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COURSE OF LECTURES ON VENEREAL AFFECTIONS DELIVERED

AT THE HOPITAL DU MIDI, PARIS.

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LECTURE IV.

April 7, 1843.

Gonorrhœa, its definition, synonymes—Its seat and cause—Gleet, its capability to produce gonorrhœa, &c.—Predisposition—Effects of the gouty and scrofulous diathesis in causing gonorrhœa—Treatment—Question of identity of syphilis and gonorrhœa—Points of difference observed in the two diseases.

GENTLEMEN,—I will define gonorrhœa “an inflammation of certain mucous membranes, mostly the mediate or immediate result of sexual intercourse.”

Synonymes.—Formerly called “gonorrhœa,” a word which may be interpreted both as “seminal discharge” and “discharge from the genitals;” it still preserves the appellation in Great Britain. Mayern Turquet first gave it the name of pyorrhœa, literally a purulent running; Swediaur that of blenorrhagia, under which the disease is more commonly known in France.

Seat.—The inflammation occupies generally the genito-urinary mucous surfaces; but it may invade the ocular or anal mucous surfaces. It has been observed in the genito-crural fold, and I have seen it in the meatus auditorius externus. As to nasal and buccal inflammation referred to gonorrhœa, I question very much the accuracy of the cases on which such classifications may have been founded.

Causes.—The chief cause, beyond doubt, is the morbid secretion of one of the above-mentioned surfaces in a state of inflammation, more especially when that secretion is purulent. But when the presence of pus can no more be demonstrated, the special stimulus ceases to exist, and the secretion is deprived of the power of reproducing a similar disease.

Notwithstanding the opinion of some pathologists, and in opposition to the assertions of Dr. Desruelles, who has not hesitated to attribute to gleet all manner of fearful consequences, and most of the diseases which afflict humanity, from gout to cancer, I must say that in no case which has come under my observation has gleet been productive of any one of the dire consequences upon which the professor of the Val de Grace lays so much stress. Cullerier (nephew) told me frequently that he married with gleet, which resisted a mercurial treatment his uncle compelled him to undergo; and yet, in thirty years' cohabitation, neither himself nor his wife ever experienced any inconvenience from this chronic discharge.

But, independently of the application of contagious secretion, another cause is necessary for the production of gonorrhœa. I allude to that general predisposition, which in all catarrhal inflammations is one of the most efficient excitants to disease. A common objection to the simple catarrhal nature of gonorrhœa is, that irritation from the passage of catheters, from the injection of stimulating fluids into the urethra, do not produce a discharge similar in all respects to the discharges induced by venery. We can account for this difference in the same manner that we explain the variety of symptoms produced in several patients by the same exciting cause, by the absence of predisposition. Is it not thus we account for that fact of daily occurrence: several persons being exposed to the same cause—cold or damp feet, for instance—perhaps one will be affected with rheumatism, another with bronchitis, the third will escape unscathed?

The particular predisposition necessary to blenorrhagia cannot in all cases be specified, yet the most frequent predisposing influence may safely be said to be venereal excitement itself, which places the sexual organs in a state of tumefaction and injection easily leading into inflammation.

Herpetic, scrofulous, gouty constitutions, most frequent causes of all catarrhal diseases, also may be ranked amongst the most favorable predisposition to the development of gonorrhœa. We may likewise consider as such hæmorrhoidal congestion, intestinal irritation (occasionally from worms), the use of diuretics, asparagus, alcoholic or malt liquors, which I would willingly call “gonorrhœal drink,” the internal use of the Spanish fly, the exhibitions of iodine, and masturbation. Absence of proportion between the male and female organs, or connection to excess between two healthy persons, may, most undoubtedly, produce discharges—a circumstance not to be lost sight of during honeymoon.

The application of chemical irritants to the urethra has been followed by all the symptoms of genuine gonorrhœa. A well described instance will be found in Swediaur.* With a concentrated solution of hartshorn, he produced upon himself a violent inflammation of the urethra, and got rid of the artificial gonorrhœa thus produced, and attended with great pain and very distressing symptoms, only after six weeks.

Men appear to be more subject to communicated discharges than women, and I believe the proportion to be so different in both sexes, that for four claps communicated to the male, contagion takes place only once in a woman. The extreme frequency of fluor albus in females living in the midst of the excitements of the metropolis, account in a great measure for this disproportion. It must also be recollected that

* *Traité des Maladies Vénériennes*, t. ii, s. 190.

the catamenial flow proves often a stimulus sufficient for the production of blenorrhagia. Stercoral matter may occasionally have the same pathogenic influence. A most singular case of this nature lately came under my notice.

A young woman, in the pay of a honored magistrate of this city, communicated gonorrhœa every time the learned personage above mentioned had connection with her; she was totally unable to account for this unpleasant circumstance, and came to me, laboring under much distress, for information. I examined the damsel, and found the external organs of generation perfect to all appearance. What was my surprise, on further investigation, to find the uterus, ovaries, vagina, myrtiform caruncule, absent, and that the rectum opening between the labia, the aforesaid magistrate had been unconsciously "guilty of a capital offence, for which, however, he had already received punishment in the shape of a "sequence" of gonorrhœas!

Young girls are not unfrequently affected with purulent inflammations of the genitals. In infancy we find ocular and anal gonorrhœa tolerably common; and the well-known fact that an increase of physiological activity in any organ is usually attended with an increased frequency of the diseases to which that organ is liable, satisfactorily explains why in the adult blenorrhagia is so often to be met with.

It is a singular, but now well established fact, that some persons are only infected *once* with gonorrhœa from the same woman, although her state may remain precisely the same, and although she may even communicate the disease to others.

Spring, autumn, winter—the seasons of routs, assemblies, &c.—are also those in which gonorrhœa chiefly flourishes. As to epidemics of clap, they are not to be understood in the same literal sense as epidemics in general, but depend on a far more tangible cause, acting at the same time on a given number of individuals.

The last argument of our adversaries in support of the identity of chancre and gonorrhœa is founded upon the occasional appearance of secondary symptoms after the last, as well as after the first, of these diseases. Let us examine together the value of the cases brought forward by Dr. Baumès and Dr. Cazenave to prove this position.

In Dr. Baumès' work we find five cases; two only of these were inoculated, and both without success. One of these two patients, being cured of his discharge, was dismissed from the hospital, and returned *three months* afterwards with constitutional syphilis, and a sore in one of the nares, the description of which answers perfectly the characters of a primary ulcer. The other man returned *four months* after leaving the hospital, where his gonorrhœa was cured—*four months*, a period amply sufficient to account for a fresh infection.

Of the three other patients, one had a chancre independently of gonorrhœa, but, as he took mercury, Dr. Baumès assures us the chancre could not possibly have been the cause of the constitutional disorder! Gleet existed for one year in the second, and the secondary symptoms are referred to it without comment. Of the third patient little or no account is given, except that he returned with general syphilis three or four months after being cured of gleet.

You see, Gentlemen, that of this imposing mass of five cases not one is left standing; I turn now to Dr. Cazenave.

The conclusion drawn by this gentleman, that gonorrhœa is oftener than chancre the cause of constitutional syphilis, is in opposition to the results of general experience. It is, moreover, in contradiction with the statistical account of *his own* cases, and, as it is not necessary to have recourse to mathematics, but merely to show a becoming respect for addition, in order to prove the truth of my assertion, I will do so at once.

The book contains *eighty-six* cases of secondary syphilis, yet *forty-seven* times has chancre been the only antecedent symptom! Of itself this fact would suffice; it tells more against Dr. Cazenave's conclusion than any comment we could add; let us, however, examine the remaining cases. Twenty cases of secondary disease are attributed to gonorrhœa, which preceded the eruptions at periods varying from four days to thirty-eight years. It is very singular that the earliest cases of secondary disease were all observed in females, and it is not less remarkable that in *all* these the diagnosis of the previous primary symptoms is formed on the blindly-credited assertions of the patients themselves! In one case a bubo had been always, according to the patient, the only primary symptom of secondary disease occurring after a lapse of five years. Two nurses with sore breasts soon present constitutional symptoms, and one of them communicates gonorrhœa to her husband! I pass over a case doubtful even for Dr. Cazenave, and a history of an amputation stump putting on syphilitic (?) characters after undefined symptoms. In nine cases there is no antecedent history whatever; they were all women. We find one case of general syphilis observed in a newly married lady, and attributed, without hesitation, to a gonorrhœa the husband was perfectly cured of years before his marriage! A woman nurses a child, no soreness of the nipples follow, but five years afterwards constitutional syphilis is stated to be the consequence. Once, Gentlemen, once a kiss is followed *immediately* by secondary infection! I have done, Gentlemen; the cases are now before you, and you may judge for yourselves.

All unprejudiced writers on syphilis agree that catarrhal inflammation of the glans or mucous membrane of the foreskin are never followed by constitutional symptoms. This was the opinion of Cullerier, one of our best modern authorities on syphilis. My friend, Dr. Puche, whom I have already had opportunity to name, conceives that inflammations of this kind may occasionally be inoculable without any ulceration existing. In my opinion, when inoculation does succeed in a case of this kind without excoriation, sores more or less superficial must have escaped the observer's notice, or have healed shortly before inspection, leaving after them their inoculable secretion.

You will find in Dr. Baumès' work the following case (vol. viii., p. 257):—A gentleman, previously healthy, was affected, at the age of twenty-nine, with a purulent discharge from the foreskin and glans penis, an affection he treated with antiphlogistic washes; one year did he remain in the same state without improvement, but without further accidents, when he

married. Shortly after, his wife complained of pain in voiding urine, and he soon was affected with constitutional symptoms, at the same time a specific eruption appeared on the face of his wife, and yet, although the external gonorrhœa existed for one year before marriage without infection taking place, notwithstanding the coincidence of secondary symptoms with the circumstance of his marriage, and very shortly after the happy day, the doctor throws the whole blame upon the husband!

Similar instances have frequently presented themselves to me.

I am at present the medical adviser of a lady who has communicated gonorrhœa to her husband. I encourage him in the belief, whereof I assure you I am far from partaking, that it is a return of a similar discharge he was affected with at the early period of his bachelor life.

I have had under my care another lady, who was affected with numerous chancres about the anus; here, again, the blame has been laid upon a gonorrhœal discharge her husband was affected with some seven or eight years before marriage.

I attended successfully a young gentleman who had been unfortunate in his choice, and was affected with chancre. Some time afterwards he was married to a young lady of respectable connection, and consequently *very virtuous*. On the eve of the union, feeling rather nervous, as many are apt to do in similar circumstances, he requested me to examine him with care, that he might be quite sure no remnant of the disease lingered about him. After a close investigation I delivered him the fullest diploma of health, and, to my surprise, he called upon me a short time after in the most extreme state of mental agony; for notwithstanding the most rigorous constancy to his wife, and the minutest every-day self-inspection, his wife was infected. After some difficulty the lady consented to be examined, and I discovered flat condylomata (mucous tubercles), the undoubted sign of constitutional syphilis. Finding her efforts to conceal the truth were of no avail, she at last acknowledged that before marriage she had been imprudent enough to listen "by moonlight, alone," to a young man, who had communicated what she considered to be very trifling sores. The conscience-stricken husband was, of course, not undeceived, and remains to this day a victim to the pangs of remorse.

J. Hunter was of opinion that gonorrhœa was the expression of primary syphilis on the mucous membranes, and chancre its expression on the skin. But if this theory was true, we should find that chancrous matter produces gonorrhœa when deposited on a mucous surface, and *vice versa*, that gonorrhœal secretion inoculated to the skin is productive of chancre, which experience does not confirm.

Dr. Lagneau considers chancre and gonorrhœa as two steps of the same ladder, two degrees of the same malady, an opinion disproved by daily observation.

Hufeland's doctrine on this subject is, perhaps, still more singular. According to that writer, gonorrhœal matter is identical to chancrous secretion, only it is prevented by a mucous envelope furnished by the urethra from producing the same effects of inoculation.

Swédiaur (vol. ii., s. 154) is obliged to acknowledge that constitutional diseases follow only gonorrhœa which have been attended with ulcerations.

Dr. Baumès believes gonorrhœa to be a modification of primary syphilis, giving rise to less intense secondary symptoms than chancre.

Todd and Bell are of opinion that gonorrhœa arises from a specific cause, of which, however, there exists no positive incontrovertible proof. My learned friend, Mr. Carmichael, of Dublin, attributes even to gonorrhœa particular forms of secondary disease, of which we shall speak at a further period.

It is my opinion, Gentlemen, that gonorrhœa differs altogether from chancre in its nature. I explain its contagion by referring to the special structures it invades, and to the presence of a secretion on mucous surfaces, which will be found to be the most active stimulus of analogous membranes. In chancres we find a morbid poison, which experiment demonstrates in the clearest manner; we find that the absorption of that morbid poison produces a series of secondary symptoms. In gonorrhœa which is contagious, whatever may have been its cause, reason and experiment have equally failed to demonstrate the existence of a virus.

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*.]

(Concluded from p. 169.)

SPECIAL REPORT.

[Phthisis.]

Of 53 cases, 28 were males, 27 females.

Ages.—(Extremes, 5 and 70.)

5 to 10	2
10 — 20	10
20 — 30	16
30 — 40	15
40 — 50	5
50 — 60	5
60 — 70	2

Total 55

This table closely corresponds with that of the preceding year, and exhibits the great liability of the middle periods of life, and the non-exemption of any age from pulmonary tubercles.

Occupations.—Some are not registered, and the remainder admit of no useful classification.

Hereditary Influence.—Out of 13 cases, where the fact was registered, 10 were affirmative and 3 negative. As in the last year, instances occurred where the children were highly predisposed, the parents being healthy.

Season.—The entries were nearly equally distributed during the first seven months of the year, amounting in all to 23 cases; while in August, September, and October, 27 cases were registered, and only 6 in November and December. This points out the influence of autumn upon the development and