AN INAUGURAL DISSERTATION ON

SCHWERNHOLZ

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BY

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Gonorhoea 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. Gonorhoea has prevailed from time immemorial, though I doubt whether 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 freq
Vice and prevailed among all classes of the community, and its existence is a source of the greatest mental depression, and distress to the sufferers. It is certainly one cause of conjugal infidelity, and frequently a cause of suicide, and after the unfortunate sufferers are driven into disrepute their character degraded, and then fall into the hands of those pestilent demands that now infest almost every town in the country and by whom they are not unfrequently ruined both in health, and in purse. Gonorrhoea should be carefully studied, and so treated.
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 the extensive mucous surface of the internal organs of generation and sometimes invades uterus. Gonorrhea 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 as one of the non-specific inflammatory diseases which are charac-
Teriised by a mucous-purulent discharge differing from Gonorhoex in not being contagious. The poison of Gonorhoex 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. Gonorhoex 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 seropulous character.
The urethra may be inflamed without the presence of gonorrhea. Though not very common, this disease should be taken into consideration with the result 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 stenosis, and if the inflammation extends up the canal to the neck of the bladder it may produce strangury. 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 chancers on the glands penis called phymosis, sometimes causing the glands penis to slough. The virus matter excretes the skin and serousum, producing a disease that is known by the name of saltzheumer 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 itself.

The Symptoms of Gonorrhoea in the Male, May be divided into
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 commencing. 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 tips 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 termi-

nates in the second stage, which is one of acute inflammation. The discharge now becomes abun-
dant thick and of a greenish-yellow color, and increases to the amount of three or four teaspoonfuls so as to stain the linen a greenish color, when the disease is intense.
There is the greatest and most violent pain in micturition, with considerable heat and burning, and the urine flows in a fine stream and often 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 cord-like, the
whole penis indeed looks generally red and turgid. As the disease advances the sensation of unceasing, 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 muciparious 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 perineum will be complained of and there will be heat and weight felt about the anus, the thighs, loins, testicles, and groins. All sym pathetic in adult pain. During the whole of this time there is generally, a good deal of constitutional disturbance, restless sleep, 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 spastic in others) which consists in a painful erection of the penis, with curvature
in the body of it; usually curved down towards the sex.

Chordee usually comes on at night when the patient is covered up warm in bed and encouraged or brought on by dreams of amatory or exciting character. The convexity of the penis in chordee is owing to the corpus spongiosum urethra being filled with lymph which prevents its expansion by blood, making it unequal in this respect to the corpora cavernosa. This pulling the inner membranes too much on the stretch that in some instances as they are torn, then follows a profuse bleeding from the
brethra, by which the patient is often relieved and sometimes entirely cured of Chordee but not always so. Chordee is a symptom that the inflammation has extended beyond the brethra, and the patient is now subject to have stricture. When the inflammation has spread into the bladder the urine will deposit an exceedingly tenacious mucous at the bottom of the vessel. This rope, and refuses to mix with the urine, sometimes the testicle becomes the seat of inflammation by its extending through the seminal vesicles down the vas deferens, and is called —
Orechitis, 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 urethritis 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 Orechitis are swollen testicles, violent pain when walking, or even in bed preventing sleep. This pain is caused by the rapid distention of the mucosa vaginalis, by the effusion of serum in to it. In some instances we may
have a sympathetic boil 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 impiudence in diet or exercise.
Gonorrhoea is capable of self-cure.
by running its course and gradually subsiding, into the gland, which is capable of communicating or producing Gonorrhœa for a long time, especially in the female.

Treatment, Gonorrhœa 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
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 doing this 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
I recommend in all cases, we think that if the patient will urinate and wash the parts thoroughly with soap and water, immediately after confession it will very probably prevent the disease. In the treatment of Gonorrhea, we must remember that the first attack is generally the worst, hence the patient should be given 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 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 hip baths 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 alkaline
diluents, containing a little water or carbonate of potash in solution. The bowels kept open by saline cathartics. All stimulants must be avoided. The patient should pass 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 resorted to. After the first few days we may have recourse to the specific remedies, of which Copaiba, and Helbeks, are the most universal ones in this stage of gonorrhoea, of these Copaiba
is said to be the least irritating, and consequently most generally preferred. It may be administered in a variety of ways, i.e. 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. Copaiba 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 agent. Many preparations of these articles, the dose of copaiba is from 10 to 20 drops, three times day.
dose of Cubels, is \( \frac{1}{2} \) to 1 dram, three times day. They 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., Copaiba, Cubels, sweet spirits of nitre, Gum Arabic, each one ounce, Avaarsi four ounces, Cinnamon water eight ounces, Mix and give one dram, 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 into the ure Thru with considerable relief to the patient, and check the discharge, In the acute stage we may use
cold water, and Masticule of Earl's
Arabic, and Slippery Elm, injections
with advantage, where there is great
pain about the urethra. An injection
of Sulphate of zinc, and Morphia, each
1/2 to 1 ounce, of water. In the Chronic
stage we may resort to stronger
astringents or irritants such as
Sclaven caustic, Sulphate of zinc, Acetic
of Lead, Nitrate of Silver, these causti-
cies, should be made 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
aglasp Syringe, we may use weak injec-
tions often in the course of the day, but
Strong over seldom. In gleet, we may introduce a large bougie into the urethra, with immediate 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 being 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, the may saturate lint with medicated solutions, and retain them in the vagina.