

of a passive state of the vessels, or congestion, with effusion, rather than the result of active inflammation; in fact there is a local remora, a want of tone; and the primary thing, depend upon it, in treating gleet or gonorrhœa is to get up this tone, to strengthen the centre of the circulation, and by no manner or means to depress this centre! All depletion, purging, antimony, &c., are calculated, I believe, to deteriorate the blood rather than to improve it, or improve the general tone of the constitution in any round-about manner. In hospitals I have no doubt at all on this point. Some very eminent men of the present day* are of opinion that the type of diseases has changed of late years, and that you cannot bleed at all now in cases where it was formerly the rule to do so: this is a very broad question, but it would lead me from the subject of "Gleet," to follow it further to-day.

What is gleet? Who shall define it, or its next-door neighbour, gonorrhœa? As I merely propose in these clinical lectures to throw out some hints—some materials for you to think about as you go through the wards,—I am abrupt on purpose. Gleet is derived from local as well as constitutional causes. Nothing is more common (if we revert to the history of the disease) than for a man after a certain lapsus with one of the other sex, to have gleety discharge; if we now add to this, as we ought, that he is dissipated and careless (as nine out of ten such men are)—if he drinks and smokes, and takes a great deal of exercise,—if he continues drinking, especially, and eating very little, and losing tone, nothing is more common, I say, than for this gleet to run on into gonorrhœa. Tell me where one begins and the other ends? You can't; I wish you could. You will say, as many young men going up to College do, that one (gleet) is a sero-purulent disease, the other (gonorrhœa) is a purulent disease. I don't believe, however, that they are two diseases at all, but one. (The effusion into the pleura in pleurisy is serous; tap it, and the next is sero-purulent: do you call it two diseases?) Cure the gleet and you'll have no gonorrhœa—cure the gonorrhœa and you'll have no gleet!

Now, as to the practical part of the matter—a few words as to treatment. We will take a typical case, with ardor urinæ, painful erection, and all the rest of it; nay, we will say there is slight fever, but I deny the stereotyped "inflammation of the mucous membrane of the urethra," &c. How is it to be treated? One surgeon gives calomel and jalap, cubebs and balsam *ad infinitum*, as we see the cases in St.

* See the remarkable and still unsettled controversy this year between Professor Bennett and Dr. Alison, of Edinburgh, on this point. But rash opinions of such "fallacies," without facts, can be of little use.