The
Abative treatment
of
Gonorrhoea
I have long been of opinion
that the treatment of
syphilis as generally
conducted has been
conducted on false lines
and that the constitutional
treatment by means of
Copraiba, Cubebes, Santal
Oil and such like was
a mistake. It always
seemed to me that it
was a strictly local
disease and could be
treated perfectly well
locally. When I was
student the quack kept
of cured in three days
always seemed an
end attainable. My
practice however has
lain very slightly in
that direction. Never-
theless I make an
attempt to solve the
problem a few years
ago at first with
much success as to
allure me to continue
this of investigation and
literally my cases have
been completely success-
ful. Any authorities
that I have had access
to have treated the
matter very slightly
or not mentioned at all. Bryant in the practice of surgery (Vol. 11 page 188) says: "poeunkrea is a local disease and may be treated locally with success" — a little further on "astrinient injections are always of value when they can be used frequently and efficiently" — "they may cure the disease in one, but more commonly the fail," and "the chloride of mercury, given to the ounces, has recently been advised"
Heath oxy - Student Manual page 76. 3rd ed.

"abortive treatment with strong caustic injections or large doses of specifics is rarely successful and not free from danger."

Another form of abortive treatment planned on the assumption that it somehow has a parasitic origin. Causing in the introduction of groups of CoCoe butter containing rockoform and eucalyptus oil before the more recent views about.
micro-organisms had been elaborated; whatever else lister had done he and demonstrated practically how any such subject was to be approached and to me it seemed to resolve itself into a choice of objects. If it is correct to say that "all acute suppurations are due to micrococci" (chapter's page 49) is nothing to do but impossible get rid of.
"microcosms propagate always by simple division instead of any other means since all organisms which do not bear spores are easily destroyed it seems to me that the question resolves itself into a question of what is the best agent for the purpose. Some of the agents that are used for destroying microorganisms cause a considerable amount of harm by excluding the old fashioned remedies such as sulphate of..."
Zinc nitrate of silver
and so on if we
take the more recent
basis on the present
way of looking at these
questions. Bromine,
Iodine, Chlorine.
Perchloride of Mercury
Carbolic Acid, Absolut
Alcohol and so on.
These would all more
or less cause pain
and its complement in
such a case reduce
heat and swelling.

One of the objects
ought can be obtained
within those drawn
beaks a distinct
advantage is gained to the organism to be dealt with does not form spores the matter is simpler than it otherwise would be so that there is no necessity for the more powerful germicides with the spore bearers we would have to be on the outlook in case any of the spores had been left behind so that we could be certain the disease had been to rid of unless the treatment had bee
continued. For some short time I put once
kill the fishes, coos
and it is done with
however it must
always be borne
in mind that a
small amount of
the organism may be left
behind one of the
Lancans in retraction
in the presence
between its and the
flank points. The
urethra is easily
dilatable on account
of the longitudinal fold
of the mucous membrane
there on being distended.
became obliterated
and of course once
they are opened out
there is no lurking
place left at all

An event in the winter
as I mentioned a
few lines back if
the prepulse is long
there would be a
certain amount of
monomophal discharge
adherent to it. This
in being retracted
so as to bare the
interior urinary
when using the syringe
would carry a small
amount of the discharge
with it and unless this is carefully looked after there would remain sufficient to re-inoculate the weather and at the end of a few days after inoculation there would be a recurrence of the disease to your own and your patient's disadvantage. How comes the question of which is the best form of pneumonia? There are several that might answer this purpose that is
That would not cause pain. On inflammatory symptoms for instance a weak solution of Perchloride of Mercury one in \( \frac{1}{6000} \) to one in \( \frac{1}{60000} \) on the mercurey potassic acid which could be used in an even more dilute form. Fluoride of Sodium perhaps Bros. Pyroxyline etc. etc. however that I have used has been a saturated solution of Sodium Fluoride with a dose
Amount of Leiper
Hydramycin Per Child (about 20) and I have
literally found that
after thoroughly washing
out the urethra and
close behind the prepuce
once or at most
twice within an interval
of an hour or two
there has been no
thirst of the disease
and I have had
several severe cases
to deal with once
the patient had been
taking the usual
internal remedies
Capsaicin & Gent
Ostensibly, he had a large bubo in the groin after two applications. The poularde was gone and the bubo was healed within a week. It will be noted that the quantity of perchloride is small. For instance, if we say that the quantity of injection is 30 cc, it would require about 31/2 of Eq 1 per cent. If we amount this would mean that the time was 38 or 39.
grain of perchloride present which if we

tooth it as alone
the active agent
would give the
proportion of 1 in
about 1000 a small
proportion to be of
avail alone at first
I tried the fluoridic
alone but came
across cases more
and then which
would not be
unlodged by it. Of
course eight ounces
is a large quantity
to use for one case
and I should say
It is within the reach of every family to try such remedies, and the atmosphere would be used for one ease.

Since I combined it with the treatment I have never had a recurrence and I have always been very much gratified with its success. In using the injection I have never taken into account the stage of the disease.

Robert Cook
Gronick
unfortunately I have not been in the habit of taking notes of my cases and my intention of even writing on this subject is of very recent date to that I am only able to put my hands on a few of my cases in this reason that I have not been able to go into detail is that I have only been in this place some 18 months and consequently cannot give with exactitude cases which occurred before that date. I should think I have treated
altogether in this manner about 20 Cases of these I should perhaps more properly describe the first of the series as a trial experiments only but taking them as a whole I have treated about that mule consecutively without having recourse to the usual internal remedies (such as Copaiba, Cabelo Faste oil or any other that is usually esteemed specific in such cases). In those cases I have no remembrance of having given any
internal remedy whatever but in some of them cases it is possible to
may be in addition to the local treatment
— have given more temporary "placebo" of
such like but no
just as the photophobia
is concerned I have
trusted to the injection
entirely
Of course this is a
very small number
of cases to found my
positive opinion on
well I can say for myself
is that they are very
encouraging and that
The results already obtained will and ought to induce me to continue in the same line of treatment. And my only regret is that I am not in the way of having a larger number of this class of cases accompanying myself to recent cases, from which I have a distinct remembrance of, and I think, knowledge of, those instances. I must only refer to the only case occurring in the present year and occurring in 3 people only (8. one)
had the disease twice. The first was a young man living in Pendleshaw. He is aged about 18 yrs. Who was brought by his father to me. They came on a Sunday evening at the beginning of the year in this case I suspected it to be whooping cough myself and I asked him to let me see him the following evening. He came and reported himself well and I have never seen him since when he came on the
Second occasion I examined the creature urinary and found it red round the orifice later there was no discharge. The next case L. P. of this place came to me a short time after the other with a freely running coronorhea and a large suppurating thumb in the left from I also suspected this case and myself as in the former and as soon as the pus escaped was convinced he was well the next day and the ulcers kept in
From work for about a week, afterwards about 3 months after wards he had a subsequent infection and I allowed him to use the injection himself. He reported himself as well the next day but about 4 or 5 days after this he came back to tell me the discharge had returned. I told him to return the apparatus and reported himself well again. He came again with the same tale. I then examined the lesion.
and found he had a rather long preface
I directed him to
thoroughly clean out
behind the
preparation. I shall give
him some salicylic acid.
I think this was
completely effective as I heard
nothing further about
it. After I was attending
his father at the time,
I did not see him
when I called to see
his father, he was
always from home
at his occupation but
I felt sure I should
have heard if he had
not been well.
The last case is one I have written in my case now and so far is
the worst of any of the cases I have had to
treat. It is true that it is said "distance
and enchantment
to the view" and we
are apt to think lightly
of dangers that are
near. H. C. first came
under my notice of the
end of the present month.
He told me he had
been exposed to
infection 8 days previously
and that he had a
discharge from the
whether I examined him
and I could say very
superficially as on his
subsequent appearance
and deep subsequently
he drew my attention
at a painful stand in
the spine (left) which
lead me to examine him
more attentively when
I found a superficial
pore on the face and
right arm the posterior
end had also one on the arm on the skin
of the penis which looked
very suspicious. I should
guy that the discharge
from the urethra had
entirely disappeared as there was a very small portion about the size of a pins head on each occasion that I examined him. So that I kept him using the injection for a week when I told him to discontinue it till the next day when he came back very much worse and the same as the time of the pain showing signs of hardening. On the 28th I saw him for the last time the discharge was then in the same state as it was in two days before.
that is that there was enough of it to make me certain that it had not disappeared however he told me to say that he had to go to the west of England and that he would be absent for a month or six weeks so that I will not have opportunity of seeing him again a little time as this is the first case that has been really and thoroughly satisfactory it has occurred in my mind to come often and I have naturally
For it not having turned out well anything rather than blame my plan of treatment. For instead of today told me that he had not tried to limit the point whence the injection should penetrate, but had allowed it but not allowed it pass backwards into the monitor as far as it could penetrate the fixability in that case being that the lacrimal were never thoroughly cleansed since then there much have remained hid.
a small part of the infections material and
the fact that the discharge
returned in full force
the day after the injection
were discontinued. Though
I think that this did not
derpend on reinfection
Auto or otherwise again
I have considered whether
the fact of his having
and (soft ones as it turns
out) had anything to do
with the matter and I
very much doubt whether
that has anything to do
with it—however that
may be the case with
confidant way that
whenever I have taken
the trouble to attend
Completely to the facts,
myself things have
ended in a satisfactory
Manner. Look in the two
last cases I have left
it greatly to the patients
themselves and neither
have done quite as I
expected. I have for
the future determined
to continue the same
line of treatment but
trusting to myself only
in clearing out the
matter, at all events
till I have considered
whether it is possible
to overcome the present difficulty with the springs in the hands of unskilled persons