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CLINICAL LECTURES

DELIVERED AT THE

METROPOLITAN FREE HOSPITAL.

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Lecture VI.—Jan. 27, 1843.

GENTLEMEN,—At our last meeting I entered somewhat fully into the consideration of gonorrhœa, as it presents itself to us in its first stage, and illustrated its symptoms in the case of William —; to-day I shall speak of its second stage. There are some few points, however, in connection with the first stage of the disease upon which I have but slightly touched, and which are of too much interest and importance to be passed over hurriedly; these I shall first dismiss.

I have already stated to you that, from the constancy with which the earliest symptoms of gonorrhœa present themselves at one part of the urethra, the term “specific distance” is applied to that locality, and that this varies from an inch to an inch and a-half distant from the external orifice of the canal. Now, as the disease so constantly, I may say so invariably, develops itself from this point, the occurrence cannot be accidental, and it appears to me to afford a very strong argument in support of the opinion that some of the specific virus of gonorrhœa enters the urethra during coition, and most likely gets lodged in some of the lacunæ, which we know to exist in great size and number at this situation. That there is nothing to prevent the entrance of the gonorrhœal virus into the male urethra during coition, both the economy and structure of the parts warrant me to conclude; but as this opinion is opposed to the greatest English authority on the question, Mr. Hunter, you will, perhaps, excuse me for saying something more in corroboration of the views I have advanced on the matter. If it is shown that the syphilitic virus enters the urethra, I apprehend the question will at once be set at rest; for if such occurs in the case of a specific fluid, so small in quantity as that afforded by syphilitic ulceration, how much greater are the chances, nay, I shall say, how certain is it, that a fluid secretion so abundant as that of gonorrhœa, must gain access to the male urethra during an impure coition? Although the existence of chancre within the urethra is not very usual, yet the cases we have seen in this institution, independently of those I have witnessed in my private practice and elsewhere, are of themselves sufficient to establish the fact of such an occurrence. In all these cases there existed a solitary and well-defined oval sore within the canal, situated at such a distance from its external orifice as to forbid our supposing that the chancre could have originated in any other way but by the actual contact of the virus—not by the syphilitic poison selecting, if I may use the

expression, one part of the urethra more than another, but by its being lodged in some of the lacunæ, and retained there sufficiently long to ensure the development of its specific characters. Three-fourths of the cases of syphilitic sores, which present themselves on the inner prepuce and glans, are met with in some part of the fossa behind the corona glandis, and especially at either side of the frænum preputii; these localities doubtlessly arising from the facility which is afforded by the anatomical disposition of the parts to the lodgment of the specific virus. In like manner in gonorrhœa, I conceive the virus to be lodged internally in the first instance; and also, when a chancre within the urethra presents itself, that the virus of syphilis within the canal preceded it.

Unless I can show that the urethra at or about the specific distance is more favorably circumstanced for the detention of any virus which may gain access to it than that portion of the canal more anteriorly, you might fairly ask why is not the seat of gonorrhœa at the external orifice or just behind it? The answer to this question, however, will be found in the anatomical fact that the *fossa navicularis* is the specific distance, and that in it are the numerous lacunæ to which I have already alluded—a disposition of parts just as favorable to the retention of either virus as the fossa of the glans or the angles on either side of the frænum. That neither gonorrhœa nor chancre within the urethra, properly so called, arise from extension of either virus from the glans or prepuce, appears to me to be satisfactorily proved by the absence of disease in any other part but the urethra in such cases; instances of which, particularly in gonorrhœa, you can every day observe in this institution; and, on the other hand, the cases of ulcers, excoriations, and discharges resembling that of gonorrhœa, which are confined to the glans and inner prepuce for weeks without the urethra being affected, are so numerous that they forbid the supposition of chancre within the urethra, or gonorrhœa being caused by the extension from without of either virus.

In the year 1835 a patient, named Aubrey, came under my care for gonorrhœa, at the Greville-street Free Hospital, to which institution I was at that time one of the surgeons. He was a married man, the father of four children, and got the disease in illicit intercourse. The peculiarity of his case was this—he had no “specific distance,” for his urethra opened two inches and a half behind the extremity of his glans; a shallow groove upon the under surface of the glans marked the course the urethra should have taken; the glans was well developed, and had at its extremity a slight depression; the prepuce was deficient posteriorly, and there was no frænum. A transverse band of skin, forming a small pouch, guarded the abnormal orifice of the urethra, and the canal was very much dilated behind the opening. He had a

yellow discharge, which came from not more than an inch of the urethra, which could be seen to ooze out from the red mucous membrane, and he had pain in making water and chordee. The absence of the specific distance in this case did not protect the individual from gonorrhœa, but the disposition of the external orifice favored the retention of the gonorrhœal virus, which appears to me to account satisfactorily for the disease being located as it was. Although it does not belong to our present subject, yet I may here remark the interesting fact that this patient was the father of four children, notwithstanding the ill adaptation which must have existed between the orifice of his urethra and that of the uterus during connection.

In the case of William —, which I mentioned at our last meeting, I injected a strong solution of nitrate of silver when he first presented himself, and repeated it the next day; these two injections were sufficient for his cure. With whom this practice originated I cannot tell, but as long ago as the year 1833 I published some cases illustrative of the safety with which it might be adopted in proper cases, and the almost certainty in such of its producing a cure. Since that period I need scarcely tell you I have had many opportunities of testing the efficacy of this treatment, and the result is that I can conscientiously recommend it to your notice. At the time I published the cases I appended some remarks to them, which are not impertinent to the present occasion. "It is only in the first stage of gonorrhœa that this injection will be of benefit; in gleet it failed altogether; and in the inflammatory stage of the disease, when severe scalding, chordee, &c., are present, I would not be hardy enough to make use of it.

The manner in which nitrate of silver acts so effectually in the cure of gonorrhœa in its first stage, must be by destroying the specific virus and substituting in its place a simple inflammatory action, which gradually subsides, leaving the urethra in its natural healthy state. To effect, therefore, this object, it is necessary that the injection fully reaches the seat of the disease, and that it be well applied to the portion of the urethra between this part and the orifice. I can readily conceive a case where the injection only reached half an inch from the orifice, or was only partially applied, leaving the virus still in operation, the parts not only having to contend against its action, but also against the inflammation produced by the injection. Such is likely to be the case if the surgeon commits the syringe to the hands of his patient, and such actually occurred in one case, where, from an imperfect application, great pain followed, extending along the urethra to the prostate gland, accompanied by all the symptoms of the second stage of the disease in an aggravated form; which symptoms could not have been much relieved by the patient having taken internally a mixture of balsam copaiba, cubebs, and camphor mixture.

I, therefore, always apply the injection myself in the following manner:—Having filled the syringe I compress the urethra with my left hand, about two inches and a half from the orifice, to prevent its reaching further, and taking the syringe in my right hand I inject the solution, satisfying myself that it is well applied to all the intermediate portions of the canal.

In conclusion, I would again impress the danger of using the remedy in the second stage of gonorrhœa, the success amounting almost to certainty of its curing it in its first stage, and its failure in gleet."

To these remarks I shall now only add that at first I used the solution of nitrate of silver in the proportion of ten grains of the salt to an ounce of distilled water, but that now I use it double this strength, and sometimes even in the proportion of thirty grains to the ounce. I have tried it in other forms for the same object, such as made up into a kind of ointment with lard, but none answers so well as the solution. The syringe which you should use in injecting it should be made of glass or ivory; if you attempt to use a metal syringe, the moment it comes in contact with the solution a black deposit takes place, you dirty the patient and yourself, and all goes on unsatisfactorily. A caoutchouc bag, armed with an ivory pipe, in the absence of the glass syringe, you will find the best instrument; but the latter is far preferable, and not the least of its recommendations is that you see the exact quantity of fluid you inject.

It occasionally happens that a patient will resist this treatment when proposed to him; when such is the case, our duty will be to anticipate—to be a day's march, as it were, before the second or inflammatory stage of the disease sets in. We must impress upon the patient's mind the absolute necessity of abstinence from spirituous and fermented liquors, in short, to enlist himself for a time under the banner of Father Matthew (a laugh); to use mucilaginous drinks, acidulated and sweetened to the taste, such as barley water, linseed tea, &c., and to be also economical in the consumption of animal food. With this dietetic treatment we should enjoin the patient to observe as much rest as he possibly can, not to take horse exercise, and at once to wear a suspensory bandage to support his testicles, and not allow the penis to hang pendulous. Whether the patient's bowels have been moved naturally, or are constipated, you should at once purge him, and probably the best medicine for this purpose is the compound powder of jalap, administered in doses consistent in quantity with the constitution of your patient, and the facility with which his bowels are usually affected by aperient medicine. Should there be any objection to the exhibition of this aperient there are a host of others you can apply to, and though last, not least, the infusion of senna with sulphate of magnesia. Besides the administration of purgatives, I would at once recommend you to take blood from the penis, either by means of leeches applied to the under surface of the urethra, or, and which I know to be far preferable, by opening the dorsal vein. By thus acting promptly and with decision in the stage of gonorrhœa I am now dwelling upon, you will either by the first treatment cut short the disease altogether, or by the second render the inflammatory stage of the disease very amenable to the remedies proper for its cure. Once more I would impress upon you that the time from the first appearance of gonorrhœa to the commencement of the second stage is very short, and that you must be prompt in any treatment you adopt, more especially in that which I have recommended to you by the nitrate of silver injection. If the symptoms of the second stage show themselves, do not hesitate what

course to pursue; at once adopt the antiphlogistic treatment, by submitting to which your patient will be speedily relieved from a most distressing affection, dangerous in its consequences, and, if allowed to continue any length of time, always difficult of cure, and this more from the conduct of the patient than from inefficiency in our therapeutic agents, or want of skill on the part of the medical attendant.

In accordance, Gentlemen, with the plan I have laid down to pursue in these lectures, I shall first select from the numerous patients afflicted with the second stage of gonorrhœa some well marked examples, and shall then offer the observations I deem necessary to make on this stage of the disease; and as the lectures on the diseases I am now delivering are being published in the Provincial Medical Journal, you will at once, I am satisfied, coincide with me in the propriety of not designating the representative of any case beyond his Christian name; his age or any peculiarities of diathesis I shall, of course, allude to; but his surname, his residence, and local matters of this kind, although entered in the books of the hospital, are unessential to my present purpose.

Second Stage of Gonorrhœa.

CASE I.—Robert —, aged twenty-two years, has had gonorrhœa for five days; he now suffers from the following symptoms:—there is a profuse yellow discharge from the urethra, which is so abundant that the marks on his linen are in large yellow patches, and are stiffened or crisped; he has frequent calls to make water, and severe scalding when he does so; at night he is troubled with erections of the penis, as often as three or four times, and these are accompanied with severe chordee; the lips of his urethra are red and swollen, and the redness extends for some lines over the surface of the glans; on pressing the urethra at the base of the glans he complains of soreness, but he does not when pressure is made at its distal extremity; beyond the base of the glans pressure gives him a little pain, but more towards the bladder he suffers no inconvenience; from the base of the glans, for two inches towards the bladder, the urethra is hard and resisting to the touch; the glans is swollen, the prepuce in its natural state covered it, but now it is one-half denuded; this part of the penis has the appearance of being in a semi-state of erection. He dates the origin of his present disease to a connection he had three weeks ago, but he is uncertain whether it might not have been a fortnight hence; he is, however, certain that he has not had connection for the last fortnight, and that he had no distressing symptoms beyond a slight discharge from the urethra five days ago.

Dec. 13, 1842. I opened the dorsal vein, which was much distended, and, after taking eight ounces of blood, bound up the penis loosely and checked the bleeding. He was ordered to take two tablespoonfuls of the following mixture every alternate hour:—

Sulphate of magnesia, six drachms;
Tartrate of antimony, three grains;
Water, twelve ounces.

14. The first dose of the medicine vomited him, and the others affected his bowels four times during yesterday and to-day; he had an erection at night,

but no cordee; the pain in making water has "almost left" him, but as yet there is not a very sensible diminution in the discharge. To continue the mixture until to-morrow.

15. The scalding has all but ceased; he feels an itching along his urethra; he has had erections last night, but no chordee; the discharge is somewhat diminished. He was ordered to take forty drops three times a-day of a mixture containing equal parts of balsam copaiba and spirit of turpentine.

Under this treatment, with the occasional administration of an aperient, he got well in less than three weeks.

CASE II.—December 16. William —, aged twenty years. This is his first gonorrhœa. Had connection ten days ago, and observed a discharge on his linen three days afterwards; some hours afterwards, he says the next morning, he had pain in making water, which he was called upon frequently to do, and which got severer after each micturition; the expulsion of the last drops of his urine pained him most; he has had erections, accompanied with chordee, for the last three nights, and last night he had not an hour's continued rest; he complains of uneasiness in the perineum, and pains down the inner side of his thighs; the discharge is at present considerable but not profuse, and is of a brownish yellow hue; the glans is redder than natural, for its anterior half is of a conical shape, and the lips of the urethra are red, swollen, and pointed; the urethra is hard to the touch from its external orifice to the perineum; the lateral veins of the penis and the vena magna are distended; his prepuce is long and more than covers the glans, and both glans and inner prepuce have the characters of mucous membrane; he complains of pain at the angle of reflection of the penis from the pubes. The dorsal vein of the penis was opened, and from six to seven ounces of blood obtained; more could not be had in consequence of the patient having fainted; he was ordered the following pills at bed time:—Calomel, extract of hyosciamus, of each five grains; and to take a tablespoonful of the sulphate of magnesia mixture every four hours during the day.

17. Had erections last night, which disturbed him, and once an involuntary emission; the pain which accompanied each was sufficient to cause him slight uneasiness, but nothing more. The scalding still continues, and he thinks is not abated; his other symptoms are as yesterday; the medicine produced two plentiful motions. The dorsal vein, or rather one of its lateral branches, was carefully opened, and about the same quantity of blood was obtained as yesterday. He was ordered to repeat the pills and mixture as before.

20. The medicines moved his bowels five times since last visit. He has had erections, but no chordee; the scalding has given way to a tickling sensation along the anterior half of the pendulous urethra; he has lost the sense of uneasiness in the perineum and the thighs; the discharge is now of a yellow color and more in quantity; the redness of the glans and the fulness of the lips of the urethra have almost disappeared; the urethra is softer to the feel than the day before yesterday; is still painful when compressed, but not so much so as before; he makes water much less frequently. He was ordered the fol-

lowing ointment to rub along the under surface of the urethra three times a day :—

Extract of belladonna, a drachm;
Lard, half a drachm;
Mercurial ointment, two scruples;
Camphorated oil, sufficient to make into a soft ointment.

Also, a mixture of balsam of copaiba and solution of potash in equal parts, of which he is to take a small teaspoonful three times a day, in a cupful of infusion of linseed.

23. The symptoms of gonorrhœa are gradually subsiding; the discharge is less and is more of a watery consistence; the hardness and soreness of the urethra have nearly disappeared; his bowels have not been moved for three days. To repeat the pill of calomel and extract of hyosciamus; to have a senna draught the following morning, and then to resume his mixture, but to substitute spirits of turpentine for the solution of potash. Continue the friction to the urethra, with the ointment.

30. The only symptoms which remain of his disease are the following:—A slight discharge of muco-purulent matter, tenacious enough to glue together the lips of his urethra in the morning, which, upon pressing the urethra, are easily separated, and a large drop or two of yellow matter is forced out; during the day his shirt is slightly spotted; the edges of the external orifice of the urethra are redder than natural, but all the fulness has disappeared. He has abstained from spirituous liquors all through his treatment, but has taken a little porter at his dinner. To use the following injection four or five times a day:—

Alum, half a drachm;
Distilled water, ten ounces. Mix.

January 13. Dismissed cured.

He used no other medicines but the injection, except a dose of salts, which he prescribed for himself.

CASE III.—Jan. 27. Thos. —, aged forty-one, applied here three weeks ago in the second stage of gonorrhœa. He stated that he had the discharge five days before he applied for relief; that it came on five days after connection; that it was unprecedented by any premonitory symptoms, but that scalding at the extremity of the penis supervened after the discharge had continued two days. He was ordered the copaiba mixture, with solution of potash, a drachm three times a day; this he took for a week, and it so alleviated all his symptoms that he gave up attending and went to his work, which was that of a stone mason.

He now complains of pain along the entire urethra, extending from the glans to the bulb; the urethra feels hard, like a cord, to the touch; the bulb is much swollen, and here he complains of most pain; when he coughs he feels uneasiness in the perineum. He has had gonorrhœa three times, but not for the last five years; and from the appearance of his glans, a third of which is lost, he must have suffered also from syphilis. The dorsal vein of the penis was opened, but scarcely any blood could be obtained, on account of the small size of the vessel. Six leeches were applied to the perineum, and also fomentations during the day. He was ordered to take immediately an ounce and a half of castor oil, and after his bowels had been moved to take two tablespoonfuls of the following mixture three times a day :—

Camphor mixture, seven ounces;
Mucilage of gum arabic, three ounces;
Sweet spirits of nitre, five drachms;
Tincture of opium, a drachm and a half. Mix.

29. His symptoms are not much relieved. The discharge from the urethra has ceased altogether, and the swelling in the perineum is the size of a small hen's egg, is situated in the mesial line, is equally hard in every part, and has continued gradually to increase in size. He makes water with difficulty and with scalding both in the perineum and at the glans, but the size of the swelling is unaffected by the flow of urine. He was ordered to apply more leeches to the perineum, to encourage the bleeding by fomentations and poultices, and to take an aperient mixture.

February 11. This day the abscess was opened, and more than an ounce of purulent matter was discharged. Since last report he has had shivers, and on Sunday last he fainted. The abscess did not communicate with the urethra, and he makes water more freely than he did before it was opened.

21. The abscess has been healing from the bottom by granulation, and is now nearly closed; the bulb of the urethra is much diminished in size; the discharge has returned in a slight degree; he passes water as before, which continues to scald him at the bulb and glans.

This patient, Gentlemen, is still under treatment, and at our next meeting I shall make his case, as well as the others I have read, the subjects of illustration in speaking of the second stage of gonorrhœa.

CASE OF CATALEPSY, WITH REMARKS.

[Read before the *Chichester Medical Society*, Feb. 7, 1843.]

By GEORGE MILLER, M.R.C.S.

(Published at the request of the Society.)

The case to which I would invite your attention on this occasion is that of the late Rev. J. G—, curate of W—, who lived highly respected, and died at the age of thirty, deeply lamented for his talents and worth. The patient was tall, of stout, osseous frame, and had evidently been strongly muscular, of what I should call the sanguineo-nervous temperament, had always enjoyed robust health, and, until late, had been of florid complexion and cheerful disposition, although he was occasionally the subject of slight nervous depression. He was formerly intended for the bar, but, owing to his dislike of that profession, he subsequently entered the church, and became what will be well understood as a hard student. He had been ordained deacon to W—, to gain his twelve-month's title for priest's orders. I mention these facts, trifling as they may seem, that you might have a thoroughly connected view of the whole case, and to show you that he still persisted in close application to his studies, in order to qualify him for his contemplated examination before the Bishop of Chichester, and that this intensity of sustained mental occupation was an immediate and exciting cause of the encephalic disease to which he afterwards fell a victim.

On the 21st of August, 1842, I was visited by Mrs. O., who requested me to call the next day on her nephew, the Rev. Mr. G—, at W—, as she en-