On Gonorrhoea bearing chiefly on its relation to Syphilis.

E. Chastellier
By Gonorrhoea we mean an inflammation of the mucous membrane of the urethra, accompanied by a flow of mucous pusulent matter and more or less pain on micturition.

The term Gonorrhoea is not appropriate to what comes from the Greek porus, and such and would strictly speaking mean a flow of seminal fluid, but we shall retain it for convenience sake, since it has been condescended by habit. The word clap by which the disease we are about to discus is also frequently designated comes from the French chafier, filthy fluid and would seem to be more convenient as it would not pathological anatomy and is understood by all. It corresponds to "chancrifer" which although vulgar comes more and more into use in France, for it implies the principle symptom of the disease.
The sense of heat and burning on the passage of the urine and doubtless of all names this is the best. A great many other named have been given to the disease but a nondescript of them is utterly useles.

History

The history of gonorrhoea is intimately connected to that of chancres & syphilis, not because they are of a similar nature (the contrary is our firm belief) but on account of their seat being the same and of the confusion arising therefore. There seems to be no doubt that gonorrhoea is as old as the world and in the present state of science this is almost unanimously admitted. Moses took upon it as a plague leprosy and in the Leviticas we read:

Vers. 2. His quod putius fluxum tunc vidit erat.

Vers. 3. Et hunc judicabimus lique esse sanguinem
Cum fuerint singula momenta adhacrit
Carni jecit, atque consequent fecund humor.

Vers. 7. Sic tector carym mun. loquitur.
Vest: 70. Et quidquid sub eo factum qui fluxum
seminis fatetur, potentium est usque ad
vesperum. Qui putavit huncrus aliquid
lavabit vestimenta sua, et ipse tulerit aqua
immersum est usque ad vesperum.
Vest: 71. Convivis qui tegent-tales, qui est, non
loti: ante manibus, lavabit vestimenta
sua.
Vest: 12. Vintquidque quad tegient, complongeter:
var autem lignum lavabitur aqua.
Hephaestus the above text, the evident proofs of the
existence of gomorrhea in Versailles. We great:
god for brine. Conversant with hygiene, goes onto
to say.
Vest: 14. Osne statum in quo dormient commun-
ium est ut ubicunque sedident.
Vest: 5. Si quis hominum tegent-tectum quis
lavabit vestimenta sua.
Vest: 4. Si sedunt ubi, ubi sedunt, et ipse lavabit
vestimenta sua; et tulerit aqua, immersus
est usque ad vesperum.
Hippocrates, Celsus, Galen mention it; Avicenna,
John Branden in the XIX Century: and many others
write several chapters to its caus, treatment.
In the descriptions given by these authors we recognize the disease, but we come to the XV Century when begins the confusion. A disease formerly unknown begins to spread over Europe & destroy it; whether it existed formerly or not, we do not intend to discuss, that seems probable however, is that it was first noticed at the siege of Naples, by the French in 1490; the name of Gonorhea or an eiga was consequently given to it. Others are in doubt as to whether it was imported from America and that the natives of that continent had handed it to the Europeans as a vengeance for all the war and misery brought by them upon the wretched and they had conquered. Be it as it may, this discrepant melody spread soon and wide over Europe, entering by its savages, not only amongst the lower classes but also amongst the wealthiest ranks of society. Dukes, princes, kings, even inffalilable popes. Boured under it and perished in the most disgusting misery. But we are not to speak of the causes and effects of the poison of syphillis on the constitution. The sanitary stage is alone of importance to us at present, the utmost effort consists in repairing the primary cause, and modern observers have confirmed...
this statement. Syphilis cannot exist if a chancre 
has not been produced and Pierre in his splendid 
work "De chancre" says: L'aveu. ma pauvre de la 
syphilis, c'est chancre. It may rather be simple 
or indurated. Ulcers produce no constitutional 
symptoms, and may only give rise to buboes, the 
tetter on the contrary is a, it were the first chapter 
of Syphilis proper. Besides the difference in their 
results, there is also a difference, slight it may be 
to the eye in medicine, but very marked to the infec-
tious eye, in their structure & appearance. The 
margin of the soft or simple chancre has a sharp 
distinct outline, giving it the aspect of having been 
cut out of the tissue with a French. It is not ge-
erally large, but liable to become infected with flag-
den; it is moreover excessively tender & pain-
ful, the indurated or chancriform or infecting 
chancre has on the contrary its margins perfectly 
rounded & smooth, it produces little or no pain. 
the indurated condition of the subjacent and sur-
cending parts, is quite one generic. It is gen-
erally small & of the escape the notice of the com-
om observer. Gonorrhoea on the other hand does not he-
give the Syphilis by a chancre, but followed the
course of an ordinary inflammatory process. As soon as the disease has set in, there is a sense of heat in the urethra, a burning on micturition; the meatus becomes red and swollen, and the lips seem to be glued together by a whitish fluid. After a while the extremity of the penis becomes heavy, more heat is developed. The pain becomes greater, and the seminal fluid is forced out in larger quantity; this fluid, formerly white and gradually becomes yellowish and con- sequently almost quite green; sometimes it is very sometimes mixed with bloody strep; the jet of urine becomes smaller and not continuous; often pain is frequent and acute or no slip can be found. This is the acute stage of the disease. After a period of 15 to 21 days, the symptoms remain stationary for a while and then begins to abate, the matter passes through various shades, and again becomes white. The pain decreases, the urine improved more easily, the erections are more frequent and the pain, in a few days, more all the symptoms wide have completely disappeared.

This is the course of gonorrhea; here are its chief symptoms; we have now to examine its nature and to see what are its relations to syphilis (that is the
consequences of the indurated chancre.
Gonorrhea may be produced by irritating injections by cautery, by the activity of the menstrual fluid, and by various causes alike to these. In these cases, every body agrees to state that it is simple; but when it is the result of injure contact, then the medical practitioners are not to be unanimous. Some doctors think that it is in every respect similar to syphilis, as to produce the same constitutional symptoms. This school may be called that of the iden-
tists, the non-identists or the contrary maintain that the indurated chancre alone can infect the economy, and that gonorrhea is a mere local disease capable of producing accidents, but not in volving the system. To the former school belong the
true, the celebrated John Hunter and several others, the contrary opinion is held by Ricardo and agents many other surgeons both on the continent and in this country. The principle argument of the identists is that the pus taken from a gonorrhea and inoculated on a healthy individual produce all the symptoms of syphilis, and the experiments made by Hunter seem at first sight to be conclusive. Indeed seen all the signs of "syphilis" on individual, that
had never had but a mere gonorrhea, but yet of this kind were far from being sufficient for him and he accordingly proceeded with a great deal of courage to inoculate upon his own body, after drip of gonorrhea fluid which he had collected on the point of almarat, that two inoculatons one on the suprface, the other on the gland pens, were both positive, that is produced hard ulcerations which he afterwards destroyed with caustic. This experiment was stated by him and by his followers to settle the question. Others however discreditated. Babington said that the syphilitic eruption that followed was fused probably upon some other causes with the had perhaps produced it by the caustic with which he had burnt the chancre. This objection however is of no great value, for the same piece of cuticle of skin is used in almost all hospitals to burn ulcers and ulcerations of different appearances and nature without any but ulcers ever following. We have objection that should be made to Humber is that he did not know when the fur came from, whether it was, was a chancre or from a mere gonorrhea, and the truth of this will readily be admitted, when we think how often we are apt to
be led astray by a mere superficial examination, or by what the patient told me. Mr. Langhiert mentions the case of a young man whom he treated for gonorrhea, when he noticed that syphilitic symptoms were manifested on his body, suspected at this occasion he made a more careful search and found a chancre which had ulcerated both his and the patient's concept. If at the time of the second inquiry the chancre had healed it disappeared, this might have been adduced as a proof of the identity of the two diseases. Mr. Cuthbert said in one of his clinical lectures: "not more than 2 days ago a patient came to consult me, he had "an intravascular chancre induratus" and maintained that he was suffering under a mere gonorrhoea; what would have happened, if I had been contented with what he told me, and if I had proceeded for gonorrhoea without searching for what I found, that is chancre? The other argument put forth by the ideologist, rare of little value and need hardly be discussed. Some have said that gonorrhoea being contagious must be syphilitic! this argument has no force and must only be mentioned to be refuted. The fact of the disease being chronic is of still less consequence of possible for it is well known that acute
Inflamations thus not properly treated are oftentimes accompanied by intervals. Some have spoken of the complications of gonorrhea, of tubo and of orchitis, a proof of its syphilitic nature, but the former accident occurring along with gonorrhea is widely different from the syphilitic tubo a, it cannot be invariable to produce a chancravous, scrofulous orchitis, which was supposed at a time to be an example of metastasis, is now well ascertained to be nearly the spreading backward of the inflammation, of the real identity of the two diseases, and that they are not different manifestations of the same affection which have abundant proofs in daily practice especially in hospitals where many cases are seen. B. Bell mentions the case of a gentleman who gradually improved and gained with gonorrheal matter taken from another person, but without effect and who then inserted chancravous matter into his urethra and this produced chancre which was succeeded by bubo. Secondary symptoms. Dr. Lafont Girozzi found that of 380 cases of gonorrhea from which matter was taken and inoculated the chancravous product was produced twice only. From the above we conclude that gonorrhea is one
disease and syphilis, another that there is a great
difference a wide gap between the two. That consti-
tutional symptoms, an involvement in the first disease
and the chance be present in the author and the
chambers water conveyed along with the Memphis
luminal discharge and that under these circum-
stances, alone a mercurial treatment should be
employed.

Etiology

The cause of gonorrhea is various; the principal
is doubtless direct contagion, that is, when of adult
labours under the symptoms we have described above
in 9 cases out of 10, it is the result of improper water.
It may, however, be indirect treatment. A report an-
nuity on the subject says "I have no doubt that if
a man were to go to the water bogs and after anyone
affected with the disease, he would be exposed to suf-
fice from it by the mere contact of his feet with
some of the water found in it. Moses, was said
to be immune all things that had touched an
suffering from gonorrhea & sit down the wall
was on the subject. It may be indirectly avoided
of instant & amongst them we shall rank the
Solitary vice; cases are recorded that have us other
origin) above of certain between healthy individual.

as, we are told by Hippocrates, the postauricular passage
of a sponge or of a catheter, the juice coming from a
causes in the uterus, the juice coming from a
channel, which may act as an irritant and
produce gonorrhoea only; laceration and even
the more menstural flow, especially after delivery
and a little before the course, have often set in. Mrs.
Wibey tells us: "Whatever be the signs of declinence, the
apparent health, the pronounced vividness, the real ills
are even iriadense of any woman, the day has now
given discharge for some cause — often venereal
institute, chlorosis, simple catarrh, the consequence
of delivery, dysmenorrhoea — as well as from
gonorrhoea. However, contracted, and vicious be
because she has, a discharge of some kind, this in
a condition to transmit a discharge to a man
having intercourse with her. Certain drinks
may give rise to it, and first from certain
beauties in Germany not accustomed to taking
much of that drink, have been vexed with a profuse
flow of inner, fulminating fluid from the mouth,
accompanied by great heat of pain. Carthamides
is also a well established cause, whether taken
internally, or applied to the skin or blisters. When the period of fishing a venereal ulceration in cows is
just different from that of gonorrhoea is seen in children both of the male and of the female sex
and this is of great importance in legal inquiries bearing on that subject. It also depends upon
diathesis and dispositions different, says that it
may lead to lice, thieves, and various forms of
acute skin disease. That it may have a specific
feature, organ, was also suggested by John Newton
and others. This can be a little doubt as to the
effects of the laryngeal Passages are of that na-
ture. It is produced by irritation, injections and
the following experiment of Sjöströmd is a good
illustration of this. He says: Take 6 ounces of
water and add a sufficient quantity of am-
monia to give the solution apergut and it
was tingling taste. Imad the injection at 8 o'
clock in the morning, confirming the author
at the warm time to prevent it from going too far.
Notwithstanding the intense pain I sent he made
a second injection in the evening he went to bed
after having slept well during the night. Here
as to say, my last care on awakening the most
morning, cast a look at the organ; I found of very considerable evaporation of the subcutaneous matter of
the same greenish yellow colour as that of involved
granulation, the pain occasionally on making with
was greatly increased, and on the following
night I was troubled with involuntary and
painful erections. The next day in the morning
the flow was more abundant and of about the
same colour, perhaps slightly more greenish
appearance but the pain I experienced on pass-
ing urine was so great, that I resolved upon
injeting alcohol repetitio alviori and
I was thus instantly relieved. The flow con-
tinued for 5 or 6 days and the pain diminished
in a remarkable degree, during that interval.
But what gave me a great deal of uneasiness
was an inflammation that I felt higher up in
the canal of the urethra, where no such feeling
before, and when not a drop of the injection
could have reached. This new inflammation
soon spread, was followed by the same symp-
omata, and its appearance to urge; but
what was my astonishment, when after that
time I very distinctly felt the symptoms of
syphilitic
which seemed to extend from the vesicourethral to the neck of the bladder, and which caused the dissection suffering an infection, and after a considerable period, the uterus was invaded by the inflammation which had been caused by the ammonium chloride being spread over from one part to another, and I expected it to extend to the external coat of the bladder, the consequences of which might have been dangerous. I was assured that state, between hope and fear for about 8 days, & at last noticed to my uttermost satisfaction, that the inflammation, as well as the flow of pus and other matter gradually diminished without spreading beyond the uterus, and at the end of 16 days I was completely freed of all the symptoms of these three gonorrhoea, as I may well call them.

This experience, besides proving that gonorrhoea may be produced by strong injections, teaches us that it may run out its own course without any thing being done in virtue of treatment. The disease depending upon so many
causes, we must be careful in making our diagnosis; the history of the case, its antecedents and circumstances, we must consider, and suggest it, true nature, if we should always bear in mind, that discharges from the mother are not always due to a specific general cause.

Treatment.

The treatment of gonorrhoea may be looked of under two heads: the abortive, or treatment at "furtif" of the French, and the palliative. Amongst has been advocated by Carrickhead, Sir (of that future Stewart). It consists in making strong injections of notes of silver as soon as the disease is set in, with the view of arresting its inflammation, preventing the appearance of other symptoms. Often have we seen this treatment employed, in several cases of borax of borax, and we must say with very little if any success. As soon as the fluid is injected into the urethra, an excruciating pain is felt. The patient suffering agony shrieks, or, if undisturbed, lanolin or borax was poured and very often finds the fenin becomes blanched and hemorrhage not uncommon frequently supervenes. The injection has not been
been thrown up the whole of the canal, we can guess the consequences if this had been the case. But this is not all; sometimes the bladder, especially the neck, becomes inflamed, and abscesses may form on the periosteum, not only the area of the inunction, but the entire. The injection has been employed with a view of substituting an even and healthy inflammation in the place of that already existing, in which even the slightest motion would irritate the whole of the superficial surface and act upon it and thus the disease wax, back again.

The best and most prudent treatment is the immediate and here we have to conform the antiphlogistic regimen. The organ must be kept in perfect rest. The patient should, as far as possible, remain in the longitudinal posture. He should avoid all kinds of stimulants and chiefly abstain from beer and all alcoholic drinks except wine, the diet should be simple and chiefly vegetable, and warm baths, hot packs, and fomentations ordered. Some physicians add to the amount of aqueous, and of this practice, he, little or no effect in healing,
the disease, its employment may afford great relief to the sufferers. Fifteen or twenty times, may be
plus to the numerous species, especially in cases of abscess and ulcers. Containing all the refrigerant, which
before allowed, cooling ointment, should be taken from time to time and have both exercise and
walking forbidden; the foot, locomotion should be kept
supported by means of a bandage, and the foot
constantly wet with tepid or cold water. After
the period of inflammation is over and the fever
begins to subside, recourse may be had to injection,
such as acetic acid, tannin or two combined
or else boric sulphate of zinc (from 11 to
to 30 grains). The manner of injecting bones

Mr. Windt is of no less consequence as the effi-
cy of the injection depends entirely on its applica-
tion to the whole of the diseased surface, and Dr.
Dr. Green observes, the ordinary opinion that the
mouth is limited to the anterior extremity of
the nostril is unfounded & unwarranted.

The patient should be provided with a gauze
with a long bulboous extremity and having filled
it should introduce it for about an inch with
his right hand, then having incised the gauze,
with his left forefinger of thumb, to as to confine the cotton against the syringe, and prevent any of the fluid from escaping, he should push down the piston, with his right forefinger, leaving the fluid push freely into the cotton. The syringe should now be withdrawn, but the swab should still be compressed, and the fluid should be retained for 2 or 3 minutes, after which on removing the swab, the system will be thrown out by the elasticity of the cotton. Then injection should be made. For instance, any coprubic or cebrebis may be administered internally at the same time, or on account of the sometimes producing diarrhea, &c. &c., given or injected may be associated to them. These drugs are invaluable to use for the treatment of genorcacia, their action probably consist in a modification of the urine which under their influence acquire the property of soothing the inflamed parts. Above all, they must be administered by the mouth & not be put as free ghee, unfortunately taken in that way they are often accompanied, but we have said by diarrhoea, vomiting, functional disorders of the stomach & moreover by an eruption on the body; this eruption is itchy
undeniable, and of an obdurate line, it has been stated by some to be a proof of the identity of gonorrhoea with syphilis, but that they do not depend upon the same cause, may be proved by withholding for a time the use of esculina under which circumstances it disappeared. Gonorrhoea is essentially a disease that internment in its own conduct, to a mild treatment, to a mild treatment alone should be the recourse to us. Sometimes, however, the disease seems to be invincible, yet stronger, apply direct caustication, or gently, apply or employ a substitute of purges internally on uniform efforts, in the dose of 2 to 3 grains.

We shall here terminate this brief essay on Gonorrhoea in men, its nature and its treatment, but apologize, before submitting it to the perusal of our professor, for the numerous errors and imperfections it contains. We have chosen this disease as a peculiar object of study on account of its frequent, too frequent, occurrence, and because we have had ample opportunity of observing it. We have left peculiar steps on it, volume or distinguished from that of Syphilis.
for the treatment of the disease.

It would be unwise to give a list of the books written on the subject which we have not glanced over. Let us state, however, that much are taken from D'Halberg's "Affections of the nervous system."

E. Chastelien