

PART I.
GONORRHŒA AND ITS COMPLICATIONS.

CHAPTER I.

URETHRAL GONORRHŒA IN THE MALE.

PRELIMINARY CONSIDERATIONS.—By far the most frequent disease originating in sexual intercourse, is an affection of certain mucous membranes, a prominent symptom of which is an increased secretion and discharge from the diseased surface. At various times and places, this disease has received different names founded on the prevailing ideas of the nature of the secretion referred to. At an early period in the history of Venereal, the discharge was supposed to consist of the semen, and hence the disease was called gonorrhœa, from *γονη*, sperm, and *ρῆσις*, to flow; a name which is still in use among American and English writers, notwithstanding the incorrectness of the supposition in which it originated.¹ The French call the same affection “blennorrhagie,” or a flow of mucus, a name which is also erroneous, since the discharge does not consist of mucus alone, but a mixture of mucus and pus. In popular language it is termed “clap”² by the English, and “chaude-pisse” by the French.

The chief mucous membranes subject to gonorrhœa are those lining the genital organs in the two sexes, and the conjunctiva oculi. Gonorrhœa of the anus, mouth, and nose are, indeed, mentioned by authors, but the existence of all of them is more or less doubtful.

The symptoms and the treatment of gonorrhœa vary according as the disease affects the male or female, and according, also, to the por-

¹ Cockburne (The Symptoms, Nature, Cause, and Cure of Gonorrhœa, London, 1757) first established the fact that gonorrhœa is not a flow of semen.

² *Clip, clap, clippe*, to embrace, to fondle.

“*Clippe* we in covenant, and each of us *clippe* other.”—*Piers Ploughman*.

“He kisseth her and *clippeth* her full oft.”—CHAUCER: *The Merchant's Tale*.

“Oh, let me *clip* ye in arms as round as when I woo'd!”—SHAKESPEARE: *Coriolanus*.

“The lusty vine, not jealous of the ivy,
Because she clips the elm.”—BEAUMONT AND FLETCHER.

“Old French, *clapises*, public shops kept by prostitutes. *Hoblyn*;—*clapiers*, an old term for houses of ill fame.”

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tion of mucous membrane attacked; it will be convenient, therefore, to consider this affection under corresponding heads.

URETHRAL GONORRHOEA IN THE MALE.

Men are more liable to contract gonorrhœa than women; and of a given number of cases of this disease in the former, in a large portion it is the urethra which is affected. Cases of urethral discharge in the male outnumber all other forms of gonorrhœa in the two sexes combined. The explanation of this fact will appear when we come to consider the causes and nature.

SYMPTOMS.—The symptoms of urethral gonorrhœa in the male first appear, as a general rule, between the second and fifth day after exposure; though, in exceptional cases, as late as the seventh, tenth, or fourteenth day; but their occurrence after this time, as alleged by some authors, is, I believe, to be explained on the ground that the earliest manifestations of the disease have been overlooked. At first, the symptoms are very slight, consisting only of an uneasy and tickling sensation at the mouth of the canal, which, on examination, is found more florid than natural, and moistened with a small quantity of colorless and viscid fluid, which glues the lips of the meatus together. This moisture of the canal gradually increases in amount, until on pressure a drop may be made to appear at the orifice; at the same time it begins to lose its clear watery appearance, and assumes a milky hue. Examined under the microscope, it is found to consist of mucus with the addition of pus-globules; the number of the latter being proportioned to the depth of color of the discharge. Meanwhile, some smarting is felt by the patient in the anterior portion of the canal during the passage of the urine.

Such are the symptoms of the early stage of gonorrhœa. The exciting cause of the disease has been applied to that portion of the canal which lies near the orifice of the meatus and which was chiefly exposed to contagion, and the ensuing inflammation is gradually lighted up in this part, and has not yet extended beyond that portion of the urethra known as the fossa navicularis. This early stage of gonorrhœa is often called "the stage of incubation," a name which is objectionable because the inflammatory process is doubtless set up at the time of the application of the exciting cause. Time is required for it to produce its full effect, and the earliest symptoms are but slowly and gradually ushered in. A more appropriate name is the first or preparatory stage.

The first stage of gonorrhœa usually lasts from two to four days. The symptoms gradually increase in intensity, until, in about a week after exposure, the second or inflammatory stage may be said to commence. If we examine the penis during this stage, we find the mucous membrane covering the glans reddened, and the whole extremity of the organ swollen so that the prepuce fits more tightly than natural.

In some cases the latter is puffed out by œdema in the cellular tissue, and phimosis may exist, rendering it impossible to uncover the glans. The inflammatory blush is especially marked in the neighborhood of the meatus, the lips of which are swollen so as to contract the calibre of the orifice. The urethra is slightly more prominent than natural along the under surface of the penis, and is sensitive on pressure, especially in the neighborhood of the fossa navicularis. The discharge has now become copious, so much so in some instances as to drop from the meatus as the patient stands before you. It is thick, of a yellowish cream color, and not unfrequently tinged with green. The greenish hue, as in the sputa of pneumonia, is due to the admixture of blood-corpuscles, which may be sufficiently numerous to produce the characteristic color of blood. The penis, generally, and especially upon the under surface over the course of the canal, is painful and tender on pressure.

While passing his urine, the patient complains of intense pain, which is not now confined to the anterior part of the canal, but is felt in all that portion of the organ anterior to the scrotum, or is even more deeply seated. The severity of the suffering during the act is in some instances very great. The pain is compared to the sensation of a hot iron introduced within the canal; and the popular name, *chaude-pisse*, given to the disease by the French, is fully justified. This pain is excited in part by the irritation produced upon an abnormally sensitive membrane by the salts contained in the urine, but chiefly, I am inclined to think, by the distension of the contracted and sensitive canal by the passage of the stream. Hence, during the act the patient involuntarily relaxes the abdominal walls, holds his breath, and keeps the diaphragm elevated, in order to diminish the pressure upon the bladder and lessen the size and force of the stream of urine. In consequence also of the urethra being contracted and more or less obstructed by the discharge, the stream is forked or otherwise irregular.

Chordee.—Another source of suffering in this stage of gonorrhœa is the nocturnal erections, which are apt to come on after the patient is warm in bed. The genital organs are in a highly sensitive condition, and are readily excited by lascivious dreams, the contact of the bedclothes, or a distended bladder; or, independently of such exciting cause, they assume a state of erection which even in health is more apt to occur during sleep. When thus excited it will often be found that the penis is bent up in the form of an arc with its concavity downward. This condition is known as *chordee*. Its explanation is very simple. The urethra, the chief seat of the inflammation, runs along the under surface of the penis. Plastic lymph is effused around the canal, gluing the tissues together and rendering this portion of the penis less extensible than the remaining portion composed of the corpora cavernosa. Hence, in a state of erection, the corpus spongiosum surrounding the urethra, not being able to yield to the extension, acts like the string of a bow, and *chordee* is produced. The

stretching of the parts thus adhering together excites pain, which is often very severe. The sufferer, awaking from sleep, instinctively grasps the penis in his hand, and bends it into a still smaller curve, so as to remove the strain from the under surface and thus ease the pain. I have been in the habit in my lectures of illustrating the mechanism of chordee by gluing a piece of tape along the surface of an india-rubber condom, and then distending it with air or water.

The above explanation of the mechanism of chordee is the one usually received, though it is proper to state that it is rejected by Mr. Milton, who believes that chordee is due to spasm of the muscular fibres, which Mr. Kölliker and Mr. Hancock have shown to exist around the whole course of the urethra. Milton's explanation is opposed by the fact that bending the penis so as to increase the curve of the arc affords partial ease to the pain of chordee; and I am not convinced that the generally received opinion should thus be laid aside, though it is highly probable that spasmodic muscular action plays some part in the production of the frequent erections and chordee which take place in gonorrhœa.

Hæmorrhage.—In the congested state of the vessels of the urethral mucous membrane which obtains in acute gonorrhœa, it is not surprising that blood should sometimes be found mixed with the discharge, imparting to it a reddish or a rusty hue. This is the ordinary extent of the hæmorrhage, although it may amount in a few rare cases to a decided flow of arterial blood, even when no special reason for its appearance, other than the gonorrhœa, is known.

It is, however, under sexual excitement that the hæmorrhage is most likely to be free, and even alarming, especially to the patient and his friends. The occasion of it may be simply a violent erection. More commonly it is prolonged sexual excitement, induced by the presence, even in the absence of fondling, of the fair individual to whom the trouble was originally due. Any excess in exercise—walking, standing, etc., or any attempt at coitus which may be made if a man is under the effects of liquor, will evidently favor the same. Again, there is a practice in vogue among men of the town abroad, much more than in this country, of "breaking the cord," which consists in relieving themselves of the pain of chordee by laying the erected and bent penis upon a flat surface and straightening it by a blow. This dangerous practice is often followed by a copious hæmorrhage, which may subsequently return on slight excitement, the vessels having once been ruptured. I say "dangerous," chiefly on account of the liability to hæmorrhage following. It is said that it may also produce stricture, which is not unlikely. At any rate the practice is barbarous.

The amount of blood lost, under either of the above circumstances, varies of course in different cases. "A little blood goes a long way," so that the statements of patients should be received *cum grano salis*; but competent observers have estimated it, in rare instances, as one or two pints.

There are other discharges of blood, coming from the neck of the bladder, which takes place in cases of gonorrhœal cystitis. These will be mentioned hereafter.

There are other important complications of the inflammatory stage of gonorrhœa, such as inflammation of the corpora cavernosa, folliculitis, periurethral abscess, lymphangitis, adenitis, etc., etc., which are worthy of careful study, but which will be best treated of in subsequent chapters, to which the reader is referred.

The second stage of gonorrhœa, which we have now described, is variable in its duration in different subjects. As a general rule, it lasts from one to three weeks, being influenced by the constitution of the individual, his mode of life, and the number of his previous attacks. It is succeeded by the third stage or stage of decline. This final stage of gonorrhœa is characterized only by the disappearance of the more acute symptoms and a gradual return to a condition of health. The discharge runs through the same phases, in an inverse order, which it did at the outset of the attack. It gradually becomes less and less purulent, and finally is almost wholly mucous, before completely disappearing.

Perhaps the most valuable indication of the ushering in of this stage of gonorrhœa is the marked diminution or entire cessation of the pain in passing water. The painful erections and chordee may continue after the acute inflammation has subsided, since it takes time for the plastic matter around the urethra to be absorbed.

We have reason to believe that in the course of an attack of gonorrhœa, the disease gradually extends from the outer to the deeper portions of the canal, and it is in this latter situation that it is prone to lurk for an indefinite period. After the discharge has lasted for several weeks, we may evacuate the whole of the spongy portion by pressure from behind forward in front of the scrotum, and then, when no further discharge can be made to appear, we can still produce it by the exercise of similar pressure on the perinæum.

The duration of the final stage of gonorrhœa is, as a general rule, longer than either of the preceding. It may be cut short by treatment, but, if left to itself, commonly lasts for weeks or even months. Gonorrhœa is a disease which, independently of treatment, rarely terminates in less than three months.

Thus far I have said nothing of the reaction of this disease upon the general system. This varies greatly in different individuals and in different attacks in the same person. In some rare cases there is considerable febrile excitement during the inflammatory stage, marked by the usual symptoms of headache, dry skin, full pulse, furred tongue, etc. As a general rule, however, there is but little constitutional disturbance, and after the acute symptoms have passed, the invariable tendency of the disease is to depress the general health. This fact should be remembered in the treatment.

A first attack of gonorrhœa is usually more acute than subsequent ones; the latter often being subacute or chronic from the first. They

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are also more difficult to be influenced by remedies, and show a decided tendency to run into gleet.

Cases of gonorrhœa have been reported, in which it has been said there was no discharge whatever—all the other symptoms of gonorrhœa being present, and the disease following impure coitus. These have been called cases of dry gonorrhœa. I doubt whether there be a total absence of all secretion in these cases throughout their whole course, but can readily conceive of an inflammation of the mucous membrane of the urethra, resembling that of erysipelas upon the skin, in which the secretion is for a time but slight, and incapable of detection except by a careful examination of the urine. As the inflammation subsides, however, I should expect to find distinct traces of a discharge. We have analogous systems occasionally in inflammations of the pituitary membrane of the nose. Two cases of this variety of gonorrhœa are reported by Dr. Beadle in the *New York Journal of Medicine and Surgery*, for October, 1840.

CAUSES AND NATURE OF GONORRHOEA.—Every one is aware that urethral gonorrhœa in the male often proceeds from direct contagion, or, in other words, from intercourse with a woman affected with the same disease. But there is another mode of origin admitted by nearly every writer, as of at least occasional occurrence, but with regard to the frequency of which some difference of opinion has been expressed. I refer to gonorrhœa originating in coitus just before, after, or during the menstrual period, or with a woman suffering from leucorrhœa, and, in a few instances, when nothing whatever abnormal can be discovered in the female genital organs, and the disease in the male can only be attributed to the irritant character of the vaginal or uterine secretions, or to excessive coitus often combined with the influence of alcoholic stimulants.

I have been convinced, by a somewhat extended observation, that gonorrhœa originating in this mode is of very frequent occurrence. Of one thing I am *absolutely certain*, that gonorrhœa in the male may proceed from intercourse with a woman with whom coitus has for months, or even years, been practiced with safety, and this, too, without any change in the condition of her genital organs, perceptible upon the most minute examination with the speculum. I am constantly meeting with cases in which one or more men have cohabited with impunity with a woman both before and after the time when she has occasioned gonorrhœa in another person; or, less frequently, in which the same man, after visiting a woman for a long period with safety, is attacked with gonorrhœa without any disease appearing in her, and after recovery resumes his intercourse with her and experiences no farther trouble. The frequency of such cases leaves no doubt in my mind, that gonorrhœa is often due to accidental causes, and not to direct contagion.

In many of the instances referred to, the woman is suffering from a frequent combination of symptoms met with in practice, viz., gen-

eral debility, engorgement of the cervix uteri, and more or less leucorrhœa; but her previous history, and the impunity with which her favors have been bestowed for a long period, preclude the idea that her discharge is the remains of a previous attack of gonorrhœa to which it owes its contagious property. Moreover, such an explanation fails to cover other instances, in which there is no appearance whatever of leucorrhœa, and the genital organs, so far as we can discover, are in a state of perfect health; although intercourse about the time of the menstrual period has given rise to gonorrhœa in the male.

The greatest obstacle to the admission of gonorrhœa independent of contagion appears to be the rarity of urethritis in married men compared with the frequency of leucorrhœal discharges in their wives. As proved by unquestionable cases occurring in my own practice and in that of my medical friends, husbands do not always escape. That they are not more frequently affected is sufficiently explained by the immunity conferred against all simple irritants by constant and repeated exposure, whereby "acclimation"—to use a term adopted by the French—is acquired. The same fact is observed when neither the church nor the state has sanctioned marital relations; since it is not generally the habitual attendant upon a kept mistress affected with leucorrhœa who suffers, but some fresh comer who shares her favors for the first time.

My friend, Dr. B. Fordyce Barker, whose extensive experience with female diseases is well known, and who has thus had the opportunity of studying this subject from an opposite standpoint to my own, tells me that he has noticed a peculiar form of inflammation of the lining membrane of the uterus, in which the uterine discharge loses its alkaline reaction, becomes decidedly acid and acrid, and irritates and excoriates the mucous membrane of the vagina and the surface of the vulva. He adds that in *numerous* instances in married life, he has known this discharge to excite urethritis in the male between parties whose fidelity was unquestionable; and he has related to me a number in detail which I would gladly repeat, if space permitted.

Most cases of gonorrhœa from leucorrhœa or the menstrual fluid present no characteristic symptoms by which they can be distinguished from those originating in contagion. The contrary is frequently asserted, and it is said that the former class may be recognized by the mildness of the symptoms, the short duration of the disease, and the absence of contagious properties. I am familiar with the slight urethral discharge unattended by symptoms of acute inflammation, and disappearing spontaneously in a few days, which sometimes follows intercourse with women affected with leucorrhœa; but such instances are far less frequent than those in which the disease is equally as persistent and as exposed to complications as any case of gonorrhœa from contagion. Some of the most obstinate cases of urethritis I have ever met with have been of leucorrhœal origin, and have terminated in gleet of many months' duration.

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Diday has even set apart those cases of urethritis which originate in the menstrual fluid as constituting a distinct class, characterized by their greater persistency and obstinacy under treatment than cases of gonorrhœa from contagion.¹

Those who maintain the non-contagious character of urethral discharges of leucorrhœal origin have failed to adduce the slightest proof in favor of their assumption, and it may be safely asserted that none of them would venture to make a practical application of their principles. The contagious character of the leucorrhœal secretion is already proved by the existence of the disease in the male; why should not the same property be continued another, still another, and any number of removes from its origin? This supposition is sustained by analogy, since no fact is better established than that catarrhal conjunctivitis, or vulvitis, in young girls, originating, for instance, in ascariæ of the rectum, may be communicated from one person to another until all the members of a family, school, or asylum have become affected. At our public institutions for diseases of the eye such instances are very common, and the physicians of our children's asylums are well aware of the difficulty of eradicating muco-purulent conjunctivitis which has once sprung up among the inmates. At an orphan asylum under the charge of my friend, Dr. Leaming, this disease was introduced by a single child, brought from Randall's Island, and spread to twenty-two others before it could be arrested. Again, the leucorrhœa of pregnancy is sufficient to give rise to ophthalmia neonatorum: would any one, presuming upon its leucorrhœal origin, dare to apply a drop from the infant's eyes to his own? Several instances are recorded in which physicians have lost the sight of an eye with which the discharge of ophthalmia neonatorum has inadvertently been brought in contact. My friend, Prof. F. N. Otis, has taken pus from the eye of a child suffering from acute ophthalmia, and injected it into the urethra of an adult, with the effect of producing a gonorrhœa "which continued for four or five weeks, and was attended by the ordinary complications of œlema, chordee," etc.

The views which I have here advocated relative to the frequency of gonorrhœa independent of contagion, are by no means novel, and are entertained by many of our most eminent authorities, especially among the French, who possess many advantages equal to our own for investigating the etiology of venereal diseases.²

Thus, to quote from Fournier: "Ricord says, 'women frequently give gonorrhœa without having it;'³ in my (Fournier's) opinion he

¹ Arch. gén. méd., Oct. 1861.

² Consult RICORD: Lettres sur la syphilis, 2d edition, p. 29. DIDAY: Nouvelles doctrines sur la syphilis, p. 515. FOURNIER: De la contagion syphilitique, p. 111. SIR HENRY THOMPSON: Stricture of the urethra, p. 120. MR. SKEY: London, Medical Gazette, vol. xxiii. (1838-39), p. 439. BERKELEY HILL: Syphilis and Local Contagious Disorders, p. 376. GUILLAND: Des manifestations du rhumatisme sur l'urèthre et la vessie, 1876, p. 4. OTIS: Clinical Lecture, Med. Record, N. Y. May 18, 1878.

should have said *most frequently*. For one case of gonorrhœa resulting from contagion, there are at least three in which contagion, strictly speaking, plays no part. From my own observations, I conclude that the man is oftener responsible for his gonorrhœa than the woman from whom he seems to get it; *he gives himself the clap oftener than he receives it.*"

The importance of this truth whenever a physician in the exercise of his profession incurs the great responsibility of passing judgment upon the virtue of a woman, and thus affecting her reputation and happiness (and often that of many others with whom she is connected) for life, cannot be overrated. In all such cases, the accused should receive the benefit of any doubt which may exist; and the physician who withholds it from her out of a morbid fear that he may be imposed upon, and thus runs the risk of convicting an innocent person, is unworthy of his calling. His province is to decide from the symptoms taken in connection with the known facts of the case, and unless these are sufficient to establish guilt beyond the shadow of a doubt, humanity demands at least a verdict of "not proven."

Other causes, in addition to those already mentioned, may give rise to urethral gonorrhœa in the male. Thus, unquestionable instances are reported in which a gouty or rheumatic diathesis without exposure in sexual intercourse has occasioned a discharge from the urethra. Dr. Guiland has collected a number of such published cases, with the addition of others of his own. In two of them, the patients had never had intercourse with women, so that the urethral discharge following an attack of rheumatism could not be looked upon as a mere coincidence. In other patients, one of them an interne in the Paris hospitals, and all of them of a rheumatic diathesis, too long a time had elapsed since the last act of coitus to ascribe the urethritis to contagion.

To finish with this subject of rheumatic gonorrhœa, I will here give Guiland's *résumé* of its characteristic features, italicizing those which he appears to regard as of the most importance: "Discharge *copious*, appearing suddenly and attended with little pain; disappears in most cases spontaneously after a comparatively short duration; general disturbance of the system frequent; *coexistence of rheumatic symptoms, or at least history of this diathesis*. Above all, *absence of any chance of contagion.*"

Ricord relates a remarkable case of tubercular deposit in different portions of the urethra of a strumous subject with symptomatic urethral discharge;¹ and a scrofulous diathesis is generally a strong predisposing, if not an active cause of inflammation of the urethra as well as other mucous canals.

Mr. Harrison reports the case of a medical practitioner who suffered from a puriform discharge, heat and pain along the course of

¹ Bull. Acad. de méd., Par., vol. xv., p. 565.

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