GLEET: ITS PATHOLOGY AND TREATMENT

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Gleet: Its Pathology and Treatment by Henry Dick

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HENRY DICK

GLEET: ITS PATHOLOGY AND TREATMENT

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ITS PATHOLOGY AND TREATMENT.

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BY

HENRY DICK, M.D., M.R.C.S.,

STERSON TO THE PRIVATE EXCEPTIAL FOR AVECULS AND DISBALLSS OF THE GENERO-ULIPARY ORGANS, FORTLARD BOAD.

With Wond-Ents.

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LONDON:

H. BAILLIÈRE, PUBLISHER, 219, REGENT STREET; AND 290, BROADWAY, NEW YORK, U.S.

1858.

[RIGHT OF TRANSLATION IS RESERVED.]



PREFACE.

IN publishing this treatise on Gleet, my intention is to clucidate some essential points which are very often neglected, and to make its pathology more genorally and more fully known. I not only state instances of my success, but also of my failure, indicating that form of Gleet which may be cured by medicine, and that which requires surgical treatment.

I purposely omitted to fill my pages with long accounts of cases, because the histories of cases are of late related so much in consonance with the writer's preconceived ideas on the subject, that the profession at large has begun to lose confidence in them.

I consider that accounts of cases are only valuable when they are publicly observed, as in hospitals, in the presence of witnesses. Besides, I did not

PREFACE.

wish to occupy my pamphlet, and weary the reader, with tiresome cases, as many writers in our day too frequently do, not having sufficient matter wherewith to fill the pages of their works.

Some important point's I have repeated intentionally, because I consider them of such vital importance in the Diagnosis and Treatment of Gleet that I thought they could not be repeated too often, or too strongly impressed on the mind, and particularly on the young practitioner.

This treatise is the result of fifteen years' patient observation, and in leaving it to the profession, the Author will be happy if it should be the cause of dispelling some erroneous ideas on this disease.

59, WIMPOLE STREET, December 1, 1857.

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SYMPTOMS

AND

PATHOLOGICAL ANATOMY.

THERE exists a disease of the urethra extremely frequent, quite harmless in its appearance, generally neglected by the patient, and presenting warnings often not sufficiently appreciated by the practitioner.

I allude to gleet, or chronic clap, called by the French, Goutte militaire; by the Germans, Nachtripper.

To gleet very little attention has been devoted by practitioners, and even the great Hunter treats on this protean disease in only two or three pages in his remarkable work on venereal disease.

Gleet is always the consequence of a clap. I have never seen it idiopathically appear without clap, except in cases of disease of the prostate gland or

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bladder. I would not say that idiopathic gleet never exists, but I have never seen it.

Gleet always follows badly treated clap, and may sometimes be kept up by a constitutional taint. It is generally not infectious; and I have never observed it to be so. I have seen patients who had gleet for years without paying the least attention to it, who came to consult me for quite another derangement of the urinary organs, believing that their complaint was in no way connected with this small secretion.

When such a patient, indulges in stimulating drinks or women, his gleet becomes gonorrhœa, and he thinks he has contracted a new clap, but in reality it is only the old gleet increased; and even Hunter, that great observer and philosopher, was mistaken when he stated that in some instances gonorrhœa appears in a few hours after an impure cöitus. I have never seen gonorrhœa come on so soon as Hunter mentions, (page 160, On Venereal Disease,*) except when the urethra was previously in a diseased state, and believe that in those cases of which Hunter writes, there existed a diseased state of the urethra, resulting from a former gonorrhœa.

Such cases in my early professional career, some-

* Edited by Palmer.