

Sketches of facts and opinions respecting the venereal disease / [William Houlston].

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Houlston, William.

Publication/Creation

London : The author, etc., 1794.

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SKETCHES
OF
FACTS AND OPINIONS
RESPECTING THE
VENEREAL DISEASE.
By WILLIAM HOULSTON,

MEMBER OF THE CORPORATION OF SURGEONS; FELLOW OF THE
SOCIETY OF ANTIQUARIES AND OF THE MEDICAL SOCIETY OF
LONDON; SURGEON TO THE PHILANTHROPIC REFORM, AND TO
THE ROYAL UNIVERSAL DISPENSARY.

THE SECOND EDITION,
With Amendments, and an additional Section on the For-
mation and Cure of STRICTURES in the URETHRA.



LONDON:

PRINTED FOR THE AUTHOR, NO. 5, CHANCERY-LANE; FOR T. CADELL
IN THE STRAND, AND FOR G. G. AND J. ROBINSON,
PATER-NOSTER ROW.

1794.

*“ Accepit nova fama fidem, populosque per omnes
“ Prodiit haud fallax medicamen, cæptaque primum
“ Misceri argento fluitanti axungia porcæ.”*

FRACASTORIUS.



ADVERTISEMENT.

IN the preface to a former edition of this work, I ingenuously acknowledged my design of giving information to persons *not* of the medical profession. I might indeed have imitated all the late publishers on the venereal disease, by addressing the self-same class of readers through the *medium* of my brethren, whose practice I might have found fault with, and whose theories I might have examined with an air of importance very favourable to my view of being thought superior to *their* common-place notions. I might also have extended my labours to the splendid dimensions of a *quarto* volume*, or, by *two in octavo*, shewn my contempt for literary *small ware*. But when I am aware, that the publications on this subject, passing in daily succession under our notice, actually differ from each other only in *words*, and neither have, nor (in many cases I fear) are *intended* to convey any thing beyond the parade of

* I have no intention of applying this remark to the late MR. HUNTER'S work, which is the *only* one that has added any thing *new* to our knowledge of the venereal disease, since the elaborate writings of ASTRUC.

authorship, I cannot help preferring the task of instructing those whom I know to be uninformed, or, what is of yet more consequence, *misinformed*, as to the nature of a disease too common among young persons.

With this view, I have adhered to the simple plan with which I set out; merely altering such parts, as, from my own observation or the friendly hints of others, I have found amiss, and affixing a few remarks on *Strictures of the Urethra*, a disease under which many labour, and one in which a patient's knowledge of the nature of *his own case*, is as likely to be of use to him, as any within the range of medical inquiry.

An explanation of this sort, since it applies less to those for whom I have professedly written, than to others, may possibly be thought superfluous; but the work, inconsiderable as it is, having found it's way into many *medical* hands, I have thought a more explicit avowal of my motives necessary.

W. H.

SKETCHES, &c.

Origin of the Venereal Disease.

THE sudden appearance in Europe, of a disease, so extraordinary and formidable as the Venereal Disease, it is natural to suppose, produced an infinite variety, and an almost ludicrous contrariety of opinions as to its nature and origin. Till its true history became somewhat developed, it was named, as might be expected, from that quarter whence it was supposed to have been imported, and hence was called the *French* disease, the *Neapolitan* disease, the *Spanish* pox, &c. but a more minute investigation, shewing the injustice of attributing its production to any one of the nations alluded to, at length brought into use the more general name of *Lues Venerea* *.

* At a very early period in England, this disease was called a *brenning*, or burning. TURNER quotes a receipt, written three hundred years ago, for a "*Brenning of the Pyntyl.*" From him are transcribed the following parts of an ancient record of the Court Leet in the borough of Southwark, when public stews or brothel-houses were permitted, within the manor, and under the jurisdiction of the Bishop of Winchester. The last of these articles, being most to our purpose, shall take the lead:—

ITEM—“ That no stewholder keep any woman within

As to it's antiquity, opinions are without number. It has been dated by some authors as far back as five centuries; others have supposed it almost coeval with man; whilst a much greater body of writers have maintained, that Christopher Columbus conferred this favour on his country and all Europe, as one of the happy consequences of his transatlantic discoveries, about the years 1493, or 1494*.

his house that hath any *sickness of brenning*, but that she be put out, upon pain of making a fyne unto the Lord of C shillings."

ITEM—"The women that be at common bordel to be seen every day what they be; and a woman that liveth by her body to come and goe where she list, only, according to ancient custom, she shall pay every week xiv pence for her chamber."

ITEM—"If any woman of the bordel let any man of his way, but sit still at the door, and let them go or come, and chose wider they wol; or if they draw any man by his gown, or by his hood, or by any odir thing, she shall make a fyne unto the Lord of xx shillings."

ITEM—"That if any woman living by her body take any moneys to lye with a man, and shall not lye with him till the morrow, she shall make a fyne of vi shillings and viii pence."

The singularity of these latter articles, will, no doubt, induce the reader to excuse their being added.

* "Novum morbi genus anno salutis nonagesimo sexto supra mille quadringentos a Christiana salute, non solum *Italiam*, sed fere totam *Europam*, irrepsit. Hoc ab *Hispania* incipiens, per *Italiam* ipsam primum, tum *Galliam*, cæterasque *Europæ* provincias late diffusum, mortales quamplurimos occupavit." BENIVENIUS, cap. i.

It is neither very possible, nor very material to mankind, that this point should be decided; yet a very concise outline of the various conjectures, relative to the phenomena of the disease and it's supposed causes, set forth in the numerous treatises which appeared at that early period, may prove neither useless nor unamusing.

In attempting to account for the appearance of so strange and untoward a visitor, it is not surprising, that the earliest conjectures should be founded in superstition. Thus, by priests, it was declared a peculiar mark of God's displeasure, and by astrologers, to have been the result of a criminal conversation between Mars and Venus. But physicians, seeking only for natural causes, attributed it to a peculiar indisposition of the air.

When it's communication, however, by an irregular *commerce between the sexes* became more accurately noticed, and that it existed, almost exclusively, amongst the most profligate of both, whilst discreet and continent persons remained free from it, these vague opinions gave way to an idea, not less unfounded, though somewhat more credible, that it arose from an unbounded indulgence in venereal pleasures, which, with the help of local uncleanness in the parties, as it were *engendered* the disease. But attentive observation, and the gradual knowledge of

facts, at length convinced medical enquirers, that it's nature was purely infectious, and that the communication of it depended upon actual contact alone*.

Such then it is known to be in the present day, and considering the variety and peculiarity of it's phænomena, of which we shall have occasion to speak hereafter, it is hardly wonderful that the knowledge we have acquired of it, imperfect as that knowledge is, should nevertheless have been the work of many ages.

Whether the Venereal Disease be not in some instances incurable.

Formidable as we may consider the Venereal Disease, there are few, if any, instances

* Some of the arguments, with which this doctrine was combated, are not a little laughable; and such perhaps will be deemed the grave, and, as he thought, most *incontrovertible* evidence brought by VICTORIUS, an Italian writer *de Morbo Gallico*, in the year 1551. He says, he is "firmly persuaded, that *infection* is not absolutely necessary for producing the Venereal Disease, but that the *state of the air*, together with that of the putrid humours, is sufficient." He then *proves* this by asserting, that he knew "some *honest and religious* NUNS, who were confined in the strictest manner, unfortunately contract the Venereal Disease from a peculiar state of the air, together with that of the putrid humours, and the weakness of their habit of body."

of it's being incurable. If the patient has bodily strength, and a constitution not averse to the customary action of mercury; if the disease appear in a pure state, and uncombined with any pre-existing affection of the habit; and especially if an early attention be paid to the symptoms that occur; there is scarcely one in the catalogue of human diseases, on the possibility of curing which we can more positively decide. All the cases said to have been venereal, and which have terminated fatally in certain instances, have, in reality, been of a nature totally different from a true Lues, although they may have originated in it. In these, the most troublesome, tedious, unmanageable, and distressing symptoms frequently occur, so as equally to exhaust the patient and the surgeon. A fatal termination however seldom occurs. Though the first course of mercury fail, and a second, and a third, have no better success; yet, if the patient has fortitude, and repeats the trial, allowing proper intervals and employing proper remedies to support his strength, he, as it were, stumbles upon a cure; but without the possibility of accounting for it upon any known principle, or of reducing the train of adverse symptoms that have impeded it, to any existing rule in the medical art. These *mixed* sort of cases have certainly now and then proved fatal, as well as some cases of the true Lues,

where it's progress has been uninterrupted for a great length of time, and the constitution reduced to so low an ebb that mercury could not be exhibited with any effect. Such miserable instances, we occasionally see, in workhouses and other receptacles of unhappy and neglected paupers; but in situations where the means of early relief are more attainable, we may almost assert that they *never* occur.

With what diseases the Lues Venerea is capable of being combined.

As, in the cases already alluded to, the appearances are anomalous, and in no respect similar to any particular description of disease, it is a matter of no little difficulty even to conjecture, what are the specific diseases with which the Venereal Lues is capable of entering into combination. It has been conceived, that, at least three diseases admit of this, to wit, scurvy, scrofula, and rheumatism. The former probably has been conjectured, from the resemblance which mixed venereal ulcers commonly bear to what is denominated the scorbutic ulcer, and likewise from certain appearances on the skin, where scorbutic eruptions are supposed to be thrown out, and to un-

dergo an admixture with those of a venereal nature.

With the *scrofula*, however, we may fairly suppose this union to happen. There are few people in northern situations, whose habit of body does not dispose them to scrofula: for though that disease is not hereditary, as is generally supposed, the peculiar texture of body which is favourable to it's production on the accession of a proximate cause, certainly is. Persons thus circumstanced, acquiring the venereal infection, are therefore liable to effects which cannot result from the disease in other constitutions where there exists no scrofulous tendency. Mercury too, the sole remedy in venereal cases, is, unfortunately, a medicine to be interdicted in cases of scrofula; and where it is obliged to be administered copiously for the cure of one disease, it has a proportional effect, either in producing the other, or in aggravating it if already existing. Hence those dreadful and protracted diseases already spoken of, which, beginning in a venereal infection, are thought such, though erroneously, to their termination; and hence the unmerited reputation acquired by some empirical remedies in their cure*. With these it may also be

* I will take upon me to say, that no remedy in which mercury does not enter as a component part, ever effected the cure of a *true* venereal lues in this country.

necessary to mention, certain supposed combinations of the venereal with paralytic, tabid, and other morbid affections ; in common language, venereal palsies, consumptions, epilepsies, &c. the existence of all which, I think, should rather be attributed to the action of mercury on habits predisposed to these diseases.

With regard to rheumatism indeed, the fact must certainly be admitted, notwithstanding it may be said, that the great irritability brought on by a copious use of mercury, is similar to that which occasions it in common instances. Consumptions arise from scrofulous indurations of the mesenteric glands, brought on by mercury. Paralytic affections, may proceed from the extreme debility that remedy occasions in the system, and by it's pernicious action upon the nerves*.

In opposition to this, however, I am bound to mention an instance, in which a gentleman, in a most hopeless state of paralytic affection some years ago, was perfectly cured by rubbing in about twenty ounces

* I am inclined to think, that these effects *sometimes* arise from *lead*, with which mercury is but too commonly adulterated. Though the proportion of this pernicious metal may be comparatively small, it is the more certainly absorbed from it's union with the mercury, and the diligence employed to make it enter the skin. Crude mercury should never be exhibited in any manner without previous purification.

of mercurial ointment. But it is possible that this disease might arise from pressure on the brain or spinal marrow, by some collected fluid, or by some venereal node or exostosis shooting from the inner table of the skull, which may in like manner account for the epilepsies with which venereal patients have sometimes been attacked. The action of mercury in these cases would prove salutary, by it's immediate effect of causing absorption, and entirely removing those exuberant parts which occasioned the pressure*, and thus the cure would certainly be due to the remedy employed. But it must be allowed, that a palsy may be produced by other causes, and that the instance above cited does not at all weaken the observation as far as it applies to the general fact.

Is the employment of mercury necessary in all stages of the Venereal Disease, and in what quantity?

Mercury is undoubtedly necessary in all

* I some time ago attended the brother of a nobleman who had an epileptic attack in consequence, it is probable, of an incipient *corona veneris*. There was an external affection of the bone, and as, in such cases, the skull is sometimes penetrated through it's whole substance by the disease, the fit was fairly referable to that cause. He had some subsequent attacks, but is now in perfect health.

instances of the infection, except the gonorrhœa, which is local, and therefore requiring only local applications. In a clap, however, it is *possible* that some virus may enter the system, and such is sometimes the case when it has continued long or been injudiciously treated. But in all instances where an ulcerated surface has been formed by the action of venereal virus, or where there are other unequivocal signs of it's absorption into the circulation, the use of mercury is clearly indicated, notwithstanding the proofs which now and then occur, that a venereal shanker *may* exist and even occasion a *bubo* without any contamination of the mass of blood.

With regard to the quantity of mercury necessary and only *necessary* to be employed, it must be owned, surgeons are very much at a loss, and in their determination can only be actuated by their experience in corresponding cases, where a certain quantity, exhibited during the disease, and for a certain length of time afterwards, effected a permanent cure. A criterion by which to decide when a *sufficient* quantity of mercury has been administered, is the greatest of all desiderata. In order to be certain that we have gained our point, we are compelled to go at *all times beyond* it, and in many instances, to urge it's utmost powers in cases where perhaps no real necessity has existed.

It is not therefore surprising, that such havoc should sometimes be made with the human constitution, by the use of a medicine of such extraordinary power, when administered, as we too often see it, by very unskilful hands*.

Whether the Venereal Disease has abated of its violence since its first introduction into Europe.

It is an opinion which has had the support of some able advocates, that the Venereal Disease is an exotic, brought into a situation not favourable to its growth and propagation, and that it will, in a course of years, wear out and be entirely exterminated. It is very natural to conclude, that those diseases which are not coeval with human existence, but which have spontaneously *originated*, will, in like manner, undergo a gra-

* There is great reason to suspect that many of the very dreadful, and to us, *unusual* symptoms, ascribed by the ancients to the Venereal Disease, really proceeded from an *abuse of mercury*. The "Alopecia, decidentia barbæ ac superciliarum, oculorum prolapsus, unguum atque *dentium* quoque excidentia," so *commonly happening* in their time, are circumstances scarcely referable to any case of the Venereal Disease as it exists at present, and seem more likely to have arisen from salivations violently excited and long continued.

dual and spontaneous termination. The Venereal Disease therefore may be supposed at least equally as likely to come to an end as other constituted things in the natural world, which are undergoing a continual, but imperceptible change. We are certain that *new* diseases are produced, and what would become of mankind if their abatement or cessation were not in some measure to keep pace with their accession?

That this Disease indeed, would one day cease to scourge mankind, was a favourite topic with some writers early in the 16th century. PETER MAYNARD in particular, who wrote in 1518, positively declares, (though, to be sure, only on the evidence of certain *astrological* calculations) that the disease would last no longer than the year 1583. But within a period of 190 years after him, nearly a score of writers gave their decided opinions in favour of this hitherto unaccomplished extinction of the venereal poison; and amongst others, was that most respectable physician of our own country, SYDENHAM.

We may also trace ASTRUC's opinion of this matter in the following passage from book ii, chap. 1, of his treatise:—"Something like this *might perhaps have been observed* at the *first eruption* of the Venereal Disease, when the *malignancy of it* was so very *violent*."

TURNER likewise says—" Thus much of the original of this distemper, which, whence-soever at first derived, is agreed on all sides to have *abated very much* of it's former cruel fierceness, even after the first *seven years* of it's residence in a different clime; insomuch, as we have been told, that *our* pox is but a flea-bite to that of their's whom it *first visited*; which *then* made more havock and devastation in a few days than it does *now* in many years."

Yet admitting this as possible, and that, in European climates, the Venereal Disease exhausts itself, and becomes enfeebled like other exotics, still it is to be suspected, that we are exposed to a constant renewal of it in all it's native inveteracy, by our communication with that country to which we are indebted for it's introduction. What effects indeed may in a course of time be wrought on the powers of the disease by the reiterated impressions of mercury on the virus which perpetuates it, is not easy to say. It is in the power of art to obstruct what appears to be the established course of Nature in many known instances, and to turn her aside from her own manifest intentions; and possibly the art of medicine may have this happy though imperceptible tendency, so as to avert the course of a severe disease, and at length relieve man, in some stage, more or

less remote, of his posterity, from it's destructive ravages.

Nearly connected with this subject, is an opinion we often hear of, that the Venereal Disease, as it exists at present, is not found to be equally violent in all the countries of Europe. A *Neapolitan* pox, for instance, is said to be incurable. But there can be little ground for such a supposition, which may possibly have arisen from the more general prevalence of syphilis in that country, in consequence of the countenance given, if writers of travels into Italy are to be credited, to intrigue and debauchery. The greater the number of persons infected with the Venereal Disease, the greater of course must be the proportion of obstinate and inveterate cases that occur; and these being observed by travellers, may have led them to suppose the disease more terrible in it's effects in that country than in any other. But in fact, there seem to be reasons why the very reverse of this should be the case; for *scrofula*, which is the most common impediment to the cure of lues venerea in other situations, is in fact *less* likely to obstruct it in the genial climates of Italy.

Whether Gonorrhœa and Lues are not distinct diseases.

It has been asserted, and maintained by a variety of ingenious arguments, that gonorrhœa and lues venerea do not take their rise from the same, but from different kinds of virus; and that the matter produced by one disease, is incapable, if *separately applied*, of producing the other.

The latest advocate for this doctrine is an ingenious medical professor in Edinburgh, and his arguments are principally these:

1st, It appears, by attending to the history of the Venereal Disease on it's first introduction into Europe, that the lues venerea was known many years before the gonorrhœa, as was also the case in China. In the island of *Otaheite* the same thing obtains at present, for there the gonorrhœa is *unknown*, though the lues venerea is exceedingly common among the inhabitants*.

* This is the language held by Doctor Duncan in his *Medical Commentaries*, (vol. 6.) but I apprehend it is not quite correct in point of fact, as I am informed by my friend Mr. DAVID SAMWELL, who was surgeon of Captain Cook's ship the *DISCOVERY*, that the natives of all the newly discovered islands that he visited in the South Seas had the disease in every form, and in fact, had it before the voyages of Capt. Cook were even attempted.—I am glad indeed of this opportunity of gratifying the zeal of my ingenious friend, in a matter

2dly, The progress and natural termination of the two diseases are exceedingly different; the lues venerea going on, if unrestrained by mercury, to a termination certainly fatal, whilst the other, after existing for a length of time, admits of a spontaneous abatement of the symptoms, and at last ceases entirely.

3rdly, The treatment required for the cure of each is essentially different; which it would not be if both were the effects of the same poison. We should by no means employ mercurial frictions, for instance, in curing a gonorrhœa; nor should we prescribe remedies adapted for the removal of the latter, in a confirmed lues.

To strengthen the former of these arguments the authority of *Sydenham* might also be adduced. He asserts that the lues venerea had existed for the space of a whole

which so nearly affects the credit of British navigators; and I cannot more effectually do it than by transcribing a supplemental note in his own hand-writing, affixed to his printed narrative of Capt. Cook's death. It runs thus—" Since the publication of the foregoing remarks, " several English navigators have visited the Sandwich " Islands and received from the natives a *full and clear* " *confirmation* of the truth of my opinion, that the Vene- " nereal Disease was known among them *before they were* " *discovered* by CAPTAIN COOK. Thus far is proved " beyond a doubt. I also *think*, that future enquiries " will prove the same malady to have existed in *all* " the South Sea islands, before they were discovered by " Europeans."

century before the gonorrhœa, the symptoms of which he particularly describes. If these facts be really as they are represented, they speak forcibly in behalf of the opinion that gonorrhœa and lues are *distinct* diseases.

But other writers, particularly Mr. Hunter, have maintained a contrary doctrine; and as these have had recourse to actual experiment to prove their opinions, they demand no small share of our confidence on that account. By these, it appears, that the matter of a gonorrhœa has produced lues, and that the virus taken from persons affected with lues has produced gonorrhœa. Nothing, one would suppose, could be more decisive than this; and yet, as *any* stimulating matter introduced into the urethra, will produce a discharge and many of the symptoms which characterise gonorrhœa, we may, I think, be allowed to question the correctness of this decision, at least, in some of its parts*.

* I attempted some experiments on venereal matter by chemical analysis, but found it impossible, on account of the very minute proportion it bears to the secretions which involve it, to apply, to the *virus itself*, any test capable of ascertaining its nature.

Whether the disease can be communicated otherwise than by the commerce of the sexes.

Many persons suppose the Venereal Disease to be communicable by other means than actual coition, and in this they are not mistaken. An absolute connexion between the sexes is not necessary to the production either of the gonorrhœa or lues, but only the simple *application of venereal virus* to certain parts of the body not capable of resisting it's action.

The smallest portion, applied, no matter by what *means**, to the urethra, will produce a clap, as will be noticed hereafter; and in like manner, a shanker will generally be formed, if any part of the body, that is not defended by the cuticle or outer skin, be touched with venereal virus. Thus the matter from a venereal ulcer in the mouth may communicate the disease by kissing; for the lips not being defended like the more exposed parts of the body, are capable, their inner surface especially, of being acted upon by any particle of virus that

* The disease has been caught by matter received from the edge of a chamber-pot; and Mr. Hunter relates a decisive case, where a clap was the consequence of going to a Necessary after an infected person.

may adhere to them *. Even the common skin is sometimes eroded by it, as we very frequently have occasion to see on the body of the penis, where very inveterate shankorous sores make their appearance. Any part of the body indeed may have suffered a slight loss of the cuticle, and in that state it is exposed to all the mischiefs of venereal contamination; as are the fingers of surgeons, if any slight scratch or wound has been accidentally inflicted on them. For in these cases, the same process takes place as is known to succeed the inoculation of the matter of the small-pox in the arm of an infant: the virus remains for some days, acting insensibly on the part, till at length it is absorbed into the circulation and produces the disease. When a finger thus receives the infection, a bubo in the armpit is commonly the consequence.

That Gonorrhœa may take place in other parts of the body besides the urethra.

A venereal gonorrhœa may certainly be excited by an application of the virus to any

* Children have caught the disease by sucking nurses whose nipples were in a state of venereal ulceration; and nurses are liable to the same accident from the mouths of infected infants.

part of the body whose covering is of a structure similar to the urethra. Even parts whose surfaces are not strictly *secreting* surfaces are capable of this, as the glans penis and inner portion of the prepuce, which are now and then affected with gonorrhœa. When this happens, it must arise from the gonorrhœal virus having failed to attach itself to the mouth of the urethra: and here we may observe, that if gonorrhœal and pocky matter were the same, shankers would be produced, and not a gonorrhœa, by its application to these parts.

If venereal matter be accidentally applied to the eyes, as by wiping them with a foul handkerchief, a gonorrhœa will take place in them, and a discharge of an infectious quality, similar to that of a clap from the urethra. What other mucous coverings of the body are capable of being affected in this way, does not seem to have been ascertained; but it is highly probable, that if venereal virus were applied to *any* of them, in a situation where it might remain undisturbed for a sufficient length of time, that a gonorrhœa would be produced*.

* The following cases however shew, that venereal matter *may* be brought into contact with mucous coverings of the body without this consequence.

“A gentleman had a most violent gonorrhœa in which both the inflammation and discharge were remarkably great. He had also a chordee which was very trouble-

That affection of the eye which is called venereal Ophthalmy, and which generally terminates in blindness, is a disease concerning which authors have certainly fallen into very great mistakes. *Swediaur*, a writer of some ability in other instances, ascribes the venereal Ophthalmy to the *retro-pulsion* of a gonorrhœa. This act of retro-pulsion is

some at night when in bed. In order to cool the parts and keep them clean, he had a small basin of milk by the bed side, in which, when the chordee was troublesome, he got up and dipped or washed the penis. This operation he frequently repeated in the night. Under such complaints he allowed a young lady to sleep with him. Her custom was to have a basin of tea to drink in the morning before she got up, but unfortunately for the lady, she one morning drank the milk instead of the tea. She was vomited, but not till more than eight hours after drinking the milk and water, and what came up was nothing but slime, mucus, or water, the milk being digested." Particular attention was paid in this instance for many months, but nothing uncommon happened. (Vide Hunter's Treatise, p. 291.)

This is preceded by the case of a boy, who stole a cup of milk in which *shankers* had been washed, and drank it with impunity; and to these I might add a case, similar in several respects, but in which the principal facts were not so precisely ascertained. I would account for the failure of infection in these cases, by saying, that the surfaces over which the venereal virus had to pass, though of a structure, as one would suppose, perfectly well adapted to the purposes of infection, were surfaces producing copious and rapid secretions, so that no particle of the virus could find a resting place any where, but was hurried through the whole alimentary canal, and at length evacuated out of the body. It may be considered remarkable, however, that

not to be understood; and to save the disease so long and circuitous a journey, I should rather suppose it, in all cases, to originate in the accidental application of venereal matter externally, and that the extreme delicacy and sensibility of the part on which its action is exerted, subjects the patient to those unhappy consequences, which are known to take place before the inflammation can be got the better of. It is indeed a *possible* thing that a particle of venereal virus, floating at large in the circulating system, *may* be deposited on the eye. But the general law of the disease, in the progressive appearance of the several symptoms which distinguish it, forbids our assent to the probability of such an event ever happening.

it was not absorbed, along with the nutritious parts of the food, by the lacteals, and carried into the blood; a circumstance, which might have exposed these patients, at least to similar evils, with those which arise when the virus is absorbed in the common way. But the lacteals have probably a discriminating quality which does not belong to the external absorbents, and we may consider it as their peculiar character, to take up only what is beneficial and nutritious to the body. The discharge from every diseased part being excrementitious in its nature, there can be little improbability in the conjecture, that the venereal matter was rejected by the lacteals on that account.

The degree of virulence usually estimated by the colour of the discharge in a Gonorrhœa.

It is a prevailing notion with patients, and is sanctioned by the declarations of most writers on the Venereal Disease, that the degree of virulence in a gonorrhœa may be decided on by the different appearances of the discharge on the patient's linen. It is singular that this should have been so universally received as a fact, since it has certainly no foundation in truth. The various hues of a gonorrhœal discharge, from that of unchanged mucus to a deep yellow, or green, are to be observed in the matter flowing from all other surfaces that have a mucous covering, if they happen to be affected with inflammation. It is the degree of *inflammation* only that is ascertained by the greater or less colour, and not the degree of venereal contamination. The handkerchief of a person affected with catarrh will exhibit all the variety of appearances that are common in a gonorrhœa; and nothing indeed is more usual, than for gleets of long standing, where there is decidedly no *infection* existing, to vary in colour according as the patient happens to be irregular in diet, costive in his body, heated by too much exercise, or affected with symptoms of ge-

neral inflammation from accidental causes; A diminution of colour in a gonorrhœal discharge, is therefore only favourable, inso-much as it evinces a diminution of the inflammation; and thus far indeed it is a change of a very desirable nature, and much to be relied on.

How long the discharge of a Gonorrhœa remains infectious.

It is a natural transition from our last subject to inquire, how long the running of a clap remains infectious and capable of communicating the disease to another person. It is very certain, that a gonorrhœal discharge loses the power of infection a considerable time before it entirely ceases; but, to mark the precise period when it becomes bland and incapable of exciting the venereal action, is perhaps impossible.

There is reason to believe, though we are accustomed to consider the whole of what is discharged *venereal*, that only a very minute proportion of actual *virus* exists in it. All the secretory organs of the affected part being stimulated to action by the first particle received, yield an abundance of mucous fluids, which mix with, and carry forward the venereal matter, nearly as fast as it is

formed. A popular writer on this subject has adduced several instances to prove, that the power of infecting may remain for a long time without the party's knowing it, or having any of the usual symptoms. The most singular of these, is the case of a Magdalen girl, who certainly retained the power of infecting, though apparently *cured* of her disease, during the whole period of her residence in that humane receptacle, (which was two years) and gave a gonorrhœa to the first man who had a connexion with her. This phænomenon is accounted for by supposing the parts of generation so habituated to the venereal irritation, as no longer to be affected by it, or to exhibit any of the usual appearances. These facts shew the difficulty, not merely of ascertaining when a discharge ceases to be venereal, but even when the patient has wholly got rid of the power of infecting. Nothing indeed but actual experience, as far as we know, can ascertain it.

Whether infection can be communicated in the interval between receiving the disease and the appearance of the symptoms.

It is a question very frequently put to surgeons, and a question often of very great

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consequence, whether, in the interval between the contracting and appearance of the Venereal Disease, a connexion with a sound woman is likely to prove hurtful to her. Married persons are often particularly interested in this enquiry, in which, however, little more can be said, than that those particles of virus which remain latent till the disease appears, may certainly be participated with the latter woman, and thus the infection *may* take place. Happily however it much more frequently turns out, that this accident does *not* occur.

Whether the disease can be transferred to an uninfected person.

It is the most vulgar of all errors, and indeed prevalent with few, except the most unlettered of the people, to suppose, that a venereal infection can be got rid of by the patient's having a connexion with a clean woman. An opinion so preposterous indeed would hardly warrant a moment's investigation, were it not that the attempt may possibly, in some accidental instance, prevent an experiment equally cruel, base, and unavailing. It is hardly necessary to insist, that, in such a case, the disease will be *communicated* but not *transferred*; and that an injury will

be inflicted without any consequences in favour of so monstrous a doctrine. Women however have been known to transfer the seeds of the disease, from themselves to another, without any consciousness on their part, of the danger they have thereby escaped. A woman, for instance, who has recently received particles of venereal virus, may have them completely taken away by her next gallant, and thus become the medium of infection, without being at all affected with the disease herself. This circumstance is capable of reconciling many instances where patients are puzzled to account for their being infected.

Supposed remedies for the cure of Lues Venerea without mercury.

There is reason to believe, that, in some countries where the Venereal Disease exists, the cure of it by the use of mercury is not known. It follows of course, either that those who get the disease fall victims to it, or else that they are possessed of remedies equally unknown to us, by which they obtain a cure.

The American Indians, it is asserted, are possessed of many remedies for this purpose. The natives of the Sandwich and other

islands in the South Seas, to whom the Venereal Disease has long been familiar, are also said to have methods of curing it to which Europeans are strangers, and which it would be very desirable to obtain a knowledge of. An ingenious gentleman of the medical profession who visited that part of the world, and who had unfortunately contracted a gonorrhœa, made a very laudable attempt to get some information on the subject from the natives; and with a view of doing it, as he thought, in the most effectual manner, he desired to become the patient of one of their priests, who, by the way, are the only persons there who administer medicine. The result of his application however was by no means successful; nor could the wary practitioner, whose art abounded with mysteries and secrets, be prevailed on to communicate any thing worthy of notice. On that occasion, certain herbs were directed to be boiled, and the steam received on the parts affected, by the patient's sitting on the vessel. This, it seems, is their common treatment, and it is very reconcileable to our own ideas of the cure of a *gonorrhœa*, where *any* means of abating it's inflammatory state are worthy of being adopted. But we are still to learn the *internal medicine* which they must of necessity employ in the cure of the venereal *lues*.

Much has been said, by ancient writers,

of certain remedies with which the vegetable kingdom supplies us, for the cure of the Venereal Disease. These are guaicum, sarsaparilla, china, bardana, aconitum, cicuta, mezereon, &c. But the ample trials they have undergone, have deservedly brought them into disesteem, when employed as specifics for the true *lues*; though their effects, as co-operants with mercury, in spurious and mixed cases, are certainly to be commended.

Among other remedies that have lately had an extensive trial is Opium; and I fear it has been at the expence of some lives, that we have acquired the knowledge of it's absolute inefficacy as an antivenereal, though it is, no doubt, a powerful auxiliary to mercury. The root of the *astragalus excapus* has also been administered in Germany, and some accounts are given of it's uses; but the success which attended these experiments, does not appear to have been sufficiently uniform, to entitle this remedy to a larger share of our confidence, than others of the vegetable class whose merits are already decided on.

Whether all the preparations of Mercury be equally effectual in the cure of the disease.

As the preparations of mercury are ex-

ceedingly numerous, and these exhibited by practitioners with very little regard to preference, it should seem, as if the cure of the disease, did not depend upon any particular selection. It is supposed, and perhaps justly, that if mercury can be made to enter the system, it is neither material by what passage or under what particular form; and indeed, facts have, in a great measure, shewn, that the disease *may* be cured, by almost any of the preparations in common use.

Mercury is compounded by triture with honey, sugar, mucilages, and gums and resins of various kinds; and these are, upon the whole, preferable to the preparations made of it by chemical process. Of this latter sort are the various combinations with the nitrous, marine, vitriolic and acetous acids. It is also prepared by triture with alkaline earths, which form a very eligible remedy; with sulphur, in which it's specific qualities are in a great measure, if not totally, lost; and lastly, with fatty substances, in which form it is employed for external frictions.

Besides these, there are preparations of mercury *per se*, which are, I believe justly, preferred by many practitioners. Mercury calcined by a slow and long continued heat is of this kind; and it is on that, on the preparation by triture with calcareous earth, and on the simple preparations with saccharine

or mucilaginous substances, that we ought to place our chief dependance when mercury is to be taken internally. These are free from that immediate activity which distinguishes the combinations of mercury with the various acids, and from which nothing is added to the specific excellence of the remedy, but much to it's power of disturbing the stomach and intestines.

The employment however of mercury in the marine acid, known by the name of *Sublimate*, has had many defenders, and no one can hesitate to consider it as a most useful remedy in particular situations of the Venereal Disease. There is no preparation whose powers, generally speaking, more effectually address themselves to the symptoms of the disease; but it's power of destroying the *virus* in the constitution, or, in other language, of eradicating the disease itself, have been called in question with very great appearance of justice*.

The following case however will shew, that our doubts concerning it's anti-syphilitic qualities should not obtain in all possible instances; and it will at the same time evince, what is the principle object of this section,

* Sir John Pringle, who had great experience of this remedy, denied it's power of *radically curing* the lues venerea.

that all the preparations of mercury are *not* of equal efficacy in *all instances*.

An elderly gentleman, very corpulent, and of what is called a scorbutic habit, had a considerable shanker on the edge of the prepuce. He rubbed in a sufficient quantity of mercurial ointment to produce a very considerable foreness in the mouth, which was kept up for near three weeks, at the end of which time the shanker was nearly as bad as at first. As he was unable to endure the foreness of his mouth any longer, and was compelled to take a journey into the country, I directed him to discontinue the mercurial frictions entirely. He returned at the end of a fortnight, but with the shanker in the same state as at first, notwithstanding the topical use of mercurial remedies to it; and as the inunctions formerly used had had so little good effect, he was directed to take the muriated mercury in such doses as did not disagree with the stomach. In a week after this course commenced, the shanker began to heal; in three weeks, it wholly disappeared; and, after a little longer continuance of the remedy, he was perfectly cured.

This instance is selected out of many that might be produced, and is preferred on account of the striking inequality which many will be disposed to attribute to the powers of the two preparations employed; the mercurial frictions being usually deemed the

most, and the muriated mercury internally the least to be depended on, in cases where the specific action of mercury on the constitution is so obviously demanded.

Were the different preparations of mercury to be put down in the order of their several merits, perhaps the following would be a just estimate of them :

Preparations of mercury by calcination—by triture with alkaline earths—by triture with saccharine or mucilaginous substances—preparations with vegetable acid—precipitate of calomel with volatile alkali—muriated mercury—calomel*.

There is certainly no mode of employing mercury equal to that of rubbing it *into the skin*, but as even that will sometimes prove ineffectual, we must have recourse to some one or other of the preparations for internal use. Mercury will sometimes enter the system by the absorbents of the alimentary canal when those of the skin are disinclined to it's reception; and as experience seems to speak in behalf of it's most uncombined and unaltered state, those preparations which consist only of a minute division of it's parts, are certainly deserving of the first trial. These however will occasionally

* The *Pharmacopoeia Chirurgica* lately published, includes a mercurial preparation of *unusual* activity, under the name of *Hydrargyrus muriatus fortior*.

fail, even with the co-operation of other remedies, and will oblige the surgeon to have recourse to other methods, as has already been observed.

Whether cases of impotence are capable of being relieved.

A subject very scientifically treated on by a late popular writer, is the possibility of a failure in the functions of the organs of generation, from a want of corresponding impressions on the mind.

This is a circumstance which occurs very frequently, and many who experience this inconvenience, suppose their recovery impossible and abandon themselves to despair in consequence of their supposed degradation in the scale of manhood. To such, it may be of use to know, that their cases admit of a remedy, at least in a great majority of instances, as experience warrants us in asserting.

When the mind is chiefly in fault, as is the case in *most* instances, the cure demands considerable management on the part of the practitioner. The patient's apprehensions must be quieted, his courage restored, and his thoughts led out of the erroneous channel into which they have fallen. This

plan does not allow of any precise delineation, but it is well illustrated by Mr. Hunter's account of a gentleman, who was completely restored to his customary powers, by being merely enjoined to *sleep* by the side of the lady with whom he was enamoured, without any attempt to enjoy her. This mental restraint alone, dissolved the *spell* which had occasioned the derangement, and all went on again as before.

When the *organs themselves* are defective in power, the case is to be considered in a very different light, and the cure to be attempted upon principles totally opposite. Recourse, in such cases, must undoubtedly be had to *medicine*. Such remedies as have a tendency to stimulate either the part immediately affected, or those parts which are closely connected with it by sympathy, must be employed; and sometimes medicines which strengthen the whole system are also requisite. The specific action of cantharides, is that of stimulating the neck of the bladder, with which all the parts destined for coition have a near connexion and sympathize in a very high degree. Hence it is, that that remedy, if used with judgment and great caution, may be of considerable service in these unfortunate cases. So may blisters to the perinæum, electricity, opium, camphor, bark, preparations of

iron, and the cold bath, according to circumstances.

In all cases of impotence however, it is of the last importance, to *discriminate* clearly between the causes which have given rise to it. Very fatal effects may result from the use of powerful stimulants, in cases where the organs of generation are *not* in fault, whilst those cases which owe their existence to the *imagination* only, cannot possibly be relieved by them.

Use and security of Prophylactics.

In enquiring whether there is any injury to be apprehended from the use of prophylactics, we are to take for granted, that remedies of this kind really exist; though in the course of my practice, I can take upon upon me to assert, that there is not a single advertised compound of this sort, that has not in some instance or other proved a deception. However, whether remedies of this class are or are not to be depended upon in the way of preventing venereal infection, there is a fact of which all who are credulous enough to employ them ought to be apprised; namely, that they destroy the *sensibility* of the parts to which they are applied, and by a free repetition, inevitably

produce effects equally fatal to enjoyment and procreation. From a present security purchased at so *dear a rate*, who is there that will not turn with horror and repugnance?

On the formation and cure of Strictures in the urethra.

Whenever the urinary canal is constricted, or in any wise abridged by disease of it's natural capacity, so as to hinder the free discharge of urine, it is said to be affected with stricture. Correctly speaking however, only such an impediment to the passage of urine as is occasioned by spasm, by a thickened state of a portion of the canal, or by a membranous substance stretching across it, and leaving only a small opening through which the bladder can be emptied, deserves that name. Other causes tending to diminish the current of the urine have indeed been thus denominated by authors, but they appear to require a very different appellation, and of these it is not so immediately our intention to speak.

As strictures are so exceedingly gradual in their formation, and take place without pain, or indeed any symptom that attracts notice, patients seldom suspect their existence, till they find an unusual difficulty in

evacuating the bladder; or till, instead of a full stream, the urine *falls* from the urethra in irregular drops, issues in a thread-like jet, or spurts out in a spiral direction, *forking* into separate currents, whilst, at the same time, it's expulsion demands the strongest efforts on the part of the patient.

Persons in this situation, in compliance with a vulgar prejudice, very often resort to the use of diuretic drinks, such as gin and water, &c. mistaking the difficulty of passing the urine for a defect in the secretion of it; and in the use of these means they are somewhat encouraged, by a degree of present relief which they sometimes experience, from the effect of spirituous liquors in taking off spasm, a cause which interferes, more or less, with all strictures of the urethra. Not unfrequently however, it happens, that the bladder becomes distended with water, and the power of evacuating it is no less deficient than at first. In this case, the patient's life is endangered by the suppression, and recourse is then, of necessity, had, to the aid of the surgeon, who, perhaps with considerable difficulty, procures an outlet for the urine, by the united assistance of the warm-bath, opiate glysters, and the catheter.

When the urethra is examined in any of these cases, it generally turns out, that a bougie, even of a small size, cannot be

passed into the bladder. The canal is perhaps constricted in more places than one, and so intercepted and changed from its usual straight line, that its course cannot be traced by an instrument of a degree of flexibility so limited as the bougie necessarily is.

The common, perhaps the only cause, of stricture, is inflammation. It is the undoubted cause at least of a great proportion of cases of this sort; nor is it at all beyond dispute, that even those strictures which are reckoned spasmodic, do not originate in some diseased alteration of the part from inflammation.

On this account it is, that strictures most frequently happen to persons who have had a succession of venereal gonorrhœas, or to those, who, for the sake of an expeditious cure, have rashly had recourse to violent injections, said to possess the property of curing in a few days by exciting a new and more powerful action than that of the disease, and which, in most cases, gratify the impatience of the party, at the expence of his future health.

On the other hand, in justice to the mode of treating gonorrhœas by injection, it should be remarked, that more mischief is certainly done to the urethra by a protracted gonorrhœa, the cure of which is fruitlessly attempted by a course of internal re-

medies, than can possibly result from a fair and prudent use of lotions to the part. In fact, it must be admitted, that whatever increases inflammation in the urethra, increases the chance of future mischief; and that, whatever diminishes it's violence, or shortens it's duration, will, of necessity, render such consequences less probable.

Though ulcers seldom are formed in the urethra on any occasion, we know, that in particular parts of it, and more especially that where the orifices of the ducts open for the conveyance of the semen, such a diseased alteration is produced in it's mucous covering, as approaches nearly to that effect. Hence, strictures of this part, and such as, in general, admit only of a palliative cure are exceedingly liable to occur; and from hence, not unfrequently arise, fleshy projections, of which no precise judgment can be formed by examination with the bougie.

The simple or membranous stricture, which is the most easy of cure, very probably arises from a partial adhesion of that particular portion or point of the urethra where inflammation has existed in the greatest degree. The parts though returning to their ordinary situation by the distention which the evacuation of urine must occasion, draw out or elongate that portion where the attachment is most immediately formed, and hence a membranous band is stretched across

the canal, and the patient voids his urine in the manner already described.

That stricture, which is the effect of a thickened state of a part of the urethra, which, as it were, surrounds it, and which extends some little way both above and below the immediate point of angustation, is considerably more difficult of cure, since mere dilatation, the general remedy in these diseases, does not seem capable of accomplishing all that is required.

In that kind of stricture which is supposed to be purely the consequence of spasm, there is still more uncertainty than in either of the foregoing. It is to be remarked indeed, that few if any cases exist, where spasm is not more or less concerned, and where, by being superadded to the other symptoms, a total suppression of urine is not liable to be occasioned, even in cases where the urine has before flowed without any extraordinary difficulty.

An enlarged state of the prostate gland, which so commonly proves an obstacle to the free passage of urine, cannot properly be considered as stricture, nor indeed some other complaints to which authors have chosen to give that appellation. For these reasons, their particular mention here shall give place to a short account of the mode of relief employed in these cases.

The only assistance that can be afforded to patients affected with the disease we have been describing, arises from a judicious application of the *bougie*, an instrument of great importance, and the improvement of which has occupied the attention of surgeons for at least half a century.

Bougies are formed of narrow slips of thin linen, which, after being equally dipped into a composition of melted plaster, are firmly folded up, and afterwards rolled on a marble slab, till their surface is perfectly uniform. When finished, they ought to be smooth and supple, and yet of sufficient firmness to admit of being pretty strongly urged, by the hand of the surgeon, without bending or twisting in the passage. Their shape should be nearly equal through their whole length, except towards the point, which should taper very gradually for about the length of an inch.

But besides these, which are simple in their composition, and designed to act mechanically, as a sort of *wedge* to dilate the strictured part, some have been invented whose qualities are so contrived, as to act on the disease itself independent of dilatation. Some are of a mercurial composition, but they are most commonly made of caustic or escharotic materials, that portion at least which is designed to come in contact with the stricture. But these *medicated* bougies

as they are called, after long and various trials, have deservedly lost their reputation. The late Mr. Hunter indeed, taking up this idea in a more scientific way, proposed and practised a mode of destroying strictures by means of a caustic, passed down to the part through a tube of metal.

When the common bougie is employed, it is chosen of such a size as can be passed through the stricture, so as to put it moderately upon the stretch. More than this however, far from facilitating, retards the cure, and by irritating, induces spasm, a disposition too liable, as has been observed, to occur spontaneously. For the same reason, the time of retaining the bougie should also be carefully regulated. From one or two to six hours in a day have been directed by some practitioners; whilst others, from an apprehension that it's being retained for so long a time, is apt to weaken the powers of the *acceleratores urinæ* and to occasion spasm, have only employed them for the same number of minutes.

Perhaps however, we ought to condemn both these extremes, and to adopt a middle course, observing more caution where the disposition to spasm is most prevalent, and continuing the dilatation with less reserve, where that is not the case. Nothing indeed can direct us with more certainty, than the feelings of the patient himself, who should,

on no account, be allowed to wear a bougie longer at each introduction, than can be done without local uneasiness. From a mistaken motive of hastening their recovery, patients will often profess to disregard these sensations, but it is of consequence that they should know, how diametrically opposite this in fact is, to their views of a speedy cure.

The late Mr. Samuel Sharp, who was the only writer of his time that treated this subject in a scientific way, proceeded upon an idea which very much favoured the practice of suffering the bougie to be long retained. He conceived the cure to be brought about by a *suppurative* process, excited in the stricture, either from the strong pressure of the bougie as a mechanical body, or from the stimulating materials with which it was coated. This indeed, though considered as *generally* applicable to cases of stricture, was supposed to be more immediately adapted to the removal of caruncles or fleshy warts shooting from the sides of the urethra; but in fact, the existence of these has never yet been demonstrated by anatomists. Agreeably to this supposition however, he speaks of persons under his care, who "wore the bougie almost the whole time, night and day, *without intermission*, as they withdrew *one* introducing *another*." And this he considers as highly advisable, provided too

much stimulus is not produced; for, says he, "the more *suppuration* is procured, and the *longer* the urethra is kept distended, the more likely it is that the cure will be radical." To this doctrine, I can only say, that my own experience will not allow of my assent; for though the effect of *strong* pressure from a bougie, is *naturally* that of producing ulceration, I do not apprehend, that we ought, in any instance, to attempt the cure by so violent a distension of the strictured part as that method must necessarily require. Many writers indeed have included ulceration among the *causes* of stricture, and we certainly know, that the formation of a *cicatrix*, does tend to corrugate, or *shrivel up* the surface on which it is produced.

As to the probability of a permanent cure and the length of time necessary for effecting it, both subjects that very nearly interest the patient, little of a positive nature can, or ought to be, advanced. Though many cases of stricture certainly admit of a radical cure, there are a great proportion also that can only be relieved, and that require a regular attention during the whole life of the patient. Mr. Hunter indeed alleges, that a stricture is scarcely ever removed so as *never* to recur; yet I cannot but consider this as too hasty a decision, having myself been concerned in the treat-

ment of many that have remained perfectly well.

Before we venture indeed to give an opinion, the situation of the stricture, it's nature, the cause which produced and the term of it's continuance, the patient's habit of body, and his customary modes of living, &c. are to be taken into the account; and even with all these in our favour, it behoves us to be very sparing of our promises as to a favourable issue. Persons however who labour under this serious complaint, will not be satisfied without some prognosis or other; and to such we can only say, that the common periods within which a cure is usually performed, when it can be effected at all, are from two to six months; but in many cases, the bougie is required for a much longer time.

If strictures exist and this remedy is not had recourse to, inflammation and hardness of a portion of the urethra, terminating in an abscess and one or more fistulous openings through it's substance, through the perinæum, and even through the scrotum, is the infallible consequence. These however can only arise from a blamable inattention on the part of the patient, complaints of this nature undoubtedly admitting, in every instance, of considerable relief, and, in many, of a perfect cure.

THE END.

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