

LESSON XXXVI.

SYSTEMATIC TREATMENT OF GONORRHŒA.

Usual method of treating gonorrhœa in America—Drs. Bumstead and Taylor's plan—Plan of Drs. Van Buren and Keyes—The latter dwell on the importance of hygienic management—Alkalies alone in the increasing stage, then copaiba and cubeb—Use of injections highly commended in stage of decline—Illustrative formulæ—Drs. Bumstead and Taylor begin with general measures—Brisk cathartics—Early and frequent local applications of hot water according to Mr. Milton's plan—Copaiba and cubeb given early in the disease—Injections in variety—In the stage of decline—In the third stage, injections—Copaiba and cubeb, etc.—Illustrative formulæ—Addendum—Dr. Curtis's method of treatment of gonorrhœa by hot-water retrojections—Dr. F. R. Sturgis's views—Author's suggestions.

Having eliminated all elements of doubt in a case of recent, more or less acute, urethral discharge, and after ascertaining that, in spite of your precautionary and soothing measures, the urethral inflammation steadily progresses; that the pain and swelling increase, and the discharge becomes more profuse, assuming a yellow or greenish hue, it must be practically accepted—no matter what its origin—as a typical case of gonorrhœa, and treated as such. Before presenting my own views and practice in the management of acute gonorrhœa, I will briefly summarize the prevailing views and modes of treatment.

According to American authorities we may accept Bumstead and Taylor, 1879, as the latest, and Van Buren and Keyes as the one immediately preceding, published in 1874. Each is generally accepted as representing the most advanced and judicious mode of management at the date of publication. Thus, Van Buren and Keyes, under the head of the methodic treatment of urethral inflammation, say: "The hygienic part of the treatment is of the utmost importance . . . absolute continence . . . avoidance of anything liable to induce sexual excitement . . . no alcoholic stimulants of any

sort, particularly no sweet fermented wine (champagne), and above all no malt liquor. Abstinence from salt and highly-seasoned food, coffee, asparagus, etc., (quoting Fournier). "All violent exercise must be avoided. Utmost cleanliness in all respects is obligatory."

Of the increasing stage "the first and perhaps only medicine the patient need take internally is an alkali." The following prescription is given as an example:

℞ Potass. Citratis	ʒ ss-i
Spirits limonis	ʒ ss
Syrup simplicis	ʒ ij
Aquæ	ʒ i

A dessertspoonful largely diluted with water, three or four times daily, fasting.
Vichy water, etc.

"More or less of this or of some other alkaline preparation should be continued throughout the treatment. If micturition is quite painful, grs. i. to iii. of the extract of hyoscyamus may be added to each dose of the alkali.

"Then, with first stage of gonorrhœa, capsules of balsam of copaiba, or oil of yellow sandalwood, ten drops in each." Then follows the Lafayette mixture and two corresponding formulæ, and on page 69 (ibid.), they say the "*balsam of copaiba* is the best preparation and is applicable to all stages of the disease. . . . Oil of yellow sandalwood is a most excellent remedy: in some cases certainly doing better than copaiba. . . . Oleo-resin of copaiba is usually well borne by the stomach. . . . These three remedies may be alternated, commencing with sandalwood, and ending with cubeb. The last one in use when the discharge has ceased, should be continued for at least ten days, one capsule less being taken daily, until the remedy is gradually dropped."

Of local measures they say (page 65, ibid.):

"Injections are of doubtful advantage in the increasing stage of gonorrhœa. In bastard gonorrhœa and mild urethritis they are of great importance from the first. If a diagnosis of either of the latter conditions *can be*

made, one of the following injections may be made at once," thus:

℞ Liq. Plumbi Subacetatis, dil..... ℥i
Ext. Opii Aquos..... grs. vi
M., et cola.

Also at p. 69, *ibid.*: "Injections are of great service in the stage of decline; any of the formulæ on page 65 may be used, commencing with the milder and ending with the stronger solutions," thus (p. 65):

- (1) ℞ Zinci Sulphatis..... grs. i-iii
Liq. Plumbi Subacetatis dil..... ℥i
Shake before using.
M.
- (2) ℞ Zinci Sulph..... grs. i-iii
Aquæ..... ℥i
M.
- (3) ℞ Acid. Tannic..... grs. v-x
Aquæ..... ℥i
M.
- (4) ℞ Aluminis Exsic..... grs. vi-x
Aquæ..... ℥i
M.

Drs. Bumstead and Taylor begin the treatment of gonorrhœa in the acute stage with a brisk cathartic,* "five grains of calomel combined with ten grains jalap; a full dose of Epsom salts or three or four compound cathartic pills of the U. S. P." "Water as hot as can be borne is the most grateful application that can be used. I have found that it generally affords relief to the scalding in micturition, and the local pain and uneasiness, and can fully endorse Mr. Milton's views in regard to it." . . . After the operation of the cathartic we may, in most cases, commence at once with copaiba or cubeb." When, however, there is much swelling and severe pain on urinating, it is advised that the anti-

* Bumstead and Taylor, fourth edition, 1879. Henry C. Lea, Philadelphia.

blenorrhagics be deferred for a few days, using alkalies and sedatives instead, thus.

℞ Potass Bicarbonatis..... ℥i
Tr. Hyoscyami..... ℥i
Mucilaginis..... ℥ii
M.
A teaspoonful every four hours.

While the case is severe, the above constitutes the sole treatment. When the local symptoms are not severe, so that the syringe can be used without pain, an opiated and demulcent injection is recommended, thus:

℞ Extracti opii..... ℥i
Glycerinæ..... ℥i
Aq..... ℥iii
M.

"Injection to be used after every passage of urine." Subsequently, "half a drachm of Goulard's extract, as the inflammatory symptoms begin to subside,"

Of "the treatment of the stage of decline" they say (p. 57); "The chief remedies adapted to the third stage of gonorrhœa are injections and copaiba and cubeb. By far the most important of these are injections, which constitute our chief reliance in the treatment of this affection when it has arrived at this stage. . . . Under certain circumstances their effect is found to be injurious. If, *in the course of treatment*, the patient complains of a frequent desire to pass his urine, and other symptoms indicating irritation or inflammation of the neck of the bladder or prostate,* injections should at once be suspended." A large number of formulæ are given for copaiba and cubeb mixtures, the following of which may serve as a type (the Lafayette mixture, p. 66):

℞ Copaibæ..... ℥i
Liquoris Potassæ..... ℥ii
Ex. Glycerrhizæ..... ℥ss
Spiritus Ætheris Nitrici..... ℥i
Olei Gautheriae..... gttss. xvi
M.

Dose: a tablespoonful after each meal.

* Italics are my own.—F. N. O.

Ibid., p. 67 :

Pulveris Cubebac.....	iii
Copaib.....	iss
Aluminis.....	ii
Sacchari albi.....	i
Magnesia.....	ʒ iss
Olei cubebæ.....	
Olei Gautheriæ.....	ʒʒ ʒ i

This mixture is known as the black paste, and the patient is directed to take a piece the size of a walnut after each meal.

Capsules containing cubebæ and copaiba also recommended (p. 71): "During the administration of copaiba, cubebæ, or any other drugs which act by their presence in the urine, the patient should drink but little fluid so that the urine may be undiluted, and as fully charged as possible with the remedy."

Addendum.

A new method for the treatment of gonorrhœa and gleet has been very recently brought to my notice through an article entitled "The Hot Water Retrojection in the Treatment of Gonorrhœa," by Dr. Holbrook Curtis, of New York, published in the *New York Medical Record* of April 21, 1883. This plan is so much in line of my own view of the essential requirements in such cases, that it has seemed to me desirable to present it, not only because it claims better results than any plan with which I have had practical acquaintance, but because it supports the non-specific view of the disease, and is in harmony with rational medicine, hence opposed to specifics in the treatment of the disease. Thus he says:

"Endoscopic examination reveals that a current of hot water passed continuously through the urethra primarily congests and secondarily renders anæmic the mucous membrane, in the same way that a hot bath affects the fingers. It is observed also that the urethra, after being acted on for some time, will endure water of a temperature that cannot be tolerated by the hand. Taking advantage of this fact, I have arranged an apparatus by means of which one is enabled to pass seve-

ral quarts of hot water through the urethral canal from the prostatic portion outward, increasing all the time the temperature of the water until the thermometer oftentimes indicates 180° to 190° F. I have repeatedly passed ten quarts of water from behind forward in this manner, continuing the retrojection for some time after the point of toleration has been reached. This varies much in different persons. It remains then to pass a mild astringent solution through the same catheter that has been employed for the retrojection. Preferably I use a suspension of iodoform in a glycero-tannin solution in the following proportion :

R. Acidi Tannici,	
Iodoformi.....	ʒʒ ʒ ii
Glycerinæ.....	i
Aquæ.....	ʒ iii
Sig.: Heat, shake, and inject.	

After the injection the catheter is withdrawn and the patient is directed to return in twelve or twenty-four hours, as the case may warrant. . . .

"In twelve cases of undoubted acute gonorrhœa the discharge has been entirely checked in three days. In two cases I have succeeded in aborting the disease by one prolonged (ten quarts) thermo-retrojection. In six cases the disease lasted six to ten days, while a case of chronic gleet that had made the round of the profession for nine months succumbed in seven days to dilatation and retrojection.

"It has been noticed that cases that have been treated for some time with strong mineral injections do not respond nearly as quickly to the hot-water method. I have yet to see, however, a 'fresh case' of gonorrhœa, in which no previous injection has been employed, that will not recover within a fortnight if the retrojection is properly administered.

"From a careful study of more than forty cases, I claim for hot retrojection :

"*First.* The course of the disease is shortened, by at least two thirds, making the average limit of the case—viz., stoppage of the discharge—nearer one week than three.

"*Second.* The discharge immediately changes from a purulent to that of the nature of gleet, and is reduced to a very small quantity.

"*Third.* There is absence of chordee and pain in passing urine.

"*Fourth.* Stricture as a sequel is improbable.

"*Fifth.* The usual inconveniences of the disease are done away with.

"A brief description of the apparatus employed is as follows: An ordinary wooden armchair is half-mooned in the front of the seat to admit a tall cuspidor. A pulley is rigged on the ceiling by means of which a tin pail with a lamp beneath is elevated. A rubber tube, provided with a stopcock and connection, leads from the pail, and at any time may be fitted to an ordinary No. 8 English flexible catheter. The necessity of having a catheter with a bulbous end to prevent water passing into the bladder is purely imaginary. I would also state that an ordinary Davidson's syringe may be used, the patient giving himself the retrojection from the pail on a chair beside him; this is not as convenient, however, as the gravity apparatus. When the water is of the proper temperature, say 120° F., the catheter is vaselined and introduced to within an inch of the prostate, connected with the rubber tubing, and the pail elevated to such a height that the flow is brisk. The lamp under the pail will keep the temperature of the water slowly increasing. The patient holds the catheter in position, and may read the morning paper until the water becomes uncomfortably hot. The lamp is then extinguished, and the retrojection proceeds at the point of toleration. After this has gone on for a sufficient time, a syringe of the *injection* formulated above is thrown in, and the catheter is withdrawn. If the patient is unable to come back at once, give him the same prescription for urethral injection, or slightly modified to suit the particular case, with directions to use it twice a day until he can return. As an adjunct to this the only internal treatment I employ is bicarbonate of soda in five-grain compressed tablets, to take ten daily. Heretofore my cases have been confined to private practice,

but recently, at the kind invitation of Professor Sturgis, I had an opportunity to demonstrate this method at the Charity Hospital, where I am told the results have been so gratifying that Dr. Sturgis has promised to compile the statistics in regard to this mode of procedure, which seems so rational that it will undoubtedly supersede the ordinary injection treatment.

"Several writers have advocated warm water 'irrigation' of the urethra in gonorrhœa, and have claimed more or less success for their methods, but no one, to my knowledge, has shown any statistics that can compare with those obtained by prolonged progressothermal retrojection. More than a brief outline of the subject would be too lengthy for an article of this kind, but there is such a field for experiment afforded in this direction, I take this opportunity of placing some fragmentary data before the profession."

I have taken the pains to ascertain from Prof. F. R. Sturgis, one of my colleagues in Charity Hospital, the results of his experience in the method of treatment of gonorrhœa above cited. He informed me that the hot-water retrojections, as proposed by Dr. Curtis, were readily applied and well borne in several cases at Charity Hospital, as well as in his private practice, and that in no case had any unpleasant effects been recognized. On the contrary, the inflammation had been promptly lessened by every injection, and that the discharge had proportionately decreased. While he was very favorably impressed with his experience with the hot-water retrojection plan, he had not yet had sufficient experience to speak otherwise than tentatively of the matter.

Without any practical experience in this very flattering mode of treatment as thus far presented, it occurs to me that it is open to at least two objections. First, that the depth to which the injection is advised is unnecessary, as the occurrence of gonorrhœa, as far back as the prostate, in my opinion is not met with practically once in five hundred cases. Hence, irritation of the deep urethra, and possible extension to the seminal apparatus, readily resulting in epididymitis, is not warrantable. I have cited several cases where acute pros-

tatic inflammation has apparently resulted from a similar mode of administering copious injections of moderate temperature. Again, the danger of throwing the injection into the bladder is *not* a fictitious one. I have seen several cases where the bladder has been easily filled and refilled over and over again with the short pipe of an ordinary Davidson's syringe. Again, I would object to the *brisk* flow of the fluid as introducing an unnecessary element of force, which on general principles should be eliminated, as far as practicable, from all operations and procedures involving the genito-urinary apparatus. A gentle, steady current would, it appears to me, produce equally good results without the danger of forcible distension of the deep urethra. These points, while they seem to me important to recognize, are yet susceptible of easy correction without detracting from the efficiency of the method which in the main appears to me most promising, and which, with water of a temperature of 120° F., I shall not hesitate to give an early and thorough trial.

LESSON XXXVII.

Usual method of treating gonorrhœa in Great Britain, by Messrs. Hill and Cooper—Cold rather than hot applications are recommended—Specifics not given in the first stages—Injections rarely to be used until the acute inflammation has subsided—Formulæ given much the same as previously quoted from American authorities—Treatment in vogue at King's College Hospital, London—St. Mary's Hospital—University College Hospital—Middlesex Hospital—Expectant treatment.

OF the English authorities, we have, latest, Hill and Cooper.* In the first place, in commencing the treatment of gonorrhœa, they agree precisely with Van Buren and Keyes, as to the importance of hygienic treatment and the mode of carrying it out. Alkaline and demulcent drinks, with a saline aperient every morning. Warm baths half hour at a time at 95° F. (p. 509 *ibid.*). Advise that penis be wrapped in strips of rag dipped in warm water and covered with oiled silk or ice-water, whichever gives most relief. Otis's coil with cold water current. If pain very severe 15 or 20 leeches to perineum.

No injections have been found by them serviceable during inflammatory stage, except two, viz., half-hourly injections of tepid water into urethra which sometimes give relief, but often none. If congestion be moderate, hourly injections of alum or sulphate of zinc, quarter grain to the ounce. Painful micturition best relieved by alkaline drinks, warm baths, rest and local depletion. Injection of ice-water into urethra before micturating, or immersion of penis during the act, often effectual in easing pain.

Of specifics they say (p. 513): "The good effect of

* "Syphilis and the Local Contagion Disorders." London. Second edition, 1881, p. 508.