LESSON XXXVIII.

Previous quotations from authorities given to show essential differences of treatment—All claiming equally good results—In all cases where short period of cure is claimed the disease probably not gonorrhœa—Evidence in proof of this statement—Specifics not essential to the cure of gonorrhœa—Simple measures shown to be most efficient—Author's experience in treatment of gonorrhœa without specifics—Rarity of accidents by this plan—Promptness of recovery—When not successful some mechanical difficulty usually present—Contractions of meatus urinarius a common cause of prolonging gonorrhœa—Author's plan of managing a case of gonorrhœa—Cure by all plans of treatment explained—Cases which continue rebellious due to causes independent of the gonorrhœal irritant—Specifices and injections valueless to complete a cure when stricture is present—Mechanical causes must be appreciated if the diseased conditions are to be permanently cured.

I have been thus full, and circumstantial, in laying before you the views of recent accepted authorities, in order that each statement in regard to differences between them, could be readily substantiated. To show that many medical men have been taught, that specific remedies were essential to the cure of gonorrhœa, and that as many others, did *not* consider them essential. That one party believes, that they are only useful in the early stages of the disease, while another party considers them comparatively useless in the early stage, and highly beneficial in the latter stage, and that both parties prescribe copaiba largely.

It has thus also been seen, that injections are essential to the cure of gonorrhœa in the opinion of one party, while another considers them, at least useless in curing the disease, and the source of much unnecessary trouble and danger. It has thus also been seen that, while many claim great and uniform success in treatment by injections of one kind, others find no value in it, while another kind in other cases has been promptly curative. It has also been seen that, where a short period has been claimed in the cure of the disease by any method, it has been always doubtful if it was a true gonorrhœa. It is

also easily seen, that authorities are quite agreed, that some cases are rebellious to any, and every mode of treatment, and that the average time for cure, by any means at present generally known, is nowhere claimed to be less than four weeks.

It will be interesting, and perhaps instructive, to recall the fact, that 60 cases are cited where a cure of gonorrhœa was effected by extensive blistering of the thighs, and that the average duration of each case was from five to seven days, and that in Mr. Milton's sixteen cases, treated by injections and purgatives and copaiba, three were cured after an average duration of sixty-three days, while the remaining thirteen cases were left with a gleety discharge.

It is also a significant fact that all the authorities quoted, lay great stress on the necessity of rest and local antiphlogistic measures, and attention to diet and condition of the urine. These are the only practical points, on which all are in perfect accord: on all other points they differ diametrically. It is also a significant fact that, notwithstanding such wide differences on matters of great practical moment, there is a curious coincidence in the duration of the disease by all the different methods. It is also a fact equally curious that if we offset the differences between authorities, and treat cases of gonorrhœa by the means upon which all are agreed, viz., rest, sexual, hygienic, local and antiphlogistic measures, attention to diet and condition of urine, the average duration of the disease, is quite as good as when specifics and injections are used. This statement I make, after an experience with such method of at least ten years. By this plan, in the matter of rest alone, the results of *absolute* rest may be inferred from alleged effect of the six-inch blisters to the thighs of patients of Mr. Chalmers Miles (page), where the average duration of the disease was claimed to be not over seven days. It is certain, however, that but few of these cases were true gonorrhœa. In the matter of sexual hygiene, diet, condition of urine, etc., it is simply common sense to accept these as aids to cure. In the matter of local antiphlogistics, Mr. Milton's statement in regard to the effect of hot

water in cases of gonorrhœa, is quoted by Bumstead with hearty endorsement, thus:* "The only direct application which I can safely say has never disappointed me, which is at once safe, simple and useful, is that of very hot water to the penis; but to obtain the really good effect it offers the water must be hot, not lukewarm. In fact, we seldom see so much good ensue, as when it is carried to the extent of producing some excoriation and faintness; thus applied, *and especially in the early stages of the disease, the weight felt about the testicles soon disappears. The pain on making water and using injections is soothed and the prepuce and glans rapidly regain a more normal temperature and color.*"

With such a remedy even copaiba in large doses might be used with impunity. As Milton remarks, among its other benefits, "even *pain* on making water *and* (*even*) *using injections is soothed.*" It was the trial of Mr. Milton's hot water cure, as above cited, that led me in the first instance to distrust the value of specifics and injections. Fully ten years ago, cases occurred in my practice where neither injections nor copaiba mixtures were tolerated, and to my great surprise I very soon found that such cases got well as promptly as those where copaiba and injections were used, and that where the discharge lasted more than a month or six weeks, some mechanical obstacle to recovery, such as a contracted urethral orifice or a stricture more or less salient, was found in the deeper portion of the canal. For the first three or four years, I treated vigorously in this manner, only those cases in which the copaiba, cubebs, etc., were not well borne, but I came to appreciate the fact that gonorrhœas of recent date, and especially first gonorrhœas, were more promptly cured, than by the old method, and that there were no cases complicated by epididymitis among them, and that all the annoyances, errors and troubles, arising from the use of injections were effectively avoided.

My plan, based originally upon that of Mr. Milton's previously quoted, was as follows: 1st. To explain to

*Bumstead and Taylor, 4th Ed., 1879. Page 54.

the patient the inefficiency of the popular remedies and the damage likely to be done to the digestive functions, etc., by taking them, and explaining the nauseous character of the medicines, popularly supposed to be essential to the cure of the disease. This latter argument was often useless, from the fact, that a very large proportion of cases, are inclined to look upon their trouble, as a judgment upon them for their folly, and often seem to take pleasure in self-inflicted penance through their medicines, frequently saying: "Make the dose as nasty as you choose—the nastier the better; I deserve it all," and more to that effect. In point of fact, I believe that on no other ground can the long suffering of gonorrhœal patients, their philosophical endurance of the painful and disgusting injections, and the pints of copaiba which they are induced to swallow, be explained. The mystery of an annual consumption of the 151,000 pounds of that most nauseous, misnamed anti-blenorrhagic, copaiba, by the British public, can in no other way find solution, and I believe I am not far wrong, when I venture to state that an equal estimate for the United States, is taken, not for any real value experienced, but because of its popular reputation, based upon negative evidence, and upheld by the druggists and the unsupported traditions of the medical profession.

2nd. To secure complete personal cleanliness. Especial care to prevent any possible transference of the gonorrhœal secretion to any other mucous membrane, especially of the eye, the rectum, the nares; and to insist upon rest, as complete as practicable on the back, if possible, until the inflammatory stage begins to decline,

3d. Frequent soakings of the penis in water as hot as can be borne. Urination always to be performed with the penis immersed in the hot water, and for general cleanliness, to take other occasional warm and tepid baths.

4th. To put the patient on a milk diet, as the highest type of suitable nutriment, and to use all practicable means by which the urine may be freed from its irritating properties. Alkalies and diluents, in the form of Vichy water (Celestins'), and bicarbonate of potash ten grains

dissolved in a tumbler of water, or flaxseed tea, or infusion of dog-grass (Triticum repens rad.), adding twenty grains of bromide of potassa if great pain or irritation is present, and drinking freely to the extent of a tumblerful every four or five hours, and other demulcents, or diluents that may be found more convenient or agreeable in any given case. Flavoring any suitable drink freely with the tincture of gaultheria if agreeable.

5th. To secure perfect freedom from all sexual contact, or from any association, or conversation, or reading material which may have a tendency to excite venereal thoughts or desires.

To continue this plan of treatment, as fully as may be practicable, entirely free from any so-called gonorrhœal specifics or injections, until the complete cessation of the discharge, or until the sixth week from the commencement of the disease. Should any discharge or any urethral irritation be present, after this time, it would, in my opinion, be proper to assume that some mechanical obstacle to the complete cure of the disease, was present at some point in the urethra. In such case an examination of the urethra, with the view of ascertaining its exact locality and degree, should be made. Congenital contraction of the urethral orifice stands first among the probable causes of such continuance. The case is now no longer one of gonorrhœa, and must be considered as one of gleet, dependent solely on mechanical causes for its continuance. These causes, and the proper treatment necessary for their removal, will be considered under the head of GLEET.

It will be interesting at this point to recallsome apparently anomalous features in the history and treatment of gonorrhœa, which figure prominently in the statistical records of gonorrhœa as previously presented. Under every form of treatment—expectant, abortive, by specifics, by injections, by blistering, by carthartics, by aperients, by diluents and diuretics and alkalies, some cases get well in a few days,while others are apparently rebellious to any and all treatment, singly or in combination. The explanation to me is simple. All cases which, under any treatment, or no treatment, get well in a few

days are not true gonorrhœa. All cases which continue beyond six weeks owe that continuance either to sexual excitements, to digestive disturbance, causing acidity of the urine, or to localized points of irritation, chiefly contractions of the urethral calibre at some point. In such cases, specific medicines and injections, of whatever nature are valueless. The cause must be appreciated, and treated independently of any preconceived notions of the specific character of the disease.

LESSON XXXIX.

Reasons why injections in the inflammatory stage of gonorrhœa are condemned—Dangers inseparable from their use—Nature of accidents due to their use—Use of injections in the chronic forms of gonorrhœa—Conditions which warrant their use—Mode of ascertaining such conditions—Explanation of their curative action in certain cases—Method of management—Illustrative formula—Manner of administering injections in suitable cases—Gleet—Nature of—Physiological conditions producing it—Manner of its development—Character of urethral inflammations differ in degree and not in nature—Products the same from whatever cause—All susceptible of developing a contagious element—Whether arising from mechanical or from gonorrhœal causes.

Condemning as I do all injections during the inflammatory stage of gonorrhœa, I have not considered their possible utility in the stage of decline, simply because I do not consider them an essential feature in any case. Furthermore, in the indiscriminate and perfunctory way in which they are usually administered, I think that even in the non-inflammatory stage of gonorrhœa they are productive of more harm than good. I have seen quite a number of cases of acute prostatic inflammation (occasionally going on to the production of abscess), which I have been quite satisfied were caused by driving an injection of ordinary strength, into the deeper parts of the urethra. To the same cause I have also attributed the accession of the epididymitis, which I have frequently met in cases of chronic urethral discharge while injections were in use. I feel satisfied that pus from the anterior urethra, is in this way, carried to the deeper and healthy portions of the canal, with the effect of establishing a new process of contagion in that region. Drs. Bumstead and Taylor (p. 57), are inclined to deny the possibility of such an accident, because the patient is directed to urinate before injecting, claiming that thus, the pus is all washed out of the canal and none is left to be projected back by the injection. It seems to me more probable, that with the fullest urination enough might remain in the crypts and follicles which

look forward, to furnish a dangerous element, on a washing of the urethra *backward* with the injection. Besides this, the great majority of patients, no matter how thoroughly instructed, occasionally omit the precaution. There is a great difference in the receptive power of patients in the matter of injections: With some they are introduced with great difficulty beyond the nib of the syringe used; in others the fluid passes, with slight force, well into the deeper urethra, and in occasional subjects even into the bladder.* My chief objection, however, to the use of injections is, that however well administered, and judicious, they are seldom required, except when the discharge is kept up by mechanical influences, and that, in such case, the true cause of its continuance, is masked by the astringent effect of the injection, often affecting an apparent cure, only to disappoint and vex the physician, and his patient, by repeated recurrences, as soon as the temporary effect of the injection has passed off. I would, therefore, while admitting that, in the absence of mechanical obstructions, the discharge may be lessened by use of astringent injections of various kinds, prefer, for the reasons above cited, to defer their employment until their necessity was indicated, after the fourth week, by the continuance of the discharge and the failure to detect any mechanical causes for its continuance. When, after a longer or shorter time, the acute symptoms of an attack of gonorrhœa have subsided, and there remains simply a muco-purulent, painless discharge, examination should be carefully instituted, with the view of ascertaining the exact point to which the disease has extended, and, as nearly as possible, the pathological condition

* A very general impression exists in the profession that fluids are with difficulty injected into the deeper parts of the urethra by an ordinary syringe, and that to force them into the bladder, by that means, is a physical impossibility. The positive statements to that effect by various authors (Acton, Milton, etc.) would tend to confirm such a belief. Within the past two years I have had three patients who were able to inject their respective bladders by means of an ordinary Davidson's syringe, one of them throwing in a pint of water, in my presence, then emptying the viscus—refilling and discharging it three times in succession. I am, therefore, convinced that it is judicious to limit the distance we desire to medicate, by pressure on the canal at a given point.

upon which the continuance of the discharge depends. This may be done, in a rough way, by pressing the walls of the urethra together and squeezing out the discharge from the meatus, making the pressure farther and farther back, until no more fluid can be made to exude. In the absence of any tenderness, or uneasiness, beyond the point so examined, you may conclude that the disease has not extended beyond that limit. If, in addition, a fair-sized bulbous bougie fails to detect any special points of tenderness, it may be concluded that the difficulty is dependent upon the first of the causes mentioned, viz., *a want of recuperative power in the epithelial structure*, and that there is sufficient of the gonorrhœal influence, to keep up an exaggerated desquamative action, though not sufficient to excite acute inflammation. The additional fact, that the membrane is kept constantly bathed in fluid, also retards the return to a normal condition, by diminishing the cohesive power of the superficial cell growths, The indications for treatment then are, to apply such local means as are most likely to diminish the excess of fluid, and to stimulate the membrane to a more complete performance of its functions. Solutions of the salts of zinc, lead, and iron, combining astringent and stimulating properties in various degrees, are found well calculated to meet this double requirement. Vegetable tonics and astringents are also of value. The more thoroughly the epithelial products in the discharge are degenerated, the more stimulating and astringent is the application required; so that, when the discharge is thoroughly purulent, the more stimulant salts, as the chloride, sulphate, or acetate of zinc, etc., will be found most beneficial; the more it approaches the mucous character, the more simply astringent should be the application. Under all circumstances, where a simple atonic condition perpetuates the discharge, no solution of any sort should be used of a strength sufficient to produce a caustic effect. Stimulation alone is required, such as results from solutions of the sulphate of zinc, or the acetate of lead, alone or in combination, and of a strength varying from one to three grains to the ounce of distilled water. When the discharge is not

wholly without pain, I am accustomed to add two or three grains of the extract of belladonna to the ounce. When the discharge is small in quantity and chiefly mucous, the acetate of lead, grains one to three; the persulphate of iron, grains three to five; tannic acid, grains five to ten, are often promptly efficacious. The power of *phenol* (the so-called *carbolic acid*) to modify and arrest suppurative action, wherever located, is now generally admitted. A solution of from one to three grains to the ounce of distilled water is often of value. A bland solid material like the oxide of zinc thoroughly pulverized may be added to any injection with occasional advantage, especially if the urethra is still sensitive—thus:

℞. Zinci Oxidi.....ʒ ss.
Zinci Acetate.....gr. viii.
Aqua Calcis.....ʒ iv.
M.

Adding aqua calcis, which seems, in some cases, to increase the efficiency of the injection. Whatever form of syringe is used, the chief point of importance is to secure the limitation of the injection to the diseased portion of the canal alone. Thus, taking any one of the ordinary syringes in use, slip on its extremity the end of a soft velvet-eyed catheter (Tieman's or its equivalent), of a length proportioned to the distance required to reach the furthest point of diseased membrane, and of a size not more than 20 to 24. After urination, fill the syringe, introduce, well oiled, slowly, to desired point, discharge it gently and completely, and retain from half a minute to two or three; repeat three or four times a day, unless this procedure causes irritation, then it, and all other applications by injection, may be judiciously withheld, and the case relegated to the list of troubles known under the title of gleet.

The secretion of the urethral mucous membrane serves as a protector, and lubricant, for the preservation of this membrane from contact with the irritating urinary fluid. It is made up of germinal granules—particles of bioplasm (Beale), which rise up through the interstices of the sub-mucous cellular tissue,* are trans-

* Rindfleisch, Pathological Histology, Am. Ed. pp. 43, 99 *et seq.*

uded through the basement mucous membrane, and become organized as the protective and lubricative epithelial cells of the urethral mucous membrane; and where the conditions of its evolution are in every respect perfect, in quantity just sufficient for the lubrication and protection of this structure. This is never sufficient to be perceptible to the naked eye, except as a moist glazing of the surface. Any excess is always the result of an abnormal stimulation of the natural processes, except in a single instance, purely physiological, when it proceeds from erotic excitement, and appears at the urethral orifice as a transparent mucous exudation, which passes off with a cessation of the nervous impression which provoked it. The causes which unduly increase the secretion of this membrane (and in speaking of the urethral mucous membrane, I include the glands, crypts, and follicles, made up of its local reduplications), are to be divided into two classes:—first, active inflammation set up by contagion, or clap; and second, mechanical injury or obstruction, such as urethritis, from lodgment of calculus, or injuries caused by irritant injections, or instrumental violence, or from urethral stricture.

The first effect of an approaching inflammation of mucous membrane is an increase in the natural secretion. The mucous cells are hurried along, through their different stages of development, and, as the amount of secretion increases, it is less and less perfectly elaborated. The germinal material is drawn to the surface with increasing rapidity, until cells, which, in health, pass through a gradual development, from the germinal granule to the fully formed epithelial scale, now appear as a mass of emasculated corpuscles—*pus cells*, which constitute what we are accustomed to designate as a purulent discharge.

The inflammation is thus characterized, during its continuance, whether arising from contagion or from mechanical or traumatic causes. The character of inflammation in the urethral mucous membrane, varies in *degree*, rather than in *kind*. Its products are, to all appearance, similar, whether the result of gonorrhœal

contagion, or from injury caused through instrumental or mechanical interference alone. The duration of the inflammation varies, as the cause is more or less vicious in its onset, or more or less persistent in its influence. An inflammation set up by a gonorrhœal contact will continue, in spite of the most efficient and judicious treatment, for several weeks, while the inflammation caused by the forcible introduction of a sound through a narrow meatus urinarius, *may* subside in a few days, and yet circumstances, *wholly unconnected with contagion*, may elevate this latter discharge, from a purely traumatic inflammatory product, so that it may communicate a disease, to a perfectly healthy individual, in no way distinguishable from a gonorrhæal inflammation.