PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 130.]

LONDON, SATURDAY, MARCH 25, 1843.

PRICE SIXPENCE.
[Stamped Edition Sevenpence.]

CLINICAL LECTURES

DELIVERED AT THE

METROPOLITAN FREE HOSPITAL

BY MR. BENNETT LUCAS,

Senior Surgeon to the Institution, and one of the Lecturers on Anatomy and Physiology at the Westminster Hospital School of Medicine.

Lecture VII.—March 10, 1843.

GENTLEMEN,—Before making any observations on the second stage of gonorrhœa I shall first detail to you the continuation of the case of Thomas —, who was under treatment when we last met; and I shall also read the memoranda of one other case, which I have selected out of the many who have presented themselves within the last month, affected with this stage of the disease.

Feb. 27. Thomas —, aged forty-one. Discharge has nearly ceased, and is muco-purulent; he has slight chordee and soreness along the urethra, from the external orifice to near the bulb; his urine comes very slowly from him, and in a small stream; he makes water six or seven times in the day, and has also to get up at night frequently for the same purpose. The abscess, which was in the perineum, is entirely healed; the bulb is much diminished in size, and is movable in the perineum; but it is still harder to the touch than it should be. He does not experience the pain in the perineum when he coughs, which he did before the abscess was opened. He was ordered to take an emulsion, containing fifteen drops of solution of potash in each dose, every fourth hour; an anodyne draught at night; and to foment the perineum frequently in the day with hot cloths.

March 10. A bougie has been introduced four times since last report; considerable difficulty was experienced at first to make the instrument enter that part of the urethra corresponding to the late perineal abscess. His gonorrhœal symptoms have subsided.

CASE IV.—William H—, aged fifty-three, unmarried, has had gonorrhœa three times, the last about seven years ago, at which time he had the usual discharge, and but slight scalding at the glans.

Feb. 24. Had connection a fortnight ago, and twelve days afterwards his disease commenced, with a yellow discharge, and without any premonitory symptom. Since then the discharge has continued to increase, and is now very profuse; is of a yellow color, and stiffens his linen. He now complains of slight scalding at the glans when he makes water; his bowels have been unmoved for three days. He was ordered to take the aperient mixture of the hospital every third hour, until his bowels were freely opened, and to apply the following day.

25. The medicine has affected his bowels four times. The discharge is sensibly diminished, is of the same appearance as yesterday, and comes from not

more than two inches of the urethra; the scalding still continues, but, with the exception of this symptom, there is no evidence of inflammation, nor any redness of the lips of the urethra. He was ordered to take two grains of sulphate of zinc and three of extract of gentian, three times a day.

28. Not improved; the discharge is the same in quantity and appearance, and the scalding continues. To take a drachm three times a day of a mixture containing equal parts of spirits of turpentine and balsam copaiba.

March 10. This patient has not attended since last report.

Gentlemen, the second stage of gonorrhœa is characterised by a purulent discharge from the urethra; in color of a brighter yellow than that of healthy pus; of a more offensive odor than that fluid, and rendering the linen upon which it is deposited stiff and crispy when dried. There is always intermixed with this specific secretion some of the natural fluid which the urethra in a state of health so sparingly affords, but which in gonorrhœa is increased in quantity, owing to the irritation kept up in the canal by the disease. In the first stage of gonorrhœa, before the purulent secretion is abundant, the stains on the linen give evidence of both mucus and pus, as I have already remarked to you; in the second stage of the disease, however, no such evidence is afforded, and we judge of the intermixture of mucus with the specific discharge by the stiffness of the stained linen, which is generally so much greater than that produced from the secretion of a healthy purulent sore. The offensive smell of the discharge is different from that of healthy pus; it is more marked in character, not so mawkish—indeed it is difficult to find a word which will correctly express this sensible character; at the same time it is not unimportant to remark that its odor is very different from that of the secretion which proceeds from the glans, the inner prepuce, or from both in balanitis, and which is always most offensive.

The quantity of discharge afforded in this stage of gonorrhœa appears to depend on many circumstances. In some cases it is very profuse, and this at a time when we would least expect it to be so; such, for instance, as when but a small portion of the urethra is engaged. Thus, soon after the commencement of the second stage, as occurred in the case of Robert —, the discharge may be so great as almost to pour from the urethra, and yet but a very small extent indeed of the canal be affected. On the other hand, as in the case of Wm. —, the discharge may be comparatively small in quantity, and the urethra at the same time be engaged from its external orifice to the perineum. We also have constant opportunities of remarking, in the third stage of gonorrhœa, the entire urethra to be more or less affected, and but a few drops

of discharge in the twenty-four hours to be secreted. The age of the patient, the number of times he has had the disease, the natural conformation of the penis, and above all the amount and extent of inflammation which accompanies this second stage, modify, if I may use the expression, the quantity of the discharge.

The color of the discharge is not invariably such as I have described. It occasionally happens that when the inflammatory symptoms are at their height, some of the minute blood-vessels of the corpus spongiosum give way, and, from the admixture of blood with the characteristic secretion of the disease, it assumes a brownish hue. The quantity of blood which, under such circumstances, escapes is exceedingly small, and appears to be afforded by the capillary veins engaged in the disease, and which, when relieved of their over distension, no longer bleed. That such is the source from which this discoloration of the specific discharge arises is evident from the fact of the discharge continuing for some hours of a brown color without the slightest appearance of red blood from the urethra; and, in further corroboration of this view, how often do we find, in this stage of the disease, from the mere introduction of the nozzle of a syringe, or from simply separating the lips of the urethra with our fingers, drops of pure blood, from the rupture of larger vessels intermixed with the discharges, but evidently forming no part of it, even the after stains on the linen, constantly exhibit distinct stains of blood and pus.

The cases I have just alluded to were both young men, nearly of the same age; in each it was a first gonorrhœa, and in each inflammatory symptoms were present. In one the discharge was profuse, yet the urethra was only affected for something more than two inches; in the other the entire urethra was hard to the touch and painful on pressure, yet the discharge was nothing like so great.

Now if you contrast these two cases with those of William H— and Thomas —, you will not only be furnished with examples of the second stage of gonorrhœa modified by age and by the number of times the individuals had the disease, but also with good examples even here of inflammation modifying the quantity of the discharge. Both these patients were old sufferers from gonorrhœa, each had had the disease three times; one was over forty years of age, the other had arrived at the mature age of fifty-three years. In neither did premonitory symptoms usher in the discharge; in the younger of the two the disease commenced five days after connection, but in the elder it did not make its appearance for nearly a fortnight after, and so mild were the inflammatory symptoms which supervened in this case, that the uneasiness he felt in making water could scarcely be considered as what has been termed "scalding." Here also the inflammation was slight and the extent of urethra affected was very limited, but the discharge was profuse; whereas in the case of Thomas —, the moment the urethra became extensively engaged, and the scalding and chordee excessive, the discharge was very trifling, until at length, from his own indiscretion, when the inflammatory symptoms were at their height, it ceased altogether, and an abscess formed in the perineum.

From the particulars of the cases I have read to

you, we also collect that the second stage of gonorrhœa may be preceded or followed by these inflammatory symptoms which produce chordee and scalding; and this fact is far from being uninteresting in a practical point of view, as our treatment of the disease should always be directed in this stage of the disease to the extent and amount of the inflammation, rather than to the amount of the discharge; yet you will constantly find patients, and sometimes practitioners, neglecting the former in their anxiety to get rid of the latter, and exhausting their ingenuity in the diversification of their injections and in the different formulae of their specific balsamic emulsions. The great secret in the treatment of this stage of gonorrhœa is at once to combat all inflammatory action when present, to subdue it by proper means, and then to prescribe the appropriate remedies should the discharge continue, which will most likely prevent the disease from insensibly gliding into its third stage, and which it is so often permitted to do by neglect or mismanagement; a stage, I may here remark to you, which is the most troublesome to cure, and which, if it continues long, invariably lays the foundation of the most distressing sequelæ of gonorrhœa, and induces those sad mental reflections which have afforded so wide a field for the empiric to reap his filthy gains from.

When in this stage of gonorrhœa the inflammatory symptoms are at their height, it occasionally occurs that an effusion of serum takes place into the cellular tissue of the penis, the organ assumes a most unnatural size, and the fears of the patient are equally magnified. (Laughter.) But although this is at all times a disagreeable occurrence, yet there is no occasion of alarm on its account; it is only what occurs in inflammation in other parts of the body, where the part primarily affected is of a resisting kind. Thus, in a case of paronychia, which presented itself under Mr. Chance the other day, the inflammation was confined to the synovial theca of the fore finger, and the loose skin on the back of the hand was distended with serum to an enormous degree; the same thing occurs in inflammation in the vicinity of the eyelids, as we also had an opportunity of witnessing in the case of the little boy who had received a cut on the forehead three or four days previously, and which was rudely bound with adhesive plaster. In short, the occurrence is so common that I shall not further dwell upon it than to say, that the effusion in such cases can always be removed by a few punctures of the lancet or of a needle, and that we should never regard it except as a symptom of intense inflammation elsewhere.

It constantly happens, however, that the inflammation of the urethra is propagated by continuity to the glans, to the prepuce, and to the skin of the penis itself. Here there is true cause for anxiety; the skin of the penis assumes a red, dusky color; the organ itself is not so swollen as in the case of simple intercellular infiltration; it feels more solid, and has a doughy feel. Accompanying this condition of parts, the patient usually complains of much pain at the angle of reflection of the penis from the pubes; and when this symptom is pressing, our treatment should be most active, as it frequently happens that an abscess forms at this part, which, if not bounded by an adhesive cyst, too often extends beyond its original seat, and ultimately destroys the delicate subcutaneous

cellular tissue of the penis, producing the most irremediable results. The same thing happens occasionally in paronychia, when the cellular tissue and synovial apparatus of the fingers are destroyed, and their movements ever afterwards are greatly impeded, if not altogether lost. When chordee and scalding are most intense, the urethra sometimes, or rather its corpus spongiosum, becomes hard at different points, giving to the finger a sensation as if small, circumscribed abscesses were about to form along the canal. These are the result of inflammation of the corpus spongiosum—they are, in fact, deposits of lymph, and they often remain after the inflammatory symptoms of the disease have been subsided, producing, by their presence, that kind of chronic chordee to which Mr. Hunter applied the term “spasmodic.” Of these I shall treat further when the third stage of the disease comes under our notice. All I wish to remark about them at present is, that they never, at least I have not seen them do so, terminate in abscesses, which open externally; they may, under certain circumstances, open into the urethra, but the evidence that they do so is at all times obscure. Besides the subcutaneous abscess of the penis which occasionally results from gonorrhœa, an abscess may form in the cellular tissue of the perineum—an occurrence which is at all times a source of anxiety to both the patient and his surgeon.

In the case of Thomas — you had an opportunity of seeing such a consequence. That the swelling and ultimately the abscess in this case was confined to the cellular tissue of the perineum was, from its very commencement, beyond doubt. The only other affections it could have been confounded with were an abscess of one or both of Cowper's glands, or an urinary abscess, as it is called. Its situation, which was in the mesial line, and which corresponded to the bulb of the urethra, together with the absence of deep-seated acute pain, forbid the idea that it was the former; and its regular slow growth and development, its being unaffected at any time by the flow of urine from the bladder, and the disappearance of the discharge from the urethra on its supervention, made it equally certain that it was not the latter.

As I have not yet spoken of the treatment of this stage of gonorrhœa, and as the consideration of the other affections of distant organs which occasionally occur in connection with gonorrhœa, such as inflammation of the testicle, of Cowper's glands, and those I have already alluded to, require not to be passed over in a cursory manner, I shall now speak of the different remedies we can safely resort to in our treatment of the second stage of the disease, reserving for a future lecture the description and treatment of the diseases of other parts, which occasionally become involved, as well as of the other discharges which resemble that I have been just considering.

Our great object in the treatment of this stage of gonorrhœa should be, first, to combat the inflammatory symptoms. For this purpose we are fortunately furnished with a variety of those remedies to which the term antiphlogistic has been applied, and at the head of these stands bleeding. In the severest forms of the disease, and particularly if the patient be of a robust constitution, a vein in the arm should be opened and a full bleeding be had; this should be repeated if necessary, and in conjunction with the warm bath.

It is seldom, however, that patients, unless they suffer very severely, will submit to this treatment; and it is, moreover, fortunate that the disease does not very frequently require it. Next to this method of taking blood, that by opening the dorsal vein of the penis is decidedly the best; and, indeed, when the vessel is large and affords a quantity of blood, to the amount of eight or ten ounces for instance, it is always preferable. Leeches stand next in value, and should not, when resorted to, be applied sparingly. As the opening of the dorsal vein of the penis is a practice which, for all I know, has originated with myself, I shall make a few observations on the operation. The late Sir Astley Cooper strongly advocated, in his lectures, the practice of opening the veins of the scrotum in gonorrhœal testitis, and more especially where the locality of the patient did not allow him to apply leeches. The advantage which attended this method of taking blood has induced it to be constantly had recourse to; and in my own practice I have adopted it frequently, where the application of leeches could not conveniently have been effected; for I believe the latter method of taking blood in this disease from the inflamed parts to be the better of the two, at least I have found it to be so. The hint given by the practice I have mentioned first led me to open the dorsal vein, having previously satisfied myself of the free and large communications which exist between its trunk and the corpus spongiosum urethræ, through the communicating lateral venous branches, an account of which I gave in a former lecture. The only argument I ever as yet ~~heard~~ offered against this practice was that phlebitis might be produced. I suppose I have opened this vessel sixty times in this institution, I never saw any such effect; and now I shall state to you my reasons why I think phlebitis is most unlikely to follow.

In the first place this disease almost invariably is the consequence of ligatures applied to veins, of complete division of veins, or of wounds of veins, produced by blunt or dirty instruments; in the former case, for instance, a wound of the femoral vein, in attempting to pass the aneurism needle round the artery, affords an example in the latter—the performing venesection with a dirty or rusted lancet. The size of the vein, and probably, also, the thickness of its coats, and certainly if it should be diseased, also appear to predispose to it, and besides these the state of the patient's constitution.

Now, as regards the vena magna penis, there is, probably, no vein in the body less likely to be attacked with phlebitis. It is not a large vein in comparison with those others which we daily open; its coats are thin, even to transparency; it is most superficially covered, and there is no fear of injuring any nerve, as is the case when venesection is performed at the bend of the arm. When opened properly it yields blood freely; no vein in the body heals more readily after an incision is made in it, in proof of which patients have had erections of the penis at night, the vein having been opened at two o'clock of the same day and no secondary bleeding has taken place.

There is no doubt whatever that taking blood from this vessel is the most effectual remedy we possess for chordee; in scalding it has not answered so effectually; but I have witnessed innumerable instances of chordee

having been at once cured by a plentiful bleeding in this manner, and you have had, also, many opportunities of seeing the same effect.

In performing the operation you should use a lancet perfectly clean and with a broad shoulder; the penis should be taken in the left hand, and its dorsum pressed against its angle of reflection at the pubis, which answers the effect of a bandage and distends the vein. The vessel should now be opened in its long axis, having previously made the integuments moderately tense over it, without displacing them, especially to either side. If these particulars are not attended to, some of the blood will immediately become effused into the cellular tissue, and our operation will fail. If the dorsal vein be not of its usual size it is better not to perform the operation, but to resort to leeches. After the sufficient quantity of blood is taken, a small dossil of lint should be placed on the orifice, and retained there by adhesive plaster for a few hours. The dorsal vein very often does not pursue its accustomed route, but is for a considerable way on the under surface of the penis, on either side of the urethra, and enters the pelvis laterally. I have, also, occasionally seen four or five small radicles of veins run variously along the penis, without uniting to form a large trunk. All these deviations it is as well to be aware of; but in any of them, if there be a large trunk, you may safely open it. In that part of the venous system which is subcutaneous, the vessels, as you are aware, never obey the same anatomical disposition in any two individuals, and in like manner the veins of the penis—the *sponsa* veins—suffer the same irregularities. Remove blood-letting, either generally or topically, as a means to subdue the inflammatory symptoms of gonorrhœa, stands the internal administration of tartar emetic and sulphate of magnesia in the form of mixture. I know of no medicine, or rather combination of medicines, which acts more energetically. The proportion I administered this mixture is the following:—

Sulphate of magnesia, five drachms;
Potassio-tartrate of antimony, three grains;
Water, eight ounces. Mix.

Two tablespoonfuls to be taken every third or fourth hour. The first dose of the medicine generally vomits or produces nausea, and the subsequent ones affect the bowels. It occasionally happens that it determines altogether to the bowels, and produces more evacuations than are desired; in such a case its exhibition should be suspended, or the sulphate of magnesia may be omitted altogether, and the tartar emetic, combined with some preparation of opium, be persevered in. When the mixture produces vomiting by its first dose, and by its subsequent ones keeps up nausea, it should still be persevered in, at least for a day or two, and the most decided effects on the inflammatory symptoms will be the result. In my practice here the patients constantly are provided with a sufficient quantity of this mixture to last them three days, and, on their return, the usual answers to my inquiries are—that it did them much good, and that they were certain it would have done them more, in their own words, “could I have kept it on my stomach!” (Laughter.) Probably not the least recommendation of this mixture is that it prevents patients indulging in those excesses of eating and

drinking, and which are so inimical to the subduing of inflammation in any part of the body; at all events, I give you my experience in the medicine as afforded in this institution, and I believe its beneficial effects in the first instance are attributable to the control it exercises over the circulation, and in the next to the disinclination it induces to indulgences, particularly in spirituous liquors, for I need scarce tell you that a patient with half a grain of tartar emetic in his stomach every third hour will have little inclination either to eat heartily or indulge largely in convivial potations. (Laughter.) I shall not occupy more time in speaking of the other medicines which subdue or control the inflammation of gonorrhœa by determining to the skin or to the gastro-intestinal mucous membrane, but I think it right to caution you against administering, in any stage of the disease, those medicines to which the term drastic has been applied; these only tend to aggravate all the symptoms, and yet how constantly do we find patients applying here in the worst condition, who have been daily purged over and over again with pills at night and draught in the morning, *ad nauseam*. Diuretic medicines have also had their advocates in this second stage of gonorrhœa. For my own part, I have little confidence in their utility; they are, I believe, generally given with a view of increasing the quantity of urine, and thus are supposed to diminish its irritating properties by producing a more abundant secretion of its watery constituent. In any stage of gonorrhœa the less calls there are upon the bladder to evacuate its contents the better; a frequent desire to make water is in itself an evidence of the irritability of the parts affected principally in gonorrhœa, propagated by sympathy to distant organs. By all means you should endeavour to subdue this state of parts, not by giving your patient large quantities of fluids and diuretic medicines, but those remedies which have a tendency to allay irritation in the urinary apparatus when the calls to micturate naturally occur. As good a medicine as you can give for such purpose is a combination mixture of acacia, camphor mixture, and tincture of opium. Sometimes the acacia mixture alone is sufficient to answer the end we have in view. I need scarcely remark to you that if the patient can observe strict rest, the better; but if not, as is too often the case, we should instruct him to prevent the penis from hanging pendulous when pursuing his ordinary avocations; your ingenuity will at once suggest means to accomplish this end.

I have but one other remark, Gentlemen, to make connected with treatment of the inflammatory symptoms of gonorrhœa, and though last it is not the least; I allude to water dressing. A single fold of lint saturated with tepid water should be folded round the penis, but so applied as not to cover the extremity of the organ; this should be retained in its place by an oiled silk covering, applied loosely but so completely as to prevent evaporation. This dressing should be changed three or four times a-day, according to circumstances. It is a neat and cleanly apparatus, and answers all the purposes we could expect from a poultice without its weight and inconvenience.

A consideration of the specific remedies, as they have been called, for gonorrhœa, I shall commence the next lecture with.