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AN  
INAUGURAL DISSERTATION,

ON

*Urethral Blenorrhagia*

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# Urethral Bleorrhagia

History. The history of this disease is involved in some obscurity, although according to all authors on the subject, it is believed to have existed from the earliest ages of which we have any record.

We see it spoken of, as a loathsome, and distressing affection. From the earliest periods in which man has been known to have written any thing on the subject of medicine. But it appears that it was not considered as being identical, or even having any essential connection with syphilis, until upwards of half a century, after the introduction of this latter disease, into Europe, which they (The Europeans) contended was an imported disease and that it was

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of American origin. Since that period, these two affections have been so intimately connected, and so frequently found combined in the same individual, at the same time, that they were considered by the ancient writers as being identical, which has been a subject of much controversy in the profession, since about the middle of the sixteenth century. Syphilis has been known to have existed, previous to this time, and writers are agreed as to its existence as far back as the year 1494, but we have no knowledge of any record which clearly sets it forth anterior to this time.

Acton believes that Syphilis did exist previous to the year 1494, but the exact

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date of its outbreak is unknown, and that we are in ignorance of those circumstances which first gave it birth; or in what country, it first made its appearance.

In this respect the same lack of information reigns in regard to Blenorrhagia.

But I believe that it is a decided question by the generality of the profession that Urethral Blenorrhagia, and Syphilis, are radically distinct, each depending on its own specific virus, although there is the opinion, and experiments, of some eminent physicians to the contrary.

The experiments of J. Hunter, Abernethy, Andree, and others, which appeared to prove that Blenorrhagial matter is cap-

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able of forming chanere, and on the other hand that matter taken from a chanere, when brought in contact with the urethra will form Blenorrhagia, have been contradicted and set at naught by the observations, and experiments, of Hernandez, B. Bell, M. Ricord, Fogno of Philadelphia and others, who have concluded and justly too, after bringing all the evidence that observation, and experiments, in inoculation, can furnish, as to their nonidentity. The results of the experiments in inoculation, made by those gentlemen and particularly those of M. Ricord proves conclusively, that chanere can always inoculate during its period of ulceration.

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The suppurating buboe of absorption, can always inoculate. The inoculated pustule can be reproduced by its pus, *ad infinitum*?. The pus of an *urethritis* where there is no ulceration can never inoculate.

*Causes.*— The causes of *Blenorrhagia* are very numerous as taught by a number of authors, such for instance as climate, location, food, clothing, physical, chemical, and a virus. The first four of these causes are in my estimation only predisposing causes or a preparatory step to the taking on of the disease, Mr. Acton gives an instance of a British army in which one out of every eighteen was afflicted with

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Gonorrhoea, thereby proving that situation and habits favour the production, and progress, of the disease, in low situations and in damp weather this affection is most severe and more difficult to cure,

That, the same remedies which succeed in dry weather, will fail during the damp months of the year. The season of the year then is not without its influence.

During spring and autumn, discharges from mucous membranes are more common than in summer and winter.

Illustrations of physical causes, are such as take the disease from venereal excess; in which one or even both the parties previously quite sound and healthy, may have a

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purulent discharge, ~~with~~ heat, and irritation of the urethra. Masturbation will produce the same effect. So also will violence to the genital organs of young girls give rise to the disease in them, with irritation inflammation and discharges from the labial and vaginal surfaces.

Ridings on horseback, undue pressure or blows on the perineum, such as being thrown on the pommel of the saddle, abruptly bending the penis while in a state of erection or from other causes which have no connection with sexual matters, may be followed by a Bleorrhagic discharge.

The introduction of bougies or other substances into the urethra, vagina, or rectum have been known to produce the discharge.



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Chemical.- Irritating injections may produce the discharge. The solution of ammonia has produced the most violent inflammation with a purulent discharge when introduced into the urethra. Swedeaur.

Mr. Docton gives a case in which the sulphate of zinc, (although a good remedy in the cure of the disease) produced a discharge, of a yellow color with pain and heat in making water, confined to the fossa navicularis. This affects is thought to be owing to some idiosyncrasy of the constitution.

Virus or specific poison. Some of the secreted fluids have been known to produce Gonorhoea, in males who have had sexual intercourse with females at the time

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of the flow of the menstrual discharge,  
The matter of leucorrhoea and lochia  
have produced the same affect.

Bleorrhagia has been said to follow as  
an affect of the irritation produced by wor-  
ms in the rectum, and also of hemorrhoids,  
from sympathy, no doubt.

Contagion. Where contagion is the cause  
and I am inclined to the opinion that this  
is the great and leading cause in a large  
majority of cases; it is by contamination in  
coition with persons who labour under Ble-  
orrhagia at the time.

Pathology. The anatomical characters in  
this disease are the same as those marked in  
acute inflammation of the mucous textures  
generally, there is more or less redness with

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opacity and thickening of the lining membrane of the urethra

Period of incubation. This varies from a few hours to six weeks but generally it makes its appearance in from five to ten days.

Symptoms. Bleorrhagia commences with slight itching, which frequently escapes the attention of the patient, somewhat pleasant sensations, are often felt and abnormal excitement of the genital organs follow, but these symptoms soon give place to others not so agreeable.

The patient now experiences a little itching or tingling sensation at the orifice of the urethra together with a smarting and burning pain which is increased by micturition

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The lips of the meatus becomes red and tumified; and the mucous membrane is slightly everted and the matter or secretions drying at the orifice of the urethra glue the lips of the meatus together.

If these symptoms continue a short time the glands penis becomes red and inflamed; patients at this stage of the disease, can not urinate without experiencing very severe burning pain in the fossa navicularis.

The pain may be occasioned by the acrid condition of the urin; inflammatory narrowing of the canal or the inflamed condition of the mucous membrane of the urethra.

It is only necessary to mention these causes for the comprehension of their action.

Up to this condition of the parts the pain

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has been of an intermittent character but now it becomes more continuous and severe, and is augmented by the weight of the cloaths or the slightest pressure, it becomes more acute as the inflammation extends posteriorly along the urethral canal. The disease now appears to have a tendency to the phlegminous condition. The secretion which was transparent or slightly opaque, now becomes thick and high colored. The patient frequently complains of pain in the inguinal regions which are some times the seat of inflammatory buboes; the glands penis now becomes very red and firm; in the inferior side of the penis a hard cord is felt which in some instances have been mistaken for urethral chancre, but generally it is nothing more than the

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inflamed and swollen membrane of the urethra. If the inflammation is not stopped it attacks the whole spongy portion of the canal. Other <sup>more</sup> symptoms now make their appearance. More or less painful tension of the urethra is felt in all that portion of the canal in front of the scrotum, and considerable inconvenience is experienced about the testicles.

When the inflammatory swelling has gained the deeper portions of the canal, a more alarming symptom arises which is termed *cordee*. This symptom has been described, by Hunter as being of two kinds the inflammatory, and spasmodic.

It is considered by M. Ricord as being the result of the inflammatory swelling

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in which the walls of the canal lose their elasticity, therefore can no longer follow the increase of the corpora cavernosa in erection; the penis is thus described by some as being bent upon its self, representing a bow the string of which would be the canal.

During erection the greatest pain seems to concentrate itself immediately at the angle where the penis and scrotum joins, which is described as being a pain of a very excruciating character, and is not diminished by drawing the penis downwards, and is considered, as being a sign of inflammation of the spongy portion of the urethra

Now a general tenderness of all the parts in the vicinity of the genitals is increased, and inflammation may be set up in the

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urinary organs which gives rise to considerable pain in the perineum and a diminution of the stream of urine with great agony.

Irritation of the bladder is often set up which produces a frequent desire to pass the urine, with considerable pain in doing so, which continues for some time afterwards.

The matter now is of a yellowish green color and often tinged with blood, and there is often hemorrhage from the urethra which may be caused by either an exhalation of blood from the engorged capillaries or from an actual laceration of the vessels of the urethra with its mucous membrane, when stretched by violent erection or from being forced upwards to the pubes while in a state of erection.



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When the inflammation has reached the prostatic region there is a new set of symptoms that announce its progress. There is an increase of pain in the perineum, the patient can neither sit nor cross his legs without experiencing great pain. At this stage of the disease the passage of the urine produces a scalding sensation which commences at the posterior portion of the canal. The stream of urine is now much decreased in size and its direction may be changed as in stricture. Great pain is felt in the testicles, and other parts which are mainly sympathetic; and at this period the neck of the bladder often becomes inflamed and the desire to pass the urine is much increased, with great pain in doing so which continues even after the bladder has been evacuated.

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Now the patient is often found to labour under more or less fever of the inflammatory, remittent, or intermitent type.

The matter which issues from the urethra at this stage is of a thick milky character and often mixed with blood.

Bleorrhagia most generally stops at this point, but occasionally it extends itself, up involving the bladder, ureters, and kidneys, forming nephretic Bleorrhagia, the latter case is of rare occurrence.

It appears that when gonorrhoea reaches its highest stage of inflammation it remains at that point for some days and then the inflammation gradually subsides, the <sup>patient</sup> knows this by the diminution of pain and a change in the appearance of the

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discharge, which but a short time since was of a yellowish green color and often tinged with blood, now becomes clear and more limpid; and in the space of six or eight weeks with proper abstinence, from exercise and food it may cease altogether, yet cordae may continue, for some time for it requires time for the rigidity of the tissues to subside.

It is often the case, that this discharge is seen only in the morning, before micturition, some times the disease arrives at this stage gradually, but most frequently the inflammation declines, and relapses, which is occasioned by the patient's indiscretion.

Diagnosis. Every one engaged in

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The Study and practice of medicine will be able at once to recognise this disease by a strict observation of the symptoms just described. But should those symptoms be ~~absent~~ and the circumstances be such as to require the opinion of the Surgeon as to the existence of the affection, and there should be no symptom visible by which he may determine, the patient then should be desired to urinate and during this process every movement of the patient, should be closely observed by the Surgeon, and perhaps he will discover some indication of pain or a few drops of matter may be seen at the commencement, or close of micturition on which with all the circumstances in connection with the case he may base his diagnosis

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Prognosis. The prognosis in Blenorrhagia should always be drawn from the symptoms present, taking into consideration all the complications which are likely to occur in the case before the Surgeon.

Treatment. If called within the first twenty four hours after the appearance of the discharge from the urethra has been discovered, and before the inflammatory stage has set in; an attempt may be made to make the disease abort by the use of an injection of a solution of the nitrate of silver, ten or fifteen grains to the ounce of ~~some~~ distilled water, injected once in three days the abortive process may be wonderfully aided by the use of some other therapeutical agents, such as Balsam Copivia and the

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Oil Cubebs. & Balsam Copivia 2 ℥;  
Oil Cubebs 2 ℥; Syrup Buckw 4 ℥;  
Subverised gum Arabic 1 ℥; mint, or cinam-  
on water 2 ℔; Dose, From half, to an ounce  
three times per day. With this treatment  
observing at the same time that the patient  
have perfect rest, and abstain from all  
aliments and beverages of all kinds that  
would have a tendency to produce an irrit-  
ating condition of the urine, the disease may  
be cut short in a large majority of cases.

Provided however that the abortive tre-  
atment should fail and the inflammatory  
stage comes on, this treatment should be aban-  
doned at once says Ricord; or if the inflam-  
matory stage has come on before the Surgeon  
has been consulted in the case, then the

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abortive treatment, or the specifics should not be thought of, for they prove injurious during this stage; therefore they should be abandoned and the antiphlogistic treatment adapted, such as general bleeding, cups, leeches, cathartics, warm baths, warm fomentations &c diluent drinks, low diet &c.

After the inflammatory stage has passed off and the chronic stage or the decline of the disease has come on then the specifics, Balsam Copivia, and Cubebs, with mild astringent injections should be used.

The following is a good injection in such cases. R. Pulverised Tannin 2 gr., Sulphate Zinc 2 gr., Aqua 2 ℥, inject from three to six times per day.