

AN

INAUGURAL DISSERTATION,

ON

Gonorrhoea

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BY

James Jackson Monroe

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CHARLES W. SMITH,

BOOKSELLER AND STATIONER,

NASHVILLE, TENN.

Gonorrhoea.

This is an acute inflammation of the lining membrane of the anterior part of the urethra, caused by the application of gonorrhoeal matter, from a second party, and this is usually made during sexual intercourse.

Gonorrhoea is a truly specific and a highly contagious affection, which has a period of incubation, of uncertain extent, the discharge may show itself within a few hours after connection, or it may not show itself till after many days have elapsed. John Hunter says he had reason to believe that in some instances the disease began in a few hours, while in others, six weeks previously elapsed, he says he has known it to begin at all the intermediate periods. However, it was his opinion, that about six, eight, ten, or twelve days after infection was the most common period. From the third to

the fifth day, may be taken as the average period of accession. Gonorrhoea may be divided into three stages, first, the stage of irritation, secondly, the acute inflammatory, and thirdly, the chronic, inflammatory stage. The first stage usually commences about the time mentioned, when speaking of the period of incubation, from the third to the fifth day but it sometimes sets in very soon after connexion; when the patient begins to experience some degree of heat, itching and general irritation about the penis. The lips of the urethra are somewhat red and swollen, its orifice gaping, and on squeezing it some mucus and pus exudes. After lasting for one or two days in this condition it terminates in the second stage, which is one of active inflammation. The discharge now becomes abundant, thick, and of a greenish-yellow colour there is great pain in

making water, with considerable heat and smarting, and the urine flows in a diminished stream, sometimes forked; the orifice of the urethra shows an increased secretion, and if the action prove intense, the discharge becomes more profuse, seeming to consist of true pus, and a considerable admixture of blood. These symptoms usually continue for fourteen or fifteen days, when the third stage, that of subacute or chronic inflammation, sets in. During this period of the affection the inflammatory symptoms gradually subside, but a thin mucopurulent discharge keeps up, with some degree of heat and irritation about the urethra, an occasional smarting in making water. Under proper treatment this form of the disease, usually subsides in the course of two or three weeks; but if neglected, or in certain consti-

tions, it may last for months, degenerating into what is termed -gleety. This is nothing more than embers of the previous burning. As to the period when contagion ceases, opinions differ. Some authors contend, that the discharge is most virulent when first displaced, as being yet non-purulent in character; While others say, as the purulent character is declared, virulence may decrease, and soon disappear. The creamy thick discharge may not differ in any respect, in its contagiousness from the rest of the stages. Such matters are, as yet, not fully removed from uncertainty, and as it is always best to approach error on the safer side, so long as any discharge continues from the urethra the patient must be looked upon as infectious. Hunter mentions the case of a girl who had been two years in

the Magdalen Hospital, and who infected a person with whom she had connexion immediately after she left that Institution.

The persistence of the contagion of *glut*, is more marked in women than in men.

Sometimes considerable fever affects the system, while in others there is but little constitutional disturbance. The thighs, loins, and testicles most commonly sympathize by a dull aching sensation. These are the ordinary symptoms at the onset, or in the first stages of the disease. But, in the progress of the disease, serious additions may be made. Chordee may occur, that is, abnormal erection of the penis, becoming bent like a bow, with the convexity upwards. This is owing to the corpus spongiosum being filled with lymph, which prevents its expansion, while in a state of erection.

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This is one of the most troublesome symptoms, in the acute inflammatory stage of the disease. It is most likely to occur during sleep, while the patient is warm in bed, and perhaps excited by voluptuous dreams.

Such erection is intensely painful, and tends to aggravate the disease; it is also liable to induce profuse hemorrhage, by laceration probably of the mucous membrane of the urethra. The proximate cause of chordee at certain times, seems to be no more than plastic exudation, normal and abnormal erections alternating with each other.

Sometimes the glans become excoriated, causing a profuse discharge, which is termed Spurious Gonorrhoea. The prepuce may become oedematous, inducing the condition of Phymosis, or Paraphymosis. The former state aggravates the disease, by causing

the discharge to be obstructed, and increasing the tendency to affection of the glands, the latter leads to mere strangulation of the glands, causing intense inflammation there. The lymphatic glands may become painful, red, and swollen on the dorsum of the penis, or without these indications, inflammatory enlargement may take place in the inguinal glands, constituting what is termed Sympathetic Bub. Abscess may form in the penis, on the dorsum, or beneath, opposite to the lacuna maxima.

This form is of the most frequent occurrence. An abscess of the perineum, sometimes accompanies the original disorder, but fortunately this is of rare occurrence, as it threatens retention of urine by compression, of the urethra, and urinous abscess by opening internally. The prostate

-gland may suffer from inflammatory action, by the continuous extension of the inflammation of the lining membrane of the urethra, but perhaps more frequently, by metastasis, causing spasm of the neck of the bladder, and bringing on dysuria. This inflammation has been known to extend still farther, reaching the bladder, and producing acute cystitis, aggravating all the local symptoms, and by urgent disorder of the system, bringing even life into peril. Cases are on record where the inflammation has extended to the periton- eum, and proved fatal. Such cases as these, I should think are very rare, if they ever occur; without some urgent disorder of the system. The joints may become painful as in rheumatism, and the system suffer under inflammatory fever, or gouty symp

Tons are said to exist in those of advanced years. Very often, in protracted cases of gonorrhoea the testicles swell and inflame, constituting orchitis, especially if the patient is imprudent in exercise; and during the acute stage of the disease, the discharge from the urethra diminishes, and may entirely disappear. As the orchitis declines, the discharge usually reappears. This form of the disease usually occurs in the chronic stage of gonorrhoea, though it may be caused at any period of the case, by a blow on the part, or by violent exercise.

Orchitis when occurring during the progress of gonorrhoea, is generally the result of metastasis, yet the inflammatory action sometimes seems to creep along from the posterior part of the urethra to the vas-deferens, and then extending to the epididy-

mis and testicles; the former is said to be the part most affected. Gonorrhoea and Syphilis have been confounded, by some authors, and it is still maintained by some, that the poisons are the same; that what produces one is capable of producing the other.

The weight of authority, however, preponderates largely in favor of an opposite opinion. The poison of gonorrhoea differs entirely from that of syphilis, as has been fully proved by the unerring test of inoculation, these diseases not being capable of reproducing one another under any circumstances. Gonorrhoea is one of those affections which are capable of self cure. The intensity of the symptoms gradually subsides, after running its course, or continuing the length of time, that has already been spoken of, if not interrupted in its course,

or left in the hands of nature. The complications which may have occurred are recovered from, and the discharge becomes less copious, and restored somewhat to the mucous character, this state is termed - gleet. It is well to remember that the surface of the urethra is subject to inflammation and suppuration from various other causes besides the venereal poison, and sometimes discharges happen spontaneously, when no immediate cause can be assigned. Mr Hunter was inclined to think it not of the least use in nine cases out of ten, to administer medicine in this disease, as he said no specific remedy for - gonorrhoea was known I think there are remedies as much entitled to be termed specifics as in the treatment of - gonorrhoea as mercury is in syphilis or quinine in intermittent fever;

and like many other diseases, this under proper treatment may be cut short, in its progress.

The treatment of gonorrhoea must be conducted with reference to the stage of advancement. It is of two kinds, local and constitutional. Both plans are useful, and, indeed, very frequently necessary for a proper cure, but they cannot be adopted indiscriminately. Thus, if specific means are employed during the acute inflammatory stage of the complaint, much mischief may be done, whilst if antiphlogistic treatment is kept up too long, the disease may continue indefinitely. At the first onset, of the disease, before the inflammatory process has reached the suppurative stage, what is termed the retrotic or abortive treatment may be tried.

The nitrate of silver is used for this purpose, in the form of injections of a strong solution, by means of a glass syringe, so that it will come in contact with the whole diseased surface. This medicine may act in more than one way, first by producing a coagulated film, upon the mucous membrane of the urethra, which protects the villous surface beneath during the passing of urine; besides the remedy may exert an antiphlogistic effect, and it is not improbable, that a third beneficial effect is produced; viz the visus may be chemically acted on and neutralized, by the salt. The application should be made once or twice in twenty four hours. By such means, the inflammatory action may be arrested, resolution may follow, the

virus may be destroyed, and the disease may in this way be cut short at its outset. However, such treatment, as has already been said, is applicable only to the very earliest stages of the disease, and if the patient is of an irritable habit it is not likely to succeed, and even under the most favorable conditions, a failure is sometimes the result.

Failing with the first attempt, or no opportunity having offered for it, the second stage, which is the acute inflammatory, should be met by ordinary antiphlogistic means.

The diet should be low, the part fomented, and by a suspensory bandage the parts should be raised, so as to rest with ease.

Antimony is sometimes given in nauseating doses. The bowels should be moved with some mild saline purgative. In extreme cases, it may be necessary even to abstract

blood from the arm. I should be remembered, that the first attack of gonorrhoea is generally the most severe. If the urine be very acrid, it may be rendered less so, by bland fluids with bicarbonate of soda, and roselle salt, dissolved in them. One scruple of the former, to a drachm of the latter, dissolved in tepid water, may be taken three or four times daily. At this stage, of the disease the first plan of treatment is not to be thought of, as it might tend to suppression of the discharge too suddenly, an accident that must be avoided as it is apt to produce orchitis, or be followed by aggravation of the original disorder, and often unpleasant consequences. As the inflammatory stage subsides, the antiphlogistic treatment must be departed from, and the specific

remedies brought in as the constitutional treatments. Copaiba and cubeba, are the remedies most commonly used, which by experience are found to exert a specific influence on the urethra, the copaiba the most suitable in the first, while the cubeba are far superior in the chronic stage of the disease. Copaiba may be administered in a variety of ways, in capsule, pill, or extract. The capsule is commonly preferred, on account of the nauseous taste being thus more readily disguised, but in many cases it acts with more certainty, and with better effect, if given in either of the other forms. When the capsules are given, the patient may take from six to ten in the day. During the chronic stage of this disease copaiba and cubeba are the remedies that are almost universally had recourse to; though sometimes

The spirits of Turpentine is used. In this stage of the disease, large doses of cubeb may be given with advantage, regard always being had to the Kidneys, lest over stimulation occur there. These internal remedies may be employed along with injections. Of these there is a great variety. Some use an injection of green tea, in the form of infusion or other vegetable astringents. Sulphate of zinc is perhaps most commonly employed, or sulphate of copper, or the nitrate of silver may be employed. The patient should urinate, or inject water into the urethra, before using the medicated injection, so that the fluid may reach the membrane directly. The operation may be repeated three or four times in the day should over excitement ensue, the injection must be discontinued for a time, and should be very cautiously

resumed. In the third stage of gonorrhoea, or that of gleet, much difficulty will often be experienced in curing the patient of the discharge. In this stage much depends not only on the administration of proper remedies, but care should be taken to regulate the patient's habits of life. It will constantly be found that after the disease has apparently been cured, excess at table, and more especially indulgence in alcoholic drinks will bring back the discharge. It will also return after connexion, though it had previously ceased entirely. This is especially the case in those constitutions that are either strumous, gouty or rheumatic and in which all venereal inflammations are with difficulty removed. In such cases as these, or in long standing cases of gleet, local applications will be

found to be necessary for the cure of
the disease.

Prof Eve recommends the following form-

ula R Chloride of Zinc - gr 10

Gallie acid ʒ i

Distilled water ʒ 8

Mix

To be used as injection pro re nata

In some cases the nitrate of silver, or the
bichloride of mercury injections, will be ser-
vicable. In most instances it is beneficial
to vary the injections, the mucous membrane
appearing to get accustomed to the same
stimulus after a time, and thus not being
impressed by it in a proper manner. In
this advanced period of the disease, more
benefit will often be derived from the
introduction of a full sized metallic bou-
gie every second or third day than by any

Other local means. The complications of gonorrhoea are, to be met with proper remedies as they occur. Chordee requires that the patients covering should be light and cool at night; and one-grain of opium combined with five-grains of camphor should be taken at bed time, the camphor acting as a direct sedative to the generative organs. Sometimes full doses of colchicum are of service, in relieving chordee especially in those cases which possess the rheumatic complication. The attack, when spasmodic, may be moderated by immersion of the organ in cold water, and if hemorrhage should occur, it may be treated in the same way. Spurious gonorrhoea may be treated, by cleansing the part in cold water, and pencilling the parts lightly over by nitrate of silver in substance or

what is better, by a strong solution of it.
Within twenty four hours, the intensity of
inflammatory action and the amount of
secretion will be found greatly diminished.
Abscess threatening in the penis, or in the
perineum, is opposed by increased and
concentrated antiphlogistics, if matter have
formed, incision cannot be made too early
for evacuation.

All the rest, of the inflammatory comp-
lications which may occur during the
disease, are to be met by proper antip-
hlogistic remedies.