LESSON XXXIII.

ON THE TREATMENT OF GONORRHŒA.

Distinction between gonorrhœa and urethritis—Necessity of ascertaining antecedent facts in regard to the causes of the disease—Usual method of treating cases of supposed gonorrhœa—Probable duration of the disease—True gonorrhœa never lasting less than four weeks—Various causes which give rise to a urethral discharge which may be mistaken for a gonorrhœa—Cases in illustration—Lithiasis a cause—Illustrative case—Urethral discharge simulating a gonorrhœa produced by contraction of the urethral orifice—Cases in illustration.

In the preceding lesson it has been shown that there are no rules, clinical or scientific, by which we can solve the difficult and constantly recurring problem, of the causes which have produced a purulent contagious urethral discharge, in cases of doubt, and this simply from the fact, that the disease is not of specific origin, but may be produced in various ways. It is equally apparent, that the disease varies in its intensity, and in its amenability to treatment, and yet this does not prove that its cause was from a gonorrhœal source, or from a variety of other causes. It is suggested by Van Buren and Keyes (p. 53 of their work,) that only those cases "derived unmistakably from an individual of the other sex with a gonorrhœa," should be called *gonorrhœa*, and that in cases having other origin, and for cases of doubt, the term *urethritis* should be employed. This appears to me an excellent distinction to make, not only to keep in mind the possibilities of a purulent urethral inflammation, free from any moral obliquity, but to lead to intelligent treatment of the presenting disease.

The important preliminary, then, to the treatment of such urethral discharges, is to ascertain all the antecedent facts bearing upon the history and development of the difficulty. It used to be a very common fashion, when a patient called upon a surgeon complaining of trouble supposed to be gonorrhœal, to write a hasty

prescription, calling for a copaiba mixture, a syringe, and an injection, more or less astringent or irritant. Then, after directing the patient to drink plenty of flaxseed tea, and to omit indigestible food, alcoholic and fermented drinks, the case was for the time dismissed. Or else, if the person affected was very urgent to be cured at once, especially if it was a married man, temporarily enjoying the privileges of a city life, to prescribe promptly, or to administer, a strong caustic injection, with the expectation, at least with the hope, of aborting the disease.

All the text-books treating of this matter have been, for the last fifty years, in great harmony in regard to the use of copaiba and injections in great variety for such cases. One of the latest and most valued authorities on other venereal diseases has presented ten copaiba prescriptions and seventeen formulæ for injections, to be used in the discretion of the practitioner during the acute stage of gonorrhœa, and this is a fair sample of the usual teaching on this subject.

In the matter of internal treatment, demulcents, alkalies, diuretics are prescribed as palliative, but the agent upon which all seem to depend for a cure is the balsam copabia in some form.

For local treatment injections of nitrate of silver of a strength of 5 to 20 grains to the ounce of water, are used in the attempt to abort the disease. For the acute stage various salts of zinc, copper, lead, iron, etc., are in use for alterative or astringent effect.

A running fire, commenced at the first tickling sensation in the penis after a suspicious connection, is kept up with injections, more or less irritant, and medicines, not only disgusting to both smell and taste, but which interfere with digestion, and often cause important gastric troubles.

And with all these aids a distinguished recent authority, in summing up the results of treatment by the methods and remedies above alluded to, says:

"The reader may be interested to know, what is the *average* duration of treatment required, in the hands of the best surgeons, for the cure of gonorrhœa, laying

aside those cases seen in the first stage, and which are speedily cured by the abortive method. This may be estimated at *four to six weeks. Greater success on the average is not probably attainable by any means with which we are at present acquainted.*"*

Again, on page 52, it is stated, in regard to those cases, said above to be speedily cured by the abortive method: "Taking the usual run of cases met with in practice, not more than one out of twenty is seen at a sufficiently early period to admit of the abortive treatment."

If, then, we can accept an average recovery of four to six weeks as a satisfactory result of the most judicious use of specific remedies and injections in variety, a method of treatment which claims, at least, equally good results, without specifics and without injections, is certainly worthy of your consideration.

Now in order to examine this claim fairly we may profitably refer to the statement made in the commencement of this lesson, viz., "The important preliminary in the treatment of acute urethral discharges is to ascertain all the antecedent facts bearing upon the history and development of the difficulty."

A patient presenting with a history of slight urethral sensitiveness, following from one to ten days after a suspicious venereal contact, and this supplemented within a few hours or days by a slight mucous or mucopurulent discharge, suggests the desirability, when possible, of examining the female with whom connection was had; next, to ascertain the previous condition of the urethra affected; next, the circumstances of greater or less sexual indulgence or excitement, character of diet, kind and amount of beverages used, etc.

Such a condition of urethral irritation may be the result of contact with a leucorrhœa, more or less irritant, or with the menstrual fluid immediately before, during, or after the period. Or it may be the result of inflammatory action set up behind a urethral stricture. Or, in a urethra long irritated by passage of gravelly

* Bumstead and Taylor, 1879, page 76.

urine, simply by unusual venereal excitement. If to this the influence of alcoholic or fermented liquors is added, the appearance of such a discharge would not be remarkable. Mr. Reginald Harrison, of Liverpool, reports the case of a medical practitioner who suffered from a puriform discharge, heat and pain along the course of the urethra, attended with frequent micturition, chordee, and sympathetic fever, after eating largely of asparagus. (In this case the urethra was probably not in a previously healthy condition.)

Irritation in the rectum, as by ascarides, may produce it. A syphilitic neoplasm, initial lesion, or secondary papule, just within the urethra and scarcely abraded, may do it.

Finally, it may be the legitimate result of contact with a gonorrhœal secretion in a female suffering with that disease.

The following cases are presented to illustrate the various possible causes of a urethral discharge, independent of contagion:

B. N., physician, 40 years of age, spending a few weeks in the city, in order to avail himself of the college teachings, was about to return home, when he suddenly became aware of a slight twinge at the urethral orifice on urination. Although trying very hard to ignore the matter, he could not help realizing the fact that the trouble was increasing, and, after a sleepless night, on the morning following he examined his penis. He found the orifice quite red, and easily pressed out a drop of pus. He came early to my office, announced his trouble in a manner which indicated great mental distress, confessed to an impure sexual connecticn three days previous to the first abnormal sensation in his penis, and stated further, that he was a married man, whose wife would certainly come after him if he did not arrive at home within a week from that date. Under these circumstances, he begged that the abortive treatment might be at once and thoroughly resorted to in his case. Examination confirmed the doctor's statement in every particular, and he again plead with great earnestness that a strong nitrate of silver injection

might be used at once, and offered repeatedly to take entire responsibility as to consequences. He had repeatedly treated patients by the abortive method, (fortunately for him, however, without success,) but encouraged by assurances of possible immediate cure, he begged for the chance, especially as it was scarcely twenty-four hours since the first urethral symptom occurred. He was quieted with great difficulty. I explained to him very fully my positive convictions as to the nature of urethral discharges which were apparently cured by the abortive treatment. In his case there was a history of an attack of gonorrhœa nearly 20 years previous, and no sign of trouble afterwards.

He went at once, by my advice, to see the woman with whom he had had connection. She was an inmate of a house of prostitution, and claimed that she had no disease, but refused to be examined. Encouraged, however, by the girl's statement, he consented to go at once to bed, and treat himself exactly as I had advised, which was to avoid all specifics and injections, and to rely upon local antiphlogistic measures, with alkalies and diuretics internally.

The result was that on the fifth day thereafter he came back perfectly free from any evidence of disease. He quite agreed with me that the attack might be due to some simple leucorrhœal or menstrual secretion, or was probably from a stricture due to his early gonorrhœa. As he intended leaving for his home at once, it was decided not to examine his urethra for stricture, and he left rejoicing at his narrow escape from a personal experience in the abortive method.

Again, not long since, a medical gentleman from a neighboring city brought an important patient for an opinion as to a discharge which, coming on after a suspicious contact, had persisted, more or less acutely, for over four months. His history was as follows:

He had never had any previous gonorrhœa. He had been married for ten years; had never during this time noticed any urethral discharge. He had had a single illicit connection, and was in great fear lest he had acquired some venereal disease. Through frequent ex-

aminations and squeezing the penis to detect, as early as possible, any commencing discharge, he finally, on the morning of the fifth day, succeeded in pressing out a small drop of fluid which appeared to be purulent. He at once called on his physician, and begged him at all risks to make some application which would cut short the disease. There was no unusual sensitiveness in the urethra, very slightly increased redness at the orifice, which was said to have been florid habitually. The doctor was quitec ertain that there was no true gonorrhœa present, but that it was a slight urethritis caused by simple leucorrhœa, or similar irritant, and advised Vichy water. The patient, however, would not be pacified, until he had given him an injection to use. This was composed of acetate of zinc and acetate of lead, each four grains, to four ounces of rose-water, to be used three times a day. Under the influence of this injection, the discharge promptly increased accompanied by some pain on urination, and continued in spite of demulcents, alkalies, and diuretics, for several weeks, without improvement. The injection was changed repeatedly, ringing the changes on the salts of zinc, lead, and copper, in solution and in soluble bougies, and adding sandal oil capsules, and finally the Lafayette mixture,* cubebs, etc. This course was said to have been faithfully pursued for over four months. In this time there were several periods, of a few days each, during which the discharge appeared almost to have ceased, but the improvement was only temporary, the discharge soon returning to former profuse character. This was the condition of things when the doctor called with his patient at my office. On examination, the case appeared like that of a genuine gonorrhœa in the declining stage. Meatus, which was large (30 F.), was quite red, the urethra very

* Lafayette mixture, a standard remedy in general use for gonorrhœal troubles, composed of:

Copaiba	℥ i
Liq. Potassa	℥ ii
Ext. Glycyrh	℥ ss
Spts. aeth. nit	℥ i
Syrp. Acac	℥ vj

M.

tender to the passage of the urethrometer. This, in a penis of three and a half inches circumference, was readily turned up to thirty-four at the bulbo-membranous junction, and while by slight traction it moved forward easily, considerable tenderness was complained of. At thirty-two, it caused only a feeling of slight uneasiness, and came smoothly through and with a little stretching out of the urethra at this size, but followed by quite a little oozing of blood. This pretty certainly eliminated stricture, as a cause for the continuance of the supposed gonorrhœa, and showed an engorged and villous condition of the whole mucous membrane. On careful enquiry as to *exactly* what the patient was doing, and how he was living during the short periods of improvement which had been noted, it appeared, when critically recalled, that each one had corresponded with absence from home, and under circumstances where he was unable to pursue his treatment with that thoroughness which was his habit at home. Having seen quite a number of similar cases where a chronic lithiasis had produced urethral conditions which, aggravated by treatment for supposed gonorrhœa, precisely resembled those in the above case, this was suggested as a probable explanation. The doctor at once confirmed my suggestions by the statement that *for more than three years previous to occurrence of the supposed gonorrhœa he had been treating the patient for lithiasis*, brick-dust deposits in the urine having been present much of the time. An immediate examination of the urine showed it to be highly acid, and freshly voided, under the microscope, showed occasional crystals of uric acid. (A few hours after, the characteristic, red pepper-like grains were deposited). It was suggested that this lithiasis was directly and solely responsible for the origin of the supposed gonorrhœa. It is not at all uncommon in such cases by persistent *stripping* the penis, in the effort to discover a discharge, to bring forward a little muco-purulent discharge, especially in cases where there is urethral contraction even very slight. The contraction at the orifice in this case, only four millimetres, might readily have caused a slight collection of secretion from

the habitually irritated mucous membrane, sufficient to account for what was seen in the first instance, and upon the strength of which, alone, the treatment of gonorrhœa was initiated.

In accordance with my advice, all treatment by injection was stopped, also specific medicines, which had greatly disturbed his digestion. His mind was relieved by the assurance that his trouble was not, and never had been, gonorrhœal. He was put upon a course of blue pill and iron, with dilute nitro-muriatic acid, and advised to keep his skin in order by morning exercise and sponge bath, followed by brisk frictions, preferably with hair gloves. The result was not ascertained for several months, but it finally proved to be in full accord with the view which was taken of the case. The discharge speedily lessened, and without the slightest treatment locally, or otherwise, ceased entirely in the course of three or four weeks. But for the anxiety consequent upon an illicit connection the discharge, which had probably been present in an equal quantity for months, would in my opinion never have been discovered. Several cases almost identical with the foregoing, warrant the inclusion of this view in any case of newly discovered urethral discharge. Again, there is a variety of purulent urethral discharge not very rare, which is apparently independent of any contagion, or sexual excitement, and which is usually confined to the immediate vicinity of the urethral orifice. I have never seen it except in connection with a decided contraction of the canal at this point, congenital or acquired. It is usually quite painless, although I have in a number of instances seen it completely simulating a mild form of gonorrhœa.

Thus, a gentleman brought his son, a lad of sixteen, to enquire as to the nature and importance of a slight purulent discharge, of which complaint had been made for two or three days. The boy had acquainted his father with the fact on its first appearance, and denied all knowledge of its origin; he had accidently noticed it one morning on rising. There was not the least external evidence of inflammation or irritation. A drop of creamy pus evidently collected behind a quite narrow (20 F.) meatus, was by slight pressure easily made to

exude. I have habitually attributed such discharges to accumulation of irritating crystalline material deposited during the passage of the urine, and aggravated by the necessary friction during the passage of urine. The urine in this case proved to be highly acid, and contained uric acid crystals, and under treatment for this, the discharge passed off, and now, for four years, has not returned.

Two brothers, twins, fifteen years of age, were sent to me, the one complaining of a constant sense of irritation at the urethral orifice, causing him much annoyance and which he had experienced more or less for a year, and there was slight redness and pouting of the lips of the meatus, but not the least trace of any discharge.

His brother had a slight purulent discharge, which he stated was first seen six months previously. He stated also that he had been accused of having acquired it by sexual contact. This he stoutly denied. The brothers were inseparable and his twin confirmed the denial. He had been treated by injections and internal remedies, including copoiba, with alkalies, etc., but without avail. The amount of discharge was perhaps equal to three or four drops a day, and ten at night. Both were annoyed by too frequent desire to urinate, once in three or four hours, but not at night. The urine in both was apparently normal in quality and quantity. The urethral orifice in both boys was 21 F., while the normal calibre in each was 32 F., the penis in each case being $3\frac{1}{4}$ inches in circumference. I divided the orifice at the same time in both cases to 32 F. No other treatment was resorted to. The first mentioned was relieved of his irritation, immediately on the division of the contraction, and it did not return. The second was quite well of his discharge in about two weeks, or about one week after complete healing had taken place.

The foregoing cases, cited for the purpose of illustrating the occurrence of irritation and purulent urethral discharge, independently of any contagion, and also of the quality of the urine, have not been of rare occurrence in my experience, my attention having been quite frequently called to such cases during the previous fifteen years.

LESSON XXXIV.

Acquirement of urethral discharge simulating gonorrhœa through mediate contagion—Cases in illustration—Urethral stricture the most common of all the causes of purulent urethral discharge—So-called latent gonorrhœa—Claims for such a source of contagious urethral discharge not well founded—The real explanation referred to irritation caused by irritation from urethral stricture—Explanation of the mode in which purulent secretions due to stricture occur—Statistics in regard to the cure of gonorrhœa by the abortive methods untrustworthy—A very large proportion of discharges not of true gonorrhœal origin, the tendency of which is to get well without specific treatment—Views and practice of authorities—No reliable evidence of success by the abortive methods—Average duration of true gonorrhœa not less than four weeks.

Another source of urethral inflammation and purulent discharge is through *mediate contagion.* From the fact that this origin of a purulent discharge, if not denied, is usually ignored, I wish to state explicitly my conviction that gonorrhœa is occasionally contracted in this way. The fact that such acknowledgment may be made use of to account for gonorrhœa, legitimately acquired, is no reason why the dangers and possibilities of contagion, through the medium of public privies and urinals, should be denied or undervalued. Theoretically, a drop of gonorrhœal pus from male or female, might easily be deposited on the seat of a privy in the locality where the urethral orifice of the next comer would, without especial care was used to prevent, come in contact with such pus; and this, as certainly and as effectively, for purposes of contagion, as if the contact had been through sexual connection with the person in whom the pus had originated.

Practically, men almost everywhere are habitually careful that such contact is prevented, and hence such cases are infrequent; but to prove that the danger is real the following cases are presented:

M. P., a graduate of the College of Physicians and Surgeons, N. Y., of ten years' standing, was settled in a large town in New Jersey. Some three years since I received a letter from him stating his remembrance