PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 139.]

LONDON, SATURDAY, MAY 27, 1843.

PRICE SIXPENCE.
[Stamped Edition Sevenpence.

COURSE OF LECTURES ON VENEREAL AFFECTIONS

DELIVERED

AT THE HOPITAL DU MIDI, PARIS.

By Dr. PHILIP RICORD.

Translated and arranged by Daniel McCarthy, Esq.,
Interne of the Hospitals of Paris.

LECTURE III.

March 28, 1843.

Classification of venereal diseases—Arguments for the identity of syphilis and gonorrhœa—Opinions of authors—Test of inoculation—Question of incubation—Opinion of the author—Gonorrhœa virulenta—Bubo—Consequences of gonorrhœa—Comparative frequency of gonorrhœa and chancre.

GENTLEMEN,—In the foregoing lectures I have divided venereal affections into two orders—the first, *non-virulent*; the second, *virulent*; and it now becomes my duty to state to you the reasons which have led me to adopt this classification.

The greater number of writers on syphilis describe two varieties of gonorrhœa—one, a simple catarrhal inflammation; the other, symptomatic of primary syphilis. This last is the point on which authors disagree. It is considered, by those who believe in syphilitic gonorrhœa, to be, in its nature, if not in its form, identical with chancre.

The reasons they adduce in support of this supposed identity are based upon several arguments; these we shall first enumerate, and afterwards shall treat of their comparative value. 1st, chancre and gonorrhœa have one common historical origin; 2nd, they derive their birth from the same source of contagion; 3rd, both present the phenomenon of incubation, and have a duration longer than is usual with simple inflammations; 4th, a kind of association exists between the causes of gonorrhœa and chancre, so that, from the same contamination, a patient will be first affected with chancre, and afterwards with gonorrhœa; 5th, bubo may succeed to both forms of disease; 6th, constitutional infection has been observed after the occurrence of both; and, lastly, for both a particular mode of treatment is required.

These pathologists, however, admit certain differences, which they explain by the variations in locality, by the degree of intensity in the morbid agents, and in the particular disposition of patients.

Four opinions may, therefore, be said to divide the medical world on the point under consideration—1st, that which admits of the perfect identity of chancre and gonorrhœa; 2nd, that of Baumès, of Lyons, and others—namely, that although the same infecting cause did at one time produce the two effects—chancre and gonorrhœa—it has since lost the power of causing in an arbitrary manner these two affections, which will remain henceforth distinct; 3rd, the opinion

of Benjamin Bell and Todd, who believed in the existence of two morbid poisons, one productive of chancre, the other of gonorrhœa; and 4th, our own opinion relative to the existence of urethral chancre, which, once admitted, would immediately remove all difficulties in the way of explanation, and cause all further discussion to drop. Our convictions, however, are not universally admitted; and we must, per force, examine the reasons our adversaries bring forward in support of the identity of chancre and gonorrhœa.

1. These two affections possess one common origin. To give this argument some value, it is obvious it would be required to state at what age of the world chancre was first observed. And here we find some authors who contend for its first occurrence in the fifteenth century; others maintain, with Dr. Cazenave, that its origin can be traced up to biblical antiquity. This first argument we must value as nought, until our opponents have settled the point among themselves.

2. The same source of contagion gives birth to both. Blégné and Vigarons have given cases of connection, in which several males had derived syphilis on the one hand and gonorrhœa on the other, from contact with the same source; such instances are now common, and easily explained. It must be stated that, since that invaluable instrument, the speculum, has come into more frequent use, a woman has never yet *once* been found to *give chancres* if she had *none*. It is equally well known that gonorrhœa may be the result of connection with a *healthy* woman; and many facts demonstrate that chancre, independently of its specific action, is also endowed with the property of acting *like any common irritant*. Furthermore, I have shown that virulent pus may be deposited in the genital organs of a woman, and conveyed to a third person without her having been infected. I have seen this happen, a man acting but as the mere vehicle; a young man had intercourse with two women on the same day; the first woman was diseased at the time of connection, the second became so shortly afterwards, the man himself remaining healthy. I know, however, such cases may admit of a different explanation, and, therefore, do not rest upon them in an absolute manner.

The pus of chancre may be separated from the sore which secreted it and yet retain its inoculability, for I have myself preserved chancrous pus six, eight, and even ten days in a tube, and, at the end of that period, made use of it to inoculate with perfect success.

Another well known circumstance will assist us in explaining apparently unintelligible facts. Inoculable pus must not only be deposited on lining tissues to produce a chancre, but these tissues must likewise be placed in particular traumatic or ulcerous conditions, which do not always exist; and when they are absent

it is not to be wondered at if chancre be not the result.

We will conclude by observing that chancrous pus is invariably inoculable at a specified period of the existence of the sore; and, on the other hand, gonorrhœal secretions taken from *non-ulcerated* surfaces have, we state it with perfect confidence, *never* yet produced a chancre.

We have thus, Gentlemen, endeavored to prove the wide difference existing between gonorrhœa and chancre. Amongst our arguments there is one we should have mentioned, and that is the utter impossibility of transmitting chancre, in any of its forms, to animals, compared with the frequently spontaneous birth of gonorrhœal discharge in the brute creation, and its easy transmission from man to animals. This impossibility alone would suffice to show that the two diseases cannot be identical; but the impression left on the mind must be complete, when we remark that gonorrhœa communicated to animals never yet produced, in a single instance, any symptoms even bearing a remote resemblance to constitutional syphilis.

The third argument adduced by our opponents, in support of the identity of chancre and gonorrhœa, is the existence of incubation in both.

Were I to state my opinion that true incubation exists in neither one nor the other, pathologists, heedless of self-contradiction, would, no doubt, be found to urge this as a proof of their alleged identity. Let us discuss, however, this supposed incubation. Did any of you, Gentlemen, ever happen to observe a draught of air producing coryza, bronchitis, or pneumonia, in their period of status? I will venture to answer for you in the negative. The period called incubation, in gonorrhœa, is only, as in the above-mentioned instances, the time intervening between the invasion of disease and its status. In chancre, again, inoculation with the lancet has proved, beyond power of controversy, that *no incubation* exists, for the eye can follow the gradual formation and growth of the pustule and ulcer from the moment of the puncture to that wherein a well-defined primary syphilitic sore can be discerned.

But suppose incubation did really exist in chancre and in gonorrhœa, even that circumstance would be totally inadequate to demonstrate the identity of these two maladies; for we undoubtedly observe incubation in measles, small-pox, rabies, &c. &c., and yet no pathologist has hitherto been tempted to consider these affections as identical with each other.

One of my colleagues of this hospital, for whom I entertain the greatest respect and friendship, Dr. Puche, states that gonorrhœa virulenta is marked by the occurrence of a longer interval between the exposure to infection and the appearance of the discharge than in the benign form of that disease. This observation is perfectly correct. A chancre yields a very trifling secretion, which may escape unnoticed from the urethra, until such time as, after acting as a local irritant, it gives rise to a catarrhal flow from the meatus.

The attentive study of such cases had led Cullerier (senior) to conclude that the mildest forms of blenorrhagia were the most frequently followed by secondary infection.

The violence of the inflammation has been ever confounded with, and taken as a sign of, the virulence of gonorrhœa. Now this opinion we always have opposed, for we have constantly observed the contrary to be the case; chancre in the urethra giving rise to the most innocent looking forms of discharge.

On perusing Dr. Baumès's valuable work on syphilis, the reader is inevitably struck with the stress laid upon the nature of the discharge, from the preconceived notion of the chastity of the lady who communicated it. If connubial intercourse has given rise to it, the discharge is invariably qualified as mild, whitish, and of short duration; under contrary circumstances, it is described as violent, greenish, and persistent. Here, Gentlemen, lies a cause of error which cannot be too much guarded against, and which will be avoided if it be recollected that gonorrhœa may be communicated by a perfectly healthy person. We must also remark that women are never the first to complain of a discharge, the acknowledgment being one of a particularly unpleasant nature. They await patiently for an opportunity, and then lay the blame on a frequently innocent, and sometimes injured helpmate.

As to those instances in gonorrhœa observed after chancre, or chancre produced by the contact of a gonorrhœal discharge in the same patient without a fresh infection, they cannot be received with too much caution. In most cases, when the patient is not allowed to frame a theory of his own (for syphilitic patients mostly have a theory), which may lead the incautious surgeon now and then into the commission of error, it will be found that chancre and gonorrhœa are not consequences of each other, but had their origin at the same time and from the same infection.

Bubo, as a secondary affection, is said to follow both diseases in the same proportion. Here, again, Gentlemen, I refer you to the unbiassed observation of patients. You will find the buboes of gonorrhœa, when they do suppurate, to be simple phlegmonous inflammations, the secretions of which can never be inoculated successfully, whereas the suppurated bubo of chancre is generally inoculable—a fact easily recognised by the very characteristic appearance the abscess assumes after having been opened.

Another argument adduced by authors is, that constitutional syphilis has been observed after both gonorrhœa and chancre. What are the consequences of gonorrhœa? Ophthalmia, rheumatism, fever, epididymitis, stricture, rubeolic exanthemata produced by the exhibition of cubebs or copaiva. What are the results of chancre? Eruptions of the skin, of the visible mucous membranes, and disease of the cellular, fibrous, or bony structures of the human body; you perceive that the line of morbid consequences is in each case totally different. Besides, gonorrhœa is, perhaps, and John Hunter is my authority, fifty times more frequent than chancre. Why, then, if such be true, are not secondary syphilitic symptoms fifty times more frequent than they are? Discharges in women are, you know, Gentlemen, very common, yet constitutional syphilis is much more frequent in the male than in the female sex. Lastly all syphilographers (Dr. Cazenave excepted) agree that chancre is much oftener the cause of constitutional syphilis than gonorrhœa; and you will observe the contrary

ought to be the case if these diseases were identical, on account of the greater frequency of gonorrhœa.

I shall now remind you of a case we observed in the course of last summer. A man entered the hospital for constitutional symptoms after *one* chancre only, the *first* he had ever been affected with. But in the course of his life he had had no less than *thirty-two* distinct discharges from the urethra, cured without mercurial treatment, and never followed by secondary symptoms. We will add that, at the present moment, thirty-eight cases of general syphilis exist in our wards, in none of which has gonorrhœa had anything to do with the development of the disease.

SECOND REPORT

OF

PRIVATE MEDICAL PRACTICE FOR 1841.

By CHARLES COWAN, M.D. E. and P.,

Physician to the Royal Berkshire Hospital and Reading Dispensary, &c. &c.

[For the Provincial Medical Journal.]

(Continued from p. 151.)

SPECIAL REPORT.

Chlorosis—Anæmia.—81 Cases.

<i>Ages.</i> —Under a year	1
9 to 20	38
20 — 30	33
30 — 40	7
40 — 50	2

81

Anterior Duration.—Less than 6 months 34

6 to 12 months 17

1 — 2 years 13

More than 2 years 17

81

Average Duration of Treatment.—In 14 cases cured, 39 days; in 22 cases convalescent, 34 days.

Season.—January, February, March . . 15

April, May, June 13

July, August, September . . . 33

October, November, December . 20

Result.—Cured, 19; convalescent, 27; irregular, 35.

State of the Uterine Functions:

Catamenia scanty, in general pale	33	} Leucorrhœa in 7
Catamenia absent for more than one period	17	
Catamenia regular in color and quantity	10	
Catamenia profuse	6	
Had never menstruated	6	
Omitted	8	
		3
		1
		1
		1

This table shows the variable state of the uterine functions, coincident with a common condition of the general system; the latter, therefore, cannot be ascribed to derangements of the former. Leucorrhœa, it will be seen, existed in about one-sixth of the whole.

Bellows Murmur.—We have only registered it in 56 cases, but, since its presence formed the basis of our diagnosis, we do not doubt its existence in all. It presented the gradations of tone and intensity so often described, and more particularly adverted to in our

former report—was more frequently present on the right than the left side of the neck—was chiefly seated in the veins, occupying, in most instances, the superficial and deep vessels, and, when discoverable in the carotid, presented the ordinary intermitting and blowing character.

Another year's analysis confirms our former statement, that however loud the murmur in the cervical vessels, no analogous sound can be detected over the heart, apart from cases of valvular disease; and we again revert to the fact, because at variance with the experience or assertions of almost every other observer. We have not met with a single exception up to the present moment, and, though the ordinary view was adopted by some of our medical friends, their subsequent results have been similar to our own.

In addition to what we have before stated, as to the precautions necessary for its detection, we may observe, that in cases where the anæmia is partial, and the sound feeble, it is a good plan to lighten the pressure on the stethoscope gradually, and, at the last moment of contact, a soft, brief murmur will be heard, evidently in the superficial veins. The lower diameter of the instrument should be small.

Both sides of the neck should be examined in doubtful cases, and the research not hastily relinquished if at first unsuccessful. We have discovered it loud and distinct in cases where it was supposed absent by a previous auscultator.

The great practical importance of the sound is its indication of anæmia, and this in individuals where the ordinary external appearances might not have led even to the suspicion of its existence. On the other hand, its absence in cases where the general aspect of the patient would have justified the opposite inference, would be a strong fact in favor of the pallor depending upon some other condition, natural or acquired. We are more and more satisfied of the great practical value of this sign as a means both of diagnosis and treatment.

Diagnosis.—The term chlorosis is altogether objectionable. It would be far better to include every case where the bellows murmur could be discovered under the general head of "anæmia," without reference to the local symptoms.

Treatment.—With scarcely an exception, it consisted in the administration of the sesquioxide of iron, in doses from half a drachm to a drachm, twice or three times a-day, with or without an equal quantity of the compound spirits of ammonia. The bowels were regulated by aloetic aperients, conjoined with the sulphate of iron, and occasionally with calomel. Gastric and head symptoms were relieved by an emetic, and local pains by warm plasters, opiate and irritant embrocations, mustard poultice, or a blister. The diet was dry and nutritious, and everything done to invigorate the general health. One great practical difficulty is to secure regularity and perseverance in taking the medicine, and the bulk of the sesquioxide forms the principal objection to its use.

It may not be unprofitable to the student if we glance briefly at some other preparations of steel which experience has sanctioned.

The muriated tincture is a cheap, convenient, and efficient form, in doses from twenty to sixty drops twice or thrice daily, given in water, infusion of