ART. I.—Some Remarks on Gonorrhea and Syphilis. By Maurice Henry Collis, M.B., F.R.C.S.I., Surgeon to the Meath Hospital and County Dublin Infirmary; Member of Council R.C.S.I., and of Council of Surgical Society.

Although few persons will now pretend to add much to the symptomatology or treatment of gonorrhea and syphilis, yet all will allow that there is still room for the honest records of experience in both departments. As I have ventured to show, in the pages of this Journal, there is no domain of surgery in which dogmatic assertion is so prevalent a feature; and where dogmatism is found to exist, much imperfection of observation and uncertainty of action may fairly be suspected. Such must be my apology for writing on a subject so hackneyed, and of which most practitioners will think they have already had more than enough. I do not now presume to do more than state the results of a very moderate experience in the treatment of uncomplicated forms of gonorrhea and syphilis, founded not alone upon my own practice, but upon such observations as I have been able to make of the practice of others.
Dr. T. Chambers asserts that gonorrhea, if let alone, will get well spontaneously in two or three weeks. Certainly the milder forms get well on surprisingly little treatment. For years I have not given either cubebs or copaiva at all. They are, perhaps, useful drugs, but I have not found it necessary to use them; the disease, as I have met with it, admitting of a ready cure by less unpleasant remedies. In persons of full habit and great vigour I generally give a saline purgative at the commencement, followed up by minute doses of tartar emetic, if there be much constitutional disturbance or a tendency to high local inflammation. Cold affusion will also be of service in these cases. The main treatment, however, is by injections; not heroic solutions of nitrate of silver, which are eminently uncertain and dangerous in their action, but by weak, and frequently repeated, solutions of alum. The rule for applying injections is simple:—If the inflammation be severe, let the solution be weak and frequently used; if it be of chronic type, let the solution be strong and seldom used. This is the key to the successful use of injections; and not only is the rule applicable in gonorrhea of the urethra and of the conjunctiva, but it may be extended (with necessary modification) to treatment of all inflammations, and to the use of internal remedies as well as external applications. Indeed, I think, a similar rule may be traced in the effects of all stimulating applications, whether general or special, in the use of tonics, astringents, and sedatives; so much so as to convey to my mind the existence of a general law regulating the actions of a large class of remedial bodies. The terms of it would run something in this form:—"The more acute the disease, the more frequent and the weaker the remedy; the more chronic, the stronger and less frequently applied."

The astringent on which I chiefly rely for the cure of gonorrhea—is alum. In the most acute form of gonorrhea, when the discharge is profuse, thick, and glutinous—the lips of the urethra red, villous, and pouting—the patient should be directed to pour a small jug of cold water over the organ, and immediately inject a syringeful of solution of alum of the strength of half a grain to the ounce. This injection is to be repeated every half hour for the first day, and as often at night as the intervals of sleep will allow. In all probability, before 24 hours have elapsed, the secretion will be lessened in quantity, and somewhat thinner; the local heat, swelling, and redness will have abated; and the ardor urinæ will have almost disappeared, if the saline purgative and the tartar emetic have been