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ON HOMŒOPATHY

IN

VENEREAL DISEASES.

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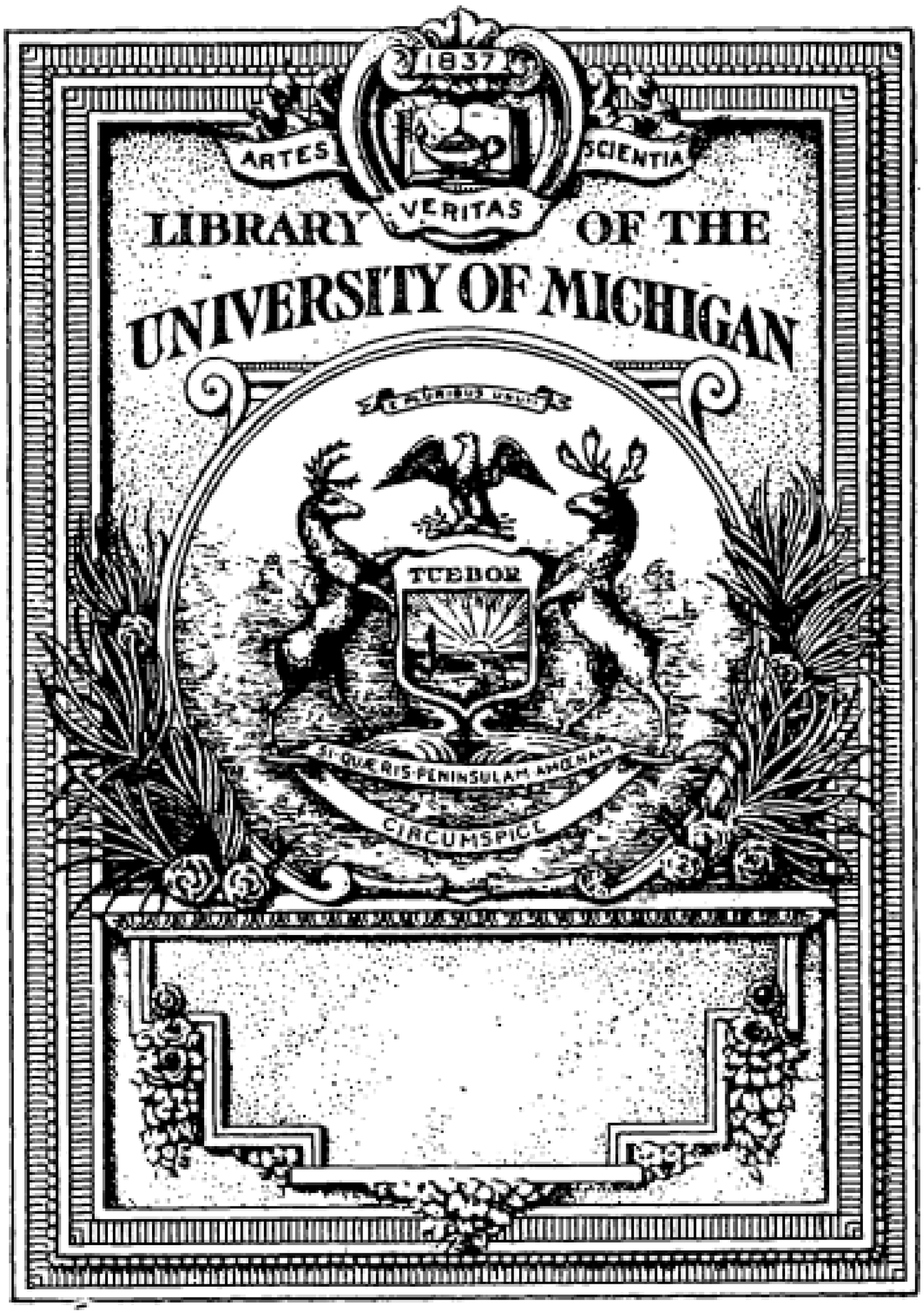

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HOMŒOPATHY

IN

VENEREAL DISEASES.

BY

STEPHEN YELDHAM, M.R.C.S.,

SURGEON TO THE LONDON HOMŒOPATHIC HOSPITAL;
FELLOW AND VICE-PRESIDENT OF THE BRITISH
HOMŒOPATHIC SOCIETY; ETC.

633

SECOND THOUSAND.

LONDON:
H. TURNER AND CO.,
77, FLEET STREET, E.C., AND 106, NEW BOND STREET, W.;
MANCHESTER:
41, PICCADILLY, AND 15, MARKET STREET.
1864.

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Just Published, price 2s. 6d., Second Edition,

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BY

S. YELDHAM, M.R.C.S.,

SURGEON TO THE LONDON HOMŒOPATHIC HOSPITAL.

OPINIONS OF THE PRESS.

"The present work is unmistakably the production of a practical man. It is short and pithy, and contains a vast deal of sound practical instruction. The diseases are briefly described; the directions for treatment are succinct and summary. It is a book which might with profit be consulted by all young and many old practitioners of Homœopathy."—*British Journal of Homœopathy.*

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PREFACE.

THE author does not profess to give, in this small volume, an account of all the ailments incidental to Venery. Such an undertaking would have carried him far beyond the object he had in view, which was, to place before his professional brethren the conclusions he has arrived at, from his own experience, in the homœopathic treatment of the common Venereal diseases.

English homœopathic literature is almost silent on these diseases. Following, in his earlier practice of homœopathy, the few scanty directions contained in 'Jahr,' the author found that the results were not so superior to those of allopathy, as he had expected. Some modifications in the treatment were, evidently, necessary. Careful observation convinced him that

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those modifications must be made in the doses of some of the medicines administered internally, and in a more free employment of external remedies. For many years past he has adapted his practice to these views, and the results have been most satisfactory.

Those results are now submitted to the reader, in no dogmatical spirit, but in an earnest desire to assist in placing the treatment of these diseases on a more simple and rational footing than they at present occupy.

53, Moorgate Street, London;
June, 1863.

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HOMŒOPATHY IN VENEREAL DISEASES.

VENEREAL DISEASES.

The general term "venereal diseases" includes two entirely different disorders—the one called chancre, syphilis, the pox; the other gonorrhœa, or, vulgarly, the clap. These were formerly regarded as modifications of the same disease. Later observation has, however, clearly established the fact that the two complaints have their origin in two different poisons. They give rise to different symptoms, lead to different results, and demand different kinds of treatment.

The two diseases often coexist. They may be contracted at the same time, or the one may be superadded to the other. This should not be lost sight of in examining a patient affected with a venereal disease. I have more than once known a discharge from a chancre, situated under a contracted foreskin, mistaken for gonorrhœa; and it is equally possible for the discharge from gonorrhœa to obscure a chancre. Hence it is indis-

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pensable, in all cases of venereal disease, to make a thorough and careful examination of the affected parts, and never to jump to the conclusion, because a patient has a clap, that therefore he has not a chancre as well; oversights in this respect have led to the most serious consequences.

BALANITIS.

Before proceeding to the consideration of the true, infecting, venereal diseases, it is necessary to notice, briefly, an affection, which, partaking, at different times, and under modified forms, of the symptoms both of gonorrhœa and syphilis, may be confounded with either of those diseases. This affection is called balanitis, or balanorrhœa, and consists in inflammation of the mucous membrane which covers the glans penis and lines the prepuce.

Various causes produce this disorder—want of cleanliness, a heated state of the system, abrasion during coition, the menstrual flux, and other irritating discharges from the vagina.

The symptoms are those of simple inflammation of a mucous membrane, and generally appear in the following order, viz.: itching, heat, redness; mucous, then muco-purulent discharge; superficial ulceration. The irritation and discharge vary exceedingly in amount in different cases; in some, patches only of the membrane covering

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the glans penis become red, with but slight discharge; in others, the whole of this part of the membrane, as well as that lining the prepuce, will be found of the deepest red, swollen, and velvety, thrown into rugæ, and discharging large quantities of pus. In these latter cases the glands in the groin may become sympathetically affected, but they seldom or never suppurate. It is important to distinguish this disease from syphilis on the one hand, and gonorrhœa on the other. It is only where phimosis, congenital or acquired, exists, by which the secretions are retained under the foreskin, that there is any chance of its being mistaken for gonorrhœa. In this case the diagnosis may be decided by noticing the source of the discharge. To effect this, the cavity of the prepuce should first of all be well washed out with warm water, thrown up by a syringe. Then, retracting the foreskin so as to bring the orifice of the urethra into view, it will at once be seen whether any matter escape from it: if so, the irritation is distinctly urethral; if preputeal, there will be no discharge for some time after the part has been cleansed.

Again, it is not always easy, at first sight, to distinguish the ulceration which sometimes attends balanitis, from that which ushers in an attack of syphilis. It is no uncommon thing for the first outbreak of chancre to be accompanied by a considerable amount of irritation of the parts, and the appearance of several small superficial ulcerations, and it is only after this irritation has subsided, that the real nature of the disease is declared, in the per-

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sistency, and subsequent course, of the syphilitic ulcer. It is, in fact, balanitis associated with syphilis, whether the former arise from the syphilitic, or a gonorrhœal, or other morbid irritant. The balanitic irritation disappears, whilst the chancre remains until submitted to proper specific treatment.

The period at which the irritation appears after intercourse will, also, materially assist in determining its character. Balanitis arising from simple non-specific sources will often show itself within a few hours after the application of the irritant, whilst the venereal virus alone will seldom excite its specific ulcer in less than three or four days after sexual intercourse. In those cases which have not been preceded by sexual intercourse, there can, of course, be no question as to the non-venereal origin of the disease. Here the cause will most probably be found in want of personal cleanliness, or an inflammatory condition of the system.

Treatment.—This affection yields readily to appropriate treatment. Cleanliness is of the first importance, from whatever source the disease arise. In those cases—and they are by no means uncommon—which owe their existence to a collection under the foreskin of the natural secretion of the part, free ablution with tepid water, two or three times a day, will often alone effect a perfect cure. It is well, at the same time, to apply a piece of lint, or cotton wool, soaked in cold water, or weak *Calendula* lotion, under the foreskin, so as to keep the two

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opposed surfaces of the inflamed membrane asunder. It is well, also, to administer a dose of *Aconite* at bed-time, and a pilule of the third decimal potency of *Mercurius corrosivus* or *solubilis* once or twice a day; and strict abstinence from stimulating drink and food should be enjoined.

When phimosis accompanies balanitis, it is difficult, or impossible, to retract the foreskin for the purpose of cleansing the parts and applying a lotion. In these cases the discharge should be washed away with a syringe and warm water, and immediately afterwards weak *Calendula* lotion should be thrown up in the same way. These means, combined with the administration of the medicines I have just named, have never failed, in my experience, to eradicate the disease. Should the phimosis be congenital, and the patient be annoyed with persistent discharge, the propriety of dividing, or circumcising, the foreskin, may be considered. Contemplated matrimony may render the operation desirable, but it is rarely, if ever, demanded by balanitis. The contraction which, temporarily, it may give rise to, subsides with the irritation.

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GONORRHŒA.

By this term is meant inflammation of, and a discharge from, the urethra. The discharge may arise from leucorrhœa in the female, or other exciting agents, but, as a rule, it is contracted in intercourse with a person similarly affected.

Gonorrhœa, like other diseases, varies infinitely in its intensity and duration, in different subjects. One case, from first to last, will be so mild as scarcely to cause the patient any annoyance beyond the simple discharge; another will be attended with symptoms, both primary and sympathetic, of the most painful description; and between these extremes cases of every degree of severity occur.

An average case of gonorrhœa presents four stages, viz.—

The first, or initiatory stage, which lasts from twenty-four hours to a couple of days, and consists in a slight tickling, or tingling, at the orifice of the urethra, and the flow of a small quantity of thin, transparent mucus, or milk-like discharge.

Secondly, to this succeeds the inflammatory stage, in which the lips of the urethra become red and swollen, the discharge becomes copious, thick and milky, yellow, or greenish; the act of micturition is attended with pain

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and scalding, whilst erections and chordee torment the patient at night. During this stage, also, the most distressing of the complications of the disease are apt to occur, such as irritation of the bladder, inflammation of the testicle, and of the prostate gland.

The third stage, viz., that of subacute inflammation, follows the subsidence of the foregoing acute symptoms. It is marked by slight irritation in making water, and the continuance of a discharge of yellow matter. This stage is apt to be protracted, and to result in the—

Fourth stage, or gleet, which consists in the recurrence, from time to time, of small quantities of discharge of a transparent, or, more commonly, of a milky secretion. This stage is usually unattended by any pain or irritation. But for the stain on the shirt, the patient would be unconscious of anything abnormal. The discharge at this period is said to lose its infectious property; but, as the precise juncture at which the change takes place is uncertain, no person, having a discharge on him, would be justified in indulging his sexual passion, and thereby subjecting another to the risk of contagion.

The susceptibility to gonorrhœa varies greatly in different individuals, and under different circumstances. Some persons hardly ever indulge in impure connexion without contracting gonorrhœa; others, though not a whit more virtuous or careful, escape infection altogether. This greater liability to the disease in some persons than in others, is doubtless mainly due to different degrees of natural sensitiveness in the mucous membrane lining the

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urethra. There is, also, an acquired insusceptibility to gonorrhœa. Repeated attacks render the mucous membrane of the urethra comparatively insensible to the gonorrhœal virus. The first attack is generally by far the most severe; whilst subsequent attacks are often attended with but little suffering or inconvenience.

Prognosis.—There are no points in the history of gonorrhœa on which it is more difficult to pronounce an opinion than the probable course, duration, and result of an attack of gonorrhœa. From some unforeseen cause or other, the most carefully-weighed prognosis will often be falsified. One case will get well in a few days; another, in spite of the most careful treatment, will assume the most aggravated character, develope all the complications of the disease, and hang about for months. A case of this description has recently been under my care. The patient was of a fair, phlegmatic temperament. The attack continued in a mild form for some time; suddenly, inflammation of the prostate supervened; then the bladder became affected; to this inflammation of the testicle succeeded; and lastly, distressing irritation of the lower bowel. I have witnessed many such cases. A scrofulous constitution, and an irritable nervous temperament, are the chief predisposing causes of these aggravated and obstinate attacks. It should, therefore, always be borne in mind, and the patient, if necessary, should be made acquainted with the fact, that however mildly an attack of gonorrhœa may set in, however promisingly it may for a time progress,

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it is a disease liable, at any moment, to serious complications, which, in the most skilful hands and under the best system of medicine, may protract the treatment to an almost indefinite period.

Treatment.—We have now to consider the most important point in the history of gonorrhœa, viz., its treatment. It is here that the old and the new systems come into comparison. It is an interesting fact, that the practitioners of the old system have arrived nearer to the truth in the treatment of venereal than of any other class of diseases. All their principal remedies in those disorders are specifics; in other words, homœopathic remedies. Thus, mercury is the universally admitted specific for syphilis: it is used by the practitioners of both schools; and so also, copaiba, cubebs, and turpentine, are true specifics for gonorrhœa. The great difference consists in this: that the old school, whilst they cure their patients, poison them with enormous and disgusting doses of the remedies; the homœopath, on the contrary, whilst he equally cures his patient, saves him from the painful penalties of the remedy, and, in addition to this, as we shall presently see, he possesses other and better remedies, of which the allopath is ignorant, or of which, at all events, he makes no use. Herein consists our great superiority. I do not wish to rob my allopathic brethren of one iota of credit which is their due, nor to claim for homœopathy any superiority to which it is not fairly entitled. I am ready to admit that, if a patient can make up his mind to

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swallow the monstrous doses of copaiba, &c., ordinarily prescribed, and his stomach will retain them, then he stands a chance of getting rid of an attack of gonorrhœa as speedily as any other system can rid him of it; but, if he prefer the smaller doses of *Cannabis*, *Thuja* and *Mercurius*, as administered by the homœopath, then I boldly assert that he can get rid of his complaint as quickly as by any other means. I have tested both systems in almost innumerable instances; and I say of the one, that it will cure gonorrhœa, but it will do it in a disgusting and sickening way: I say of the other, that it also will cure gonorrhœa as quickly, and as effectually, and without a shadow of medicinal annoyance. This is the alternative, and it is a most important one. Gonorrhœa is a disease which will not get well by magic. Under any system of treatment, cases will at times run on, become chronic, baffle our best-devised measures, and tax alike the endurance both of patient and surgeon. If then, in the most successful cases, the pleasantness of the treatment is a matter of importance, how much more important is it when the patient may have to swallow medicine for weeks, possibly for months! And it is precisely this advantage which swells the ranks of homœopathy. Patients get sick and weary of old physic; they resort to homœopathy, and, even if they did not gain greatly in the celerity of cure, they would be content to submit to the necessary treatment, because the remedies make no demand upon their fortitude to take them, and do not interfere with their comfort, or disturb their health.

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Aconite.—This medicine is indispensable in the treatment of acute gonorrhœa. In the early stages of the disease, when the inflammatory symptoms are rapidly developed and run high, when the scalding is severe, the discharge copious, the erections at night frequent and painful, and when at the same time there are general febrile symptoms, then *Aconite* in drop doses of the second or third decimal dilution, should be given, either alone, or in alternation with another remedy, at intervals of four hours; and from time to time, in the later stages of the disease, as well as in the treatment of those complications to which we shall presently refer, this remedy is imperatively called for.

Mercurius corrosivus, is one of the best remedies in the early stages of the disease, when the symptoms just detailed, prevail. I am in the habit of prescribing it during the first week, after the full development of the disease, in alternation with *Aconite*, giving them at intervals of four hours. It should be administered in two or three-drop doses of the second or third decimal dilution. These two remedies, *Aconite* and *Mercurius corrosivus*, will seldom fail to subdue the more violent symptoms, so as to prepare the way for other remedies; but, whilst they continue to do good, and no change in the character of the symptoms arises to call for a change of treatment, they should be continued. Other forms of *Mercury* are also recommended. My own experience leads me to prefer the corrosive, as the most efficacious. I have frequently given the *Mercurius solubilis* for the cure of chancre

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combined with gonorrhœa, but have rarely known it exert even a modifying influence over the latter complaint.

Cantharis, as its marked action on the urinary organs would lead one to expect, is a medicine of undeniable power in the treatment of gonorrhœa. Its action extends to the whole urinary tract, from the kidney to the urethra; consequently, in those acute cases in which a large extent of the membrane is implicated, when the irritation extends from the orifice of the urethra to the bladder, and there is scalding and burning along the passage, with frequent and painful urging to pass water, *Cantharis* is our chief remedy. It is found beneficial to alternate it with *Aconite*, in the same manner as described under the head of *Mercurius*; it is unnecessary to repeat it very frequently, or to administer it in a lower dilution than the third. Of this, a drop dose of the tincture may be given every six or eight hours.

Cannabis sativa is a remedy on which great reliance may be placed in the treatment of gonorrhœa. It comes in with excellent effect when the more acute symptoms have been mitigated by *Aconite* and *Mercurius*, or *Cantharis*, according as those medicines may have been required. There may still exist considerable irritation in micturition, considerable swelling and redness of the orifice of the urethra, copious white or yellow discharge. In this stage of the disease its action is often most satisfactory, and free from any of the inconveniences of *Copaiba*. It seems to hold about the same place in homœopathy, as that remedy does in the hands of the

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allopathic surgeon. To do any good, it must be given in palpable doses. I am in the habit of prescribing from five to ten, or even fifteen drops of the mother tincture three or four times a day. In my own practice, the dilutions have proved nearly, if not quite, inert.

Copaiba is a powerful homœopathic remedy in gonorrhœa; but, unfortunately, whilst, like *Cannabis*, it requires to be administered freely, unlike that medicine, it is so objectionable in taste and smell, and in its effects upon the stomach, as to be often more intolerable to the patient than the disease it is given to cure. To obviate this difficulty, capsules of various kinds have been invented, and, as they answer the purpose of hiding the taste and odour of the drug, they present the best form in which it can be exhibited, when that medicine is deemed necessary. *Copaiba* is directed in some homœopathic books to be given in the ordinary homœopathic dose. A careful watching of its effects in many cases, where so administered, has satisfied me that in infinitesimal doses it is perfectly useless.

This opinion is supported by some interesting experiments made by Ricord, which go to prove that *Copaiba* acts, not dynamically, as most of our medicines are supposed to do, but by mixing with the urine, and so coming directly in contact with the diseased membrane. Ricord says:—"We have had occasion to treat gonorrhœa in patients who suffer under urethral fistula at two inches, or two and a half inches from the meatus. In one of these cases blennorrhagia occurred in the vesical portion of the canal,

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but it spread itself forwards to the balanic region. The use of *Copaiba* caused the disappearance of the discharge in that portion of the urethra situated behind the fistula, viz., that which was under the influence of the urine. But the discharge from the portion anterior to the fistula, viz., that portion of the canal which did not come in contact with the urine, persisted. Injections caused its disappearance. Another patient, affected with a fistula in the same region was able to make water through the meatus, by lowering the penis so as to bring the edges of the fistula in contact, but on raising the organ, the fistula became open, and allowed the passage of all the fluid. The patient came under my care on account of a blennorrhagia, which occupied the whole length of the urethra, and, without any injury to him, we profited by his affection to clear up our doubts on the mode of action of *Copaiba*. After giving him *Copaiba*, we desired him to evacuate the whole of the urine by the fistula; at the end of some days the discharge from that portion of the canal placed behind the fistula had disappeared, but it continued in the portion in front of the fistula. The use of *Copaiba* was continued, and the patient desired to allow the water to pass all along the canal as he made water, in fact by the meatus; the discharge from the spongy portion of the urethra disappeared like the other."

These facts appear to me conclusive as regards the action of *Copaiba;* and to offer a useful suggestion concerning the dose and *modus operandi* of some other

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homœopathic medicines—*Cannabis*, for example—in the treatment of gonorrhœa.

Thuja, is a remedy closely allied in its action to *Cannabis*, and may be prescribed in the same class of cases, and at the same stages of the disease, as that remedy. It is particularly indicated if, during or after the existence of discharge, warty growths present themselves on the corona glandi. or foreskin, or about the anus.

The foregoing are the medicines on which, in the vast majority of cases, reliance may be placed in treating acute gonorrhœa. I have seldom found it necessary to travel beyond them. Yet, cases do sometimes happen in which, from the obstinacy of the disease, or from the prominence of some particular symptom, it is found requisite to employ other medicines. The chief of these are *Sulphur*, as an antipsoric in intractable cases, occurring in scrofulous constitutions; *Capsicum*, when the burning along the urethral canal is intense; *Nux vomica*, when the digestive functions are disturbed, and when the irritation extends to the rectum, causing frequent and distressing urging to stool, with the protrusion of piles. Two or three drops of the second or third decimal dilution of these medicines may be administered every six hours.

Other medicines recommended are—*Agnus castus*, *Argentum nitricum*, *Cubeba*, *Petroselinum*, *Pulsatilla*, *Rhus Tox.*, *Mezereum*, *Ferrum*. I have occasionally employed some of these, but not with any very decided results.

Injections.—Local applications in the form of injections,

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though repudiated by homœopathic authors generally, appear to me indispensable in the treatment of some cases of gonorrhœa. The prejudice against them on the part of homœopathic practitioners is based, in the first place, on the groundless fear of causing stricture; and secondly, on the equally erroneous notion that they are anti-homœopathic. The former of these objections I believe to be totally unsupported by facts. The common cause of stricture is that chronic irritation which follows an acute attack of gonorrhœa, in which the whole course of the urethra, from the orifice to the bladder, is implicated. The speedy cure of this irritation is the greatest safeguard against stricture; and it is beyond a question that injections, used with care and at the proper time, afford the readiest means of accomplishing that object.

The second objection, viz., that injections are un-homœopathic is equally untenable. On the contrary, they appear to me to be truly homœopathic in their action. Gonorrhœa is inflammation of the urethra; injections should be weak and unirritating solutions of medicines, which in their concentrated form will, when locally applied, produce inflammation of the urethra! If this is not homœopathy, what is it? and even if it were not so, a case of gonorrhœa, in the speedy cure of which interests of the deepest import to the patient are often involved, is the last over which it would become the medical man to split straws on points of doctrine. The only question he has to consider is, by what means he can most speedily and safely cure his

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patient? The rejection of the valuable assistance which injections afford, places the homœopathic practitioner at a great disadvantage in treating gonorrhœa.

Injections, like all other remedies, to be efficacious, must be well timed and well chosen. As regards the former of these points, there are two periods in the course of an attack of gonorrhœa in which injections are admissible, viz., the earliest, or initiative stage, and the later, or subacute stage. The former of these extends over the first twenty-four or forty-eight hours, and comprises that period when there is simply slight itching, and perhaps some mucous discharge, and before the more acute and inflammatory symptoms have had time to develop themselves. At this juncture an injection of a mildly astringent character, used frequently, will sometimes succeed in arresting the further progress of the disease. I do not here recommend, or approve, the violent caustic lotions which the allopathic school employ under the unfortunately appropriate name of "the abortive plan;" neither do I think that, as a rule, injections should be used in the early stage of first claps, which are generally much more acute than subsequent attacks, and which, in spite of all that can be done to check them, will almost invariably pass through the regular stages of the disease. But, in those cases in which the symptoms are mild from the commencement, which manifest no disposition to become acute, which occur in phlegmatic constitutions, and in which the patients have been previously affected, injections may be

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advantageously employed from an early period of the disease. Not only do they, under such circumstances, not aggravate the disease, but they contribute to a much more speedy cure than could be effected by medicines alone.

The second period in which injections are admissible is that which succeeds to the inflammatory stage of acute attacks. It is here that injections find their most appropriate place. Great caution, however, should be observed not to inject too early. As a rule, the inflammatory symptoms should all have subsided. There should be no scalding or irritation of the bladder, and the discharge should have sensibly diminished. The disease should, in short, be decidedly on the wane. Injections should be resorted to only after medicines, steadily persevered in, have failed to cure the discharge. They are then both safe and necessary. Employed earlier, they may increase the existing irritation, and render the membrane insensible to their action when, at a later period, their employment might be indicated.

As regards the composition of injections, this is a point which must be decided by the experience of the medical man. The medicines suitable for the purpose are various. I am myself in the habit of employing mainly the two following, viz., infusion of *Hydrastis Canadensis*, and the *Liquor Plumbi diacetas*. Both of these are excellent remedies, and they appear to be very similar in their action. I use them almost indifferently,

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substituting the one when the other fails. Properly diluted, they are unirritating, and simply soothing and curative in their effects. I generally order half a drachm of the *Liq. Plumbi* to an ounce of distilled water, and the infusion of *Hydrastis* in the proportion of an ounce of the drug to a pint of water. I have frequently succeeded in curing, by means of one of these injections, or even by cold water only, discharges which had resisted the use of the strong injections ordinarily employed by allopathic surgeons. The mode of injecting is a point worthy of attention. The syringe should have a good long nozzle, which should be well inserted into the urethra. The injection should be retained for two or three minutes, by compressing the penis between the finger and thumb of the left hand, whilst the instrument is withdrawn with the right. It is well to try the effect of the injection every night in the first instance, and if it agree, repeating it more frequently afterwards, if necessary.

During an acute attack of gonorrhœa, the patient should live on light and unstimulating food, and strictly abstain from all stimulating drinks, and, as far as practicable, avoid active exercise. Nothing favours recovery from an attack of this kind more than perfect quietude in the recumbent posture.

GLEET.—Consists in the continuance, after all inflammatory symptoms of gonorrhœa have subsided, of a

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discharge from the urethra, of a fluid varying in colour and consistency—being in one case simply mucous, in another, purulent. The quantity is generally small, often not more than a few drops in the course of twenty-four hours; whilst at times it ceases entirely for days together, returning without assignable causes, or in consequence of some excitement in the way of diet or exercise. Though most commonly the result of an acute attack of gonorrhœa, mild cases of that disease, also, not unfrequently run on, and assume the true characters of gleet.

The sources of this discharge are various. In some cases it issues from the lacuna magna, situated a short distance up the urethra. When that is the case, a drop of the discharge may almost at any moment be obtained, —provided the patient has not recently passed water—by squeezing the end of the penis. In other cases it may proceed from chronic relaxation of the membrane higher up the passage towards the bladder, or from the prostate gland, or, more commonly still, from a stricture. This last point may be determined by exploration with a bougie. If no stricture exist, and the drop, as I have just described, cannot be squeezed from the orifice, and if injections used in the ordinary way fail to arrest the discharge, we may infer that the disease has its origin in some irritation or relaxation of the deeper-seated portions of the urethra.

The treatment of gleet must be both general and local.

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The general treatment consists in the exhibition of such medicines as tend to allay irritation, and restore the tone of the urinary passages. Of these the most appropriate are the following:—*Cantharis*, *Mercurius*, *Nux vomica*, *Pulsatilla*, *and Sulphur*. A variety of other medicines have been recommended, but the foregoing are those from which experience has taught the homœopathic surgeon to look for the most decided effects. The symptoms of gleet, irrespective of the discharge, are of so negative a character, that it is difficult to lay down any precise rules for the choice of any particular remedy. The selection must be determined as much by the constitutional as by the local symptoms. Gleet is very commonly found associated with a depressed state of the general health. In this case, *Nux vomica* and *Sulphur* will be found of the utmost service. I have frequently witnessed the entire disappearance of the discharge, under the steady use of these two remedies. In cases where *Mercury* has been deemed necessary, I have found *Cinnabaris* the most useful preparation. *Pulsatilla* is a good remedy in chronic affections of the urinary organs, and is well suited to phlegmatic and scrofulous constitutions. *Ferrum* in the form of *Tinct. Ferri Sesquichlorid.*, in ten-drop doses three times a day, is at times efficacious, in gleet occurring in debilitated constitutions. Whatever the remedy, it should be persevered with steadily; and in all cases it is desirable to combine with medical treatment, the invigorating influence of change of air, to live temperately and nutritiously, and to practise local or general

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bathing with tepid or cold water, according to the powers of the patient.

Of all the stages of gonorrhœa, gleet is that which is most benefited by injections. Indeed, there are many cases in which all other means without this seem powerless. If the disease be confined to the lacuna magna, an injection used in the ordinary way will answer every purpose. If the discharge originate in irritation higher up the urethra, the injection should be applied by means of a catheter of sufficient length to reach the affected part. The distal end of the instrument should be pierced with a row of small holes, through which the injection, thrown up from an elastic syringe, may escape, and come in contact with the affected membrane. The disadvantage of this mode of injecting is this, that it cannot conveniently be accomplished by the patient himself, and necessitates daily attendance on a medical man. It is, therefore, better suited to hospitals than to private practice.

Chronic thickening of the lining membrane of the urethra, in some cases amounting to stricture, in others to mere irregularity of the canal, is a common source of gleet; and the restoration of the passage to its normal size, by the careful introduction of the bougie, is the proper mode of curing the discharge. When, therefore, after a fair trial, all efforts to arrest the discharge by medicines fail, a bougie should be introduced, and the passage explored. It may be that no well-defined stricture will be detected, but only a halting in the progress of the instrument, as if passing over some irregularities.

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These cases, equally with completely formed stricture, yield to the use of the bougie. It is sufficient to repeat the operation every third day, or, in some cases, once a week, and the instrument should be allowed to remain not less than from a quarter to half an hour; a more frequent introduction is apt to set up violent irritation in the passage.

Appropriate medicines, such as I have before indicated, should at the same time not be omitted.

COMPLICATIONS OF GONORRHŒA.

By this term is meant, those affections which, forming no essential part of gonorrhœa, yet owe their origin to that disease, and require distinct treatment. The chief of these are, irritation and inflammation of the bladder, of the testicle, and of the prostate gland, phimosis, chordee, and erysipelas of the penis.

Irritation of the Bladder.—This is a common, and, at times, a very distressing accompaniment of gonorrhœa. Few acute cases are entirely free from it. It commonly comes on early in the disease, being coincidental with the most inflammatory stage of the attack. Its leading symptom is a painful, and, in some cases, an almost incessant urging to pass water; and the suffering

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is often greatest the moment after the bladder has been emptied. The urine is generally loaded with mucus, and, in some cases, is intermixed with blood. In milder cases there is simply a slightly increased frequency in the desire to micturate, or, it may be, a suddenness only in the call, when it occurs at the regular intervals. In the severer cases the patient complains of a constant aching pain in the region of the bladder, and there is evidence of general constitutional disturbance, in accelerated pulse, loss of appetite, and sense of weakness.

Treatment.—The remedy for the original disease will often be the most appropriate for this; yet, if the patient is not at the time taking *Cantharis*, that medicine, in one-drop doses of the third tincture, in alternation, every four hours, with a like dose of *Aconite*, should be administered. These two remedies will seldom fail, in a few hours, to subdue the more violent symptoms, even if they do not entirely allay the irritation. When these fail, *Belladonna* may be had recourse to with great advantage. A drop of the second or third decimal dilution every two hours should be given. *Nux vomica*, *Pulsatilla*, and *Sulphur*, are also useful remedies in obstinate cases. The *Spirit of Camphor*, in six-drop doses, in water, repeated every two or three hours, will sometimes afford speedy relief from violent and spasmodic urging to make water.

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PHIMOSIS.—This is not a frequent occurrence of gonorrhœa, and when it does occur, it is of slight inconvenience, being much less complete and obstinate than when it results from chancre. In some rare cases, however, the foreskin becomes thickened and constricted, difficult to be retracted, and the discharge may accumulate under it and irritate the glans penis. This occurs more frequently, however, in cases of congenital phimosis. In either case, the discharge should be washed away from under the prepuce two or three times a day, by means of a syringe and warm water, and the end of the penis may be enveloped in wet rag, and covered with oil-silk. The remedies which cure the gonorrhœa will cure the phimosis also, if it be not congenital.

ERYSIPELAS OF THE PENIS.—Not uncommonly, during the earlier and severer stages of gonorrhœa, the prepuce, and integuments of the body of the penis, are attacked with erysipelatous inflammation. The whole organ becomes red, inflamed, and swollen. The patient is often much alarmed at this condition; it is, however, attended with but little pain or inconvenience, beyond the bulkiness of the organ. It yields kindly enough to the exhibition of *Belladonna* and *Apis*—administered in drop doses of the second or third decimal dilution of the tincture, every four hours, omitting, in the mean time, any other medicine which the patient may be taking for the gonorrhœa. It is well here, also, to envelope the penis in wet cloths, under oil-silk.

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CHORDEE, and other erections, which occur during the acute stage of gonorrhœa, though not otherwise important, often harass and distress the patient at night, and prevent sleep. When this is the case, his diet should be simple and spare, he should lie lightly covered; the penis should be wrapped in cloths soaked in cold water, to which a few drops of the mother tincture of *Aconite* may be added, and a drop of the third decimal tincture of the same medicine should be taken two or three times during the night, if required.

INFLAMMATION OF THE TESTICLE—ORCHITIS.—This is one of the most severe and painful of the concomitants of gonorrhœa, and may supervene either during the acute or chronic stage of that complaint. One of its earliest symptoms is, often, a hard, stunning headache. This will sometimes come on and last twenty-four hours before any signs of the local disease are manifest; and when, in the course of an attack of gonorrhœa, this symptom is complained of, the surgeon should be on the watch for that which is in all probability about to succeed—an attack of orchitis. This headache, however, is only occasional. The constant symptoms are, pain, swelling, and extreme tenderness of one of the testicles. The organ continues to swell during the first two days, and sometimes attains to the size of a small closed fist. There is generally redness of the scrotum, and often pain in the spermatic cord, extending

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from the testicle up to the groin, and round the loin of the affected side, and the cord becomes much thickened. A case was admitted into the London Homœopathic Hospital last year, in which the swelling assumed many of the characters of scrotal hernia, and might have been mistaken for that disease, but for the fact that the man still had the remains of an attack of gonorrhœa.

The pulse in these cases is small, quick, and jerking; there is shivering, thirst, and loss of appetite.

The discharge from the urethra becomes greatly diminished, or ceases altogether, during the height of the attack. It commonly returns to some extent, as the inflammation of the testicle subsides.

Treatment.—As regards the treatment of inflammation of the testis, there is nothing more surprising and satisfactory in the circle of medical practice, than the certain and powerful influence exercised over this complaint by homœopathic remedies. It is difficult for the medical man, who understands the nature, intensity, and obstinacy of the disease, to credit the effects of these remedies, without witnessing them. They are the more striking when viewed in contrast with the treatment under the old *régime*. See a man in the latter situation. Here is the programme:—Purgatives to empty the bowels; tartar emetic to make him sick; the lancet, or leeches, to relieve him of his blood; calomel and opium to make his mouth sore; fomentations, astringent lotions! As I have said,

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the contrast between this and the effects of homœopathic medicines, is something really wonderful.

Aconite is the chief remedy. It should be commenced as soon as the first symptoms of the disease declare themselves, and be continued for twenty-four or thirty-six hours, in drop doses of the second or third dilution, every three or four hours. This medicine alone will, in many cases, effect a complete cure. It is well, however, after the constitutional and more urgent local symptoms have been subdued, to have recourse to

Pulsatilla.—I prefer the second or third decimal dilution, and it should be repeated every three or four hours. It may be found necessary to administer an occasional dose of *Aconite*, whilst the patient is under the action of *Pulsatilla.* These two remedies rarely fail to afford speedy relief. They should not be relinquished too hastily, if the amendment is not so rapid as the surgeon might at first expect. In the end, the cure will be effected earlier, than if he run impatiently from one remedy to another.

During the height of the attack the patient should remain in the recumbent posture, and live on fever diet. When he gets up he should support the testicles in a suspensory-bag. The swelling of the gland, which remains as a temporary effect of the inflammation, will subside of itself in the course of a few days, or its reduction may be expedited by the exhibition of *Mercurius* and *Sulphur*.

I have rarely found it necessary to resort to any other than the first two remedies, viz., *Aconite* and *Pulsatilla;*

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yet, as might be anticipated, some peculiarity of constitution, or other circumstance, will occasionally modify a case in a manner to demand a modification of treatment. Thus, I have treated cases in which, *Aconite* and *Pulsatilla* failing to subdue the excessive pain of the testicle, almost immediate relief has been obtained from the use of *Belladonna;* and others of a very aggravated nature, in which *Aurum* was of the most essential service.

Belladonna is suited to those exceptional cases, in which there is great sensitiveness of the nervous system, and intolerance of pain, and in which the pain partakes of the character of neuralgia. The dose should be the same as that of *Aconite.*

Aurum is indicated also by neuralgic pains, affecting the cord more prominently than the testicle. These pains are sometimes very distressing. The cord becomes palpably enlarged, and may be felt two or three times its natural size, the enlargement being more marked up towards the abdominal ring. In these cases, a great deal of ease is often afforded by the application of an *Arnica* lotion to the painful region. The following remedies have also been recommended in this disease, and may be consulted, viz.:—*Cannabis, Clematis, Mercurius, Nux vomica, Spigelia, Staphysagria, Sulphur, Acid. nitricum, Cantharis, Cocculus, Colocynth, Arsenicum, Barytæ carbon, Spongia, Mezereum.*

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INFLAMMATION OF THE PROSTATE GLAND. — This, though not so frequent a complication of gonorrhœa as the foregoing, is a troublesome and painful complaint. It is seldom seen except in attendance upon those acute and obstinate cases which occur in scrofulous and irritable constitutions. The inflammation in these cases, commencing at the orifice, speedily runs up the passage to the bladder, involving the prostate in its course.

The symptoms of this affection are, a heavy pressive aching in the perinæum, extending often to the rectum, and causing an ineffectual urging to relieve the bowel. Pressure over the prostate is intolerable, and the patient is unable to sit. The gland swells, and may be examined per anum, and felt also externally. Superadded to these more constant symptoms, there is, at times, irritation of the bladder, or obstruction, more or less complete, to the flow of urine, and occasionally there is the admixture of blood with that fluid. The discharge from the urethra, as in orchitis, sometimes diminishes greatly, or ceases altogether, whilst the disease in the prostate remains active. This complaint, like all glandular affections in scrofulous subjects, is often very intractable and obstinate. The active symptoms subdued, the disease lapses into the chronic, subacute, state, from which the patient is fortunate if he escape without suppuration. This process, when it occurs, is generally slow and protracted, and the patient's health becmes greatly reduced thereby.

Treatment.—This consists in a strict observance of the

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recumbent posture, unstimulating diet, the constant application of cold water compresses to the perinæum, and the administration of medicines, of which the following are the most appropriate, viz., *Aconite*, *Mercurius*, *Belladonna*, *Pulsatilla*, and *Sulphur*, and, ultimately, *Iodium*. The first two should be given in alternation, during the active stage, in doses of two drops of the second or third dilution, at intervals of four hours; they may safely be continued for three or four days. The disease is obstinate, and no good will arise from a frequent change of remedies, even though little or no progress in the cure seems to be made. We are apt to overlook the character of the disease, and to be impatient to obtain decided and striking effects. Such effects do undoubtedly follow in many acute diseases; but, if they are expected in the affection now in question, the expectation will almost infallibly be disappointed. The patient should be warned, at the outset of the attack, that it will probably be tedious. He will then submit with greater calmness and resignation to the necessary treatment, and the surgeon will be spared the harassing anxiety, to which he would otherwise be exposed, on account of the seeming inertness of his remedies.

After the steady use of *Aconite* and *Mercurius*, in alternation, as before directed, and then *Mercurius solubilis* alone, once in six hours, *Pulsatilla* may be resorted to. This medicine should be given every four or six hours, in two-drop doses of the second or third decimal, during the day, the *Aconite* being repeated at bed-time, and

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again in the course of the night, if the patient is feverish and restless. I may here state that, instead of alternating medicines every dose, it is often preferable to give one kind during the day, and the other during the night. Medicines are less interrupted in their action, and each one has a better opportunity of producing its specific effect, when given in this way, than when changed more frequently.

The more active symptoms being subdued by the foregoing medicines, *Kali hydriodicum* comes in with excellent effect, in controlling the subacute and chronic stage of the disease, which is apt to succeed. It should not be given in too minute a dose. I have, myself, obtained the most marked results from one-grain doses of the salt every four or six hours. *Thuja*, *Argentum*, *Aurum*, *Calcarea*, and a host of other remedies, are quoted as applicable to this complaint. They may occasionally be useful, but I am satisfied that we do better by adhering steadily to a few well-tried medicines.

If suppuration take place, the matter may discharge itself either into the urethra or rectum; or the cellular tissue surrounding the gland may become implicated, and matter may form and point in the perinæum. In this case it must be evacuated with a lancet, as soon as fluctuation can be detected.

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STRICTURE.

By this term is meant a narrowing of some portion of the urethra, by which its capacity is lessened, and the flow of urine from the bladder impeded. The common cause of stricture is the inflammation attendant upon acute gonorrhœa, in which disease the whole length of the urethra is generally involved; and if the constitution of the patient be bad, and the recovery slow, chronic inflammation supervenes, and permanent thickening of the lining membrane is the result. The stricture may be situated in any part of the urethra, but its most common seat is the membranous portion, just under the symphisis pubis. There may be one or several strictures, and the whole, or a portion, only, of the circumference of the canal may be implicated. In some cases a thin band only of the lining membrane will be stretched across the canal; in others, the strictured portion will occupy as much as half an inch of the length of the urethra. The symptoms vary in severity with the degree of stricture. The earliest symptom is ordinarily an increased frequency in the desire to empty the bladder, or the retention of a few drops of urine, which dribble away afterwards; and, on cooling, the urine deposits a cloud of mucus. The obstruction in voiding urine increases with the growth of the stricture, and the stream becomes smaller,

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twisted, and split. In almost every recent case there is, also, a gleety discharge. Indeed, the obstinate persistence of this discharge, is one of the most unfailing signs of the existence of stricture. In aggravated, and long-standing, and neglected cases of this complaint, the patient's sufferings are sometimes truly distressing. The irritation extends to the other urinary organs—the bladder becomes disorganized by the action of offensive ammoniacal urine, from the irritating presence of which it is never free, and ultimately the kidneys become involved in the destructive process. The patient is constantly impelled to fruitless efforts to empty the bladder, his rest is thereby broken, his appetite fails, his general health becomes broken, and unless timely relief is afforded, hectic succeeds, and he sinks under an accumulation of evils. A case of this nature, though, happily, fortunate in its termination, will be found amongst the cases at the end of this section.

What is called spasmodic stricture seems to be simply an aggravation of an already existing stricture, by some exciting cause, such as sudden cold, over-indulgence in alcoholic drinks, and the like.

Treatment.—The indications are to reduce any existing inflammation, and to restore the passage to its normal size.

In some recent cases, in which the obstruction to the flow of urine depends on simple tumefaction of the membrane, medicines alone will suffice to remedy the evil, or

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at least so far to reduce it, as to render the most limited employment of instruments sufficient. Of these remedies, *Aconite* and *Cantharis* are, in my experience, the most efficacious. They are suited to those cases in which there is pain and tenderness along the course of the canal, frequent desire to micturate, and, commonly, some purulent discharge. In such cases, I am in the habit of giving a drop of the third *Tincture of Aconite* at bedtime, and a like dose of *Cantharis* twice a day, restricting the patient, at the same time, to unstimulating food and drink. The application of a cold water compress to the perinæum is also serviceable. After the foregoing medicines have answered their purpose, a course of *Mercurius* and *Sulphur* should be adopted, giving a drop of the sixth tincture of the former twice a day for a week, and following it with *Sulphur*, in the same manner.

In more permanent stricture, depending on deeper seated organic changes, mechanical measures must be superadded to the above treatment. These measures consist in dilatation of the passage, cauterization, and division of the stricture. Happily, recourse to the two latter expedients is rarely necessary. Dilatation, by the careful use of the catheter and bougie, will generally prove successful in restoring the passage to its normal size. The one or the other of these instruments should be introduced about every third day, or at farthest once a week, and it should be retained in the urethra for a space of twenty or thirty minutes; a longer retention is apt to distress the patient and set up inflammation in

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the passage. The size of the instrument must necessarily vary with the amount of contraction in each case. It is well to make the first exploration with a medium-sized bougie, and then, if it will not pass, commence the treatment with a smaller instrument, and gradually increase the size as the cure progresses, introducing first of all, on each successive attempt, the same sized bougie that was last used on the previous occasion.

Too much force should not be applied in using the instrument. Better fail a few times, than run the risk of making a false passage. The effort to pass the stricture is not useless because the bladder is not reached. The mere contact of the instrument renders the urethra more tolerant of its presence, and the same size catheter that fails on one occasion, will sometimes succeed the next, and that, simply because the nerves of the patient, as well as those of the part, are better prepared for the operation. This result will be greatly favoured by proper medicines; they allay the irritation of the urethra and bladder, before, during, and after the use of instruments.

I have had under care, cases of this disease which had existed for years, notwithstanding the regular use of the bougie, which, with the use of that instrument for a few times, when at the same time appropriate homœopathic medicines were given, have got completely and permanently well. The principal remedies are, *Aconite*, *Cantharis*, *Mercurius*, *Nux vomica*, and *Sulphur*. These may be given as above directed, the one or the other being selected according to predominating symptoms: the

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Aconite and *Cantharis* when there is much irritation of the bladder, or tenderness in the seat of stricture; *Mercurius* when there is purulent discharge; *Nux vomica* and *Sulphur* in the more chronic form of the disease, when there is derangement of the digestive functions, and in weakened and scrofulous constitutions.

The following medicines, may, also, under particular circumstances be employed with advantage, viz., *Clematis*, *Cannabis*, *Silicea*, *Pulsatilla*, *Thuja*.

GONORRHŒA IN WOMEN.

The remarks that have been made on the subject of gonorrhœa in males, apply equally to women; but few additional words, therefore, are required here. The differences in the disease as it affects the two parties, respectively, are due to the different conformation of their genital organs. In women it is a much milder and more manageable disorder than in men. The female escapes much of the suffering, and most of the complications, that render the disease at times so painful and protracted in men. Indeed, so slight in many cases is the inconvenience which women undergo, that they are, from first to last, happily, ignorant of its nature, and attribute the discharge to which it gives rise, to leucorrhœa, or some other uterine, affection. In other cases the symptoms are more marked

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and indicate inflammation of the vaginal passages and of the bladder. There is redness, swelling, and heat of the external parts, attended, after a longer or shorter period, by a mucous, or milky, or yellow discharge. The inflammation, when intense, leads to erosions of the membrane, which cause much pain as the urine flows over them. In most cases the urethra is involved, and there is scalding in making water, and if the bladder becomes affected, there is frequent desire to micturate, with the emission, in severe cases, of small quantities of blood.

Much stress is laid by some authors on the difficulty of distinguishing this disease from other vaginal discharges, and the use of the speculum is invoked to clear up the diagnosis. I believe this difficulty to be overstated. The persistent heat and tumefaction of the external parts, the irritation of the bladder, together with the ordinarily undisturbed state of the patient's general health, sufficiently distinguish gonorrhœa from that irritation which attends, intermittingly, upon uterine disease, and in which the general health is, also, commonly, impaired.

Treatment.—The same circumstances which render the disease in women less painful and complicated than in men, render it also much more amenable to treatment. Local remedies are more to be relied on, and in many cases are alone sufficient to effect a cure.

While the inflammatory symptoms run high, free bathings with cold or tepid water should be enjoined,

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and at the same time *Aconite* and *Mercurius*, or *Cantharis*, should be administered internally. As the symptoms become mitigated, *Cannabis* may be resorted to, and a lotion of *Lead*, or *Hydrastis*, or *Alumina*, may be employed as an injection. This should be used several times a day. Care should be taken to throw it well up the vagina, for the disease commonly penetrates beyond the reach of sponges or cloths, with which some patients will persist in applying the lotion.

The indications for the different medicines are much the same as those which have already been pointed out in describing the treatment of gonorrhœa in the male, viz.—

Aconite, when there is heat and swelling of the external organs, with irritation of the bladder and frequent desire to pass water.

Cantharis, if there is frequent urging to micturate, with heat and pain in the act, or when, these symptoms being absent, there is burning heat of the external parts, with or without discharge.

Mercurius corrosivus, when, these more urgent symptoms having been subdued by the foregoing medicines, there still remains heat, with a milky or yellow discharge.

This combination of general and local treatment seldom fails to eradicate the disease in the course of a few days.

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The following cases, selected from a large number, are introduced for the purpose of illustrating, practically, the leading points in the foregoing remarks.

It was my first intention to introduce the different cases immediately after the diseases to which, respectively, they belong. But, as the complications of gonorrhœa are so constantly mixed up with the original disease, it has appeared to me more appropriate to group the cases all together, and so preserve that unity, and natural connexion amongst them, on a view of which much of their practical value depends; and, at the same time, avoid the tiresome repetition which a different course would, inevitably, have entailed.

Case I.—*Balanitis, mistaken for Gonorrhœa—Chancre.*

June 25th.— ——, æt. 24. Has had a chancre a week, on the frænum preputii, and two smaller ones. The whole membrane covering the corona glandis, and the adjacent part on the prepuce, is terribly inflamed, and discharging a quantity of pus. He has been treated for clap, and has had balsam of copaiba, which he could not keep on his stomach.

Take *Mer. solub.* ℈ss, ḡr. iij, ter die. To wash away the matter from under the foreskin with syringe and warm water, and then throw up *Calendula* lotion, the foreskin being thick, inflamed, and very tight, and painful to retract.

29th.—Considerable improvement. Continue.

July 9th.—Still progressing favorably. Continue.

15th.—The chancre still felt, hard, through the foreskin. The discharge from under the prepuce almost entirely subsided—scarcely

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more than would come from the chancre. He continued the lotion and the *Mer. sol.*, and got steadily well, without any untoward symptom, either then or afterwards.

This case is a practical illustration of an error in diagnosis, which has before been alluded to as possible, if care be not observed, viz., mistaking the discharge from an inflamed foreskin for gonorrhœa.

CASE II.—*Balanitis—Gonorrhœa—Erysipelas of Penis, and Crabs.*

June 17th.— ——, æt. 24. Had connexion a month since. The discharge first appeared a week ago. It is now copious and milky, and there is scalding after passing water.

Take *Copaiba* $\frac{1}{\text{x}}$, gtt. xv, ter die.

25th.—The discharge considerably less. The scalding nearly as much. Continue.

July 3rd.—The last time he visited me he had a wash, composed of two grains of *Hydr. bichlor.* to an ounce of water, for a colony of crabs, which were destroyed by two applications of the poison. He has now a copious purulent discharge from the under side of the prepuce, the result of inflammation set up by the accumulation, in that situation, of smegma and gonorrhœal discharge. The foreskin is swollen by an attack of erysipelas, evidently originating in the balanitis.

To have *Bell.* and *Merc. corrosiv.* tinctures, $\frac{3}{\text{x}}$, alternately, once in six hours. Apply cold cloths to penis.

13th.—The above symptoms have subsided. Still some gonorrhœal discharge.

To take *Tinct. Cannabis* ϕ, gtt. x, ter die, and use *Lotio Plumbi* as injection. With this treatment he got quite well in a few days.

CASE III.—*Gonorrhœa, with Balanitis and Ulceration.*

December 7th.— ——, æt. 24. Eight days a yellow discharge from the urethra, having had sexual intercourse six days previously.

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Six days ago a superficial ulcer appeared on the corona glandis, He applied *Caustic* to it, and it is now sloughy at the bottom. The whole lining membrane of the prepuce is inflamed, and there are other superficial ulcerations on the glans. He has had *Cannabis* three times a day, and the discharge had nearly ceased until to-day.

Take *Merc. corrosivus* $\frac{3}{x}$, ter die, and apply *Calendula* lotion, on cotton wool, to the prepuce.

12th.—The large ulcer, which was touched with *Caustic*, healed; and the inflammation of the glans and prepuce has nearly disappeared, with the exception of one small soft ulcer on the edge of the prepuce, which does not heal. There is still some discharge and slight irritation. Continue medicine, and have *Hydrastis* infusion to inject.

17th.—The discharge, the next morning after the *Hydrastis* injection, seemed to have gone as by magic. He has used it three times a day. There is now the slightest discharge. The ulcer is not quite healed. The granulations are weak, and bleed every morning, when the dressing is renewed. Touch them with *Caustic*, and continue the medicine.

26th.—The ulcer has healed. He took wine yesterday, and to-day the prepuce has become inflamed, is discharging yellow matter, and there are some superficial ulcerations. Take *Nitric acid* $\frac{2}{x}$, gtt. v, ter die, and apply *Calendula* lotion.

January 9th.—The irritation, though much less, continues, and the ulcerated spots are a little elevated. Take *Mer. sol.* $\frac{2}{x}$, gr. ij, ter die.

21st.—The ulcers healing rapidly. The irritation almost entirely subsided. Continue.

31st. The gonorrhœa well. The ulcers healed. The irritation also is only of the most trifling character. Repeat medicine. Cured.

Case IV.—*Simple Gonorrhœa, cured in its initial stage.*

July 29th.— —— Coition four days since. There is tickling at the orifice of the urethra, and a slight discharge just commencing.

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Take *Tincture of Aconite* ℥x, and *Mercurius* ℥x, alternately, every four hours, and use *Liquor Plumbi* injection several times a day.

August 4th.—Discharge entirely ceased. No irritation. Continue the treatment a day or two longer.

Case V.—*Simple Gonorrhœa, cured by Cannabis.*

February 25th.— —— Had connexion ten days ago. There has been scalding in making water, and yellow discharge, four days. The scalding is frightful.

Take *Tinct. Cannabis* ϕ, gtt. xv, ter die.

March 4th.—Scalding less severe. Discharge copious. Continue *Cannabis.*

11th.—The running has stopped. No pain. Appears quite well. Continue the medicine two or three days longer. Cured.

Case VI.—*Simple Gonorrhœa, cured by Cannabis and Injection.*

February 28th.— —— Intercourse five days since. A little tickling and inflammation of the orifice of the urethra, and yellow discharge came on yesterday.

Take *Tinct. Cannabis* ϕ, gtt. xv, ter die.

March 7th.—Much better to-day. Less irritation. Discharge free and yellow. Continue the medicine.

24th.—Very little discharge, indeed scarcely any. Continue medicine, and use *Lotio Plumbi* as injection, every night. With this he got quite well, in the course of a week.

Case VII.—*Simple Gonorrhœa, cured in initial stage by Injection and Cannabis.*

July 12th.— —— Gonorrhœa one day; slight discharge, no irritation. He used *Injectio Plumbi* yesterday, three times. Continue the lotion three or four times a day, and take *Cannabis sat.* ϕ, gtt. x, ter die.

16th.—Nearly well. Continue the lotion and medicine. He got quite well with this.

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A few months later, he contracted a similar attack, treated it in the same way, and got well in a week; and on a third occasion of a like kind he was equally fortunate. His attacks are mild. In such cases, the use of injections sometimes answers. As a rule, I have found them fail, and in some cases they increase the irritation.

CASE VIII.—*Simple Gonorrhœa, cured by Cannabis and Injection.*

January 8th.— ——, æt. 29. Has had gonorrhœa ten days. There is simply yellow discharge, without irritation of any kind. To take *Tinct. Cannabis*, ϕ, gtt. x, ter die.

24th.—The discharge ceased after four days, and continued so for a week; three days since it returned slightly. To use *Lotio Plumbi* twice a day.

February 28th.—Has been quite well up to this time.

CASE IX.—*Simple Gonorrhœa.*

March 19th.— ——, æt. 30. Coitus nine days ago; discharge appeared six days ago. He had rheumatism following a former attack three years ago. He had, also, inflammation of the testicle, after using a strong injection. There is, now, a copious yellow discharge, with cutting in passing water. He has had three bottles of *Balsam of Copaiba* mixture, which has in no way controlled the disease.

To have *Aconite* and *Mercurius* of the third decimal, alternately, every four hours.

22nd.—The same, or nearly so. *Tinct. Cannabis sat.* ϕ, gtt. x, ter die.

28th.—Considerable improvement; less discharge, and less scalding. Continue.

April 5th.—Still some discharge, no scalding. Continue, and inject *Lotio Plumbi* every night.

12th.—Wonderfully better. There is no discharge.

This case illustrates the evil of strong irritating injections used too early, and their benefit when employed after inflammatory symptoms have been subdued.

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Case X.—*Gonorrhœa—Failure of Injections in first stage—Cured by Cannabis and Injections later.*

February 10th.—Had intercourse nine days since. Two nights ago, on going to bed, had a shivering fit, and in the morning a slight milky discharge appeared. It continues much the same, with a tingling after passing water, at the end of the urethra.

To take *Aconite* $\frac{3}{x}$, and *Merc. corrosivus* $\frac{3}{x}$, pilules, alternately every four hours, and use injection of *Liq. Plumbi* two or three times a day.

17th.—The injection did no good, but caused much irritation, and he left it off after the second day. There is now copious yellow discharge; not much irritation. Take *Tinct. Cannabis* ϕ, gtt. xv, ter die.

24th.—Very great amendment. There is but little discharge; no irritation. Continue medicine.

March 3rd.—Still less discharge; no irritation. Continue, and use same injection as formerly, every night.

10th.—Scarcely any discharge at all. Continue. He had one more repetition of the medicine, and was well.

Case XI.—*Acute Gonorrhœa, with Irritation of the Bladder.*

May 6th.— ——, æt. 23. Has had gonorrhœa a fortnight, and has been under allopathic treatment all the time. The remedies have purged him severely, and reduced his strength so much that he can stand it no longer. Yesterday his medical attendant ordered eight leeches to be applied over the pubes, for irritation of the bladder, which has existed three days. There is heat in the bladder, almost incessant urging to pass water, and scalding all along the urethra. The discharge is copious and yellow.

Take *Aconite* $\frac{3}{x}$, and *Canth.* $\frac{3}{x}$, alternately, every four hours.

15th.—Was better two or three days. Again pain at the end of the urethra, and frequent desire to micturate. Continue medicines.

23rd.—Very much better indeed. No pain. The bladder entirely relieved. Discharge less in quantity. Take *Cannabis sat.* ϕ, gtt. x, ter die.

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31st.—Still some discharge. No irritation. Continue to use *Injectio Plumbi*, om. nocte. He continued the injection a few days longer, and took, at last, *Tinct. Sulphur*, and was quite well.

CASE XII.—*Acute Gonorrhœa, complicated with Irritation of Bladder and Erysipelas of Penis, and slight Stricture.*

July 1st.— ——, æt. 41. Has had gonorrhœa three days; slight milky discharge, with irritation of the end of urethra.

Take *Aconite* $\frac{3}{x}$, and *Mercurius corrosivus* $\frac{3}{x}$, alternately, every six hours.

4th.—A good deal of scalding, more copious discharge, mixed with a little blood; there is also frequent desire to pass water.

Take *Aconite* and *Cantharis*, each the third decimal, a drop, alternately, every six hours.

13th.—Amelioration of most of the symptoms.

Take *Tinct. Cannabis* ϕ, gtt. x three tiines a day.

18th.—Violent headache, quick pulse, chills, feverish. The discharge much the same, and the prepuce and body of the penis attacked with erysipelas. The whole organ is enormously swollen, and intensely red.

Take *Belladonna tinct.* $\frac{3}{x}$, and *Aconite* $\frac{3}{x}$, alternately, every four hours, and apply cold-water cloths to the penis.

22nd.—The erysipelas subsiding. Better in health. Discharge and scalding less, but he has frequent watery diarrhœa.

Take *Veratrum* $\frac{3}{x}$, every four hours.

25th.—Well of the diarrhœa, and altogether better. Still a free discharge, but very little irritation. Resume *Tinct. Cannabis*, and use *Lotio Plumbi* injection every night.

From this date, chiefly with these remedies, he gradually improved. The discharge was reduced to the smallest quantity, yet in that small quantity it persisted, at one time being yellowish, at another colourless. The stream of urine was a little contracted and twisted. Suspecting slight stricture, I introduced a No. 6 bougie. There was considerable obstruction. Neither this bougie nor a smaller one would pass, the first time. At the second attempt it entered the bladder, and in two or three times more he was perfectly well.

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CASE XIII.—*Acute Gonorrhœa—Orchitis—Allopathic treatment—Cured by Aco., Canth., and Pulsatilla.*

June 14th.— ——æt. 22. Has had gonorrhœa ten days, and under allopathic treatment all the time, taking *Mag. carb.* and *Sulph.*, and *Vin. Ant.*, *Pot. tart.*, with no good effect. There is now a copious, thick, greenish-yellow, discharge, with pain about midway up the urethra after passing water, and irritation of the bladder, and occasional chordee.

To have *Tinct. of Aconite*, and ditto of *Cantharis;* a drop of each of the third attenuation, alternately, six hours apart.

21st.—Nearly all the above symptoms have disappeared. No irritation of urethra and bladder, no chordee, the discharge much less and not so green.

To have *Tinct. Copaiba* $\frac{1}{x}$, gtt. xv, ter die.

July 5th.—By report from the country, he has been undergoing much exertion, and drinking freely of beer, and the discharge and scalding have returned.

To have, first, for three days, *Aconite* and *Cantharis* as before, and then *Cannabis sativa* ϕ, gtt. x, ter die.

9th.—By report, laid up with inflamed testicle, much swollen, red, very painful.

To have *Tinct. Aconite* $\frac{3}{x}$, and *Tinct. Puls.* $\frac{3}{x}$, two drops of each, alternately, at four hours intervals.

16th.—No pain in testis; able to get up; a very little discharge. Continue the medicines, with which he entirely recovered in the course of a week.

CASE XIV.—*Gonorrhœa, with Inflammation of the Testicle.*

November 12th.— —— Has had gonorrhœa six weeks, rather severely. He has taken *Balsam of Copaiba*, and, latterly, saline aperients. There is copious yellow discharge, not much scalding.

Take *Cannabis sat.* ϕ, gtt. xv, ter die.

16th.—Much the same. Continue.

21st.—Nearly well. No discharge yesterday; a little moisture to-day. No inflammation. Continue medicine.

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28th.—Pain and swelling of the left testicle came on two days since.

To have *Aconite* $\frac{3}{x}$, gtt. ij, and *Puls.* $\frac{1}{x}$, gtt. ij, alternately, 4tis horis.

30th.—Testicle much swollen, but easier. The discharge has returned slightly.

To enter the London Homœopathic Hospital, where the same treatment was continued under my own care. He recovered completely, in a few days, from the orchitis. The discharge, which continued in a slight degree after he quitted the hospital, was cured by *Liq. Plumbi* injection.

Case XV.—*Gonorrhœa, with Inflamed Testicle.*

This patient had gonorrhœa five weeks; was under allopathic treatment. On the 21st of August I saw him, with inflamed testis. He had then been confined to bed four days, and had been treated rather severely with *Calomel* purgatives, lotions, &c. The organ was very much swollen, hard, and tender; the pain extended up the cord to the abdomen and loin; he was sick and feverish and thirsty. I gave him *Aconite* $\frac{3}{x}$, and *Pulsatilla* $\frac{3}{x}$, alternately, every four hours.

The discharge ceased with the accession of orchitis.

Amendment set in immediately with the commencement of the treatment, and on the third day he was able to get up. No alteration of treatment was required, and he rapidly recovered. The discharge returned in a slight degree, and was checked by *Cannabis* and *Mercurius corrosivus;* and lastly, an injection of *Liq. Plumbi* in aquâ.

Case XVI.—*Gonorrhœa—Warts at the Anus.*

May 16th.— ——, æt. 19. Applied to me a fortnight since for what appeared to be an attack of low gastric fever. He had languor, headache, loss of appetite, foul tongue, looseness of the bowels, &c. He was compelled to relinquish his occupation and remain at home. The treatment I adopted failing to relieve the above symptoms, the suspicion arose that something undivulged by him, was keeping up the stomachic irritation. It then appeared that he had had gonorrhœa two months, for which he had been taking large quantities of *Copaiba* and other medicines, which he still continued to take;

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with no other effect than to disturb his general health. There is still considerable discharge, though but little pain.

To take *Cannabis.* ϕ, gtt. x, ter die.

20th.—Very much better in health. The discharge less copious.

Continue medicine, and use injection twice a day of *Lotio Plumbi.*

29th.—Scarcely any discharge. He has passed blood, and suffered great pain, at stool, the last week or ten days. On examination, a luxuriant crop of warts is found encircling the anus. I snip these off, and apply dry lint, and give *Thuja* ϕ, gtt. v, ter die, with which, and a continuance of the injection for a few days longer, he perfectly recovered.

Case XVII.—*Spurious Gonorrhœa in an irritable subject, with Prostatitis, and Orchitis, and Irritation of Rectum.*

This gentleman had been under care some time for chronic prostatitis. There had been irritation of the bladder, too frequent desire to pass water, and the discharge, from time to time, of transparent mucus. These symptoms had been much benefited by *Aconite, Cantharis, Merc., Sulphur,* and other remedies. At length it was thought desirable to pass a bougie. This was done, with but very slight obstruction, and very considerable relief to the above symptoms: more decided relief, indeed, than had been obtained by any other treatment. Suddenly, after the bougie had been introduced about six or eight times, violent irritation ensued. All the symptoms of fresh genuine gonorrhœa were set up—copious milky discharge, intense inflammation of the orifice of the urethra, scalding. The irritation extended along the urethra to the bladder; there was constant and painful urging to pass water, with the discharge of blood. To this succeeded inflammation of the prostate, marked by pain, at first sharp, and subsequently heavy, and aching, in the perinæum, with great tenderness on pressure over the gland, and inability to sit or stand; there was, also, partial retention of urine. This state of things lasted for some time, and during its progress one of the testes became inflamed, painful, and very large. The rectum was the next and last part affected. There was constant urging to stool, great pain

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in evacuation, and discharge, for a long time, of a large quantity of muco-purulent stuff from the bowel. The constitution naturally partook of all this suffering, and his strength became greatly reduced. He had shiverings of an afternoon, sweats at night, feeble, quick pulse, loss of appetite, and wasting. Though generally enjoying good health, he was of a fair, leucophlegmatic temperament.

This is a specimen of a class of cases, by no means uncommon, which harass and embarrass alike both patient and surgeon. They generally occur in scrofulous, delicate persons. All the symptoms run high, and yield but slowly to medical treatment; and no sooner is one organ relieved, than another becomes invaded. It would be almost impossible—and wearisome, if possible—to give details of the treatment of a case so protracted and varied as this; suffice it to say, that, ultimately he got perfectly well. The different symptoms were met by the following remedies, viz., the gonorrhœal symptoms chiefly by *Aconite*, *Mercurius corrosivus*, and *Cannabis;* the irritation of the bladder by *Aconite* and *Cantharis;* the inflammation of the testicle by *Aconite* and *Pulsatilla;* the prostatic symptoms by *Aconite*, *Belladonna*, *Mercurius*, *Pulsatilla*, and, ultimately, *Kali hydriodicum* and, by the constant application of cold-water compresses to the perinæum. I attach considerable importance to this last expedient. It subdues vascular action in the part, and affords the patient marked relief and comfort. The irritation of the rectum yielded to *Nux*, *Mercurius*, *Arsenicum*, and *Sulphur*. The strictest quietude and rest, in the recumbent posture, is necessary in these cases; and often, as in the

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present instance, change of air—seaside—is required, to restore the patient's general health, and throw off the lingering symptoms of the local affection. I should mention that here, as in so many other instances that have come under my notice, an injection of the *Lotio Plumbi* was of the greatest service in arresting, almost immediately, the gonorrhœal discharge from the penis, which had persisted throughout the whole attack, and was but little influenced, apparently, by the other treatment.

Case XVIII.—*Gleet, cured by injecting Infusion of Hydrastis.*

December 2nd.—Contracted gonorrhœa in August. Was under treatment, allopathic and homœopathic, until the middle of October. A slight discharge, enough to stain the shirt yellow, persists, and annoys him, although there is no irritation. He has used *Lotio Plumbi* and had various medicines. To make a lotion by infusing an ounce of the root of *Hydrastis*, in half a pint of water, and when cold, inject it three times a day. He was perfectly cured the first day, and had no return of the discharge.

Case XIX.—*Gleet—Stricture—Cured by Bougie, &c.*

July 4th.— —— Has had gonorrhœa between two and three months, and been under medical treatment nearly all the time, taking medicine and using injections. There is now some discharge of a morning, staining the shirt. No irritation at the end of the urethra, but a scalding as the urine passes, about half way down the passage. Suspecting stricture, I passed a medium-sized bougie, and met with obstruction under the arch of the pubes.

Take *Sulphur* $\frac{3}{x}$, pilule, bis die.

13th.—Was worse two days after the bougie. Better since; very

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little discharge indeed. Again bougie; less obstruction. Continue medicine.

18th.—Very little discharge. Treatment the same. This was repeated two or three times more, and he had no further annoyance.

Case XX.—*Stricture, with Fistulous Openings in the Perinæum.*

A gentleman, æt. 40. Had gonorrhœa several years since, of an acute nature. Had for a long time been troubled with his water, being unable to pass it except in the smallest stream. He had undergone a good deal of treatment by different medical men, with only temporary relief. The symptoms increased; he passed water only in driblets, after much straining. Abscesses formed on the perinæum, and fistulous openings remained, through which the urine escaped. There was the most frightful irritation of the bladder, incessant desire to micturate, and the discharge of highly ammoniacal, muco-purulent urine. His health was completely broken by pain and want of rest; any attempt to pass a catheter in his then condition was attended with the greatest agony. To have *Aconite* and *Cantharis*, alternately, every four or six hours. These medicines formed the base of the treatment. He had from time to time *Sulphur* and *Nux;* and *Belladonna* for one or two attacks of erysipelas in the perinæum, which was caused by the irritation of the urine, escaping through the false opening. The irritation of the bladder was speedily allayed by the remedies; the urethra became tolerant of the catheter. After several cautious, but fruitless, attempts, a passage into the bladder was effected. This advantage was maintained; the stricture yielded entirely,-the openings in the perinæum closed, the urine passed the natural way, the patient's health became perfectly restored, and has remained good ever since, now a space of six years.

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PRIMARY SYPHILIS.

SYPHILITIC diseases are commonly divided into primary, secondary, and tertiary.

Primary syphilis includes the original sore, and bubo, arising from it.

Secondary syphilis comprises those symptoms of a constitutional character, which either accompany the original sore, or, at no great interval, succeed to it.

By tertiary syphilis is meant those diseases which, being also of a constitutional nature, appear at a later period, affect different tissues, and are more deeply engrafted in the system, than secondary symptoms. They are, also, said not to have any infecting power.

PRIMARY SYPHILIS—CHANCRE.—This is an ulcer produced by the application of the syphilitic virus to some portion of the surface of the body, commonly that of the penis, or its appendages, in the male; and of the orifice, or cavity, of the vagina, in the female. The disease is, however, by no means confined to these regions. It may occur in any other locality to which the poison is applied. One of the most inveterate cases of venereal disease I ever had to treat, originated in a chancre on a gentleman's lower lip.

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As a rule, it may be said of syphilis that "like begets like," that ulcer produces ulcer; in other words, that it is contracted during intercourse with a person similarly affected. This, however, is by no means invariable. A man may contract a chancre from a woman who, though she may be the depository, at the moment, of the poison from another person, may not, herself, be infected. This happens, occasionally, with prostitutes who indulge largely in promiscuous intercourse with the other sex. They serve as the media for conveying the virus from one customer to another. It is difficult, in any other way, to account for the occurrence of chancre in some exceptional cases of obscure origin. The same thing holds good with respect to gonorrhœa. A case of this kind, a short time since, came under my own observation. A gentleman contracted gonorrhœa from a female, in whom the most rigid examination could detect no sign of the disease at the time, but in whom, a few days later, without her having had connexion with any other man in the interval, the disorder was unmistakably manifest. In this instance the virus had simply been deposited in the vagina, but had not had time to exert its specific action before my patient had connexion with her. The knowledge that such things are possible, may be of use in practice, in explaining away otherwise unexplicable difficulties as to the origin of the disease.

The period at which chancre appears after intercourse varies exceedingly in different cases. It seldom shows itself in less than three days, nor later than fourteen.

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Occasionally, however, it is much later. In a case recently under my own care, I was assured that at least an interval of six weeks had elapsed between connexion and the appearance of the ulcer.

VENEREAL ulcers assume various forms. They may conveniently be ranged under the following heads, viz.—

1. The superficial, soft ulcer ;
2. The hard, Hunterian chancre ;
3. The phagedænic or ulcerating chancre ; and
4. The urethral ulcer, so named from its situation in the urethra.

SOFT CHANCRE.—This is by far the most common form of the disease. Like the other forms, it commences in a small itching pimple, which, bursting, exposes the broken surface, or ulcer, beneath. The soft chancre is soft from the commencement, and so remains throughout—and, in this respect, it is distinguished from the hard chancre, which, commencing as a soft ulcer, becomes afterwards indurated. The soft chancre when pressed between the fingers, can scarcely be distinguished from the surrounding skin. Its tendency is to spread superficially and not to dip down into the subjacent tissues, and its depth is nearly uniform throughout its whole extent. Its edges are generally somewhat elevated above the surrounding integument. They are at first everted, and

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white, and sharp, and subsequently, when the healing process commences, they become rounded, and red. The bases of these ulcers are commonly covered with a lardy-looking substance. They discharge, freely, rather a thin, ichorous fluid, or yellow matter. The parts surrounding the ulcer are sometimes inflamed, but seldom much thickened.

The soft chancre engenders suppurating bubo, but seldom, if ever, infects the constitution.

HARD CHANCRE is not commonly distinguishable from the soft chancre for the first twenty-four or forty-eight hours. The change into its characteristic hardness is gradual, and manifests itself about the third day, or a little later. The hardness, when specific, cannot be mistaken. The soft chancre sometimes becomes slightly indurated, but it is very different from the hardness of the true Hunterian chancre, which, when passed between the finger and thumb, feels like a piece of cartilage. The hardness seems to depend on plastic deposit into the tissues surrounding the ulcer. It remains during the whole course of the disease, and for some time after.

The shape of the hard ulcer differs greatly from that of the soft. Its edges are seldom raised above the surface, but commence abruptly, and pass in a shelving, sloping, direction to the bottom of the ulcer, which dips down deeply into the subjacent textures, and thus acquires its well known, contracted, cup shape. The surface of

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the ulcer, instead of looking moist, and discharging freely, like the soft chancre, is generally dry, or covered with a kind of scab.

Hard chancre is frequently attended with induration of the inguinal glands, which feel like a row of flattened peas under the skin; but they seldom suppurate. This kind of chancre is the parent of the much dreaded secondary symptoms. But few cases of this disease pass off entirely without being succeeded, sooner or later, by some manifestation, more or less severe, of this constitutional taint.

There is a form of ulcer, intermediate between the soft and the distinctly hard chancre, called the elevated ulcer. It is generally raised considerably above the surrounding surface, almost like a large wart, the mass being formed by thickened and somewhat hardened integument. Considerable inflammation of the contiguous parts accompanies this form of chancre. It is slow to heal. Though differing considerably, in form and appearance, from the true Hunterian chancre, it partakes of its nature, inasmuch as it is very apt to be succeeded by secondary diseases.

PHAGEDÆNA—DESTRUCTIVE ULCERATION—is less a separate form of chancre, than a condition supervening upon other chancres during their course. The soft chancre is more liable than the hard to become phagedænic, and the change is generally due to bad health at the time

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of infection, or to some unfavorable circumstances occurring during the progress of the disease. About a year ago I had a case under care, which will be found detailed in a subsequent page, in which, after the ulcer had nearly healed, the disease suddenly took an unfavorable turn, broke out afresh at the root of the penis, and threatened the entire destruction of the genital organs. The only cause I could assign for this change, was the acute mental anxiety the patient suffered, from fear of the nature of his malady being detected by his family. This destructive form of the disease is not frequently met with in private practice, and amongst respectable patients; but it is not uncommon in hospitals, amongst prostitutes and men inhabiting close, unhealthy localities, and who lead irregular and intemperate lives. I am persuaded, however, judging from the rarity of phagedæna in homœopathic practice, and from what I know of the effects of large quantities of mercury, that this medicine, administered as it is administered by allopathic surgeons, is one of the most prolific exciting causes of phagedænic ulceration. The depressing influences above alluded to, and a scrofulous constitution, are the chief predisposing causes.

The symptoms of phagedæna vary so much in different cases, that it would be difficult to give such a description of them as should embrace all its phases. Its leading characteristics are—the irregular shape of the ulcer; its jagged and irritable edges; its angry appearance; its painfulness; the thin, ichorous discharge that comes from it; and, its tendency to rapid and persistent extension.

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In spite of all that can be done to arrest its progress, it will sometimes continue to spread until large portions of the genital tissues are disorganized. Some time since a case of this kind was brought to me by a provincial colleague, in which the whole of the foreskin, and a considerable portion of the glans penis, was already destroyed, and still the ulcer was spreading; and I recollect seeing a case many years since, in which one testicle was entirely denuded of its scrotal covering, by an ulcer of this kind.

URETHRAL CHANCRE, is simply an ulcer situated at the orifice, or within the canal, of the urethra. This form of the disease is chiefly interesting, on account of the light it sheds upon a disputed point connected with the supposed appearance of secondary symptoms after gonorrhœa. Patients who were never known to have had primary syphilis, but who had slight discharges from the urethra, were affected with secondary symptoms. This discharge was supposed to originate in gonorrhœa, the secondary symptoms were attributed to it, and the inference was drawn from the two circumstances, that syphilis and gonorrhœa were one and the same disease. The error is explained, by the detection of urethral chancre.

I have now under care a case of tertiary node of the ulna, in a gentleman who has also had secondary eruptions, but who was never known to have chancre. He had, however, many years ago, a slight discharge from the urethra, which, being regarded as a clap, was treated

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with *Copaiba* and injections. This was, doubtless, urethral chancre. Such cases suggest the propriety of examining the urethra when cases of *slight* discharge of thick, yellow, pus from that passage come under the surgeon's notice. The gonorrhœal discharge is thinner, milky, and more copious, even in mild cases, than that from an ulcer. There is no fear of such an error in diagnosis in acute gonorrhœa.

These ulcers are found just within the urethra, at a very short distance from the orifice. They are generally flat and superficial, and nearly of the same colour as the mucous lining of the canal. Whilst little disposed to spread or become hard, they are yet slow in healing, owing, probably, to the passage of urine over them, and to the constant contact of the opposing surfaces. This contact may be obviated, in the treatment, by the insertion of a small piece of cotton wool, carrying *Calendula*, or other, lotion.

Urethral chancres are said to be occasionally situated higher up the passage. This I should think an exceedingly rare occurrence. It is not easy to understand how the virus could be conveyed thither, nor how, except by inoculation with the discharge, the existence of the disease could be verified.

Treatment of Primary Syphilis.—We have now to consider the treatment of primary syphilis.

The object to be had in view is to heal the ulcer before the system has become contaminated. To this

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end it is recommended, by the best authorities of the old school, to destroy the ulcer, in its first stage, with caustic, and so convert the specific ulcer, into a simple non-infecting one. If this can be effected, there does not appear to be any valid reason why the patient should not have the benefit of the chance thus afforded him—but quite the contrary—of nipping a loathsome disease in the bud. But, to be of any avail, it should be done thoroughly, and early. After the first twelve or twenty-four hours, the application of lunar caustic, which destroys only the surface of the sore, is useless. After that period, the disease has probably infected the tissues deeper down, and a more penetrating caustic must be used. Langston Parker recommends the *Potassa fusa*, or the *Potassa cum Calce*, or strong nitric acid. Mr. Acton advises the application of sulphuric acid, combined with powdered charcoal, so as to form a semi-solid paste. Caustics should never be applied to an indurated chancre. The disease has then become constitutional. Being no longer local, it cannot be destroyed by local means.

The internal treatment of syphilis is a more interesting subject to the homœopathic surgeon.

The first remedy of which I shall speak, as immeasurably the first in importance, is *Mercury*.

Although syphilis has been, and is now, cured by other medicines, still mercury, in some shape or other, is, by universal consent, the true specific for chancre. It is almost always given in the first instance, other measures being resorted to only when this fails. It is used alike

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by the old and the new school of practitioners, the difference consisting mainly in the dose, and this is an all-important difference. The old plan is—mercury to salivation. Now, on the very threshold of this matter we encounter a notable inconsistency in the teachings of allopathic writers. Mr. Druit, who in his 'Vade Mecum' may be regarded as expressing the general opinion of the body to which he belongs, says, "Not that this," that is, salivation, "is of any use, except to show that the system is affected; because," he continues, "the action of the mercury must be kept up until the ulcer heals, and all hardness in the part disappears." This is not only inconsistent, it is purely absurd. If the healing of the ulcer, and the disappearance of the hardness, be the true test of cure, on what conceivable ground is it laid down as a law, that mercury must be given until the mouth is made sore? Of two things let us have one. If salivation be the standard, adhere to it; if the healing of the sore, and the absence of hardness, then hold by them. If the disease be cured, why, in the name of all that is reasonable, should the unhappy patient be doomed to salivation, which, according to Mr. Druit's own confession, is useless, except to show that "the system is affected?" The system affected! Herein lies the whole fallacy. It is *assumed* that the sore will not heal, nor the hardness subside, unless the system is affected. Strange, that it should never have entered into the heads of our learned brethren to test this point—to try whether the disease might not be cured without affecting the

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system! There is no fact in science better established than this, that syphilis may be as thoroughly, as quickly, and as effectually cured by mercury in doses short of salivation, as by mercury in those poisonous doses which "affect the system." This, from Hahnemann's time up to the present, has been proved, over and over again, in thousands of cases, in the practice of homœopathic surgeons. I, myself, during the last sixteen years, have treated more cases of syphilis, in all its forms, homœopathically, and have made better cures, than I did during the previous fourteen years of my allopathic practice. The whole question admits of demonstration. There is no mistake about the disease. It is open to our view. The progress of the cure, and the result, are equally patent. There is here no room for cavil. Whatever arguments may be made use of to explain away the effects of homœopathic remedies in other diseases, are here totally inadmissible. Time, nature, and imagination, which, in the opinion of our opponents, come so generously to the rescue of the homœopath in other cases, will hardly be invoked in a case of chancre, even by our bitterest opponent. A chancre is a fact, and a stubborn fact, too, unless it is well treated. Homœopathic patients, unfortunately, enjoy no exemption from these facts; and if our doses of mercury do not cure them, then we may fairly ask to what agency their cure is due; for, that they do get well, no one will dispute; and the patients themselves shall be our judges, whether or not they have been subjected to such doses of mercury as affect the system.

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Admitting, then, that syphilis is curable by innocent doses of mercury, the force of such an admission, in modifying the ordinary mode of treating the disease, is as apparent as it is irresistible. Is any one ignorant of the effects, present and prospective, of salivation? Are those effects not as familiar to our ears as household words? and their associations, are they not those of long-suffering wretchedness? Is it nothing to be able to avoid all this? Is it not, rather, one of the greatest boons that can be conferred upon erring humanity! This boon homœopathy does confer? and not only so, it places us at an immense advantage in the management of the disease. With allopathy it is a matter of vital importance to the patient that the surgeon be able to distinguish, at once, and with unerring certainty, between a venereal and non-venereal sore, because, upon this decision depends the question, whether he is or is not, to be salivated. If non-venereal, he will be treated with a cooling dose, and some bland lotion; if venereal, he must have mercury. But it is sometimes very difficult, if not impossible, to determine the true character of a sore. The patient, here, cannot be allowed the benefit of the doubt. If you err, err on the safe side, says the allopath. Better salivate twenty innocent men, than let one guilty one escape! But with the homœopath the case is quite different; he acts upon the simple law that "like cures like." He knows that mercury cures ulcers on the skin, and venereal ulcers amongst others, in virtue of its property to produce ulcers in healthy subjects; and, if a

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patient present himself to him with an ulcer on his penis, I do not say that he is indifferent as to its nature, but, whether he be able to determine this point or not, whether the sore be venereal or non-venereal, he will probably prescribe mercury, for the simple reason that it is the right remedy. It is, then, not only unnecessary, it is in many cases positively injurious to the progress of the cure, to affect the system with mercury. Salivation, by inducing mercurial fever, irritates the ulcer, retards granulation, and tends towards the production of that most destructive and much dreaded form of the disease, the phagedænic ulcer. Upon the system its effects are equally deleterious; it sets up general fever, destroys the appetite, and causes diarrhœa, dysentery, and ulceration of the mouth and throat.

As regards the indications for the use of this remedy, whilst it is, certainly, most imperatively demanded in the indurated ulcer, I consider it as suitable, at times, to all kinds of chancres. Even in the phagedænic, in which its use is generally thought to be contra-indicated, I have known it to arrest the ulceration when other remedies, ordinarily recommended for that condition, have failed. In the old school there is so much dread of the effects of mercury that every opportunity is seized of avoiding its use, except in the case of hard chancre, in which it is regarded as indispensable. I have already shown such apprehension to be totally out of place in homœopathic practice; and, on that

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account, as well as on account of its being beyond all others the most efficacious of remedies, I do not hesitate, whenever a patient presents himself with a suspicious-looking sore on his penis, to give mercury at once, if it has not already been administered in large quantities. There is no doubt that some soft, superficial, ulcers will heal readily enough under the action of other medicines, or even without any medicine at all, and that mercury is most imperatively demanded in the indurated chancre; yet, I have treated many cases of soft chancre without mercury, in which, ultimately, I have been compelled to resort to that medicine, either because the healing process did not commence, or because granulation, having proceeded to a certain extent, came to a standstill. The conclusion, therefore, at what I have arrived, after carefully testing, and watching the effects of different remedies, is this that the surgeon who relies most on the proper and judicious use of mercury, will cure, expeditiously and permanently, the largest number of chancres.

Then, as regards the form of the medicine, I am decidedly of opinion that the black oxide of Hahnemann—the *Merc. Sol.*—is the best. In the primary chancre, I seldom employ any other preparation, and it rarely fails me. And as regards the quantity, I am satisfied that a considerable modification of the doses ordinarily recommended in homœopathic books, is requisite. These quantities I believe to be too small. It must not be lost sight of that, in treating syphilis, we have to

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deal, not with a disease consisting in simple functional disturbance, or in structural alteration arising therefrom, such, for example, as takes place in common phlegmasia, but with a disease engendered, palpably, by the local or constitutional operation of a virulent poison. In the former case, a medicine in exceedingly small doses, acting through the agency of the nervous force, is generally sufficient to rectify the diseased action. In the latter, a poison has to be neutralised, and, to effect this, the remedy requires to be administered in quantities, which, though still very small, are considerably larger. Careful observation has convinced me of this necessity, and one or two striking illustrations of it will be found amongst the cases of syphilis.

The dose which I commonly employ, and which I have found very effectual, is two or three grains of the first or second decimal dilution, repeated three times a day. I sometimes commence with the former, and continue it for a week, or until amendment sets in, and then replace it by the second dilution. More commonly, I give the latter only, and resort to the first dilution chiefly in cases of obstinate indurated chancre. There is one error against which I must here caution the young homœopathic practitioner—that, I mean, of too hastily changing the treatment. Let him persevere steadily in the use of a well chosen remedy, and this perseverance will more surely be crowned with success, than will that vacillating impatience which leads him to vary the remedy with every variation in the outward appearance of the disease.

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In no case does this apply more forcibly than in the treatment of syphilis, and in the homœopathic use of mercury.

Other preparations of mercury, if the surgeon prefer them, may be employed in the cure of chancre—the *Merc. viv.*, the *Merc. corrosivus*, the Proto- and Bin-Iodides. The latter may be advantageously given to scrofulous patients, and in cases where the primary sore, and secondary symptoms, coexist. But, on the whole, I conceive the iodides to be best suited to secondary and tertiary syphilis. The triturations of these, as well as of the black oxide, I regard as more certain in their operation than the spirituous solutions; in which form, moreover, the medicines cannot be administered in such low potencies, as in trituration.

Acidum nitricum.—This is another great syphilitic remedy, second only to Mercury in its power of neutralising the effects of syphilitic virus.

In their dread of Mercury, the members of the old school are ever casting about to find substitutes for that medicine; and of these, Nitric acid has been lauded as one of the most powerful. Now, according to the strict application of the homœopathic law, no one medicine can be, properly speaking, a *substitute* for another; and, in the treatment of syphilis, so far from Nitric acid being a substitute for Mercury, it has, like Mercury, its own peculiar sphere of action, which no other medicine can fill. Thus, whilst Mercury is the proper remedy for chancre, and particularly for hard chancre occurring in persons of

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good constitution, who have not previously been poisoned with Mercury, Nitric acid is as distinctly the proper remedy for chancre, and particularly for soft chancre, in persons of weak and debilitated constitution, whether that condition be the result of scrofula, or of the noxious influence of Mercury, or of a previous venereal taint.

This distinction being kept in view, it is at once apparent, that we could as little spare the one medicine as the other. Mercury is more frequently called for than *Nitric acid*, simply because the class of cases to which it is applicable are more numerous. Syphilis is most commonly contracted by the young, the ardent, and the vigorous. But, on the other hand, the cases are by no means few, in which the disease is contracted by those of an opposite temperament; and more numerous still are those cases which occur in persons whose constitutional powers have been undermined by the combined influence of Mercury and syphilis, in previous attacks. In these cases, *Acidum nitricum* is, generally speaking, the appropriate remedy.

As I have before remarked, venereal diseases, being exceptional in their nature, require to be exceptionally treated as regards the doses of some of the remedies. Formerly, I was in the habit of administering, in these cases, the minutest doses of *Acid. nitric.* The effect, if not altogether inappreciable, was, at least, very uncertain and unsatisfactory. Latterly, I have prescribed

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it in doses of from five to ten drops of the second decimal dilution, with very decided advantage.

The alternate action of the two foregoing remedies—*Mercury* and *Nitric acid*—when either of them, singly, seems inoperative, is sometimes very useful. Thus, commencing the treatment with *Mercurius*, the ulcer beginning to heal, has, at the end of ten days or a fortnight, come to a standstill, or has retrograded. *Acid. nitricum* has instantly restored the healing process; which yet, again, after the lapse of a few days, has required the resumption of *Mercurius* to complete the cure.

Other medicines are named in homœopathic books as remedies for chancre, such as *Arsenicum*, *Argentum nitricum*, *Corallia rubra*, *Causticum*, *Iodium*, *Staphysagria*, *Thuja*, *Sulphur*, *&c.* I can quite understand that *Arsenicum* might be useful in some forms of phagedæna; *Iodium* in scrofulous subjects; *Thuja* in condylomatous growths; *Sulphur* as an intermediate remedy; and *Argentum nitricum*, we know, is useful as an external application. But I should certainly hesitate to trust to either of these remedies in the treatment of hard chancre; and even in soft chancre, I should feel greater confidence in *Mercurius* and *Acidum nitricum*. It is doubtless one of the just boasts of homœopathy, that it has a rich repertorium, and is not confined to a single remedy in the treatment of any disorder. It should equally be the boast of the medical man, to cure with the smallest possible number of medicines. His results are then more satisfac-

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tory to himself, and his experience more useful to others.

Local treatment of syphilis.—Much may be done in this respect, to check ulceration and favour the granulating process. When the ulcer is not placed beyond our reach by a contracted foreskin, a piece of cotton-wool, soaked in cold water, or weak *Calendula* lotion, should be applied to the part, and changed twice a day; and if, in consequence of phimosis, the chancre cannot be got at, the foreskin should be well washed out, by means of a syringe, first with warm water, and then with *Calendula* lotion. When a patient is so situated that he cannot procure *Calendula*, the *Lotio Nigra* is a useful application; but when it can be procured, the *Calendula* is greatly to be preferred. I have seen sluggish ulcers stimulated into active and healthy granulation in the course of a few hours after commencing the use of this lotion. In phagedænic ulcers, it is of the utmost service in allaying irritation, soothing pain, and checking the ulcerative process. A light touch of *Argentum nitricum*, in its solid form, is also a useful stimulant to sluggish ulcers.

Bubo: inflammation and enlargement of the inguinal glands, which may end either in resolution or in suppuration. Bubo is said to be gonorrhœal, or syphilitic. In the former case, which is very rare, it is purely sympathetic; in the latter, which is very common, it depends on absorption of the syphilitic virus from a chancre.

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Gonorrhœal bubo is commonly excited by exercise. In first cases, in which the symptoms are apt to run high, the patient should be cautioned to remain as quiet as possible. Gonorrhœal buboes very rarely suppurate, and yield readily to rest, and the application of cold compresses, or cold bread-and-water poultices. The most appropriate medicines are *Aconitum* and *Mercurius*.

The syphilitic bubo is a more important affair. It arises, as I have just said, from the absorption of the virus from the primary ulcer, and is greatly influenced in its character and course, by the nature of the ulcer to which it owes its origin. Thus, the soft, freely discharging chancre begets the suppurating and sloughing bubo ; the indurated chancre is accompanied by indolent induration of one or more of the inguinal glands, which seldom form into matter. This further interesting conclusion has also been arrived at, viz., that secondary symptoms rarely follow a suppurating bubo, whilst the hardened glands that attend upon hard chancre, indicate that the system is already contaminated with the syphilitic poison, and that other secondary symptoms will almost inevitably follow.

The soft, non-infecting, syphilitic bubo, as a rule, is not attended with great pain or inconvenience. The patient is generally able, from first to last, to keep about, and occupy himself as usual. It is, moreover, exceedingly prone, in spite of all our efforts to the contrary, to suppurate. Indeed, so commonly have I found this to be the case, that, beyond the application of cold water, I now rarely direct any treatment especially to it. If it be

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not arrested by the treatment proper for the original disease, I despair of arresting it by any other means. It is better to leave it alone until it is nearly ripe for opening, then to apply a linseed-meal poultice for a few hours, and evacuate the matter with a lancet. This should be effected at the earliest possible period. The destruction of tissue is then inconsiderable, and the wound made by the lancet is small and clean ; and under favorable circumstances, the whole affair is over in the course of a few days. But, if the matter be allowed to accumulate until it finds an escape for itself, or until the skin is deeply and extensively implicated, then a large, irregular wound is established, the cavity of the abscess is exposed to the irritating influence of atmospheric air, and extensive sloughing is apt to ensue. In ordinary cases, little more is afterwards required, than the application first of a few linseed-meal poultices, and then of cold water, or *Calendula* lotion dressings. In other cases, occurring in scrofulous habits, and especially if the opening has been too long delayed, the wound, instead of healing kindly, becomes irritated and inflamed, and the inflammation extending to contiguous parts, fresh openings are formed, until at length the whole inguinal region is occupied by a series of unsightly holes, and burrowing ulcers. This is the

PHAGEDÆNIC BUBO, which is often so troublesome and difficult to heal. It demands the most careful management, both local and constitutional. The former consists, first, in the use of warm linseed poultices ; and, secondly,

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of *Calendula* lotion, in the proportion of one part of the tincture to eight of water. Cotton-wool should be soaked in this, and laid in, and over, the wounds. The constitutional treatment consists in the administration of the Bin-iodide of Mercury, in two or three grain doses of the second decimal trituration, if Mercury have not already been given; or, if it have, of *Acidum nitricum*, in ten drop doses of the second decimal dilution; or of *Kali hydriodicum*, in one or two grain doses, three times a day. The patient's powers should, at the same time, be sustained by a generous diet, to which a tablespoonful of cod-liver oil every night, is an excellent addition. He should, also, keep himself quiet, and as much as possible in the recumbent posture. Movement, from the peculiar situation of the disease, tends to retard the healing process.

SECONDARY SYPHILIS.

The lesions of which we have been speaking, viz., chancre and suppurating bubo, are regarded not as constitutional, but as local diseases. They constitute what is called primary syphilis. The disorders we are now about to consider, indicate that the syphilitic poison has entered the general circulation, and contaminated the system at large. Hence, they are called secondary symptoms.

These symptoms are very diversified in their character,

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severity, situation, and duration. They affect most commonly the skin, the mucous lining of the mouth, the throat, the nose, and the structures of the eye. They make their appearance either whilst the primary sore is yet open, or within the space of a few weeks, or months, after it has healed. Although relapses of the same attack are very common, the first infection—like the infection of smallpox and measles—seems to render the system proof against a fresh invasion of these symptoms, from any subsequent attack of primary syphilis.

These diseases are transmissible from one person to another; from husband to wife; from parent to child. I have recently seen examples of both these modes of transmission. A young man had secondary symptoms; was treated, and pronounced cured. He married three months afterwards. His wife was delivered of a child, which almost immediately developed secondary symptoms around the mouth and nose, the anus, and on the seat. It lingered, wasted, and died. The mother was not infected. I have at the present time under care, a lady who has contracted secondary symptoms of the most distinct and marked character from her husband, who was cured of chancre before he married, but in whom secondary symptoms have since developed themselves. Men should never marry, after having had hard chancre, until sufficient time has elapsed to test the probability of their having secondary diseases. These diseases may be communicated in other ways, also. Some time ago, there was an interesting case at the

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London Homœopathic Hospital, of a woman who was infected, through the nipple, from suckling the child of a sister-in-law, who had died whilst labouring under secondary symptoms of the skin; and it appears now beyond a doubt, that the virus may be conveyed from one child to another, in ordinary vaccination. I have seen two such cases.

Various causes favour the development of secondary symptoms. The most constant is, unquestionably, the previous existence of a hard chancre. Whilst it may be questioned whether the production of secondary syphilis is confined exclusively to the indurated ulcer, it is now a well established fact that, where such an ulcer does exist, where it is long in healing, and especially if it be attended with hardened glands in the groin, secondary symptoms are almost sure to follow. This should be explained to the patient, because the occurrence of these secondary diseases is often regarded as a reflection on the surgeon's skill. This is both unfair and unfounded. The appearance, or non-appearance, of secondary symptoms is a matter beyond the control, in most cases, of the very best treatment that can be adopted. Daily experience proves the fact that, whether the patient be treated with the large allopathic, or the small homœopathic doses of Mercury, secondary symptoms, in some constitutions, and especially after hard chancre, will arise. That too much Mercury has a tendency to aggravate, if not to engender, secondary diseases, is beyond dispute. This is generally admitted, even by practitioners of the old school; and the

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practice of homœopathy confirms the opinion; since it is amply verified, that secondary symptoms occur after homœopathic treatment, much less frequently, and in much milder and more curable form, than after salivation. Improper diet, especially indulgence in spirituous drinks, during the treatment of the chancre, also operates as an exciting cause. Insufficient treatment, and the consequent imperfect cure of the primary sore, is another fertile source of secondary disorders. Treatment should, in all cases, be continued until the last traces of hardness in the cicatrix, have disappeared.

The diagnosis of the early secondary syphilitic diseases is generally not a difficult matter. They are so well marked and distinct, and the recent existence of a hard chancre is, commonly, so easily to be ascertained, that the surgeon can hardly fail in arriving at a correct conclusion as to the real nature of these complaints.

The diagnosis of chronic secondary affections is much more difficult. The history of the case is our best guide, but the length of time at which some of these disorders will appear after infection, often envelops them in obscurity, even when the fullest information is at our command. But, it is sometimes impossible—I allude here to the cases of women—having proper regard to the feelings of the patient, to obtain the necessary information on which to base an opinion. I have recently had some female patients under care in the London Homœopathic Hospital, with whom this difficulty occurred, but about the specific nature of whose complaints, I entertained the strongest

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suspicions. Next to a correct history of the case, the obstinate persistency of the symptoms is one of the strongest confirmatory signs. Almost any chronic disorder yields more readily than old-standing syphiloid affections. Frequent relapse, after apparent cure, is another diagnostic sign of syphilis. The deep copper-colour of existing skin diseases, or of the stains left by former attacks, as also the nocturnal aggravation of bone-pains, are characteristic of the same taint. One of the female patients to whom I just now alluded, and who was admitted for old standing tubercular ulcerations and formations around the knee, had also copper-coloured stains on the lower part of the leg, and nocturnal pains along the shin-bones. The great attention which has lately been paid to this class of diseases, has thrown much light upon the subject, and has pretty clearly established the fact, that many anomalous symptoms and conditions of the system, which baffled diagnosis, owe their origin to a syphilitic taint.

It is not my intention to enter into a lengthened and minute description of the numerous forms which secondary symptoms assume. Such a course would occupy a disproportionate amount of space, and for practical purposes is, moreover, unnecessary. The constitutional taint, there is reason to believe, is one and the same, in all the manifestations of syphilitic diseases; and modifications of treatment are demanded, less by the variations in any particular class of these diseases, than by the peculiarity of the structure which they attack.

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Ricord gives the following account of the accession of secondary symptoms:—"The manifestations of constitutional syphilis may appear in the second or third week after contagion; but the general rule is about the sixth week, and it frequently happens that they do occur in the third month. The complexion then begins to alter; the skin loses its natural brilliancy, and assumes a dull earthy hue; the eye gets dim; the patient loses all bodily and mental vigour, becomes inactive and sad; the hair gets dry, and loses its smoothness; giddiness and headache set in; there is great uneasiness about the neck, and a peculiar supra-orbital pain. The head symptoms generally begin in the evening, and cease towards morning; reclining and the warmth of the bed increase them greatly. It is not quite correct to give these symtoms the name of nocturnal pains, for they are entirely dependent on the bed and the horizontal posture, since bakers, and people who go to rest by day, have them immediately they lie down.

"The supra-orbital region seems to be the point most liable to these pains; and when the latter are very acute, the patient feels as if his eyes were being driven out of their sockets.

"The affected parts do not, however, present any redness or swelling, nor are they painful to the touch. The headache is sometimes strictly symmetrical, and, by occupying one side of the head only, it entirely simulates hemicrania or intermittent facial neuralgia; but with all this, there is no apparent lesion observable. If the

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disease be allowed to proceed, the neuralgia, which had begun in the fifth pair, attacks the seventh, and produces paralysis of the face; and if we were not guided by the chain of preceding symptoms, we might easily ascribe the whole mischief to rheumatism. I have often treated cases of this sort, and I almost always succeeded in curing them by iodide of Mercury. I have even met with instances where the seventh pair was primarily attacked, without any previous neuralgia. After all these symptoms, sub-sternal pains come on, which latter Baglivi looked upon as symptoms of latent syphilis; then circa-articular uneasiness, accompanied with great lassitude in the limbs, just the same as happens before eruptive fevers. These articular pains are not situated in the centre of the joint, but all around it; they are fugacious and intermittent; they do not produce any swelling or redness in the part, and are not augmented by pressure; they are vague, erratic, and nocturnal, presenting the same characters as the cephalalgia mentioned above."

The skin, and the mucous membrane of the throat and mouth, are the parts most frequently affected. The symptoms follow no regular course in their accession: sometimes the throat, sometimes the skin, being the part first attacked.

The secondary affections of the skin are very various, and may be ranged under the following heads, viz., exanthematous, papular, vesicular, tubercular, pustular, squamous, and ulcerative.

THE EXANTHEM is one of the earliest of skin diseases.

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It is at first rosy, subsequently copper-colour. It may appear on different parts of the body in succession, or over nearly the whole surface at once. The face and forehead, the arms, chest, and abdomen, are the parts in which it commonly makes its appearance. It assumes the form of flat, even, discoloration of the skin, and has been mistaken for measles, to which it bears, in its earliest stage, a considerable resemblance.

PAPULÆ or PIMPLES, are another early form of secondary eruption. The most common is that, the top of which, after a few days, becomes covered with a fine scurf. These pimples may be pale, or red, or of a darker colour still. On the lower extremities they are apt to be broad, flat, and of a deep copper-colour. The absence of itching in these pimples is said, by some authors, to distinguish them from other pimples which are non-venereal, and are generally attended with much itching. I have noticed many exceptions to this rule, which is by no means general, and, if too much relied on, is apt to mislead. These pimples in some cases enlarge into circular patches or rings, the whole being covered with fine scales, constituting *psoriasis*. This form of the complaint, when it attacks the palms of the hands, is one of the most intractable of secondary eruptions.

PUSTULAR AFFECTIONS are amongst the later and more aggravated of the syphilitic skin diseases. They occur in debilitated and broken down constitutions, and are not uncommon accompaniments of that terrible condition known by the name of *syphilitic cachexia*. One of

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the most inveterate and obstinate of its manifestations, is that which results in the formation of the hard lamellated scab called *rupia*.

ULCERATIONS of the skin, differing from those which result from the rupture of the pustules we have just named, or from the suppuration of tubercles, are amongst the most obscure and anomalous of secondary symptoms. Yet, there is often little or no doubt as to their syphilitic origin. A very remarkable case of this kind was admitted into the London Homœopathic Hospital about a year since. The man was covered from head to foot with hundreds of superficial ulcers, which clearly owed their origin to syphilitic taint.

TUBERCLES comprise abnormal growths, in which the diseased skin is raised abruptly in the shape of warts, or in a rounded, hemispherical, form above the surface; also, flat elevations of the mucous membrane of the tongue, velum, corners of the mouth, &c., and lumps under the skin of different parts of the body.

Lastly, AFFECTIONS OF THE SCALP, scurfs, impetiginous eruptions, falling off of the hair, &c., must be mentioned, in this brief notice of the secondary diseases of the surface of the body.

INFLAMMATION and ulceration of the mucous lining of the throat and mouth, are amongst the earliest signs of syphilitic taint. This affection makes its appearance either early and by itself, or simultaneously with skin

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eruption, or at a later period. The causes of common cold will often excite this disease into action, and there is every reason to believe that, but for such cause, patients would entirely escape the attack.

The fauces and tonsils are the parts most commonly attacked. The patient often mistakes this for ordinary sore-throat. To the practised professional eye, it is easily distinguishable from all other throat affections. The deep red colour of the membrane; the superficial ulcerations; the copious discharge of mucus; the persistency of the disease; and the absence, commonly, of the other symptoms of catarrh, which attend an attack of simple cynanche; and above all, the presence, either at the time, or shortly before, of chancre—all these combined can leave no doubt on the surgeon's mind as to the real nature of the case. This affection assumes various degrees of intensity in different cases, from the first faint blush of the membrane, up to the deep ulceration which entails the almost total destruction of the tonsillary glands, the velum, and uvula. The worst cases are those which assume a phagedænic character, and then the destruction of parts is rapid, extensive, and not devoid of danger. The lining of the cheeks, lips, and the covering of the tongue, are frequent seats of secondary syphilis. The inflammation of these parts is much less intense than that of the throat. Indeed, there is often but little or no increase of the natural redness of the parts; on the contrary, without being ulcerated, they assume, in the first instance, a whiter aspect than usual,

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and look as though they had been touched with lunar caustic. Superficial ulceration of the cheeks and sides of the tongue may succeed to this, and on the dorsum of the latter organ, elevations of the epithelium, and cracks of a painful nature, are apt to supervene. These affections of the tongue are amongst the most obstinate of the sequelæ of chancre. After all other traces of the taint have disappeared, these ulcerations and cracks will, from time to time, recur for many months, or even years.

Treatment of Secondary Syphilis.—The diversity and obstinacy of these diseases, render their treatment one of the most difficult, and at the same time one of the most interesting, subjects that can engage the attention of the medical practitioner. It has engrossed the study and research of many of the most eminent surgeons, from John Hunter's time to the present day; and truly, when we consider the effects of the syphilitic virus, not only upon the constitution of the patient himself, but, possibly, also upon that of his offspring, it is difficult to overrate the importance of the subject, or to name any other more worthy to occupy all the care and skill which the profession can bring to bear upon it.

It was at one time the almost universal persuasion that secondary syphilis was incurable, and even now this opinion has its adherents. On the other hand, there are those who, more sanguine than wise, do not hesitate to promise their patients a speedy and per-

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manent cure. The truth, as in most other cases, lies between extremes. There is no doubt that in recent cases of secondary disease, occurring in good constitutions, and where the system has not been saturated with mercury, complete and permanent eradication of the symptoms may be safely prognosticated. On the other hand, it is equally certain that, when the taint has once entered the circulation of persons of depraved, scrofulous, and broken-down constitutions, it may but too confidently be predicted, that, though secondary symptoms may, for a time, appear to be successfully combated, relapses will occur with more or less virulence for many years, and, possibly, for the remainder of the patient's life.

The treatment. in former times, of primary syphilis with destructive doses of mercury, by inducing the very state of system I have just described, had much to do with the development of secondary diseases in their most inveterate and intractable forms. Modern science, better instructed, obviates much of this mischief, by avoiding the use of mercury altogether in treating some cases of primary ulcer, and by giving it in more moderate quantities, when it is employed. Still, I am convinced there is room for yet greater improvement, and that homœopathy points out the way to it; and, to this important point we now proceed to direct our attention.

Secondary syphilis consists in the introduction of a poison into the blood; and the cure of it, in the neutralization or eradication of that poison.

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The attainment of this object must be sought in the careful, judicious, and prolonged use of medicines; and in the adoption of such measures, hygienic and dietetic, as are best calculated to sustain the patient's constitutional powers.

First, then, as regards medicines. It is beyond a question that, as with the original sore, so with many of the constitutional symptoms which result from it, *Mercury* is one of the most efficacious remedies. We constantly meet with cases in which the primary and the secondary diseases coexist, and in which the Mercury given for the one, cures the other at the same time. Several examples of this are reported further on. There is commonly in these instances this advantage, viz., that Mercury has not previously been administered, and it is precisely in such cases that the curative action of that medicine is most decided. The same thing holds good with reference to the secondary symptoms. If Mercury has been given to any considerable extent for the cure of the chancre, the benefit to be derived from its administration in the treatment of secondary symptoms will be much less marked, than in those cases in which it has been given in very minute quantities, or not at all. In either of the latter instances, unless there exist some special circumstance to forbid its use, Mercury is often of the utmost value in combating the earlier secondary diseases of the skin: the erythema, papules, and squamæ. Over the more inveterate eruptions, it has, comparatively, but little power. When, therefore, a well-marked and un-

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doubted case of secondary eruption presents itself, following closely, or at no great distance upon the primary disease, and in which the patient has not been mercurialized, it is well to commence the treatment with one of the lower dilutions of the iodide or bin-iodide of Mercury —the second or third decimal, in two-grain doses, twice a day. This should be steadily persisted in until the eruption has vanished, or until it appears certain that the medicine has effected all the good that can reasonably be looked for from it. In many constitutions, these eruptive disorders are remarkably obstinate, and no remedy will exercise a sudden influence over them. The Mercury having had a fair trial, if it fail in effecting a complete cure, another medicine must be resorted to, and the

Kali hydriodicum claims our next attention. This is a remedy of undoubted power in treating the secondary diseases of syphilis; and in the majority of cases of skin affections, as well as affections of other tissues, its aid is required in expediting or completing the cure. In obstinate cases, especially those occurring in scrofulous constitutions—and they are the most obstinate—it is a good plan to give this medicine alternately with the bin-iodide of Mercury, not in alternate doses, but during alternate weeks, *i. e.*, the *Kali hydriodicum* one week, the *Mercurius bin-iodidus* the next, and so on. Excellent results will often spring from the alternate action of these and other remedies; and the more so, the less rapid the alternations. To obtain its full curative action in syphilitic diseases, the *Kali hydriodicum*, like the

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preparations of Mercury must not be administered in too small doses. I am in the habit of giving two grains of the salt three times a day, or three grains twice a day, in aqueous solution. The principal indications for its use are—a scrofulous and debilitated constitution; enlarged glands in the groin, the throat, or neck; the previous exhibition of Mercury in excess, marked by red and inflamed gums, sore throat, foul breath, nocturnal bone-pains.

Iodium—preparations of the simple metal—may be used with advantage, in the quantity of five drops of the second decimal tincture, in water, three times a day. But on the whole, the compounds of Iodine, Mercury, and Potash, are to be preferred.

Acidum nitricum is another medicine which has long enjoyed a wide-spread reputation in the cure of secondary symptoms. My own experience has not inspired me with unbounded confidence in its powers, in the early secondary eruptions. Like Kali hydriodicum, it is distinctly indicated in cases where patients suffer from the effects of over doses of Mercury. It is an excellent antidote to that metal; but as, under homœopathic treatment, these cases of poisoning do not occur, and when homœopathy shall become the sole system of medicine, they will cease altogether, the question arises, what, under such circumstances, will be the proper sphere of *Acidum nitricum* in the treatment of secondary syphilis? It appears to me that the grounds on which it is prescribed, in the early skin eruptions, are somewhat slender. I

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have administered it in many cases, but the results, if not equivocal, have been by no means striking, nor to be compared with those obtained from the iodides of Mercury and Potash.

Cases of ulceration of the mucous membrane of the throat, mouth, and nose, appear to me to be the most appropriate for the use of this medicine in the early secondary diseases. It is also strongly recommended in the treatment of *Condylomata*, such as spring up on the penis, and about the anus. It should be administered in from five to ten drops of the second or third decimal dilution, two or three times a day. Less doses, if not inoperative, are less efficacious.

Treatment of the diseases of the mucous membrane.—These diseases, as has already been suggested, are often induced by exposure to cold. When so induced, if the patient be at the time, or has recently been, affected with syphilis, these cases acquire a peculiar character from that circumstance—they become chronic, secrete copiously, and the tonsillary glands may become much enlarged, and deeply ulcerated. These attacks, though of a syphilitic type, have their origin in catarrh, and their early arrest may sometimes be effected by the usual remedies for catarrhal sore-throat, viz., *Aconite*, *Bell.*, *Apis*, and *Mercurius corrosivus*. After *Aconite* has been exhibited to reduce any general febrile excitement, as well as to act on the local disorder, *Apis* is often very efficacious, in drop doses of the third decimal tincture. If it fail, *Bella-*

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donna, *Lachesis*, and *Mercurius corrosivus* may be had recourse to.

In cases of inflammation, or ulceration, of the same part, in company with other secondary symptoms—of the skin, for example—if Mercury have not already been administered to excess, the iodide or bin-iodide of that metal, in one grain doses of the second or third decimal, should be administered twice a day. The throat will often get well *pari passu* with the other symptoms; but should the disease persist when these have vanished, the treatment may be directed against it especially. *Acidum nitricum* is here a useful remedy, and may be given internally, in five-drop doses of the second decimal tincture, three times a day; and at the same a gargle, composed of half a drachm of the pure acid in six ounces of water, may be employed locally. This, though beneficial in some cases, is far less efficacious than the *Argentum nitricum*. This may be applied in its solid form when practicable, or in solution, in the proportion of five grains to the ounce of distilled water; the throat should be mopped with this once or twice a day. I employ this medicine in one of these forms in the majority of cases of syphilitic sore throat, and the comfort derived from it is immense.

It is beyond dispute that some persons are more susceptible than others to constitutional syphilis. It is equally certain that the scrofulous constitution is that which is most exposed to its attack. That being so, the importance of attending to the general health of the patient, during the course of secondary syphilis, is self-

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evident. He should carefully observe all those measures calculated to maintain his health in the finest possible condition. In those early secondary diseases of which we have been speaking—of the skin and throat—being, as they commonly are, inflammatory and febrile, he should indulge in alcoholic drinks very sparingly, or not at all, at least in the earlier stages. He should live on plain, good, nutritious, food. In keeping with this, as well as in reference to the depression of the general powers which commonly characterise constitutional syphilis, cod-liver oil is an agent of first-rate importance. Possessing the advantage of not being medicinal, and therefore not interfering with the action of medicines, I find it in many cases more than a substitute for the renowned *Sarsaparilla* —a medicine which, when there is no particular indication for other remedies, may be prescribed with the greatest advantage. A small quantity of cod-liver oil is sufficient—a dessert-spoonful, taken every night at bedtime. Larger quantities, taken at other periods of the day, are apt to do more harm than good, by nauseating the patient, and destroying his appetite. If the throat or mouth be affected, he should strictly avoid smoking. He should not overfatigue himself. For skin diseases he should take a warm bath twice a week. He should clothe himself judiciously, and carefully guard against the common causes of cold.

The following medicines may, also, be administered with manifest benefit, viz., *Acid. Sulphur.*, *Borax*, *Lachesis*, *Phosphorus*, *Hepar Sulphuris*, and *Sulphur*.

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TERTIARY SYMPTOMS OF SYPHILIS.

Certain products of the syphilitic taint, more inveterate than those we have been considering, differing from them, also, in their nature and situation, and commonly affecting the system at a later period than the secondary symptoms, have been named by Ricord, tertiary symptoms of syphilis. These diseases are said, also, to have lost the property, which the secondary symptoms retain, of infection. They seldom appear earlier than six months after the primary disease, often later still, and there is no certain immunity from them for many years afterwards. Patients have been known to develope them at the end of ten, twenty, or thirty years. Either as local diseases, or in the form of syphilitic cachexia, these symptoms may affect every organ and structure of the body. They are chiefly the following, viz., affections of the bony structure, of the skin and cellular tissue, of the testes, and of the system at large, in the form of syphilitic cachexia. We will devote a few words to each of these, in the above order.

AFFECTIONS OF THE OSSEOUS SYSTEM.

PERIOSTITIS—OSTITIS—CARIES—NECROSIS.—Periostitis is the earliest and most common of these affections.

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There may be simple inflammation without perceptible thickening of the membrane; or there may be a deposit of plastic lymph, resulting in the formation of nodes. The long bones of the leg and forearm, and the flat bones of the skull, are most frequently affected. The leading symptoms are, dull aching pains, generally worse at night; great tenderness on pressing the diseased part; and some impediment to free motion. Gradual enlargement, and hardening of the swelling, and its conversion into bony structure, are the changes which result in hard node.

In ostitis, the bony structure is inflamed. This is a common consequence of inflammation of the periosteum. It is apt to terminate in the formation of abscess, which, discharging, exposes the denuded bone, and caries or the destruction of portions of the bone, is the result. When this occurs in the skull, if both tables of the bone are destroyed, death may follow from exposure of the membranes of the brain. These severe cases of bone disease seldom occur, except in depraved and broken-down constitutions, and are generally attended with hectic, and general failure of the vital powers.

GUMMATA.

This affection consists in the formation of small, hard, painless swellings under the skin of the scalp, neck, extremities, scrotum, and penis, and under the mucous membrane of the tongue. These tumours may either subside,

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or remain hard and moveable for a long time, and ultimately suppurate, and discharge, leaving deep, spreading, troublesome ulcers. In the tongue they are sometimes very annoying. The organ becomes hard and knotty, either in one portion, or throughout its whole suface—its free motions in chewing and speaking being greatly impaired. These lumps may be distinguished from cancer, by the absence of the lancinating pains which characterise that disease, and by the knots being more diffused and superficial; whereas cancer is in one lump, is stony hard, and implicates the whole thickness of the tongue.

SYPHILITIC SARCOCELE.

This consists in a gradual, and often at first imperceptible, enlargement of one or both testicles. The function of the organs becomes impaired, the semen is altered in quality and quantity, and the venereal appetite diminishes. The enlargement, after having existed a longer or shorter time, may be succeeded by reabsorption of the abnormal deposit, and a gradual wasting, and, in some cases, entire disappearance of the testis.

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SYPHILITIC CACHEXIA.

This is the most direful of all the consequences of syphilis. Here the very fountains of life seem to be poisoned. Every function is deranged; the nervous and physical powers become exhausted; the countenance becomes sallow, and the surface anæmic; the flesh flabby; the body wastes; the limbs become weak and trembling; the appetite fails; and continued nervous fever, night sweats, and hectic, supervene. Conjoined with these symptoms are commonly found disease of the bones; tubercles, ulcers, and inveterate skin eruptions; and death may result from general anæmia, or from some internal organ, previously predisposed to disease, becoming disorganized, such as ulceration of the lungs or intestines. The circumstances which favour the development of this terrible condition, are a scrofulous constitution, improper treatment of syphilis, mercurialization, exposure to cold and damp, intemperance, bad living, and other causes tending to undermine the vital powers.

Treatment of tertiary symptoms.—Several modifications of the rules laid down for the treatment of the early secondary symptoms, are here required. The cure, as might be expected from the inveterate nature of these diseases, is both more uncertain and more protracted, than in any of the forms of syphilis we have hitherto mentioned. Palliation and retardation in some cases,

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and in others such control over the disease as shall keep it in a state of quiescence, and cause the least possible amount of annoyance to the patient, is the utmost that can be anticipated. A complete and permanent cure is, unhappily, the result in only a small minority of cases. But, doubtful as the prognosis in any case of this kind must be, I think that homœopathic medication holds out a much more encouraging prospect of benefit to the patient, than the means commonly adopted in the ordinary system of treatment.

This advantage is due to the application of our remedies in accordance with the homœopathic law of similarities; to the greater number of remedies at our command; and to the wider field of action which, as a consequence, is opened up to us. It is not enough, especially in these inveterate and deep-acting tertiary affections, to attempt to grapple with all their phases by *Iodide of Potassium*, as is ordinarily done. That is a most useful remedy in many cases, but it is by no means of universal application. On the very day on which this is written, I have seen a case of tertiary disease of the tongue, which, under allopathic treatment, was always aggravated by *Iodide of Potassium*. The pliability—or rather the greater adaptability—of homœopathy, leaves one at no loss for a remedy in such a case.

From the very nature of the circumstances, it would be impossible for me, advantageously, to do more than give a bare enumeration of the chief remedies applicable to the different classes of tertiary diseases. Each case, to

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be treated with any prospect of success, must be studied by itself, in reference to its particular and appropriate remedy. In simple and uncomplicated diseases, such as the primary venereal affections, the symptoms of which are comparatively few and constant, distinct rules of treatment may be laid down. In affections so deep-seated, so complicated, and involving so many organs and functions, as the secondary and tertiary affections, such a course would be impossible. We can here only indicate, not direct, the treatment.

For affections of the periosteum and bones, then, the following remedies are the most useful, viz., *Acid. nitric.*, *Aurum*, *Calcarea*, *Kali Hydriodicum*, *Iodium*, *Mezereum*, *Mercurius*, *Phosphorus*, *Phosphoric acid*, *Silicea*, *Sulphur*.

In affections of the testes, which often stand alone as indications of syphilitic taint, reference must be had, also, to the state of the constitution generally, and the treatment must be directed accordingly; and as scrofulous degeneration is frequently a leading characteristic, the remedies suitable to that condition would necessarily be referred to. The following have a direct action on the testes, viz., *Aurum*, *Conium*, *Clematis*, *Iodium*, *Mercurius*, *Pulsatilla*, *Phosphorus*, *Sulphur*.

In syphilitic cachexia, the following are amongst the most appropriate: *Arsenicum*, *Acid. phosphor.*, *Acid. nitricum*, *Carb. vegetab.*, *China*, *Kali Hydriodicum*, *Iodium*, *Mercurius*, *Sulphur*.

Here again, as I have done before, when speaking of the primary venereal diseases, I would venture to express

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a decided preference, based on careful observation, in favour of more than ordinarily potent doses of the medicines. It should never be lost sight of that in syphilis, and especially in its secondary and tertiary forms, we have to deal with a virulent, destructive, and all-pervading poison, which, circulating in and contaminating the blood, attacks the different organs, induces in them structural alterations, interrupts their healthy function, and so tends constantly to undermine the vital powers. To rouse and sustain these powers, to neutralize the depressing effects, if not to antidote the essence, of this poison, I am convinced that, as a rule, the higher potencies of medicines are comparatively useless, and that quantities, larger than the ordinary homœopathic dose, are essential. I am constantly meeting with cases—with all respect to my professional brethren I say it—both of primary and secondary syphilis, in which the small doses have failed utterly, but which have improved, or got well, under the action of the same, or no better chosen remedies, but which have simply been administered in larger doses.

Here, also, I would repeat what has already been said with reference to the importance of attending to the general health of patients labouring under the constitutional effects of syphilis. It is not sufficient simply to give an infinitesimal dose of medicine and say, "Be thou clean." Collateral aid must be obtained from every agent calculated to improve and sustain the patient's constitutional powers. These cases are almost always developed

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in scrofulous constitutions; or, if not, the diseases themselves have a tendency to depress the vital powers, and induce all those feelings of languor and debility which have already been described. To counteract this, to bring the system up to the finest standard of health, and neutralize the effects of the venereal virus, the patient should be instructed to adopt all those means which are known to impart vigour to a depraved constitution. Foremost amongst these are temperate, yet generous, and nutritious diet, cod-liver oil, friction of the skin, and bathings, different kinds of out-of-door exercise, and especially, when it can be obtained, country, and sea-side, air. The effects of syphilis are much less severe in the country than in towns. Above all, the patient should be impressed with the absolute necessity of a steady and prolonged perseverance in the proper course of medical treatment. Nothing but this will bring about ultimate immunity from the ravages of the venereal poison.

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CASES.

Case I.—*Irritation of Corona, and small Ulcers.*

July 8th.— —— Six days ago the glans penis and corona glandis became inflamed, swollen, and red. He applied zinc lotion and reduced the irritation, and now there is a series of small ulcers around the corona, deep in the centre, lardy, with red edges. Apply *Calendula* lotion and take *Acid. Nitric.* $\frac{2}{x}$, gtt. x, bis die. He has had no connexion, except with his wife, three days ago, since November.

13th.—The ulcers look well. Several glands in one groin a little enlarged. Continue treatment.

23rd.—Quite well in all respects. Continue.

This same patient consulted me for a similar attack about three months later, which yielded to the same treatment. He is one of those persons, occasionally met with, who have a constitutional, or an acquired, susceptibility to irritation of the genital organs. I have attended him for several cases of gonorrhœa, and a recent attack of the kind was complicated with inflammation of the testicle. It is important not to confound such a case of non-syphilitic irritation and ulceration as the foregoing, with genuine chancre. The number and appearance of the ulcerations, the accompanying irritation of the membrane on which they are placed, and other circumstances connected with the history of the case, will generally enable the surgeon to arrive at a correct diagnosis. They yield admirably to *Nitric Acid*, *Mercurius corrosivus* and *solubilis*, and *Calendula lotion*.

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CASE II.—*Simple Soft Chancre, cured by Mercurius solubilis.*

February 21st.— ——Intercourse a month since; noticed no ill effects until a week ago. There are now three soft, lardy, chancres on the prepuce.

Mer. solub. ℔, gr. ij, ter die.

27th.—The ulcers all but quite gone; one quite healed, the others nearly filled up. Continue medicine.

March 21st.—Perfectly well.

CASE III.—*Soft Chancre.*

April 6th.— ——Contracted chancre a week since. There is a large, soft, lardaceous ulcer by the side of the frænum preputii, and a slight enlargement of an inguinal gland on the left side.

Take *Merc. solub.* ℥ss, gr. iij, ter die.

13th.—Ulcer spreading somewhat. Continue.

20th.—Wonderfully better; ulcer clear, red, and granulating. Continue.

29th.—Healing over beautifully. The gland in groin, well.

CASE IV.—*Soft Chancre, cured with Nitric Acid.*

September 2nd.— ——Has a spreading, superficial ulcer on the under surface of the foreskin, with everted edges, a little, though not specifically, hardened. Has been well mercurialized for what he was told was herpes.

Take *Acidum Nitricum* ℥ss, gtt. x, ter die.

17th.—Doing remarkably well. Continue medicine.

24th.—The ulcer quite healed. A little thickening of the membrane remains. Continue. An ulcer on the inner side of the lower lip. Touch it with caustic.

October 2nd.—Quite well.

CASE V.—*Several Soft Chancres.*

June 3rd.— ——Intercourse five days since. Four or five fine, small, superficial ulcers on the prepuce and glans, with considerable irritation of the part. Dressing the places with dry lint. Their

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character being somewhat doubtful, to have *Mercurius corrosivus* pilule $\frac{3}{x}$, ter die, and apply cold-water dressing.

25th.—The ulcers deeper, painful, and lardy; true chancres.

Take *Mer. sol.* $\frac{2}{x}$, gr. iij, ter die.

29th.—The ulcers, though still rather white at the bottom, are doing well; less irritable. Continue medicine.

July 4th.—Two of the ulcers healed. The others clean and healthy. Continue medicine and apply *Calendula* lotion.

16th.—The ulcers quite filled up, and skinning over. Continue medicine. Cured.

Case VI.—*Chancre in Female.*

February 29th.— ——Three days an ulcer high up between the labia on the left side, about the size of a sixpence, soft and lardy; the labium swollen.

Take *Merc. sol.* $\frac{2}{x}$, gr. iij, ter die.

August 3rd.—Much the same.

9th.—The smallest portion only of the sore not skinned over. Continue medicine.

19th.—Quite well.

Case VII.—*Soft Chancre and Bubo.*

October 15th.— ——, æt. 23. Had connexion three months ago, and not since. Noticed nothing until a month ago; then, a little ulcerated spot appeared by the side of the frænum preputii, which has gradually increased to its present size, about as large as a three-penny-piece. Its base is lardy, its edges raised and red, and the parts around it are inflamed and swollen. There is no specific indu-ration. He has had no treatment beyond the application of cold water to the part.

Take *Acid. Nitric.*, $\frac{1}{x}$, gtt. v, ter die.

25th.—Very great improvement. The ulcer nearly level with the surrounding skin, and granulating healthily, and the inflammation of the foreskin has subsided. Continue *Acid. Nitric.*

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November 2nd.—Not nearly so well. The ulcer more open and angry looking. A gland in the groin has enlarged, and is painful.

Merc. sol. $\frac{2}{x}$, gr. ij, ter die.

8th.—Gland enlarging. Chancre much better. Continue.

15th.—Opened the bubo. Continue.

20th.—Doing remarkably well. Continue.

28th.—The wound in the groin looks unhealthy; edges everted, discharge thin, painful.

Take *Nitric Acid* as before, and apply *Calendula* lotion to the bubo.

29th.—Immediate amendment followed the change of treatment. The bubo is filling up admirably. The ulcer healing over. All irritation gone. Continue treatment.

December 18th.—Perfectly well.

This case is interesting on account of the length of time—two months—that elapsed between connexion and the outbreak of the disease; and as showing the excellent effect of *Calendula* in checking irritation, and favouring the healing process, in the bubo. I have noticed this in several other cases.

Case VIII.—*Two Soft Chancre—Two Buboes.*

December 18th.— ——Three weeks, two chancres, one on each side of the frænum, with irritable edges and lardy bases; no hardness. A bubo in each groin, just ready to break.

He has been under allopathic treatment. Had a mixture and pills two days ago, and a lotion, and a white powder, which was applied yesterday, and now covers the glans penis.

To have *Mer. sol.* $\frac{2}{x}$, gr. iij, ter die. *Calendula* lotion to the ulcers, and linseed-meal poultices to the groins.

31st.—One ulcer healed; the other much better. Opened one bubo. Continue treatment.

January 5th.—Opened the other bubo. Continue.

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12th.—The ulcer healing favorably. The buboes looking healthy under *Calendula* dressing.

30th.—Quite well.

It is well known that the situation of the ulcer determines that of the bubo. The latter is always on the same side as the former. In this case, an ulcer on both sides of the frænum, begat a bubo in both groins.

Case IX.—*Soft Chancre, with Phimosis and Bubo.*

December 18th.— ——Five weeks a chancre at the junction of prepuce and glans pénis. The foreskin is so firmly contracted that the ulcer cannot be seen. There is a red, inflamed bubo in one groin, which has been coming forward the last week. He has been under treatment, and is told that he has had no *Mercury*.

To take *Mer. sol.* $\frac{2}{x}$, gr. ij, ter die.

24th.—The penis is much better. The foreskin less swollen and tender; no discharge. Open the bubo, and order him to continue the same medicine.

January 1st.—The bubo doing well. The penis ditto.

15th.—The bubo healing under water dressing. The foreskin less swollen and contracted. He can with some little difficulty retract it, and the ulcer is found to have healed. From this time he dressed the bubo with *Calendŭla* lotion, as it was rather sluggish in healing, and recovered without any untoward symptom.

Case X.—*Bubo, after Soft Chancre.*

December 18th.— ——Coition seven weeks since. There was a superficial, ulcer-like excoriation on the outside of prepuce four weeks; never any hardness. He applied Zinc lotion, but took no medicine. There is now a scab firmly attached to the seat of ulcer. Eight days ago, a gland in the right groin became tender and swollen. There is now a bubo nearly ready to open.

Take *Mer. sol.* $\frac{2}{x}$, gr. ij, bis die.

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25th.—Opened the bubo. The scab separating from the chancre. Continue medicine.

28th.—The bubo doing well. The wound contracting and healing. The scab has fallen from the foreskin; no hardness left. Continue medicine, and apply *Calendula* lotion to the bubo.

January 4th.—Doing remarkably well. Continue.

16th.—The bubo healed. Continue, and cured.

Case XI.—*Chancre—Large doses of Mercury ineffectual—Cured by Homœopathic doses.*

June 22nd.— ——This gentleman has had chancre five weeks. He has been under allopathic treatment, took *Mercury* to salivation, and used *Black wash* to no good purpose. There is a large, deep ulcer at the back of the corona glandis, and invading the prepuce. He is now applying lotion of *Lig. Opii sedat.*, and again taking *Mercurial pills* twice a day, having had *Nitric Acid* in the interval.

To omit the pills, and have *Merc. sol.*, $\frac{2}{x}$, gr. iij, ter die.

29th.—Very much better. Part of the ulcer is granulating; the deepest part is still lardaceous. He feels very much better in health. Continue.

July 6th.—Healing very favorably. Continue.

13th.—Ulcer healing admirably. Continue medicine, which completed the cure.

This, like the previous case, is very interesting in a therapeutical point of view. It suggests three questions:

First. Did the large, allopathic doses of Mercury aggravate the disease and prevent the healing process?

Secondly. Was the cure owing to the reaction of that Mercury, after leaving it off? or,

Thirdly. Was it due to the action of the homœopathic treatment?

The answer must, I think, be in favour of the

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latter. The disease progressed under salivation. The Nitric Acid, which antidotes the Mercury, did not arrest the ulcerative process, which still persisted under the second allopathic course of Mercury, and was only arrested, and the cure brought to a successful issue, by the small doses of the black oxide. Other cases of a like kind, that have occurred in my own practice, confirm this view of the case.

Case XII.—*Chancre—threatening Bubo—Warts.*

May 3rd.— ——Six weeks since contracted chancre. Understanding something of medicine, he touched it himself with caustic. Then took one-grain doses of *Iodide of Mercury*, which purged him. Then rubbed Mercurial ointment into his thighs for a week. Then took five-grain doses of *Hydr. c. Cretâ* three times a day. All this produced no perceptible effect on his system. The ulcer, after a while, nearly closed, but there still remained, at the above date, some hardness, and a tendency to warts, which are springing up near the frænum. Thinking he had had *Mercury* enough, I prescribed *Acid. Nitric.* $\frac{2}{x}$, gtt. x, ter die, and *Calend.* lotion to part.

21st.—The warts had nearly disappeared, but there was an open ulcer—a fresh one—by the side of the frænum preputii; a gland in the groin was enlarged and tender.

To have *Mer. sol.* $\frac{2}{x}$, gr. ij, ter die.

June 6th.—The greatest amendment followed this treatment. The gland in the groin was well, the warts had disappeared, the ulcer had healed. Continue medicine a little longer. Cured.

This case was interesting as showing the good effect of *Acid. Nitric.* in checking warty growth, and as proving that the previous exhibition of Mercury in large quantities does not always contra-indicate its use in homœopathic

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doses; nor apparently does it interfere with its curative action.

CASE XIII.—*Simple Sloughing Phagedænic Chancre, &c.*

October 12th.— —— Impure intercourse ten days since; an ulcer appeared seven days after on the edge of the prepuce, and another at the root of the penis; the former is soft and lardaceous, the latter scabbed over.

To have *Merc. sol.* $\frac{1}{x}$, gr. ij, ter die.

15th.—The ulcer on prepuce already looks a little cleaner, and the swelling and inflammation of prepuce less.

Merc. sol. $\frac{2}{x}$, ter die.

22nd.—The swelling of prepuce gone, the ulcer filling up. The scab at the root of penis hard, but separating from the skin, as if healing underneath.

November 19th.—The ulcer all but perfectly healed over. The scab ditto. Continue medicine.

From that time, without assignable cause, the place at the base of the penis became unhealthy; it spread rapidly, became foul and sloughy at the bottom; gradually, another and another place became hard, then black, sloughed, and left a deep, foul ulcer, until at length, the whole root of the penis was encircled with these foul ulcers, which threatened to amputate the organ, unless arrested in their progress. Being satisfied that they were of the nature of soft chancre, and having, therefore, no apprehension of secondary symptoms, I at once omitted the *Mercurius* and gave *Acid. Nitric.* $\frac{3}{x}$, ten drops, every four hours. Nourishing diet and cod-liver oil. The patient to remain quiet and recumbent, and to apply linseed-meal poultices to the ulcers. Under this treatment the destructive process was gradually arrested. The healing process, however, being very tardy, I again resumed the use of *Mercurius* in the form of iodide $\frac{1}{x}$, gr. ij, night and morning, still continuing the *Acid. Nitric.* for some time longer in the middle of the day, and ultimately this was changed for *Kali hydriodicum.* The patient's health improved, (for he had become weak), the ulcers filled up, he resumed his occupation, and has suffered no inconvenience since.

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This was an interesting, though exceedingly severe and obstinate, case. I could not account for the sudden accession of unfavorable symptoms, except on the score of intense mental anxiety, which the circumstances of the case unavoidably entailed upon him.

Case XIV.—*Hard Chancres, and secondary Erythema, at the same time.*

July 12th.— ——Intercourse two months ago. One ulcer has existed five weeks. There are now two large, deep, foul, ulcers, eating down into the glans penis just by the corona. The prepuce is much swollen, and there is almost strangulating paraphimosis. The bases of the ulcers are very hard. There is scarcely any discharge. He came to me a few days before the above date, complaining of lassitude, headache, loss of appetite, &c., but said nothing about the syphilis. Visiting me on the 12th, his body, from head to foot, was studded, almost as thickly as confluent smallpox, with secondary erythema. I at once saw its nature, and a single question and answer, explained the whole state of the case. The eruption was papular, and many of the spots were scaly. He still complained of the constitutional symptoms which often accompany the outbreak of these eruptions—headache, debility, anorexia, &c. He had also some soreness of the throat and a slight husky cough. He had undergone no treatment whatever for this complaint. I drew the foreskin forward, ordered *Lotio nigra* to be applied to the ulcers, and gave him *Merc. sol.* $\frac{2}{x}$, gr. iij, ter die, to take internally.

18th.—Already amazingly better. The ulcers look clean and healthy, and are granulating. The eruption is fading fast. He is also better in health. Continue the treatment.

August 2nd.—The chancres have filled up and healed over. Continue the *Mer. sol.*

14th.—The rash much less prominent. Some hardness in the seat of the ulcers. He continued treatment for some time longer, taking ultimately the iodide instead of the oxide of *Mercury*. He got perfectly well, and has had no sign of a relapse.

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Let those who question the power of homœopathic remedies to cure syphilis, explain away this case, one of the most genuine examples of primary and secondary syphilis that could possibly come under a surgeon's notice.

Case XV.—*Hard Chancre and Secondary Symptoms.*

February 10th.— ——Ten weeks since contracted what he was told by a medical gentleman whom he consulted in the country was "an excoriation" on the corona glandis. It was then quite soft. Ordered *Black wash*, but no medicine. The ulcer did not heal. Then, a fortnight from the first, it was burnt with caustic, and twice afterwards, the last time three weeks ago. There was no hardness before the caustic was applied. There is now a large chancre, as hard as a piece of leather, under the foreskin, and yet his medical attendant still persists that it is not syphilitic, and declines giving him any medicine.

To take *Mer. sol.* $\frac{1}{x}$, gr. iij, ter die.

15th.—By report, the sore spreading and eating down into the penis. Continue the medicine.

It should have been stated that when he visited me on the 10th he had on the forehead and face, and other parts of the body, a great deal of papular eruption, some of the spots being covered with fine scurf. He had suffered some days previously with frontal headache, and a sense of immense weight on the top of it; he had also aching pains in his back.

22nd.—He visited me again, wonderfully better. The spots are much fainter, and the ulcer has filled up and nearly skinned over. Continue medicine.

March 20th.—Has continued the treatment for the last few days with the second decimal instead of the first. The ulcer is quite well; some hardness remains. The spots scarcely visible.

Merc. biniodid. $\frac{2}{x}$, gr. iij, bis die.

April 1st.—Apparently well; some faint stains of the skin. Continue treatment, for safety sake, some time longer.

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Case XVI.—*Hard Chancre and Secondary Sore Throat.*

December 18th.— —— æt. 45. Has a small, hard chancre on the tip of the penis, involving the whole of the orifice of the urethra. The orifice is red and swollen, and covered with a hard kind of scab; there is no discharge. When grasped between the finger and thumb the part feels like a large pea in size and hardness.

Take *Merc. sol.* $\frac{1}{x}$, gr. ij, ter die.

Under this treatment, with no variation, excepting that the second decimal was substituted for the first, the ulcer gradually cleaned, the leathery surface gave place to healthy granulations; the hardness gradually subsided, and on the 18th of January the wound had healed. He continued the medicine for some time longer. The glands in the groin were not enlarged, nor were there any signs of secondary symptoms, until one cold day he incautiously rode outside a cab without sufficient covering, and caught a severe cold, which resulted, two days later, in a sore throat, and much enlargement of the tonsils, which ulcerated at first superficially, and then deeply, and gave a good deal of trouble for three months or more. The tongue also, and the corners of the mouth, became inflamed and cracked.

He had *Kali hydriodicum* ϕ, gr. ij, bis die; *Mer. biniodid.* $\frac{2}{x}$, gr. iij, bis die; *Ol. Jecoris*, and caustic to the throat. The patient persisted, throughout the whole attack, in smoking, which in all cases of sore throat and affections of the tongue and mouth, is a most pernicious habit, and should be scrupulously avoided.

Case XVII.—*Hard Preputial and Urethral Chancres—Secondary Symptoms.*

August 22nd.— ——, æt. 24. Had impure intercourse a month since. The last week an ulcer, small, raised, and hard, on the frænum.

To take *Mer. sol.* $\frac{2}{x}$, ter die, and *Calendula* lotion to be applied to the part.

28th.—The same. Continue.

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September 4th.—The ulceration the same. Pain in micturition. General irritation of the penis. On opening the lips of the urethra a small, superficial ulcer on one side of the passage is detected. Little or no perceptible discharge from it. Continue medicine.

10th.—Ulcer healing; itching of the scalp; piles; several glands in groin enlarged, hard, like peas under the skin.

20th.—The ulcer on penis healing fast; a papular eruption has broke out all over the body, chiefly on the abdomen; very little, and faint-coloured, on the face.

Take *Sulphur*, pilule, $\frac{3}{x}$, o. n. Continue *Mer. sol.*

30th.—The ulcer on penis healed; that in the urethra clean and healthy, but not healed. The eruption has nearly disappeared. The skin of the scalp has become dry and scurfy, and the hair falls off. The sides of the tongue red, sore, and cracked.

Mer. biniodid. $\frac{2}{x}$, gr. ij, ter die. Touch ulcer in urethra with caustic.

The case has been thus far detailed in order to show the sequence of the symptoms. From this date there was no fresh outbreak; on the contrary, the symptoms gradually, though slowly, receded. The ulcer on the penis healed; the hardness in the cicatrix of the older ulcer disappeared; the hair ceased to fall off. The tongue, being touched once a week with caustic, healed; and the general health, which, as commonly happens under constitutional syphilis, had flagged, became re-established; and at the end of six months from the commencement of the attack he was able to leave off treatment. He continued the *Mer. biniodid.* during the greater portion of the time. He had also *Tinct. Iodium* $\frac{2}{x}$, gtt. v, bis die; subsequently *Kali hydriodicum* φ, gr. ij, bis die; and lastly, for a month, *Decoct. Sarzæ comp.*, bis die, and *Ol. Jecoris.*

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Case XVIII.—*Hard Elevated Chancre (Ulcus elevatum), with Secondary Symptoms.*

July.— ——Coition ten days ago. A chancre on the outer edge of the foreskin four days, and another on the scrotum, where the penis touched and inoculated it. The ulcers were superficial, but the subjacent tissues were hard.

He was immediately put under *Mer. sol.* $\overline{2}\overline{x}$, gr. iij, ter die.

The ulcers continued to spread during the next week, and became, especially that on the foreskin, completely elevated above the surrounding surface, on a broad, flat, hard platform, as it were, of thickened skin and cellular tissue, and the whole adjacent parts of the foreskin were swollen and red.

This thickened mass remained throughout the whole attack, and did not subside until some time after the ulcers had healed. The same treatment, with slight variations in the potency of the medicines, was continued until the cure was completed.

Slight secondary erythematous eruption on the wrists and scrotum; with redness, and one ulcer in the throat, were the only constitutional symptoms that appeared. For these I prescribed the *Biniodide* of *Merc.* and *Kali hydriodicum*; and he soon got well.

Case XIX.—*Secondary Chancre, Erythema, and Sore Throat.*

March 4th.———, æt. 26. Has had three chancres, at intervals. After the third, eighteen months ago, he had secondary symptoms in the form of sore throat, and at intervals of three months he has had secondary chancre, and there is now a large, hard-based, deep chancre along the under part of the glans penis and frænum. He has had no sexual intercourse since September. This ulcer has existed since Christmas (ten weeks.) There is also sore throat; it is red, and discharging a good deal of mucus. There are also obstinate, itching pimples on the hairy scalp. He has been under homœopathic treatment during the last five weeks or more. He does not know what

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medicines he took. It was, however, a clear mixture, and had no effect whatever on the complaint.

Take *Mercur. sol.* $\frac{2}{x}$, ter die. *Lotio Calend.* to the sore.

11th.—The ulcer filling up; it is very hard. The frænum is thick and hard, and the prepuce is swollen and covered with eczematous spots. The face is also covered with spots. Throat still sore.

Mer. p.-iodid. $\frac{2}{x}$, ter die.

19th.—The ulcer filling up satisfactorily; the head is much better. *Mercur. proto-iodid.*, as before.

29th.—Wonderfully better; the eruption almost entirely disappeared.

April 5th.—The ulcer filled up and healed over, and throwing off a scaly epidermis. There is still a good deal of hardness in the part. The swelling of the prepuce has subsided. Continue.

It is unnecessary to pursue the history of this case any further in detail. From this time he continued the treatment with two-grain doses of the biniodide of *Mercury*, in the second decimal dilution, three times a day, and left my care perfectly well.

This is a very interesting case. Ricord and other experienced observers lay it down as a rule, that whilst the same person may have a *relapse* of secondary symptoms, and the site of an old hard ulcer may again become sore, yet that he cannot a second time, *de novo*, develop indurated chancre and secondary symptoms; in other words, that the first inoculation protects the individual against subsequent infection of the same kind. The foregoing case would therefore appear to be an unusually distinct and well-marked instance of relapsing chancre, and secondary sore throat, and skin disease.

The ulcer presented all the characteristics of true Hunterian chancre. The results of the treatment are also interesting, as showing the excellent effects of the

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second decimal preparations of *Mercurius*, after other homœopathic remedies had been given, probably in higher dilutions, fruitlessly, for five weeks.

Case XX.—*Secondary Sore Throat.*

March 13th.— ——Five months since had chancre, a soft one, he thinks. He had much *Mercury*, his mouth was made sore, and the action was kept up for some time. Three months later he had sore throat and a few pimples on the penis. The latter went away. The throat was bad nearly a mouth. He took a good deal of medicine—*Sarsaparilla* and iodide of *Potash*—and was better until recently. The throat is again red and inflamed, and is evidently syphilitic; no ulceration.

To take *Apis* $\frac{3}{x}$, a pilule three times a day, and *Cod-liver oil* every night.

24th.—The throat is wonderfully better; indeed well. Continue medicine twice a day, for a few days longer.

30th.—Throat still perfectly well; he has an ulcer on the inside of the lower lip.

Touch it with caustic, and take *Laches* a pilule twice a day. I saw no more of this patient.

Case XXI.—*Secondary Sore Throat.*

February 4th.— ——This gentleman had chancre in June, at the junction of the foreskin and the corona. It was hard from the first. He had *Mercury* internally to slight salivation; mercurial ointment to the wound. The sore healed in a fortnight, the hardness remaining till December. The glands in the groin became slightly enlarged and hard, but there was no bubo. He had spots on the forehead and faint, copper-coloured spots on the arms; and now the throat, embracing the entire arch and uvula and the tonsils, is inflamed, swollen, and intensely red. The tonsils are excavated by deep, jagged ulcers. He has great pain and difficulty in swallowing, has headache, and feels otherwise ill and languid. He has been under

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allopathic treatment till the last ten days, using gargles and taking iodide of *Potash*, and has had much *Sarsaparilla*. The face is rough and *spotty*.

To take *Aconite* and *Belladonna* of the $\frac{3}{x}$ potency, alternately, every six hours, and *Cod-liver oil* every night.

March 3rd.—The throat less intensely inflamed.

Take *Merc. iodid.* $\frac{2}{x}$, gr. ij, ter die. The ulcers touched with caustic.

11th.—Very much better indeed, especially the throat; the ulcers look clean and granulating, and the redness has much abated. Continue medicine and caustic.

24th.—Throat not quite so well; the face is quite clear. Continue, and caustic.

April 8th.—Caustic, and *Acid. Nitric.* $\frac{2}{x}$, gtt. x, ter die.

12th.—The throat of normal colour; the ulcers filling up rapidly; indeed, it looks all but well. Continue, and caustic.

The same treatment was continued for some time longer, the tonsils being touched with caustic every third day. I have found this to be the best application in these cases of deep ulcers of the tonsils. In the solid form it is very manageable, and can be applied to the bottom of the ulcers. About once in three days is often enough to use it.

Case XXIII.—*Secondary Syphilis.*

July 13th.— ——This gentleman states that he had chancre, a hard one, nine months ago. It lasted a long while, and was difficult to heal. He took *Mercury* to salivation. He had secondary sore throat, an ulcerated spot on the tongue, and some copper-coloured, scaly spots on the forehead. Some of these remain. The chancre never thoroughly healed over; the place is still red, and the skin not strong, it easily gives way, and the frænum, also, is red and thick. The scrotum has several eczematous spots on it.

Take *Arsenicum* $\frac{3}{x}$, a pilule three times a day, and *Cod-liver oil* every night, and apply *Calendula* lotion to penis.

August 2nd.—Better; still some hardness on the frænum; scrotum clearer; spots on forehead paler. Continue the same treatment.

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20th.—Much the same; some brown spots on the legs. *Mer. iod.* $\frac{2}{x}$, bis die.

From this date up to the end of the year he continued to take the iodide in different dilutions with steadily progressive benefit. The spots on the face entirely disappeared, and also from the scrotum, and those on the leg subsided to a mere discoloration, the skin being of normal texture. He continued to take the oil for a longer period still; his health became good; all the hardness of the frænum went away, and he has had no return of any of the symptoms.

Case XXIV.—*Secondary Symptoms, communicated.*

April 2nd.— ——This lady has been married four months, and is three months gone in the family way. Her husband states that he had a hard chancre in autumn, which healed, and between that event and the breaking out of secondary symptoms he got married. He is now under treatment for these symptoms, which are vividly manifest on his face in the form of irregular, red, rings.

His wife, the subject of this case, had swelling of one of the labia and great itching of the part, there being, according to her statement, no open sore. Subsequently, a gland in the groin became enlarged; to this succeeded an eruption of faint spots over the body, together with sore throat. For these symptoms she consulted me, and having had no previous treatment, I prescribed *Merc. solub.* $\frac{2}{x}$, gr. ij, ter die, which medicine she continued until the 19th, when the spots had nearly all disappeared. But the throat was no better, the tonsils being greatly enlarged, jagged, and ulcerated. I touched them with caustic, and ordered her to take *Mer. biniod.* $\frac{2}{x}$, gr. ij, bis die, and *Cod-liver oil.* She continued this treatment for some time, following the biniodide with *Kali hydriodicum*, and ultimately got pretty well before her confinement.

The mode in which the disease was in this case communicated from the husband to the wife, is an interesting question. Was it through the fœtus in utero? I had

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no opportunity of ascertaining the result of her accouchement—whether or not the child was infected.

Case XXV.—*Secondary Syphilitic Iritis.*

October 19th.— ——, æt. 31. He had contracted chancre some months previously, and was treated allopathically by large doses of *Mercury*. It had been followed by secondary skin eruptions, and these by iritis, for which he took *Bell.*, *Merc.*, and other remedies prescribed by a colleague, and had *Belladonna* applied to the brow. The active symptoms were a good deal subdued when he visited me. The iris, however, was still irregular and discoloured, and the sclerotic red and inflamed. There was some hardness and redness remaining on the site of the ulcer on the penis. There was also, enlargement and superficial ulceration of the tonsils. His health was not good. He had been living rather low, and was not of robust constitution.

To take *Tinct. Arsen.* $\frac{3}{x}$, gtt. v, ter die, and *Cod-liver oil*, and drop a solution of sulphate of *Atropine* into the eye every night.

23rd.—The change for the better was very great. There was scarcely a tinge of redness on the eye remaining. Continue medicine.

28th.—The eye all but well. The throat much better, also. From this time his amendment was uninterrupted. After a month's residence by the seaside he returned home, apparently quite restored. Some months afterwards there was a slight return of constitutional symptoms, but not of the eye disease.

Case XXVI.— *Syphilitic Cachexia—Scre Throat—Ulcerated Glands—Nodes—Laryngitis.*

July 30th.— ——, æt. 24. Got into a horrible state of syphilitic disease in a hot climate, a year ago. Took a little *Mercury* six months ago. The sore healed. He got cold; ulcerated sore throat followed. The glands in the neck swelled, and there are now three open ulcers on the right side of the neck, and some under the chin,

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deep, with sloughy bases; jagged, sharp edges, and discharging ichorous matter. The throat is sore and ulcerated, the disease involving the larynx, and causing him to speak in a hoarse, subdued voice. His general health is fearfully depressed; he has quick, small pulse; night sweats; no appetite; tongue foul; much emaciated.

Take *Nitric Acid*, gtt. x, ter die, *Cod-liver oil*, and apply *Calendula* lotion to the wounds in the neck. Live well; drink stout.

The foregoing statement is given to show the patient's condition. It is not my intention to give the details of the treatment, which, necessarily, in such a case, extended over a considerable period. Suffice it to say that he began to mend immediately, he was considerably better in every respect at the end of the first fortnight, and he continued to improve. He had subsequently iodide of *Iron*, iodide of *Potash*, and *Sarsaparilla*, and, after a sojourn at the seaside, was sufficiently restored to engage in a light occupation. His health has remained tolerable ever since, but not so strong as previously.

Case XXVII.—*Tertiary Node—Previous Bubo.*

March 20th.— ——, æt. 25. Five years ago had chancre. He thinks it was hard; he took *Mercurial* pills until slight salivation was produced. He had bubo whilst the sore existed, which gradually ripened, and was opened too soon. It closed, and the second time there was matter; not the first time. It healed after a while. He had spots on the skin some time afterwards, and there are slight stains on the forehead remaining. One side of the tongue is ulcerated, in places. During the last six months there has existed a node on the inner side of the right tibia, about two and a half inches long and an inch wide. He paints it with Iodine, and has taken a good deal of Sarsaparilla and iodide of Potash. They disagreed

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with him, and he has discontinued them. The node is hard, and not tender to outward pressure.

Take *Silic. trit.* $\frac{3}{x}$, gr. iij, bis die. *Caustic* to tongue.

April 3rd.—He has had pains in the shin-bones, in both legs at night, commencing in the node. *Aur. Met.* $\frac{2}{x}$, gr. iij, bis die.

10th.—The leg having the node has been perfectly easy. The other leg has aching pains in the outer side, deep down amongst the muscles, which are tender to pressure. The pain is worse in the warmth of bed, and on coming from the cold air into a warm room. The node seems better.

Take *Tint. Mezereum* $\frac{1}{x}$, gr. v, bis die.

Assuming, from the unmistakable appearance of secondary and tertiary symptoms, that this case was one of hard chancre, it presents an exception to the general rule, that *suppurating* bubo does not result from indurated chancre.

CASE XXVIII.—*Tertiary Node, probably Urethral Chancre, mistaken for Gonorrhœa.*

November 16th.— ——, æt. 32. Seven years ago had what was regarded as a case of gonorrhœa—a discharge from the urethra—and was treated accordingly. Never had a sore on his penis, nor any other sign of primary syphilis. Yet, following the discharge, he had spots on his skin (and, indeed, has several patches of psoriasis on his legs now), sore throat, which lasted three months, and nodes on his shins. He took large quantities of *Sarsaparilla* and iodide of Potash for these symptoms, and for several years has enjoyed pretty good health. During the last two months there has been a swelling gradually rising on the ulnar of the left arm, at about its middle. It is hard, nearly round, and measures about two inches across. It impedes the movements of the limb somewhat, but causes no pain. His general health is good.

To take *Silicia trit. pulv.*, $\frac{3}{x}$, gr. iij, bis die. He continued this medicine steadily (on one occasion, only, having *Calcarea* instead)

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for six months, and under its action the swelling gradually decreased. Some irregularity to the touch, on passing the finger over the diseased part, remains.

This was, doubtless, originally a case of urethral chancre, the discharge from which was mistaken for gonorrhœa; for though formerly an opinion, based upon such cases as this, prevailed, that syphilis and gonorrhœa were essentially one and the same disease, later observation has clearly established the fact, that secondary syphilis does never result from gonorrhœa, and that cases supposed to be of such a nature, were, in reality, improperly diagnosed cases of chancre hidden in the urethra.

Case XXIX.—*Tertiary Affection of the Testicle.*

December 14th.— ——, æt. 33. Six years ago had chancre, followed by secondary eruption, viz., scaly, except on the penis. After a while the left testis became large, and has been so, off and on, ever since, always remaining larger than natural. It has caused no suffering with the exception of a disagreeable pulling, from its weight.

Take, first, *Graphites*, $\frac{3}{xij}$, bis die, a pilule, for a month, then *Lycopodium* in the same manner; *Cod-liver oil* every night. Support the testicle in a suspensory bandage, as heretofore.

March 5th.—Great deal better. The organ smaller than it has been for years, and more comfortable. Continue.

April 24th.—Visits me from the country, to report himself still improving. On examining the testes, they are found to be of normal size, the affected one differing from the other only in the presence of a small, hard, tubercular elevation on its outer side, about the size of half a split pea.

ERRATA.

At page 56, 17th line, for "passed," read *pressed.*
At page 66, 15th line, for "at what," read *at which.*

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