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COURSE OF LECTURES ON VENEREAL AFFECTIONS

DELIVERED

AT THE HOPITAL DU MIDI, PARIS.

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LECTURE V.

April 18, 1843.

*Etiology of gonorrhœa—Specific seat of the disease—
Premonitory symptoms—Period of incubation—
Forms of gonorrhœa—Erythematous, dermoid, and
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fected by rheumatism—Identity of gonorrhœal and
common rheumatism—Otitis—Bronchitis—Peri-
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tic—Abortive—Of the acute stage—Of the chronic
stage—Condylomata—Erosions.*

To proceed, Gentlemen, with the etiology of gonorrhœa, we will say that although generally propagated by coitus, yet that the disease may owe its birth to the mere transport of morbid secretion from one surface to another, independently of actual intercourse.

To this cause may be referred instances of gonorrhœa occurring after the introduction of soiled catheters into the urethra. The patient mentioned by J. Hunter, affected with blenorrhagia after sitting in a *cabinet d'aisance*, where gonorrhœal matter had been previously deposited, may, it is true, as Mr. Bennett Lucas justly surmises, have imposed upon Hunter; but yet there is nothing absolutely inadmissible in such an origin.

We altogether reject and disbelieve cases analogous to that related by Cassandre, in which a jealous husband, in order to be revenged on his inconstant wife, made her drink, every morning, a glass of milk containing several drops of gonorrhœal secretion. Cassandre adds that this abominable beverage was the cause of blenorrhagia in the wife, who communicated it to her paramour, and thus fully revenged her injured husband. We totally refuse belief to such anecdotes. Gonorrhœa may, with more probability, be conceived to have originated with the lover; or the lady, for whose virtue we entertain but slight respect, may have even been infected by a third person; and so long as these points have not been cleared up, we cannot credit the improbable story; other facts are, moreover, opposed to it. Hunter speaks of a woman who, through mistake, drank milk containing blenorrhagic secretion, without accident. A child takes milk containing chancrous matter, yet no ill consequences supervene. Direct experiments have, more-

over, been made. Virus variolæ, and the poison of the viper, introduced into the stomach of man, have constantly been neutralised by its peptic action.

Before we dismiss the causes of gonorrhœa, let us state that instances are not uncommon of discharge from the urethra, produced by the presence on the mucous membrane of that duct of one of the morbid alterations brought on by constitutional syphilis.

Observation does not permit me to admit of any "specific" seat of the disease, although Hunter was of opinion that gonorrhœa never extends beyond the first inch and a half of the distal orifice of the urethra. We cannot believe in this pathological election, and still less do we admit it after absorption of blenorrhagic matter from the surface of the penis.

Allow me, Gentlemen, to show you how inconsistent our adversaries are with their own opinions. M. Baumès upholds the virulence of gonorrhœa; and yet, should the inflammation of the urethra, in a case of clap, extend to a portion of the membrane hitherto healthy, he explains the fact by "sympathetic irritation," wholly unmindful that the association of those words with the idea of "virulence," can only be qualified as "solemn nonsense."

Premonitory Symptoms.—These do not always exist. Between coitus and the first appearance of the discharge, the possibility of an interval of from some hours to fifty-seven days (B. Bell) has been generally accepted. This has been called the period of incubation.

We find an explanation of this general, but erroneous belief, in the prevalent notion that venereal intercourse is the only cause capable of generating gonorrhœa.

One moment's consideration will permit you to judge on what shallow grounds this incubation rests. The appearance of muco-purulent discharge is invariably considered as the "beginning" of gonorrhœa, whereas, in our doctrines, it is already the status of the malady. We are supported in our opinion by axioms of general pathology—for instance, "that inflammation does not in any instance begin with "supuration." Why should not this rule be applicable to gonorrhœa? The so-called period of incubation is only that space of time necessary to the formation of pus, and varying slightly with individuals. When, therefore, cases are related, such as that of B. Bell, in which fifty-seven days elapse between connection and gonorrhœa, we must attribute the discharge to some other cause, and consider the coitus merely as an accidental occurrence totally unconnected with the disease under observation.

If we turn towards the forms of gonorrhœa we shall find three—the erythematous, the follicular, and the dermoid variety, in which the neighbouring cellular structure partakes of the inflammation.

The disease is generally acute, but has a marked tendency to run into the chronic state, by which it

even occasionally begins. When existing for the first time it is more violent, and is more easily reproduced in proportion to the frequency of preceding discharges.

Blenorrhagia may be said to last in most cases from four to eight weeks, but the duration is so very uncertain as not to permit of being specified with any degree of accuracy. I have met with an old officer who carried a gleet, he had never been able to get rid of, ever since the peace of Amiens (1800).

Gonorrhœa may terminate with resolution, metastasis, or repercussion, and it occasionally returns on the application of the most trifling stimulus to the spot already affected.

The anatomical changes it gives rise to are those which follow protracted inflammation on any mucous membrane—viz, hypertrophy with softening or induration, and ulcerations (not specific), which may throw out granulations, and thus give rise to excrescences, vegetations, &c., or leave after them irregular cicatrices and nodulated structures produced by the obliteration of capillary veins.

Amongst the many complications of gonorrhœa, we must not omit scrofulous disease, which may affect the urethra, and thus give rise to most troublesome and rebellious forms of discharge.

A patient, affected with gonorrhœa of twelve months' standing, was confided to my care last autumn in this hospital. Abscess formed in the perineum; urinary fistula was its consequence, and the patient at the same time gradually sunk under the progress of tubercular disease of the lungs. The post-mortem examination showed, in addition to the softened tuberculous masses in the lungs, a tubercular transformation of a part of the prostate gland, and a similar deposit in many of the follicles of the urethra, several of which communicated with the perineum by means of fistulous sinuses. The specimen of the structural alteration, which was clearly the cause of the protracted gleet, I have presented to the Royal Academy of Medicine.

Dartrous, herpetic affections, and other forms of eruption, are considered by some as the result of a state of morbid excitement of the genitals. We refer particularly to the opinion of Dr. Rayer, regarding herpes præputialis, as a frequent concomitant symptom of *strictures*!

The influence of a rheumatic or gouty habit on the production of clap is easily accounted for by those who reflect on the near relationship of catarrhal and rheumatic constitutions.

Rheumatism has been by most pathologists looked upon not as a complication, but as a result of the *re-percussion* of urethral discharge; hence "gonorrhœal rheumatism." The true light in which the matter should be seen is, that, in patients otherwise predisposed to rheumatism, gonorrhœa may become the determining cause. The knees appear to be more frequently affected with this form of arthritis than any other joint. Professor Cloquet believes that in this respect the hip-joint in women is more commonly affected than the knees, but I have not found it so. In support of our opinion, we may state we have frequently observed that vesication with the Spanish fly is more frequently the cause of strangury, when applied to the tibio-femoral joint, than to the hip,

or even to the inguinal region, the vicinity of which to the bladder might, *a priori*, lead to a different conclusion—a circumstance which would, in our opinion, suffice to demonstrate the identity of gonorrhœal with common rheumatism. We have met with well-marked pericarditis accompanying vague pains in the articulations, in a case of chronic discharge from the urethra. We must say, however, that in the so-called gonorrhœal rheumatism a smaller number of joints are generally affected than in the inflammatory form of the disease.

Otitis and bronchitis bear a most distant relationship to gonorrhœa, yet they have been looked upon as complications.

Perineal abscess is an occasional and most troublesome symptom, followed, as it frequently is, with urinary fistula.

We cannot possibly agree with our colleague, Dr. Vidal, who states that nephritis is not an uncommon complication of blenorrhagia. In the few cases (two or three) adduced to support the position, it must be recollected the patients were under the influence of a most powerful stimulant of the kidney, balsamum copaibe.

Bubo accompanies now and then gonorrhœa; but it is always a single, phlegmonous tumor, and never gives rise to those characteristic ulcers you will find in the inguinal regions of chancrous subjects.

The anatomical changes induced by gonorrhœa in the structure of the urethra are, without doubt, the most efficient causes of the prolongation of the discharges. An antecedent gonorrhœa must also be considered as a complication. As to the metastasis of clap, we will explain to you the value to be attributed to it, when we examine together gonorrhœal ophthalmia.

Chancres not unfrequently is to be met with in conjunction with clap; when seated in the urethra it simulates it most completely, constituting "virulent clap," and can only be positively diagnosed by the assistance of "inoculation."

Subjects affected with blenorrhagia may, at the same time, present constitutional syphilis; and here we must remark that mucous tubercle may be seated on the urethral lining, and occasion a discharge easily to be confounded by a superficial observer with genuine gonorrhœa.

General Diagnosis.

Its chief difficulties lie here in the discrimination of venereal from the virulent form of the disorder.

We have endeavoured to show what slight reliance can be placed on the supposed cause—the suspicious virtue of the person who communicated the malady, or the comparative length of a hypothetical incubation.

It may be necessary to discover whether gonorrhœa be the result of sexual indulgence or of simple inflammatory causes. Experience has taught me to consider urethral discharge in women as the almost certain proof that the accompanying vaginitis has resulted from venereal intercourse. The following characters have been looked upon as evidence of the origin of the disease; existing altogether they certainly are not without value, but separately they can give no positive information.

The color of the discharge has been said to demon-

strate its real origin. It is not with a trifling degree of surprise I read in the "Dictionnaire," vol. xv, the following ridiculous statement—viz, that those discharges are red which are communicated by the menses.

M. Baumès is of opinion that the virulence of a discharge can only be asserted when it has been communicated or handed down through a succession of five, six, or seven persons!

The special progress of the disease cannot possibly be adduced as proof positive of its nature, for Bertrandi truly remarks, that although gonorrhœa usually begins by the acute form, yet exceptions are not unfrequently to be met with.

Consecutive affections and the influence of treatment are not of the slightest value for the diagnosis.

You perceive, Gentlemen, that it is altogether impossible to give an absolute diagnosis of the source or nature of a discharge from the considerations alluded to. The evidence thus collected amounts only to a probability, and one sign only can give positive knowledge of the nature of blenorhagia, and that sign is furnished by inoculation.

Prognosis of Gonorrhœa.

The mildest form of gonorrhœa is that which affects the prepuce and glans penis. External blenorhagia in women, vaginitis, and anal inflammations, are also, in general, of short duration.

Urethral gonorrhœa is more severe; it is oftener followed by accidents, and has a marked tendency to run into the chronic stage. Uterine discharges are still more difficult to arrest.

But the most severe of all forms is, without doubt, gonorrhœal ophthalmia, notwithstanding the vast improvements lately introduced in its treatment. I must say, it is not with a small degree of astonishment I find the reason given by Professor Dubois against the possibility of ophthalmia being caused in infants by the application, during birth, of leucorrhœal matter, is, that during parturition *the child's eyes are closed!*

Treatment.

We may class the treatment under five heads: 1, the prophylactic; 2, the abortive; 3, the treatment of the acute stage; 4, of the declining period; and 5, of the chronic form.

1. *Prophylactic Treatment.*—The first precept is, doubtless, never to expose oneself to contagion. Nicholas Massa, states, with admirable *naïveté*, that it is absolute madness to court danger of this description. I have remarked that gonorrhœa is seldom the result of one single connexion—on the contrary, it will be observed in almost all cases that it has followed the repetition within a short time of venereal pleasures. N. Massa also lays down as a rule, to avoid prolonged coitus, which determines and predisposes to the invasion of the disease.

Lotions, with cold water, will be found also an advantageous preparation, but tepid washes and warm baths I consider as the very worst means of prevention of the disease, as they produce a degree of congestion highly predisposing to subsequent inflammation.

I also reject absolutely, medicinal lotions, which in general irritate in a useless manner organs undergoing a physiological excitement. On the contrary, emission of urine immediately after connexion should on no occasion be neglected. It is a natural injection

from the bladder forwards, which washes off any improper stimulus which may have found its way into the urethra.

Other prophylactic measures have been advocated, mechanically preventing actual contact, and thus the contraction of the disease.

2. *Abortive Treatment.*—It is indispensable to proceed to the abortive treatment when the disease is not too far advanced. It is an erroneous, but generally received notion, that it is useful to allow the secretion to continue a certain time before any attempts are made to arrest its progress. No possible advantage can result from the prolongation of an inflammation on any mucous membrane, much less the urethra. The consequence of the unfortunate doctrine we allude to is, to render the discharge more difficult of cure by permitting the mucous membrane to become altered in its structure by the chronic establishment of an inflammation, so as to promote strictures, abscess, softening, &c. Such a doctrine tends to make epididymitis and other complications of gonorrhœa more frequent, and to increase the sum of human suffering, whilst the chances of bad results without any compensating benefit exist in the fullest degree. We strongly recommend the adoption of the abortive treatment.

3. *Treatment of the Acute Stage.*—Here the antiphlogistic regimen, local and sometimes general bleeding, revulsives on the intestinal tube, diluent drinks, baths, and antispasmodics find their full application. We shall, at a subsequent period, refer to this treatment in detail.

4. *Treatment of Declining Stage.*—The indications are precisely the same as in the abortive treatment, for whilst in the incipient stage inflammation has not yet set in, here it has already ceased to manifest itself by its acute symptoms.

5. *Treatment of Chronic Stage.*—In order properly to treat this period, it is to be recollected that gleet generally is indebted for its existence to some local or general cause which keeps up the irritation, and which must be discovered, in order that success may attend the treatment. The running is mostly symptomatic of another disease, towards which the attention of the surgeon should be directed.

It has been proposed by some, and it still is the object of the practice of many, to obtain a renewal of the original discharge by exciting the urethra with the passage of simple catheters, or of instruments covered with various stimulant substances. This practice I condemn, as the surgeon acts blindfolded. The only general precept to be laid down is to endeavour to acquire by proper investigation accurate knowledge of the state to which chronic inflammation has brought the membrane, and to guide the subsequent treatment thereon.

We now begin the study of each particular variety of gonorrhœa. It will be much shortened by the foregoing general observations, but important precepts of diagnosis and treatment arise out of the consideration of the various kinds of discharge. We deem it advisable to examine gonorrhœa:—1, as it occurs exclusively in the male, as in external gonorrhœa; 2, in the female, in the urethra, the external organs of generation, the vagina, the uterus, either separately affected or in combination; 3, in both sexes, such as blenor-

rhagia of the eye, the anus, various folds of the skin, the nose, the ear, or mouth.

1. *External Gonorrhœa*.—External gonorrhœa—*chaudepisse bâtarde*—*balanitis*—*posthite*—*balano-posthite*.

The causes which produce more particularly this form are phymosis, congenital or acquired, the accumulation of natural secretions, the habit of masturbation.

Premonitory Signs.—A sensation of weight or uneasiness, an unusual degree of heat about the part, a distressing sense of itching, are the only signs referable to the early stage of the disease.

Symptoms.—Inflammation may extend to the whole lining of the prepuce, or be limited to a small portion of mucous surface. The membrane soon becomes red from injection, its natural secretion is exchanged for a discharge thicker and more creamy than that of urethritis, and incarceration within the prepuce, together with incipient decomposition, communicate to this liquid a particularly offensive and irritating character. Contact is painful, desquamation of the epithelium, rendering the organ exquisitely sensitive from the denudation of a number of nervous papillæ.

Complications.—It is not uncommon to find œdema of the lax subcutaneous cellular structure complicating the disease. Erysipelas is occasionally met with, doubling the size of the penis, and not unfrequently acquiring so much violence as to threaten or even produce gangrene.

But in contradistinction to urethral blenorhagia, epididymitis is never the consequence of external gonorrhœa, and very seldom bubo.

Eczema, on the other hand, and herpes break out on the glans, stimulated into existence by the presence of the inflammation.

Condylomata and excrescences of various kinds are the result, and may become the cause of balanoposthitis.

Chancre and mucous tubercle may also complicate or produce external gonorrhœa. It is not a little remarkable that the first of these affections gives rise in its vicinity to a perfectly simple inflammation, the secretions of which may be inoculated with impunity, whereas pus from the neighbouring chancre will *constantly and at the same time* give a specific sore by inoculation.

Differential Diagnosis.—From eczema or herpes præputialis, external gonorrhœa will be easily distinguished by the diffused character of the inflammation, the absence of vesicles of any kind during its first period, or of those small circular erosions which follow herpes, and which have more analogy of appearance with superficial chancre than with simple inflammation of the prepuce or glans.

The scalding in passing water concentrated in the fossa navicularis, a view of the discharge coming from the urethra in cases where the foreskin can be slightly drawn back, also the particular pain caused by the distension of urethra during erection, will suffice to establish the diagnosis between blenorhagia and balanoposthitis, in which erections are free from uneasiness; pressure determines pain *around the base* of the glans, and the discharge comes from the cul de sac formed by the reflection of the mucous membrane.

As to chancre, it will be sometimes possible to obtain a rational diagnosis of its existence under an irreducible phymosis, from a certain degree of painful hardness in one particular spot of the corona glandis, from the presence of enlarged ganglions in the groins, rather uncommon in simple balanitis; but one sign only can be implicitly relied upon to distinguish absolutely simple external gonorrhœa from phymosis complicated with chancre, and that sign is inoculation with the lancet.

ON NEURALGIC AFFECTIONS OF THE URETHRA.

By M. CIVIALE, Paris.

There are certain affections of the genito-urinary organs which, though of frequent occurrence, have not much attracted the attention of practical surgeons. This arises, in great measure, from their irregularity of progress, the variety of symptoms which they occasion, and the great difficulty often experienced in distinguishing them from other morbid conditions which give rise to analogous symptoms.

It is seldom possible to ascertain the precise cause of the affections now alluded to, which I shall call *neuralgic*, without, however, attaching much importance to the name. They generally occur in persons whose nervous system has been shaken by excessive venereal indulgence, or severe moral shocks, and more especially in those who have been previously subject to neuralgia in other parts of the body. Long-continued irritation of the urethra and neck of the bladder, stricture in its incipient stage, habitual constipation, and diseases of the womb or rectum, are predisposing causes; but, on the other hand, they attack persons in whom we cannot discover any of the causes just mentioned.

The symptoms of urethral neuralgia are in general so vague and variable, that we are often obliged to base our diagnosis on indirect reasoning. In fact, the sensations experienced by the patient, and the urinary derangement under which he suffers, may equally depend on calculus in the bladder, some organic disease of the prostate, neck, or body of the bladder, partial paralysis of that organ, stricture, &c. Still the peculiar tendency of the symptoms to shift may throw some light on the matter, and the surgeon must be guided by the irregular or even intermittent character of these symptoms, which appear and disappear, increase or diminish, without any evident cause, and much more quickly than in any other disease of the urinary apparatus. This is so true that the attention of the patient is often not directed to them until after the third or fourth attack. In an early stage he enjoys long intervals of health, the frequent desire to make water, with pain and difficulty in passing it, occurring only at intervals. Soon after these symptoms the patient experiences a distressing sensation of itching along the canal, with burning; this is chiefly felt near the glans, and may extend towards the pubes, groins, sacrum, or up to the kidneys. The urine is in general normal; these symptoms seldom last long enough to produce any effect on the general health; they disappear at last, and the patient gets well.

It is impossible to give any accurate account of the