PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 143.]

LONDON, SATURDAY, JUNE 24, 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 M'Carthy, Esq.,
Interne of the Hospitals of Paris.

LECTURE VII.

May 9, 1843.

Cutaneous eruptions caused by copaiba—Various modes of exhibiting copaiba—Formula—Cubebs—Treatment of the inflammatory stage of gonorrhœa—General and local depletion—Objections to bleeding from the dorsal vein—Treatment of chordee—Use of injections—Treatment of gleet—Cauterisation—Pathology—Treatment of the complications of gonorrhœa—Abscess—Retention of urine—Hæmorrhage—Incontinence of urine.

GENTLEMEN,—Under the influence of cold damp weather, such as that of spring or autumn, the effects of copaiba on some persons are marked by the appearance of rubeolic or exanthematous eruptions, and by the occurrence of urticaria, herpes, or eczema, in patients subject to one or other of those diseases.

Such eruptions are daily confounded with secondary syphilis by those unacquainted with the various characters which the latter may present. It is with much surprise that I find a gentleman, who has had so many opportunities for observation in this respect as Dr. Cazenave, state that copaiba produces roseola *only* when constitutional syphilis previously exists. This error clearly arises from the preconceived notion entertained by the surgeon of Hopital St. Louis, of the constantly virulent nature of gonorrhœa. This is evidently shown from his supporting his position by the strange reasoning, that it is only in individuals affected with blennorrhagia that such eruptions appear. The argument may, for the benefit of truth, be inverted; and it may be said that the roseola induced by the balsam is chiefly observed in patients affected with gonorrhœa, because copaiba is generally exhibited for the cure of that disease. Dr. Cazenave's opinion is at variance with that of the profession at large, it being generally acknowledged that copaiba acts like muscles, and other toxic substances, whether gonorrhœa be present or not.

Certain characters may serve to discriminate these cutaneous disorders from syphilitic eruptions; for instance, their acute, inflammatory appearance, and the sense of itching accompanying them—signs which are absent in secondary syphilis. The ears, the dorsal region of the hands and feet, are frequently the first seat of copaiba eruptions, and which may induce symptoms of functional disorder in the brain and spinal cord. Let us add, that it is rare to see these

last more than a week after the use of the balsam has been interrupted, and, if other signs failed, this circumstance would powerfully assist in the diagnosis of the eruptions from those which are the result of constitutional syphilis.

Such eruptions must be looked upon as unfortunate complications, which prevent the further administration, to the same patient, of a useful medicine.

Copaiba was formerly exhibited in doses varying from ten to sixty drops daily, a quantity seldom exceeded. The practice of Bell, Swediaur, Delpech, Ribes, and others, has, however, abundantly demonstrated the proportion; it may, with decided advantage, be carried much farther—from two drachms to two ounces a-day. The mean dose may be said to be half an ounce, divided into three or four parts, taken during the twenty-four hours. The form to which I give a decided preference is the simple, unadulterated balsam. The various alterations it has been made to undergo, under pretence of removing its unpleasant taste, are mere unscientific speculations, which, even when they attain their professed object, deprive the balsam of its anti-blennorrhagic action. From this reprobation, however, I would except three preparations—the capsules of Mothes, which contain each about a scruple of pure balsam under a gelatinous capsule; the capsules of Raquin, enveloped in a less soluble covering, and setting, therefore, the balsam free in a lower part of the digestive organs than the former, whence nauseating regurgitations cannot take place; and the capsules covered with a crust of extract of ratany, which I believe I was the first to recommend, and from which patients find still less inconvenience.

Some persons cannot take copaiba in any shape into the stomach, without immediately vomiting it again. With those a mode of administration may agree, which has not, however, on gonorrhœa, one half the influence of the absorption through the stomach. We refer to injections into the rectum. The following prescription will be found advantageous in such cases:—

Decoction of poppy heads, four ounces;
Yelks of eggs, one;
Copaiba, half an ounce;
Extract of opium, one grain;
Camphor, ten grains.

This injection to be repeated night and morning, to be preceded by one of cold water, and retained as long as possible.

Cubebs.

The efficiency of piper cubebæ in the treatment of gonorrhœa causes us to place it nearly in the same rank with the balsamum. It is less disagreeable to the taste, causes less disgust, and less nauseous regurgitations from the stomach. It is not so often followed by eruptions, and increases the peptic action

of the stomach. These considerations, together with the low price of the drug, sufficiently explain why we use it almost exclusively in hospital practice. The dose varies from half an ounce to two ounces daily, which I exhibit in combination with about one-eighth part of alum.

If slight inflammatory symptoms exist, this treatment may be used together with antiphlogistics, excluding baths and diluent drinks, which interfere with the success of cubebs.

Treatment of Inflammatory Stage of Gonorrhœa.

Strict abstinence from food, and bleeding from the arm, should be used in severe cases, with plethoric subjects, when febrile reaction exists; but, in general, leeching suffices to subdue the phlogosis. Twenty, thirty, forty leeches to the perineum, according to the violence of the disease, will be preferable to the practice of opening the dorsal vein of the penis, recommended by some British practitioners. Anatomy shows, it is true, free inosculation of the capillary system of the mucous membrane with the divisions of the dorsal vein, but its small diameter renders the operation frequently impracticable; and, in other cases, the supply of blood thus obtained is trifling, compared to what may be extracted with leeches. Trombus, also, easily forms, and prevents the free egress of the blood, so that practice has not fulfilled here, at least with me, the promise of a pleasing theory.

The use of a suspensory bandage we deem an indispensable adjunct to the treatment. It prevents or arrests those perineal cramps we previously alluded to, and diminishes the chances of epididymitis. Diluent drinks, as abundant and agreeable as possible, we also advise, so as to procure frequent and copious evacuations from the kidneys.

Warm baths, prolonged one or two hours, are frequently of much service. Some patients, however, suffer both in and after the baths. In such cases they must be discontinued.

Erections should be obviated by the use of camphor (from six to twelve grains daily). As belladonna acts upon the eye, so does camphor appear to act as the special sedative of the genitals, and, as such, will be most beneficial in the treatment of gonorrhœa.

The utmost attention should be paid to the state of the digestive organs, and their action solicited by gentle laxatives. With the assistance of these means, Gentlemen, the inflammation will be kept within moderate bounds, and the moment it begins to decline, the special anti-bleorrhagic treatment should be called into play, as every moment of delay renders the establishment of the chronic state more probable, and increases the difficulties and duration of the cure.

In order to prevent the establishment of chronic inflammation of the urethra, you must not lose any time when the phlogosis is on the decline, but at once proceed to avert the disease.

Baths should be, therefore, strictly forbidden, and the diluent drinks set aside. If gonorrhœa has been complicated with phlegmonous inflammation of the adjacent structures, it will be prudent to delay the injections, and to begin by the internal administration of the balsamum or cubebs, which should not be given in small, but, at once, in large doses. By the

exhibition of small doses the urethra becomes gradually inured to their use, and, after some time, the beneficial effects which might have been obtained are lost. And also, as every relapse renders the cure more difficult, these drugs should not be suddenly withdrawn, even though the discharge should chance to cease. I have found great advantage in a gradual diminution of the doses, so as to make the patients continue cubebs or copaiba some five or six days after the cessation of the running, gradually lessening the quantity, so as to leave off the medicine by slow degrees.

For a fortnight or three weeks should the patients rigidly abstain from sexual intercourse, baths, the use of cider, malt liquor, asparagus, &c., and such other substances as we have before mentioned to you as predisposing the genital organs to this form of disease. The habitual mode of life must be slowly glided into, in such a manner as not to occasion any sudden shock to the system, in itself a frequent cause of relapse.

If you have, on the contrary, to deal with a purely catarrhal gonorrhœa, without any phlegmonous complications, it will much shorten the cure to assist the action of special anti-bleorrhagics with local treatment, in the shape of injections.

I have already stated my full reliance on nitrate of silver. I can here only repeat what I have said, "It is the specific of inflamed mucous membranes." After the nitrate of silver has determined a sthenic reaction of the capillary system of the urethra, you will find the following a good injection as a resolute of the inflammation:—

Distilled water, eight ounces;
Sulphate of zinc, sixteen to thirty-two grains;
Tincture of opium, half a drachm.

A solution of sub-acetate of lead, in the same proportion, will answer likewise a similar purpose.

I will merely mention, in a cursory manner, the opposition raised by Dr. Gilbert to the use of injections in general, on the singular grounds that masturbation is rendered more frequent! I think you will agree with me that such absurd objections to a useful method are worse than none at all, and are totally undeserving of refutation.

Let us proceed with the treatment of troublesome and persistent gonorrhœa.

As an astringent, in such circumstances, an injection with equal parts of claret and water, or a solution of four or eight grains to an ounce of extract of ratany, or pure tannin in claret, will be found advantageous.

In rebellious cases I have derived much benefit from injections of ioduret of iron, which I have carried as far as twenty grains to an ounce. At this dose it is almost a caustic, but one, two, or three grains to an ounce, prove a capital astringent, and answer perfectly when a stronger stimulus is unnecessary.

As to injections of potash or corrosive sublimate, as recommended by Hunter, I really think there are very few cases which require such energetic means of treatment; and if ever the reproach of inducing stricture could be justly thrown upon injections, it would certainly bear upon those liquids, destructive of the parts they come into contact with, and causing the

formation of diseased tissue, which, by its contractility, may easily be conceived to diminish the diameter of the urinary duct.

Treatment of Gleet.

Commonly accompanied and caused by morbid alterations of structure; gleet may, however, be found alone, and the treatment will not vary from that we have just described.

It must be acknowledged, at the same time, that here copaiba and cubebs have much less beneficial action than in more acute forms of the disease. They should, in gleet, be administered merely in order to communicate to the urine their balsamic properties, and in much smaller doses, so as to induce a slow therapeutic action, which may be kept up a longer time without inconvenience to the patient, and without causing any disorder in the digestive functions.

But a fact, which the practitioner should never lose sight of, is the frequency, in gleet, of organic change in the urethra, and the consequent necessity of exploring it with the utmost care and attention, so as to discover any little trifling hardness or modification of the natural state, which, although slight in appearance, may be quite sufficient to explain the persistency of the running.

In scrofulous subjects, inveterate gleet may be successfully treated by a method commonly known in this country under the name of "*méthode de Malenfant*," and which consists in the application of blisters to the perineum. The internal medication should be conducted on the same plan as that of scrofula in general, with bitters, steel, tar, and preparations of iodine.

Venetian turpentine I consider as a valuable balsamic, which may, in these cases, be advantageously substituted for copaiba. It is less unpalatable, and has beneficial effects. I prescribe it in doses of from three to eight drachms daily.

Cold baths in running water, or sea bathing, if possible, should be recommended as general tonics.

Should all these fail, there is one prescription which patients generally fulfil with much alacrity—that is, sexual intercourse in moderation, which has often been the means of arresting obstinate gleet. The conscience of the surgeon may be at rest on the score of contagion; such discharges are not infectious *when they contain no purulent matter*.

Cauterisation, of the prostatic region in particular, with the "*porte-caustique de L'Allemand*," is a valuable resource in some cases. You are all familiar with the instrument which I now present to you. It consists of a silver canula, about ten inches in length, containing a stiletto or probe, terminated by a thickening, and bearing a little cup carved in the side near to its further extremity. By pressing the stiletto forwards, the cup, containing nitrate of silver previously melted into it, is uncovered, and the caustic may thus safely be applied to any deep-seated part of the urethra the surgeon may think fit. The cup may remain uncovered while withdrawing the instrument, as the caustic may happily modify some affected spot, and cannot be injurious to the healthy portions.

The patient must be made aware that cauterisation will be followed by slight pain and scalding. Perineal tenesmus, dysuria, and even retention of urine, may intervene, and render the catheter necessary. It is

also to be recollected that sanguine exhalation constantly takes place, and may even last two or three days after the operation.

It is, perhaps, this exudation of blood, occurring after cauterisation of the os tincæ, which has induced the erroneous belief that applications of nitrate of silver promote menstruation.

The secretion commonly disappears three or four days after caustic has been used. If so, no further treatment is necessary. Should it return, mild injections of sulphate of zinc or acetate of lead will achieve the cure in less than a fortnight after the operation, which, however, may require to be repeated a second or even a third time.

The permanent or temporary introduction of bougies into the duct has sometimes been beneficial when other means have failed. But the moment the discharge stops they must be withdrawn, as the stimulus of their presence would inevitably cause a return of the disease.

They may be greased with a mercurial or a calomel ointment; for a similar purpose the red precipitate may be added to common grease (one or two grains to the ounce), and the bougies anointed with the preparations. Balsamum copaiba, Galen's cerate, have been also used in the same manner.

The necessity, or rather, the advantage, of isolating inflamed mucous membranes, to shorten their cure, has always been a favorite theory of mine. I founded upon it a treatment of gleet, successful in some cases, which I published several years ago. Your knowledge of the ingenuity of the profession will prevent your being surprised at the fact that, the moment my cases appeared, a great many *inventors* started up to claim priority. The method was merely the following:—A narrow slip of linen was introduced into the urethra; for that purpose I used an India-rubber catheter, about seven inches long, into which I passed a steel conductor of about twice the length, with a narrow slip of linen twisted round it. The instrument was introduced into the urethra, made to glide over the probe, leaving in the urethra the conductor and the linen, which retained in the canal at its further extremity, and was then freed of the conductor by gentle traction.

Several times was this mode of treatment signally successful; I seldom employ it, however, as it is a troublesome operation, which requires to be renewed after each emission of urine.

In some patients gleet is as incurable, and more harmless, than white uterine discharges. In such instances the affected person must be recommended to live with his enemy, and I comfort them in general with the example of Cullerier (nephew), who, with a similar discharge, lived thirty years in the bonds of matrimony, without either experiencing any inconvenience himself, or being the cause of it in his wife. Those patients, unfortunately, have seldom sufficient wisdom to follow such wholesome advice; they almost invariably become the prey of quacks, who drain their purses, and seriously injure their constitutions.

Before I pursue the treatment of the complications of gonorrhœa, allow me to mention to you two cases which have very lately fallen under my notice, and which, in my opinion, are not altogether devoid of interest.

I.—A gentleman called upon me a few days since with an indurated sore of the lower lip, and an enlargement of the submaxillary glands. A well characterised syphilitic eruption existed over the body. The genitals were perfectly healthy, the inguinal regions not tumefied, and no trace whatever of a primary affection could be found on the penis. After some difficulty, the patient acknowledged he had placed his mouth in contact with the genital organs of a woman. I desired to see her, and found, on one of the nymphæ, a *non-indurated* chancre. No constitutional symptoms could be discovered. She allowed candidly the truth of the statements made by the gentleman, but added—and this was also confirmed by him—that natural intercourse took place between them on the same day, and, as he had escaped free from this exposure, she could hardly conceive the possibility of the lip being contaminated.

This case, Gentlemen, deserves notice—first, as showing a mode of infection seldom acknowledged, although not uncommon; second, as proof that a simple chancre, merely a local affection, is transmitted to a second person, in whom it may become *indurated*, and give rise to secondary disease; and lastly, you will remark, that although more legitimate connexion took place on the same occasion, the lip, and not the penis, was affected, thereby demonstrating a fact I will never tire of repeating—viz., that it is not the state of excitement of the parts, nor even actual contact, which can *alone* determine the appearance of chancre, but that successful inoculation of virulent pus is prevented by the integral condition of the spot exposed to contamination.

This truth is further illustrated by the second case, another example of those vile practices which cannot be excused, but are, in some degree, accounted for by a disordered state of excited imagination.

II.—A female consulted me a short time ago for a papular eruption, which I instantly recognised to be syphilitic. The genitals were *perfectly healthy*, but a fissure existed on the anterior aspect of the anus. Without hesitation I taxed the woman with her crime. Thus suddenly “taken aback,” she pleaded guilty to the charge, also adding, that on the same occasion she had first had intercourse with the gentleman in the manner which tradition has handed down to us, and that no ulcer or discharge had been communicated to her. She could not, therefore, understand how the sore of the rectum could possibly have originated. But I, Gentlemen, can easily explain the fact. The culprit was at the time under my care for *chancre* of the penis.

I will again delay our lecture a few moments, to show you the preparation which lies on the table. It is the most interesting part of the post-mortem examination of a patient who died the day before yesterday.

This lad, aged twenty, was a scrofulous subject, of late affected with scorbutic symptoms. For seven months an ulcer had existed in the left groin, consequent upon a bubo, which had followed chancre. This ulcer put on the phagedænic form, under the weakening influence of the general habit; and, notwithstanding a temporary amendment in the symptoms, notwithstanding our increasing efforts to induce granulation in the wound, the digestive organs at last became

affected, and he sank under colliquative diarrhœa. Many cases of the kind have already fallen under my observation; some I have lost, and have invariably found extensive disorder in the large intestine. Far from deviating from what I have hitherto observed, this case is a most complete example of ulcerous enterocolitis. In the last portion of the ileum you may perceive several of Peyer's glands enlarged, injected, and ulcerated, although no typhoid symptoms were present during life. But here, you will likewise notice that the anatomical alterations are not limited to Peyer's glands, but extend to Brunner's follicles as well, and, in some parts, to the whole depth of the mucous lining; but, when we come to the cæcum, the appearances are, indeed, different from those of typhoid fever. You may see, from the cæcal valve to the anus, the mucous membrane pierced, sieve-like, by innumerable quantity of circular ulcerations, with a black fundus, well circumscribed edges, a dark areola, each of them from one to two lines in diameter; hence the diarrhœa, the dysenteric and bloody stools, and the unremitting nature of the symptoms which preceded and brought on dissolution. The liver is the color of chamois leather, and greases the knife, having undergone the fatty degeneration; the stomach, jejunum, spleen, and kidneys, were quite healthy; the lungs did not present one single tubercle, notwithstanding the fatty state of the liver, so frequently a concomitant of phthisis; the brain, &c., not altered.

Dupuytren has remarked that, after extensive ulcers induced by burns, this alteration of the colon is a frequent cause of death. The constancy of that anatomical change, in instances of death from phagedænic sore, is a subject of interesting speculation. We now reluctantly dismiss the question, and turn to the consideration of

The Treatment of the Complications of Gonorrhœa.

1. Vesical tenesmus is a most distressing complication of gonorrhœa, which I have generally relieved in a short time by cold enemata of about four ounces of water, containing fifteen to twenty drops of laudanum, three times a-day. Laxatives should be combined with these injections, as they induce costiveness, which must be sedulously avoided. Camphor is also of use, but the above line of treatment is really remarkable in its results.

Some cases, in which enemata are unsuccessful, will be benefitted by the cauterisation of the neck of the bladder and prostatic urethra with L'Allemand's instrument.

As an exceptional treatment, I may mention the introduction of bougies into the urethra, a topical application which would, in most cases, be calculated to increase rather than to diminish the intensity of the disease.

2. *Abscess.*—During the phlegmonous period of the existence of such tumors, we strenuously recommend antiphlogistics; but the earlier they are opened, the more will the chances of perforation, or of extensive ulceration of the urethra, be diminished.

They should be punctured before even plastic lymph has caused them to adhere to the skin. It is not, nevertheless, very difficult to make the wound of the cutaneous surface correspond with that of the abscess, so as to prevent incarceration of the pus, and

to obviate the necessity of a second opening. The tendency to heal is so great, that it is advisable, for the first thirty-six hours which follow the operation, to introduce into the wound a small, twisted string of lint, so as to prevent immediate union of its lips. As an example of the rapid closing of these abscesses, I may mention the case of the patient lying in the eighth bed of the second ward, in whom a week had sufficed to heal up an abscess of this nature, seated in the phrenic region.

In the prostatic portion abscess has a great tendency to ulcerate the urethra. Cases are not rare in which such collections of matter have been opened in the urethra by the mere passage of a catheter. This is not an unfavorable termination, the condensed prostatic structures effectually preventing dispersion of urine in the cellular tissue.

3. Retention of urine frequently accompanies acute gonorrhœa. This complication may be the result of inflammatory swelling of the urethra, or of spasmodic contraction of the membranous region.

It is evident that, as long as the introduction of a catheter can be dispensed with, although the passage of urine may not be altogether free, it will be right to avoid this fresh cause of phlogosis; but when the retention is complete, when the bladder is distended, there is no other course left, and middle-sized instruments should then be employed, and with the utmost caution. It must be remembered that inflammation has now rendered the membrane more liable to be torn, and, therefore, the operation must require great prudence. It is obvious, for this reason, that small-sized catheters must be rejected, as well as the large ones, praised by Mayor on the following startling principle:—"The narrower the stricture, the larger should be the instrument!"

If catheterism has been necessary, and the instrument be firmly retained by the swollen urethra, as a second operation of the kind may be unsuccessful, or, at least, attended with much difficulty and irritation, the catheter should be allowed to remain in the bladder; under contrary circumstances, it should be withdrawn.

4. Hæmorrhage, when arising from exhalation, is generally trifling in abundance, and requires no special attention; but, if caused by a rupture of the urethra, or laceration, it may be desirable to arrest it. For this purpose injections of cold water, or compression behind the seat of the hæmorrhage, will frequently suffice. Should they fail, a catheter may be introduced, and a circular bandage applied round the penis will stop the bleeding. Great prudence in the application of this kind of compression, and close attention to the patient, are necessary, as it may, and has been seen to, produce gangrene.

5. Incontinence, as well as retention of urine, may occur from irritation of the neck of the bladder, and the best means of subduing this troublesome complication will be free cauterisation of the prostatic region with lunar caustic.

TWO CASES

OF

STRANGULATED HERNIA, FOLLOWED BY ARTIFICIAL ANUS.

By WILLIAM HEY, Jun., Esq.,

Surgeon to the Leeds General Infirmary.

CASE I.—Anne Wood, aged 66 years, was admitted into the Leeds General Infirmary on the 11th of August, 1841, at three, p.m., on account of a large femoral hernia of the right side, which had been strangulated forty hours. Having tried the usual means of reduction without success, I proceeded to the operation at half-past seven, p.m. In compliance with the suggestion of my colleague, Mr. Teale, who assisted me, I divided the stricture without opening the sac, and then again attempted to reduce the hernia, but did not succeed in doing so, nor was I sensible of any diminution in the bulk of the tumor. I, therefore, of course opened the sac, in which I found a considerable mass of omentum, but *no intestine*. I concluded that the symptoms had been produced by the strangulation of the omentum. A considerable portion of it, which appeared to have been long protruded, and was indurated, was removed, and the wound closed. On the day but one following, in consequence of some appearance of inflammation, the dressings were removed, and, as the wound showed no disposition to unite, the stitches were cut out, and a poultice applied. The wound continued to present a sloughy appearance until the sixth day, when a copious discharge of thin feculent matter took place from it. For some days the whole of the fæces were discharged through the artificial anus, and afterwards partly through it and partly through the natural passage, until September 3, when the artificial anus was closed (seventeen days after its formation).

Sept. 24. The wound was healed, and the cicatrix sufficiently firm to bear the pressure of a truss, when the patient was discharged cured.

CASE II.—Elizabeth Smith, aged 61 years, was admitted on the afternoon of Wednesday, the 1st of March, 1843, with a small femoral hernia of the right side, which had been strangulated since eight o'clock in the morning of the previous Monday. She stated that she had had hernia for twenty-five years, but had never wore a truss, and had always been able to reduce it until the Monday morning. At the time of admission the extremities were cold, pulse very feeble, pain in the abdomen severe, vomiting frequent, and slightly stercoraceous. The tumor was very tender, and the integuments covering it somewhat firm and adherent, from effusion into the subcutaneous cellular structure. The operation was immediately decided upon, and was performed at eight, p.m., sixty hours after the strangulation took place. The sac contained a small knuckle of intestine of a dark color, and approaching to a state of gangrene. I hesitated as to the propriety of returning it into the abdomen, but, as I did not feel certain that it was past recovery, I decided upon doing so, leaving it as near as possible to the opening from which it had protruded, and leaving the wound open, in order to avoid the danger of extravasation into the cavity of the abdomen, in the event of its sloughing. After the operation an opiate was administered, followed by an effervescent