

AN
INAUGURAL DISSERTATION

ON

Gonorrhoea,

SUBMITTED TO THE

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Gonorrhoea is a specific disease, accompanied by inflammation, affecting the urethra most commonly; but also the other mucous membranes of the genital organs; as of the prepuce and the glands of the penis in the male, and the vulva and vagina in the female. Gonorrhoea has prevailed from time immemorial, though I doubt think it has ever received the attention of the Profession that it should have done. It should receive careful consideration on the part of the Physician, as it is one of the most common diseases, one of extreme frequ

ency and prevails among all
clases of the community; and its
existence is a source of the
greatest mental depreiow,
and distres to the sufferer. It
is certainly one cause of conju-
gal infidelity, and frequently
a cause of suicide; and after the
unfortunate sufferers are dri-
ven into disreppute their char-
acter degraded, and then fall
into the hands of those pesti-
lent Quacks that now infest
almost every Town in the cou-
ntry and by whom they are
not unfrequently ruined -
both in health, and in purse.
Gonorrhoea should be carefully
studied, and so treated.

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It is a specific urethritis, but it may extend over a greater amount of surface, affecting the whole extent of the canal, and extending over the entire mucous lining of the bladder; In the female it usually spreads ^{over} the extensive mucous surface of the internal organs of generation and sometimes invades ^{the} uterus.

Gonorrhoea is a highly contagious affection, arising in all cases from the application of a purulent animal poison, generated by impure sexual intercourse.

It should not be classed among the non-specific inflammatory diseases which are charac-

terised by a mucopurulent discharge differing from Gonorrhoea in not being contagious. The poison of Gonorrhoea differs entirely from that of Syphilis, as has been fully proved by the unerring test; that of inoculation, these diseases not being capable of reproducing one another, under any circumstances. Gonorrhoea is a local disease affecting the genital organs, although after it has been allowed to run on for a considerable length of time, it is very apt to result in a constitutional affection, especially in some individuals who are of a scrupulous character.

The Urethra may be inflamed without the presence of Gonorrhoea. Though not very common, this disease should be taken into consideration with the results that follow it. If we could properly estimate its dangers, we would certainly be more earnest in treating it. If allowed to continue its course, it will produce tumefaction in the canal, so as to produce stricture, and if the inflammation extends up the canal to the neck of the bladder it may produce stranguery.

If allowed to extend to the bladder we will have cystitis. The neck of the bladder may become entirely

blocked up so that the urine may make its way into the perineum, and rectum, causing fistula. If the inflammation extends externally so as to produce chancres on the glands penis called phymosis. Sometimes causing the glands penis to slough. The virus matter exoriates the skin and scrotum, producing a disease that is known by the name of salt hammer which is characterized by burning itching and scratching of the surface, which is incurable.

Gonorrhoea is a complicated affection, dependent on the manner of showing its self.

The Symptoms of Gonorrhoea in the male, may be divided into

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Three stages. First The incubative stage, or the period of irritation. Secondly; the acute stage, and Thirdly, the chronic or inflammatory stage. The first stage generally comes on from three to five days after connexion. The patient on rising in the morning will discover a slight discharge of mucous fluid or cream-colored pus, from the urethra, without much pain. In about twenty-four hours after the first discharge, the patient will begin to experience some degree of heat, itching, pain, and irritation about the glans penis. The lips of the urethra is red, and swollen its orifice gaping. While urinating the patient feels

a burning sensation as if he was discharging hot water. This stage usually commences about the time above mentioned, but sometimes it sets in within a few hours after connexion, and in some instances does not occur for eight or ten days, and some times weeks or months. Usually after lasting for thirty six or forty-eight hours, it terminates in the second stage, which is one of active inflammation. The discharge now becomes abundant thick and of a greenish-yellow color, and increases to the amount of three or four Teaspoonful so as to stain the linen a greenish color, when the disease is intense.

There is the greatest and most violent pain in making water with considerable heat and burning, and the urine flows in a fine stream and after it divides as it leaves the urethra, it is passed with increased frequency, at times ~~he~~ will only be able to pass a few drops, in this respect there is however no uniformity, the discharge being often copious and continuing for a considerable length of time, without much pain, while at other times the pain or soreness comes on long before the discharge appears, and it may continue after the latter ceases, the urethra is swollen, tender to the touch, firm and cold like, the

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whole penis indeed looks generally red and turgescient, As the disease advances the sensation of uneasiness, and pain, and also a thickening and hardening of the urethra will vary in their seat according to the portion of the canal which is more especially affected, there will be swellings or little knots felt by the fingers, externally all along the under side of the penis, in the course of the urethra, owing to inflammation and sometimes distention with mucous congestion of the lacunae or muciparous glands, these sometimes ulcerate, and discharge into the urethra; but occasionally open outwards through the skin.

When the bulbous portion of the urethra becomes affected, tension in the perineure will be complained of and there will be heat, and weight felt about the anus, the thighs, loins, testicles, and groins all sympathize in a dull pain. During the whole of this time there is generally, a good deal of constitutional disturbance restlessness and fever. One of the most troublesome symptoms in this stage of the disease, is the occurrence of Chordee, (which may be inflammatory in some cases and spasmodic in others) which consists in a painful erection of the penis, with a curvature

in the body of it; usually curved down towards the scrotum, Chordee usually comes on at night when the patient is covered up warm in bed and encouraged or brought on by dreams of a voluptuous or exciting character. The convexity of the penis in chordee is owing to the corpus spongiosum with the urethra being filled with lymph which prevents its expansion by blood, making it unequal in this respect to the corpora cavernosa; this putting the inner membranes so much on the stretch that in some instances they are torn; then follows a profuse bleeding, from the

urethra, by which the patient
 is often relieved and sometimes
 entirely cured of chordee but
 not allways so. Chordee is a
 symptom that the inflam-
 mation has extended beyond
 the urethra, and the patient
 is now subject to have stricture.
 When the inflammation has
 pass'd into the bladder the
 urine will deposit an exceeding-
 ly tenacious mucus at the
 bottom of the vessel this ropes,
 and refuses to mix with the
 urine, Sometimes the testic-
 le becomes the seat of inflam-
 mation by its extending throu-
 gh the seminal vessel down the
 vasdeferens, and is called —

Orchitis, When the testicle swells the inflammation is very apt to leave the urethra, and the discharge stop, and because this is the case we must not entertain an idea that if we cure the urethra too suddenly that the disease will, as a consequence change to the testicles; and we should never use irritants to bring back the discharge. Symptoms of Orchitis are swelled testicles, violent pain when walking, or even in bed preventing sleep. This pain is caused by the rapid distention of the tunica vaginalis, by the effusion of serum in to it.

In some instances we may

have a sympathetic bubo formed in the groin or an abscess in the perineum.

There may be very painful rheumatism of the joints in some individuals, especially in those who are so disposed. We may have chronic Gonorrhoea.

This is where it runs on for a long time, and runs into the gleet;

This is not apt to give the patient much uneasiness, there will be a slight discharge from the urethra, without pain or redness, or any of the inflammatory symptoms, but this is readily rekindled into an inflammatory Gonorrhoea by imprudence in diet or exercise.

Gonorrhoea is capable of self-cure.

by running its course and gradually subsiding, into the gleet, which is capable of communicating or producing, Gonorrhoea for a long-time, especially in the females.

Treatment, Gonorrhoea must be treated according to the stage to which it has attained, especially with regard to the inflammatory action. The treatment is of three kinds, viz; abortive, rational, and specific. The plan has been highly recommended in the first stage, before it has reached the suppurative crisis. This consists of injecting strong irritating solutions into the urethra. In some cases a strong solution of nitrate of silver, properly injected into

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the urethra with a glass syringe may cut short the disease. This treatment should not be used more than once or twice, and in using it we should be careful, not to inject the irritant too far into the urethra, so as to irritate the sound parts, to avoid this, we should place the thumb and first finger on the posterior portion of the penis, so as to compress the urethra, by so doing we can prevent the fluid from going farther than we wish it. This treatment has proved abortive in some cases. It is an exceedingly painful treatment and has done harm in some cases, we don't think it would do

to recommend in all cases. We think that if the patient will urinate, and wash the parts thoroughly with soap and water, immediately after connexion it will very probably prevent the disease. In the treatment of Gonorrhoea, we must remember that the first attack is generally the worst, hence the patient should be ~~very~~ perfect rest, should be kept from all exciting causes, and especially venereal excitement. Dr Buchanan says we should turn the key on them if we can't keep them quiet otherwise. The diet is also of great importance, it should consist of light soups, and fluids, no animal, nor highly-seasoned food.

The patient should drink large quantities of alkaline diluents. In the acute inflammatory stage accompanied by heat swelling and ~~redness~~ redness of the organ, an abundant mucopurulent discharge, the treatment should be antiphlogistic, the activity of the measure being proportioned to the intensity of the inflammation. If this be severe leeches may be applied along the urethra or a blister to the perineum. If not so intense warm hipbaths poppy fomentations are of service or envelop the penis in warm water dressing. At the same time the acidity of the urine must be lessened by large drinks of alkline

diluents, containing a little Niter
or carbonat of potash in solution
The bowels kept open by saline
cathartics. All stimulants must
be avoided, The patient should sip
his water frequently, so that it
may not be too concentrated.

By such means as these the activity
of the inflammation will gradually
lessen the discharge becoming thinner
the smarting in urinating not so severe,
and the erections less painful. If
the erections are painful at night,
Opium and champhor should be reso-
rted to. After the first few days we
may have recourse to the specific reme-
dies, of which Copaiba, and Cubeb, are
the most universal ones in this
stage of Gonorrhoea, of these copaiba

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is said to be the least irritating, and consequently most generally preferred. It may be administered in a variety of ways, in capsule, pill, draught, or extract. In capsule it is generally to be preferred, on account of the nauseous taste being thus more readily disguised; if they are used the patient should take eight, or ten, in the day, copaiiba should not be given too long at a time, it will injure the stomach, Cubeb, are said to be the best in some chronic cases, as the patient can take it longer without injury to the stomach.

They are a great many preparations of these articles. The dose of copaiiba is from 10. to 20, drops, three times day.

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dose of Cubels, is $\frac{1}{2}$ to 1. drachm,
Three times day, They ^{are} given in
combination with a variety of
other articles, as spirits of nitre,
spirits of Turpentine, Gum Arabic,
Cinnamon water, Lavender, &c
The following is a recipe generally
used Bal. Copaiiba, Cubels, sweet
spirits of nitre, Gum Arabic, each
one ounce, Uva-ursi four ounces
Cinnamon water eight ounces, Mix
and give one drachm, Three times
day. We think the use of injections
of great importance in this disease
if properly used, There are many articles
that may be injected in to the ure-
thra with considerable relief to the
patient, and check the discharge,
In the acute stage we may use

cold water, and Mucilage of Gum
 Arabic, and Slippery Elm, injections
 with advantage, Where there is great
 pain about the urethra, An injection
 of Sulphate of zinc, and Morphia, each
 ʒr to ʒ ounce, of water, In the Chron
 ic Stage we may resort to stronger
 astringents or irritants such as
 Lunar caustic, Sulphate of zinc, Acedat
 of Lead, Nitrate of silver, These caustic
 ic, should be maid very weak
 And we should be very particular
 in throwing injections up the urethra
 so as not to throw it farther than we
 wish, To prevent this we must
 place our thumb and finger on
 root of the penis, We should use
 a glap syringe, We may use weak inj
 ections after in the course of the day, but

strong ones seldom, In gleet,
we may introduce a large bougie
in to the urethra, with immedi-
ate service. Women suffer less than
men from this disease, although the
vagina is involved as well as the
urethra, This is owing to the urethra be-
so short, The treatment in women
is upon the same principle as in
men; though stronger injections may
be used without the danger of stricture
We may saturate lint with medicated
solutions, and retain them in the vag-
ina