Texts and Documents

JOHN ANDREE'S "ESSAY ON GONORRHOEA"

by

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THE CONTRIBUTION of John Andree junior to the exact knowledge of gonorrhoea and the lesions caused by the disease have been undervalued. Textbooks of medical history and papers concerned with concepts of the disease ignore him almost completely, acknowledging only John Hunter and Benjamin Bell as leading venereologists of the late eighteenth and early nineteenth centuries.

J. K. Proksch[1] was the first to notice Andree, whom he called an inspired and brilliant investigator. Therefore it seems worth while to enquire into Andree's writings in order to learn more about his work.

The *Dictionary of national biography*[2] gives nearly all that is known of Andree's life and medical activities. He was born about 1740, the son of Dr. John Andree senior, and apprenticed at The London Hospital. He was successively lecturer in anatomy, surgeon to Magdalen Hospital, to the Finsbury Dispensary, and to St. Clement Danes' Workhouse. He practised for a time in Hertford, and finally came back to London, where he died some time after 1819. Although not the first to perform tracheotomy for the relief of diphtheria, he was the first to attract attention to this life-saving surgical procedure.

Andree's most important published works refer to venereal disease. In 1779 he published an *Essay on gonorrhoea* and *Observations on the theory and cure of the venereal disease*. In 1781 a second edition, improved and enlarged, of the former was issued under the title *An essay on the theory and cure of the venereal gonorrhoea and its consequent diseases*.[3] From this work we can assess Andree's specific part in the controversies concerning this disease at the end of the eighteenth century.

In 1786 John Hunter published his *Treatise on the venereal disease*.[4] Hunter was considered to be England's foremost clinical pathologist and teacher at that time. Without doubt Andree knew Hunter's opinions, as may be inferred from quotations in his *Essay*.[5] Hunter's treatise is an extensive and masterly piece of work which brings the pathological anatomy to the forefront. Andree rightly calls his own work an "essay", written with much love for the subject and the truth, but without a mass of scholarly detail to demonstrate its scientific thoroughness.

Benjamin Bell's two-volume *Treatise on gonorrhoea virulenta and lues venerea* (1793)[6] shared with Hunter's treatise the favour of British practitioners. It is obvious that Andree's eighty-five-page *Essay* seemed lost beside these two exhaustive works, with their many different points of view. They neither mention Andree, nor give him credit for certain facts which he was the first to elucidate. Andree did not subdivide

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his work into many chapters, but was content to give a concise continuous account, covering the entire subject, in a personal manner.

Andree's *Essay* did not conform to the prevailing opinion that there is merely one venereal disease, gonorrhoea, being "one of the most common effects of venereal virus".[7] Hunter defended that view, which was vigorously attacked afterwards by Bell. It is characteristic of Andree in this situation to have pointed out the main features of the disease from a clinical standpoint in a simple, clear way. Seldom has such confusing material been treated so perspicaciously. It possesses an undoubted advantage over Hunter's descriptions.

According to Andree, the major features of the disease are: its lack of response to mercury; its exclusive local and unconstitutional character; the inflammation of the urethral mucous membrane without ulcers being the unique lesion; the complete individual course of gonorrhoea, notwithstanding it originates from the same venereal virus as the lues; its entire specific response to a specific treatment. All these properties which give it a clinical individuality were described by Andree with clarity of thought and sharpness of style, eliminating confusion and misunderstanding. Andree's *Essay* has proved itself most valuable in giving a short unmistakable picture of the essentials of gonorrhoea.

Up to the time of publication, there was such a diversity of opinion among the profession touching the clinical and pathological facts that the problem of gonorrhoea in both sexes seemed insoluble. Andree may take credit for preparing the way for such later investigators as Hunter and Bell, and laying the foundations for the modern deeper understanding of the nosology of gonorrhoea.

Andree's care in observation is apparent from his account of the "Hernia Humoralis or swelled Testicle one of the most painful and acute diseases arising from the Gonorrhoea". He continues: "This complaint very seldom attacks the testicle, but is in general confined to the Epididymis, which will be found to be the true seat of the inflammation; for by a proper manual examination of the parts, the Vas Deferens and Epididymis may be fealt swelled, hardened and inflamed, the body of the testicle remaining free from disease."[8] His predecessors, such as Astruc and Van Swieten, and his successors, including Hunter and Bell, have neglected to describe in such exact sentences the facts and prognosis of the case. The experience of later clinicians and pathologists proved that John Andree was perfectly right. His was the earliest description of this condition in such precise terms.

Andree also meticulously described a hitherto-unknown complication of the disease in these words:

> The next symptom, arising from the Gonorrhoea, is a disease which has not, to my knowledge, been noticed by any author; nor have I heard it mentioned by any practitioners. This disease is a long hard swelling in the course of the spermatic chord; of which the following is an instance. A young gentleman, who was under my care for the cure of a Gonorrhoea, when nearly well, called on me one morning, much alarmed, saying he feared he had a rupture; for a swelling had come down from his groin to the right testicle, which he perceived soon after going to stool; at which time he recollected feeling something crack, or give way, while he was straining. On examination, I found a very hard chord, about as thick as a slender finger; passing down from the ring of the Abdominal Muscle to the Testicle: it felt so exactly like a caul rupture, that, although I had once before seen the disease, I was much inclined to believe it of the rupture kind.[9]

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Although his wide experience is evident in his clear pathological descriptions and well-considered clinical evaluations, it is also found in his appreciation of the value of the therapeutic measures. Andree makes a judicious selection and places reliance on those very few approved remedies which he found effectual in his practice "without the aid of the lancet or mercurials".[10]

Andree emphasizes the efficiency of urethral injection, but, as it was not yet in general use, he advances a few arguments in its favour:

> . . . The intent of cure is primarily to allay an inflammation of the urethral membrane. If it is highly proper to subdue an inflammation of such a part as speedily as possible, it follows then, beyond a doubt, that from the application of proper remedies to the inflammed part, the essential advantages, of giving immediate relief to the painful and inflammatory symptoms, may be derived. When the discharge continues after the inflammation is subdued, we can brace the relaxed vessels from which it issues, more effectually and expeditious by a topical application than by internal remedies, which have the round of the circulation to go, before they can act on the parts affected; the disease being a local inflammation, and not caused by a morbid affection on the habit of body. . . . A Gonorrhoea may be, in most instances, cured in a fortnight, or in less time, with the assistance of injections.[11]

John Hunter and Benjamin Bell seem not to have appreciated the effectiveness of urethral injection, the former disapproving of this procedure. Andree's simple management of gonorrhoea had proved itself in the course of time a safe and dependable procedure. Until the introduction of the sulphonamides and antibiotics, injection treatment of the disease had been a relatively sound method. Andree deserves an honourable mention in this connexion. Certainly he cannot pass for the discoverer of injection treatment, but he ought to be considered a prominent protagonist of an effective therapeutic measure.

Andree was opposed to such drastic measures as, for instance, the surgical incision of inguinal buboes. The swelling may be induced to resolution with topical applications, this method being found to heal sooner, and with less danger of leaving sinuses, than when opened by incision.[12] As regards the cure of the venereal phimosis, Andree argues in favour of conservative measures. He never operates in the acute stage when the phimosis is accompanied with plentiful discharge from the glans penis, but uses topical applications so effectively that no operation is afterwards needed.[13] However, venereal warts resist mercurial treatment, and must be regarded as a local disease, to be cured by incision or by caustic.[14]

On urethral strictures much theoretical speculation has arisen, whether or not it is due to gonorrhoeal infection. Andree was inclined at first to credit a non-venereal origin, but later he does not doubt that it is sometimes caused by gonorrhoea. In many cases the obstructions in the urethra trouble the patient so long after his having had any venereal disease as to make their origin doubtful.[15] A cure can be effected by the gradual dilatation of the contracted canal.[16] The greatest benefit is obtained by dilating the stricture with bougies. In most cases mercurial medicines are unnecessary, and will not assist in the cure.[17]

In this chapter Andree demonstrates his caution and clear thinking; he is obviously a clinician who knows the pitfalls lying in wait for those who treat urethral strictures. His reply to objections from the unqualified doctor and the patient reads as follows: "if a bougie is introduced skilfully, slowly, and without violence the pain occasioned

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by it will be inconsiderable, even to the most timid person; if the part is free from inflammation, and not in an irritable state. At the same time permit me to observe, that a bougie is capable of piercing the urethral membrane; which accident would cause an inflammation, and probably other serious consequences, and in a bad habit of body might even prove fatal."[18]

The following simple sentences at the end of Andree's *Essay* summarize his line of conduct in any form or complication of gonorrhoea under his care: "I have ventured to lay the foregoing observations before the public, from a hope that they will tend to establish just ideas of the several diseases treated of, and rational indications of cure. Another motive, also, was a desire to prove, that the cure of these diseases, though often regarded by the patient as a matter of little consequence, requires the assistance of a scientific knowledge of their true situation, their effects on the diseased parts, and the action of medicines on such parts."[19]

In carrying out his task, Andree did not depart from these simple but correct rules. He helped to clear away many misconceptions, and his work is still valid today. We agree with Proksch that John Andree was indeed a brilliant investigator, particularly brilliant in his ability to make a clear distinction between incidental circumstances and the essential facts.

REFERENCES

1. J. K. Proksch, *Die Geschichte der venerischen Krankheiten,* Bonn, P. Hanstein, 1895, vol. 2, p. 433.
2. *Dictionary of national biography,* London, Smith, Elder, 1885, vol. 1, p. 399.
3. John Andree, *An essay on the theory and cure of the venereal gonorrhoea and its consequent diseases,* London, L. Davis, 1781, 85 pp.
4. John Hunter, *Treatise on the venereal disease,* London, Solat, 1786, 398 pp.
5. Op. cit., note 3 above, pp. 61, 75.
6. Benjamin Bell, *Treatise on gonorrhoea virulenta and lues venerea,* Edinburgh, J. Watson, 1793, 2 vols., 453 and 549 pp.
7. Op. cit., note 3 above, p. 5.
8. Ibid., p. 42.
9. Ibid., p. 81.
10. Ibid., p. 30.
11. Ibid., pp. 31–32.
12. Ibid., pp. 40–41.
13. Ibid., pp. 52–53.
14. Ibid., p. 57.
15. Ibid., p. 60.
16. Ibid., p. 67.
17. Ibid., p. 67.
18. Ibid., pp. 67–68.
19. Ibid., pp. 84–85.

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