*. The foetus, as it advances, is perceived to be hanging by an organised support, called the *Umbilical Chord*, floating in the liquid before named.* A draft is here presented



of an ovum (a section) of a fortnight old, and adjoining is one just double its age, where the chord will be distinctly perceived.



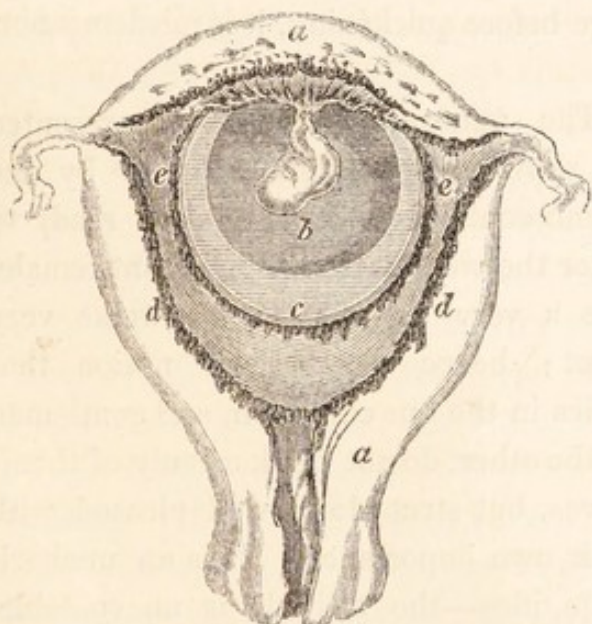
The following further account may aid the description thus far given. The ovum, protected by a membrane of its own, called



the *Amnios*, descends into the uterus, where it takes its hold of the membranes already there, *the Decidua*—it pushes its way before, as exemplified in the subjoined drawing.

- a*, The decidua lining the Womb.
- b*, Do. protecting the Ovum.
- c*, The upper part of the Womb where the Ovum has become adherent.
- d*, The Ovum.

The next drawing shews the advanced condition of the Foetus.



- a*, The Womb.
- b*, The *Liquor Amnii*, with the foetus.
- c*, The Chorion.
- d*, The Decidua.
- e*, The opening of the Fallopian Tubes.

It will answer no practical usefulness to go through the whole minutiae of the various physiological changes that take place relative to foetal growth from the hour of impregnation to that of delivery. What has already been detailed, has been offered to unveil a little of that singular ignorance that exists generally among non-medical

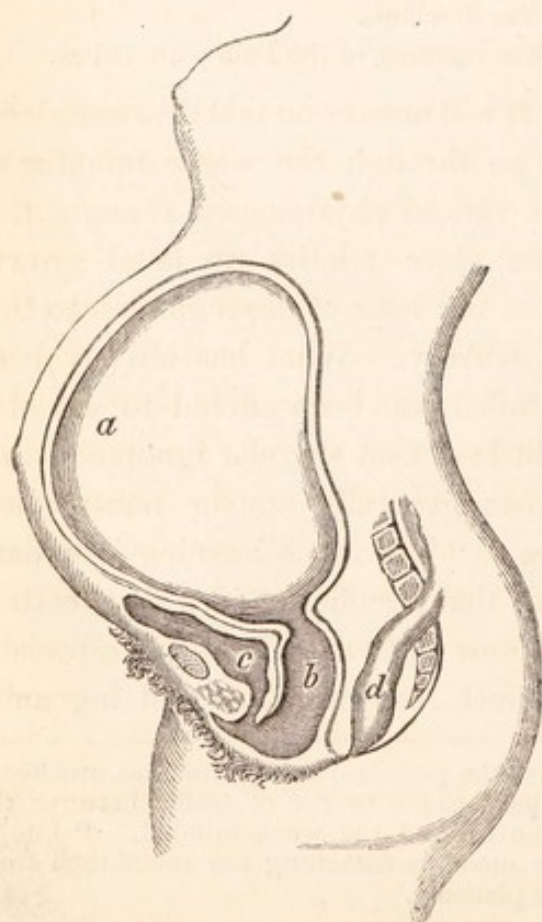
persons, regarding the history of themselves. "Too much learning is a dangerous thing," and it will readily be allowed, that a sufficient idea that 'certain things *happen*' is oftentimes as useful as to know *how* they happen, especially when it belongs to a department requiring much research, time and ingenuity

* The membrane containing the liquid comes away with the after-birth or placenta; but when it is brought away with the child's head, it is named a "caul," to which the ignorant attach a superstitious belief that it

saves the possessor from drowning, and hence it has been a source of traffic between the cunning and the weak-minded. "Cauls" are made by detaching the membrane from the placenta.

thoroughly to understand, and which may chance to be foreign to our ordinary pursuit.

The period consumed in gestation is forty weeks, or nine calendar months, and the time is calculated from a fortnight after the suspension of menstruation. Some married ladies pride themselves upon being able to predict to a day—to tell the precise occasion when they conceive, and which they date from some unusual sensation experienced at the particular embrace which effected the important change. Many medical men disallow that such tokens present themselves, and are opposed to the belief which many mothers entertain, that nature is so communicative; and also are sceptical of those extraordinary influences that every day furnish proofs of maternal imagination, occasioning to the burthen they carry, sundry marks, malformations, and monstrosities. Examinations have found that the order of foetal organization is somewhat as follows:—the heart and large vessels, the liver and appendages—the brain, stomach, and extremities. The determination of sex and number has hitherto defied exploration. In the early months of pregnancy the womb maintains its natural position; but as it enlarges, it also emerges from the pelvis into the abdomen. The moment of its *slipping* out of the pelvis is termed quickening, of which most women are sensible, some fainting on the occasion, others being attacked with nausea, hysteria, and palpitation of the heart. Quickening usually occurs between the fourth and fifth month. The foetus is then called a child—the law ordaining that, if a woman intentionally procure, or such parties as may assist in so doing, abortion or miscarriage before quickening, it is misdemeanor, if after, murder.



The annexed diagram is presented to show the situation occupied by the womb containing the child just ready to enter the world. A full pregnant female, like a very corpulent man, walks very erect; hence the popular notion that ladies in the one condition, and gentlemen in the other, do not think meanly of themselves, but strut along well pleased with their own importance. It is an uncharitable idea—the attitude is unavoidable, the head and shoulders being thrown back to counterbalance the protuberance in front; to preserve, in fact, the centre of gravity,—to save themselves from falling.

a, The Womb.
b The Vagina.

c, The Bladder.
d, The Rectum.

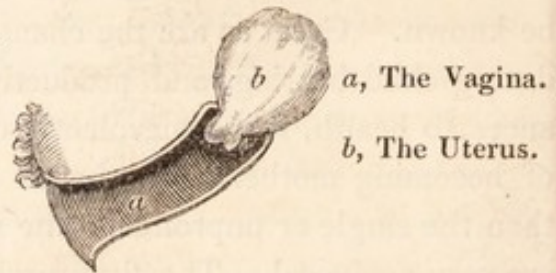
Symptoms of Pregnancy.—Mysterious as is the process of impregnation, there are many forewarnings which, being generally found correct, are useful to be known. Great as are the changes that take place in the female economy during child-bearing, and productive as they frequently are of serious disturbances to health, it is benevolently ordained that women who fulfil their destiny of becoming mothers, have better health to sustain them through their travail than the single or unprolific. The signs of pregnancy during the first few weeks are very equivocal. The first probability is the suppression of menstruation, which is accompanied by fulness of the breasts, the nipples of which become surrounded by a dark areola; headache, flushing in the face, and heat in the palms of the hands, ensue; also sickness in the morning, and probably an accession of mental irritability; various longings exist, many very ridiculous, others bordering on insanity, and some indicating great perversion of temper, habits, and hitherto well conducted inclinations.

There are many phenomena more readily discovered by medical men accustomed to the accoucheur's employment than describable, that indicate pregnancy: the sinking of the abdomen, the descent and closure of the uterus, the altered facial looks, the state of the pulse, &c., &c. From the fourth month, when the womb ascends into the abdomen, the signs are more positive—the protrusion of the navel, the evident enlargement of the belly, the tenderness and fulness of, and occasional escape of milk from, the breasts, clearly point out the occasion. About the fifth month, the movements of the child are very apparent to the mother, when all doubt is removed. There are some conditions of female life, that assimilate to pregnancy, and which have defied the judgment of matrons, and even medical men, but they are rare,—such as dropsy of the abdomen or ovaries, tumours, accumulations of wind, &c., these, with the suspension of menstruation (which last alone is but an uncertain sign, for it may depend upon cold, fever, or inflammation), have destroyed the anticipations of fond wives, and have alarmed those who desire not to become mothers.

Parturition takes place at the end of the ninth month, but children born at the end of seven will live; and examples are related of some that have “gone” ten. In France legitimacy is allowed to children born on the 299th day of pregnancy. *Labour* is distinguished by a softening of the soft parts of the female organs of generation, an abundant secretion of mucus, a relaxation of the mouth of the womb, and a forcible contraction of its body: the expulsion of the child is effected by pains of a straining nature. After the birth of the child, the womb contracts to its *normal* or unimpregnated size, giving forth a discharge, called the *lochia*, that lasts for several days, and the breasts immediately furnish the secretion of milk.

Previously to entering upon the consideration of the diseases arising from infection, and for which this book was originally composed, a word or two may be said upon a condition of the womb, unfortunately of frequent prevalence, called

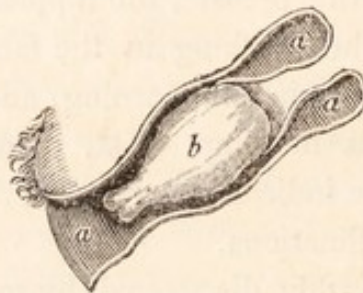
Prolapsus Uteri, or *falling of the womb*. Such occurrence may take place with single females as well as with married, or those who have borne children. It may be held as the result of debility, and according to the degree of descent, is the inconvenience and suffering. The first drawing exhibits the natural position of the uterus.



Partial Descent
of the Uterus.

a, a, a, Vagina.

b, Uterus.



A partial descent of the uterus gives rise to painful dragging sensations about the groins and fundament, and it is usually attended by the "*whites*," or *leucorrhœa*, a disease of which mention is presently made.

If *prolapsus* takes place during pregnancy, the womb presses upon the bladder and rectum, and occasions irritability of both those structures; but as pregnancy advances, and as the womb ascends into the abdomen, these inconveniences cease, and the womb oftentimes regains its tone and position after child-birth. The womb sometimes protrudes externally, and is a source of great distress. See drawing.

The treatment of these cases is chiefly mechanical, besides supporting the general health; the first symptoms, however, demand efficient attention, and the medical attendant should be made acquainted with every particular.

It is a question whether the weakened condition of the supports of the womb and the consequent relaxed state of the vagina, are not owing to the manner in which women clothe themselves. The pelvic part of the female is kept always in a state of unnatural warmth, from the load of petticoats and other unnameable portions of female attire. Contrast but the difference between the simple unlined trowsers of the male and five or six-fold clothing of the other sex—either the one must yield too much warmth, or the other must strike too cold. The sedentary habits of women have of course much influence.

When retention of urine follows the falling down or partial descent of the womb, the female should lie on her back, press the uterus into the pelvis, and urinate in that position.

The womb, besides becoming displaced, is subject to an *eversion*, or a *turning inside out*. Happily such cases are infrequent, but any disturbance of so important an organ demands the promptest attention.



Prolapsus Uteri.

a, a, Vagina.

b, Uterus.

DISEASES OF WOMEN AND THE USE OF THE SPECULUM.

THE introduction of the Stethoscope and the Speculum constitute two important epochs in medical science—the former ascertaining by the conveyance of sound, disease in the most hidden and inaccessible parts of the human frame, and the latter bringing to view structures, which without such aid are necessarily veiled from our sight. The speculum consists of an instrument formed of silver or steel, that without pain or inconvenience is passed into the Vagina, when, by a simple contrivance, it is made to expand and dilate the vaginal passage, and thereby expose to view the entire canal, together with the uterine aperture. The usefulness of such a method, whereby disease can at once be detected, admits of no dispute. It is physically painless; and if opposed to female diffidence and modesty, its importance and serviceableness should be balanced against the mental distress such a procedure may occasion. On the one hand, without its assistance, the treatment of the disease is at best but conjectural; on the other, by its aid, it is safe and sure. Much suspense and suffering is at once put an end to. Experience has proved that many local disturbances that were believed to have been merely vaginal irritation, have been discovered to depend upon absolute disorganization of the neck and mouth of the womb. Deep-seated ulceration has been detected, and cancerous enlargements;—the disease thereby having been exposed, has had the necessary and successful treatment.

The Speculum is now in the hands of every respectable medical man, and the class of disorders that hold it in requisition are being better understood, and consequently more successfully combatted. In no cases is it more useful than in secretive irregularities, such as in Leucorrhœa, Gonorrhœa, or Syphilitic ulceration. Without farther comment these diseases will be considered.

GONORRHŒA IN THE FEMALE.

THIS disease is rarely so violent as in man, it being mostly confined to the uterine conduit: in fact, except by the discharge, women are almost unconscious of its existence, mistaking it, when occurring in married life, for Leucorrhœa. It is well it is so, for females from natural shyness conceal it from all but probably their husband or paramour, who straitway becomes the messenger between the doctor and his patient. I say, it is well it is so, meaning for themselves (the women), because, from the nature of the disease in them, they are spared

the pain and risk that surround a poor luckless individual of the other sex. Again, it is not well it is so, because the female so circumstanced unknowingly (taking no heed of the mere discharge) may propagate the disease to all she may come sexually into contact with.

Occasionally, however, the inflammation is highly acute, and a variety of distressing symptoms ensue: there is considerable excoriation around, and a swelling of the organs, much *ardor urinæ*, and the same constitutional disturbance as in the other sex. The medical treatment of both sexes is constitutionally alike; but the female has to depend more upon local treatment than the male. Hence the importance of injections. Now here is another source of difficulty; women are as averse to the use of the syringe as they are to the speculum; and the consequence is, vaginal diseases are generally protracted to double as long as they need be. However, as these hints are likely to be seen only by those who doubtlessly have, and who indisputably ought to exercise it, namely, influence over the sex, in persuading them to submit to what common sense bespeaks as most prudent and expedient, appropriate formulæ for the suggestions just recommended will be found a few pages hence. Frequent ablution, rest, temperate diet—the more farinaceous and mucilaginous the better, avoiding entirely wines, fermented and spirituous liquors, together with mild* aperients and salines, constitute the chief means of cure. Injections are indispensable. I have already alluded to the difficulty of getting female patients to be their own confessors: if they appoint others, every possible information should be furnished, and fastidiousness by no means should supplant the avowal of real facts. Although gonorrhœa in women is generally less severe than in the male, it is vexingly oftentimes more lasting; which is easily accounted for, owing to the extent of surface diseased: whereas in man it is limited to the narrow urethra, and seldom exceeds an inch or two upwards, constituting not one tithe part of the space morbidly affected in the former. See, however, the formulæ.

SYPHILIS IN FEMALES.

THE principal features of syphilis in women consist of ulcers, excoriations, warts and buboes. Women, of course, are alike liable to all the forms of

* The best aperient for females is certainly a combination of castor oil. The following form is a very good one:—

Form 88.

Take of
Castor oil 1 oz.

Mucilage of acacia 2 oz.
Spirits of sweet nitre . . . 1 drachm.
Syrup of orange peel . . . ½ oz.
Water 1 oz.

Mix.

Take half for a dose.

secondary symptoms. Chancres usually appear *within* and *on* the *labiæ*. In the drawing here given, the labiæ are drawn aside to expose the ulceration, and they are also found within the vagina and surrounding the mouth or protuberance of the womb. It is in these cases that the speculum is had recourse to; and in the Parisian hospitals every case is subject to such a mode of investigation.

The following three illustrations show what a degree

of severity ulceration and other changes put on; the first exhibits superficial excoriation

extending rapidly, and occasionally a swollen appearance of the *os uteri*;

the second shews extensive chancrous ulceration;

and the last of a tuberculous character like

little hardened tumours.

But for the speculum, these

conditions might have

gone on to worse, and

led to irremediable mischief;

their treatment, independently of local

means, such as injections, &c., would have been

prolonged to an almost indefinite time. The use of

styptics is demanded in female as well as male

sypilitic developements, and accordingly the

employment of nitrate of silver, copper, &c. is

advised, as already explained. The following drawing shews the extent of mis-

chief and annoyance to the external organs of female generation consequent

upon neglect. The external labiæ are

studded with chancres; the thighs,

buttocks, and rectum, are dotted and

overspread with excoriations. The

person from whom the opposite

sketch is taken was an unfortunate

woman of the town. As it is not my

intention to particularize cases,

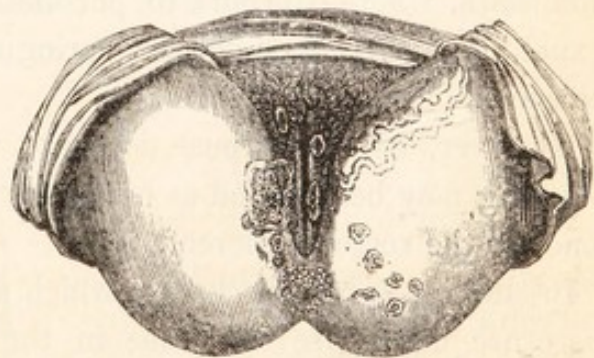
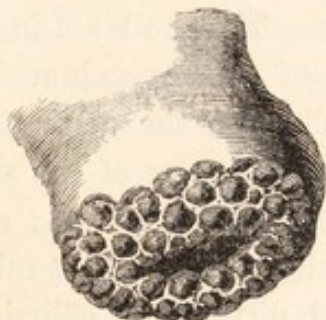
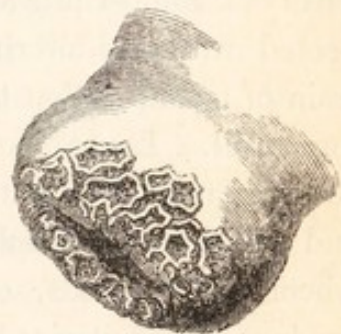
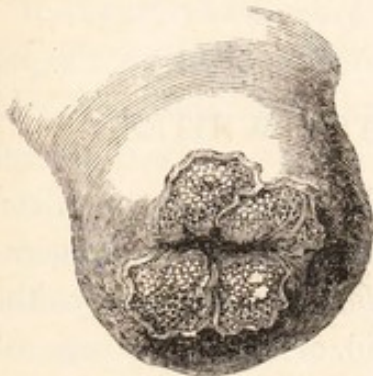
although from my peculiar province

I could fill up as many pages as this book contains with details of such

histories, I have only to add, by way of summary, that the topical and consti-

tutional treatment being alike in both sexes, the only modifications required

will be the regulating of the doses of the medicines, which must be done with



reference to the idiosyncrasy, age, and temperament of the patient. The frail system of woman is less able to withstand the dire effects of the disease, or the potent means for its extirpation, than her stronger brotherhood, and therefore the abler and more experienced the counsel, the fairer the chance of her recovery : a hint that the writer feels assured will not be received by those to whom his pages are addressed, as a vain appeal to repose confidence in other advice than their own.

LEUCORRHŒA, FLUOR ALBUS, OR THE WHITES.

THIS is the most prevalent of all derangements of the female economy, connected with the uterine system ; and from its debilitating effects, induces a train of maladies that tend to embitter personal comfort, more than any other human ill. Leucorrhœa consists of a discharge of acrid, or bland, but variously coloured mucus from the vagina, differing in intensity according to the cause and duration. It would be idle to offer the many arguments set up to prove whence it proceeds, or to examine the discussions, as to whether it is the produce of the uterine vessels or the vaginal secretives. That both aid in its formation is doubtless the case (as the employment of the speculum has satisfactorily proved) ; and equally certain, that, according to the amount of irritability existing therein, so depends the quantity and character of the discharge. It exists in the married and single, in the moral and unchaste ; and therefore the cause should be cautiously divined ; it being evident that other than sexual indulgencies establish this annoying and distressing affliction. It may be fairly conceded to be a vitiated secretion, depending upon a weakened state of the local vessels ; and moreover, in particular habits, to be a salutary evacuation. On the other hand, it must not be denied that it is oftentimes, where it occurs to persons living *sub judice marito*, the result of sexual intemperance or disease, springing from an indiscriminate indulgence in the same.

However, as my purpose is more with the symptoms and treatment, the following may be received as a summary of what occurs, and what should be done for the removal thereof.

In addition to the discharge, which at one time is scanty, at another profuse, there are usually severe pains in the loins and lower part of the abdomen ; there is a sense of bearing down, as though the womb were descending and even protruding. The general health of the patient is disturbed, loss of appetite, excessive languor, a pale and emaciated look, sleepless nights, dark areola around the eyes, various hysterical and other nervous affections, and numerous disturbances indicating a weakened and impaired state of mind

and body. Among other causes besides those alluded to, may be enumerated irregular living, late hours, mental and bodily fatigue, deficient exercise, impure air and neglect of personal ablution. Among the consequences of a long-continued leucorrhœa, an almost certainty of sterility should not be omitted.

TREATMENT.

In Leucorrhœa, where or where not consecutive to gonorrhœa, depending loss of tone of the secretive vessels of the internal organs of generation, the chief indication is to impart vigour and restore strength, which it is evident depends much upon an avoidance of those causes that first started the disease.

Although leucorrhœa bears a strong resemblance to gonorrhœa, there are points by which to distinguish the one from the other. In gonorrhœa, the discharge is unceasing, but small in quantity, and is usually accompanied by inflammatory symptoms; whereas in Leucorrhœa, the discharge is irregular and copious, often coming away in large lumps.

The treatment of Fluor Albus is indicated by the degree of severity present. Where the prominent feature is the discharge, the indication is to increase the action of the absorbents by restoring the tone of the diseased surface, and at the same time to strengthen the system. Where the disease is complicated with weakness and relaxation, astringents should be given by the mouth, and also administered in the form of injections. The alkaline solution of copaiba is a very valuable medicament, and may be taken twice or thrice daily. It may also be employed as an injection, by adding one or two ounces to a pint of water, and a teacupful thrown up several times in the day. There are many domestic remedies, which, from their harmless properties, can at least do no injury, if they are not productive of good; as, for instance, a strong decoction of green tea, an infusion of oak bark, or alum-water, or diluted port wine, all to be used as injections, which, if it shall so please the patient, may be tried prior to the annexed.

(Form 89.)

*Chalybeate Pills—For Leucorrhœa,
or other female sexual weakness.*

Take of

Sulphate of iron one scruple,
balsam of copaiba and liquorice
powder, of each a sufficiency
to form the mass which is to
be divided into 40 pills, of
which three or four may be
taken three times a day.

Or,

Take of

Sulphate of zinc . 1 scruple.
Extract of camomile 1 drachm.
——— gentian . 1 do.
Syrup, a sufficiency.

Mix—and form 24 pills. Dose—
two twice a day.

(Form 90.)

Strengthening Mixture.

Take of

Infusion of bark . . . 7½ ounces.

Sulphate of quinine 8 grains.

Diluted sulphuric acid ½ drachm.

Syrup of orange-peel 2 drachms.

Mix. Dose—three table-spoonsful
twice or three times a day.

(Form 91.)

Astringent Pills—For Leucorrhœa.

Take of

Extract of Peruvian bark.

Gum kino, of each . . . 1 drachm.

Alum ½ drachm.

Nutmeg 1 scruple.

Syrup, sufficient to form the mass.

Divide into 36 pills. Dose—
three pills three times a day, to
be followed by a tea-cupful of
lime-water.

(Form 92.)

Astringent Pills.

Take of

Alum 30 grains.

Catechu 1 drachm.

Opium 5 grains.

Mix. To form 30 pills. Dose—
three twice a day—useful in
chronic gonorrhœa and leucor-
rhœa.

(Form 93.)

*Astringent Pills—For Obstinate Gleet
or Leucorrhœa.*

Take of

Gum kino 1 part.

Canadian turpentine . . . 4 parts.

Powder of tormentilla as much as
may be necessary to form a
mass; divide the same into
pills of five grains each, and
take from three to half a dozen
of them night and morning.

The remaining diseases peculiar to the female pelvic viscera and their outlet,

Continue them for a week or
fortnight. A very useful re-
medy.

(Form 94.)

*Astringent Injections—For Leucor-
rhœa or Gonorrhœa.*

Take of

The compound solu-

tion of alum . . . ½ oz. to 1 oz.

Water 1 quart.

Mix.

Injections may be used two or three
times a day; if found to irritate, they
should be diluted with water. Appro-
priate syringes are to be had; but the
best are those formed by the Enema
apparatus, to be had of Maws in
Aldersgate-street, or Millikin, Strand.

(Form 95.)

Astringent Injection.

Take of

Sugar of lead 1 scruple.

Water 1 quart.

Mix.

Or,

Take of

Catechu } each . . . 1 drachm.

Myrrh }

Lime-water ½ pint.

Mix.

Or,

Take of

Nitrate of silver 1 scruple to 1 dr.

Water 1 quart.

Mix and strain. This lotion is much,
and very effectively used by the
profession.

Or,

Take of

Sulphate of zinc . . . ½ to 1 drachm.

Water 1 quart.

Mix.

See forms 12 and 13.

are hæmorrhoids, irritability and inflammation of the bladder, disordered uterine functions, urethritis or inflammation of the urinary passage, and lastly internal and external irritation or excoriation; but as these fall within the province of every family practitioner, to the consultation of whom no morbid delicacy should prevent a patient, having such in their confidence, from resorting, I shall conclude this section by appending sundry prescriptions, in order that, should prudence not direct the sick one or her friends to call in the advised assistance, help may not be entirely withheld, and in order that, if the aid offered be not the means of supplying the loss of a more proficient and skilful director, it may at least be found mitigatory of these interruptions of health and comfort.

(Form 96.)

Pills to promote the flow of the menstrual secretion.

Take of

Aloetic pills with myrrh 1 drachm.
Compound iron pill . 1 drachm.

Mix, to form twenty-four pills—
Take two twice a day.

Or,

Take of

Compound galbanum pills,
Socotrine aloes, of each . 1 dr.

Mix, to form twenty-four pills.
Dose—two twice a day.

(Form 97.)

Injection for the retention of the uterine periodical secretion.

Take of

Liquor of ammonia . 10 drops.
Milk $\frac{1}{2}$ pint.

To be used morning and evening.
This is a remedy that has been used by many medical men with very great success.

There are no means so importantly serviceable as the frequent use of the warm and vapour bath.

(Form 98.)

Stimulating Drops to restore the menstrual flow.

Take of

Compound tinct of aloes 1 $\frac{1}{2}$ oz.
Tinct. of black hellebore,
— of Castor, of each 1 dr.
— Lyttæ 30 drops.

Mix. Dose—a teaspoonful in water three times a day.

(Form 99.)

To relieve entire suppression.

Take of

Compound galbanum pills,
Sulphate of iron, of each 1 dr.
Extract of savin . . . 10 grs.
Of black hellebore . . 20 grs.

Syrup sufficient to form thirty-six pills. Dose—three twice a day.

All these medicines must be given with great caution.

(Form 100.)

To check an immoderate flow of the menstrual secretion.

Take of

Infusion of roses . . 8 ounces.
Tinct. of opium . . 30 drops.

Mix. Dose—three tablespoonsful, three times a day.

Or,

Take of the tincture of ergot of rye, a teaspoonful in water twice a day.

Or,

Take of

The sesqui-chloride tincture of iron, twenty to thirty drops in water three times a day.

(Form 101.)

For painful menstruation.

Add to a potion of gruel upon going to bed, fifteen or twenty drops of laudanum — this quantity may also be taken in the morning, and repeated several days—the bowels in the mean time to be relieved by castor oil.

The warm bath, in these cases, is invaluable.

Or,

Take of

The extract of stramonium $\frac{1}{2}$ gr.
Spanish soap 5 grs.

Mix. To form a pill to be taken twice a day.

(Form 102.)

*To allay external irritation.**Sedative application.*

Take of

Oil of almonds 6 oz.
Spermaceti $\frac{1}{2}$ oz.

*White wax $\frac{1}{2}$ oz.
Rose water 3 oz.
Orange-flower water . . 10 oz.

Dissolve the wax in the oil, then add the waters, and constantly stir till cold. This is an admirable application for irritation or excoriation of the external parts; it is commonly known as “cold cream.”

*To heal excoriations.**Mild drying ointment.†*

Take of (Form 103.)

The oxyde of zinc . . 1 drachm.
Ointment of spermaceti 1 oz.

Mix.

For obstinate excoriations.

Take of (Form 104.)

Ointment of nitrate of mercury $\frac{1}{2}$ oz.
Superacetate of lead . 1 scruple.
Spermaceti Ointment or cold cream . . 1 oz.

Mix.

* Yellow wax may be substituted for the white wax, which renders the ointment stronger, and better adapted for excoriations that yield a discharge.

† Every nurse is acquainted with the usefulness of starch, tutty powder, Fuller's earth, &c.

EFFECTS OF INCONTINENCE, CELIBACY, AND MARRIAGE.

IN my work entitled “The Institutes of Marriage,” the above subjects are comprehensively considered; but as I cannot calculate upon it always accompanying the present volume, and well knowing the importance of the topics now about to be introduced, I am anxious to render the present undertaking as complete as possible. The past pages relate chiefly to the diseases of the generative system consequent upon contagion, upon accident, and the ordinary wear and tear of human life: the following, to the ills that ensue from the over-indulgence in, and abstinence from, the proper purposes of the reproductive organs, and

the benefits derivable from a fulfilment of the intentions of their natural functions.

There may be much good policy and correct feeling in objecting to the too public inquiry into these matters. The private closet and the public eye are two very different tribunals, and what may be approved of in the one is very likely to be condemned in the other. The line of deciding what shall be communicated and what should be suppressed may be drawn too closely; and that knowledge which is acquired by stealth is seldom so practical as that obtained by competition. If, therefore, the topics herein embraced were to be expunged, and their discussion prohibited, the afflicted would have no other resource than to apply to the adventuring and ill-educated empiric, instead of confiding his troubles to the legitimate professional man. A study, to become useful, should be general; and it is to be hoped that the prudish reserve which excludes this kind of investigation from our medical schools will be laid aside, and truth be obtained by allowable investigation.

The most moral and chaste, at the age of puberty, are assailed with feelings and desires, that, though new and unanticipated, yet need little interpretation when present, and so urgent and imperious, that if not legitimately satisfied, nature and instinct are not slow in pointing out a means of gratification.

“Tum, quibus ætatis freta primitus insinuantur,
Semen ubi ipsa dies membris matura creavit,
Conveniunt simulacra foris e corpore quoque,
Nuntia præclari voltûs, pulchrique coloris,
Qui ciet irritans loca turgida semine multo;
Ut, quasi transactis sæpe omnibus rebus, profundant
Fluminis ingenteis fluctus, vestemque cruentent.”

Lucret. lib. 4. ver. 1024.

“Or when, at length, the full ripe hour is reach'd
Of vigorous manhood, and the genial stores
Crowd thro' the members—ceaseless then, at night,
Forms of the fair, of look and hue divine,
Rush on the spirit, and the ducts of love
So titillate, where throngs the new-born tide,
That, as the tender toil were all achieved,
Full flows the stream, and drowns the snowy vest.”

Good's Translation.

In the male, imagination commanding a wider range than in the female, and fed by associations with, and the usages of, the world, elicits consequences explanatory of life's purposes; and the youth having once experienced, perhaps unsolicited, and possibly during sleep, the agony of seminal secretion, can rarely withstand the afterwards tempting pleasure of seeking a self-repetition of such solitary indulgence, which the forbidden union of the sexes, at this early period, may urge him to.

Setting aside the selfishness and unmanliness of the vice, it is important that the

wearer of the cap and bells should know the consequences of abusing a given function by such a means of gratification. There is no mental passion, or physical exertion, that produces such temporary nervous prostration as the completion of the act of sexual intercourse; and it therefore can be easily conceived how debilitating must be the immoderate indulgence of the practice. Health consists in a due performance of all the functions of the organs of the body, and an undue exercise of them is sure to lead to a disturbance of the economy.

In ordinary sexual commerce, particular phenomena ensue, the circulation is powerfully roused, the heart thumps violently, the blood is driven to the brain, and great mental exaltation is induced, that instances have been known of death suddenly crushing the transport. The too frequent repetition of such excitement cannot fail to wear out, and disease the overwrought organs, the heart and brain particularly, upon the healthy condition of which, the health of the entire frame rests; and hence the diseases of the libertine are usually consumption, physical weakness, and mental imbecility, all the result of disordered circulation and impaired nervous power. If, therefore, such consequences follow a waste of the allotted privileges of man, how much more severe must they be that arise from nervous exhaustion, that which transpires from an absolute stretch of an already overwrought imagination, from, in fact, ideal pleasures, instead of those springing from the instinctive stimulus imparted by the presence of, and cohabitation with, woman. I have elsewhere treated upon the sad and withering effects of self-indulgence in a Hygæan point of view. My object here is to portray the consequences of the like, and the more lawful, intemperance of sexual cohabitation in a domestic light, in how far it is destructive to the health and happiness of others, than the party addressed, the partner of our worldly anxieties, and the offspring that issue from our union. How striking is the change of *appearance* only, much less the positive bodily condition of married persons of both sexes; within one or two years of their union, especially if the match be a youthful one. Let any one, even with a limited acquaintance, recollect such of his former female associates, whom he knew when single, and mayhap may have indulged with in little modest pleasantries: let him recall the gay-lit countenance, the ruddy and prominent cheek, the sparkling and lively eye, the plump and well-filled neck—in fact, let him but compare her then and now, and how disheartening the change; the same being may be recognised, but it is the same being only in mind and not in person. There are exceptions, as I shall presently show, but this is the too frequent portraiture of those who embark in precocious hymeneal contracts, and restrain not the marital privileges. The countenance assumes, when thoughtful, the care-worn aspect; the blanched cheek shews here and there a furrowed imprint; the lustre of the eye is dimmed; and, to drop from the figurative to the literal, the collar-bones hitherto “o’erlaid with nature’s plastic moulding,” seem appointed only, for union’s sake, lest the fabric of neck and shoulders should drop

in pieces. Mark also the decayed health and spirits—hear the bitter grief of head-aches, side-aches, nerve-aches, and behold, perhaps, the puny offspring

“ Mewling and puling in the nurse’s arms.”

The bridegroom wears a sorrowful and thoughtful look. He may possess all the comforts which few inherit, but like Pharaoh’s lean kine, as chaff thrown before the wind, their purpose is opposed. He feeds, but fattens not.

“ Now the frame no more is girt with strength
Masculine, nor in lustiness of heart
Laughs at the winter storm and summer beam,
Superior to their rage; enfeebling vice
Withers each nerve, and opens every pore
To painful feeling.”

Dyer’s Ruins of Rome.

This may be held as a ridiculous picture, but I defy denial of its unhappily too frequent illustration in real life. A word or two on the opposite extreme, *continence*. The reader will observe, in another page, the remark that every part, be it flesh, bone, or nerve, has its use. The reproductive organs have theirs; but it is not only for the propagation of the species—they afford an outlet for accumulated secretion,—they aid in resolving the animal passions—they are the secret incentive to sexual love, and the bond of union between the sexes. They give an appetite that, like hunger, must be appeased or nature revolts; and the harmony of society falls before the ungovernable fury of maniacal craving. Health, the source of all happiness, without the possession of which the world with its beauties would be, for all we cared, tenantless, materially rests upon a proper and moderate use of the copulative process. Entire continence, a rarity among mankind, establishes in both sexes the most miserable perversions of mind and body. In man we have instances recorded of mania, melancholy, apoplexy, and foul skin-disorders. Blindness, deafness, and a host of evils, some greater and few less than these just penned. It is true, continence is, as remarked, but seldom observed, especially in males, who, being denied sexual commerce, are estranged by the distressful habit of onanism; and thereby, in some measure the enumerated maladies are avoided; but as masturbation, like other vices, grows with unbounded speed, a train of ills, far more distressful, await the sufferer who, in addition, becomes, in the meridian of life deprived of the very power he in youth was so improvident of. Continence in females, which all admit to be the brightest ornament a woman possesses, is attended with a poor requital; and its prevalence (to the honour of our countrywomen be it spoken) is truly attested by the miseries of hysteria and other nervous derangements, that pervade the junior and elderly maiden branches of every family, and constitute so formidable an enemy to domestic felicity. A wide field is open for comment upon this subject, which is better adapted for the moralist than the physician. This manual, professing to be but a vehicle for topics of a professional nature only, the writer apologises for

the digression, and can but express his regret, that public opinion is unfavourable to the discussion of such matters, which embrace considerations highly important to a nation, both in a moral and Hygæan view. Continent persons but seldom attain old age; whereas the married females, for instance, although exposed to the dangers of pregnancy and delivery, live generally longer than those who are unmarried or chaste: and provident married men escape the ills and snares that beset single *blessedness*, as it is called. Libertinism, on the other hand, in whatever way practised, is hurtful and destructive to long life.

“Mal, che uccide piacendo, e peste amena,
Che'l senno infetta, e la ragione ammorza;
Luce crudel, che'l fulmine precorre,
E con lucido assalto a gli occhi corrè.”

Poes. Tosc.

“Pest! that destroys by pleasing; fatal snare!
The mind that poisons with its dulcet bane;
Remorseless flash! before the bolt that flies,
And its keen mischief darts from radiant eyes.”

Continence may be a virtue, but is not imposed where marriage is allowable; and then, if deviated from with moderation only, the greatest amount of health and happiness may be elicited, and the proper end of it obtained. Matrimony, where succeeded by the birth of children, powerfully conduces to the health and happiness of women.

“Hail, wedded love! mysterious law, true source
Of human offspring, sole propriety
In Paradise of all things common else.
By thee adulterous lust was driv'n from men
Among the bestial herds to range; by thee,
Founded in reason, loyal, just, and pure,
Relations dear, and all the charities
Of father, son, and brother first were known.
Far be it that I should write thee sin or blame,
Or think thee unbefitting holiest place,
Perpetual fountain of domestic sweets!
Whose bed is undefil'd, and chaste pronounc'd,
Present, or past, as saints and patriarchs us'd.
Here Love his golden shafts employs, here lights
His constant lamp, and waves his purple wings:
Reigns here and revels; not in the bought smile
Of harlots, loveless, joyless, unendear'd,
Casual fruition.”

Milton's Paradise Lost, b. 4.

“But happy they! the happiest of their kind!
Whom gentler stars unite; and in one fate,
Their hearts, their fortunes, and their beings blend.”

Thomson's Seasons, SPRING.

Many female disorders are relieved by marriage. Amenorrhœa and chloro-

sis, disordered conditions of the uterine functions, hysteria, scrofula, skin affections, numerous nervous disorders, and many local complaints, yield as soon as pregnancy commences.

Results should, however, be well weighed, before irrevocable steps are taken. There are many diseases and structural impediments opposed to the matrimonial contract. Malformation and mental imbecility should be held as strong interdicts to the conjugal union. People ought not to marry before manhood is well developed (the male at least 21 to 23 years of age, the female 18 to 21.)—See Professional Records on the Institutes of Marriage. Precocious or late marriages are injurious to reproduction. The unnatural union of old and young of either sex with the other, entails its own miseries. A curious estimate of salacious appetites and power has been drawn up as pervading the different temperaments. The temperaments, as elsewhere noticed, are four—the Sanguine, Nervous, Bilious, and Phlegmatic. Persons of the sanguine temperament are generally of good health, and vigorous in amorous pleasures. The nervous are extremely susceptible in their sensations, and generally much given to female society. Combined with the sanguine, they are capable of great amorous excesses. The bilious temperament imparts a jealous bearing in all affairs of sexual solicitude, that detracts from the fondness and affection which so entwine a woman to a lover or a husband. The melancholic or phlegmatic person is frigid and apathetic in his amours; and love becomes with him a secondary consideration to advancement in life. These temperaments are frequently intermixed, and are much modified by age and health; and the salacious powers correspond.

Speculations have arisen among physiologists as to the effect of climate and season, as well as age and temperament on the reproductive powers. Temperate and warm climates are more prolific in exciting the copulative desire, than the frigid and uncongenial situations of the northern hemisphere. The seasons bear a somewhat near analogy—spring is supposed to be more potent than summer, autumn, or winter, in arousing the amative propensities, which, like the productions of the earth, come, as it were, at that time into a new existence. This observation is borne out by the statistical fact of there being a greater number of births about Christmas and the new year, than any other period.

Man, however, is allowed to be omnivorous in *all* his appetites; and the uniformity of his sexual greediness is preserved by diet, corresponding to the season, which renders the whole twelvemonth a perpetual spring. Man, as well as other animals, is, when in a state of health, capable of procreating upon almost any food. But when there is debility of the digestive or generative organs, the injury can be repaired by the use of proper stimulating diet, thereby occasioning due and sufficient secretions. Virgil, in the 3rd book of the Georgics, has given rules for the efficiency of the stallion, which

may serve to shew of what great utility diet is in this respect. And the principle applies equally to the human being. As the passage is rather long, I shall simply transcribe Dryden's translation:—

—————"When now the nuptial time
Approaches for the stately steed to climb,
With food enable him to make his court;
Distend his chine, and pamper him for sport:
Feed him with herbs, whatever thou canst find
Of gen'rous warmth, and of salacious kind:
Then water him, and (drinking what he can)
Encourage him to thirst again, with bran.
Instructed thus, produce him to the fair,
And join in wedlock to the longing mare.
For, if the sire be faint, or out of case,
He will be copied in his famish'd race,
And sink beneath the pleasing task assign'd."

Air, exercise, health and prosperity, are not without considerable influences. If seasons are not positively influential, certain it is, that particular lunar and solar periods are, taken in conjunction with the state of the body.

"Morning," says a French writer, "is the spring of the journey, when all the functions of the body are renovated." Others declare that when night veils the light of day, the quietude and secresy thereby afforded, offer moments most congenial to the gratification of mutual love. Sexual transports should be avoided after a repast, instances having been known of apoplexy being induced by the excitement of connection, being superadded to the stimulative influence of wine and food.

Henry III. consulted one Fernel for the infertility of his queen, Catherine de Medicis. The advice submitted, comprised the following notifications: Abundant and peculiar nourishment; occasional change of residence; the allowing several days to elapse between each conjugal act; and lastly, that the most favourable moment for impregnation was immediately on the cessation of menstruation. It was not until the adoption of these hints, that her majesty conceived.

The frequency of copulation is unavoidably dependent upon power, but taking a well-formed healthy middle-aged and prosperous couple as a standard, that power is not preserved by abuse, nor secured by complete abstinence; moderate copulation should be practised, but *days* at least should elapse between each embrace.

"Nec Veneris fructu caret is, qui vitat amorem;
Sed potius, quæ sunt sine pœnâ, commoda sumit.
Nam certè pura est sanis magis inde voluptas,
Quam miseris: et enim potiundi tempore in ipso
Fluctuat incertis erroribus ardor amantium."

“ Nor are the joys of love from those shut out
 Who brutal lust avoid : the pure of heart
 Far surer pleasures, and of nobler kind,
 Reap than the wretch of lewd and low desires,
 Who, in the moment of enjoyment's self,
 Still fluctuates with a thousand fears subdued.”

Good's Translation.

Professor Dewees, of Philadelphia, enjoins, that for the enjoyment of marriage and the production of children, matrimony should not be engaged in, until the body is healthily and completely developed; and until then the most scrupulous continency should be preserved. From the 23rd to the 25th year is the suggested period for the male; from the 19th to the 21st, the female. These observations apply to Europeans chiefly; for in India, women become mothers at ten, owing to their early development. Precocious marriages bring premature decay on the father and mother, and entail on their offspring, diminutive stature, debility of body, and imbecility of mind, thus generating consumption, scrofula, insanity, &c. Well-regulated marriages contribute to social and lasting happiness, and the prosperity of the nation at large; but ill-assorted ones, those where the peace of either is infringed by opposing tempers, or by the after-discovery of hitherto concealed physical incapacities, present a scene of wretchedness and disappointment to which death itself were preferable. These remarks might be considerably amplified; but enough has been said, to induce those who approach to manhood, to be provident of that which, once lost, is under all circumstances difficult to regain; and those on the eve of embarking in the most binding and solemn obligation of all human contracts, marriage, to ponder well, ere they compromise the happiness of others as well as themselves, by engaging in a compact, they may know themselves incapable of fulfilling or of efficiently performing; one from which they cannot with honor retreat, and one that, once sealed, demands a rigid compliance with its recognised duties. No man has a right to defraud, by the assumption of manhood, a female of her expected portion, the fair and honorable consummation of the nuptial ceremony; and if he do, from choice or infirmity, the sin and consequences be on his own head. In the chapter on Impuissance, I have dwelt upon its many causes, and have canvassed the several species and their treatment; to which I refer the reader.

The gist of the present article may then thus be summed up. That self-indulgence, or excessive sexual cohabitation, are hurtful in the highest degree, that they induce early impuissance, and bring down a load of mental and corporeal ailments. That premature marriages are destructive to health and long life, and that weak and sickly children are the general result where impregnation of the female follows. That entire continence was never ordained, and is alike productive of disease. That moderate copulation propagates the

human kind, preserves health, and promotes longevity, and the sexual capability is thereby retained to the latest verge of senility.

“ By temperance taught

So may'st thou live ; till like ripe fruit, thou drop
 Into thy mother's lap, or be with ease
 Gather'd, not harshly pluck'd.”

Milton's Paradise Lost, b. 11.

That it is unnatural and unjust for impuissant persons to intermarry with those having healthy expectations, and the power of enjoyment ; and that it behoves all who have a doubt as to their own capacity, to have that doubt removed ; but, if rendered evident, to abstain from shipwrecking their own happiness, or from occasioning disappointment to others.

ON THE HEREDITARY TRANSMISSION OF DISEASE.

The topics of Incontinence, Celibacy, and Marriage, having been severally considered relatively to their effects on society, viewed alike also as to their influence on the health and happiness of the sexes in general, another equally engrossing one naturally presents itself for enquiry to every thinking and sensible person who may contemplate, or be about embarking in what the world deems “ a serious speculation,” matrimony, namely, the probability of issue, and how far the health of the progeny may be influenced by that of the parents. That conception requires the necessary aptitudes in both man and wife is indisputable ; and that although such capacities are rarely absent, still all unions are not prolific ; hence the inference, that some cause must exist to account for such infertility.

It may be local or moral, as elsewhere in this volume explained, which not being the main purport of this paper, needs no other allusion beyond the mere reference. The prevailing resemblance between parents and children in features, form, voice, and even constitutional peculiarities is sufficiently well known to satisfy any one of the similar possibility of the transmission of disease, or sound health.

Optimum bene nasci ; maxima pars felicitatis nostræ bene nasci ; quamobrem præclare humani generi consultum videretur, si soli parentes bene habiti et sani liberi operam darent.—*Fernelius*. “ It is of great consequence to be well-born ; and it were happy for human kind, if only such persons as are sound of body and mind should be allowed to marry.”

We find in Boëthius' work, “ *De veterum Scotorum Moribus*,” that anciently, in Scotland, if any were visited with the falling sickness, madness, gout, leprosy, or any such dangerous disease, which was likely to be propagated from the father to the son, he was instantly gelded ; a woman kept from all

company of men ; and, if by chance, having some such disease, she were found to be with child, she with her offspring was buried alive. (See "Records.")

The Spartans destroyed all weakly and deformed children.—*Plut. Life of Lycurgus.*

Great as the anxiety may be to perpetuate our identities, to create new objects on whom we may concentrate all our affections and love, and who, when born to us, so instinctively bind us the more to this already attractive world, where is the man who does not feel humbled and mortified at beholding in his anxiously looked-for offspring, the unfolding of infirmity and disease ? We are content to encounter the ordinary chances of mortality, let but our children bear the impress of health, and possess the shape of perfect man ; but sad and desolating are the reflections that spring from observing in our issue, the developments of the evils we have nurtured in ourselves. How many existing beings are there, inhaling the breath of life, in whom every respiration feeds the flame of disease, ignited by those from whose loins they sprung, and is hastening them to a premature tomb. How many are there, secluded from the enjoyment of that, which being deprived of by some scrofulous, pestilential, or other hideous deformity, renders them like isolated wanderers on the earth, and for ever forbids their participation in the main charm of existence—social intercourse. How many living specimens of human prototypes in whom reason is obliterated, or never dawned, drag on an existence inferior in enjoyment to the forest-hunted beast, or the animal whose life is yielded for the nutriment of man. And are not the diseases that involve so calamitous a result, consumption, scrofula, gout, idiocy, or insanity, traceable in particular families, to the remotest periods of their ancestral records ? And should not then a knowledge of cause and effect like that just detailed, induce individuals about to fulfil one of the purposes to which they were certainly destined for the perpetuation of their own race, if only from the pride of human nature, well to consider the result of such a consummation ? The health of either party is generally omitted among the categories bandied about preliminary to the completion of the other, though decidedly not more important, arrangements of the nuptial contract ; or if it should not be, many infirmities that are well-known to descend hereditarily are (granted in some cases not premeditatedly, but from ignorance of such a result), yet carefully concealed. Cutaneous blemishes, incipient tubercles, or a scrofulous predisposition, which may be likened to the germs of a fruitful plant sown in a torpid soil, lie in ambush and await some genial transplantation, to display their productiveness, which matrimony, by the analogous change it effects in different constitutions, speedily encourages. In this manner, other morbid phenomena are aroused from their lurking-place, whether it be in the brain, the lungs, or the blood, and transferred to those who succeed us.

I need not, therefore, waste a line prefatory to, or apologetic of, the follow-

ing illustrative definition of health, by which any one with tolerable acumen may estimate the probable "worth of a life," or at all events be spared the plea of ignorance, or misplaced confidence, when taking a step of such importance as wedlock. There are numerous means of calculating upon the durability of human life, by an examination of the countenance, the gait, the attitude, the form, the skin, the temperament, the breathing, the speech, the sleep, and in fact, to a practised professional eye, there is not much difficulty in observing some diagnostic mark, if sickness be secreted in the constitution. The countenance in health varies with the age. Health is indicated by a plump, not puffy or bloated state of the face, a fresh complexion, and an absence of that depression around and particularly below the eye, so observable in persons of sick health. The nose should not be "pinched," as it were, at its junction with the face, nor should there be deep indentations, called furrows or wrinkles, at the angles of the mouth or eyes, which rarely are manifested in healthy individuals, except they be aged through care or time. Many people part very reluctantly with each succeeding year; and few conform to the outward symbols of age. The era was when age was honorable; now few aspire to it, and such is the deception that would be practised, that the coffin-plate is the only tell-tale.

If the teeth have dropped out or decayed, the lower jaw will be observed to be more elevated, the lips drawn inwards over the gums, and the chin and nose approximating each other; the cheek bones will also be very prominent, and the skin thereon shiny and tightly drawn:—these are pretty fair characteristics of disease or old age. The temperaments modify the complexion. In the sanguine, it is florid and soft; in the bilious, dark and rigid; in the phlegmatic, lax and pallid; and the nervous is modified by its general union with the two former. In health, the countenance is expressive of contentment and gaiety, which indicate a happy state of mind, and healthy condition of body. In ill health, it is pale and expressive of languor and sadness, signifying discontent and nervous debility. Where asthma exists, or other nervous affections of the chest prevail, there is pallidness or lividity, a worn-down and distressing look, and in consumption, in addition to the above, there are alternately, on the slightest exertion, gentle flushings. A bluish tint of the skin denotes some organic affection of the heart. In dropsy, the countenance is bloated, or of a waxy puffiness; and in acute indigestion, there is a lividity of the lips, nose, and cheeks. A slow and cautious step, a bending of the body, a laxity and flabby feel of the muscles of the arms, chest, and lower extremities, a tumid abdomen, or a swelling of the feet and ancles, are no indications of health. Tremulous hands mark age, nervousness, or intemperance. Hurried breathing, palpitation of the heart, frequent attacks of

* See article Impuissance.

perspiration, sleeplessness, are all symptomatic of weakness, hysteria, or disease. Persons subject to bleedings, are usually of a waxy paleness, and soft fibre. Allowances must be made for females during the menstrual period, whose complexion, at that time, being less clear and fair, is marked by a dark areola around and below the eyes, the breath is slightly tainted, and a languor is evidenced in all their actions. A voracious or scanty appetite, a dry and shrinking skin, a furred and loaded tongue with indented sides, signify the digestive organs to be deranged. In long-standing dyspepsia, the nose, feet, and hands are generally cold. Emaciation is an infallible diagnostic of disturbed health, and a bloated state equally characteristic. Fits, gout, rheumatic disorders, asthma, occasional brain affections, diseases of the bladder, &c., cannot be considered as warranties of health.

Lastly, with respect to intemperance, the bloated appearance, the tremulous state of the muscular powers, the fetid breath, and the sunken eye, sufficiently identify the cause, to arrest all doubts on the subject. Where intemperance exists in married life, it is the bane of all comfort and enjoyment; and heaven help the unhappy partner of such a companion. There is but one consolation,—that every indulgence of this insane practice, tends to sap, and break up the powers of the constitution, and hastens the close of such an union. The drunkard should be reminded that “some leaves fall from the tree every time that its trunk is shaken;” and the dreary nakedness of winter is brought on, long before that season would have commenced in the regular course of nature.

IMPUISSANCE, OR IMPOTENCE.

UPON pursuing the consideration of the following infirmities of the Reproductive System, a few prefatory observations are requisite. Perhaps of all the physical powers possessed by man, few are subject to so much abuse as the procreative organs—certainly none are more required to be in a Hygienic point of view, held in a sounder condition of health, for upon their tone and perfect structure hinges the happiness and perpetuation of the human race. In this age of luxury and sensuality, however, the world seems untiringly hunting after and more or less obtaining sexual gratification. There can be no doubt, that a greater amount of this species of sensual enjoyment is indulged in before manhood arrives, than can be obtained when man should be in his vigor. The writer is not insensible to the many alluring publications upon this topic, the end and aim of which is not, honestly to afford relief to the diffident sufferer, but to add to his misery, by draining his pocket. Of legitimate publications, alas! there are but few, for it appears that qualified medical men have from some prudish or other such notions, kept aloof from

entering the lists. Were it otherwise, many an unfortunate victim might be spared from the avaricious clutch of the Empiric; but invalids, from such a knowledge of the absence of fair and honourable references, are obliged to seek (or despair of) relief from the unworthy class in question. How far the tendency of the present work may lead to a reformation, is left for the reader to decide. The novelty of the present compendium may subject it to invidious suspicion; the author but invites comparison, feeling convinced that the contents best bespeak its legitimacy and usefulness.

“Increase and multiply,” is the scriptural text. “Plant trees and beget offspring,” is the apophthegm of the Magi. The perpetuation of the species, being, with the great designer of the universe, an object of the first interest, all living beings are mentally and physically formed with a view to this great end.

In the human species, procreation is effected by a congress of the two sexes, and a variety of organs are provided, upon whose condition the due performance of coition mainly depends. The male is destined to furnish a peculiar fecundating secretion, and is accordingly provided with glands to prepare such fluid, and a conduit to convey the same to its proper destination; while the female, being the recipient, possesses an organ capable of effecting a mysterious yet specific change upon the fluid so deposited: a failure, therefore, in any of the structures alluded to, is followed by impotence or sterility.

Impotence implies the incapability of sexual intercourse; Sterility, the inability of procreation; the causes of either of which may be deemed organic, functional, or moral. The following section will be devoted, firstly, to its consideration in its relation to the male.

SECTION I.

IMPOTENCE AND STERILITY OF THE MALE.

WHERE the hindrance to cohabitation arises from organic defect, congenital malformation, or diseases of some of the organs of generation, the disqualification may generally be considered absolute or irremediable. It is remarkable however, to what extent mutilation or disease may occur without total annihilation of the procreative powers; the smallest remnant of the penis, for instance, capable of entering the vagina, provided the testes be sound, being sufficient for impregnation.

A learned lecturer on medical jurisprudence gives it as his opinion, that the smallest quantity of seminal discharge, deposited in the lower part of the female generative apparatus, *provided the female be apt to conceive*, is suffi-

cient for impregnation : and it is astonishing how *minute* a quantity of this plastic agent is necessary for that purpose in some species of creatures. Spallanzani took three grains by weight of the male fluid of the frog, and mixing it with seventeen ounces of water, found that impregnation of the eggs was produced by as much of this exceedingly weak mixture as would adhere to the point of a fine needle.

Although, in human formation, it is not essentially necessary that the male material should be deposited in the upper part of the vagina of the female, yet there is little doubt that the deeper entrance of this substance conduces to impregnation.*

Malformation of the genital organs has already been stated as a cause of impotence. A giant and lilliputian size of the male organ may occasion delay in affording mutual satisfaction. The yielding nature of the female structures, that will admit the exit of the infant is an answer to the former difficulty. Such cases furnish much uneasiness at first, but are easily relievable. I have met with many instances, where consummation has been prolonged from months to years, which a slight knowledge of the functions of the parturient organs might have relieved in a few days ; and with respect to the latter, it may be pardonable to mention, that as the husband should be the first to instruct his companion in what is to be expected, but little disappointment will be experienced, except with the vicious and unworthy. If the diminutiveness proceed from disuse, the fair employment will remove the annoyance ; the drayman's calf and the hodman's shoulders are no bad illustrations of the adaptation of purposes.

There is room for much ingenuity in these matters ; and as marriages are made for better or worse, there exist powerful inducements to resort to the contrivances of the ingenious and humane.

The following case of malformation fell under my own observation ; the adjoining



delineation is a true picture of the circumstance. The penis, *b*, at its under surface, was adherent (from birth) to the scrotum *c*, consequently when erection ensued, it presented the form of a half circle ; the urine escaped near the root of the penis, *a*. The penis itself was impervious but sensible to the amative passion. The gentleman submitted to a division of the fold which united the penis with the scrotum, which former, on being thus released, assumed its proper

position ; sexual congress was thereby attainable, and during erection the orifice of the urethra was drawn sufficiently up to allow of the ejection of the semen into the vagina. Of the ultimate result I have yet to hear.

It may appear almost incredible that the sketch here presented can be a true one of the penis and testicles of a young man upwards of 19 years of age. No less was it a source of wonderment to myself than it may afford a doubt to others. I carefully examined the individual and saw him urinate; the stream was certainly small, but surprisingly large for so minute an organization. He was quite unconscious of amative feeling; the testicles were distinctly perceptible by the finger, but they certainly were not larger than cherry kernels. The young man, in other respects, preserved the male attributes; he had a slight beard, and his voice though not powerful, was by no means effeminate. I had several interviews with him, and then lost sight of him.



I have elsewhere portrayed a relaxed state of the testicle, called varicocele: the accompanying draught exhibits the same in an aggravated form. The patient possessed but little amative power and had also a thickened condition of the prepuce, which produced a perfect *phymosis*. The case, however, under treatment became considerably relieved. The *phymosis* required a division of the prepuce, an operation productive but of little and momentary pain, or rather twinge, and healed in a few days. Children are sometimes not procreated for want of sufficient erectile and consequently penetrative power of the male organ. Much and often needless misery results from this infirmity.

Plato made a law that before marriage, to determine the fitness of the persons, the judges should see the young men who pretended to it, stripped stark naked, and the women to the girdle only. The reason was this, that, in general, women are always ready to receive, and capable of receiving, but that it often happens differently with men,

“ Si blande nequeat superesse labori.”

Virg. Georg. lib. 3, v. 127.

“ If strength they want, love’s task to undergo.”

One of the laws established by Solon was that a heiress, if her lawful husband proved impotent, might lie with his nearest kinsman. And it was contrived against those who, conscious of their own inability, yet for the sake of the portion would match with heiresses, and make use of law to put a violence upon nature; for now since she could lie with whom she pleased, they must abstain from such marriages, or be covered with disgrace; and the husband’s nearest kinsman was named, that the children might be of the same family.—*Plutarch, Life of Solon.*

The loss of erectile power is occasioned through more causes than one. Erection ensues independently of the will or imagination, as instanced on awaking in the morning—the cause is most probably a distended bladder; the phenomena may be a sympathetic irritability of the muscles of the perinæum, especially the erectors; there is a general pelvic disturbance, the nervous excitement is increased, and the rush of blood (obedient to that excitement) is sent to the penis: such, I believe, is the sympathy between all these structures. The will exercises the same, and the results of the imagination do not materially differ; consequently where the mind fails in producing these effects, local excitants may be found to supply its office: hence the usefulness of art in combating the eccentricities of nature. The mere handling of the testicles kindles desire, and in like manner stimulatives applied over the scrotum generate amative heat. I was consulted but lately by a man aged 30, on the eve of his marriage. He had been carrying on a courtship for some years: he had never known women, nor had he, when in the presence of his intended, experienced any strong inclination for copulation. He appeared altogether a man of subdued feelings, and only upon some jocose conversation with an associate did he receive an idea of what he might be expected to accomplish on his wedding-night, and the probability of his failing. The twenty-four hours subsequent to this new notion of things threw him into a state of high nervous excitement, and in that condition he applied to me. It would be difficult to detail what passed at our conference; but the tenor of my advice was to lessen his fears and to trust to his natural resources. Local excitants, both in and externally, were prescribed; and a visit made, a week after he became a Benedict, assured me his success was attributable to the consolation he had derived from the suggestions I gave him.

There are obstacles to the completion of the marriage duties in the form of hydrocele or dropsy of the coats of the testicle, in the existence of rupture, and, lastly, in uncommon obesity. The two former may be relieved, and contrivances may be resorted to to render the last a hindrance of minor importance. The tongue is a better adviser than the pen, and thus may this part of our subject be dismissed.

A curve of the penis is sometimes an obstruction to connubial intercourse; this arises from adhesion or obliteration of the cells of the *Corpora Cavernosa* on one side only, preventing the uniform flow of blood into those structures, and consequently the equal distention of the penis. The curve is of course laterally, and occasions in the act of coition pain to both parties, or the power of penetration is insufficient. Occasionally this malformation is only temporary, and consequently remediable.

Franck gives an instance in which so considerable a portion of the penis had been carried away by a musket-shot, that when the wound healed, the organ

remained curved, and yet it proved adequate to the performance of its functions.

Martin, king of Aragon, is stated by historians to have been so corpulent that neither mechanical contrivances nor medical treatment could render him any assistance towards the accomplishment of venereal congress.

King G—the Fourth, in his latter days, could not dispense with certain mechanical adjuncts to aid him in the indulgence of his passions.

An opinion formerly prevailed, that the existence of the testes was unnecessary for effective copulation;* but that is no longer a point of dispute: their absence, whether natural or artificial, invariably rendering the invalid unfruitful. It is not, however, to be inferred that a person is impotent in whom no testicles are *discovered* in the scrotum, instances occurring, where they do not descend from the abdomen (their embryotic abode) through the whole period of life; and that probably explains the seeming untruth of Voltaire's anecdote. One testicle, provided it be sound, is sufficient for procreation.† Complete extirpation of the testes, although destructive of procreative powers, does not extinguish venereal desire, it having been observed that eunuchs retain the power of cohabitation in an imperfect degree; a fact so well known in the east, that those having charge of the seraglios are deprived of the penis as well as the testes. Where the genital organs exist, but are malformed or pathologically altered, their virility may be nullified.‡

The most frequent malformation is in the *orificium urethræ*, which sometimes opens in the perinæum; at others, on the dorsum of the penis, and not unfrequently under its surface: so long, however, as the orifice opens in that portion of the penis which enters the vagina, so that the *emissio seminis*

* Voltaire says, he knew "three brothers in France, of exalted birth, one of whom possessed three testicles, another but one, and in the third none were apparent—the last," he adds, "was the most vigorous of the three."

† In proof of the organization of either sex influencing the sexual properties and feelings, it is well known that castration of the *testicles* of the male, or *ovaries* of the female, extinguish the power of propagation, and annihilate all sexual appetite. When castration is effected early in life, the sexes lose their distinctions, the male becoming more effeminate, and the female losing her feminine attributes. There are partial exceptions of castrated persons retaining the power of erection of the penis and secretion from the glands of the urethra, and therewith indulging in connection; and females may derive some gratification from intercourse, but it must be feeble indeed; and, in like manner, when disease assails

either structure, their powers and sensations are proportionably diminished; the removal of one testicle or ovary seems to have but little influence, as the loss of one of any of the double senses is compensated by the increased power of the remaining one.

‡ Extensive mutilation or loss of structure from disease, may exist without impotence being the consequence. A recent case at one of our criminal courts, wherein the wife was tried for amputating, in a fit of jealousy, the virile organ of her husband, and for which some lenient sentence, I believe, was passed, bears out the above assertion; for the husband, unable to suppress his amative propensity, was subsequently sued for the maintenance of an illegitimate child, of which it was clearly proved he was the parent by another female. I know several instances of men fulfilling all the duties of wedded life, who by disease had lost the entire glans penis.

may be therein deposited, impregnation may and will take place; and even in cases where artificial * means have been employed to convey the fluid.

A contracted state of the prepuce, its adherence to the glans, or that condition of it termed phymosis, form impediments to the emission of the semen which can only be removed by an operation; and if that be neglected, the evil continues through life.

Among the diseases which occasion sterility in the male, those affecting the penis and those incident to the testicles may be enumerated. With regard to the former, there often exists an excess or deficiency of muscular or nervous energy, inducing *priapism* or permanent erection, in some instances, or paralysis or permanent flaccidity in others. In *priapism*, the erection is so vigorous, and all the parts so distended, that the semen cannot pass into the urethra; while in *paralysis*, from some inaptitude of nervous or muscular powers of the genital organs, the *corpora cavernosa* receive but a limited supply of blood, insufficient to create erection, or provoke a seminal discharge.

Strictures of the urethra are among the barriers to sexual intercourse; but happily, only in extreme cases, where the urethra is all but closed, so as to oppose the passing of the finest bougie.

I had a patient a few years ago, who, being at that time recently married to a very delightful woman, experienced, at each attempt at congress, a most agonising sensation, as though the semen was secreted but retained—upon examining the urethra, I found, at the distance of about five inches from the orifice, a firm stricture, that would not admit the passage of a No. 3 bougie and which, no doubt, during the orgasm, was still more contracted. I cured the stricture by dilatation; since which he has experienced no further annoyance.

The testicle is subject to a variety of diseases, wherein such a relaxation or obliteration of its structure ensues, that the seminal fluid is no longer formed and where both testicles are alike affected, sexual desire is most usually wholly extinguished—the smallest portion, however, of either gland remaining uninjured, may still be capable of secreting semen sufficient for impregnation.

Puberty is the season of life in which the generative function is actively developed, and, unless impaired by excesses or disease, usually continues in vigour until the sixty-fifth year. “The genital organs,” says Mr. Verey, “offer two states during life in the young and old, which are the frozen zones of existence,—the intermediate state is the torrid zone of life,—the infant has

* The late Mr. John Hunter relates a case wherein he was consulted by a man, the orifice of whose urethra was in the perinæum, and whom he advised to collect the semen

during coition in a syringe, and immediately inject the same into the vagina; the result was, that the female was delivered of a child in nine months. (See also “Records.”)

nothing to give, the old has lost all." Instances of precocity, as well as vigorous senectitude, are, however, not wanting.* M. Verrey describes the case of a boy, who, at seven years of age, was as fully developed as an adult, and who made the most furious attacks on his female acquaintance, and absolutely deprived one of them of that which she could never regain. The celebrated Thomas Parr was compelled to do penance for an amour in his one hundred and fiftieth year. The salacious powers of individuals vary with their health and strength and age—the semen secreted may be more profuse at one time than at another. In some persons, it is only furnished after a certain lapse of time, whilst others can satisfy the most unreasonable demands. It is recorded that Alcimenes, an Athenian, had triumphantly made fifty women mothers in one night.†

A question is often very anxiously put to the medical man as to the expected frequency of the act of connection. Much, very much, depends upon the temperament and power of the parties. It is a well known fact, that females healthily organized, can receive more than man can bestow, or in plainer language, are by nature allowed a greater, more lengthened, or keener sense of enjoyment, and lastly, an appetite less easily satiated; but happily, female depravity (for the pleasure is cultivatable) less frequently exists than is acquired by example.‡

* There is a good deal of variety in the strength and prolific energy of the genital system of the human species—some women are sterile, others are prolific with a vengeance, often producing two, three, and even four children at a birth.

The unfruitfulness of the female is usually attributed to some organic infirmity or incapacity on her part, whereas when she may be unusually prolific, we are apt to arrogate the merit to ourselves. Such is more probably owing to her own powers, it being observed oftentimes in families, that particular members, such, for instance, as sisters, produce their husbands twins or triplets; no insignificant proof where the fecundity lies—nor a useless hint to the bachelor in search of a bride. The corporation of one of our principal towns, a little while ago, presented a piece of plate to an old gentleman eighty years of age, whose wife produced him four children at one birth. It was very evident, that they (the corporation) were not very learned in this physiological secret, else they would have inscribed the gift to the lady.

† The strength of the sexual necessity is, in some parts of animal nature, truly astonishing, nor is it weak in our own race if the above be true. Probably why it is so marked by the former, is because the impulse is but periodical; whereas, in the human

species, the aptitude is ever vernal, although it may be conceded, that there are seasons more climacteric than others.

‡ Montaigne tells the following droll story:—

"Upon the difference which happened in Catalonia, wherein a wife complaining of her husband's too frequent addresses to her (not so much, as I conceive, that she was incommoded by it—for I believe no miracles out of religion,—as under this pretence to curtail and curb in this, which is the fundamental act of marriage, the authority of husbands over their wives, and to shew that their frowardness and malignity go beyond the nuptial bed, and spurn under foot even the graces and sweets of Venus); the husband, a man really brutish and unnatural, replied—that on fasting days he could not subsist with less than ten courses. Whereupon came out that notable sentence of Catharine of Arragon, by which, after mature deliberation of her council, this good queen, to give a rule and example to all succeeding ages of the moderation required in a just marriage, set down six times a day as a legitimate and necessary stint; surrendering and quitting a great deal of the needs and desires of her sex, that she might, she said, establish an easy, and, consequently, a permanent and immutable method."—*Essay "on some verses of Virgil."* Cotton's Translation.

An emperor of Rome deflowered ten Sarmatian virgins in one night; but Messalina, an empress of Rome, wife of Claudius, had intercourse twenty-five times during the same period, changing her man as often as she liked.*

—adhuc ardens rigidæ tentigine vulvæ,
Et lassata viris, nondum satiata recessit.

Juven. Sat. 6, v. 128.

All filth without, and all a fire within,
Tired with the toil, unsated with the sin.

Dryden's Trans. of Juvenal.

The quality, consistence, and fecundating power of the male fluid, also, is much modified by circumstances; at one time it is thin, watery and scanty—at others tinged with blood, and again it differs in colour, odour and tenuity. (Refer to page 13, and also to my work on marriage.)

Impotence may follow accidents to the testicles, such as produced by a bruise; or even a testicle which shall have become inflamed from clap shall become so chronically hardened as to be useless. Bruising the testicles was the mode adopted by the oriental courts for destroying masculine efficiency in the attendants of the harem. In a similar manner do the Algerines, instead of gelding their horses, render nugatory the male virility. Park-keepers in this country serve the deer so to annul the generative power of the bucks. Many cases of impuissance exist through internal disorganization of the *Vas Deferens* and *Vesiculæ Seminales*, that are only detectible after death. Many curious ideas formerly existed of the manner in which impregnation could be achieved; one, for instance, as that stated by Averroes, who related that a woman conceived by bathing in the same water wherein a man had previously emitted his sperm; but they are all fabulous.

Solon, the Athenian lawgiver, "fancied that the source of domestic contentions might be destroyed by a civil law, which, regulating the conjugal rites, should insure their performance at three determined periods in each human revolution." But "this supposed remedy, instead of contenting the two parties, was satisfactory to neither."—*De Pauw on the Greeks*, Vol. I. sec. 3.

Joan, Queen of Naples, caused her first husband, Andreas, to be hanged at the bars of her window in a halter of gold and silk, woven with her own hand, because that in matrimonial performance, she neither found his parts nor abilities answer the expectation she had conceived from his stature, beauty, youth, and activity, by which she had been caught and deceived.

* Amative feelings, or ecstasy, of course depend materially upon animal condition and the amount also of mental excitement: hence the immense variety we observe in the effects of the exercise of the sexual passions of different people, and hence the

various modifications which they undergo from the state of civilization amongst different nations. On the one hand being productive of scenes and habits of disgusting obscenity, among those barbarous people whose propensities are unrestrained by mental cultivation; and, on the other, attended by social ties and higher intellectual ideas amongst those in whom, from education and cultivation of the mind, the bodily appetites or passions, subject to the reason, assume a milder, less selfish, and more elevated character. Hence it comes that the various customs of different nations, legislative enactments of ancient and modern statesmen, and even some religious injunctions and ceremonies relating to marriage and concubinage, are to be regarded rather as a picture of the state of civilization among the people to which they have belonged, and as the results of local situation and circumstances, than a consequence of their physical organization and natural endowments, as some would have us to believe.

There are certain conditions of health in which, although the genital organs may be perfect, yet, owing to some constitutional frigidity, there is an incapability of erection. The offspring of too young, or very aged, infirm persons, or of those worn down by debauchery, are but too common instances.

The appearance of persons of this temperament is thus described by a French writer—"The hair is white, fair, and thin; no beard, and countenance pale; flesh soft and without hair; voice clear, sharp, and piercing; the eyes sorrowful and dull; the form round, shoulders narrow; perspiration acid; testicle small, withered, pendulous, and soft; the spermatic chords small; the scrotum flaccid; the gland of the testicle insensible; no capillary growth on the pubis; a moral apathy; pusillanimity and fear on the least occasion." A remarkable instance of the change of appearance of a *once* fine, handsome, athletic fellow, to one resembling the above temperament, fell within my notice, and was ascribable to excessive masturbation and libidinous indulgences, which he gave way to in a warm climate.—He was about thirty-six years of age, and had lost much of his muscularity, yet retained considerable symmetry of form; the testes were relaxed, withered, had lost all feeling of substance, consisting as it were of a bundle of cords, within a pendulous and flaccid scrotum: the most singular feature in the case was a complete baldness over the phrenological organ assigned to amativeness, encircled by a fringe of white or rather greyish hair, the other parts of the head being covered by an exuberant nut-brown crop; sexual desire was much diminished, and his retentive faculty very imperfect: the change of structure was irreparable; but its further progress was arrested.

The most frequent cause of impotence, at that period of existence when man should be in the zenith of his procreative power, is in a general weakness of the generative organs, induced by too early an indulgence in coition, the pernicious and demoralizing crime of masturbation, or the abuse of venereal pleasures. In these cases, erection will not take place, or but feebly, although the mind be highly excited by lascivious ideas. The erector muscles are paralysed from over-use, and the semen, if any is secreted, from the lax and withered state of the testes, is clear, serous, without consistence, and consequently deficient of prolific virtue. Sometimes there is a want of consent between the immediate and secondary organs of generation; thus, the penis acts without the testicles, and becomes erected when there is no semen to be evacuated; while the testicles secrete too quickly, and an evacuation takes place without any erection of the penis; the latter disappointment is of extensive prevalence.

Impotence is sometimes occasioned by particular diseases during their continuance, such as nervous and malignant fevers; while, strange to relate, an opposite effect is sometimes produced by other diseases, such as gout and

rheumatism, hæmorrhoids, &c. ; and instances are on record, that others produce such a change in the constitution that an impotent man may find himself cured of his impotency on their cessation.*

Of all the functions of the animal economy, none are so subservient to nervous influence as those of generation, which, when the organs are perfect, and respond not to the natural application of them, the cause may be classed among those impediments termed moral. Montaigne, speaking of the force of the imagination, in a work devoted to these matters, thus writes—"A particular friend of mine, one for whom I can be as responsible as for myself, and a man who cannot possibly fall under any manner of suspicion of insufficiency, having heard a companion of his make a relation of an unusual frigidity that surprised him at a very unseasonable time, being afterwards himself engaged upon the same account, the horror of the former story on a sudden so strangely possessed his imagination, that he ran the same fortune that the other had done ; and from that time forward, the remembrance of this disaster running in his mind, and tyrannising over him, he was extremely subject to relapse into the same misfortune.†

"He found some remedy, however, for his inconvenience, by frankly confessing and declaring, before-hand, to the party with whom he was to have to do, the subjection he lay under, and the infirmity he was liable to ; by which means the contention of his soul was in some sort appeased ; and knowing that now some such behaviour was expected from him, the restraint upon those faculties grew less, and he suffered less from it, till at last he was totally freed from that vexatious infirmity." He adds—"When a man has once done a woman right, he is never after in danger of misbehaving himself with that person, unless upon the account of a manifest and inexcusable weakness. Neither is this disaster to be feared but in adventures where the soul is over-

* Dr. Dunlop mentions that the patients of the hospitals of New York, recovering from yellow fever, exhibited most furious sexual passion, to the great inconvenience of the nurses and their assistants.

† Amasis, king of Egypt, married Laodicea, a beautiful Greek virgin : and though famous for his abilities elsewhere, found himself quite another man with his wife, and could by no means enjoy her ; at which he was so enraged, that he threatened to kill her, suspecting her to be a witch. As it is usually occasioned by things that consist in fancy, she put him to his devotions, and he found himself divinely restored the very first night after his oblations and sacrifices.

King James I. in his conversation with Abbot, archbishop of Canterbury, acknowledged his own impotency in his first lying with the queen, and that in him it was merely "*vitium animi non corporis*."

Henry VIII., it is reported, never consummated his marriage with Ann of Cleves ; and on this account, lived with her only six months, and then obtained a divorce.

Edward the Confessor married the beautiful daughter of Earl Godwin, and yet never consummated the marriage. The case is thus related by Baker—"He made her his wife, but conversed not with her as a wife ; only at board, but not at bed ; or if at bed, no otherwise than David with Abishag ; and yet was content to hear her accused of incontinency, whereof if she were guilty, he could not be innocent." The monkish historians attributed this to a vow of chastity ; and hence they esteemed him a saint, and honoured him with the name of Confessor. His amours with other women, notwithstanding, have disproved his inability, which renders it probable, his incapacity, in this instance, arose from a freak of the imagination.

extended with desire or respect, and especially where we meet with an unexpected opportunity that requires a sudden and quick despatch."

To resume.—As the parts of generation are not necessary for the existence or support of the individual, but have a reference to something else in which the mind has a principal concern; so a complete action in those parts cannot take place without a perfect harmony of body and mind, that is, there must be both a power of body and disposition of mind; for the mind is subject to a thousand caprices which affect the action of these parts.

"Copulation is an act of the body, the spring of which is in the mind, but *it is not volition*; and according to the state of the mind, so is the act performed. Persons often plead intoxication as an excuse for a stray and impure connection; whereas it is well known that the *salacious* powers lose their vigour, as the reflective faculties become obscured. To perform this act well, the body should be in health, and the mind should be perfectly confident of the powers of the body; the mind should be in a state entirely disengaged from every thing else; it should have no difficulties, no fears, no apprehensions, not even an anxiety to perform the act well; for even this anxiety is a state of mind different from what should prevail: there should not be even a fear that the mind itself may find a difficulty at the time the act should be performed. No function of the machine depends so much upon the state of the mind as this. The will has nothing to do with this power; it is only employed in the act, so far as voluntary parts are made use of; and if it ever interfere, which it sometimes does, it often produces another state of mind which destroys that which is proper for the performance of the act; it produces a desire, a wish, a hope, which are all only diffidence and uncertainty, and creates in the mind the idea of a possibility of the want of success, which destroys the proper state of mind or necessary confidence. There is, perhaps, no act in which a man feels himself more interested, or is more anxious to perform well; his pride being engaged in some degree, which, if within certain bounds, would produce a degree of perfection in an act depending upon the will, or an act in voluntary parts; but when it produces a state of mind contrary to that state on which perfection depends, a failure must be the consequence.

"The body is not only rendered incapable of performing this act, by the mind being under the above influence, but also by the mind being, though perfectly confident of its power, yet conscious of an impropriety in performing it; this, in many cases, produces a state of mind, which will take away all power. A conscientious man has been known to lose his powers, on finding the woman he was going to be connected with unexpectedly a virgin."*

From this account of the necessity of having the mind independent respecting the act, we must see that it may very often happen, that the state of the mind

* John Hunter.

will be such as not to allow the animal to exert its natural powers; and every failure increases the evil. We must also see from this state of the case, that this act must be often interrupted; and the true cause of this interruption not being known, it will be laid to the charge of the body, or want of power.*

As these cases do not arise from real inability, they are to be carefully distinguished from such as do; and, perhaps, the only way to distinguish them is, to examine into the state of mind respecting this act. So trifling often is the circumstance which shall produce this inability depending on the mind, that the very desire to please shall have that effect, as in making the woman the sole object to be gratified.

Cases of this kind are to be met with every day. John Hunter, on being consulted by a gentleman who deemed himself impotent, made him promise on his honour to pass six nights in bed with a young woman without attempting sexual intercourse; and before the allotted time had expired, the patient's only fear was, lest the force of desire should induce him to break his promise; which is fully corroborative of the great ease with which a man is thrown off the balance when he is about to be engaged in "Love's bashful rites;" and the trifling circumstances which may deprive him of all power.†

There is in many cases much to be done towards effecting a cure by the conduct of the wife, and it would only be a piece of false delicacy in me to desist from mentioning the circumstance that many men of great nervous susceptibility, but physically efficient for the generative purpose, find their energies palsied by the frigid conduct of their brides. Many women, moving in a respectable sphere of life, have the idea that it is unbecoming and indecorous to meet the embraces of their husbands, or to shew any solicitude in the matter; thus directly opposing the dictates of nature, and setting themselves in opposition to one of the main purposes for which they were created. There was much pertinence in the saying attributed to the daughter-in-law of Pythagoras, "that the woman who goes to bed to a man, must put off her modesty with her petticoat, and put it on again with the same." And Milton, than whom no poet writes with more attention to decency and propriety, has these appropriate passages:—

* Montaigne relates a story of a man of fortune, who was so mortified by an accident of this kind, which he had attributed to a bodily failing, that he actually amputated the offending parts, and sent them to his mistress as an atonement for the disappointment he had occasioned her.

† Among the very many and various cases that fall within my observation, I often meet with individuals labouring under this defect towards particular persons, such as, for in-

stance, their own wives; not from any want of affection towards them, or from personal dislike, nor from any organic defect in themselves (being known as gallants to others) but probably from an absence of that necessary mental excitement, which novelty, lasciviousness, and stimulants alone can supply. —Others entertain too respectful a regard towards the companions of their solicitude, to hold them subservient to the grosser animal gratifications.

“ So spake our general mother, and with eyes
 Of conjugal attraction unproved,
 And meek surrender, half-embracing lean'd
 On our first father ; half her swelling breast
 Naked met his, under the flowing gold
 Of her loose tresses hid. He in delight
 Both of her beauty, and submissive charms,
 Smiled with superior love _____
 _____ and press'd her matron lip
 With kisses pure.”

“ Nor gentle purpose, nor endearing smiles
 Wanted, nor youthful dalliance, as beseems
 Fair couple, link'd in happy nuptial league,
 Alone as they.”

Paradise Lost, b. 4.

I extract two instances from my note-boke, exhibitiv of the consequences of female apathy on the occasions alluded to. A young man had courted his bride for seven years previously to his marriage; on every occasion of their meeting (he assured me) was he alive to those sensations taught by his expectancies, and only on his wedding-night did he learn that he had wedded a statue instead of the one his fancy had pictured he was about to possess. The result was disastrous; a sudden and new feeling sprung up between them. The husband attributed his failure to his wife's frigidity, and her disappointment ended in disgust of him of whom, had she but united the lover with the wife, she might have had no reason to complain. The second case was nearly as fatal to the happiness of both parties, but the good sense of the wife enabled her to combat the difficulty—her reward was an affectionate and competent husband.

The episode of Musidora, unconsciously bathing in the presence of her lover, as described in Thomson's Seasons, will shew what was that eminent poet's notion of true delicacy. The story is most beautifully and chastely told, and will well repay perusal. I cannot, while on this topic, refrain from quoting the elegant lines of Cornelius Gallus; and though he speaks *con amore*, there is nothing that the liberal critic can blame either in their sentiment or expression:—

“ Pande, puella, geneas roseas
 Perfusas rubro purpureæ Tyricæ:
 Porrige labra, labra corallina;
 Da columbatim mitia basia
 Sugis amentis partem animi.”

Thus translated—

“ Let a warmer crimson streak
 The velvet of thy downy cheek:
 Let thy lips that breathe perfume,
 Deeper purple now assume;
 Give me now one humid kiss,
 Now repeat the melting bliss;
 Soft, my love! my angel, stay!
 Soft, you suck my breath away.”

Then, again, the "dear creatures" are so capricious, that—

"Nolunt ubi velis, ubi nolis, cupiunt ultro."

Terent. Act 4, Scene 8.

"You would, they won't; when you would not, they would;
Consent does freeze, denial fires their blood."

SECTION II.

IMPOTENCE AND STERILITY OF THE FEMALE.

A FEMALE may be impotent, and not sterile; and sterile but not impotent. Impotence can only exist in the female, when there is an impervious vagina; but even this condition does not necessarily infer sterility, many cases being recorded, where the semen, by some means or another, through an aperture that would not admit a fine probe, has found entrance to the vagina and occasioned impregnation.*

Impotence may arise from a malformed pelvis, the absence of a vagina, adhesion of its labia, unruptured hymen† or one of such strength as to resist intromission. In the two former instances, sterility is irremediable; but Art, and indeed, Nature, may overcome the latter impediments.

Were these pages intended only for the surgery, instead of the public, the annexed wood cuts would be unnecessary, medical men being conversant with the inconvenience in question; but all the world not being blessed with similar anatomical information, the sketches are presented. The upper one represents the relative situation of the female urethra (1) and the contracted orifice of the hymen (2). In the cases of hardened obstruction, where the hymen assumes an almost cartilaginous texture, the attempts at marital consummation are fruitless, and often give rise to severe local inflammation. The infirmity, on the other hand, is easily and painlessly removable by surgical skill. The lower drawing represents a hymen with two apertures (2), which, if broken down by violence, leaves a troublesome lacerated wound. The surgeon's assistance is indispensable.

Where Hermaphroditism exists, the sex is usually more masculine; it is a vulgar error to suppose that the two sexes exist entire, and that they are capable of giving and



* An incident of this sort befel a young girl who married at the age of sixteen years; and only at the expiration of eleven years' cohabitation with her husband did she fall pregnant, without any enlargement of the

pudendum, but which dilated at the time of birth, and remained so afterwards.

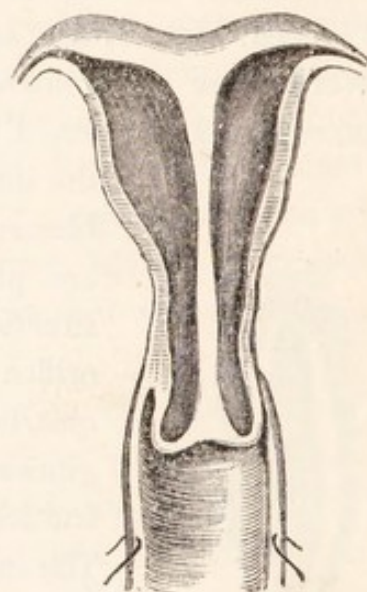
† The celebrated maid of Orleans, Joan of Arc, laboured under a similar malformation of occluded vagina, and thus falsified the attempts made to impugn her chastity.

receiving the offices of married life. The theory is amply considered in the "Institutes of Marriage." The present sketch is merely introduced to shew the more frequent malformation. The penis exists, but has no urethra—below is an opening resembling the vagina of the female, which is but of short length, at the bottom of which (in fact, the perineum) the urethra opens. The testicles are entire, and the individual from whom the draft was taken possessed somewhat the desire of the male, without the capability of penetration: the penis, when excited, from its attachment to the lips of the imaginary vagina, and also from its contracted form, presenting merely a kind of bulbous tumour. In a recent analo-



gous case, partial relief was afforded (page 245). Even where hermaphroditism more closely partakes of the female, conception never takes place; hence all such parties are sterile.

Nature, as if to atone for denying to some the delights of maternity, has been occasionally doubly bountiful to others. The annexed drawing exhibits a section of a double uterus. Cases are on record where both have been impregnated.



The following case from Foderé is illustrative of the paradoxical proposition of a woman being impotent, and not sterile, and establishing the fact mentioned in another place, of the deposition of semen at the lower part of the vagina being adequate for impregnation;—A young man had married a young female, with whom, although he had frequently made the attempt, he could never consummate the marriage "*à son gré*." At the end of three months he demanded a divorce, although she declared herself pregnant.—She was now examined by many skilful surgeons, who found a hard callous membrane placed at the mouth of the vagina; this they divided, and the operation succeeded so well, that the husband relinquished his claim for a divorce. The woman was delivered in six months after the operation of a male infant at the full term, and of great vigour. Sterility, in the female, depends mostly upon diseases of the *uterus* or womb, the *fallopian tubes* or the *ovaria*. The sides or mouth of the former may be agglutinated or closed, whilst the same occurrence may befall the *fallopian tubes*; in either case impregnation is impossible.

In the instance of a deceased married female, that fell under my observation, the uterus or womb presented the following appearances—the usual



cavity was discoverable, but it was filled with a *cheesy* like substance, and also there were some ulcered looking caverns filled with the same material. This female, while living, endured continued pains in the uterine region, was insensible to marital physical enjoyments, sterile, although a wife several years, and the constant sufferer from a vaginal discharge—her death was consequent upon a severe cold that ended in consumption.

Leucorrhœa is often attended with barrenness; at all events, it is very debilitating, and thus impedes conception. A notion once prevailed that women who did not menstruate could not conceive; it has since been disproved, except in those instances where menstruation never occurred:—a single monthly discharge indicates an aptitude for conception. It is observed that barren women have very small breasts. Women who are very fat are often barren, for their corpulence either exists as a mark of weakness of the system, or it depends upon a want of activity in the ovaria: thus spayed or castrated animals generally become fat. The same remarks apply to the male kind, who are outrageously corpulent. There are many other peculiarities in matrimonial life, fertile subjects for speculation; such as, for instance, the lapse of time that often occurs after marriage before conception takes place, and the space between each act of gestation; the solution of which may be, that these occurrences are modified by certain aptitudes, dispositions, state of health, &c.; the same may explain why persons have lived together for years in unfruitful matrimony, and who yet, after being divorced, and marrying others, have both had children.

“Quem multæ steriles Hymenæis ante fuerunt
Pluribus, et nactæ post sunt tamen, unde puellōs
Subscipere, et partu possent ditescere dulci;
Et quibus ante domi fecundæ sæpe nequissent
Uxores parere, inventa est illis quoque compar
Natura, ut possent gnatis munire senectam.”

Lucret. lib. 4, v. 1244.

“Those many a Hymen who have erst essay’d
Vainly,—at length th’ appropriate stores acquire,
And feel the lovely load their wombs enrich.
While he, perchance, whose prior bans forbade
All the fond hope of offspring, happier now
A mate has found of more concordant powers,
And boasts a race to prop his crumbling age.”

Good’s Translation of Lucretius.

It is not always that the healthiest women are more favourable to conception than the spare and feeble. High feeding and starvation are alike occasionally inimical to breeding. The regularity of the “courses” appears principally essential to secure impregnation; and the intercourse is generally

held likely to be the more fruitful that takes place early after that customary relief. In the work on "Marriage" this subject is amply considered.

The belief of the Greeks and Romans, and of the eastern nations, was that sterility arose from the special interposition of Providence. In Homer's *Iliad* we find these lines:—

"My sire with curses loads my hated head,
And cries, 'Ye furies, barren he his bed!'
Infernal Jove, the vengeful fiends below,
And ruthless Proserpine, confirm'd the vow."

Pope's Translation.

*Au Tonquin, où l'on honore la fécondité, la peine imposée par la loi aux femmes steriles, c'est de chercher et de présenter à leurs époux des filles qui leur soient agréables. Chez Giaques, lorsqu' on apperçoit dans une fille les marques de la fécondité, on fait une fête; lorsque ces marques disparaissent, on fait mourir ces femmes, comme indigne d'une vie qu'elles ne peuvent plus procurer.**

Women in health are capable of bearing children, on an average, for a period of thirty years, from the age of fifteen to forty-five; but their incapacity to procreate does not deny them the sexual gratification, it being well accredited that women, upwards of seventy years of age, have been known, who have lost but little of the amative inclination and enjoyment which they possessed in their early days. Men certainly possess their procreative power to a longer period—it being common for men to become fathers at eighty, ninety, and one hundred, old Parr becoming a parent at the age of one hundred and thirty. Women rarely fall pregnant beyond fifty.

Some females endure intense pain during coition, so as to occasion fainting or great exhaustion. Such suffering is usually traceable to internal ailments—such as *piles, fistulous openings* between the *rectum* and *vagina*, *ulcerated wombs, vaginal tumours or abscesses*. Cases continually present themselves where, on the removal of the cause, the effect is cured.

The number of children that women have individually given birth to is very variable. It is attested, among a collection of facts of this nature, that one female gave birth to eighteen children at six births; another—forty-four children in all, thirty in the first marriage and fourteen in the second; and in a still more extraordinary case, fifty-three children in all, in one marriage, eighteen times single births, five times twins, four times triplets, once six, and once seven.† Men have been known to beget seventy or eighty children in two or more marriages. With regard to the average proportion of male and female births, it appears that the males predominate about four or five only in one hundred. The average number of children in each marriage is in England from five to seven.

To a continual irritability of temper among females may be ascribed infer-

* Helvetius *De l'Esprit Disc.* 2.

† Fournier.—*Dict. des Scien. Med.* tom. iv.

tility. Independently of ever fostering domestic disquietude, it produces thinness and feeble health; and, where pregnancy does ensue, it most frequently provokes miscarriages, or leads to the birth of ill-conditioned and puny offspring.

Perhaps one of the most indispensable and endearing qualifications of the feminine character is an amiable temper. Cold and callous must be the man who does not prize the meek and gentle spirit of a confiding woman. Her lips may not be sculptured in the line of perfect beauty, her eye may not roll in dazzling splendor, but if the native smile be ever ready to welcome, and the glance fraught with clinging devotion or shrinking sensibility, she must be prized far above gold or rubies. A few moments of enduring silence would often prevent years of discord and unhappiness; but the keen retort and waspish argument too often break the chain of affection link by link, and leave the heart with no tie to hold it but a cold and frigid duty.

SECTION III.

TREATMENT OF IMPOTENCE.

IN venturing upon this part of the subject, it will be as well, first, to distinguish those cases that are curable from those that admit of no relief. Among the latter may be enumerated, all those arising from an original or accidental defect in the organs of generation. Where, also, old age is the cause, little is to be done: medicines are of no avail, and temporary stimuli not unfrequently worse. Henricus Abheers cites the case of an old man, who swallowed a quantity of *Cantharides* in syrup, to re-animate his virile powers: and woeful was his disappointment; for, instead of his anticipations being realised, the most violent irritation, accompanied with bloody urine, succeeded by a total suppression, was set up; and despite of all medical assistance, death triumphed over his indiscretion. It should never be forgotten that all pleasures have their seasons, and that senility should not assume the garland brow of youth;—if it do, disappointment, and vexation, and ridicule will inevitably follow.

There is a vulgar and brutish notion abroad that *Cantharides*, or the Spanish fly, if administered in the drink or food of an unsuspecting and modest maiden, will excite her to the forgetfulness of the decencies of her sex, and induce her to solicit what, without, she would indignantly repel; the preceding anecdote portrays the consequence of the administration of so fatal a poison. *Cantharides* are certainly classed among the *aphrodisiacs*, but, even when used as such, are prescribed with great caution, and not with the same intention as the unworthy idea alluded to.

Copulation should never be an act of effort: I have known many serious results arise from a fruitless perseverance in an attempt *in coitu*; and it is not

long since, that at an inquest holden upon an aged person, it was given in evidence that the deceased fell a victim at the shrine of his own presumption. Where there exists an inaptitude, and that probably a temporary one, it is better at once to desist, and await a happier season.

Is health your care, or luxury your aim ?
 Be temperate still ; when nature bids, obey ;
 Her wild impatient sallies bear no curb :
 But when the prurient habit of delight,
 Or loose imagination spurs you on
 To deeds above your strength, impute it not
 To Nature ; Nature all compulsion hates.
 O let not luxury or vain renown
 Urge you to feats you well might sleep without,
 To make what should be rapture a fatigue,
 A tedious task : nor in the wanton arms
 Of twining Laïs melt your manhood down ;
 For from the colliquation of soft joys
 How chang'd you rise ! the ghost of what you were !
 Languid and melancholy, and gaunt and wan,
 Your veins exhausted, and your nerves unstrung.
 * * * * *
 The blooming powers of your youth are fallen,
 Your vigour pines, your vital pow'rs decay,
 Diseases haunt you, and untimely age
 Creeps on, unsocial, impotent and lewd.

Armstrong.

' That certain medicaments, aliments and so forth, do possess an *aphrodisiac* power, is not to be denied ; but when adopted by those weak beings, whose bodies are either worn out by age or excess, and who pin their faith to such restoratives, the little remaining sensibility in their frames, the source of life and energy, cannot sustain the shock of reaction ; and the result is, total annihilation or death.

Certain odours have the credit of producing temporary impotence. The smell or the taking of camphor was supposed to be an aphrodisiac ; and Amurath the Fourth published an edict which made smoking tobacco a capital offence, considering that it rendered his subjects infertile. On the contrary, peculiar kinds of diet are supposed to possess an aphrodisiac power, such as fish, nuts, dried fruits, onions, &c. The natives of some of the South-sea islands believe that by cutting the veins behind the ears the males are rendered impotent and the females sterile.

From what has already been stated, it will be perceived, that the mind exercises no inconsiderable influence over the functions of the organs of generation : and as the state of the mind depends upon the particular circumstances under which it may be placed, any attempt to establish a code of instructions, applicable to every instance in which a sportive fancy, or disturbed imagination, constituted the prevailing cause, would be abortive, and might be considered (which God forbid !) as pandering to a vicious and depraved appetite,

whereas the object of this treatise is only to encourage the diffident, to assist the afflicted, and render a service to those legitimately deserving it.

As excess in sexual indulgences impairs the generative power, no less injurious may entire abstinence be considered. The due exercise of an organ tends to its perfection, as the neglect or misuse of it, to its impairment. Besides, there is not any wonderful virtue in abstaining from the proper use of the sexes. Why, in the name of morality, were such powerful impulses and desires bestowed upon us. Why were such wonderful organizations given to us—if they were not originally designed to be used by every one who is possessed of them? Society, in its present form, is not perhaps constructed with a philosophical regard to our own natural instincts, and our own original rights.

Some individuals have been deterred from forming an honourable connexion, from a diffidence in their own sexual capabilities, arising from a diminutive organisation. A case is related by a medical practitioner, of a gentleman consulting him on the propriety of entering the marriage state, his testicles and penis very little exceeding in size those of a youth under eight years of age. The gentleman was twenty-six years of age, and had never felt sexual desires, until he had become acquainted with his intended wife. Since that period, he had experienced repeated erections, attended with nocturnal emissions. He married, and became the father of a family; and those parts which at six and twenty years of age, were so much smaller than usual, at twenty-eight had increased nearly to the usual size of those of an adult.

Among the causes that induce *impuissance*, or that distressing condition known under the cognomen of *nervous debility*, there is not one more reprehensible than the unworthy and pernicious practice of self-abuse. It is much to be regretted, that some medical writer, of talent and estimation in society, has not turned his attention to the subject, and given the influence of his name, in denouncing to the world the misery and devastation which are the unerring consequences of this sordid and solitary vice. It is indeed an unpleasant and thankless task; and there probably exists in most minds, an unwillingness to enter upon a subject, in which there is so much difficulty in selecting language sufficiently appropriate to exhibit the folly in its true colours, without offending the ears of the chaste and virtuous.

But a question of such paramount importance should not be sacrificed to any false and prudish notions of delicacy; I shall therefore offer such observations, as I may think calculated to check the progress of a vice, that has done more to demoralise the human mind than the whole catalogue of existing causes besides. It may be deemed an exaggeration, when it is stated that full three-fourths of the insane owe their malady to the effects of masturbation: but the assertion is corroborated by one of the first writers on medical jurisprudence, and is fully borne out by the daily experience of proprietors of lunatic asylums. The practice of self-abuse usually has its origin in boarding-schools,

and other places where young persons congregate in numbers ; and there are few of us who may have observed the vice practised, although it may be unpleasant to avow as much, that could resist the contamination.

“One sickly sheep infects the flock,
And poisons all the rest.”

And thus it is, though ninety and nine be pure and spotless as the driven snow, if the hundredth be immoral, the poison is soon disseminated, and the whole flock become initiated into a vice, which, if indulged in, will blast their intellectual faculties, and probably consign them as outcasts of society ; rendering them slaving idiots, or the inmates of a lunatic asylum. It is not only in private schools that this sin rages ; our public foundations and colleges are not exempt from it. The heads of our universities are particularly scrupulous in driving from their neighbourhood the frail fair, lest they should contaminate the votaries of learning ; whilst a vice far more degrading in its practice, and infinitely more baneful in its effects, rages within the very sanctuaries of classic lore. Many a brilliant genius has sunk into fatuity beneath its degrading influence. Loss of memory, idiocy, blindness,* total impotence, nervous debility, paralysis, strangury, &c., are among the unerring consequences of an indulgence in this criminal passion. I need not bring a greater proof of the dire effects of an indulgence in the practice of masturbation, than the deplorable state of mind to which it reduced one of our greatest poets. (For numerous illustrations and interesting cases, see my book on Marriage.)

The treatment of this delusive and mentally annihilating propensity, falls equally within the province of the philosopher and the physician. Without a total abandonment of the practice, the case is hopeless ; and he to whom the consequences shall have been portrayed and heeds them not, is unworthy of our sympathy, but deserves the evils he entails upon himself. I cannot better illustrate this part of the subject, than by transcribing, word for word, a statement drawn up by one of my own patients, and which I have his permission to insert.

“The subject of this case began, at the early period of eight, to practice that most delusive and revolting crime, self-abuse : delusive, because it is a solitary vice : where no sympathy with another being exists, no real pleasure can be elicited—only an unnatural excitement—an unearthly convulsion, which destroys the system, palls the senses, demoralises the mind, and produces a numerous train of evils.

“At the age of eighteen he became sensible of the pernicious consequences, as his frame, instead of being expanded in proportion to his years, had become absolutely attenuated, his muscular powers relaxed, and a visible alteration in

* A patient was admitted into the ophthalmic wards of the Hotel Dieu, Paris, with great weakness of sight, amounting almost to amaurosis. He confessed that he was in the habit of polluting himself, and that he was immediately seized with complete blindness

whenever he addicted himself to the practice. It is stated that such cases as the preceding are unfortunately not very unfrequent among the young people of the seminaries and colleges in France.—*Journ. Hebdom.*

the form was perceptible, so that he had the mortification of experiencing, that he was a different being from what Nature had intended him, stunted in his growth, warped in his appearance, and mentally miserable.

“From the extreme of solitary indulgence, he became too sympathetic, and sought every opportunity of intercourse with the other sex. Coition, however, except in a few solitary instances, was never complete—the ejection of semen was weakly, or untimely, or sometimes not at all performed.

“He was frequently attacked with disorders arising from promiscuous intercourse: but though suffering from such attacks, and being sensible that over-indulgence in sensual gratifications must be injurious, even to a man of strong frame, he could not resist the temptation as often as opportunity afforded.

“Every pains he could take, until he had passed thirty years of age, to wean himself from this second indiscretion, he practised, by endeavouring to avoid the society of women, by picturing even their perfections to his mind as imperfections; by reflecting on carnality, as disgusting in the extreme, and only adapted to the lower order of animals; but all in vain, until impotence seized him: and though the inclination still existed, he became sensible the power was lost.

“To impotence was added the most excruciating torture of body, pains in the back and loins, indigestion and loss of appetite, aggravated by mental anxiety, at seeing himself thus deprived of the society or enjoyment of women, deterred from marriage, and fearful lest the symptoms of his complaint should be evident to strangers.

“During the period of his free intercourse with women, it must be observed that he was versatile in his selection—old, young, stout, or meagre; and volatile in his attachment, seldom going with one woman twice; but always requiring a fresh stimulus. And when he at one time tried the experiment of cohabiting with one alone, he then first found the dire effects of all the evils he had brought upon himself.

“He has improved, however, under his present treatment considerably; and with attention doubts not but he shall recover. Such a case, notwithstanding the weakness of body, is not to be despaired of: and though he laments the excesses in which he has indulged, yet he expresses a desire for invigoration, more for the benefit with which he feels confident the natural convulsion with which moderate coition is attended will afford, than from any promised enjoyment from gratification.”

Now, as the consequences of all criminalities continue to ensue so long as the provocative be kept up, it is very evident that, as a first step towards the restoration of order and health, the cause must be removed or withheld. The mere will or resolution is seldom sufficient:—virtue, like vice, has its allure-

ments, and those belonging to the former must be called into requisition as antagonists to the snares of the latter. Physic cannot check bad principles or bad indulgences. No method is or can be superior to that full employment of the mental faculties on noble and intellectual subjects, on objects worthy the high ends for which Nature has adapted them. And though the difficulty will be great in inducing new and good habits, to the exclusion of such as are unworthy and degrading, yet the effectual accomplishment of such a resolution is not of uncommon occurrence; and the sufferer may be placed under circumstances where good habits may be more frequently called into action naturally, to the exclusion of vicious propensities. The time should be well filled, so as to leave no room for flying to the various usual sources of amusement that fill up the life of the thoughtless and gay. Every hour and every minute should be provided for, so as to exclude the admission of idleness and sloth, the fore-runners of mental and bodily disease. Studies connected with education should be encouraged. Modern languages have a great claim on the consideration of all who are engaged in business to any extent, and are of incalculable use after they have fulfilled the immediate end for which their culture is here recommended. The various sciences bearing more or less on the pursuits and employments of every man, are earnestly recommended to the choice of the unfortunate victim of sensuality. Geology and Botany would call him into the healthful fields, or fill up his time by his fireside, in studying the many excellent works on those subjects: the still higher utility of chemistry, as being made of practical use in almost every business, and demonstrating the else unintelligible phenomena of a multitude of natural processes and changes, may be held up as another inducement to call forth his best energies.

Travelling, to those who can afford the expense or the time, is one of the best means of conquering this baneful habit. The numerous objects thereby presented to the eye of the invalid in the manners, government, and productions of art and nature of the countries he visits, are an incessant source of pleasing and useful excitement, and cannot fail, especially if the traveller be accompanied by an intelligent and moral friend, to weaken and eradicate the bad impressions of the past.

A celebrated phrenologist, relates that the friends of a healthy young man who had contracted a love of the lowest pursuits, such as horse-racing, gambling, and their necessary concomitants (low and vulgar company) applied to him for advice as to the best means of reforming their ward, and preventing the loss of his property, from the ruinous practices to which he had become addicted, but not yet, they thought, absolutely wedded.

A tour on the continent was recommended, with a companion whose integrity of conduct, as well as mental qualifications, could be relied upon, and that

together they should visit the various capitals of Europe, and places of interest, with such speed as should be consistent with reason, so that the mind might have a continued succession of new objects presented, without an opportunity being allowed for the entrance of ennui, or the ingress of the old attractions. The advice was followed, and after a cast had been taken of his head, the young man left England for three years. On his return, he called on his friend, to testify the success of his experiment. The bias for vice and sensual indulgences had given way to a strong taste for intellectual pursuits; and the convert asserted that, so far from retaining any relish for his former course of life, he remembered it only with disgust and aversion. The truth of his declaration was confirmed by ascertaining, on taking a fresh cast, that the head had gained a full inch in front, and receded in equal proportion behind.

To diverge, and at the same time to conclude this part of the subject, I have only to offer a few remarks relative to the medical and therapeutic treatment of those cases of impuissance, that age, disorganisation, and total incapacity, do not exclude from consideration. I have already expressed my belief that generative imbecility is consecutive to general debility; hence, whatever tends to improve the latter, tends also to remove the former. The diet, therefore, should be full and generous, with a liberal proportion of spices and wine; but all diluting liquids, such as tea, slops, and the rest, should be avoided.

Bathing, in its various forms, constitutes no unimportant feature in the treatment; the cold plunging, the tepid shower, the douche, the warm and the vapour baths, possess their several influences. The various medicines that come under the denomination of Aphrodisiacs, are not wholly uninfluential, such as stomachics, aromatics, gums and balsams, oils, musk, opium, cantharides, strychnine, and others; but as their administration can only be permitted under professional direction, no real utility can follow any specification or formula of their proportions.

To conclude.—In my work on the “Institutes of Marriage,” I have analysed the many peculiarities of sexual disappointments: I have furnished correspondences to and fro, descending even to *minutiæ* as far as permissible, and from my peculiar provinces, I am in possession of others, from which, in my practice, I derive great assistance. With regard to sterility on the part of the female, and incapacity to impregnate on the side of the male, an ampler field is open for “aiding and abetting” such ends, than can be expressed in ink, or perhaps, suspected or believed by the world at large to exist. As I am candid to confess in sending this publication forth, desirous as I have been of rendering it worthy of purchase, I never intended it to supersede my own usefulness, either to my neighbours or myself; and should I be in existence when these pages meet the inspection of a reader solicitous to know more than

is here set down, the application, either *vivâ voce* or otherwise, may not prove a fruitless speculation. Men in advanced years, and others of younger growth there are, who are sceptical as to the usefulness of art in completing the joys of married life; but if any should be credulous enough to believe that with such assistance effects have followed, on which rested happiness, health, and not the least essential desideratum, the maintenance of family property, I fearlessly am ready to declare, that their faith need not be in every instance misplaced; I have been personally and alone engaged in the investigation of this subject, for a period of at least twenty years past, and I have had the satisfaction of effecting, even with *parties whom I have never beheld*, the purposes for which I have been consulted.

The evidence, it is true, is all on one side, and on one side it must rest:—it is, however, just as consolatory to receive benefit without having it emblazoned to the curious and greedy world, as it is to impart it; and if the past rest as it is, the consciousness of the truth of the foregoing statement, at all events, confirms the conviction of the writer, that what has been realised, can be so again.

Every man has his peculiarities and his pursuits: some of the most eminent and fortunate of the medical profession in this country, are besieged from morn till noon, and on till night, and enrol in that brief space their hundred patients *per diem*. From such sources, if the “oracle” possess but ordinary powers of reflection, memory, and judgment, knowledge will accrue. Without arrogating to myself greater advantages, I am disinclined to allow of less; and whether I prove the “eminent” or the “fortunate,” it may, perhaps, occasion little difference to an invalid, so that he mend or recover under my guidance.

OTHER FORMS OF SEXUAL DEBILITY.

INVOLUNTARY seminal emissions are oftentimes very serious, distressing, and intractable. They may be produced in two ways—from continence, or by a high degree of morbid irritability or weakness. The latter is by far the more frequent; for the treatment of the former is obvious, and generally effectual. The difference between seminal discharges in persons of full health, and those morbidly weak, is very opposite: in the former it is consequent upon an erection, followed by an act of coitu: whilst in the latter both are absent. The general debility in the generative system, inseparable from morbid irritability, occasions both a failure in the erection of the penis, and an inability to retain the fluid in the secreting organs. There is no doubt that this dispo-

sition to seminal emissions, conjoined as it generally is with more or less deficiency of the *vis virilis*, is too often owing to the habit of self-abuse in early age. The testes usually wither in these cases, and the patient becomes nearly, if not entirely, impuissant. Sometimes these cases are attended by an excessive irritability of the bladder, accompanied by pains in the loins, kidneys, &c. Their treatment consists in taking nutritious and digestible food, to impart strength and invigorate the constitution. Stimulants are at the same time to be carefully avoided, except where great languor and lassitude prevail. Abstemiousness in liquids is to be enjoined. Habits of a relaxing nature should be avoided; the patient, instead of sleeping on a soft, downy bed, should lie on a firm mattress; the air of the room should be preserved at a moderate temperature, and but few hours should be allotted to sleep; he should pass much of his time in the open air in a cool atmosphere; taking frequent and moderate exercise, so that it does not occasion fatigue. Cold bathing is a very important and essential part of the treatment to be observed; the daily use of the *bidet*, or the frequent application of a towel, dipped in cold water, to the testes, applied twice or thrice a day, or the *douche bath*, will be found of much service. To prescribe formulæ for the various temperaments subject to this affection would be to transcribe all the tonics from the pharmacopœia: they are severally useful, but the various preparations of iron surpass all others. During this treatment the state of the mind should not be neglected: no lascivious idea should be for a moment encouraged, nor should the imagination be permitted to wander over the works of fiction or romance in any way connected with matters of love.

It not unfrequently happens that patients affected with these complaints are apt to despond, and become miserably depressed in spirits; to remove which, every recreation should be encouraged to prevent them pondering over their own situation, and, if possible, to divert the mind from gloomy ideas: lively and agreeable company should be courted; theatres, concerts, or any other rational amusement consonant with the principles of the patient, should be visited or pursued, and, by an uninterrupted perseverance in this mode of treatment for a sufficient length of time, I have seen the most beneficial results arise. The great art and difficulty in treating these cases consists in giving tonics to a certain extent and no further—avoiding excess, whereby we stimulate and produce fever; or depletion, and induce debility. Early hours, fresh air, exercise, attention to diet, the shower bath, topical application of cold, with properly regulated sexual intercourse, are rarely ineffectual in curing the disease.

The following cases, illustrative of the preceding remarks, are selected from a host of others, the majority of which were cured by similar treatment:—A young man, nineteen years of age, became a patient of mine in consequence of having an affection of the skin, consisting of pimples of various sizes, appearing

in succession on his face, forehead, neck, and back; they were unaccompanied with irritation, but were very unsightly, and sometimes tender, and even sore. In the course of our conference, he informed me that he also laboured under the extremely unpleasant, and almost nightly, attack of *Gonorrhœa Dormientium*, or, in other words, an involuntary emission of semen, and that he felt excessively weak and debilitated; that he was very weak and dispirited; and that he had been in this way for several months, and was fearful lest he should be unable to continue his occupation. It was very evident that this case arose from general debility of the system, ensuing from premature indulgences and irregular living, both as regards diet and rest. Confined to an office eleven hours *per diem*, with scarcely time allowed for meals, the mind and body engaged in continued reading and transcribing, it was almost excusable, when released from his desk, that he should seek relaxation in some place of amusement; and it unhappily became his lot to frequent ill-ventilated and crowded taverns, where, with bad drink, and not the best society, he revelled oftentimes till one or two in the morning, when he retreated to his room, slipped into bed, and, on falling into a state betwixt lethargy and wakefulness, he re-acted the scenes of the evening; till, aroused by a delusive dream of enjoyment, the cup slipping from his hands ere it reached his lips, he found himself in the state described on his consulting me. Now, without an entire revolution in his habits, regimen, and even business pursuits, to commence his cure was hopeless. In the first place, he was unfit for so many hours' attention to business, which should be diminished. Next, a determined renouncement of his old haunts was imperative, and the removal of his lodgings to some suburban spot on the outskirts,—for there are many youths in this metropolis whose existence until mid-age has been passed, like the one in question, immured in pent-up attics, as much with a view to be near their associates, and their houses of business, as to economy. By dint of persuasion on my part, and a little manœuvring on his, these desirable changes were accomplished; nor were the benefits arising from them long ere they followed. Without entering into the minutiae of the treatment pursued, it is sufficient to state that it was on the principle recommended in the preceding page, and that before the summer passed over his head (for it was about Christmas our acquaintanceship commenced) my patient became both mentally and physically improved. His cutaneous disorder disappeared as his health improved, and the other troubles already enumerated tarried not behind—in fact he was entirely restored.

A gentleman, in the profession of the law, and zealously attached to his studies, met with some domestic disappointment, that seriously affected his health. His friends advised an excursion to the country; and he started with an intention of making a tour through Scotland. He had not proceeded beyond one fourth of the journey, when, probably from the circumstance of his being companionless, and thereby encouraged to brood over his sorrows, he became

so mentally depressed, that he determined forthwith to return to London. In the mean time he had lost his appetite; he could neither rest nor sleep; and his health became deranged; he felt exceedingly ill, and denied himself common nutriment; his chief meals consisting of tea, and other attenuating diluents. Society seemed to add to his afflictions, and he consequently shunned it. A week from the time of his departure saw him again at his chambers in town. From being a sprightly, joyous-hearted, and good-humoured companion, he was, within three months, transformed into a perfect hypochondriacal misanthrope. It was at this period we became acquainted. In the course of our consultation, he informed me that, to increase his misery, he had discovered that he had lost all desire and power to hold commerce with females, and he feared his former virility was irrecoverable. I endeavoured to console him; and at the same time to assure him that his fears were groundless, and his notions were erroneous. He was, it is true, in a state of extreme nervous debility, induced originally by mental depression; which, indeed, can rarely exist without impairing the functions of the organs of digestion, that in their turn, through an inability to afford due and sufficient nutriment to the system, naturally lessen its capacity for nervous energy, and the frame becomes generally weakened.* This was precisely his condition:—his tongue was coated with a white fur, and it was also cold and flabby, and the sides of it were indented by the teeth. His breath was less offensive, than the exhalation was hot and dry: his bowels were constipated, his skin was harsh and devoid of the least moisture, all the fluids of the body being drained off by the urinary organs. He had lost flesh; his *Testes* were lax and pendulous, and his whole appearance sanctioned the account he had rendered of himself. The treatment I suggested to him, and which he underwent, was as follows.—I had prepared for him some pills containing minute doses of the *pil. hydrarg.* and a mixture of infusion of Cusparia, acidulated by diluted nitric acid, to restore the secretions and tone of the stomach. I directed the occasional use of the warm bath, and as he regained strength, advised also the shower bath. At the end of a fortnight he had much improved. He experienced a greater desire and relish for food. The bowels were more obedient, and the skin was more smooth to the feel, and he occasionally perspired. The secretion of urine was diminished; and from being colourless and thin, assumed a healthier appearance. I next prescribed more generous tonics, and allowed a more substantial diet. At the onset, until the stomach regained its power to digest solids, I placed my patient chiefly on a milk and farinaceous diet, such as, for instance (and which,

* Nervous energy is a property of the nervous structure, as much as tune is the property of a vibrated chord. The sound of the latter is modulated by its tensility, and the

amount of energy in the former depends, in like manner, upon the tone and capacity of the structure it inhabits.

by the bye cannot be too highly extolled, and which also forms the most digestible, and at the same time, a highly nutritious food), milk thickened with a preparation called "Hard's Farinaceous Food," and to be had of the chemists and grocers. This really may be taken for breakfast, dinner, and tea, without cloying the appetite, and will be found positively fattening and strengthening. I now allowed roast and boiled meat, particularly beef and mutton, but excluded all green vegetables. I have invariably found that the *drier** the diet is in these cases, the more speedy and permanent the benefit to be attained. Potatoes are the vegetable mostly to be preferred. I allowed malt liquor, an equal mixture of ale and porter, port wine, brandy-and-water, all of course in moderation. For breakfast, he continued the milk and food, and at tea-time tea, limiting the quantity always to one "breakfast" cup, and taking the same without sugar. There are few dyspeptic stomachs that can digest sugar; and it would be as well, and the palate would soon accommodate itself, if tea and coffee were always taken without it. The quantity swallowed by tea-drinkers during the day is immense. I directed, whilst this treatment was being persevered in, the daily ablution of the pubis, loins and genitals, with cold invigorating lotions, and stimulating preparations. This gentleman was a patient of mine for a period of two months; at the end of which he had regained strength and flesh. His complexion, from being pallid and swarthy, put on even a ruddy appearance; and his eye no longer retreated to its cell, but encountered the gaze and glare of day. A very remarkable feature in the aspect of a nervous person, is the dark areola around, or rather below the orbit of the eye. His appetite was not inferior to the powers of his stomach, which could digest whatever was submitted to it. His sleep was even, and tranquil, and refreshing. In few words, he had entirely recovered; all farther medical treatment was thrown up, and my services dispensed with. He was no longer the victim of ennui, or the slave of his past morbid apprehensions.

I could narrate many other instances wherein the sexual desire declined on the intervention of ordinary illness; any powerful mental solicitude will suffice, but such a cause is commonly remediable. Where the cause is traceable to excesses and pernicious indulgences, if not accompanied by disorganisation, hope should not be abandoned; but the patient must not cling to, or hang his reliance upon hole-and-corner speculators, or their advertised specifics. He should consult men legitimately engaged in the profession, in which, perhaps, more talent and honour is concentrated, than in any other department of science.

In my work, entitled Professional Records, I have considered this subject at great length. It is, perhaps, the most interesting collection of facts ever printed, and I earnestly advise those concerned in the present enquiry to pro-

* By *dry diet* I mean constipating food.

cure it. Independently of a most comprehensive review of the subject, a series of correspondence is presented, not simply a correspondence on one side, but the replies detailing fully the treatment suggested. Without violating the sanctity of a confession, whereby the confessor might be held up to public contemplation, there will be found much that is to be known and much that is to be learnt. Leaving the reader to his discretion, I proceed to the nearly concluding stage of my journey by offering a few remarks on what is usually called nervous debility—a state of health consequent upon equally other vicious indulgences than those relating merely to the thoughtless and improvident; in fact, a feature in almost every man's history.

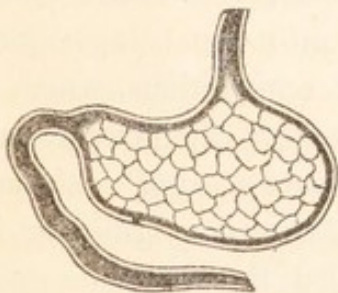
OF THE DIGESTIVE ORGANS.

THE theory of digestion is so imperfectly understood that a short description may aid the intelligibility of the following paper. Every invalid in time becomes his own physician; the nervous hypochondriac has a dietary of his own; he will doubtlessly well know the relative digestibility of tea, coffee, bread and butter, pie-crust, cheese, salmon, fat bacon and boiled beef, &c. &c. yet, despite all his experience, no sooner do his nervous feelings subside, than he will return to the very causes that occasioned his morbid sensations; so truly do we all like best that which is forbidden.

*At thirty, man suspects himself a fool;
Knows it at forty, and reforms his plan;
At fifty, chides his infamous delay,
Pushes his ardent purpose to resolve;
In all the magnanimity of thought
Resolves, and re-resolves,—then dies the same.*

YOUNG.

A diagram of the shape and appearance of the stomach is here given. The

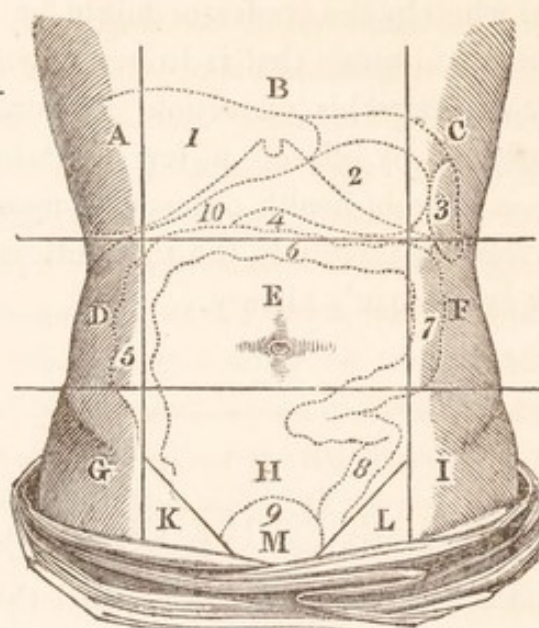


stomach, in shape, corresponds with the outline, which represents a section. In structure it resembles a pig or sheep's bladder, except that it is rather thicker from its more evident muscularity. It is capable of containing *three or four pints* of fluid; it is made up of several coats, to each of which a name is assigned. The stomach has two openings, one for the reception of food, and the

other for its exit when sufficiently digested; the further description is reserved for a subsequent page. It may render some folks wiser than they were, to point out the situation which the stomach holds in the human frame, and especially in relation to the other parts of the digestive apparatus.

The diagram below shews the place of the stomach in the abdomen, and the relative position of the other principal viscera.

- A & C The Hyponchondriac Region.
 B Epigastric.
 D & F Iliac.
 E Umbilical.
 G & I The Lumbar.
 H Hypogastric.
 K & L The Inguinal.
 M The Vesical.
 1 The Liver.
 2 Stomach.
 3 Spleen.



- 4 Pancreas.
 5, 6, & 7 The course of the large Intestine, called the Colon.
 8 The Rectum.
 9 The Bladder.
 10 The opening of the stomach in the small intestines, which occupy the central part of the abdomen.

DESCRIPTION OF THE PROCESS OF DIGESTION.

THE food is received into the mouth, where it undergoes, or should undergo mastication, during which it becomes mixed with the saliva; it then passes, by means of the gullet, into the stomach, a membranous bag, consisting of several layers, called the mucous membrane, the villous coat, the muscular coat and peritoneal covering; here the food undergoes an important change, by the influence of the gastric juice, a fluid secreted by the stomach itself, that, acting as a solvent, reduces it to a pulpy mass called *Chyme*. After a certain interval, the *Chyme* passes into the small intestines, where, mixing with other fluids (the bile from the liver and the secretion from the pancreas,) it becomes again changed; and in this second conversion, it is separated into two compositions of a most opposite character, one of a nature wholly excrementitious, which is ultimately ejected through the fœcal and urinary passages, the perspiratory channels, and by expiration; the other, called *Chyle*, the substance of the future blood. By means of certain absorbing vessels, termed *Lacteals*, originating in the intestines, and terminating in one common trunk, called the *Thoracic duct*, the *Chyle* passes into the subclavian vein, and is conveyed into the blood to be circulated with it, and to assist in the support and replenishment of the body: so much for the process of digestion.

Now, when it is recollected, that on the quality of the nutriment submitted to the action of digestion, and the manner in which the process is effected,

depend the quality and purity of the blood, it will be readily allowed that digestion is the most important phenomena in the animal economy. To proceed, the blood is transmitted by the heart through the lungs (where it undergoes a process of purification), to the remotest parts of the body ; and the most extraordinary part of its history remains to be told.

The blood, on reaching its destination, becomes, by some marvellous process, converted into the very structure it is sent to repair ; whether that property abide in the blood or not, is undetermined ; true it is, that animal life exists only so long as it circulates : and whether it be the liver, the lungs, the bones, muscles, or brain itself, to which it is conveyed, all depend upon it for support and reparation.

All the structures have specific functions assigned to them ; the liver furnishes the bile, the lungs collapse and expand, the bones and muscles afford support and mobility, and the brain directs and influences the whole : it is owing to this last-named substance, we think, we move, we feel, we act ; and upon its conditions depend the various modifications of these properties. The brain sends off, or inosculates with, the nervous system that ramifies over the whole body, and by means of which a universal communication is kept up.

When *dis-order* or *dis-ease*, which, by the bye, are almost synonymous terms, implying an interruption to ease and order, prevail, we experience either pain or some perverted feeling, and the sympathy that exists between different parts is very remarkable, and also, in the treatment of illness, very essential to be known. In explanation of the latter term just used, any local complaint produced by a cause acting on the part, is called *idiopathic*, whereas the malady that is excited by the presence of disorder in some other organ is called *sympathetic*. Physical sympathy is not unlike moral. When we see persons in pain or distress, we sympathise with them ; and in disease nearly every organ has its sympathising companion. We know not how this happens, but we know how the parts so affected communicate with each other. Now the stomach, the office of which is so important, and itself subject to so many interruptions of health, from irregular living, indigestible food, and sympathy with the mind, when disordered, commands the sympathy of nearly all the vital organs ; and from a knowledge of the nervous communication aforesaid, we can account for diseases that appear to spring up spontaneously, or occur without any apparent local injury to the structure deranged : thus, for instance, heartburn, or palpitation of the heart, is often occasioned by acidity of the stomach, also spasms, hysterics, short breathing, hiccup, and many other feelings from vitiated secretions. In like manner may be traced, head-aches, obstructed vision, and all the phenomena characterising dyspepsia. Now, why one organ should be selected before another,—why, in each individual, the sympathies should not be alike, is somewhat puzzling to decide ; but the inference is not much out of the way, that it depends materially on the tempera-

ments, or idiosyncrasy of the persons invalided. Voltaire, in allusion to the sympathies of the mind and body, says that the character and turn of mind of men are greatly influenced by the state of the digestive organs. He says, that if a man of a bilious habit does not evacuate freely, his bile is retained, is taken up into the circulation, heats the blood, and the man is rendered choleric. He further states, that Cardinal Richelieu was only ill-humoured and cruel when labouring under dyspepsia; he concludes by observing that if a person should have to ask a favour of a minister, or minister's secretary, or kept mistress, that he should endeavour, by all means, to ascertain carefully, whether they go *to stool* regularly, and, if possible, to approach them after a comfortable evacuation, that being a most propitious moment, one of the "*mollia tempora fandi*," when a person is good-humoured and pleased with all around him.

With this information, we proceed to detail the phenomena of—

NERVOUS DEBILITY.

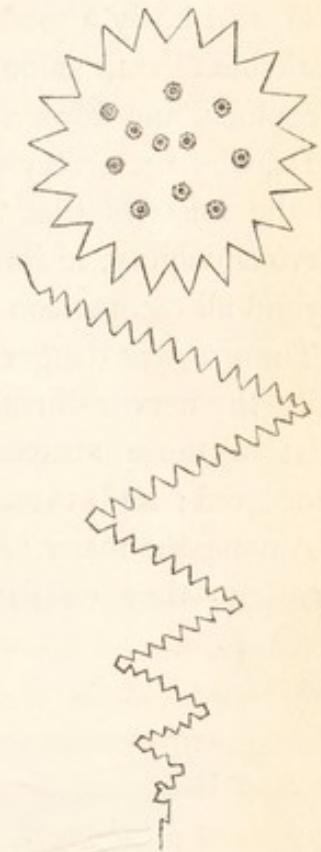
NERVOUS debility may be a primary or secondary disease. It is, as its name implies, a state in which there is great prostration of mental and physical strength. It is indicated by a remarkable lowness of spirits, or a desponding habit of mind, a watchfulness of every change in the bodily feelings, and an apprehension of danger from the most trifling circumstances. It may be primary, when accompanying great mental excitation or cranial disease; secondary, when the result of dyspeptic affections or any other cause, tending to debilitate the constitution. A most striking circumstance in nervous people, is the very great *difference* between the *appearance* and the *description* the patient gives of his own health. There is seldom any external indication of disease, to account for the various phenomena complained of; although there can be no doubt that the sufferings endured are the legitimate functions of disordered action. The debility of a nervous person is ascribable to the absence or deficiency of nervous energy: the morbid perversions of intellect from a disordered state of the brain. The symptoms of nervous debility are various, and, although proceeding from different causes, verge into a train somewhat resembling the following. There is a difficulty of digestion, the food appearing to run into the acetous fermentation: the stomach becomes inflated with wind, and there is a sense of fulness and induration about the left side: the patient is subject to spasms and hysteria; there is oftentimes violent palpitation of the heart, and pain in and around that organ.

The tongue may be coated with a white clammy fur, and the fauces parched,

requiring a continued moistening with drink: the appetite is irregular, sometimes voracious; at other times there is no inclination for, or there may be a loathing of, food. Sometimes there is *nausea, headache, flushings in the face, nervous twitches of the eyelids, brows, lips, &c.* A prominent symptom is *constipation*, succeeded, probably, on taking a purge, by a long-continued looseness. In addition to these evils, the patient experiences an intolerable anxiety, a feeling of *sinking, exhaustion*, and an *irrepressible dread that he is about to die.*

Patients often complain of acute pains in the temples, the hinder part of the head, an unbearable pressure on the top, as though it would deprive them of consciousness; the vision is also often obscured: at one time it is double, at another, objects are perceived one above the other: frequently it is confused: it is impossible to read a paper, or direct the eyes to an illuminated object without experiencing a dizziness, utterly destructive to the intelligibility of the subject to which the sense is directed.

Two drawings are here exhibited illustrative of the singular perversion of the function of vision. A full detail of a specific case is to be found in a little pamphlet of mine, entitled the "Confessional." The upper one exhibits a kind of dazzling, flickering light, assuming the shape represented, continuing for an indefinite time, and observable independently of surrounding objects (of which the sight is almost unconscious), and perceptible as well in the broad glare of day as in the darkest hour of the night: in other words, apparent whether the eyes be open or closed.



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Another peculiarity is a sudden obstruction of clear sight, wherein writing, or printing, or even objects are perceived thus distorted. See, however, "Confessional."

The faculty of hearing next comes within the sphere of perverted sensibility: there is heard a noise resembling a chant of demons—the whizzing of a steam-engine—the roar of artillery—the din of rolling carriages; yet, strange to remark, when the patient is roused from his reverie by the intrusion or presence of a friend, and somewhat excited by the aid of stimulants, he at once forgets all his troubles, and is the liveliest of the gay.

Of all the consequences of nervous imbecility, none surpasses the discomfiture and distress wherein there is an inability to direct one's attention to any fixed pursuit. Memory is at a discount. Strange to say, incidents of daily occurrence and of real moment are forgotten, whilst the mind is annoyed by visions of times long gone by. Sleep, instead of affording an oblivion of the past, is harassed by the most ridiculous conceits,

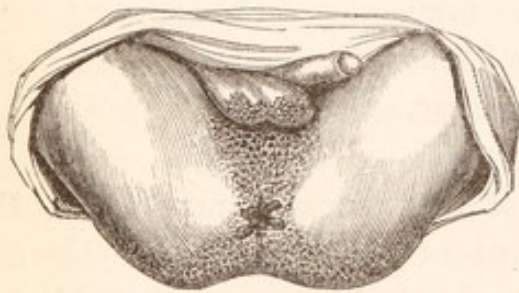
“——— that make sleep pain,
And turn its balm to wormwood ;”

and the state between watchfulness and rest is the most distressful that can be imagined. No class of persons are more anxious to engross the attention of the listener, and no set more fearful of exciting contempt, ridicule, and even disgust, by such a recital, than the nervous hypochondriac. Beside these morbid mental sensations, there are others affecting the various members of the body. Feelings of numbness, paralysis or deadness, loss of motion and sensibility occur in the fingers, hands, arms, feet, entrails, mouth, tongue, and head, and lastly a total disrelish and incapacity for sexual commerce. A remarkable feature among the indications of nervous weakness is, that the urine is copious, and flows as clear as rock water.

Dr. Cheyne, a very popular writer, though of a century back, says that “of all the miseries that afflict human life, and relate principally to the body, nervous debility, in its extreme and last degree, is the most deplorable, and beyond all comparison the worst.”

The greatest danger to be apprehended in these cases, is from the susceptibility the nervous invalid acquires for the occurrence of any organic derangement in those structures where the functions are already perverted and disordered ; and, therefore, they should not be disregarded.

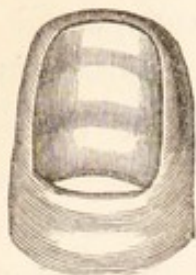
Among the many ‘*breaks-up*’ of health, hæmorrhoids or piles are a frequent occasion—they consist of a dilatation of what are called the hæmorrhoidal



veins that with the action of the *sphincter muscle* of the rectum, consequent upon constipation, are protruded externally, when and where they enlarge and ultimately ulcerate, and oftentimes end in troublesome tumours or cancers. They may be, as they frequently are, accompanied by local excoriations, or the latter may exist alone, and be attended with a most

troublesome and tiring itching. I have known cases of several years continuance, but they are easily remediable. A most remarkable yet inexplicable accompaniment of feeble health is a peculiar indentation of the nails of the

hand, as shewn by the accompanying wood cut. The '*furrow*' commences at the root of the nail, and grows with its growth, until it arrives at the point of the finger, when it disappears as the nail is excised or broken off. Sometimes a succession of them appears, and only do they fade away as the system improves in condition and tone. There is no remedy but by improving the general health.



The causes of Nervous Debility have already been stated to depend upon sudden mental impressions or excitements: such as, for instance, the failure of any scheme or pursuit that has long engrossed the whole attention of the patient: the loss of fortune, or the sudden accession of wealth; a change from a life of activity and toil, to that of ease and idleness; jealousy, disappointed love, and a variety of other mental distresses; nor are they less numerous which depend on physical changes, as, *par exemple*, the condition ensuing upon a life of intemperance and dissipation, and the indulgence of vicious habits, such as venereal excesses, self-abuse, the frequent administration of purgative medicines, the abundant use of tea, slops, and other diluents, late hours, excessive bodily fatigue, all of which, more or less, tend to debilitate both mind and body. The pathology of this complaint is still a subject of dispute among medical men: it being contended by some to be a primary affection of the brain; by others, of the digestive organs: but there is no question that both have their share in its production, and that the treatment should be both moral and physical.

TREATMENT OF NERVOUS DEBILITY.

MOST nervous patients are great book-worms, and probably to the reader, if he be an invalid of this class, the following observations will be as familiar as his horn-book; but it is also very probable that he may have wasted much more time in running from the medical *Dan* to *Beersheba*, in search of novelty in prescription, than in attending to any one of the suggestions herein and elsewhere contained; and, therefore, if he expect or desire relief, it is to be hoped he will not only read, but practise what is preached. In order to relieve the suspense of the searcher after health, I beg leave, by way of digression, thus publicly to declare the littleness of my faith in therapeutic agents in this disease; not wholly perhaps disclaiming them as adjuvants in the treatment of the sick, but as attaching a much greater degree of importance to eatables and drinkables, and habits, and natural and wholesome practices, than all the *Balms* and *Cordials*, and *Elixirs* of the Solomons and Gileadites of living and defunct humanity.

“Fuge medicos et medicamenta, faciliq; convalesces.”

The first indication which common sense points out for the relief or cure of nervous debility, and the beneficial tendency of which is confirmed by experience, is to remove the causes of the disease, by laying aside the habits, and, as far as possible, reversing the moral influences which have occasioned it.

Of all means to effect this desideratum, none are so pre-eminently useful as exercise, change of air, and of scene, exercise to body and mind. Shakspeare, who, had he not been a poet, would doubtlessly have made a very respectable physician, when addressing himself to a lover and nervous invalid, says,

“Go, take some new infection to thy heart,
That the rank poison of the old may die.”

And he comes pretty nearly to the true philosophy of counter-irritants in the advice thus proffered. All the affluence of the earth will never buy the health which exercise secures. The invalid should rise betimes, and go to bed early: during the day he should engage himself in the open air, in riding on horse-back, or in a carriage, if he possess the means; or in walking, running, digging, gardening, fencing, climbing, and such other bodily exercises, as his own good pleasure may suggest, or his ingenuity devise.

To those who have the good fortune to reside in the country, and inhale Heaven's unadulterated atmosphere, I would suggest that they expose themselves as much to it during the day as possible, taking, too, as much moderate exercise as they can, in any of the above enumerated modes.

To those who vegetate beneath the palpable impurity of London smoke, I would recommend a ride or walk to some of the suburban regions and back, daily. Of the facilities for the former, I will be Gothic enough to suggest, not only an occasional, but a frequent trip to that delightful little spot, Gravesend,* not in its town, but its *Hills*, and its *Fields*, and its *Lanes*. The Saturday trips and Monday returns of worthy citizens to and from that location, are of greater value than is dreamed of in their philosophy; and right well ought they to rejoice in the facilities which are afforded them for availing themselves of that healthful recreation. In half a dozen years hence, when rail-roads and aerial navigation shall be perfected, who ought, or dare to ail, if health be so easily purchased? With all these advantages, a rigid adherence to proper diet is essential. Where so much must necessarily depend upon the means by which the wastes and damage of the body are to be repaired, the diet, without which all the air in the world would not support life, must require the nicest regulation, and most circumspect attention.

Next to these observances, the patient should withdraw from those pursuits or habits, which may have been connected with the formation and development of the disease. It is most imperative that all the mental resolution that can be

* See Pamphlet entitled, “Hints to the Citizens of London on the Salubrity of Gravesend.” &c. Sherwood, 23, Paternoster Row.

summoned, should be commanded, to divert the mind from its uncomfortable feelings, and to keep it as much as possible actively and agreeably engaged. Lastly, with regard to medicinal remedies, chalybeates are highly useful, such as the natural springs of Dorton in Buckinghamshire, Tunbridge-wells, &c.

The various concomitant symptoms of gastric irritation, flatulence, spasms, faintings, palpitations, constipations, diarrhœa, &c., are relievable by medicinal agents; but as this part of the treatment should devolve upon the *amicus medicus*, their formulaic suggestion might be deemed presumptuous, and of questionable utility; or the reader may refer to my book on Indigestion. (See announcement at the end of this work). I therefore close my observations with the detail of a cure, wherein every remark broached, was applied in practice, and used in a case as extraordinary as its treatment was successful.

The following case illustrates one of the severest and most sudden attacks of nervous debility, that ever fell within the notice of the writer. The patient, independently of having been a sufferer from dyspepsia, was in the enjoyment of what might be termed "ordinary good health," when he was reduced, in the brief space of a few minutes, to a state of the most alarming, and long-continued debility. The narration comprises a period of twelve months; and the cure was as slow as the attack was sudden. It is somewhat remarkable, however, that the present state of health of the party is better than it had been for many years previously; and this may be attributed to the strict observance of dietetic regulations, and other habits, that hitherto had been but negligently observed.

The patient was a gentleman, professionally engaged, but occupied in employment involving him in much mental anxiety, and bodily fatigue. He was about the *medium vitæ* age, of sanguine temperament, and slender make, and had unhappily been the subject of indigestion for several years; for the removal of which, he had indulged in the pernicious habit of taking repeated and violent doses of purgative medicine.

On the evening preceding Christmas-day, 18—, he formed one of a party of friends, assembled for convivial purposes; and, after some little exertion, was suddenly seized with a faintness, accompanied by a *deathly* sensation in his left hand and right leg, and an unaccountable numbness in his head; his heart beat rapidly and irregularly; interrupted every now and then by a suspension for some seconds, when his feelings were most distressing; inasmuch, as being perfectly conscious of what was passing around him, he was at a loss to account for that which was passing within him.

In cases resembling this, where great excitation prevails, the usual practice has been to abstract blood, to unload the supposed congestion, under a supposition, that the heart was supplied with more blood than it could transmit through its ventricles. Such practice, fortunately, in this instance, was not carried into effect, or the result had been fatal. So far from there being a redundancy of the vital fluid, there was insufficient nervous power to propel

even the quantity directed to the heart, for distribution through its various conduits.

Stimulants were administered, and the patient was conveyed to bed; but the shock was so intense, that the slightest agitation renewed the faintings and the *deathly sensation*; and the irritability of the heart continued to such an extent, that it appeared as if life verily hung upon a thread, and of such a fragile texture, that to relieve the agony of suspense endured by those around him, it almost created a wish to see it snapped asunder. Every mouthful of nourishment that he took, created afresh the circulatory excitement, as did the slightest movement, or departure from the horizontal position, and the most perfect quietude. A week was passed in this state of uncertainty regarding the issue of the contest betwixt life and death, for the machine wherein both might dwell, *appeared* uninjured by the strife. This posture of affairs affords a subject for contemplation, and provokes the enquiry, What is this life? What is this power denominated nervous energy? The question is, I fear, unfathomable, and no doubt will ever remain so. The nearest solution is, that it is a power present, and proportioned to the fabric it inhabits. We only know of its existence by its presence, and its presence only is manifested when the animal machine is set in motion, or, in another word, lives. This fact is evident: the nervous structure which pervades every part of the human body, and subjects the various organs of reparation and waste to a sympathetic communication with each other, is the abode of sensation, mobility, and volition; and the exercise of these functions we term a display of nervous power: and, furthermore, we find that as this structure is healthy and sound, or locally, partially, or generally disordered or diseased, so in proportion to the condition or alteration, is the developement of this *vis vitæ*, and only in this way by attributing all morbid feelings or perverted functions, as they may be called, to a changed condition of the nervous substance, although not discoverable, can we arrive at any rational theoretical conclusion, whereon to found a practice with any chance of success.

The irritability of the heart continuing with but little intermission, it was deemed advisable to apply leeches around the region of it, and their application was attended by an abatement of the symptoms; the pulsations became less frequent, and more regular; the stomach next manifested a derangement of its office, for, notwithstanding the fancy had been exhausted in selecting a diet (solids being prohibited) that was mild, unirritating, and nutritious, a most distressing state of flatulence and fulness succeeded each repast, so much so, that the stomach would return it without an effort or even a sense of nausea. After a variety of remedies had been tried, and without success, the *carbonate of ammonia* was prescribed in five grain doses, every six hours; and that seemed to afford considerable relief. A quantity of gas was disengaged from the stomach after each dose, and with decided benefit. The gastric irritation having in some measure abated, a diet formed of milk thickened with

farinaceous food (a most excellent preparation, by a Mr. Hards of Dartford, and to be had of all chemists), was prescribed; and so perfectly did it agree with the stomach of the patient, that it constituted his principal support for several months, and to this day forms the chief article of his breakfast-table. After a while, beef-tea was allowed with dry toasted bread; and at the expiration of a few weeks, two ounces of meat were taken on alternate days, and fish, a small sole or haddock, on the intermediate ones. Vegetables, whether green or farinaceous, invariably encourage flatulence, and, consequently, were dispensed with. Whenever he was tempted to transgress this prohibition, his stomach would, on the second or third day, become irritated beyond measure: he would be annoyed by a feeling of distension, sometimes for many hours succeeding a repast; as, for instance, in the middle of the night, when, unless relieved by an eructation of wind, he rarely escaped a long train of nervous feelings. Liquids appeared to possess the same effect, and were found to agree best when taken in small quantities; which corroborates the opinion of an old author, Dr. Bailey, who lived in 1673; and who says "that it is holden better to drink often and small draughts at meat, than seldom and great draughts, for so, meat and drink will better mingle." Swilling the stomach with slops, as many people do, taking three or four large cups, amounting, probably, to a pint, or pint and a half, oppresses and debilitates the stomach.

In addition to this abstemious diet, which was continued for six months, mild tonics, minute doses of blue pill, now and then *ammonia*, *creosote*, and other stimulants, and the occasional use of the lavement, were among the early remedies. A course of the chalybeate water of Dorton, in Buckinghamshire, tended considerably to improve the health, when a trip into the country was proposed, and from the inability to obtain the chalybeate, the carbonate of iron was substituted: the dose at the commencement was half a drachm in water, sometimes milk, taken three times a-day; which was gradually increased to *half an ounce*; when the quantity was again diminished, and the dose was limited to once in the twenty-four hours. He took, during his illness, the amazing quantity of *fourteen pounds* of the carbonate of iron. It was found necessary occasionally to suspend its use, from the constipation it created, but which generally subsided on its discontinuance for a few days. With the exception of small doses of blue pill, never exceeding half or one grain, and which were never carried so far as to produce aperient effects, not a single dose of opening medicine was prescribed or taken.

The lavement answered every purpose, and even that had been laid aside for months, the bowels having regained their healthy tone, and adjusted themselves to a remarkable regularity.

As the case under this treatment proceeded favourably, the diet was also improved; small quantities of wine were allowed, varied sometimes by weak warm spirits and water; meat was taken daily, and the patient was enabled to resume active life, to engage again in his professional duties; and is now

thoroughly convalescent. It would be tedious to enumerate the many retrogressions and improvements, and morbid feelings, in the order in which they occurred during this long illness; but as space permits, an account of a few of the phenomena, together with their treatment, may be no less interesting than they are curious. The attacks of numbness, and the temporary loss of power in various parts of the body were of frequent occurrence, and appeared to be guided by no fixed principle, where or when they were to occur; but they usually yielded to stimulants, such as ammonia in substance, or the *liquor ammoniæ fortius*, in doses of ten drops in water, repeated at intervals of twenty minutes, until relieved. In the early part of his illness, he could rarely complete a letter which he might have occasion to write, without inducing a temporary paralysis of the right arm and hand. He had also frequent fits of obscured vision, that were generally ushered in by a confused state of mind. He would be for a moment abstracted, when a vivid recollection of events that had occurred years past, wild notions of events that have since actually been realised, would flit over him; and then he as suddenly became depressed, and as quickly relieved on taking some powerful pungent snuff, as "Grimstone's Eye Snuff," that would induce sneezing and a secretion from the nose, when the vision would be suddenly restored.

At another time, for two or three months, he was annoyed with a *painful* coldness of his left foot, that would continue for several minutes, hours, or even days. Immersing the foot in hot water appeared serviceable, and generally restored warmth after some twenty minutes, which was important; for, if not relieved, it was the sure forerunner of some other morbid feeling. He was greatly annoyed whenever the stomach "was out of order," with restless nights, frightful dreams, nightmare, palpitation, &c., for the removal of which, he found small doses of the blue pill twice a day, for a week, very efficient; occasionally, leeches were applied to the head, before the irritation would subside.

During the prevalence of the fits of numbness which have been known to hover about him for weeks together, he took Strychnine dissolved in the sesqui-chloride tincture of iron, in the proportion of two grains of the former to one ounce of the latter, and in doses of twenty drops, twice a day, in water. After taking them for a period of twelve or fourteen days, he would experience a cessation of the attack. The most permanent benefit appeared, however, to be derived from simple, nutritious, but spare diet. As the stomach regained tone and ability to dispose of the food supplied to it, all the distressing feelings enumerated, subsided; and, although his health has been regained, he is philosopher enough to know, and estimates, the terms upon which its tenure is maintained. His present habits and diet are as follow:—rises at six in the summer, and seven in the winter; his breakfast consists of half a pint of milk thickened with farinaceous food, varied, for a few days or a week, successively, by one breakfast cup of tea or coffee, half a round of dry

toast, an hour's exercise, four hours' attention to business, between which, a glass of sherry and half a biscuit; dinner at one, consisting of two slices off a joint, or two chops, or fish with bread, and rarely potatoes; half a pint of malt liquor, two or three hours again to business, an hour or two's exercise, tea or coffee, one cup, a slice of dry toast slightly buttered; at eight or nine o'clock, perhaps a sandwich and a glass of malt liquor or wine, or weak spirit and water,—to bed at ten. This may appear very monotonous, and even ridiculous, to some who can indulge fivefold to this spare fare; but it is mentioned to show on how scanty a diet a human creature may exist, thrive, and enjoy good health. It is not intended for general imitation, but, in similar cases, it is not unworthy of it.

ON THE LAW OF DIVORCE AS REGARDS IMPOTENCE.

IN order to make this treatise as useful and comprehensive as possible, I considered it advisable to show in what light the law regards impotence with reference to marriage, that those who laboured under the infirmity, and contemplated a union of this description, might know the impediments which stand in their way; and those who are already married might be put in possession of the power of the Ecclesiastical Courts to annul the marriage, under circumstances, or to take a less decided course, if the case seemed to require it.

One of the chief objects of marriage being the perpetuation of the race, it is presumed that every one entering into the contract possesses the capability of consummation.* And, accordingly, at the very outset, an impuissant person finds his disability stop his intention, for on applying for the marriage license he is called upon to swear that there is no lawful cause or impediment to prevent the grant. These words include all canonical and other disabilities, and the party's proctor, or the clerks at the office where the licence is procured, will tell him, if he will take the trouble to enquire, that impotence ranks prominently among the canonical disabilities. His conscience, therefore, will urge him to let the matter drop, and renew it again when he arrives at virility, which very often can, by proper medical aid, be obtained.

Again, it is expressly stated very early in "The Form of Solemnization of Matrimony," that "it was ordained for the procreation of children." How then, can any one, conscious of bodily inefficiency, allow these words to be read by the priest in his presence with his assent, without being guilty of a gross dereliction of truth and honour?

Impotence may arise from malformation, from an accidental circumstance, as that of a man becoming an eunuch, or from paralysis affecting the erector muscles of the penis, from frigidity of constitution, &c. Temporary impotence

* The necessary qualifications required by the law of nature in persons rightly contracting matrimony, are a fitness or ability both physical and moral. By the former we un-

derstand such a constitution of body as is capable of attaining the chief end of marriage, the procreation of issue.—Puffendorf, b. 6. c. 25.

also frequently springs from moral causes; but those suffering from this species, may reckon upon certain cure at the hands of a skilful medical adviser. Incurable impotence renders the marriage void *ab initio*; and the marriage is considered to have been entered into fraudulently (*in fraudem legis*.)*

Suits for annulling the marriage may be promoted by either husband or wife, but there must be satisfactory proof that the incompetency existed at the time of the marriage, and still remains without remedy. If the court has any doubt on the subject, it may direct inspection by such persons, and in such manner as it shall see fit.

Where the impotency is clearly proved to be irremediable, the courts will decree a total divorce, *à vinculo matrimonii*. But where there is great doubt on the subject, it seems that a continued cohabitation of three years will be required before the suit can be entertained; and even a longer period, if the peculiarities of the case appear to demand a further trial.

If proceedings be not resorted to by the husband within a reasonable time, the presumption will be against his suit.† But the time within which the wife seeks the aid of the court is not looked at with such strictness, as, on account of the greater delicacy of feeling of the sex, she is regarded with a more indulgent eye. Marriages must be annulled in the lifetime of the parties.

There is a curious case mentioned in some of the old reporters, which shews that a man, although divorced on account of incurable impotence may become vigorous and efficient. It is called "Bury's Case," and is this:—Evidence, seemingly of the most conclusive nature, was adduced to prove that the husband laboured under perpetual impotence, and the marriage was consequently annulled. The husband married again, and had issue by the second wife, and it was adjudged that such issue were legitimate; for the first sentence should be in force until it was repealed, and the second marriage was good, unless dissolved in the lifetime of the parties; and a man may be *habilis et inhabilis diversis temporibus*.‡

* Anciently, in Egypt, eunuchs were allowed to marry (Puffendorf, b. 6. c. 25). At Tonquin, eunuchs marry, and hold the chief offices of State (Montesq. De l'Esprit des Loix, liv. 15, c. 18). By an arrêt of the grand chamber of Paris in 1665, it is adjudged that an eunuch could not marry, not even with the consent of the woman, and all the parties on both sides (Rees' Encyclop., art. Eunuch.)

† Presumit jus, quod quis cognoverit uxorem, cum qua diu habitavit; sed contra hanc presumptionem, juris probatio admittitur.—*Lexicon Calvini*.

‡ The following case which happened in France nearly two centuries ago confirms this; and it is mentioned also on account of the singularity of the mode of proof resorted to. This proof in aid (as it might be called) was termed "Le Congrès" (the performance

of the sexual act before witnesses); and it was as indecent as it was uncertain. The case is also remarkable, inasmuch as it was the immediate cause of the abolition of the practice. As every one nowadays reads French, it is cited in the original language: "Le 2 Avril, 1653, le Marquis de Langey épousa Mademoiselle Marie de St. Simon de Courtomer; les commencemens de ce mariage furent heureux, cette parfaite intelligence subsista pendant quatre années entières jusqu'en 1657, que la Dame de Langey accusa son mari d'impuissance. Elle porte sa plainte devant le lieutenant civil du Châtelet, qui nomme les experts pour visiter les parties. Les experts font la visite, et déclarent par leur rapport qu'ils les ont trouvés, l'un et l'autre, dans l'état où ils devoient être, comme mari et femme. La Demoiselle de St. Simon, pour infirmer ce

Cases of divorce, however, for this cause are very rare, for if the parties move in a respectable sphere of life, there is a repugnance to bring the matter forward on account of the exposure and disgrace; and if they be poor, they are deterred by the expense. A proctor of long standing once assured me that, in his experience, there had not been more than two or three suits (one of which was still pending), and that it requires very strong evidence indeed to annul the marriage, the presumption being in favor of the competency of the parties.

Connate imperfections in the generative organs being very unusual, and the other physical causes being for the most part removable by proper treatment, it may be interesting to say a word or two on that numerous class of cases arising from moral causes. But as an authenticated story will illustrate the freaks of fancy in the most pleasing manner, I shall bring forward a case (in which the author himself afforded the means of cure) from Montaigne's Essay "On the Force of the Imagination." (And here let me remark, that the essays of this writer abound in wit, learning, and anecdote; and that a better manual for the nervous and hypochondriacal cannot be found. I mention this, because he is very little known, though his Essays deserve to be in the hands of every educated man.) I make the extract from an old translation (1711); and the simple way in which the story is told, adds not a little to its interest. "A Count of a very great family, and with whom I had the honour to be very familiarly intimate, being married to a very fair lady, who had formerly been pretended to, and importunately courted by one who was invited to, and present at the wedding, all his friends were in very great fear, but especially an old lady his kinswoman, who had the ordering of the solemnity, and in whose house it was kept, suspecting his rival would, in revenge, offer foul play, and procure some sorcery to put a trick upon him, which fear she also communicated to me, who, to comfort her, bade her not trouble herself, but rely upon my care to prevent or frustrate any such designs. Now I had, by chance, about me a certain flat piece of gold, whereon were graven some celestial figures good to prevent frenzy occasioned by the heat of the sun, or

rapport, prétendit que, si elle n'étoit pas fille, c'étoit par les entreprises brutales d'un impuissant, &c. Le Sieur de Langey, piqué de ce reproche, demande le Congrès; le juge l'ordonne.

Pour l'exécuter, on choisit la maison d'un baigneur: cinq médecins, cinq chirurgiens, et cinq matrones y assistèrent; le succès n'ayant pas été avantageux au sieur de Langey, son mariage fut déclaré nul.

Les choses en cet état, la Demoiselle de St. Simon contracte mariage avec le Marquis de Boesse; et de ce mariage sont nées trois filles.

Dans le même temps, le Sieur de Langey se marie avec Demoiselle Diane de Montault de Novaille; et leur mariage est suivi de la naissance de sept enfans."

Some difficulties afterwards arising on the death of Madame de Boesse respecting her succession, and "le Congrès" having been the cause of the difficulties, "le ministère public profita de cette occasion de demander l'abolition de la preuve inutile et infame du Congrès."

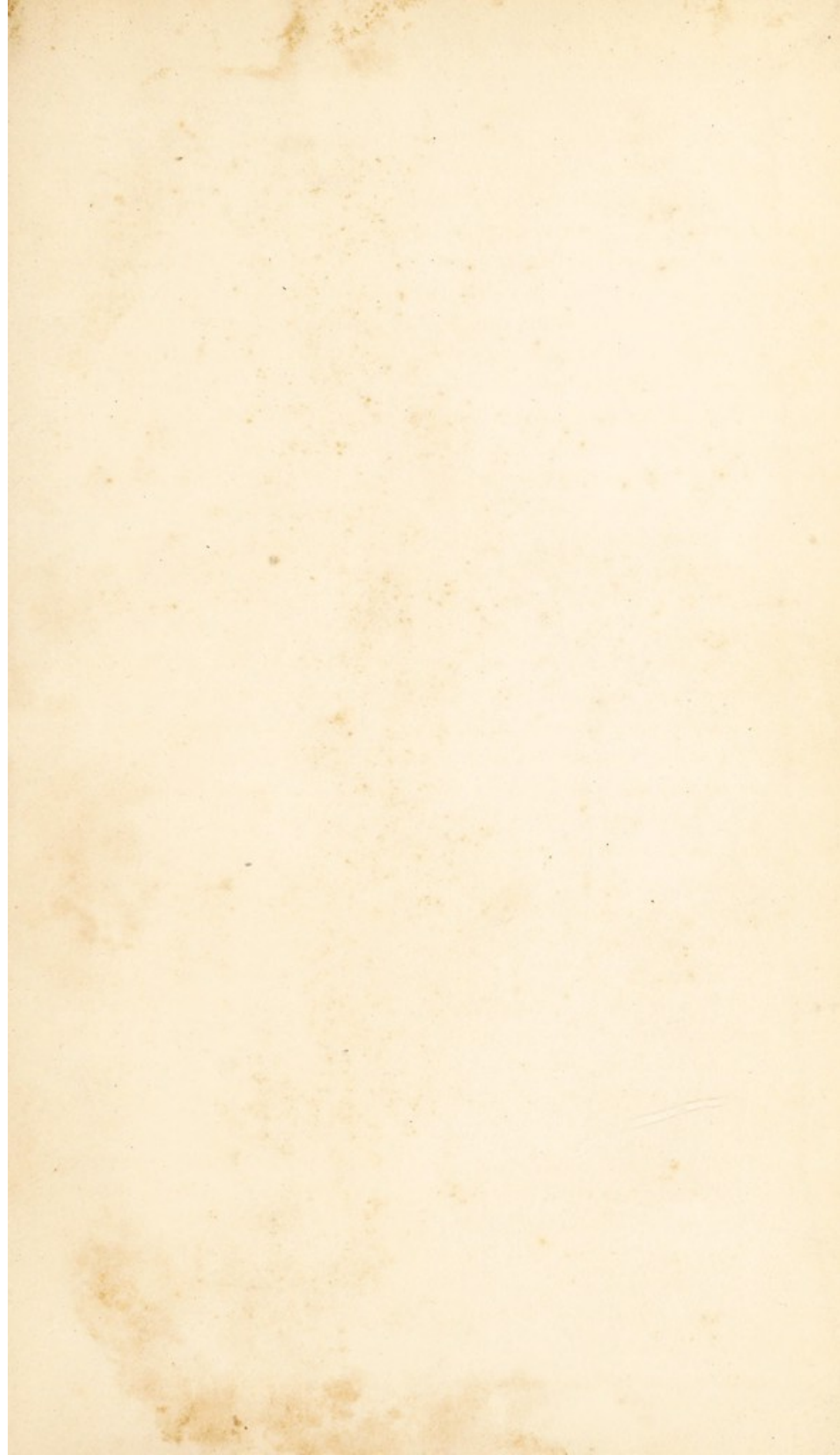
The report on which the arrêt of abolition was founded, states truly that "cet usage infame pourra toujours déconcerter tout homme à qui il reste des sentimens de bienséance et de pudeur; et les maris les plus puissans dans un état de liberté, où la nature ne sera pas contrainte, succomberont souvent dans une épreuve aussi humiliante pour l'humanité, qu'elle est contraire à la raison, et à tous les sentimens qui sont inseparables de la vertu."

for any pains of the head, being applied to the suture, where, that it might the better remain firm, it was sewed to a ribbon to be tyed under the chin. A foppery, cozen-german to this of which I am speaking, was by Jacques Pelle-tier, who lived in my house, presented to me for a singular rarity, and a thing of sovereign virtue. I had a fancy to make some use of this knack, and therefore, privately told the count that he might possibly run the same fortune other bridegrooms had sometimes done; especially some persons being in the house, who, no doubt, would be glad to do him such a courtesie; but let him boldly go to bed, for I would do him the office of a friend, and if need were, would not spare a miracle that it was in my power to do, provided he would engage to me, upon his honour, to keep it to himself, and only when they came to bring him his caudle,* if matters had not gone well with him, to give me such a sign, and leave the rest to me. Now he had his ears so battered, and his mind so prepossessed with the eternal tattle of this business, that when he came to it, he did really find himself tied with the trouble of his imagination, and, accordingly, at the time appointed, gave me the sign; whereupon, I whispered him in the ear, that he should rise under pretence of putting us out of the room, and after a jesting manner pull my night-gown from my shoulders, throw it over his own, and there keep it till he had performed what I had appointed him to do, which was, that when we were all gone out of the chamber, he should withdraw to make water, should three times repeat such and such words, and as often do such and such actions; that at every of the three times he should tie the ribbon I put into his hand about his middle, and be sure to place the medal that was fastened to it (the figures in such a posture) exactly upon his reins, which being done, and having the last of the three times so well girt and fast tied the ribbon that it could neither untie nor slip from its place, let him confidently return to his business, and withal not to forget to spread my gown upon the bed, so that it might be sure to cover them both. These ridiculous circumstances are the main of the effect; for fancy being so far seduced, as to believe that so strange and uncouth formalities must of necessity proceed from some abstruse science, their inanity gives them reverence and weight. However, certain it is, that my figures approved themselves more Venerean than Solar, and the fair bride had no reason to complain.†”

A benevolent and philosophical practitioner, who will sink the physician in the friend, can dissipate these needless apprehensions in a rational manner, and enable the sufferer conscientiously to enter into and to realize the enjoyments of the married state. The law of nature, the law of the land, and the law of truth, will then be fully complied with, and children, the continuing bonds of cement of the union, will remove all source of future dissatisfaction.

* There was a custom in France to bring the bridegroom a caudle in the middle of the wedding-night.

† Vide also in Rees' Encyclop. Art. Impotence, a very singular case of moral impotence, cured by the celebrated Mr. Hunter.





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