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COURSE OF LECTURES ON VENEREAL AFFECTIONS

DELIVERED

AT THE HOPITAL DU MIDI, PARIS.

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LECTURE IX.

May 23, 1843.

Gonorrhœa in females—Peculiarities presented by—Gonorrhœa of the vulva—Follicular gonorrhœa—Opinions of Haller, Robert, and Moulinié—Symptoms—Seat of the disease—Urethral gonorrhœa—Symptoms—Gonorrhœal vaginitis—Seat of the disease—Three varieties—Uterine catarrh—Symptoms—Diagnosis—Employment of the speculum uteri.

GENTLEMEN,—Before we enter upon the history of gonorrhœal ophthalmia, I think it is an indispensable complement of the description of blenorragia to allude to the peculiarities presented by this disease when it occurs in women.

The vulva, urethra, vagina, and uterus, may be either simultaneously or separately affected.

Let me premise that *communicated* gonorrhœa is far more frequent in the male than in the female subject, perhaps in the proportion of four to one. Young persons are more easily infected than full-grown women, and that, during the performance of the catamenial function, females are, in a great measure, protected against contagion.

Premonitory signs are generally absent, and even the first symptoms of the incipient stage may escape our notice, on account of the great abundance of natural secretions in those parts.

Gonorrhœa of the Vulva.

De Graaf considered the follicles of this region as the special seat of gonorrhœa; and, within the last few years, M. Robert has directed public attention towards follicular inflammation of the external organs.

Haller, long since, accurately described these follicles, two of them in particular, placed between the labia interna and the carunculæ, presenting long sinuses, and may be exclusively the seat of inflammation. M. Moulinié, of Bordeaux, attaches still greater importance to them, regarding these two follicles as the specific organs of virulent infection, thus assimilating them, if I may be allowed the comparison, to the poisonous vesiculæ of the fangs of the viper.

While speaking on this subject I may add, that, from the obliteration of their sinuses, these two follicles become the seat of steatomatous cysts, which are far from uncommon at the entrance of the sexual organs of the female.

In the incipient stage a vague pruritus, occasionally

inducing venereal desire, a limited degree of tumefaction, and a slight redness, are observable in the diseased parts. They become painful to the touch, and the natural secretions are increased in quantity, and at the same time acquiring a characteristic fœtor.

The entrance of the vagina is thus implicated in almost all cases of gonorrhœa. The urethra may, however, in some few instances be the *exclusive* seat of the disease.

Urethral Gonorrhœa.

The inflammation of the urethra is as frequent as it has been said to be rare. It may be further asserted, that if the word "gonorrhœa" be destined to convey the notion of a discharge *arising from coitus* alone, urethritis will be found in *three-fourths* of the patients examined.

Symptoms.—The symptoms are analogous to those of urethritis in the male. Pain in passing water less intense, however, than in the other sex; dysuria, vesical tenesmus, incontinence of urine, may all be observed in the female subject. In order to recognise the presence of the urethral inflammation, and to ascertain the presence of its muco-purulent secretion, a certain interval should be allowed to elapse after micturition, to give sufficient time for the gonorrhœal discharge to be again secreted. The parts being previously carefully dried, the index finger, introduced per vaginam, should be made to press softly upwards, compressing the urethra, the hand being at the same time withdrawn, and thus bringing out the discharge at the meatus.

Vaginitis.

Of all the forms of gonorrhœa in the female, this is certainly the most frequent. Nothing can be more uncommon than to find urethritis existing without a concomitant inflammation of the vagina.

This disease may be unattended with pain; mostly, however, it causes a sensation of uneasiness and pain in defecation. The inflammation of the mucous membrane frequently causes contraction of the constrictor vaginæ, which may altogether occlude the cavity, and prevent the escape of the muco-purulent secretion, thereby inducing a superficial observer to form an incorrect opinion of the nature of the case, by not discovering the secretion—an error which the introduction of the finger will instantaneously dispel. Heat and inconvenient pruritus show themselves in various degrees, according to the violence of the symptoms.

Vaginitis may occupy nearly the surface of the vaginal mucous membrane; or it may be confined to its follicles; or, again, invade the submucous cellular tissue in the shape of phlegmonous inflammation.

In the first instance the membrane is red, tomentous, without any visible follicular enlargement.

In the second variety the vagina assumes a remarkable granular aspect, to which I have given the name of "prorély trie."

It is very common to find the inflammation limited to the os uteri, and the adjoining reflection of the vagina around it, in which case it closely resembles the inflamed glans and prepuce in balanoposthitis.

In the third form the mucous membrane loses its mobility and its natural softness; it appears thickened, and much redder than usual; infiltration clearly exists under it, and, if permitted to progress, may even produce diffused or circumscribed suppuration.

It is not on the anterior, but on the posterior folds of the under garment, that the characteristic stains of the linen should be sought for. The color of the discharge is much the same as in the gonorrhœa of men. It contains animalculi (of the order *Trichomonas*), analogous in form to spermatozoa, but differing from them in the presence of three tentaculi placed at the upper extremity of the disc. They can live only in the vagina, and cannot, therefore, as it has been asserted, become the instruments of transmission of the disease.

Uterine Catarrh.

The inflammation may extend to the lining membrane of the womb; indeed, Daran is of opinion that no uterine catarrh can exist without gonorrhœa. This statement I have found much too exclusive. One assertion may, however, be fully depended upon—that is, that uterine catarrh is by far the most frequent cause of gonorrhœa in men.

Its principal symptoms may be referred to the following heads:—Disordered menstruation, a tendency to hysteria, a sense of weight and bearing down in the pelvis, accompanied with costiveness, and lumbar, hypogastric, or abdominal pain; irritability of the os uteri exhibited during examination per vaginam, or in coitus which is painful when not altogether impracticable.

The secretion is viscid, opaline, and albuminous, which will distinguish it from the fluid, yellow, and purulent discharge of vaginitis.

Diagnosis.—I will begin by stating that I consider the diagnosis of these diseases impossible without the use of the speculum uteri. For the reintroduction of that invaluable instrument into practice, much is due to our respected friend, Dr. Recamier. When I entered this hospital, its application was strictly confined to cases of cancer; and for many years, in private practice, this operation could only be performed on the authority of a consultation. Now-a-days it has become much more common, and the consequence is that the pathology of uterine diseases has gained immensely, and their treatment has become more rational and more successful.

Of all the instruments proposed, that which I prefer is constructed on the principle of Dr. Taubert's (of St. Louis), modified by myself.

My speculum, like that of Dr. Taubert, has two valves only; they are, like his, connected together by a hinge, but the hinge is placed much nearer the handle, so as to give the instrument its full play without in the least inconveniencing the patient. The pain experienced during the introduction of the instrument is always felt at the entrance of the vagina, and the part of my instrument in contact with the constrictor vaginæ, by means of the hinge never increases in diameter, whatever may be the degree of dilatation of its extremity. My speculum is provided

with handles, and also with a kind of scale on which may be measured the degree of dilatation of the further end, and the increase of size of the hypertrophied os uteri.

We have come, Gentlemen, to a most delicate question. The use of the speculum meets with many difficulties, and I therefore think it my duty to state my candid opinion, and to give you a few hints on the subject, which, coming from an older hand, may not be altogether thrown away upon younger members of the profession.

The only accusation which could ever be urged against the use of the speculum is its impropriety. You will find in this respect much greater resistance to the operation from women of doubtful reputation than from the truly honest and virtuous. When a physician inspires a proper degree of confidence to his patient, when she has sense enough to understand that a *complete* examination is indispensable for his information and her own advantage, she will submit to it without a murmur. In presence of disease the physician has no sex; he forgets everything but the ultimate benefit which will accrue to his patient from the investigation, and leaves all other considerations far beneath him. When you deem, therefore, the operation necessary, demand it in a plain but firm manner; and if you have to deal with a virtuous and sensible woman—if you have acquired her respect and confidence by your own conduct and the strength of your understanding—be assured, Gentlemen, that your request will not be refused. Had the accusation of indelicacy arisen from non-medical persons, I should probably have allowed it to pass as undeserving of notice; but as it is now and then brought forward by physicians, I must say that the medical man who rejects on this plea examination with the speculum in uterine disease, and thereby wilfully deprives his patient of the vast advantage to be derived from ocular investigation, fails most signally in his duty, and offers an unwarrantable insult to the first of liberal professions in supposing its members capable of being actuated by unworthy motives at the sufferer's bedside. For my part, I have had, perhaps, more occasion for this kind of investigation than any physician in France or in England, and I may say that I have never met with any insuperable objection. English ladies I have attended in Paris, and in London, and to the credit of their sense I will add, that I have found them as ready to submit to the painful necessity as Frenchwomen.

The operation must be conducted throughout with the utmost decorum, and the slightest approach to levity should be altogether discarded. A female attendant should, if possible, remain in the room, in which case the husband's presence, which is customary with us in such cases, may be advantageously dispensed with, as you will constantly find the ladies more manageable before one of their own sex than before their lord.

The patient should be placed on the edge of a bed, supported by a thick cushion or a pillow, each foot resting on a chair, as far distant from the other as possible. The oiled index finger of the left hand should be introduced, for the purpose of ascertaining the exact position of the os uteri; it is then to be withdrawn, and the middle finger placed on the

fourchette, so as to depress it as much as possible, whilst on each side the index and ring fingers are employed to keep the labia separate. The body of the speculum is seized in the right hand, and its extremity presented in a perpendicular direction to the back of the middle finger, on which it is to be made to rest. The instrument is then slowly brought to a parallel direction with the vaginal axis, its diameter being rendered slightly oblique, so as to avoid the meatus, and it will then glide on without difficulty; the handle is then placed in the patient's left inguinal region, and confided to her care.

In this position the valves correspond not to the lateral, but to the anterior and posterior walls of the vagina, so as effectually to prevent protrusion of the mucous membrane, which might otherwise occur between the valves, and interfere with the investigations.

To clear away the secretions of the part, a little instrument may be used, which I here present to you, and which I have invented to replace those disgusting little wooden brushes at present used for the same purpose. It is merely a three-pronged forceps, which opens or closes by means of a ring, and which can be loaded with cotton, and fixed on the female catheter, to increase its length.

A surgeon, Gentlemen, who desires to succeed in practice should be very neat in his instruments; in them, particularly, perfect cleanliness is indispensable, and should be combined, if possible, with elegance. I recommend, therefore, the use of gilt specula; they do not become stained like common tin instruments, their aspect is much more pleasing, and their cost not very considerable. Besides, they keep a long time, especially when they are enveloped in a velvet bag, embroidered, like this I now show you, by the fair hands of a grateful patient.

ON THE

RAPID CURE OF GONORRHŒA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I shall be obliged if you will permit me to contribute the results of my experience in the treatment of gonorrhœa to our general fund of knowledge on the subject.

From the unsettled opinion of the profession in the treatment of this complaint, no system has been proposed which the practitioner could regard with confidence and satisfaction. Cubebs, copaiba, liquor potassæ, tartar emetic, iodine and its preparations, injections of zinc, nitrate of silver, have each in their turn been vaunted as a specific, or greatly praised for the relief it was capable of affording. Yet, on none of these could much dependance be placed; they have all disappointed the practitioner, for, however valuable they may be in themselves, and however especially local their action, they generally fail to effect a speedy cure, from the variety of symptoms which usually attend the severe forms of the disease; and the reason is obvious: gonorrhœa can be divided into three distinct stages, and, if so, the treatment must undergo a similar division. Now, with the exception of the tartarised antimony and iodine, the whole of the medicines mentioned act in a similar

manner on the genito-urinary mucoid surfaces. Beyond a certain point, they fail to produce a beneficial effect, and, therefore, are not at all adapted to meet the new state of things, which the complaint, together with their action, has produced.

During the period when the Great Western Railroad was in the course of formation, the larger proportion of illnesses from which the "navigators" suffered consisted of gonorrhœa, and other forms of the venereal disease. The dissolute habits of these men caused the inflammatory symptoms to rage with great intensity; and, without acting on any "system," I was obliged frequently to resort to very energetic measures, and whenever sharp antiphlogistic means were adopted, before exhibiting the *usual* copaiba and liquor potassæ mixture, the complaint invariably ran a milder as well as a shorter course. This was but in accordance with the first principles of the practice of medicine; and it seemed, in my humble opinion, only necessary to make the whole treatment accord with such principles, in order to subdue the disease at once safely and rapidly.

Before the plan is submitted to the profession, I must own that the following combination of medicines—very similar in appearance to a nostrum called the "specific solution"—produced a cure, although one neither so speedy, *scientific*, nor safe, as the measures which I shall presently bring forward:—

Hydriodate of potash, one drachm;
Oil of cubebs, half an ounce;
Balsam of copaiba, half an ounce;
Liquor potassæ, one ounce;
Hydrochlorate of morphia, two grains;
Spirit of nitric æther, two ounces. Two teaspoonfuls to be taken three times a-day in water.

The diet moderate, and an occasional calomel pill and draught administered. The cure was generally completed in ten or fourteen days. Occasionally a gleet discharge remained, which a weak zinc injection was sufficient to remove.

Satisfactory as were the effects of this combination of medicines, the treatment was not exactly what the state of our science demanded. It was no system; and, therefore, as the lines of demarcation between the inflammatory, suppurative, and atonic stages were sufficiently distinct, there was every reason to conclude that, by anticipating or attacking them with appropriate means when developed, the best results would follow.

The treatment was consequently divided into three parts; the first had reference to the inflammatory stage, the second to its effects, and the last to the atonic state of the lining membrane of the urethra, and the vessels with which it is supplied. It consisted of ten grains of calomel, divided into three doses, one to be taken every four hours, and of the following mixture:—

Sulphate of magnesia, half an ounce;
Jalap, two scruples;
Scammony, fifteen grains;
Potassio-tartrate of antimony, three grains;
Water, eight ounces. Three tablespoonfuls to be taken every four hours, beginning an hour after each powder.

Diet low, and drink barley water, linseed tea, &c. The first dose of the mixture was generally rejected,