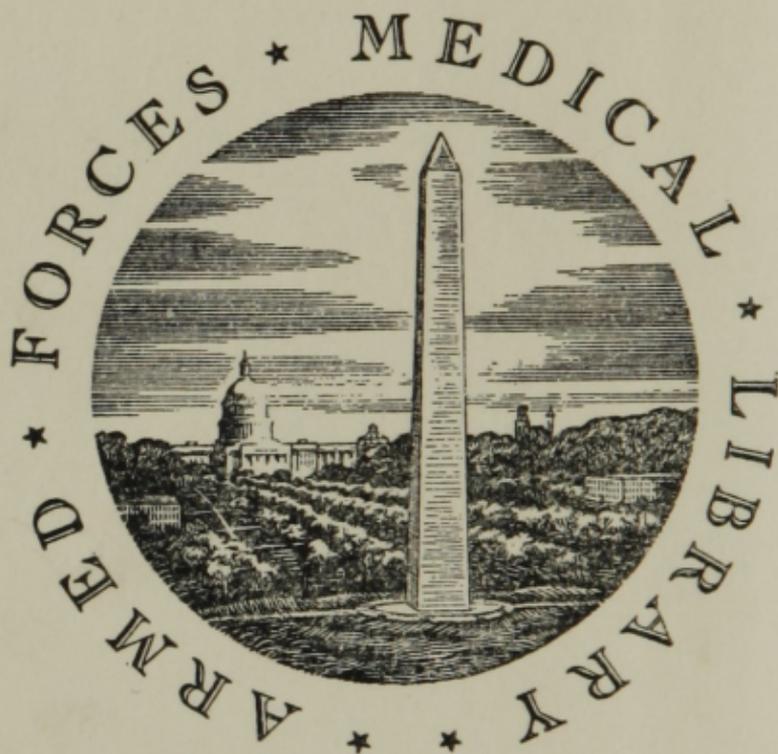


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Cardwell, David P

THE  
**BOOK**  
OF  
PRIVATE KNOWLEDGE AND ADVICE,  
OF THE  
HIGHEST IMPORTANCE TO INDIVIDUALS  
IN  
**THE DETECTION AND CURE**  
OF  
**" A CERTAIN DISEASE,"**  
(VENEREAL.)

WHICH IF NEGLECTED OR IMPROPERLY TREATED, PRODUCES  
THE MOST RUINOUS CONSEQUENCES  
TO THE  
HUMAN CONSTITUTION,

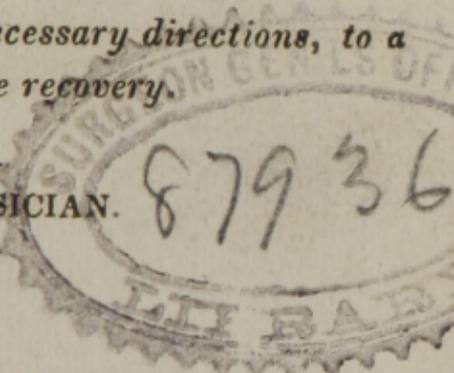
*With particular, and all necessary directions, to a  
speedy and safe recovery.*

BY A PHYSICIAN.

NEW-YORK :

PRINTED FOR THE PUBLISHER.

1833.



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## PREFACE.

THIS little volume has been written with a view to disseminate correct views of the appearances and treatment of those diseases which arise from impure connection of the sexes. These maladies have been one of the severest scourges of the human family, and though less formidable at present, than in former times, they are still to be classed among the most painful and dangerous of morbid affections. Recent experiments and observations have demonstrated beyond a doubt, that much misconception has prevailed with regard, both to the characters of the disease and the proper mode of treatment, and that an indiscriminate employment of mercurial remedies, has greatly aggravated the symptoms of venereal diseases. Empirics have no where found a more fertile source of profit, than in this class of diseases, and no where have the cruel and presumptuous ministrations of the quack been fraught with greater mischief to the human species.

Our design is to impart to the non-professional reader such information, with regard to the nature, symptoms and treatment of venereal diseases, as shall warn him of the first appearance of the maladies under consideration, enable him to discriminate between them and diseases of a different character, caution him against the dangerous remedies of empirics, and acquaint him with the most rational and improved methods of treatment. We have no wish to render every man his own physician, in these cases, or to encourage the belief that any description of the disease and its treatment, however accurate, can obviate the necessity, in many cases,—and in all cases, the superior safety of having recourse to the physician,—but, we shall have accomplished a labour of no little utility, by disseminating knowledge, which may save life, and prevent great suffering, by directing the patient to the safest measures, where medical aid cannot be procured, and saving him from the fearful evils entailed by the treatment of ignorant men, who by their specious advertisements impose on the ignorant, to the detriment of their purses, and what is worse than any pecuniary imposition, to the destruction of their health, and very frequently, of their lives.

The treatment which we recommend, is that of the most distinguished surgeons and physicians of Europe and America. Its efficacy has been proved by its successful employment in thousands of cases, in the Grand Hospitals and Infirmaries of Europe, where publicity rendered misrepresentation impossible, and where the perfect command possessed over the patients, insured the administration of the remedies; thus the treatment, which we advocate, stands upon a totally different ground from the nostrums of our advertising quacks, who owe their reputation to the darkness and mystery in which they shroud their destructive practice. These men are the greatest enemies of our poorer classes, upon whom the unblushing lies of their newspaper advertisements exert the most unhappy influence. Nothing can tend more directly to destroy the confidence of the public, in these illiterate speculators upon health, than the diffusion of medical knowledge. It will then be fully perceived, how groundless must be the claims upon public confidence, of any but those who have had opportunities of studying, under the most favorable circumstances, the complex relations of the human system in health and disease, who have been initiated into the treasures of medical knowledge, recorded in the writings of the eminent and devoted masters of the healing art, and who have witnessed disease, and its treatment, on a large scale, in the institutions, which benevolent governments and societies have established for the relief of suffering humanity.

## PART I.

### *Preliminary Remarks on the History and Nature of Venereal Diseases.*

THE diseases of the genital organs arising from impure sexual connection are of two kinds, one of which is denominated syphilis commonly called Pox, and the other gonorrhœa or Clap. The general characters of syphilis are an ulcer of the genital organs called chancre, succeeded by a swelling occupying the groin, and known by the name of bubo. This is after the lapse of a variable period, followed by affections of the skin, throat, bones, &c. Gonorrhœa is characterised by a discharge of matter, from the urethra or the passage through which the urine is voided.

The origin of the Venereal Disease has been the subject of animated discussion, nor can the question be considered at the present day as ultimately decided. Fortunately, like many other subjects of curious investigation, our doubts upon this subject can have but little bearing upon practice, and a detailed statement of the arguments urged by the advocates of opposite theories would be inconsistent with the object or limits of the present volume. We may,

however, state, as a brief exposition of the opinions entertained, that by some the disease is thought to have made its first appearance in Europe about the year 1494 or 1495. It is thought by many to have broken out at the siege of Naples, while others believe that Columbus imported it among his followers on his return from the New World, in March of 1493. Other authors maintain that the disease has existed from the remotest periods and that it prevailed among the Jews, Greeks and Romans; and in defence of their sentiments they appeal to ancient writers who have described certain diseases in terms that might readily be applied to many of the venereal affections of the present day. It certainly appears that about the year 1494, a disease of a most horrid character made its appearance in Europe, the ravages of which were incomparably more terrible than those of any similar disease recorded previously to or since that period. This malady was eminently contagious: it appears to have been communicated from one person to another by mere touch or residence in the same chamber, and it was thought to be conveyed even by the breath, as appears from the fact that Cardinal Woolsey was indicted for whispering in the king's ear while supposed to be laboring under the disease. From a rather laborious investigation of the subject, I am inclined to the opinion that the malady which affected the soldiers at the

seige of Naples, and which spread in the short period of two years throughout Europe, was essentially different from any venereal disease of the present day. This appears from the rapidity of its propagation—the severity of its symptoms and the peculiarity of its contagion, nor can I imagine that improved treatment, the use of mercurial remedies or an amelioration effected by the lapse of time can, as some authors think, have converted the scourge of the 15th century into the syphilitic disease of the present day.

The question is whether syphilis and gonorrhœa arise from the same poison, has given rise to much discussion, but the arguments, observations and experiments of the ablest men who have taken a part in the controversy have left the question undetermined. It was the opinion of Mr. Hunter that these posions were essentially the same and that the difference arose from the application of the poison in the case of the gonorrhœa to the inside of the water passage or urethra, and in the syphilis to the glans of the penis or some other part, and the experiments which he performed (as is now generally supposed on himself,) confirmed this conclusion. The opposite opinion was entertained by Mr. Bell, in support of which he adduces experiments of a most conclusive character, which I shall briefly relate. The matter from a chancre or venereal sore

on the penis was introduced into the urethra of a gentleman in good health, which, instead of giving rise to gonorrhœa, produced a chancre in the interior of the passage, which was followed by buboes, and yielded to mercury.

The next experiment was made with the matter of gonorrhœa, which was introduced under the foreskin or prepuce and allowed to remain. In the course of the second day a slight inflammation occurred, followed by a discharge of matter, which disappeared in a few days. Other experiments were tried with similar results, but in none of them did the matter of chancre produce gonorrhœa, or that of gonorrhœa give rise chancre, which should have occurred, had the opinion of Hunter been correct, that the poison was identical in both diseases, and that the different effects depended on the difference of the surfaces to which it was applied.

Other facts, however, have been recorded, which would tend to establish the existence of but one poison, capable of communicating both forms of disease. Vigaroux mentions the case of six young Frenchmen, who had connection with the same woman one after another. The first and fourth in the order of succession had chancres and buboes, the second and third gonorrhœa, the fifth chancre, and the sixth bubo. Dr. Hennen mentions an instance in which three men had connection with the same wo-

man within an hour, of whom the first escaped, the second had chancres, and the third gonorrhœa, and the writer has met with similar cases in his own practice. I cannot, however, regard these cases as fairly entitled to any weight in the determination of the question; they can be satisfactorily accounted for by the supposition that the female was laborin<sup>g</sup> under both forms of the disease at the same time, or that the persons supposed to be infected by them had cohabited with others. It however appears probable, from the observations of Mr. Evans, a distinguished writer on this disease, that *certain unhealthy discharges from the female organs, when no ulceration can be detected*, are capable of giving rise to ulcerations of the penis, such as would usually be considered as cases of chancre. This gentleman was occasionally present at the surgical examinations of the public women in Valenciennes, and remarked with surprise the limited number of diseases to be observed among them: "At one examination which I attended, (says he) no less than two hundred women of the lowest description, and of course the most frequented by soldiers, were examined and not one case of disease was found among them, nevertheless the military hospitals had continued to have their *usual number* of venereal cases (ulcers.)" In some of these cases an increased discharge from the parts were observed, but they were not considered

by the surgeons as coming under the head of venereal gonorrhœa, and Mr. Evans considers the only satisfactory explanation of these facts to be found in the admission that certain venereal ulcers may be occasioned by a diseased discharge from the genital organs of the female when no ulcers exist. I have somewhere seen recorded the case of a gentleman who never had connection with his wife, a woman above all suspicion, without contracting an ulcer of the penis ; this case proves the possibility of disease resembling syphilis, originating without the application of a peculiar poison, and, indeed, an opinion seems to be gaining ground that there exists no specific venereal poison. On the whole, from a review of the arguments advanced on both sides, I think the most tenable opinion in the present state of our knowledge is that venereal ulcerations are almost always the result of the application to the parts of matter from similar ulcerations and that gonorrhœa is a distinct disease arising from gonorrhœal matter applied to the membrane lining the urinary canal.

I now proceed to a description of the symptoms and cure of gonorrhœa, after which I shall enter upon the subject of syphilis and the diseases resembling it.

## GONORRHŒA.

THIS disease consists in an inflammation of the the membrane which lines the urinary passage or urethra. This lining membrane is of the class denominated mucous membranes and during health is the seat of a secretion which moistens its surface, and which owing to inflammation frequently becomes changed in character and appearance: This inflammation is called gonorrhœa; when it occurs without previous sexual infection it constitutes *simple* gonorrhœa, and it is denominated virulent or venereal gonorrhœa when it results from contagion. The former is a complaint of little consequence and generally disappears in a short time without treatment. The matter in this variety is of a whitish colour and is sometimes copiously discharged, but there is no sense of pain or scalding in passing urine, nor are there any inflammatory symptoms. It usually occurs in debilitated individuals and frequently arises without any manifest cause though it may be occasioned by excessive venereal indulgence, violent horse exercise, or blows upon the parts. It generally yields readily to rest and gentle laxatives, but should it tend to pursue a protracted course, some of the mildest injections which will be recommended in the treatment of the virulent gonorrhœa will at once cut short its course.

The virulent gonorrhœa is a much more troublesome disease, whether we regard the violence of its symptoms, its frequent obstinate continuance, the serious affections to which it occasionally gives rise during its continuance, or the painful affections which follow in its train. The first intimation of its existence, is a tingling sensation or itching at the extremity or orifice of the passage: this sensation sometimes extends over the whole extremity or glans of the penis: on examination, the lips of the urethra are observed to be somewhat tumid, slightly separated and of a deeper red colour than usual and tender to the touch; the whole member appears more tense and full than in health; on pressing the glans, a little matter of a whitish colour exudes, which in the course of a day or two becomes more copious. The discharge at first is thin and whitish but soon assumes a yellow or yellowish green colour, becomes tenacious, resembling the common matter or pus of sores, and has a peculiar odour.—The itching is succeeded by pain and the patient suffers severely from an acute scalding or burning sensation, called *ardor urinæ*, during the voiding of water. He now more frequently voids his urine which is discharged in a thin, wire-like or forked stream, in consequence of the contraction of the passage from the inflammatory swelling of the lining membrane. Painful erections of the penis some

times occur, particularly at night. The inflammation in this stage is considerable, and the glans appears swelled and tense. There is not unfrequently excoriation of the glans and a discharge of matter from its surface and from the inside of the prepuce. Considerable pain is felt along the whole course of the urethra and in the perineum, which is the name appropriated to the part situated behind the scrotum\* and between it and the anus.† To the touch the whole length of the urethra on the under surface of the penis feels like a projecting chord. The disease at first only penetrates to a short distance into the urethra, but it frequently extends backwards towards the bladder. This is proved by the pain experienced in the perineum through which the urethra passes before reaches at the bladder. The irritation often extends to the rectum and produces much uneasiness in it, with frequent and ineffectual attempts to evacuate the bowels. A very painful affection frequently exists called chordee: this consists in an involuntary and very painful erection of the penis, which, owing to the effects of inflammation, is incapable of assuming the ordinary position of erection, but is drawn forcibly downward or to one side. This symptom annoys the patient most at night when he is warm in bed, and is some

\* The bag or envelope containing the testicles.

† The termination of the intestinal canal.

times so severe as to render sleep altogether impossible. The external membrane is some times so violently distended as to be torn to a certain extent, and a discharge of blood is the consequence, which some times is highly beneficial.

This is the ordinary course of the disease ; but it varies much in different individuals from constitutional causes. In some the pain is excruciating, while others have but little suffering ; and it does not appear, that the violence of the symptoms are at all in proportion to those of the disease in the person from whom it has been contracted ; since several have been known to be contaminated by the same individual, and yet to suffer in very different degrees. The glands in the groin sometimes become inflamed and hard, constituting bubo, which however, seldom or never proceeds to suppuration.

When the inflammation extends along the urethra towards the bladder, all the symptoms are much aggravated. The sense of scalding is more intense, and the pain produced by the frequent erections are such as to render sleep impossible. The matter discharged is of a foetid odour and frequently streaked with blood, it proceeds from about the middle of the perineum, which is painful on pressure. On examining the part, one or more small tumours are often felt ; these are small glandular

bodies [Cowper's glands] in a state of inflammation. The whole of the under side of the penis, is often affected with soreness in consequence of the inflammation of the urethra; this soreness often extends as far as the anus, and becomes an intense pain during erections. The testicles are also considerably painful, and sometimes so sensitive that the slightest touch is disagreeable.

When the inflammation extends to the prostate gland,\* the patient suffers from a sense of fullness and tension in all the parts in the neighborhood of the anus; there is a continual desire to void urine, the discharge of which causes excruciating pain; it is attended with great difficulty and frequently is passed only drop by drop. This state is generally attended by fever, which sometimes is of a very violent character. If inflammation reaches the bladder a very uneasy sensation is experienced over the lower part of the abdomen; shooting pains are felt about the neck of the bladder and the anus; the patient suffers from tenesmus [ineffectual desire to go to stool] and an incessant desire to make water; the urine has a turbid appearance, being sometimes mixed with blood and a large quantity of mucous.

A discharge of blood from the urethra not unfrequently occurs in the course of gonorrhœa when in-

\* This is a body about the size and form of a horse chesnut, fixed on the neck of the bladder and penetrated by the urethra.

Inflammation is high, and the symptoms are generally considerably relieved. Gonorrhœa generally appears about the fourth or fifth day after sexual connection; seldom earlier than the fourth, and unfrequently after the seventh day, though it may appear in a few hours after connection, or not until 10 or 16 days have elapsed. Sir Astley Cooper mentions an instance, in which it was delayed fourteen weeks, in consequence as he supposed of general indisposition of the patient: the mildness or severity however of the disease, does not appear to depend in any manner upon the length of time that elapses between the period of infection and the appearance of the disease.

The duration of the disease is uncertain, and the probable period of its termination cannot be conjectured from the appearance of the disease at its commencement. The most violent and protracted disease often follows symptoms which at first were mild, while speedy termination is not unfrequent although the first symptoms were severe.

The enquiry is often made, at what period the discharge ceases to be infectious? It is difficult to answer the question satisfactorily. Mr. Hunter thought that after the violence of the symptoms had abated the discharge might still continue for an indefinite period of time and retain the power of communicating contagion. The case is frequently men-

tioned of a young woman who had been an inmate in the Magdalen for ten months, and who had gonorrhœa when admitted. This woman on the night of her dismissal she slept with a gentleman to whom she gave the disease.

On the whole, the symptoms of gonorrhœa seem to be subject to infinite variety; the discharge often appears without any pain, and the coming on of the pain is not at any stated period after the appearance of the discharge; there is often no pain at all, although the discharge is in considerable quantity and of a bad appearance; and the pain often goes off while the discharge continues, and will return again; in some cases an itching is felt for a considerable time, which is sometimes succeeded by pain, though in many cases it continues till the end of the disease. On the other hand, the pain is often considerable, while there is little or no discharge. The neighboring parts sympathize, as the glands of the groin, the testicle, the loins, the upper part of the thighs, and the muscles covering the abdomen. Sometimes the disease appears a few hours after the application of the poison, sometimes not till six weeks have elapsed; lastly, it is often impossible to determine whether the case is a venereal discharge, or rather one produced by the application of infectious matter or only an incidental discharge arising from some unknown cause.

Frequently after the lapse of two weeks from the commencement of the disease, sometimes sooner and sometimes later, if the patient have avoided excesses of all kinds, the disease remits in violence and tends to a spontaneous cure. When the cure is effected either by nature or by art, it is announced by a gradual cessation of the difficulty of voiding urine and diminution of the sense of scalding during its passage, the erections are less frequent, the matter becomes thicker, opaque and glutinous; the quantity discharged decreases until but a single drop exudes in twenty-four hours and finally ceases altogether in the space of five or six weeks.

### TREATMENT OF GONORRHŒA.

If after a suspected connection, the symptoms which precede the commencement of the gonorrhœal discharge are perceived, such as the turgescence of the lips and the peculiar sensation of the urethra, the disease may probably be entirely prevented by astringent injections. Even when a slight discharge has made its appearance, it may be perfectly cured by this plan if it is not accompanied with pain in voiding the urine.

It is seldom, however, successful except at the very commencement of the disease, and we consider

the practice as generally hazardous if the disease has existed twenty four hours.

The injection, which I consider preferable to all others in this stage, is four grains of the sulphate of zinc to an ounce of water. The injections should be repeated every two or three hours. If the symptoms immediately abate or the discharge ceases, the quantity of the sulphate of zinc should be gradually lessened and the injection less frequently repeated. After all the symptoms have disappeared, the injection should be continued for several days, in the proportion of two grains to the ounce of water.

Should the injection excite considerable pain and the scalding of the urine be considerable, another mode of treatment must be employed, and indeed the plan of resorting to injections with a view to arrest the disease at its commencement cannot be employed without hazard, unless under the care of the physician. The injection of a strong solution of nitrate of silver, in the first stage of the disease has been recommended. This injection causes great pain and immediately arrests the discharge, but the practice is fraught with danger and may involve the whole urethra and bladder in violent inflammation.

When the inflammation is but slight the treatment may be commenced by a mild purge, such as senna and manna, rhubarb and magnesia or castor oil, the patient should remain at rest and drink free,

ly of denucent beverages, as flax-seed tea, gum water, he should strictly abstain from animal food, from spices, coffee and wine. Venereal indulgence and even lascivious ideas are injurious.

If the inflammation is violent, the individual plethoric, and the pulse full and hard, blood should be drawn from the arm, and saline purgatives combined with tartar-emetic, should be administered. Dr. Charmicael recommends the following purgative: Epsom salts, two ounces; Tartar emetic, two grains, dissolve in eight ounces of distilled water and take a table-spoonful every two or three hours. If a slight degree of nausea is kept up, and four or five stools procured daily by this medicine, it will prove a very useful remedy in the inflammatory stages of the disease.

It is usually recommended to reduce the inflammatory symptoms by purging and other debilitating means, before resorting to the employment of Copaiva, and this medicine was formerly considered as appropriate only to the latter stages of the disease. Professor Chapman, of the University of Pennsylvania, was the first to employ the copaiva during the height of the inflammation and from the very commencement, and the remedy has since been employed with various degrees of success by different practitioners. From a considerable amount of experience, I am inclined to regard it as a most valuable remedy, under all circumstances of the disease, when

there is an absence of violent inflammatory symptoms. After the bowels have been evacuated, if the inflammatory symptoms be not violent, the balsam may be taken in doses of thirty drops, repeated three times a day, and gradually increased to sixty drops. The solidified copaiva is, however, preferable to the liquid balsam, and the most valuable formula for its preparation is that of Mr. Carpenter. It is thus divested of its nauseous taste, and to a great degree, of its odour; eight grains of this preparation are equivalent to thirty drops of the liquid balsam, and the dose is two pills of four grains each, repeated three times a day. The dose may be gradually increased to double this quantity. Under this treatment the symptoms are generally much palliated in the course of a week, and the inflammation, discharge, and sense of scalding are greatly diminished and sometimes cease entirely. A mild astringent injection may now be resorted to with great advantage and will generally complete the cure.

The copaiva solidified with magnesia as usually prepared must be used in much larger doses. It may be made into pills of six grains each, of which from five to ten should be taken three times a day.

There is another manner of using the copaiva, which is called the revulsive method. This method consists in administering the remedy in very large

doses, immediately on the appearance of the first symptoms, with a view to arrest the development of the inflammation. For this purpose, the balsam is administered in quantities varying from a dram to two ounces per day, according to the manner in which it affects different individuals. This individual susceptibility varies greatly, the remedy, in some constitutions, producing excessive purging in doses of of a dram, while others are but slightly affected by half an ounce. To produce a good effect, it should only occasion a few stools in the course of the day; if it purges, actively it will pass through the bowels without being absorbed and consequently will not exert its peculiar action on the urinary organs. It may likewise produce inflammation of the intestines. Should it occasion nausea, vomiting, colick and purging, it must be instantly abandoned, and some other treatment substituted.

Cubebs may be used under the same circumstances as the copaiva. It is generally administered in the form of powder, mixed with water, the dose of which is two or three drams, or a dessert spoonful three or four times a day. The tincture is an excellent mode of administering it, a large teaspoonful of which may be taken every four hours. The cubebs may be administered in conjunction with the copaiva, according to the following formula.

Balsam Copaiva,	} each,	one ounce,
Tincture of Cubebs,		half an ounce,
Sweet Spirits of Nitre,		one dram,
Laudanum,		one ounce,
White sugar,		one dram,
Powdered Gum Arabic,		eight ounces,
Spring or rain water.		

Mix and take a table-spoonful four or five times in twenty-four hours. The copaiva may be administered by the rectum in the form of glyster, but its effects are not so certain as when taken by the mouth. Half an ounce of balsam should be mixed with four ounces of gum water and administered at once. A great variety of injections have been used. After the reduction of the inflammatory symptoms, the sulphate or acetate of zinc may be used, at first in the proportion of two grains to the ounce of distilled water, and the quantity may be gradually increased to eight or ten grains to the ounce, in proportion as the inflammation disappears and tends to assume the chronic form. Experience proves that injections vary in their effects, in different cases, so that some particular article will be promptly remedial after a diversity of prescriptions have been tried without effect. This depends on causes which we do not clearly comprehend. We, however, know that the parts readily become habituated to the action of any injection which has been continued for a length of time, and we should therefore, frequently

change our remedies. The liquor of acetate of lead may be advantageously employed, at first in the proportion of two drops to the ounce of distilled water, gradually increased to nine or ten drops. When the inflammatory symptoms do not run high, or have disappeared, the employment of sulphuric acid, in the proportion of a drop, or a drop and a half, to the ounce of distilled water, is often perfectly efficacious. The sulphate of copper may be used under similar circumstances. Two grains of this article to an ounce of water is an injection of medium strength. It is however proper to commence with half the quantity and gradually increase it to four or five grains to the ounce. In this stage, a solution of nitrate of silver forms an excellent injection. We may commence with two or three grains to the ounce and gradually increase the strength until it occasions considerable smarting. Vigaroux, an eminent French surgeon, recommends injections of nitric acid, properly diluted, and this remedy has been employed with great success by Dr. Physick, in several obstinate cases of gonorrhœa; the proportion, at first is two drops to the ounce of distilled water, and the quantity should be gradually increased until its effects are sensibly felt.

Injections should never be resorted to while there is considerable pain and inflammation, and the mildest should be employed at first, to feel our way and

ascertain the propriety of employing the more powerful articles, and should their employment increase the inflammatory symptoms or occasion much pain, they should be instantly discontinued, since these remedies, if injudiciously employed, are followed by the most mischievous consequences.

Many practitioners have entirely abandoned the use of injections and treat the disease on the common principles applicable to inflammations. The usual objection to injections, is founded upon the opinion entertained by many, that they are frequently followed by inflammation of the testicle and by strictures, and it certainly is the fact that all irritating or astringent injections are highly improper during the existence of great irritability or high inflammation of the urethra; their administration under such circumstances may give rise to most distressing and dangerous affections, among which in addition to swelled testicle, and stricture of the urethra, may be enumerated violent chordee and inflammation of the body of the penis and of the neck of the bladder. But when judiciously adapted to the circumstances of the case and not too early administered, they are among the most efficacious remedies of the disease, and the practitioner may avail himself of them without the fear of any prejudicial result. The following observations we quote from Mr. Charmicael, the author of a celebrated work on these diseases. "Stric-

tures are more frequently attributed to the use of injections than any other attendant of gonorrhœa ; but I have so often witnessed their occurrence where injections have never been used, that I am more inclined to ascribe these affections to the irritation of gonorrhœa than to any other cause. The sooner such irritation is removed, the more likely is the patient to avoid those unpleasant visitations which are far more to be dreaded than the original disease. I have, therefore, no hesitation in putting as speedy a stop to the irritation as I can by use of astringent injections, if the internal remedies mentioned disappoint my expectations."

The proper instrument for making injections is a syringe of pewter or ivory, capable of containing an ounce and having a piston which works with facility ; the pipe should be short, conical, and rounded ; it should be formed in such a manner as to be incapable of being forced more than a quarter of an inch into the urethra.

To perform the operation, the urine should be first voided, to wash out any matter which may be in the urethra ; the syringe is then seized between the thumb and the middle and ring fingers of the right hand and the fore-finger is placed in the ring of the piston, the penis should be held by the left hand in such a manner, that while the end of the penis is seized between the fore-finger and thumb, pressure

is made by the ring finger upon the urethra, in front of the scrotum, to prevent the injection from penetrating towards the neck of the bladder. The pipe is now introduced in such a manner as to fill up the passage and prevent the escape of the injection, and with the same view gentle pressure may be applied to the sides of the orifice of the urethra, by the thumb and fore-finger of the left hand. The piston is then pressed gently down and the fluid injected into the canal. The patient may now withdraw the instrument, provided he be careful to prevent the escape of fluid by closing the orifice with the fingers. The injection should generally be retained in this manner for half a minute, and the operation may be repeated two or three times in succession. The quantity to be injected cannot be accurately laid down, since it must depend in each case upon the sensibility of the urethra, which should never be distended in such a manner as to occasion much uneasiness. Nor can the time necessary for the injection to remain in the urethra be accurately determined, since it must likewise vary with the degree of sensibility, but in general from half a minute to a minute, may be regarded as the proper length of time, and in all cases as soon as the pain become considerable, the fluid must be permitted to escape.

It must be observed with regard to remedies administered by the mouth and by injection, that they

must be continued for several days after the disappearance of the discharge, for it is not uncommon, when this precaution is neglected, to witness the return of all the symptoms after a few days, and under these circumstances, a recurrence to the remedies by which the disease had been arrested, far from alleviating, frequently only aggravates the symptoms, and we should, therefore, not again resort to them, until, by a careful examination, we have discovered that there is nothing to forbid their employment.

Among the external local applications which may occasionally be beneficial, we may mention bread and milk poultices. This application is highly recommended by Professor Gibson. "For several years past," he remarks, "I have been in the habit of prescribing a warm bread and milk poultice, in the very commencement of the disease, and always with the utmost advantage. To derive full benefit from this application, the prepuce should be retracted and the glans completely buried in the poultice, which should be as warm as the patient can bear it, and renewed as often as it becomes cold and stiff. By persevering in the use of the poultice for a few days, all the symptoms are mitigated and the way paved for mild and warm injections."

Fomenting the penis with warm water and a decoction of poppies, often affords considerable relief during the inflammatory stage, and subsequently

linen wet with lead water may be applied. During the whole course of the disease, the testicles should be supported by a suspensory bag manufactured for the purpose, the place of which may be supplied by a silk handkerchief folded triangularly, the two ends passing over the hips and uniting behind with the third corner brought up between the legs.

To relieve the frequent painful erections and chor-dee, which occur in some cases and cause excruciating suffering, one or two grains of opium with eight of camphor may be taken about an hour before bed time, or a glyster consisting of a tea cup full of thin starch, containing 30 drops of laudanum may be administered; this treatment prevents the nocturnal emissions with which the patient is frequently troubled, and by removing irritability and keeping the parts at rest, tends indirectly to the removal of the inflammation. Chordee may frequently be relieved by enveloping the penis in cloths wet with a solution of acetate of lead.

When inflammation has reached the prostate gland, or the bladder has become affected as indicated by the constant inclination to evacuate urine and violent pain about the perineum and anus, blood should be drawn from the arm and the quantity regulated by a consideration of the individual constitution; leeches to the number of 20 or 30 should be applied to the perineum, the bowels should be kept

open with castor oil, and the patient plunged into a warm bath after the leeches have fallen off: this will promote the flow of blood and tend greatly to allay irritation; the bath should be repeated every day, or if possible twice a day. The beneficial effects of these remedies will be quickly felt, and a prompt and complete reduction of the inflammatory symptoms is not unfrequently the immediate consequence of the application of leeches. Warm mucilaginous drinks, such as flax seed tea, may be beneficially conjoined with the preceding remedies.

During the whole treatment, the bowels should be kept open. This object may sometimes be effected by a vegetable diet, or small doses of castor oil may be resorted to, with a view of procuring one or two stools daily.

Unless, however, the patient be true to himself, the best remedial measures will be abortive. It is necessary that he observe a severe regimen; abstain from walking, riding, and all exercise, unless it be of the most gentle character. Absolute rest is indispensably necessary during the more violent stages of the disorder. Unless these privations are submitted to, the penalty may be the indefinite protraction of the disease, a perpetual gleet, or permanent contraction of the urethra.

## SWELLED TESTICLE.

Inflammation of the Testicle not unfrequently occurs during the course of gonorrhœa. It is frequently the consequence of astringent injections improperly employed, or of violent exercise and indulgence. The first symptoms of its approach are swelling of the posterior part of the testicle, which, in a short time, extends to the whole organ. The pain is of a shooting character, and extends along the spermatic chord. Both testicles seldom suffer at the same time, although the inflammation sometimes changes from one to the other with great rapidity.

In many cases the discharge from the urethra ceases during the inflammation of the testicle, and does not return until it has been subdued, the inflammation in this case seeming to be transferred from one part to the other. At other times, however, there is no abatement of the discharge, on the contrary it sometimes appears to be increased.

This affection is frequently attended with considerable general disturbance of the system. There is often high fever, and the stomach is irritable and vomiting occurs.

## TREATMENT.

The treatment should be prompt, since the inflammation may terminate in suppuration, and the loss of the testicle may be the consequence. Blood should be drawn from the arm, in proportion to the strength of the patient. Leeches to the number of thirty should be applied to the scrotum, and both the penis and scrotum enveloped in a warm bread and milk poultice. Saline purgatives should be administered.—An ounce of Epsom salts, with a grain of tartar emetic, should be dissolved in distilled water, is a very proper purgative. After the violence of the inflammation has abated, emetics sometimes dissipate the swelling with wonderful rapidity. The warm bath should be used, and the testicles carefully supported.

## PHYMOSIS.

When the state of the prepuce is such that it cannot be drawn back in such a manner as to uncover the glans, it is denominated phymosis.

Phymosis may exist from birth, but is more frequently the result of gonorrhœa, syphilis or venereal warts, or arises from simple excoriation from want of cleanliness. It is productive of the greatest in-

convenience and the consequences are sometimes most serious. The appearance presented by this affection varies according to the degree of inflammation. The swelling may be slight, and the parts nearly of their natural colour, or the whole organ may be prodigiously enlarged, and the skin of a dark and purplish hue. At other times the prepuce is elongated over the glans to the extent of two or three inches, and terminates in a narrow orifice.

The consequences of neglected phimosis may be the destruction of the prepuce, and even of the glans, by mortification, though this result is not to be apprehended where the inflammation is not extensive or of an intense character.

Where the inflammation is slight, it will in general yield readily to rest, abstinence, purgatives, the application of cloths wet with lead water, and the injection of tepid water between the glans and prepuce. The application of leeches to the part, though objected to by some, is a most efficient means of reducing the inflammation.

The penis should never be permitted, in this disease, to hang down, as the dependent position favours the accumulation of blood.

In cases of greater severity, the most active measures must be resorted to, and it must always be recollected that delay, or an inefficient plan of treatment,

are highly improper, since the most serious mutilation may be the consequence.

Under some circumstances, a surgical operation becomes necessary. This consists in dividing the foreskin in such a manner as freely to expose the glans.

### PARAPHYMOSIS.

Paraphymosis is said to exist when the prepuce after being drawn back, cannot be returned over the glans.

This state of the parts may arise either from inflammatory enlargement of the glans, which is seldom the cause, or from inflammation and consequent swelling of the prepuce, from which it generally results.

Paraphymosis may be occasioned, by forcing over the glands, a prepuce which is naturally small. It may also occur in difficult sexual intercourse.

The most frequent cause, however, of the disease, is the retraction of the prepuce behind the glans, when the prepuce is already in a state of inflammation from gonorrhœa or chancre. In the commencement of phymosis, the patient draws back the prepuce with a view to examine the glans; under these circumstances, he sometimes finds he is unable to return it, and an opposite state of the parts is produc-

ed. Incipient phimosis is thus exchanged for paraphimosis.

Phimosis may occur without sexual intercourse or any venereal affection. Boys sometimes induce it by drawing back the prepuce.

By whatever cause induced, the inflamed prepuce operates like a tight cord or ligature behind the glans, impedes or destroys the circulation through the parts and occasionally, unless relieved, causes mortification of the prepuce and glans.

Our object in the treatment of this affection, is to relieve the glans from the state of stricture from which it suffers, and this should be effected as speedily as possibly.

We may sometimes succeed by compressing the glans with the fingers, so that the prepuce may be drawn forward. The operation will be much facilitated by the application of cold water to the parts; or the hand may be rendered cold by artificial means. The glans should be anointed with sweet oil, and pressure made with the fingers around its base or largest part, while at the same time an attempt is made to press it back and to draw the prepuce forward.

When the inflammation is so great as to render the reduction by these means impossible, owing to the pain which is produced by compression, we fre-

quently succeed by the application of leeches, and promoting the flow of blood by warm fomentations.

Should all other means prove unsuccessful and gangrene be threatened, an operation becomes necessary.

## STRICTURE.

Stricture in the urethra are among the most painful and dangerous consequences of gonorrhœa. It consists in a contraction of the canal of the urethra, and is generally the result of gonorrhœa. It may likewise result from violence externally applied, from irritation of the urethra, from the passage of gravel, from excessive venery, from stone in the bladder, &c. The disease often makes its appearance, years after the causes have disappeared.

The symptoms of stricture are a slight discharge of matter from the urethra, and a frequent desire to void urine, which is passed with difficulty, and in a forked wiry and thread like stream. The first sensation is sometimes that of difficulty at the strictured part during the voiding of urine. This difficulty is aggravated by exposure, and by excesses of every kind.

As the canal of the urethra becomes more obstructed, the patient experiences greater difficulty in voiding the urine, until ultimately it is passed drop by drop, and with the most violent straining.

There is an affection of the urethra, which, in its effects, resembles the permanent stricture which has just been described. It is occasioned by a spasmodic contraction of the urethra or parts around it, and arises from great irritability of the whole or part of the passage. The spasmodic stricture may be known from its being only of a temporary duration. This as well as the permanent stricture is generally attended with a gleet. The discharge is then frequently regarded as the only affection, and all efforts to effect its cure prove ineffectual. The efforts to expel the urine, in cases of long standing, are most violent, and every muscle of the body seems convulsed; the patient trembles, breathes laboriously, the forehead is bathed in perspiration, and the excrement and semen are discharged along with the urine.

The formation of stricture frequently advances while its existence is unsuspected, and hence, whenever the patient observes any thing unusual in the stream of urine, suffers uneasiness in the course of the urethra, is incapable of retaining his water as long as formerly, or has an obstinate discharge from the urethra, he should have the passage examined by the surgeon.

There is a most painful and serious consequence of gonorrhœa called fistula in perino. It may likewise arise from other causes.

The usual mode of its formation is as follows: In proportion to the degree of obstruction of the urethra produced by the stricture, the portion of the passage immediately behind it becomes dilated, until ultimately, by ulceration, the urine escapes into the parts around. The urine by its acrimony produces inflammation, and an abscess is formed in the perineum which opens externally. The urine, mixed with matter, now passes out both through the ulcerated opening and through the mouth of the urethra. At last the urethra, at the seat of the stricture is completely closed and the urine deserting its natural passage, is voided entirely through the preternatural opening. In cases of long standing the scrotum and surrounding parts are frequently observed indurated and altered in texture, and the urine, mixed with fetid matter, passes out through innumerable holes on the surface.

The treatment of stricture is various. It may be relieved either by dilating the urethra gradually by bougies, or by applying caustic to the stricture, and thus destroying it, or the obstruction may be penetrated by the knife. When fistula exists with entire obstruction of the urethra; it is necessary to form a new passage by the knife, and the operation for this purpose is one of the most painful which the surgeon is called upon to perform, and not unfrequently the life of the patient is endangered.

## GONORRHEAL RHEUMATISM.

This affection is not of frequent occurrence in gonorrhœa. The usual period of its occurrence is towards the decline of the disease, though it has occasionally supervened on the sudden disappearance of the discharge, in consequence of the administration of remedies.

## CHRONIC GONORRHEA, OR GLEET.

Gonorrhœa frequently terminates in a chronic discharge from the urethra of a white limpid mucus, which proceeds from debility or relaxation of the lining membrane of the urethra. It is unaccompanied by inflammatory symptoms; there is no pain or scalding; and it is not considered capable of communicating infection.

There is much reason however to believe, that the discharge usually called gleet, is not unfrequently infectious; and there is no doubt that affections of this character, have frequently communicated disease after they have continued for many months. Sir A. Cooper mentions, that a married gentleman having gone to Lisbon, there contracted gonorrhœa. On his return five and a half months after the commencement of the disease, he consulted Sir Astley on the

propriety of having connection with his wife, and was assured he need have no apprehensions of infecting her. His opinion however was incorrect, as was proved by the disease of the lady.

Another author states, that he was consulted by a gentleman recently married, who had communicated gonorrhœa to his wife. He said that a year prior to his marriage he had a gonorrhœa, and that he had tried various remedies, but that the discharge still continued. He was told by all whom he consulted, that it was not infectious, and it was only after repeated assurances that he married.

Gleet is frequently attended with a relaxed and debilitated constitution. It generally accompanies stricture, and also disease of the prostate gland.

Gleets sometimes disappear spontaneously, owing perhaps to some constitutional change; though when neglected at first, they not unfrequently bid defiance to all remedies.

In obstinate cases of gleet, the persevering employment of tincture of cantharides, is one of the most successful remedies. It may however, prove dangerous in incautious hands; since its continuance, after symptoms of strangury\* or retention of urine has commenced, is highly improper. But it is only the injudicious employment of this remedy,

\* Strangury is frequently the result of the use of Cantharides, and consists in a difficulty of making water with pain and dropping.

which can occasion any disagreeable result. If its operation is properly watched and the medicine discontinued on the approach of strangury, no ill consequences are to be apprehended. The proper dose to commence with, is 30 drops of the tincture three times a day, and the quantity may be increased until symptoms of strangury ensue, when it must be discontinued, and afterwards resumed, when the unpleasant symptoms have disappeared. Under the operation of cantharides, the matter becomes thick and opaque, and assumes the appearance of pus; there is uneasiness and pain in the urethra; sometimes there is frequent desire to void urine and scalding in passing it; when these symptoms occur, the remedy must be omitted for the time. The rapidity with which these effects are produced, varies in different constitutions; in some, very small quantities of the medicine operate powerfully, while others can take it to almost any extent without perceptible effect; but in general, the more healthy the patient and the shorter the duration of the gleet, the more rapidly do the inflammatory symptoms occur.

When the cantharides is discontinued, should the discharge disappear with the abatement of the inflammatory symptoms occasioned by the use of the remedy, it will be unnecessary to recur to it; but should the disorder reappear, the remedy is to be again employed in the same manner.

An admirable medicine in the treatment of gleet, is a combination of spirits of turpentine and tincture of cubebs, in the proportion of two parts of the former to one of the latter, given in doses of a teaspoonful 3 or 4 times a day.

During the employment of these remedies, injections of an astringent and stimulating character should be used, and they should be repeatedly changed, since, if a particular injection is long continued, it loses its effect. Corrosive sublimate forms a good injection of the stimulating kind; it should be used at first in the proportion of half a grain to an ounce of distilled water and gradually increased to a grain, but should never exceed this quantity.

The different injections recommended in gonorrhœa may be employed, and they may be used of greater strength than in the latter infection. Any of the following injections may be employed.

Muriate of Ammonia	1, 2 or 3 grains,
Corrosive sublimate	3 grains,
Distilled water	4 ounces.

Allum	4 grains,
Distilled water	4 ounces.

Ammoniated Copper,	5 grains,
Rose water,	8 ounces.

The injections should be continued for two or three weeks after the cessation of the discharge as it is apt to be renewed if they are immediately abandoned.

Blisters applied to the perineum are sometimes advantageous.

When all other means fail, exercise on horseback and the cold bath, with muriated tincture of iron\* will sometimes produce a speedy termination of the disease.

## GONORRHŒA IN WOMEN.

It is more difficult to determine the existence of gonorrhœa in females than in males, nor is it in them attended in general with so much pain. The disease may be confounded with a discharge very common in the sex, which is called leucorrhœa, or fluor albus.

## TREATMENT OF GONORRHŒA IN FEMALES.

It is remediable by the same means, though injections are here to be principally depended upon for the cure, and they may be used of double strength,

\* The dose of this medicine is from ten to forty drops three times a day.

as the membrane of the vagina, which is the principal seat of the discharge in women is possessed of less sensibility than the internal membrane of the urethra in males.

Cleanliness is still more essential in women than in men. The external parts should be frequently washed.

The perineum and the inner parts of the thigh should be anointed with white cerate, to guard against the contact of the matter from the diseased parts which frequently causes great irritation.

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## SYPHILIS.

SYPHILIS, or Venereal Disease, manifests itself by chancres, buboes, ulcerations of the soft parts in different regions of the body, and by affections of the bones.

Chancre, is the name appropriated to an ulcer which appears on the genitals, and follows sexual connection with an individual suffering under the primary symptoms of venereal.

Bubo, is a swelling of one of the lymphatic glands of the groin, and is supposed to be the result of the absorption of the venereal poison, which passes through the absorbent vessels and glands on its way

into the general circulation. Bubo, therefore, constitutes the first step towards the contamination of the system, the disease being considered as strictly local before it has excited the inflammation of the absorbent glands of the groin. The matter secreted by a bubo is capable of communicating the disease. It is thought by some, that bubo may exist without having been preceded by chancre, and it is supposed that under these circumstances absorption of the venereal poison has occurred, either through an imperceptible abrasion of surface through the thin investments of the parts, or by means of some of the follicles which exist in great numbers on the genitals. It is likewise considered, that a chancre may have existed which from its size attracted no attention, and that it disappeared after the absorption of the poison. Sometimes bubo exist in each groin, but more usually but one side is affected. A chancre may exist and the secondary symptoms follow without any bubo, so that bubo is not essential to the contamination of the system.

Bubo generally appears in a short time after chancre, and is not apt to occur where chancre has existed for a considerable time. It more frequently follows a chancre on the prepuce than on the glans.

A bubo will sometimes exist in an inactive and stationary condition for weeks, though generally it

is of a bright scarlet colour and rapidly runs into suppuration.

Extensive and alarming ulceration sometimes follow buboes, and the groin and neighboring parts are sometimes laid bare by the ravages of the disease.

Buboes may arise from other causes; from gonorrhœa; friction of the thigh with mercurial ointment; from wounds and injuries of the leg and thigh, from cold, fever, &c. These inflammations cannot always be discriminated from venereal buboes, and persons have frequently been subjected to much inconvenience and suffering from a mercurial course instituted to cure them.

Buboes generally make their appearance in a few days after chancre, but occasionally some weeks elapse.

The affections described above, constitute the primary symptoms of syphilis.

After the lapse of a period which varies in different cases, signs of a general contamination of the system make their appearance. These symptoms are called *secondary* or *constitutional*, and may be divided into two stages; the first consists of an affection of the throat, nose, mouth and skin, and in the second, the periosteum or membrane investing the bones, the tendons, bones, ligaments, eyes, ears, &c., suffer from the ravages of the disease.

Sometimes the skin is the first to exhibit signs of constitutional contamination, but more frequently the throat is the part first affected.

The disease often manifests itself in the throat, without giving rise to any pain, so that accident frequently leads to its discovery. The appearance of the parts is generally that of slight inflammation; there is an ash-colored ulcer and the surrounding parts have a copperish tinge. In the more advanced stages, the ulcer appears excavated or dug out. By these marks we may generally distinguish the venereal from common sore throat, but the resemblance is sometimes so great as to baffle the most skillful.

If the ulceration advances, its ravages are sometimes frightful and the deformed victim exhibits ever after the mutilation and scars of his disgraceful malady. The inflammation extends from the throat to all the neighboring parts, hearing is forever destroyed, the patient is tormented with incessant cough, there is danger of suffocation from the destruction of the epiglottes, which covers the wind-pipe during the passage of food and drink. The soft parts and bones of the palate are frequently destroyed, and the cavities of the nose and mouth are no longer separated. "At other times the disease travels along the membrane lining the nose, undermines this organ, destroys the covering of the thin delicate bones of the nose which are soon rendered completely

carious and crumble away, leaving the nose sunk and ruined, the features dreadfully deformed, and the patient in the most loathsome condition, with foul and fetid matter flowing perpetually from the nostrils or into the throat, and a breath so extremely offensive as to render the sufferer hateful to himself and disgusting to his friends."

The secondary affection of the skin or the venereal eruptions exhibit different appearances. Sometimes the whole skin becomes discoloured or marked by a general diffused redness, deeper in some parts than in others. At other times there are numerous pustules or copper coloured blotches or scales of various appearance.

The parts generally occupied by these affections are the back of the neck, the forehead, breast and groin. The palms of the hands and soles of the feet are frequently effected and the nails of the fingers and toes sometimes drop off.

The periosteum and bones are the parts which are next affected. The thinly covered bones, or those which are near the surface are most exposed to disease, particularly the scull, shoulder blade, breast bone, bones of the leg and the forearm. The affection of the bones manifests itself by an enlargement, called a node, which is not generally painful until it has existed for a considerable length of time, occasionally, however, pain is felt in the part previously

to the appearance of the enlargement. After a time, the skin, covering the node, becomes inflamed, the swelling becomes soft, and a fluctuation is felt; ulceration now occurs and there is a discharge of matter.

The secondary affections are generally attended with much disturbance of the constitution. Fever is a usual concomitant, or it may precede the eruption. It frequently assumes the hectic form and may prove most serious and intractable and sometimes is the immediate cause of death.

In addition to the affections just enumerated, we may mention among the effects of venereal contagion, warts, condylmatous tumours, loss of the hair, venereal inflammation of the eye, &c.

Warts may exist independent of venereal infection. They are commonly observed on the glans of the penis and the inner part of the prepuce and may arise from any local irritation; they often follow simple excoriation, occur after gonorrhœa and sometimes appear to be occasioned by want of cleanliness. They present various appearances; sometimes having a narrow neck resembling a mushroom; sometimes being collected together in clusters, forming such a mass of disease that they entirely cover the glans. There is a species of soft flat wart which appears generally on the under side of penis and on the scrotum.

Tumours, called condylomatous, frequently occupy the borders of the anus ; they are fleshy, of a firm consistence and sometimes prove very troublesome.

Baldness does not always follow, even a thorough contamination of the system, when it occurs, it is preceded by scurf or scales about the roots of the hair, which in a short time is destroyed. The eyebrows share the same fate and seldom grow again.

Secondary affections are incapable of propagating the disease by contact.

## REMARKS ON THE MERCURIAL AND NON-MERCURIAL TREATMENT OF SYPHILIS.

There is perhaps no subject in the whole range of medical science, which is enveloped in more perplexity than the history, nature, and cure of the venereal disease. Much of this obscurity doubtless originates in the fact that the venereal disease, as generally understood, embraces many and diverse affections, differing from each other in appearance, severity, the progress of the symptoms and in curability. Perhaps no man has done more to perpetuate errors on this subject, than the justly celebrated Dr. Hunter, the author of a work on this subject, long regarded as authority, which none must dare to question, and to which all observations must conform. But the infallibility of this great surgeon is

no longer maintained by his warmest admirers, and many of the fundamental doctrines of his creed have shared the common fate of medical theories.

It is now no longer contended that mercury is the only remedy of the disease ; that, unless arrested by this mineral, all syphilitic maladies are incurable, and consequently, must continually grow worse. On the contrary, it is now known that all forms of the disease yield to other remedies, and, indeed, that spontaneous cures may, and not unfrequently do occur. In more modern times, Dr. Clutterbuck was the first to oppose the dogma that mercury was the only cure of syphilis. As far back as 1799, in a pamphlet which he published, entitled, "Remarks on some of the opinions of the late John Hunter," he showed the possibility of curing many forms of the disease, not only without mercury, but without medicine of any kind.

We are, however, indebted to the army surgeons for the complete proof of the success of the non-mercurial treatment which they have established on the most uncontrovertable basis. Their extensive opportunities of hospital practice, where the patients are completely under the control of the surgeon, enabled the army surgeons to establish principles on the subject of this disease from an induction of the most extensive character and the result of their ex-

periments demonstrated the ready curability of venereal by a treatment in which mercury had no share.

During the peninsular war, the surgeons of the British army remarked, that the Portuguese never regarded chancres with any alarm but left them to nature and that they got well spontaneously.

The late Mr. Rose, of England, who possessed ample opportunities of observing the treatment of the venereal disease among the Spaniards and Portuguese, had an opportunity of knowing that many of them were free from any symptom of secondary syphilis for many years after they had been treated without mercury for the primary symptoms of syphilis. Similar instances of cure occurred among the British soldiers, where the administration of mercury was interrupted by movements of the army, and was not again resorted to. "I have often, says Mr. Rose, wondered, that in not one of these any ill effects ensued, but I could only infer that my opinion of the nature of the disease had been erroneous, although in the case to which I allude, it had by no means been hastily formed." Many of the medical officers of the German regiments in the British service treated their patients successfully without mercury. From the numerous instances of the success of the non-mercurial plan, which fell under his own observation, and from the favorable representation of this method from various sources,

Mr. Rose determined to employ it in the Cold Stream regiment of guards. The result justified his expectations. During three years, every case of primary and secondary disease, yielded without the administration of mercury.

Mr. Guthrie communicated some interesting facts on the subject of the non-mercurial treatment, in a paper published in the Medico-Chirurgical Transactions, from which we extract the following :

“ During the last eighteen months in the York Hospital, Chelsea, Mr. Dean, Dr. Arthur, Dr. Gordon and myself have been in the habit of treating all cases of ulcers on the penis, whatever form or appearance they might have, by simple mild means, that is by dry lint, or ointment or lotions, for the most part not containing mercury, in order to obviate the objection that might be made to the application of it in any form, and of near one hundred cases which have been treated in this manner, all the ulcers healed without the use of mercury. The primary sores were of every description from the superficial ulcer of the prepuce and glans, to the raised ulcer of the prepuce, the excavated ulcer of the glans and the sloughing ulcer of these parts. Since Mr. Rose of the Guards began to treat his people without mercury and the practice was adopted at the York Hospital, it has been followed at several of the hospital stations, at Dover, Chatham and

Edinburgh, and in different regiments at home and abroad, especially the fifty-seventh and the staff corps of cavalry in France. From these hospitals I have seen the reports of near four hundred cases more, which have been treated with the same results, as far as regards the cure of the primary ulcers. Each ulcer appears to have run a certain course, which as to extent was much the same as in one of the same appearance, where mercury was supposed to be necessary, and at an indefinite period of time, to have taken on a healing action, and in the greater number instances, skinned over rapidly, leaving a mark or depression, showing loss of substance.

“With us, where the ulcer had the characteristic appearances of chancre, dry lint alone was generally applied to it, when the signs were less prominent, a variety of applications were used, but there were a great number of sores, both raised and excavated, on which no application made the least favorable application for many weeks. They did, however, yield at last to simple means after remaining for a considerable time nearly in the same state, several of them having become sores of a large size previous to or in the first days of their admission.

“If they were ulcers without any marked appearance, and did not amend in the first fortnight or three weeks, they generally remained for five or seven weeks longer and the only difference in this

respect between them and the raised ulcer of the prepuce, was that this often remained for a longer period, and the ulcers possessing the true character of chancre, required, in general, a still longer period for their cure, that is from six, eight, to ten, twenty, and even in one case, twenty-six weeks, healing up and ulcerating again on a hardened base.

“Those that required the greatest length of time, had nothing particular in their appearance that could lead us to distinguish them from others of the same kind, that were healed in a shorter period; neither were any of these ulcers followed by a greater number of buboes, nor did they suppurate more frequently than in the same number of cases treated with mercury; on the contrary the ulcers, were not so frequently, on the average, followed by them, neither did they so often suppurate; but this may also be attributed to the antiphlogistic means employed, both generally and locally, for their relief.

“In the inflammatory stage, attended by itching, scabbing, and ulceration, they were treated, for the most part, by anti-phlogistic and mild remedies; in the latter stage, when the ulcers were indolent, whether raised or excavated, by gentle stimulants.

“The duration of these stages is very different, is often increased by caustic and irritating applications, and is much influenced by surgical discrimination in the local treatment.

“The last or indolent stage often continues for a great length of time, especially in the excavated chancre, and raised ulcer of the prepuce; and it appears to me, that in these particular cases, a gentle course of mercury, so as slightly to affect the gums, will materially shorten the duration of it, although in others it is occasionally of no service.

“As great a length of time has elapsed in many of these cases without the occurrence of secondary symptoms, as is considered satisfactory where mercury has been used, viz from six to eighteen months.

“Every sore,” he remarks, “of whatever description it may be, will heal without its use [mercury] provided sufficient time be granted, the constitution be good, the patient regular in his mode of living, and that attention be paid to cleanliness and simple dressing, and to keeping the patient in a state of quietude.”

“The question of time,” he observes, “is very important, for I have every reason to be certain from former experience, that almost all these protracted cases would have been cured in one half or even one third of the time, if a moderate course of mercury had been resorted to, after common applications had been found to fail; and I have every reason to think, from the treatment of other cases, that the duration of many of them might also have

been shortened by the regular exhibition of cathartic medicines combined with sodorifics."

"Secondary symptoms (and I exclude trifling pains, eruptions, or sore throats, that have disappeared in a few days) have seldom followed the cure of these ulcers without mercury, and they have, upon the whole, more frequently followed the raised ulcer of the prepuce, than the true characteristic chancre of syphilis, affecting the glans penis."

"The secondary symptoms in the cases alluded to, amounting to one tenth of the whole, and which were treated on the antiphlogistic plan, have hitherto been nearly confined to the first order of parts, that is, the bones have in two cases only been attacked, and they have equally been cured without mercury."

"Although the secondary symptoms do for the most part yield to simple remedies, such as venesection, sodorifics, the warm bath, sarsaparilla, &c. without much loss of time, that is, in the course of from one to four and six months; yet, as in the primary ulcers, a gentle course of mercury will frequently expedite, and in particular persons and states of constitutions, is necessary to effect a cure; and a repetition of it will even, in some cases, be requisite to render it permanent."

"Whether an insufficient course of mercury is more productive of secondary symptoms than no

mercury at all, I cannot say; but it appears to me that it is only where mercury has been persisted in after it has evidently ceased to do good, when it disagrees with the constitution, or when it is exhibited at an improper period, or very irregularly, the patient having been exposed to wet and cold, that it produces those symptoms usually supposed to depend upon it."

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THE following documents exhibiting the result of the treatment of the venereal diseases without mercury, are of so interesting character, that we deem it proper to give them an insertion in this work, since they exhibit facts of the most authentic character; and cannot be set aside by any accumulation of arguments on the part of those who are still disposed to deny the possibility of curing all descriptions of syphilitic diseases on the non-mercurial plan.

These documents form the Appendix to the translation of Desruelles on the Venereal. Published in Philadelphia.

## 1st. IN GREAT BRITAIN.

*Copy of a Circular, dated Army Medical Department,  
2d April, 1819.*

IN transmitting the following summary of the conclusions on the question of syphilis and its treatment we have to assure all that it may be considered as an unprejudiced statement drawn up from the answers *alone* of the regimental surgeons, to the queries transmitted by us to them in December last.

## WITHOUT MERCURY.

1st, That since December 1816, to December 1818, there appears to have been treated for primary venereal ulcerations on the penis, (including not only the more simple sores, but also a regular proportion of those with the most marked characters of syphilitic chancre, as described by Hunter and other writers,) 1940 cases.

2d, That of these 1940 cases so treated, 96 have had secondary symptoms of different sorts.

3d, That in these 96 cases of secondary symptoms following sores treated without mercury, it was deemed necessary to have recourse to mercury for a cure for twelve of them, for which change the following

different reasons are assigned in different cases by the surgeons who treated them.

- a.* On account of sloughing ulcers in the throat.
- b.* The protraction of cure beyond the third week.
- c.* Because the general health seemed to suffer.
- d.* With a view of expediting the cure.
- e.* The re-appearance of eruptions, aggravation of symptoms.

*Note.*—In several of these 12 cases, alterative doses of mercury were sufficient to effect the cure.

*4th.* That in 1940 cases of primary symptoms treated without mercury, (as described in par. 1st,) its use was resorted to in 65 of them; the reason assigned being as follows:

- a.* An indisposition to yield to the local application in three weeks.
- b.* The sore spreading.
- c.* The appearance of fresh sores.
- d.* Buboes suppurating, and not disposed to heal.
- e.* The general health appearing to suffer.
- f.* A belief that the constitution became affected from the continuance of the sores.

*5th,* That these 1940 cases, treated as here above stated are now "recovered of their venereal complaints," and either doing duty as soldiers, or have been discharged for military reasons totally unconnected with venereal disease.

6th, That the principal remedies employed have been, (speaking in general terms, and with reference to primary sores,) confinement to bed in many cases, in all to hospital, spoon diet, occasionally general bleeding when inflammation ran high, (in 6 or 8 cases,) purgatives, antimonials, pretty generally emollient soothing applications in the first instance, generally cold or warm water, (the latter frequently injected between the prepuce and glans,) and the first externally applied, the water frequently mixed with the liquor plumbi; in the latter stages, the lotio hyd. submuriat., or muriat. in aqua calcis, lotio sulphat. cupri, argent., nitrat., &c. were employed. With reference to secondary symptoms, when mercury was not had recourse to, purgatives, antimonials, nitric acid, sarsaparilla, guaiacum in substance, or in combination with sarsaparilla, warm bath, nitro-muriatic bath, gargles when the throat is affected. In nodes, fomentations, scarifications, leeches, and blisters.

7th, That the average period required for the cure of primary symptoms without mercury, when bubo did not exist, has been twenty-one days; with bubo forty-five days.

8th, That the average period for the cure of secondary symptoms without mercury has been from twenty-eight to forty-five days.

9th. That every man treated without mercury has been fit for immediate military duty on dismissal from hospital.

## WITH MERCURY.

1st, That during the period specified before, there appears to have been treated for venereal ulcerations of the penis, (the characters given of which do not appear to have been, in any essential degree, different from those treated without mercury,) 2827.

*Note.*—"It may be perhaps well to view these as more generally bearing the character of Hunter's chancre."

2d, That of the 2827 thus treated and healed, 51 had secondary symptoms.

3d, That there were good grounds for believing, that in a majority of instances, when secondary symptoms have occurred, where the primary symptoms have been treated with mercury, that the secondary symptoms are more severe, and more intractable than when mercury had not been used for the primary sores.

4th, That one man treated by mercury for primary sores has been discharged the service on account of the injury his constitution sustained therefrom.

5th, That another man, after treatment for secondary symptoms by mercury, has been discharged the service in consequence of that complaint.

6th, That the average period occupied for the cure of primary symptoms without bubo, with mercury,

has been thirty-three days, with bubo fifty days, and that the great majority were fit for immediate military duty on dismissal from hospital.

7th, That the average period occupied in the cure of secondary symptoms has been forty-five days.

*Note.*—“The treatment by mercury is so generally known that it is deemed useless to describe it in either case.” Much the same local applications were used in the treatment with mercury to the sores, as was described in that without it; perhaps more stimulating and escharotic applications were used, and less attention paid to regimen and diet, when mercury was given, at least less stress seems to have been laid on these.

#### GENERAL OBSERVATIONS.

1st, From the statement above made, it would appear that *all kinds of sores*, or primary symptoms of syphilis, may be cured, (as far as a period of nearly two years will warrant a conclusion,) without mercury.

It is considered that the exceptions noted in paragraph 4th do not present valid objections to the above conclusion on viewing the general testimonies on this point; but to the reasons there assigned for the necessity of having recourse to mercury the most

particular attention is required, as on these must the propriety and impropriety of that measure depend.

2d, To guard against any fallacy in the comparative estimate of time employed in the cure of primary symptoms with and without bubo, it must be noticed that this is only an average statement ; in some individual regiments the period required without mercury has been longer than that with mercury.

3d, That it appears that the frequency or rarity of secondary symptoms would seem to depend on circumstances not yet sufficiently understood or explained, although the following fact would tend to the belief that either the constitutions of the men, or the mode of conducting the treatment without mercury, are the causes that possess the greatest influence in their production.

In one regiment 4 secondary cases out of 24 treated without mercury supervened. In another regiment 68 cases have been treated within the specified time without mercury, all bearing marks of true venereal disease, (and 28 of these especially selected for their decided characters of chancre,) no secondary symptoms of any kind have hitherto made their appearance, and in all fifteen months have elapsed since they were treated.

To this circumstance most particular attention is required, both with the view of ascertaining if peculiarity of constitution influences the appearance of

secondary symptoms, and of pointing out the necessity of attending to the proper selection of local remedies adapted to the different stages and states of the sore, and to the general treatment of the constitution during the time patients are in hospital, and that whether mercury be used or not.

*4th*, That it appears that no peculiar secondary symptoms are seen to follow from peculiar primary sores.

*5th*, It has been remarked, that in cases healed without mercury, iritis has been frequently observed as a secondary symptom, in some instances by itself, in others attended with eruptions of different kinds. In these instances, mercury has been generally resorted to with success.

*6th*, The re-appearance of the primary ulcer, and repeated attacks of eruption, are the diseases which have been most frequently observed to succeed the non-mercurial practice.

*7th*, The conclusions arrived at by the additional testimony of many more regiments, not included in the number from whence this report has been drawn up, confirm in every material circumstance the results stated under both methods of treatment.

From all that has been reported to us, we see no reason to stop the prosecution of the present inquiry, nor have we any objection to its being continued, but strictly in that spirit of patience, liberality, can-

dour, and fidelity, that ought to characterize the inquiries after truth—a spirit altogether remote from the precipitancy of innovation, the acrimony of disputants, or the stickler for any particular doctrine.

1st, It is therefore desired, that the queries heretofore submitted, with these additional points left undecided in this letter, may be considered as the leading objects for consideration in the future prosecution of the subject.

2d, That every syphilitic case, whether secondary or primary, be duly entered in the register, with full description of the characters of the sores, symptoms, and treatment, so that the results of each half year may be distinctly and clearly stated in the reports required on these occasions—that every man belonging to any regiment, treated in a different regimental hospital to his own, shall invariably be reported through this office to his own regimental surgeon, who will duly register the report, and at the half yearly periods state the results.

That it is essentially necessary that each regimental surgeon keep a watchful eye over all men treated without mercury, and frequently examine them, and that whenever answers are required to these queries at a future period, which they will, (say 1st January 1820,) the state of the men now reported shall at that time be distinctly referred to, in the same tabular form as was required by the late que-

ries, commencing as before from 20th December, 1816.

We wish it to be distinctly understood, that we do not enforce the non-mercurial plan of treatment in any case, still further is it our wish to incur any unnecessary risk or danger to the soldiers, by unnecessary detention from duty, from a protracted treatment without mercury, in those cases where it has been begun. At all times, this is left to the discretion of the surgeon, who, we are persuaded, will act in the most conscientious manner for the good of his patient, and the interests of the service.

(Signed) J. M'GRIGOR.  
W. FRANKLIN,

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2d. In FRANCE.

*Military Hospital of the Val-de-Grace.*

*Comparative Results of the Treatment of Syphilis with and without Mercury.* By M. DESRUELLES.

Of 1312 men admitted into Val-de-Grace with syphilitic diseases, between the 1st of April, 1825, and

31st of July, 1827, 1804 were treated for primitive symptoms, and 228 for consecutive symptoms, chronic and mercurial, simple and complicated.

Of the 1084 affected with primitive symptoms, 386 were treated with mercury : mean duration of treatment forty-seven days. Of these 386, 189 were put upon an animal and stimulating regimen—mean duration of treatment fifty-one days : 197 were put upon a vegetable and mild (adoucissant) diet—mean duration of treatment forty-two days.

The 698 others were treated without mercury : mean duration of treatment twenty-eight days. Of these 698, 62 were put upon an animal and stimulating regimen—mean duration of treatment fifty days : 636 were put upon a vegetable and mild regimen—mean duration of treatment twenty-five days.

Of the 228 men affected with consecutive symptoms, chronic or mercurial, 75 were treated with mercury : mean duration of treatment sixty-seven days. Of these 75, 33 were put upon an animal and stimulating diet—mean duration of treatment eighty two days : 42 were kept upon a vegetable and mild diet—mean duration of treatment fifty-five days.

The 153 others were treated without mercury, and all were kept upon a vegetable and mild diet—mean duration of treatment forty-five days.

Thus, of 1312 patients, 461 were treated by mercury, viz. 386 for primitive, and 75 for consecutive

symptoms, chronic and mercurial: the mean duration of treatment was fifty days. 851 were treated without mercury, viz. 698 for primitive, and 153 for consecutive symptoms, chronic and mercurial; and the mean duration of treatment was thirty-two days.\*

M. Devergie has treated between 1819 and July 1829, about 800 syphilitic patients without an atom of mercury; not having notes however of all of them, he is able to report only 571 cases. Of these, 208 were treated in the Military Hospital of the Val-de-Grace, 90 for primary affections, and 118 for secondary affections. 571 were treated in private practice 275 for primary affections, and 88 for secondary.†

He does not state the length of time required for cure, or other particulars.

### *Military Hospital of Strasbourg.*

There were treated in this hospital for venereal disease, by M. RICHOND DES BRUS, between the 1st of April, 1822, and the 16th of August, 1824, 2805 patients.

\* *Memoires de Medecine, Chirurgie et Pharmacie Militaires.* Tom. XXV. See also *American Journal of the Medical Sciences*, Vol. V. p. 503.

† *Annales de la Medecine Physiologique*, Tom. XVI. p. 4051.

Of these, 1167 were treated with mercury, 1161 for primary symptoms, and 6 for secondary symptoms.

1638 were treated without mercury, 1449 for primary, and 148 for secondary or mercurial affections.

Of 1150 patients admitted into the hospital between the 1st of April, 1822, and the 1st of March 1823, 325 were affected with gonorrhœa; the remaining 825 were treated with mercury.

Of the 1655 patients received into the hospital between the 1st of March, 1823, and the 16th of August, 1824, 309 were affected with gonorrhœa.

Of the 1346 remaining, 342 were treated with mercury, so that between the 1st of April, 1822, and the 16th of August, 1824, 1167 were treated with mercury, and 1004 without mercury, the gonorrhœal cases being deducted,

When M. Richond left the hospital, 82 patients remained under treatment, 57 of whom did not use mercury, the remaining 25 were under its use.

Of the 947 soldiers cured without mercury, 325 were affected with primitive ulcers—273 with ulcers and buboes or buboes alone—201 with ulcers attended with phymosis, paraphymosis, and tumours—148 with symptoms of confirmed syphilis, either primitive or secondary.

Of 317 patients treated with mercury, subsequent to the month of March, 1823, 188 were affected with primitive ulcers—106 with ulcers and buboes or buboes alone—23 with ulcers and phymosis, paraphymosis, or symptoms of confirmed syphilis.

*Duration of Treatment.*—Of the 325 patients affected with primitive ulcers and treated *without mercury*, the duration of treatment

in 48 was from 5 to 10 days.

90	11 to 20
45	21 to 30
28	31 to 40
8	41 to 50
4	51 to 60
2	61 to 80

Of the 188 patients affected with primitive ulcers and treated *with mercury*, the duration of treatment

in 3 was from 5 to 10 days.

18	11 to 20
30	21 to 30
52	31 to 40
45	41 to 50
22	51 to 50
15	61 to 80
3	81 to 120

Thus, of the 325 cured without mercury, only 42 or less than eight per cent., were under treatment more than thirty days; whilst of 188 treated with

mercury, 137, or upwards of seventy-two per cent., remained in the hospital over this period.

Of the 273 cases of buboes treated without mercury, 172 terminated in resolution—81 by suppuration—in the remaining 20 suppuration was established when the patients entered the hospital.

Of 106 cases of buboes treated with mercury, 54 terminated by resolution—46 by suppuration—in the remaining 6 suppuration was established when they entered the hospital.

Thus the treatment without mercury produced resolution in a greater number of buboes comparatively, than the treatment with mercury; and moreover, buboes appeared more frequently in those who were treated for primitive symptoms by mercury, than in those who were treated without mercury; thus of 208 patients treated for primitive symptoms by mercury, 16 or nearly seven and two-thirds per cent. were attacked with buboes, whilst of 526 treated without mercury, 36 or about six and four-fifths per cent. exhibited engorgements of the ganglions.

Of the 273 patients affected with buboes treated without mercury, the duration of the treatment

in 24 was from 5 to 10 days.

68                    11 to 20

55                    21 to 30

50                    31 to 40

29                    41 to 50

19	51 to 60
13	61 to 80
4	81 to 120

Of the 106 cases of buboes treated with mercury, the duration of treatment

in 3 was from 5 to 10 days.

7	11 to 20
19	21 to 30
40	31 to 40
20	41 to 60
10	61 to 80
3	81 to 125
4	126 to 200

Thus, nearly sixty per cent. of those treated without mercury were cured in less than thirty days, whilst of those treated with mercury only about twenty-seven per cent. were cured in that time.

*Relapses.*—Of the 1142 cases cured with mercury by M. Richond, 63 were affected with secondary symptoms, about five and a half per cent.

Of these, 6 had return of ulcers—1 return of ulcers with ulcers of the throat—1 urethritis following ulcers, and succeeded by ulcers and warts—1 return of ulcers and warts—7 warts following ulcers—12 return of buboes—5 buboes following ulcers—9 consecutive affections of the anus—3 affections of the anus with ulcers of the throat—1 ulcer of the conjunctiva—11 ulcers of the bucco-pharyngeal mu-

cous membrane—1 spots on the skin—1 pains of the bones, and spots on the skin—1 pustules and ulcers of the throat—1 extensive squamous eruption—1 inflammation of the bladder, prostate, &c.

Of the 947 patients treated without mercury, only 24 had secondary affections, or two and half per cent.

Of these, two had return of ulcers—4 consecutive warts—6 return of buboes—4 secondary buboes—5 affections of the anus—2 affections of mouth—1 purtules, callosities, and excrescence of the anus.\*

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### 3d In GERMANY.

#### *Military Hospital at Wurtzbourg.*

Dr. Brunninghausen was among the first in Germany who attempted to induce his fellow practitioners to adopt the antiphlogistic treatment of venereal diseases. He commenced his experiments in 1819. For thirty years he had treated syphilis without mercury in the Military Hospital of Wurtzbourg, and in a very extensive private practice, and not without success. Of course it was easy for him to

\* De la Non-existence da Virus Venerien, &c. Par Richond des Brus, Vol. II. See also the Review of this work in the American Journal of the Medical Sciences, Vol. II.

compare the results of the old and new mode of practice. The success of this last was so great, and even so surprising, says M. B., that at first, seeing the calm and steady progress of the cures, he could scarcely believe his own eyes, and frequently charged the young physicians who accompanied him, to pay the most scrupulous attention to prevent their being deceived, and that the patients should not use mercury in secret. The success became afterwards so common, and the patients were so strictly watched, that all suspicion of error vanished.\*

In his work, entitled "Veber die Lustseuche und ihre Heilung ohne Guecksilber, published at Wurtzbourg, in 1826, he states that he treated with success in the Military Hospital at Wurtzbourg, from May, 1819, to February, 1820, 100 persons; of whom, 82 had primary, and 18 secondary symptoms, by antiphlogistics alone, without any mercury.

Dr. Besnard of Munich, Burtz and Becher of Berlin, Huber of Stuttgard, and Wendt of Copenhagen, employ the antiphlogistic treatment, and have published their experience, which is highly favourable. Wendt says, 1st, that in many cases the mercurial disease may be completely cured without mercury; 2d, that in debauchees and persons in whom the disease is complicated with acute or chronic diseases; the antiphlogistic treatment is preferable, and is suf-

\* La Clinique, May 21st, 1821.

ficient to cure the patient radically, whilst mercury in these cases produces serious evils.†

*General Hospital of Hamburg.*

Dr. Fricke, of Hamburg, has been equally successful with the treatment of venereal disease without mercury. Between July, 1825, and January, 1827, he treated 402 patients. Of these, 101 were males, and 301 females. 308 were affected with primary affections, 54 with secondary, and 40 with primary and secondary affections conjoined.

Of the 308 patients affected with primary symptoms, the duration of treatment

in 237 was from 10 to 60 days

50                      61 to 110

11                      121 to 181

Of the 54 patients affected with constitutional symptoms, the duration of treatment

in 27 was from 10 to 40 days.

24                      41 to 90

3                      3 to 6 months.

Of the 40 patients affected with primary and secondary symptoms conjoined, the duration of treatment

in 12 was from 11 to 40 days.

6                      41 to 60

† *Annales de la Medecine Physiologique*, Oct. 1829.

11                    61 to 90

11                    3 to 6 months.\*

The average period during which these patients were under treatment was fifty days, whilst formerly, under the mercurial treatment, they remained twice that period.†

Dr. Fricke, who has had the advantage of retaining under his observation the patients treated by him, has not yet observed any secondary symptoms.‡

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#### 4th. IN SWEDEN.

In the hospitals of Sweden, between the years 1822 and 1827, a period of five years, 16,985 patients were treated with venereal disease.

Of these, 6149 have been treated by strict diet, 6017 of whom were cured, and 132 left the hospital without being cured; secondary symptoms occurred in seven and a half per cent.

7717 were treated with mercury, of whom 7636 were cured, and 81 left the hospital without being cured; secondary symptoms occurred in 14 per cent.

758 were treated by fumigations with cinnabar, of whom 715 were cured, and 43 left the hospital not

\* Graefe and Walther's Journal.

† Hecker's Litterarische Annalen, for 1827. See also La Clinique, Tom. IV. No. 20.

‡ Graefe and Walther's Journal.

cured ; secondary symptoms occurred in twenty-two per cent.

1090 were treated by local means, of whom 1055 were cured, and 35 left the hospital not cured ; relapses occurred in 7 per cent.\*

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5th. In AMERICA.

*Naval Hospital at Philadelphia.*

Dr. Thomas Harris treated without mercury in the Naval Hospital at Philadelphia, 111 patients, only 2 of whom were affected with secondary symptoms, and those were cured without mercury. He has, besides, treated in private practice, 53 case in whom there did not occur to his knowledge, a single instance of constitutional affection.

He also treated successfully without mercury, 23 cases of secondary symptoms, occurring in individuals who had been treated for their primary symptoms by other practitioners with mercury.

Whilst, of 57 cases treated with mercury by Dr. Harris, on board the U. States' Frigate Macedonian, 6 were affected with secondary symptoms, while un-

\* *Annales de la Medicine Physiologique*, and the *American Journal of the Medical Sciences*, Vol. III. p. 232.

der the influence of salivation for the primary sores, and others were afterwards attacked with constitutional symptoms, the exact number is not however known, as Dr. Harris left the ship.\*

It appears then from the documents which we quote, that the non-mercurial treatment is applicable to all forms of syphilis. The peculiar advantages of this treatment over the use of mercury, is the avoidance of those terrible affections, which are observed so frequently to follow the employment of this mineral. There are, however, many among those who have witnessed these experiments, who would not advocate the total rejection of mercury, in the treatment of venereal diseases. They believe, that of the two rival modes of treatment, the non-mercurial one would be much preferable, were we under the necessity of adopting one of them exclusively, under all modifications of the disease. But since this necessity does not exist, they are of opinion, that there are circumstances which may render it expedient, although not essentially necessary, to employ this mineral, which should never be administered with a view to a protracted action or profuse salivation.

Others advocate the entire abandonment of mercury, believing that it lays the foundation of all the

\* See Dr. Harris's interesting paper in the N. A. Med. and Surg. Journal, Vol. I.

terrible affections, which are frequently regarded as the remote consequences of the venereal disease. Some assert, that although there are cases in which mercury may expedite the cure, yet that these cases are unfrequent, and that no human skill can confer the power of discriminating between them. Where shall we find the truth amid these discordant opinions? Instead of pursuing the attempt to reconcile contravening statements, and to determine a question which presents a host of both theoretic and experimental difficulties, the author thinks he will be performing a more useful part, by stating the principles of treatment he has deduced from his own experience, and from a candid review of all that observation and experiment has developed in relation to these diseases.

The following principles we think fairly deducible from the extensive and impartial statements, which we possess :

1st. There are syphilitic diseases in which mercury is pernicious. This is particularly true, with regard to the venereal sores, which have been denominated *sloughing* and *phlegdenic* ulcers, hereafter to be described.

2d. Some cases of syphilis are benefited by mercury, and their cure expedited. This is commonly the case in what has been called the Hunterian chancre, thus named from the eminent surgeon who describ-

ed it with great accuracy. There are likewise other cases, in which mercury might be serviceable, but the discrimination is difficult in the extreme, and in most cases impossible. It is therefore evident, that no useful purpose could be subserved by attempting in a work like the present, to establish differences which are perplexing to the most skilful, and the existence of which, is entirely denied by many eminent professional gentlemen.

3d. That the varieties of venereal sores, are not dependent upon varieties in the poison applied to the parts, but that they arise from the peculiar constitution of the individual, from the peculiar character of the parts affected, and from the irritation to which the parts have been subjected.

4th. All venereal diseases are curable without mercury. This remark applies to both secondary and primary symptoms.

5th. Many of the worst forms of disease which have been classed among the secondary forms of syphilis are either the effect of mercury alone, or the product of the disease and the mineral remedy conjointly. This appears from the fact that the secondary diseases which are observed after the non-mercurial treatment, are of a much milder character, that the terrible and rapidly spreading ulcerations of the throat and nose, and the affections of the bones are exceedingly uncommon after this

treatment. Indeed, so seldom are those severe and destructive forms of disease encountered, unless after the mercurial treatment, that some entertain the opinion that they are entirely to be attributed to the remedy. But cases have undoubtedly occurred, in which all the affections of the bones which we have enumerated, have been observed without the previous use of mercury.

It thus appears, that the opinion that syphilis yields to mercury alone, is no longer tenable; the modern observations, to which we have referred, are not necessary to the demonstration of this fact. Ever since syphilis was first described as a specific disease, that is since the termination of the 15th century, there have been physicians who rejected mercurial preparations entirely in the treatment, and it was fully demonstrated by their practice that the disease did not always, unless arrested by this remedy, pursue a progressive course towards the destruction of the patient. The cure of the disease in the West Indies, in the Brazils, &c., it has long been known, is entrusted entirely to sarsaparilla, guaiacum, and other articles from the vegetable kingdom, and it generally yields to them with great facility. Indeed, on no other supposition than that of the curability of the disease by other remedies than mercury, or by the unassisted powers of the constitution, can we account for the existence of

the malady in America without its having occasioned the entire annihilation of the population long before the visit of Columbus, since mercury was entirely unknown, as a remedy, among the aboriginal tribes.

Although the documents which we have quoted, are highly favourable to the anti-phlogistic treatment, still they do not demonstrate, that mercury is to be rejected in all cases of venereal disease. On the contrary, most of those who have employed both modes of treatment on a large scale, have advocated the employment of mercury under certain forms of the disease, and they are of opinion, that this remedy will often greatly expedite the healing of the ulcers. It may seem that the most natural inference from these documents, is, that mercury should be entirely discarded; but it must be considered, that these reports do not specify the particular kind of ulcers which were the subject of treatment; and since it is confessed that the number of ulcers which are rendered worse by mercury, much exceed the number of those which are benefited, it may still be the fact, that some ulcers may be healed more readily with this mineral. The claims of mercury then as a remedy in syphilis, will depend upon its peculiar adaptation to certain cases, which may be discriminated from those in which it is either inert or noxious, and we believe the prevalent sentiment

of practitioners, is in favour of its virtue under particular circumstances which may be pointed out. It appears, however, that many eminent practitioners altogether reject the mercurial treatment; and among these, we may enumerate M. Desruelles of Paris, and Drs. Reasseau, Harris, and we believe, Drs. Chapman and Dewees, of Philadelphia. Dr. Harris in a very excellent paper, published in the North American Medical and Surgical Journal, expresses his belief of the curative powers of mercury in some cases of venereal, but seems to doubt the possibility of determining the cases, in which it may be advantageously employed.

“ In many cases,” he remarks, “ this medicine makes a most salutary impression on the venereal disease : in some, it effects a cure, even more tardily than in the cases to which I have referred, and in others it greatly aggravates every symptom. We have not yet acquired sufficient tact, to enable us to select the precise cases, for which this valuable medicine is peculiarly adapted. This faculty of discrimination does not consist in being able to reduce the several forms of the disease into different classes, but to anticipate the effects of the mineral upon every peculiar temperament and idiosyncrasy. Such prescience has not been accorded to short-sighted mortals.”

We now proceed to give a concise description of the various ulcers, which have been observed upon the genitals, in consequence of venereal contagion. It will be proper, in this description, to dwell more particularly upon the Hunterian chancre or callous ulcer, since it appears that in this species of ulcer, mercury may be most advantageously resorted to; this remedy being observed greatly to expedite the cure. The other species, which have been very minutely described by writers, and upon the discrimination of which many of their remedial measures are based, we shall devote less attention, because we believe that the difficulty of drawing such distinctions as shall be available to the non-professional reader, is totally impracticable, and because we regard the anti-phlogistic treatment preferable to the mercurial, in all these affections.

### CALLOUS ULCER, OR HUNTERIAN CHAN- CRE,

Generally commences with a slight redness or inflammation of some part of the genital organs. There is at first itching, which is soon succeeded by pain, and a pimple is formed. This bursts and is succeeded by an ulcer of a circular shape and surrounded by hard and abrupt edges. The ulcer appears as though it were excavated or dug out, and its

surface is coated with a grayish and tenacious matter. The parts immediately surrounding the ulcer are hard and constitute a well defined tumour, which may be distinctly felt by the fingers.

This is the appearance of the true syphilitic ulcer, when it occupies the glans, but a difference is observable when the prepuce or frænum is the seat of the ulcer. In this case there is generally more violent inflammation and instead of a pimple, a mere abrasure of the surface, or excoriation, precedes the ulcer. Sometimes the ulceration is slight in comparison with the extent of the hardened surface around it. When seated on the common skin of the penis or scrotum, the matter discharged soon dries and forms a scab, which soon falls off and is succeeded by another.

This ulcer generally makes its appearance from the third to the seventh or eighth day after impure connexion though it frequently does not occur for a much longer period. It has been supposed occasionally to appear in one day, at other times the matter is thought to have remained dormant for six or seven weeks, or longer. This remark applies to venereal sores of all kinds.

The edge of the ulcer is at first regular, but as the ulceration proceeds it becomes ragged and indented. The extent of the ulcer is from the size of a pea to that of a sixpence, but on the body of the penis

sometimes surrounds the whole member. The progress of the ulcer is slow and its character indolent, the callous state of the surrounding parts appearing both to limit its progress and retard its cure.

This ulcer may be distinguished from others of the same inactive character by the sense of defined firmness and solidity which it conveys to the touch. A degree of hardness may be observed around other ulcers, but it is not so distinct or well defined, and softens gradually into the neighboring parts.

The callous ulcer on the body of the penis may be confounded with the phlegedœnic from its being usually superficial, and of a dark color when it occupies this part, but when examined, the prominent edge of the callous ulcer and the surrounding hardness, as well as the absence of slough or mortification, will enable us to discriminate, and the progress of the case will soon remove all uncertainty, as the phlegedœnic will pursue a rapid progress, while the other will remain almost stationary. Furthermore, if mercury be not employed, the callous ulcer will, every three or four days, assume a lighter colour, changing from a livid to a light brown, while at the same time it slowly extends its borders and its hardened base.

Caustics have been employed in the treatment of this species of ulcer, and if judiciously employed,

they are very useful applications. The disease being in its first stage strictly a local affection, its destruction by caustic is followed by a sore of common character which rapidly heals, and in general there is no contamination of the system if this means has been resorted to at any early period.

If then, the inflammation does not run very high, the sore may be repeatedly touched with lunar caustic.

If however, the chancre has existed for sometime before the remedy is applied, it is probable that no benefit will result, and the disease may be aggravated by the inflammation produced by the caustic.

Indeed the lunar caustic or nitrate of silver, often increases the inflammation, and by the irritation it produces, excites a bubo. On this account the solution of sulphate of copper is to be preferred, which destroys the sore generally without occasioning irritation. It is to be used in the proportion of a scruple to the ounce of distilled water, and should be applied upon lint.

When the treatment of chancre is not commenced until several days have elapsed after its first appearance, it will, in general, be improper to attempt its destruction by caustic which would then in most cases only aggravate the ulcer and cause its extension. Under these circumstances and indeed in every case, when the individual is strong and pleth-

oric, and there is considerable inflammation, the most proper treatment to commence with is venesection, followed by a purge of Epsom salts. A poultice of bread and milk, or linen wet with a lotion of acetate of lead may be applied until the inflammatory symptoms disappear. The ulcer may then be treated either with the black wash, composed of calomel and lime water, in the proportion of ten grains of the former to eight ounces of the latter, or with the solution of sulphate of copper in the proportion of ten grains to the ounce of distilled water. The black wash may be applied by means of linen wet with it and renewed several times a day, but the solution of copper, of the strength which we have advised, should not be applied more than once a day.

The black wash is an application from which we have derived the most prompt advantage in the treatment of chancres. It is very extensively employed in syphilitic sores in most of the venereal wards of the different hospitals in London. It frequently operates with wonderful efficiency, inducing the healing process in the course of a few hours, and causing complete cicatrization in a few days.

In the treatment of this species of chancre, mercury is very beneficial; under its action, the hardened base is absorbed, the indolent character of the ulcer disappears and it generally heals with rapidity.

There is a diversity of sentiment with regard to the preference of frictions with mercurial ointment or the internal use of mercury. There are circumstances, we believe, in which frictions are preferable, but in general the internal use of the remedy is more eligible, though the two methods are occasionally combined. When there exists an irritable state of the stomach and intestines, forbidding the internal administration of mercury, the ointment may be advantageously substituted.

The blue pill is the form in which mercury is generally prescribed in these affections, and it is best adapted to the generality of constitutions. The dose is five grains, with a quarter of a grain of opium, night and morning, and should this not prove effectual, the dose of the morning and afterwards that of the evening may be doubled.

When frictions are preferred, one scruple or half a dram of the mercurial ointment may be rubbed in every night on the inner aspect of the thighs\* for ten or twenty minutes, and if the mouth does not manifest, by its soreness, that the system has become affected, the quantity must be gradually increased to a dram or more.

It has frequently been observed, that there are individuals upon whom, mercury employed in one way has no effect. When this is the case, the other

\* A dram is about the bulk of a hickory nut.

mode may be resorted. There are likewise different preparations which may be administered internally, as the blue pill, calomel, and corrosive sublimate, and when one of these forms prove ineffectual, another may frequently be substituted with perfect success.

The dose of calomel should be one grain, or two grains night and morning combined with a quarter of a grain of opium, and of corrosive sublimate 1-6th of a grain dissolved in any aromatic water, or made up into a pill and administered at the same periods.

The mildest mode of introducing the remedy, is in general the best, and should the administration of mercurials be deemed prudent where professional advice cannot be procured, we would recommend the employment of the blue pill and the mercurial ointment, either separately, or should it be necessary, conjointly.

Sometimes in consequence of irregularities of life, or depraved constitution, the true syphilitic chancre will become exceedingly irritable, and evince a tendency to spread with rapidity. Under these circumstances mercury should be instantly abandoned. A continuance of its use has been frequently attended with the most disastrous consequences, and the complete destruction of the whole member has occasionally been the penalty of its imprudent employment. The patient should keep the recumbent posture, and the genitals should be carefully supported,

A solution of the extract of opium in the proportion of a dram and a half to a pint of water forms an excellent application in these cases. It may be applied by means of lint.

Leeches may be advantageously employed when the ulcers assume the sloughing character. They should, however, be applied to the surface or bottom of the ulcer, and not around it or upon its edges, since their bites, under the latter circumstances, may assume the character of the venereal ulcer or cause the extension of the chancre. Spontaneous hæmorrhages from chancre are frequently succeeded by salutary changes, and nature seems, in this manner, to indicate the propriety of resorting to the local abstraction of blood.

In certain constitutions active depletion, by blood letting and purgatives, operates like a charm upon large sloughing chancres, which are attended with a high state of inflammation and acute pain, and great constitutional irritability.

A description of the various classes of ulcers, which have been denominated pseudo-syphilitic, would confer no advantage on the non-professional reader, since, to discriminate them requires a tact, which cannot be acquired from any description, however accurate. Nor is it of great importance to distinguish these varieties, since their treatment is in general to be conducted on the same principles.

We shall not, therefore, dwell upon the *indurated*, the *superficial*, or the *common venereal* ulcers, but the phlegedænic and sloughing ulcers, are worthy of more particular attention, because a knowledge of their character is easily attained, and the discrimination is important, since they demand a peculiar treatment.

The phlegedænic ulcer is a corroding sore, which spreads with great rapidity. It sometimes destroys the whole glans and occasionally its ravages, in defiance of every remedy, persevere until the whole penis is destroyed. In consequence of the destruction of the coats of an artery, profuse hæmorrhage may occur.

The glans penis is the most usual seat of this ulcer, though it may make its appearance upon the prepuce. It is sometimes formed in a very short period after the application of the contagious matter and spreads with astonishing rapidity.

The practitioner has not many opportunities of observing this ulcer in its incipient stage. It generally presents itself under the form of an excavated ulcer, of a circular or elliptical shape, with a regular and well defined margin. There is an appearance of inflammation around the edges, which are of a dark red or purple colour—and there is an abundant discharge of a thin and exceedingly fetid matter. The pain is of an intermitting and lancen-

ating character. Each succeeding day extends the circumference of the ulcer, which presents a surface covered over with slough.

Its peculiar aspect and rapid extension readily distinguish this form of disease from every other.

It should be remarked that venereal ulcers, which have manifested no tendency to a rapid extension, may, either in consequence of mercury or owing to some peculiarity of constitution, assume the phlegdœnic or sloughing character, but such cases do not constitute the form of disease at present under consideration, the latter possessing its peculiar character from the commencement.

The *sloughing* ulcer, which first appears in the form of a small black spot, is sometimes productive of so little uneasiness, as not to attract attention for several days. It soon, however, increases in its dimensions, and when the slough is separated from its surface, a painful phlegdœnic ulcer appears which is of a blueish colour, and is soon again covered with a fresh slough. It pursues this progress of alternate sloughing and ulceration, until in some cases the whole of the genital organs are destroyed.

The sloughing and phlegdœnic ulcers may exist under two different states of the system. The one, characterised by high feverish excitement and irritability, and the other marked by predominant symptoms of debility and a typhoid tendency. The lat-

ter is usually the condition of the system which attends these affections in delicate and broken down constitutions.

The treatment is to be conducted with a reference to these different states of the system. In general and almost universally in the young and plethoric, the antiphlogistic method must be vigorously prosecuted; copious venesection should be practised, and saline purgatives administered. When spontaneous hæmorrhage takes place, great relief is usually experienced and the progress of the ulceration is immediately checked. Local bleeding by leeches, has a similar effect: they should be applied immediately on the surface of the ulcer, and not upon the edges. It may be necessary to repeat the application at intervals of two or three days. After the fall of the leeches, and when they cannot be procured, a poultice of bread and milk, or of flaxseed meal should be applied. When the violence of the inflammation has abated and the progress of the ulceration moderated, linen steeped in a weak solution of acetate of lead, should be applied, or a solution of sulphate of copper may be used, in the proportion of two grains to the ounce of water, or the black wash may be advantageously employed. To relieve pain when it is severe, the solution of opium in water, in the proportion of a dram to eight ounces of water, is an appropriate application. A weak solution of the nitrate of

silver, (one, two, three or four grains to an ounce of water,) or the yellow mercurial wash, (composed of lime water and corrosive sublimate) are sometimes advantageously used.

It is sometimes necessary, in the treatment of sloughing ulcer, to administer tonic and stimulating remedies, and to prescribe a nourishing diet, together with wine or porter. The propriety of this plan, must be determined by a consideration of the state of the system.

When the bottom of the ulcer is greyish, or of an obscure slate colour, and a fetid matter exudes, the following lotion of the chloride of lime is highly servicable.

Chloride of Lime	15 to 25 grains,
Solution of Gum Arabic	one ounce.

To be applied upon linen.

Advantage is frequently derived from the application of a cataplasm made by stirring into ale or strong-beer grounds a sufficient quantity of oatmeal or linseed powder. It should be renewed at least twice in twenty hours and then should be applied as warm as the parts can bear it.

Escharotics are sometimes employed with singular advantage, they cannot however, be safely resorted to by the inexperienced. The best application of this kind is the undilute nitric acid, applied by means of a piece of lint fixed on a probe. After the appli-

cation of the acid the sore may be dressed with dry lint, and two or three grains of opium administered to allay the intense pain. Under this treatment the ulcer will, in a few days, generally exhibit a florid and healthy appearance, and if the patient is now free from pain, a wash of nitrate of silver, in the proportion of two or three grains to the ounce of distilled water may be used occasionally, or it may be applied by means of linen steeped in it.

Mercury is invariably prejudicial during the active progress of the sloughing or phlegedœnic ulcer; under its employment, the disease becomes greatly aggravated and extends its ravages with ten fold fury. It has, notwithstanding, been customary until within a few years, to regard this state as imperiously demanding the rapid introduction of mercury into the system, and there have been many victims to the practice founded upon this erroneous belief.

When, however, the ravages of the ulcer have been completely arrested, and the inflammatory symptoms have disappeared, mercury no longer aggravates the disease, and is under these circumstances frequently resorted to. It should, however, be instantly abandoned on the slightest manifestation of a return of the phlegedœnic or sloughing character, and it is perhaps advisable under all circumstances, to employ the non-mercurial treatment.

## GENERAL PRINCIPLES OF TREATMENT APPLICABLE TO CHANCRE.

The principles, by which the author has been guided for several years past, in treatment of the venereal sore, are expressed in the following quotation from Dr. Hennen,—“In every primary ulcer I would give up the idea of using mercury at first, treating it as if it were a simple ulceration, by cleanliness, rest and abstinence, and applying to it the most simple and mildest dressings. If the sore did not put on a healing appearance in a reasonable time, the extent of which must depend on the circumstances of the patient, I should make use of more active dressings. But if, beyond all calculation, it remained open, I would certainly sacrifice every dislike to mercury, knowing how many persons have been seriously benefitted by a judicious and mild application of that remedy.” Mr. Bacot, an author whose opinions on this subject are to be highly estimated, says,—“I would advocate the moderate and gentle use of mercury, in all those cases of primary sores, where a mild mode of local and general treatment is productive of no beneficial change in the course of a reasonable period; at the same time, being perfectly prepared to do without it, in all those cases and in those situations where its employment appears to be

pernicious, being convinced that it is both much wiser and more safe to postpone the exhibition of this remedy, when the habit is irritable, and it appears to operate on the system as a poison only, calling into action that peculiar and anomalous class of symptoms, usually called cachexia syphiloïda." In another place, the same author remarks, "with the exception of the sloughing and phlegmœnic venereal sores, the exhibition of mercury, in the majority of primary ulcers, is so safe and generally beneficial, that where a sore of this kind continues for a certain time, to pursue its course, and to resist those mild methods of cure, both external and internal; which influence the progress of sores in other parts, I should not hesitate to have recourse to the exhibition of mercury."

In all cases, therefore, of sore on the genitals, the proper plan in the commencement of the treatment is to use mild applications. If there is considerable pain, and the ulcer presents an angry and inflamed aspect, a poultice of bread and milk is often of much service, or a linen wet with a weak solution of acetate of lead, may be applied. The black and yellow washes, and the solution of sulphate of copper, in the proportion of 2, 3 or 4 grains to the ounce of distilled water may be advantageously resorted to, when the character of the sores has improved, under the use of the poultices.

Under this treatment, in numerous cases, the condition of the sore is rapidly improved, and the process of cicatrization is sometimes completed in a few days.

Should the ulcer under this treatment, evince no disposition to heal in the course of 8 or 10 days or two weeks, a moderate employment of mercury will generally be found of service in expediting the cure.

When there is much constitutional disturbance, blood-letting should be practised, and it is always proper to purge freely.

Under all modes of treatment, the compound decoction of sarsaparilla, or the syrup of sarsaparilla, is an excellent medicine. Half a pint of the former, should be taken two or three times a day, or a wine glass full of the latter, five or six times in the same period. Carpenter's fluid extract of sarsaparilla, is a convenient preparation. Two table spoonsful of the latter to a pint of water, forms a drink equal in strength, to the compound decoction.

## BUBO.

The object of the treatment is to effect the resolution or dispersion of the bubo, whenever it is practicable. When there is considerable pain and the swelling is large, with much redness of the surface, blood must be drawn from the arm in proportion

to the violence of the symptoms and the strength of the constitution. Leeches are to be applied to the swelling to the amount of 15, 20, 25, or 30, a linen, wetted with a lotion, composed of an ounce of spirits of wine to five ounces of water, should be kept to the swelling, the patient should be well purged with Epsom salts or calomel and jalap. When the size of the bubo is moderate, unattended with any acute pain, free purging, with rest in bed, and the application of the spirituous lotion recommended above, frequently cause its disappearance.

If the patient is under the mercurial treatment, and bubo makes its appearance, it is not necessary to discontinue its use unless the tumour tends to suppuration, when, however, this is the case, it is necessary to abandon the remedy.

After suppuration has taken place and the matter can be felt fluctuating under the finger, it is proper to open it by puncturing it with a lancet. If the opening is delayed beyond the proper period, a larger sore will be formed. After the gland has been opened, the surrounding swelling lessened, and inflammation diminished, the mercurial treatment may be again resumed.

If the use of mercury is persevered in, during the suppurating process, the abscess which follows will slough extensively, and life may be destroyed by the ulceration extending to the femoral artery in the

neighborhood, which it may lay open, thus giving rise to fatal hæmorrhage. Or the irritation of the system, produced by the extensive ulceration, may be the immediate cause of death.

Sometimes buboes remain stationary for weeks, neither manifesting a tendency to suppurate, nor to disappear; in this case the application of blisters will cause the dispersion of the bubo, or hasten its suppuration. The tincture of iodine may frequently be advantageously employed by frictions on the part, when the bubo is of this indolent character.

When the bubo is laid open, it will generally heal under the use of poultices of bread and milk or flax seed. When the abscess remains stationary and discharges copiously a thin offensive matter, we may inject into it a weak solution of the sulphate of copper, 3 grains to the ounce of distilled water, or the yellow wash (corrosive sublimate 10 grains, lime water an ounce,) and carrot poultices may be applied. Sometimes when there is considerable pain, great relief is derived from covering the sore with a solution of opium, in the proportion of a dram to eight ounces of water.

## TREATMENT OF SECONDARY SYPHILIS.

Eruptions on the surface of the body, are the mildest of the secondary symptoms of syphilis. The

most common form of this eruption, is that in which they are elevated a little above the surface of the skin are of a copper colour, and when they ulcerate, form thick crusts. They are seldom attended with much pain, instead of which, a sensation of itchininess is complained of, which increases a little in the evening.

Venereal eruptions, are more various in character than any other symptoms of the disease; this is observed in a very striking manner, in the patients in the syphilitic wards of a large hospital, where it will be perceived, that the disease scarcely presents the same appearance in any two patients.

The treatment of secondary syphilis, is perfectly simple. When the eruption is attended with febrile disturbance of the system, blood letting should be practised and purgatives administered.

After the reduction of the fever, should it exist, by these means, recourse may be had to the exhibition of mercury, in the manner already prescribed. The patient should be put upon a mild vegetable diet, and drink half a pint of the compound decoction of sarsaparilla 3 times a day. The warm bath will prove very serviceable, and should, if possible, be daily employed. Should the eruptions evince an irritable disposition, it will sometimes be necessary to discontinue the employment of mercury. In these cases, the decoction of sarsaparilla should be adminis/

tered alone in considerable quantities. Conjointly with sarsaparilla, the nitric acid may be administered; from 10 to 30 drops in a tea cup full of water, may be taken 2 or 3 times a day.

The ulcer may be dressed with carrot poultices, and the nitric acid lotion, (half a dram to a pint of water,) may be employed. The mercurial ointment with opium, in the proportion of an ounce of the ointment to a dram of the extract of opium, is an excellent application.

Affections of the bones, yield but slowly to medical treatment. The repeated application of leeches, blisters, and frictions with mercurial ointment, are among the most promising remedial measures.

### CHANCRES IN WOMEN.

In females, ulcers of the genitals are frequently more unmanageable than in men. They may attack all the external parts of generation, the interior of the vagina, and the neck of the womb. They sometimes perforate the vagina and attack the rectum, opening a communication between these parts so that the excrement passes through the vagina. Numerous ulcers are frequently observed at the same time in one female, and the uneasiness they occasion is sometimes so trifling as scarcely to attract the attention of the patient, except when they

are temporarily rendered painful by the contact of the urine. When they occur in a bad constitution, or in one laboring under the effects of irregular and intemperate habits, the ulcers frequently give rise to sloughing, which sometimes occasions extensive destruction of the parts, and not unfrequently destroys the unhappy sufferer. "On one occasion," says Sir Astley Cooper, "I visited St. Giles's workhouse, and in a small ward, belonging to the medical establishment, I saw seven cases of sloughing chancre, and of these seven, five died." "If," he adds, one of these miserable cases could be depicted from the pulpit, as an illustration of the evil effects of a vicious and intemperate course of life, it would, I think, strike the mind with more terror than all the preaching in the world." The treatment is similar to that of males, with such slight modifications as will be readily suggested by a consideration of the peculiarities of the parts.

## CONCLUDING ADVICE TO THE READER.

Before closing our little volume, we would address a few words of parting advice to the reader. Delay not an instant, after the first symptoms of the disease, to apply to a skillful physician. Let no false delicacy, no fear of expense, deter you; for you need not hesitate to expose every secret to one whose lot it unfortunately is, every day to witness the inroads made upon health by sensual indulgence; if you have the means, you are amply remunerated by the best professional advice; and should your circumstances be limited, this will always be considered by the professional gentleman. It has been very far from the intention of the author of these pages, to encourage a belief, that you can safely combat the disease, by any method which can be detailed; for as there are no diseases more dreadful, so there are none which exact more discrimination in the adaptation of remedial means to individual cases. My object in this volume, has been to impart to you as much information with regard to the symptoms and treatment of this disease, as may warn you of the dangers of sensuality, enable you readily to recognise these affections, and to guide you, as far as

practicable, to the most safe and efficacious measures where medical aid cannot be obtained.

If you labour under a constitution completely broken down, or are of a scrofulous or consumptive habit, be cautious how you submit to the slightest mercurial treatment. Remember that thousands of cases, demonstrate the possibility, of curing venereal cases of all kinds without mercury.

Should your symptoms become aggravated under the use of mercury, and the ulcers exhibit a tendency to assume a sloughing or phlegdœnic character, insist on immediately abandoning the remedy, until your condition shall have improved under other means.

Remember that the abuse of mercury determines more dreadful effects, than those of syphilis entirely abandoned to nature. Within a few days, the author has been consulted in several very serious affections, resulting from this remedy alone.

We have not dwelt much upon the horrors of the disease, nor is it possible by any language, to convey an exaggerated impression of them. Could we but convey you to the chambers of suffering we have visited with in a few days, you would shrink from the embraces of lewdness, as from the coil of the serpent.

In warning you against vicious indulgence, I have resorted only to arguments drawn from physi-

cal sufferings, and, Heaven knows, these are such, that to brave them for a transient enjoyment, must be considered an act but little short of insanity. But permit me to remind you, that physical contamination, is but one of the evils resulting from a life of profligacy. There is a moral contamination which is inseparable from a systematic prosecution of vicious pleasures, which is more deeply destructive to the best interests of man, a contamination which may adhere to the immortal spirit, when divorced from its material companion.



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