

AN

INAUGURAL DISSERTATION,

ON

*Gonorrhoea*

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## Gonorrhoea

Gonorrhoea has been noticed as a loathsome disease by successive authors, from the earliest periods in which we have any medical records; therefore it cannot be expected that I will add any intelligence to the profession; but in as concise a manner as possible, I will throw together some of the often told symptoms and treatment of this disease: Gonorrhoea consists in an active inflammation of the mucous lining membrane of the urethra, commencing in the anterior part. It generally comes on in four or five days after impure connection; but very frequently it appears in the first forty eight hours, and in some instances not until the expiration of ten or twelve days after this impure coition. At first a very disagreeable itching sensation is felt in the urethra, passing a small distance up from the orifice, which on examination will be found a little redened and slightly tender. After

This has continued for a short time, the mouth of  
the urethra becomes very much inflamed and  
swollen, then a limpid or yellowish matter issues  
from it. The disagreeable stinging and itching increase  
and the discharge of urine causes a considerable  
smarting and burning pain in the anterior part  
of the urethra. The pain now extends very speedily  
inwards along the urethra; the glans penis becomes  
more or less swollen, assumes a dark red color,  
and very tender to the touch, and the discharge  
now assumes a yellow greenish color, resembling  
very much diluted pus. The patient now has  
frequent and painful erections which harass  
him very much especially after he has been  
for some considerable time in bed; and  
on passing or voiding urine in a great many  
cases the pain is exceedingly burning. In a  
great many instances the inflammation continues

from the mucous membrane of the urethra to the  
 corpus spongiosum, causing great tenderness and much  
 hardness of <sup>the</sup> part, and particularly a very severe and  
 painful affection known as Chordee; which consists  
 in very strong and continued erections, while from  
 the inflamed and unyielding condition of the corpus  
 spongiosum, the penis is forced into rather a curved  
 line or form, with the end of the penis drawn down  
 and the body thrown up. At this period of the disease  
 small portions of blood are frequently mixed with  
 the discharges, and very often the prepuce becomes  
 very much inflamed, swollen, and a little excoriated  
 about the edges and in spots on the internal  
 part. It is not unfrequently the case that one or  
 more of the inguinal glands become very much  
 inflamed and more or less swelled; and a  
 knotty cord of inflamed lymphatic vessels can be  
 felt along the dorsum of the penis. A number of

patient complains of a constant, and aching pain in  
the body, and glands of the penis; and in a few instances  
one or both of the testicles become tender more or less  
inflamed, and very much swollen, attended very  
frequently with severe pain all along the course of the  
spermatic cord. Considerable symptomatic fever always  
attends, when the inflammation is thus extended  
from the urethra to the adjoining structures. Very  
frequently the whole canal of the urethra becomes  
inflamed, causing a harassing sensation of heat and  
tillation about the neck of the bladder and canal,  
and cutting pains in the perineum whilst making  
water. Under these circumstances, the patient  
has a continual desire to make water, but owing  
to a very great tenderness of the neck of the bladder  
and urethra, the patient can only void a few  
scalding drops at a time. Whenever the testicles  
are much inflamed, the discharge from the

urethra is always very much diminished, and in  
a great number of cases entirely suppressed. Frequently  
the engorged vessels of the mucous membrane of the  
urethra burst, and a quantity of pure blood passes  
off. It is sometimes the case after an indefinite  
period of time, the inflammatory symptoms begin to  
pass off. The burning, pain in voiding, urine  
begins gradually to subside; the erections are  
less frequent and painful, and the matter dis-  
charged acquires more consistence and is white and  
tenacious. The specific inflammation of this dis-  
ease is first seated in the mucous membrane of  
the urethra, a very short distance above its orifice.  
From this point it frequently extends (as above  
stated) higher up the urethra to the neck of the bladder.  
It is not infrequently the case that gonorrhoeal virus  
in the first instance, does not always penetrate  
the canal of the urethra during impure coition;

but very often is applied directly to the glans penis, then it causes irritation and a discharge of a very thin purulent matter from the sebaceous glands which are situated about the corona glandis.

However it is more commonly the case the matter that is discharged comes in contact with the inner surface of the prepuce, from which is discharged a thin white or whey like fluid. These excretions not unfrequently appear in the form of irregular patches leaving spaces of sound skin between them. At this particular stage of the disease there is more or less phimosis. In females this disease is rarely if ever attended with the painful symptoms that attend the disease in males. In fact in a great many cases there is so very little pain experienced by women from gonorrhoea, that the discharges are often regarded as mild fluor albus.

It is to be observed that the inflammation in females very seldom ever extends to the urethra. The orifice of the urethra, is, however more or less irritated, and in a few instances it becomes so sensible that when urine is passed off it gives much pain. The disease is most usually seated either in the clitoris, about the mouth of the urethra, and on the nymphae within the cavity of the vagina, or at the inferior commissure of the labia. Females who are affected with this disease, frequently feel a very disagreeable itching about the orifice of the vagina, and at the clitoris. In very severe cases the labia and clitoris often become very much swollen, and tender to the touch; and frequently there is more or less severe burning pain felt when the urine is voided. In more severe instances of the disease, there is a continual and aching pain, felt in the bladder and womb; both of which in a few instances become much



inflamed. These symptoms constitute a ordinary gonorrhoea  
v.c.a.

Treatment. In the first stage of the disease, the  
caustic or astringent treatment may be followed, if  
the discharge has not become suppurative. A very strong  
solution of the nitrate of silver, say from <sup>six</sup> to eight grs.  
to the ounce of distilled water used with a glass syri-  
nge, will not unfrequently cut short the disease. It  
should not be used more than two or three times. This  
remedy acts by neutralizing the virus, and also coats  
the urethra with a film that protects the villous sur-  
face. It is my opinion that this remedy should  
be used with great caution, and indeed never  
applied to a patient that is of a irritable habit.  
For in such patients it is often followed by an  
aggravation of all the symptoms. It is often the  
case that the disease appears to have a tendency

within itself to terminate spontaneously. But  
 however, there are but few individuals who are will-  
 ing to delay the use of remedies, or who are prudent  
 enough to abstain from the use of stimulating  
 articles of diet, and other causes that is calculated  
 to keep up the irritable habit of the system; to gain  
 such a favorable result, and in almost all cases  
 either from erroneous efforts to arrest the dis-  
 charge, or from a irritable habit augmented  
 by stimulating articles of diet, the disease if not  
 arrested by judicious treatment will degene-  
 rate into a chronic discharge from the urethra,  
 generally called gleet. The inflammatory stage  
 of the disease, should be treated as a local  
 inflammatory affection, with but very little  
 attention to the discharge from the urethra.  
 If the patient be plethoric, and the pulse  
 hard and active, blood should be freely taken

from the arm; and the inflammatory and irri-  
 table state of the system reduced with the use of  
 antiphlogistic remedies. For this we may use saline  
 cathartics, opoms salts act very well for this pur-  
 pose. To relieve the scalding pain produced by the  
 urine, we may use nitre dissolved in some me-  
 dicaginous fluid, such as a solution of gum Arabic  
 or flaviced Tea, the patient should use this freely.  
 For the painful erections and chordee, that frequ-  
 ently harass the patient when he is in bed, we may  
 procure great relief from the application of  
 warm fomentations or emollient cataplasms  
 which is of more service than cold application  
 that is often recommended; also camphor comb-  
 ined with opium is an excellent remedy taken  
 just before going to bed, for relieving these  
 painful affections, say ten grs. of the former  
 and two of the latter. The Camphor seems

to act here as a antiphrodisiac, and its beneficial effects may be attributed to that. The roller bandage is recommended by our eminent Professor of surgery to be a very excellent remedy for the painful affection of chordae, and I have no doubt of its excellency as a remedy. If bleeding should take place from the urethra, it should not be arrested, not unless it should be too copious which is very seldom the case. When it is desired to stop the hemorrhage, it can be very promptly done by pressure on the urethra with the hand for twenty or thirty minutes. Rest and a mild diet will act very beneficially in reducing the inflammatory symptoms. There is nothing more common than the use of astringent injections in the inflammatory stage of the disease, and in some cases the discharge may be arrested in this way; but very frequently

The consequences are extremely injurious. This is a practice I think cannot be too strongly deprecated. After the local and general inflammatory symptoms has been reduced, and the discharge becomes thick and more purulent, balsam copaiva for some of its mixtures should be resorted to. All mixers I believe agree to give balsam copaiva the preference over all other remedies in this affection. I have frequently given it after the bowels has been freely evacuated by a saline purgative with decided success. The eminent Doctor of bashwick recommends the following as an excellent mode of administering it; Take balsam Copaiva pul. cubeb, pul. gum Arabic, syrup of bu chaw, and cinnamon water each ℥ii mix and give from ʒi to ʒi three times daily. Cubeb alone is also a very excellent remedy in this disease. They are

much more stimulating than the preceding remedy, and should be used with much caution. I almost always use this article in combination with balsam copaiwa according to <sup>the</sup> following: Take Balsam copaiwa, tincture of cabells, spirits nitro each ℥i tinc opium, pul. gum Arabic each ℥i distilled water ℥vi mix and take a spoon full three times daily. The use of these remedies should be continued for five or six days after the discharge has ceased; for it is sometimes the case that when they are discontinued as soon as the discharge is arrested it often returns in the course of six or eight days; and when this is the case, the same remedies rarely if ever have the same beneficial effect. Should the discharge continue after the free use of the above named medicines, recourse should be had to astringent injections, such as the sulphate of zinc commencing with a grain

to the ounce of water; but in proportion as the disease becomes chronic the quantity of zinc may be increased to eight or ten grains to the ounce. In very obstinate cases of gleet the use of the tincture of cantharides along with astringent injections, particularly the nitrate of silver in solution will succeed better than any other remedy. The quantity of this article should be two grains to the ounce of water, at the commencement and gradually increased to five or six grains to the ounce. This solution should be applied by means of a glass syringe every night just before going to bed. A gleet discharge is very often dependant on the irritation of a stricture in the urethra; and when this is the case, there is nothing but the removal of the stricture that will effect a cure. This can be done by the proper use of bougies, and we may suspect the presence of a stricture when the gleet discharge

continues in defiance of all the above  
 named means. It is proper to remark that  
 in using injections particular care should  
 be taken to prevent the fluid from pass-  
 ing into the neck of the bladder, which can  
 be very promptly done by means of pressure  
 over the posterior part of the urethra,  
 near the margin of the anus at the time  
 of using the injection. It is sometimes the  
 case, in patients who are anaemic, the discharge  
 from the mucous membrane of the urethra appears  
 to persist from the mere want of tone,  
 and when this is the case, I have succeeded  
 in arresting the discharge with the use  
 of the muriated tincture of iron,  $\text{ozj}$   
 from ten to fifteen drops three times daily  
 in water. The treatment of gonorrhoea in  
 females should be conducted in the same way



and on the same principles. It is to be observed that the use of injections can be carried to much greater extent than in males. The diet of the patient during the whole course of the disease, should be mild and unirritating. &c