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AN
ESSAY
ON THE
THEORY AND CURE
OF THE
VENEREAL GONORRHOEA,
AND ITS
CONSEQUENT DISEASES.

By JOHN ANDREE,
SURGEON to the MAGDALEN HOSPITAL, and
the FINSBURY DISPENSARY, and late
TEACHER of ANATOMY.

The SECOND EDITION, Improved and Enlarged.

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TO
Mr. *RICHARD GRINDALL*,
SENIOR SURGEON TO THE LONDON HOSPITAL,
AND
FELLOW OF THE ROYAL SOCIETY,

S I R,

HAVING had the pleasure of
serving an apprenticeship to
you, and, during that time, the sin-
gular advantages of attending to your
very extensive practice in private, as
well as at the London Hospital ; ha-
ving also since then been favoured
with

with strong testimonies of your friendship ; I am happy in embracing this opportunity of dedicating to you the Second Edition of this Essay, as a public mark of respect ; and, at the same time, of subscribing myself

Your very much obliged

and obedient Servant,

JOHN ANDREE.

Cary-Street,
May 3, 1781.

A N

E S S A Y, &c.

TH E Gonorrhœa Virulenta seems, at present, to be one of the most common effects of the venereal virus. It has, from the first appearance of the venereal disease, ever been acknowledged to be a most painful disorder in many cases, and one in which mercury does but little, if any, service. Some of the earliest writers have styled it the first infection, supposing it to be the forerunner of every other venereal symptom;

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others

others (from the derivation of the word) call it a morbid discharge of semen; and some seem to imagine it to be a disease of the prostate gland. All these theories have been clearly refuted; they serve however to shew, that the practice of those who supported such opinions, stood in need of the assistance of a knowledge of the true situation and effects of the disease.

In the course of the following Essay, the term *Gonorrhœa* will be used to signify a morbid discharge of a coloured fluid from the Urethra in the male subject, accompanied in general with pain in voiding the urine, and caused by application of venereal matter to the penis.

The method in which the disease is received in most instances, is by coition with a woman who is infected with some venereal symptom: but it sometimes happens, that a woman shall use coition with two men on the same day, that the latter man shall receive a *Gonorrhœa* from her, and
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that she herself shall remain uninfected; a clear instance of which came within my certain knowledge. This circumstance may be accounted for by supposing, that the man who had the connection with her first, had deposited some venereal matter or Gonorrhœal discharge in her vagina, part, or all of which, was taken away by him who cohabited with her afterwards, and who thus became infected.—Another fact, of which we are certain, is, that the application of venereal matter to the penis, will not always cause any of its symptoms: nor do I think it less certain, that the disposition to receive, or not be infected by, the contact of venereal virus, varies much in different, and at times even in the same constitution; for there are men who have often cohabited with infected women during many years, and never had any symptom of the disease. This idea is also further illustrated from analogy, by observing, that the bite of a mad dog, as well as that of some other poisonous animals, will not always take effect. But

a familiar proof of this fact may be had from a circumstance which happens often. Two men have a connection with the same infected woman: the one gets the disease, the other does not.—I have further remarked, that men of a relaxed habit of body are in general most subject to venereal complaints. A man who is intoxicated, and at that time has an unclean connection, seldom escapes uninfected. The same remark holds good with respect to those who are scorbutically inclined; to those who have but lately recovered from a mercurial course; and to those who are little accustomed to such connections, as is generally the case with country people, who seldom fail being infected after cohabiting with an unclean woman. The Gonorrhœa seems to be communicable by no other means than the actual application of venereal matter or Gonorrhœal discharge to the penis: in proof of which we observe, that it seldom, if ever, shews itself as a symptom of the Lues Venerea; that is to say, that it rarely appears
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after any other venereal symptoms have shewn themselves, and that it never occurs, but within such a space of time from a suspected coition as to date its cause from thence: that it therefore is always a local, and not a constitutional disease. I have known several instances of men cohabiting with a woman who has been afflicted with venereal eruptions and nodes in various parts of the body, and never receiving any infection. Again, men who have had Buboes and other venereal symptoms, where there was no morbid discharge from the penis, have been connected with clean women, who have never received the infection. From a number of such instances, where the fact has been tried, (*experimenti gratia*) I am convinced that the disease cannot be communicated but by the application of venereal discharge to the part affected; and therefore that neither the semen of a man, nor the emission from a woman, are capable of communicating the disease, unless venereal matter or discharge from a Gonorrhœa are mixed with

with these fluids. The manner in which the infection is received, has not yet been ascertained: but it appears highly probable, that a portion of discharge from a Gonorrhœa or Chancre insinuates itself into the orifice of the Urethra, and then lodges in some one or more of the lacunæ, or adheres to it by mixing with its mucus; because the disease always begins near the outer orifice of the Urethra.

A kind of negative proof of this, may be had from observing that any stimulating substance applied to the Urethra will cause an inflammation, ardor urinæ, chordee, and coloured discharge; all which symptoms are frequently brought on by the use of a stimulating Bougie.

The following opinions are at present maintained by practitioners:

First, That a venereal Gonorrhœa never does produce or cause a true Lues Venerea.

A second opinion is, That the Gonorrhœa is an inflammation of the Urethra, without ulcers.

A third is, That it is an inflammation, accompanied with ulcers of its membrane.

A fourth, That it is a different infection from the Lues Venerea.

The first opinion, to wit, that a Gonorrhœa never causes a true Lues Venerea, is at this time in great credit. But the two following cases seem to me, to prove the reverse in so satisfactory a manner, as to render the use of arguments in contradiction of it needless.

In March 1774, a gentleman applied to me for the cure of a Gonorrhœa: he was treated in the usual method; the inflammatory symptoms were subdued in a fortnight: during the next twelve days he had a small, yellowish discharge, with some pain at the membranous part of the Urethra: he then
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complained of not voiding his urine in so large a stream as he had been used to do when in health: on introducing a Bougie into the Urethra, an obstruction was perceived at the part where the pain was seated; and in a month's time, by the daily introduction of a Bougie, the obstruction and discharge were removed; but he had remarked, that coloured spots appeared on his face and breast within the last ten days, and that he had pain in his legs and arms every night. These eruptions were as truly venereal as any I ever saw; his nocturnal pains were as certainly so; and his cure was effected by a due course of mercurials.

In March 1776, a young gentleman was put under my care for the cure of an obstruction in the Urethra, and venereal blotches; which symptoms were certainly brought on by a Gonorrhœa, as he had never been afflicted with any other venereal complaint:

These cases afford the strongest reason to suppose

suppose that there was an ulcer in each Urethra, because an obstruction immediately followed the symptom of pain in that part, and likewise because true venereal appearances were produced, which, perhaps, never happens unless there has been a previous ulceration. It may be said, with respect to these instances of Lues Venerea being produced by a Gonorrhœa, that the patients were infected previous to, or during the time of the disease. But there is not the least shew of reason for the former supposition, and there was scarcely a possibility of the latter happening without my knowledge, as I seldom failed to examine the parts daily.

Do not these cases prove, that a true Lues venerea may be actually produced by a Gonorrhœa? Does it not seem highly probable, that there was a Chancre in the Urethra, which arose from the venereal symptoms, and the contraction in that canal? That the urethral membrane is subject to ulceration, has been observed by MORGAGNI,

in his book de Causis & Sedibus Morborum, wherein he gives several histories of dissections of Urethræ which were so diseased. I am in possession of two Urethræ, in each of which are ulcers: but these were probably of long continuance; for neither of the subjects from which they were taken had any symptoms of the Gonorrhœa at the time of death, each of them being afflicted with a Gleet and obstruction of the Urethra, for which they were under a course of Bougies. MORGAGNI makes the same observation on his cases, and supposes that such ulcers were the effects of numerous and ill-cured venereal complaints.

The second opinion, that the Gonorrhœa is an inflammation of the Urethra without ulcers, is undoubtedly a more rational idea than the ancient and absurd one, that there always were ulcers whilst any discharge continued, which were regarded as the only source from whence the diseased fluid (supposed by them to be pus) could possibly be derived.

derived. This theory was supported ingeniously, by comparing the discharge to that from ulcers in other parts of the body: thus it was said, in the inflamed state the discharge is thin, acrid, of various colours, and in great quantity; when the inflammation abates, the running becomes of a better consistence and colour, less in quantity, and assumes the appearance of good matter. But the whole of this theory is destitute of the support of experimental observations; and it is now well known, that a fluid very much resembling pus, may be, and is often, produced by inflammation without suppuration.

Mr. POTT, in his most excellent treatise on the Fistula Lacrymalis, says, “ That pus is never produced without some breach in the natural structure of parts; that mucus may by irritation, relaxation, or defluxion on its secreting and containing parts or organs, be increased in a quantity far beyond what is necessary or useful, and produce thereby a

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disease

disease in parts where there is not the least solution of continuity, as in the cases of tenesmus, stone in the bladder, fluor albus, and simple gleans from the Urethra." In the next page he says, "the two circumstances of pain and yellow-coloured discharge, have, in almost all times, produced the same misconception in the virulent Gonorrhœa in both sexes; this having been called pus, and being said to proceed from ulcerations in the Urethra or Vagina, though the repeated testimony of those who have, immediately after death, examined the parts of persons so diseased, has often been produced to the contrary; and though the discharge itself, when properly examined, will always prove the contrary: inflammation and irritation will fully account for all the appearances; and whoever will attend to the discharge from a purulent ulcer, will find it widely different from that which issues from the Urethra in men, or Vagina in women, in a virulent Gonorrhœa."

MORGAGNI, in his book before quoted, gives it as his opinion, that the venereal Gonorrhœa is an inflammation of the Urethra, without ulceration of its membrane; and relates the following cases. A man, thirty years of age, died on the fifteenth day after the appearance of a venereal Gonorrhœa. On dissection, he found the inner membrane of the Urethra of a pale red colour, and covered with yellow mucus, at about an inch and a half from its outer orifice; which diseased appearances extended about two inches lower down. He dissected the Urethræ of two other subjects who died with the disease on them, and found an inflammation in the same part; but in neither of these three Urethræ was there any ulceration perceptible. One case of this kind I examined at the London Hospital, in a man who had died of a fractured skull, having a Gonorrhœa on him at the time of his death. I opened the Urethra, and found its membrane at two inches distance from its outer orifice, and for an inch and a half lower down much inflamed,

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of a pale red colour, and all this part covered with yellow mucus: after wiping off the diseased fluid, I attentively inspected the diseased part with a magnifying glass, and found the Urethra, where the inflammation was seated, had its vessels much distended with blood; but there was not even the smallest degree of ulceration to be seen, nor was there any appearance of cicatrices, which it is reasonable to imagine would have been perceptible, had there been any ulcerations even at the commencement of the disease: the remainder of the Urethra was in a healthy state, as were the prostate gland and the vesiculæ feminales.

The antient opinion, that ulcers in the Urethra constantly existed in the venereal Gonorrhœa, is now nearly exploded, from so many Urethræ of men who have died with the disease on them having been dissected, and no ulcerations ever found at the inflamed part, but the morbid appearances nearly similar to those in the cases related above. Another

ther most forcible argument in favour of the Gonorrhœa being an inflammation without ulcers, may be deduced from examining the parts of women afflicted with this Disease; for in them the disorder is usually confined to that part of the Vagina which can be inspected, which is always found to be inflamed, principally near the meatus urinaris, and no ulcers are to be seen. The late Mr. Samuel Sharpe, in his Critical Enquiry, says, “ he believes that part of the discharge in a venereal Gonorrhœa comes from small ulcers; which matter, irritating the mucous glands of the Urethra, causes an increased and morbid discharge of such mucus.” If we must suppose ulcers to exist in this disease, Mr. Sharpe’s theory is the most rational one, it being too gross an absurdity to imagine, that ulcers on so small a part can furnish a discharge even nearly equal in quantity to what is usually found in the inflammatory state of this disease.

To strengthen the theory of the Gonorrhœa being an inflammation without ulcers,

we may have further recourse to analogy ; for, in the common inflammatory catarrh, do we not observe the great quantity of coloured mucus which is expectorated, and the changes in its consistency and colour, according to the degree of inflammation ? In this disease no one now has recourse to ulcers to account for the discharge, although it sometimes resembles pus. An increased and coloured discharge from the membrana Schneideriana is the common consequence of an inflammation of that part : any irritating substance applied to it, produces an immediate increased secretion and discharge of its mucus : a similar effect may be produced in the same manner on the globe of the eye and inside of the eyelid. It may be said, that the two cases mentioned above, as proofs that a Gonorrhœa may cause a Lues Venerea, seem to prove that ulcers in the Urethra do happen in some Gonorrhœas. On the contrary, they rather tend to shew, that when ulcers in the Urethra occur, a Lues Venerea and obstructed Urethra will probably be the consequences.

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On the whole then, we have clearly arguments of sufficient weight to prove the great probability of this theory; which arguments are strengthened by repeated dissections of the parts in subjects who have died with the disease on them.

It is the opinion of an eminent Anatomist who has examined as many, or perhaps more diseased Urethræ, than any man now alive, that the gonorrhœal discharge is an inflammatory transudation; but that, from this state of the disease neglected or maltreated, ulcers do sometimes happen.

We come now to treat on the third opinion, which is, that the venereal Gonorrhœa is an inflammation of the urethral membrane, accompanied with ulcers. forcible arguments against this theory are deducible from the testimony of all those who have inspected the parts in subjects which have died with the disease on them, and who have found the membrane of the Urethra inflamed, but free from

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ulcera-

ulceration. It may also be added, that, if ulcers did usually exist in this disease, it is most probable that cicatrices would be discernible for a long time after they were healed, and would therefore not be an uncommon appearance on dissection; also, that obstruction of the Urethra would be a very common effect of the Gonorrhœa, because it is nearly certain, that when its membrane is ulcerated, (though all venereal taint may be removed) it takes on a disposition to form strictures in the passage; whereas the Urethra usually remains in a healthful state after many Gonorrhœas, if skilfully treated.

But on a comparison being drawn between this disease and inflammations of other membranes, ocular demonstration may be had of such parts inflaming to a very great degree, and discharging, for a considerable length of time, a coloured fluid much resembling pus. For example, after the operation for the cure of the Hydrocele, by incision, we see the tunica vaginalis become highly inflamed, and the

the dressings which are left in the tunic, daily moistened with a yellow fluid much resembling purulent matter, whilst the inner surface of the membrane is free from ulceration. The same circumstances are observable after the operation for a strangulated hernia, where the hernial sac formed by the protruded peritonæum is opened by the knife of the operator, and its inner surface exposed to view during the healing of the wound. During a violent inflammation of the eye, we often observe this kind of fluid perpetually deposited on the globe of the eye, and inner surface of the eye-lids: in this last-named disease, we are certain that the discharge is an increased and altered secretion of the fluids destined for the moistening of those parts. Since therefore, in all these cases, we have absolute proofs that an inflamed membrane is capable of secreting and discharging a fluid much resembling purulent matter; may we not venture to assert, that such fluids are not pus, because they are furnished from parts where there are no ulcerations?

The last theory requiring our attention is, that the venereal Gonorrhœa is a different infection from the Lues Venerea. The strongest arguments brought in support of this opinion are, first, that a Gonorrhœa never produces a Lues Venerea; and secondly, that a Gonorrhœa is curable without mercury. But let us have recourse to facts; and, if we can by them prove, that a person who has a Gonorrhœa may, by coition with an uninfected person, communicate a Lues Venerea; and also that one who has a pox is capable of communicating a Gonorrhœa only to another person; it is imagined such proofs will have more weight, in contradicting this theory, than the most forcible arguments.

I knew a gentleman who contracted a Gonorrhœa from a common prostitute. At the beginning of the disease, he had a connection with a woman whom he had seduced but a few weeks before that time. His complaint was a common Gonorrhœa, of which he was cured in three weeks without mercury;

mercury; but the woman whom he had infected had as true venereal Chancres as were ever seen: her cure was attempted without mercurials, (on the supposition that a Gonorrhœa would not communicate a Lues Venerea); but after the most fair trial during four weeks, it was found that the sores had every symptom and appearance of Chancres: mercurial medicines were then administered, by which they were cured.

A second case is as follows. A man had a Chancre for three months, which he attempted to cure by the use of a quack medicine. He cohabited with his wife the first fortnight after its appearance; she then became diseased; but her complaint was a Gonorrhœa without Chancres, or any other venereal symptom; and she was cured without the use of mercury.

An ingenious Surgeon has proved, that the discharge from a Gonorrhœa will produce a true venereal Chancre, by inoculating him-

himself with a lancet moistened with such discharge: he has likewise inoculated himself with matter taken from a Chancre, and finds that the Chancre caused by the discharge from a Gonorrhœa, is as truly venereal, and as virulent, as that caused by inoculation from the Chancre.

But let us for a moment reflect on the disease itself. The most rational idea of the Gonorrhœa, I conceive to be, that it is an inflammation of a part of the urethral membrane, and that the discharge is the consequence of such inflammation, which causes an increased and morbid secretion of its mucus. From daily experience we know, that true symptoms of the Lues Venerea very seldom occur from this disease, even when the cure is totally neglected, or, which is frequently of worse consequence, maltreated; and also, that its cure seems but little, if at all, to depend on the use of mercury. It is also known, that a Chancre is capable of producing every venereal symptom; likewise, that every
Chancre

Chancre may be cured by the internal use of mercury ; and it is equally certain, that a confirmed Chancre, that is to say, one which has the true characteristics of the disease, and has continued a week in such a state, cannot be safely cured without introducing a proper quantity of mercury into the patient's habit of body.

May we not then with confidence retain these opinions : first, That the Gonorrhœa is produced by the same matter as a Chancre is ; secondly, That the disease is not liable to be introduced into the habit of body for any other reason, but that there is no ulceration or erosion ; thirdly, That the discharge is not purulent ; and, finally, That ulcers do not happen in this disease, unless in extraordinary cases, such as those related above, where a Lues Venerea was caused by a Gonorrhœa ?

These opinions are supported by the theories of two of the most eminent Anatomists
now

now living, who assert, that venereal matter applied to an erosion or crack of the skin in any part of the body will form a Chancre; and that the same matter, deposited on such a membrane as that of the urethra, will cause an inflammation without ulceration, such as happens in the Gonorrhœa.

A man with a Gonorrhœa, who had been washing his penis, happened to touch his right eye soon afterwards with his finger: the eye and inside of the eye-lid were immediately attacked by a violent inflammation, attended with a copious discharge of thick yellow fluid, much resembling that from his urethra: this ophthalmia was judged to be venereal by one of the best Surgeons and Anatomists in the kingdom, who accounted for it by supposing, that the finger with which he touched his eye, deposited some of the discharge from the Gonorrhœa on that part.

The prognostic of cure must depend principally on the symptoms of the disease: for,
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although it seems highly probable, that every Gonorrhœa is at its beginning an inflammation, without ulceration, confined to that part of the urethra in which MORGAGNI found it to be seated ; yet it is highly reasonable to imagine, that the urethra becomes afterwards, in many cases, fully as much inflamed at different parts deeper seated, which may be judged of by supposing, that there is inflammation of the urethral membrane wherever ardor urinæ is perceived. The worst species of Gonorrhœa seems to be that in which the prostate gland partakes of the inflammation, which may be known by the following symptoms ; a dull, heavy, and constant pain, with a sensation of bearing down and weakness, at the root of the urethra ; a very frequent inclination to void the urine, accompanied with such a difficulty of retaining it, that the patient can scarcely walk from one room to another before it will make its way out. In this state of the disease, the urinary bladder is so far affected, as to be in such a

state of irritability, that it will not contain its usual quantity of urine.

I shall now beg to be indulged with a few words respecting the Cure. The curative indication is evidently to subdue an inflammation ; to answer which purpose, cooling purges, a temperate diet, a moderate use of diluting liquids, and the skilful use of injections, will often prove effectual, without the aid of the lancet or mercurials : but the inflammatory symptoms, such as ardor urinæ and chordee, may, in general, be immediately relieved by the use of a proper injection.—As the use of injections in this complaint is not yet general, they being recommended by some practitioners and condemned by others, I beg leave to give a few arguments in their favour. The intent of cure is primarily to allay an inflammation of the urethral membrane. If it is highly proper to subdue an inflammation of such a part as speedily as possible, it follows then, beyond a doubt, that from the application of proper remedies
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to the inflamed part, the essential advantages, of giving immediate relief to the painful and inflammatory symptoms, may be derived. When the discharge continues after the inflammation is subdued, we can brace the relaxed vessels from which it issues, more effectually and expeditiously by a topical application, than by internal remedies, which have the round of the circulation to go, before they can act on the parts affected; the disease being a local inflammation, and not caused by a morbid affection of the habit of body. But some practitioners object to the use of injections, and seem to imagine, that they check the discharge of venereal matter, and that therefore an absorption will ensue; and consequently, that from such practice a danger is incurred of the venereal virus entering the habit of body. To this it may be replied, that in the inflammatory state, injections appear to do service, merely by allaying the inflammation; and when this is subsided, they act by bracing the secreting vessels; and that the diminution of the discharge is to be

accounted for by supposing, that the secreting vessels are brought more near to a healthful state, without having recourse to absorption.—A Gonorrhœa may be, in most instances, cured in a fortnight, or in less time, with the assistance of injections. I have cured this disorder in eight days, principally by injections. Mercurials in small doses, and of the mildest forms, may be administered internally, although the cure, in general, does not seem to be expedited by such medicines. But if we suppose a cure by internal medicines alone, such as cooling purgative medicines, while the symptoms of inflammation are violent; afterwards mercurials; and, for the completion of the cure, balsamics, bracers, and the cold bath, if necessary; it will, by this method, be seldom completed in less than six weeks.—The cure with the assistance of injections, is, however, not only the most expeditious and easy method, but the safest: for, the sooner an inflammation is removed from a membrane of so irritable and delicate a texture as that of the urethra, the less injury it will be likely to suffer;

suffer ; and there will be the less danger of the virus entering the constitution, in proportion to the length of time which the discharge is suffered to continue ; for during this time, the smallest portion of such discharge, by application to a fissure or erosion on the glans penis, or in the urethra, may cause a Chancre and all its consequences. Nor is it less certain, that there is a possibility of absorption of a part of the gonorrhœal discharge taking place, on the membrane of the urethra ; and a Lues being thereby produced.—Another advantage attending the use of injections, is, that the accidental symptoms attendant on Gonorrhœas, will happen by much less frequently than in the other method.

If the above opinion concerning absorptions is true, does it not follow, that the common theory on this subject, in this as well as in some other diseases, cannot be well supported ? for a fluid cannot be absorbed till it is secreted ; that is to say, till it really exists. If, therefore, topical applications lessen
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the discharge, in my opinion they produce this effect by bringing the vessels which se-creted it nearer to a healthful state, and therefore do not by any means act as repel-lents. In support of this doctrine it may be added, that the Erysipelas, and some other inflammations, are now often and safely cured by applications of a gently astringent and sedative nature, such being found to abate the inflammation and pain in a greater degree than oily relaxing ones. The same arguments may be used, with respect to that kind of alteration in the state of ulcers in any part of the body, particularly those ensuing from chirurgical operations, in which, on the discharge suddenly lessening or stopping, it is the common opinion, that an absorption has taken place, although, at the time this alteration happens, there is usually such a change in the health of the patient, and in the appear-ance of the ulcer, as to warn a skilful Surgeon of the approaching danger. Is it not more rational to suppose, that this change in the patient's habit of body prevents the secretion
of

of matter, than that a small quantity of pus deposited on the surface of the sore, and being thence absorbed, is capable of causing such a change in the constitution? because pus is not known to possess any noxious quality: it seems never to irritate or injure the sore on which it is secreted, and appears to be composed of globules of too gross a nature, and too large dimensions, to return into the circulation, excepting under circumstances essentially different from those attending the far greater number of cases in which absorption is supposed to have taken place, and to have been the cause of the bad symptom.

A Chordee is a most painful, and often a most obstinate symptom. It is curable by injections in some instances, and in others resists the effects of both them and mercurials. The most effectual mode of using mercury for this symptom, is to rub in the ointment on the body of the Penis, on the glans, and in the course of the Urethra. Opium, given to about two grains every night, is often of service.

service. A remarkable circumstance often attending a Chordee is, that after a strong erection a few drops of blood are voided; which always relieves, and often cures it.

HAVING briefly considered the Gonorrhœa, we now proceed to speak of the diseases which happen in consequence of that complaint.* Of these the most common are, the inguinal Bubo and the Hernia Humoralis: the less frequent are, Phymosis, Paraphymosis, Warts on the Glans penis or Prepuce, Strictures of the Urethra, Warts or Caruncles in the Urethra, Gleets, Tumors on the Urethra, swelling and inflammation of the body of the Penis, a peculiar swelling in the course of the spermatic Chord, and the Fistula in Perinæo.

An inguinal Bubo is an inflammation and
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* WISEMAN, in his Treatise on Surgery, asserts, that the many ill accidents arising from Claps, slighted or neglected, are more difficult of cure than any other symptoms of the Pox.

suppuration in the groin, being in most cases certainly a disease of one or more of the lymphatic glands in this part; and is thus usually accounted for. It is said, that part of the gonorrhœal discharge is absorbed by the lymphatic vessels which pass from the urethra through the inguinal glands, which vessels, in their course through those glands, become much smaller in their diameters; and that this circumstance will account for the matter stagnating there. This theory, although at first view plausible enough, does not appear to be well supported. When a Bubo makes its appearance, the discharge occasioned by the Gonorrhœa, usually decreases in quantity; and the inflammation in the urethra also abates considerably: But, does the decrease of discharge from the urethra furnish us with an argument of sufficient weight to prove that matter is absorbed? Is it not more rational to suppose, that the inflammation is removed from the urethra to the groin? Are we not strengthened in this opinion by observing, that in the Hernia

Humoralis the same decrease of discharge and pain accompany this new inflammation? which effects cannot reasonably be supposed to be caused by absorption, for causes which will be mentioned under the head of Hernia Humoralis.

The method of treating Buboes admits of these important questions. First, Whether we should attempt to disperse them, or to bring them to suppuration? And, secondly, in what manner to procure an opening for the discharge of the matter when they come to maturation?

The dispersing of venereal Buboes has been strongly recommended, and much practised of late. This may be often attempted with success, which will be found to depend principally on the introduction of mercurial ointment into the integuments, below the part where the inflamed gland is seated, (the common practice is to use the ointment over the enlarged gland); which is done with the design
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of introducing the mercury into those lymphatic vessels which have their course through the diseased part. A cooling low diet, and gentle purgative medicines, should also be recommended. A loss of blood from the part, by the means of leeches, may also be of some use where the teguments are much inflamed. The following facts I am certain of, viz. that a Bubo arising from a Gonorrhœa is easier of cure than one caused by a Chancre, or one which is joined with any symptoms of a confirmed Lues; also, that a Bubo in a scorbutic or bad habit of body, under either of the before mentioned circumstances, when opened by the knife or caustic, usually becomes an ill-conditioned sore, and, by spreading into a very large ulcer, is often a dangerous, and has in many instances proved a fatal, complaint.

A Surgeon, whose veracity may be depended on, informs me, that he has cured many Buboes arising from Gonorrhœas, with-

out the use of mercury; that he has pursued this mode of practice for three years; and that, after they are opened by caustic, he puts the patient under a course of the Peruvian Bark, and finds the ulcer to heal as a common abscess. May we not then advise the dispersing of those Buboes which happen in consequence of Gonorrhœas, on the idea of their being caused by inflammation, and not by absorption, and that they therefore do not afford a critical discharge of the venereal virus; deducing our arguments in support of this mode of practice from observing, that the Hernia Humoralis, and the other inflammations caused by the Gonorrhœa, do not produce symptoms of the Lues Venerea, unless there has been a solution of continuity, and an application of a portion of the gonorrhœal discharge to such part?

When inguinal Buboes come to suppuration, the next object is, by what method to procure an opening for the discharge of the matter. Opening them by incision is
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now seldom used, the method by caustic being preferred, from their being found to heal sooner, and with less danger of leaving sinuses, than when opened by incision. But, in fact, there is scarcely ever a necessity for any operation; for, if the matter be permitted to make its own aperture, the cure will usually be effected in a shorter time than if an opening had been made by the Surgeon; and the pain occasioned by the knife or caustic will be avoided. I was induced to make trial of this method, from the case of a Surgeon, who, in 1774, had as painful and as large a Bubo as I ever saw. He would not suffer it to be opened: it broke of itself, and afterwards healed without any difficulty. Since that time I have used the same method in every venereal Bubo which has occurred in my practice, both in private, and at the Magdalen Hospital; all of which were cured without any operation by either caustic or cutting instrument, excepting one, in which it was necessary to open a small sinus with a lancet.

A Bubo in the groin sometimes occurs without any venereal affection: two such cases I have had under my care, in each of which the suppuration advanced very slowly, with scarcely any pain; nor did they cause either inflammation or uneasiness in the surrounding parts.

The Hernia Humoralis, or swelled Testicle, is one of the most painful and acute diseases arising from the Gonorrhœa. This complaint very seldom attacks the testicle, but is in general confined to the Epididymis, which will be found to be the true seat of the inflammation; for, by a proper manual examination of the parts, the Vas Deferens and Epididymis may be felt swelled, hardened, and inflamed, the body of the testicle remaining free from disease. In this manner, the Hernia Humoralis begins, and may, undoubtedly, when the inflammation is violent, and suffered to continue so for any length of time, be communicated to the testicle, its coats, and the scrotum. In the
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London Medical Essays, a case of an *Hernia Humoralis* is related by Dr. Vaughan, in which the inflammation, swelling, and pain, were remarkably violent. A puncture was made in the scrotum, at a part where matter was supposed to have been formed; but only a thin ichorous discharge issued forth: a mortification pervaded the whole tumor, and the death of the patient terminated the disease. On dissection of the parts, the tunica vaginalis was found enlarged, thickened, and of a livid colour, approaching to a state of mortification, the testicle remaining in a healthful state. This case seems to shew, that a most violent *Hernia Humoralis* may happen, in which the testicle does not partake of the inflammation; but it appears to me to have been attended with such uncommon occurrences (as the mortification of the part, and the death of the patient) as to give but little information with respect to the seat of the disease in the generality of these cases.

The *Hernia Humoralis* seldom occurs in
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the mild kind of Gonorrhœa. It is often brought on by some imprudence in the patient, such as using violent exercise, hard drinking, the venereal act, catching cold, riding on horseback, or dalliance with a woman. When it makes its appearance, the inflammation and discharge from the urethra decrease; so that this symptom affords the same arguments in favour of absorption having taken place, as are used in support of the opinion of injections producing that effect; although I see no more reason to imagine it in this, than in the other case. It is an inflammation, and is curable by an antiphlogistic regimen.

Suspension of the part is the first object. With respect to applications, those of the cooling sedative kind are, from experience, found to be both the most convenient and beneficial, from their relieving the painful symptoms sooner than emollient pultices, fomentations, or spirituous applications. Venæsection, in this complaint, is often necessary,

fary, especially at its beginning, and should always be performed from a large orifice, the object being to make a sudden revulsion from the part; which is seldom, if ever, effected by a slow bleeding: a rapid and copious loss of blood induces a temporary relaxation on the blood-vessels, and affords an opportunity for the surcharged arteries to empty their contents into the veins, and to return some of the blood into the large arteries from whence it was brought. In the *Hernia Humoralis* a collection of fluid, seeming to be contained in the body of the testicle, is sometimes to be felt distinctly enough: this sensation however is deceitful, and has been frequently mistaken for a collection of pus; but whoever is possessed of the *tactus eruditus*, and is aware of this circumstance, will not be misled.—This fluid commonly disappears by the use of proper discussing applications; for which purpose I have found spirits of wine, lowered with water, the most efficacious.

After the inflammation, pain, and swelling are subsided, a small hardness, seemingly of the coats of the testicle, sometimes remains. This we should endeavour to disperse; but it is well worthy of observation, that it is never productive either of venereal symptoms, or injury to the testicle.—Drastic purgative medicines were formerly in esteem for the cure of the *Hernia Humoralis*, as were vomits, particularly those of turbith mineral: the former were found to irritate the already inflamed parts, the latter not to allay the inflammation so much as venæsection, and both of them to injure the constitution. If the inflammation in a *Hernia Humoralis* is violent, and there be any obvious reasons to forbid the taking away of blood, mild vomits may be used to advantage, which may be expected from their inducing the same kind of languor and faintness as venæsection does; which is known to be highly serviceable in inflammatory disorders, it having often been observed, that in the pleurisy, inflammation of the bowels, and other inflammatory

tory diseases, a patient is cured by one bleeding, of which he faints, after repeated former bleedings have yielded little, if any, relief to the disorder.

A Hernia Humoralis may happen independently of any venereal affection, either from a contusion on the part, without any apparent cause; or from a stimulus applied to the urethra, for I have known the introduction of a stimulating Bougie produce this effect.

The Phymosis is such a contraction of the prepuce, as renders it too narrow to be drawn back over the glans penis. This symptom, when brought on by a Gonorrhœa, is at its beginning an inflammation, and should be treated as such. It happens most frequently in those who have the prepuce of a long and narrow form, such as to keep the glans penis generally covered. This state of the parts gives an opportunity for some of the gonorrhœal discharge to be retained between the

glans and prepuce, which may there cause a *Gonorrhœa externa*, or inflammation of these parts. Another reason why men thus formed are by much more subject to this disease, than those in whom the glans penis is usually uncovered by the prepuce, is, that in the former state the parts have a very tender and irritable surface, but that in the latter the surface becomes, by exposure, of a more firm texture, being scarcely more irritable than those surfaces which are covered by the common integuments.—The *Phymosis* is always at its commencement an inflammation, and should be treated as such: topical applications are of great utility, the most effectual of which are cooling sedative lotions, which should be injected frequently between the prepuce and glans; for but little benefit can be expected from what is applied to the outer surface of the prepuce, in the common mode of using fomentations or pultices. When the inflammation is reduced, and the parts become free from pain, the *Phymosis* often

often remains, and is then said to be in a proper state for the operation.

The operation for the Phymosis is performed with two curative intentions ; first, for the convenience of the patient, by restoring the parts to such a state as to be capable of their natural functions ; secondly, to render the cure more expeditious and safe. But, in fact, it is scarcely ever necessary in the venereal Phymosis. Of the truth of this assertion I can speak with full confidence, from my own experience, having cured a considerable number of such cases (every one which has come under my care within these last three years) without any operation. At the beginning of the disease, the prepuce will be found so much inflamed, as to render the use of any cutting instrument highly improper and extremely painful. When the inflammation is subsided, if the foreskin remains so contracted as to form a Phymosis, some cause may commonly be found besides a mere contraction, such as chancrous hardnesses,

hardnesses, either with or without ulcers. In this state of the disease, the operation is advised, either in order to expose the ulcers, that they may be properly dressed; or with a view of cutting away the callous parts, or destroying them by caustics or escharotics. When there are Chancres, the great probability of the wound's becoming a venereal sore, from the application of the matter from them to the wound, is, in my opinion, a reason of sufficient force to condemn it. But will the advantages proposed by it be answered? Will the cure be expedited? I am convinced that neither of these purposes will be effected. From a great number of these cases, to which I have carefully attended, I can with certainty assert, that the operation is very seldom, if ever, necessary in this state of the disease; for, under these circumstances, a cure is only to be expected (whether the operation is performed or not) from introducing a proper quantity of mercury into the habit of body; and whoever will persevere in the use of such medicines, for the
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space of a month or six weeks, even without confinement, will perceive the fores healing, and the foreskin coming into its natural state, by the hardnesses being dissolved. The same method of cure is to be used where chancrous hardnesses, without ulceration, cause the disease, which will as seldom require an operation.

This disease, though often occasioned by a Gonorrhœa, and requiring the use of mercury for its cure, does notwithstanding furnish us with an argument in favour of the doctrine of a discharge from the Gonorrhœa being capable of causing a Lues Venerea; for, in such instances, it seems highly probable, that a portion of the gonorrhœal discharge, being applied to the tender surface of the glans penis, causes, first inflammation, and then true venereal fores. From which circumstances it appears, that, if the operation for the Phymosis be performed whilst there are Chancres on the prepuce, the incision will sometimes heal in such a manner

as to form a Phymosis (after all venereal taint is removed) in consequence of the cicatrix; and then a second operation will be indispensably necessary, in order to restore the natural functions of the parts; whereas each operation might have been avoided. The truth of this observation is established by the following case.

A Gentleman applied to a Surgeon for the cure of a venereal Phymosis: the operation was immediately performed; there were several Chancres on the inside of the prepuce; the patient was put under a course of mercurials, and both the ulcers and wound were healed within two months. From this time he was afflicted with a true Phymosis, which gave him great pain at the time of an erection, and debarred him from the enjoyment of women: the operation therefore became necessary, and was the only resource, there being now no venereal affection. On cutting through the prepuce, I found the one stricture only, which was at its anterior extremity,

remity, and was certainly caused by the cicatrix of the former operation, the wounded parts having been then suffered to heal in the covered state of the glans. This was two years after the gentleman had undergone the first operation, and he had not contracted any venereal complaint since then, the Phymosis having prevented him from coition; which act has not been attended with any difficulty since I performed the operation on him.

The Phymosis, accompanied with a plentiful coloured discharge from the glans penis, is a complaint which sometimes happens where there is no venereal affection. In such cases it commonly originates from an accumulation of the fluid secreted from the corona glandis, which, by stagnation, becomes sufficiently acrid to irritate these parts, and to cause such an inflammation as to produce the disease. It happens most frequently in hot weather and warm climates, has frequently been mistaken for a venereal complaint, been treated as such, and cured, with difficulty,

in some weeks ; whereas the cure might have been effected in as many days, by proper applications to the part affected, with the assistance of a cooling regimen.

The Paraphymosis is a contraction of the prepuce, which, having been drawn behind the glans penis, cannot be brought forwards again so as to cover it. It is the same disease as the Phymosis, the only difference consisting in the situation of the prepuce. For example, if the foreskin of a person who has a Phymosis is drawn behind the glans, it will there form such a stricture on the corona glandis, as to constitute a Paraphymosis. On the first appearance of this symptom, the procuring immediate relief, is of the utmost consequence, and the delay, in many cases, is attended with some hazard of a mortification. The first curative indication should therefore be, to bring the prepuce into its natural situation, which may be sometimes effected by wrapping the glans penis in a cloth wetted with cold water, or a cold solution of
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sal ammoniac in water, and compressing it therein for some minutes; by which pressure its bulk will be considerably diminished. In this manner I have reduced several Paraphymoses, at a time when the operation would have been justifiable. If this method does not succeed, we must be guided by the state of the disease, and either proceed to the operation, or trust to topical applications and internal remedies; for, if the inflammation and pain are very great, and seem to be caused by the stricture, the operation should be immediately performed, to prevent mortification; but, if the inflammation has continued long, it may in many instances be delayed with propriety. In the inflammatory state, cooling remedies applied cold, are more beneficial than warm emollients. Mercurials will be of no service, unless the inflammation has subsided, and there are Chancres and chancrous hardnesses to cure. The operation, if necessary, should be performed in the early state of the disease, for this farther reason, to prevent the prepuce from forming adhe-

sions to the glans, which might prevent its reduction, even by the operation; and such deformity would be attended with the disagreeable inconvenience, to the patient, of occasioning a difficulty or pain in the venereal act.

In the Paraphymosis, as well as in the Phymosis, it is the inner stratum of prepuce which forms the stricture: therefore, in the operation for either of these complaints, the great object should be, to make the incision or incisions of the inner surface of the prepuce sufficiently long, and the wound of its external part, of no greater extent than what is necessary for the convenience of the operator in making the necessary incisions on the stricture.

We come now to speak of Warts on the glans penis, or prepuce. These very seldom, if ever, happen from a Gonorrhœa, unless there has been a previous erosion where they are situated. When they are venereal, they
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are usually attended with a hardness at the part where their basis adheres. I have had under my care four cases of Warts situate on the glans penis, which were not venereal, and were cured by ligature alone, without the assistance of other topical applications, or any internal remedies. To distinguish the venereal from those which are not so, is in many instances an object of the utmost importance to the patient: it may therefore be further remarked, that warts thus situated, which are not venereal, are usually of a very soft texture, of a reddish colour, and are commonly attached to a tender basis.

Warts on these parts often resist mercurial courses, remaining nearly in the same state as before such remedies were used. If they do not disappear after, or during, one mercurial course, they are to be regarded as a local disease, and may be cured by excision, or by caustic, and sometimes by milder applications. The circumstances of the disease will lead to the choice of either of these methods.

methods. If excision is to be used, the surface to which their basis is fixed must be taken away ; otherwise they commonly grow again, and the operation proves a mere palliative, and not a radical cure. When the basis of a Wart is narrower than its body, the cure by ligature should be preferred : if the surface to which the Warts is fixed be very broad, then caustic or escharotic applications will commonly be successful ; for I am certain, from observations founded on the treatment of many of these cases, that they seldom return after a skilful cure by ligature or caustic, but that, when removed by the knife, they usually do. The milder method of treating Warts, and which should be always first tried, is the frequent application of some gentle escharotic. Various boasted formulæ have been used for this purpose ; but I have found a strong solution of the vitriolum Romanum oftener successful than any other.

In some cases, Warts of this kind yield

a sufficient quantity of virulent discharge to communicate the venereal disease; a clear instance of which I once knew: it is as follows. A gentleman cohabited with his wife, whilst he had no complaint excepting a small Wart on the glans: she was attacked with a Gonorrhœa; and, from there not being the least cause to suspect her of inconstancy, there remained no doubt of her having contracted the disease from her husband.

The next symptom to be treated on, as one sometimes consequential of a Gonorrhœa, is an obstruction in the urethra, and a difficulty of voiding the urine. This disease is attended with a diminution of the size of the stream of urine, and is usually accompanied with a gleet; but, as such symptoms may happen in consequence of a diseased prostate gland, we cannot therefore be assured that the disease is a contraction of the urethra, without skilfully examining that canal by the introduction of a bougie, a catheter,

catheter, or some such instrument. Obstructions in the urethra often become the object of the patient's attention, at such a distance of time from his having had any venereal complaint, as to make it doubtful whether it was caused by such disease or not. It has been suggested by an ingenious Lecturer on Surgery, that a contraction of the urethra never arises from a Gonorrhœa; but the two cases related as proofs of a true Lues Venerea having been caused by a Gonorrhœa, seem to demonstrate the contrary. When I published the first edition of this Work, I was much inclined to credit this opinion; but from some cases in which this symptom has immediately followed a Gonorrhœa, I cannot now doubt that it is sometimes caused by a Clap. That it has happened when not caused by a Gonorrhœa, is not to be questioned: in two cases of this kind it seemed to have been caused by an injury which the urethral membrane had suffered, by the exit of portions of stone from the urinary bladder.

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With regard to the cure, the following question arises; Whether it is to be performed by mercury, (on the idea of the symptom being a venereal one) or whether the disease is to be treated as local? From the two following cases it appears probable that the disease is not venereal. Two gentlemen, who have each had a stricture in the urethra, and at times a gleet, during these last seven years, have constantly cohabited with their wives, who have received no infection, nor have ever had any venereal symptoms. These are not related as uncommon cases; nor do I mean to infer from them, that strictures in the urethra are never venereal, or that their cure may be procrastinated with safety; because they are too often the cause of dangerous, and have been that of fatal suppressions of urine. These strictures have been known to close the urethra entirely; for the urinary canal has been found in part obliterated, leaving no passage for the urine but through fistulous openings in the perinæum. A preparation of such a diseased part is in the possession of Dr. Hunter.

This complaint may be cured, in by much the greater number of cases, by the proper use of medicated bougies ; for internal medicines will yield but little, if any assistance. The gleet which usually accompanies a contracted urethra, will be found in most cases to decrease as the obstruction is relieved, and, when the canal is brought to its natural size, become cured, without the use of internal medicines, or of injections.

With regard to the composition of bougies, little need be said, if it is allowed that a cure is to be effected by the gradual dilatation of the contracted canal. Suppurative, digestive, and specific bougies have been obtruded on the public by ignorant pretenders to the healing art. Let us, but for a moment, examine into the peculiar benefits which are supposed to arise from these different qualities of bougies. The first species are said to bring to suppuration the ill-cured ulcers in the urethra, and to dissolve their hardened eschars. The digestive are then to be used
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with a view of digesting the ulcers properly, so as to bring them into a healing state ; and the specific are, in all cases, infallibly to cure. But though either an ulcer, or a small laceration of the urethral membrane, may probably be the primary cause of every contraction of that membrane, yet it is certain, that the object of cure is not to digest such ulcers ; for they are a very uncommon appearance in the urethra, and seldom seem to exist as the cause of those strictures which require the use of bougies for their cure. I have dissected the urethræ of two men, who each died with a stricture, and had each been using bougies till attacked by the illness of which they died. In the urethra of each of them, at its membranous part, there is a gradual decrease of size, without any vestige of previous ulceration ; at which part its spongy substance is much indurated, and its membrane is forced into longitudinal plicæ or wrinkles. To these two cases may be added, the observations of the most eminent Anatomists of the present age, who, in the great number of

morbid urethræ which they have inspected, have very seldom seen any disease of that canal, excepting such strictures, independent of ulcers. With respect, therefore, to the idea of a suppurative or digestive bougie, it may be remarked, that a bougie cannot produce suppuration (if there are no ulcers) until it has acted as a caustic in the urethra, or has lacerated its membrane; and the discharge produced by the most irritating bougie will be found, on a fair and unprejudiced examination, never to be pus, being an increased secretion of its mucus, caused by the irritation of the bougie. As to a specific bougie, the pretension implied by its name, will be of sufficient force to hold it forth as an empirical fallacy.

May we not suppose strictures of the urethra to arise in this manner? In a Gonorrhœa the urethra is inflamed: during this time an erection of the penis causes pain at the inflamed part, and sometimes an hæmorrhage, probably from a rupture of the urethral membrane; which circumstances will
often

often happen in consequence of the venereal act during the inflammatory state of a Gonorrhœa. It is well known, that after inflammations, wounds, or contusions of the glands, they are apt to assume a disposition to become schirrous; that the same injuries in the bones, leave them disposed to become carious; and that burns of the skin give it a disposition to form contractions: may we not then, with equal propriety, imagine that ulceration or laceration of the membrane of the urethra, gives it a tendency to harden and contract? This theory of the disease being adopted, it follows, that in the bougies we use, a composition should be chosen which will not irritate or give pain, and that they should be made of such a substance as is not likely to break. A bougie may be kept in the urethra every day, from a quarter of an hour to three hours, according to the exigency of the case. Some have advised the securing them properly, and permitting the patient to sleep with one in the urethra. But the following case proves the danger of such practice

practice so clearly, as to forbid its use in future.

A young man came from the country to the London Hospital, in April 1769, to be searched for the stone. He gave this account of his case; that about six months before, he had a stricture in his urethra, for the cure of which he introduced a bougie every night, tied it on the glans penis, and went to bed with it thus secured; that the last which he used, had, during the night, got into his bladder, together with the ligature which tied it to the penis; for that, on the following morning, he could not find either the one or the other; and that he was in continual pain in his bladder ever after, which was increased to such a degree as to make him desirous to undergo the operation of lithotomy. An extraneous substance was felt by the sound, but the touch of stone was not perceptible. Mr. Grindall, whose patient he was, performed the operation, and extracted a large bougie twisted together, and curiously encrusted with calculous

calculous substance on its surface. The man soon recovered, and Mr. Grindall preserves the bougie in his collection of calculi.

In contractions of the urethra, I have endeavoured to prove, that the greatest benefit to be expected from bougies, is from their dilating the strictures; and that, in by much the greatest number of cases, mercurial medicines are by no means necessary, nor will they in any manner assist in the cure. But what answer can be given to the assertion of this disorder being curable by internal medicines without the use of bougies? To form a clear opinion on this subject, I would beg to refer any person to the inspection of a urethra thus diseased: he would thence be inclined to think, that such pretensions are, like most empirical ones, made to take an undue advantage of the fears and credulity of the patient, who would gladly be cured of this complaint without enduring that pain which bougies are falsely said to occasion. But, if a bougie is introduced skilfully, slowly,

slowly, and without violence, the pain occasioned by it will be inconsiderable, even to the most timid person, if the part is free from inflammation, and not in an irritable state. At the same time permit me to observe, what the following cases will clearly prove, that a bougie is capable of piercing the urethral membrane; which accident would cause an inflammation, and probably other serious consequences, and in a bad habit of body might even prove fatal.

A man, who was in an hospital in London in 1768, had a stricture in his urethra; but being in the house for an obstinate sciatica, he applied to one of the Surgeon's pupils for the cure of this disorder, who introduced a bougie daily; but not being able to get it beyond the contracted part, he urged one with a considerable force, when on a sudden it passed forwards for about half an inch, and there stopped: some blood issued out of the urethra; the man had much pain on that night, but being attacked with

a putrid fever on the next day, he had no bougies used afterwards; for he continued ill of the fever during a fortnight, and then died. I opened the urethra, and found a contraction, accompanied with a hardness of its spongy body, and a round perforation in its membrane, exactly corresponding to the size of the bougie, which extended into the substance of the urethra, obliquely downwards, near half an inch in length: this, being at the beginning of the contracted part, was undoubtedly made by the bougie. I have this urethra preserved in spirits.—The next case is this: A man was brought to an hospital, on the 10th of August, 1776, ill of a suppression of urine: he had been attacked with this symptom on the first day of that month: a Surgeon had been sent for, who attempted to introduce the catheter, and, after having used some force, got it into his bladder. On the succeeding night another attempt was made to introduce the instrument, but without success; and, after it had been used with some force, an hæmorrhage

from the urethra ensued. The catheter was introduced on the same evening, by another Surgeon. The scrotum became swelled to a great size on each side : he had violent pain in his urethra and scrotum during the two following days : he then became suddenly free from pain, and died on the next day. On dissecting the parts, I found the scrotum filled with urine, and in a mortified state : an orifice was also discovered in the urethra, which opened into the scrotum. In this case it is highly probable, that the mortification of the scrotum, and death of the patient, were caused by the laceration in the urethra.

The next complaint to be treated of is, Warts or Caruncles in the urethra. These have, by some authors, been supposed to be the most common cause of obstructions in that canal ; and on this theory of the disease, the destruction of such excrescences by caustic or escharotic applications is proposed : but the fact appears to be, that the very authors who so systematically teach this method

thod of curing the disease, never had seen it; for, if we look into their works, we shall find that but few of them give any description of a Caruncle, and that those who do, speak of it in a most awkward unintelligible manner, making it a different disease from what is found in any other part of the body. Some moderns deny the existence of the disease: an eminent Anatomist asserts, that he had never seen any morbid appearance in the least resembling a Caruncle; and he is inclined to think that there is no such disorder, as he has not found it among the great number of morbid urethræ which he has dissected. Another anatomical Professor has seen the disease twice.—If by a Caruncle is meant an excrescence in the urethra, similar to a Wart or Polypus, I have seen one in three different persons; for in each case the excrescence was situated in the urethra so near to its outer orifice, that it was plainly seen from thence. The one was cured by the use of lunar caustic, and the other two dropped off on the use of a mercurial injection. The sense of

the word, as derived from its anatomical use, includes the polypus as well as every præternatural fleshy excrescence. A Surgeon in the army assures me, that an officer in his regiment had his urethra nearly filled by a vast number of warts, many of which he could see, and by introducing a bougie could feel a great number of others.

The cure of a Caruncle by caustic, or escharotics, is advised thus: Conceal the caustic or escharotic in a catheter, or hollow bougie, which is to be introduced to the obstructed part; and then with a file it is to be protruded so as to be applied to the Caruncle.*

From the above-related observations on this disorder, it clearly appears, that this complaint but very seldom exists; and, when it happens,

* A curious instrument has been invented for this purpose, consisting of a small pair of Forceps (included in the hollow of a flexible Catheter) which holds a piece of caustic, and may be protruded and drawn within the Catheter, while in the urethra.

happens, being so deeply seated in the urethra, as not to be seen, or felt by means of a straight instrument, it will be exceedingly difficult to say, with any degree of certainty, whether it is a caruncle, or a stricture of the urethra. Mr. Grindall, one of the Surgeons to the London Hospital, has many years since used, for this purpose, a straight silver tube of the size of a common catheter. He also made use of another method in the following case: A man in the London Hospital, in 1770, had an obstruction in his urethra, at three inches distance from his glans penis: bougies and digestive medicines having been used to the part, daily, during a month, but without effect, he introduced the tube to the obstructed part, and then forced a stilet, whose end was nearly pointed, through the part: the cure was afterwards completed by the use of bougies. May we not expect a cure, even of caruncles, from the use of bougies, on the principle of their acting by pressure, since we have ocular demonstration that fungous flesh in ulcers may
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be brought to a level with the surface of the fore by pressure; which I have often found to answer the same purpose, as the more painful method of destroying it by caustic?

Another disease, causing a contraction of the urethral canal, is a tumor in its spongy substance. This disease is particularly described and treated of by Bruner, and is by him spoken of as one of the most common causes of obstructions in the urethra. From all my enquiries concerning diseases of these parts, I have been able to procure only one case of this kind, which was related to me by an ingenious Anatomist, who dissected the parts, and has them preserved in spirits. In this case, the inner membrane of the urethra was protruded inwards, was free from disease, and the complaint regarded as a common stricture of the urethra, till dissection proved the contrary. We may therefore assert, that the disease happens sometimes, though but very seldom, because it has not been seen by
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by Dr. Hunter, who has examined so many diseased urethræ.

The cure, if accompanied with a venereal taint, should be first attempted by a proper mercurial course: if this is not effectual, recourse must be had to bougies of the mildest composition; for we can expect no benefit from them, but what is derived from their acting on the tumor by pressure.

The next symptom to be treated of is a Gleet. Of this disease there are two species: first, such as are caused by a relaxation of the parts which secrete the urethral mucus; and, secondly, those which happen in consequence of some other affection of the urethra, or the prostate gland. The former sort, although spoken of as a common matter, does in fact but seldom occur in men. In this disease, the use of proper injections may be of the greatest benefit. But this complaint is often joined with a debilitated or relaxed constitution; in which cases, our principal object should

should be to restore the health of the patient; for from experience I can assert, that this kind of gleet is only a symptom of such disease of the habit of body, and very rarely, if ever, causes such injury to the constitution. Sea-bathing and sea-air will, in most cases, be found to be the greatest restoratives; and, as they are known to be peculiarly beneficial in the fluor albus, we may regard them as a most useful assistant in the cure of this species of gleet.

The treatment of the other species of gleet, will turn principally on the cure of the local disease which is found to accompany it, whether it be of the urethra or prostate gland. It is unnecessary to bring any arguments to prove, that a disease of the prostate gland, or of the urethra, will frequently cause a gleet, it being a known fact, established by numerous practical observations. If an obstruction of any kind is found to be situated in the urethra, its cure should first be performed by the proper use of bougies; and in
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general the gleet will gradually decrease, as the obstructed part is brought nearer to a healthful state, and when cured, it will usually disappear ; and therefore the use of injections or internal remedies is seldom necessary ; nor should they ever be used till the bougies have performed their office of removing the obstruction. This subject cannot, I think, be more aptly concluded, than by adding, as an invariable maxim, that, in all cases in which the use of a bougie gives much pain at the time, or increases the symptoms of irritation, it will do harm, and cannot be beneficial.

That kind of gleet which is caused by a schirrous enlargement of the prostate gland, is a most troublesome and obstinate symptom, and when free from a venereal taint is often incurable. In two cases of this kind, the gleet has at times been of a dusky red colour, leaving a stain on the linen, nearly resembling that caused by the urine of a person who voids red gravel. The prostate gland

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may be examined by the finger in ano : in this manner it may be distinctly felt even in its natural state, and, if enlarged, its condition with respect to size and hardness be judged of. In two other cases of this sort, the pain and difficulty of voiding the urine were relieved by the introduction of a catheter, or a large bougie, once or twice a week. But no method of cure being yet discovered for a schirrous prostate gland, the principal object should be to establish the general health of the patient ; for the fact seems to be, that this disease is in most instances a symptom of a decaying or worn-out constitution.

This complaint is, in some instances, accompanied with frequent attacks of a suppression of urine, and the gland is sometimes irregularly enlarged, so as to render the urethra twisted sideways or upwards. In one case, where the parts were thus situated, a catheter was introduced for a suppression of urine, and being forcibly urged straight onwards, made an orifice through the gland and the bladder ; as was
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discovered by dissection. Therefore, in introducing the catheter in this disease, we ought to be aware of this circumstance, and endeavour to find the course of the urethra by gently turning the instrument in various directions.

Another disease which happens after, and sometimes at the time of a Gonorrhœa, is the growth of one or more small roundish tumors, which may be felt externally on the urethra. I have seen three cases of this kind, two of which were cured by a mercurial course; but the other has been totally neglected, and the patient has taken no mercurial medicine since. As it is now five years since the tumor has disappeared, and no other venereal symptom has arisen; it seems probable that these are the effects of inflammation, and that therefore there is no necessity for the use of mercury for its cure. In one of these cases, the shape and situation of the tumor seem to prove it to be one of the lacunæ of the urethra.

Inflammation and tumefaction of the penis are next to be treated of. This is not a very uncommon consequence of the Gonorrhœa: at its first appearance it requires the same treatment as an inflammation of any other part of the body. When the inflamed and swollen parts are reduced to their natural size, there commonly remains one or more long and hard swellings on the penis, which, though of no material present inconvenience to the patient, become an object of the Surgeon's attention, from the uncertainty of their being venereal or not. It has been suggested, that these tumors are the mere effect of inflammation of the prepuce, and probably not venereal; though I think the contrary opinion most rational, because they so seldom, if ever, arise from common inflammation. They seem to be a disease of vessels which pass from this part to the inguinal glands; for, in two instances, I traced them plainly into those glands: but, whether these were lymphatic or blood vessels, I could not ascertain.

The next symptom, arising from the Gonorrhœa, is a disease which has not, to my knowledge, been noticed by any other author; nor have I heard it mentioned by any practitioners.—This disease is a long hard swelling in the course of the spermatic chord; of which the following is an instance. A young gentleman, who was under my care in November last, for the cure of a Gonorrhœa, when nearly well, called on me one morning, much alarmed, saying he feared he had a rupture; for a swelling had come down from his groin to the right testicle, which he perceived soon after going to stool; at which time he recollected feeling something crack, or give way, while he was straining. On examination, I found a very hard chord, about as thick as a slender finger, passing down from the ring of the Abdominal Muscle to the Testicle: it felt so exactly like a cauterupture, that, although I had once before seen the disease, I was much inclined to believe it of the rupture kind. I immediately suspended the scrotum, and made him rub in
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mercurial ointment made without turpentine: but, on its becoming very painful, and more swelled, he was confined to his bed, at a relation's house in Northumberland-street, where he was attended also by Mr. Payne, Apothecary, of Coventry-street, as well as by me. Mr. Sheldrake, the Truss-maker, also saw the disease. On his being kept in bed, on a low diet, and taking cooling laxative medicines, assisted by emollient fomentations and pultices to the part, he perfectly recovered in a fortnight.

The other case of this kind which I had, was so similar to this, that an account of it would be tedious, being a repetition of the same symptoms.

The last symptom which I shall speak of, as an effect of the Gonorrhœa, is the Fistula in Perinæo. This disease may justly be ranked among the worst of those I have been treating of; but fortunately it happens the most rarely: nor do I believe it ever will arise from this cause,

cause, without flagrant misconduct on the part of the patient, such as hard drinking, or other irregularities, and particularly from riding on horseback. On the other hand, bad practice, such as the exhibition of very heating medicines, stimulating injections, the use of a bougie, during the presence of a deep-seated inflammation in the urethra ; or, in short, whatever tends to change this kind of inflammation into that which terminates in a suppuration, may produce this disease. Another predisposing cause of the fistula in Perinæo, is the frequent and quick succession of one clap after another.

To treat on this Fistula, would carry me beyond the limits of the present Essay: I shall therefore conclude the subject by an observation, which I do not recollect to have met with in any chirurgical author ; which is, that the use of bougies is often impracticable in such cases, from the irritable state of the urethra, being such as to become inflamed throughout, on the repetition of
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their use, even for a few days; ; for I have known them frequently to bring on pain in the part, a violent ardor urinæ, and considerable discharge, similar in appearance to what happens in the worst state of a common Gonorrhœa.

It has been a common remark of many of the profession, that the method of curing the venereal Gonorrhœa, and the diseases caused by it, is, in hospitals, by a mercurial course of medicines, and often by a salivation; but that, in private practice, other and more easy modes of cure are used with success.

Having collected the foregoing observations, I have ventured to lay them before the public, from a hope that they will tend to establish just ideas of the several diseases treated of, and rational indications of cure. Another motive, also, was a desire to prove, that the cure of these diseases, though often regarded by the patient as a matter of little consequence, requires the assistance of a scientific

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