

The  
Abusive treatment  
of  
Gonorrhea



1884

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I have long been of opinion  
that the treatment of  
gonorrhoea as generally  
conducted has been  
conducted on false lines  
and that the constitutional  
treatment by means of  
Copaliba, Cubeba, Santal  
oil and such like was  
a mistake. It always  
seemed to me that it  
was a strictly local  
disease and could be  
treated perfectly well  
locally. When I was  
student the quack legend

of "cured in three days  
always seemed an  
end attainable. My  
practice however has  
lain very slightly in  
that direction. Never-  
theless I made an  
attempt to solve the  
problem a few years  
ago at first with  
such success as to  
allure me to continue  
this ~~inf~~ investigation and  
latterly my cases have  
been completely suc-  
cessful. Any authorities  
that I have had access  
to have treated the  
matter very slightly

or not mentioned it  
at all - Bryant in  
the practice of surgery  
vol: II Page 188 says  
"gonorrhoea is a local  
disease and may be  
treated locally with  
success" - a little  
further on "astringent  
injections are always of  
service when they can  
be used frequently and  
efficiently - They may  
cure the disease but only  
but more commonly  
the fail." and "The  
chloride of Mercury  
grain to six ounces  
has recently been advised"

Heath says - Students  
Manual page 76. 3<sup>rd</sup> ed.  
"abortive treatment  
with strong caustic  
injections or large  
doses of specifics is  
rarely successful and  
not free from danger  
— another form of abortive  
treatment planned on  
the assumption that  
menorrhoea has a  
parasitic origin consists  
in the introduction of  
bougies of Cocoa butter  
containing iodoform  
and eucalyptus ~~oil~~  
oil" before the more  
recent views about

micro-organisms had been elaborated; whatever else Lister had done he had demonstrated practically how any such subject was to be approached and to me it seemed to resolve itself into a choice of axioms. If it is correct to say that "all acute suppurations are due to Micrococci

Charteris page 29

there is nothing to do but if possible get rid of

Chamberlain says - Micro-organisms and disease

"Micrococci propagate  
 always by simple division  
 never by any other means"  
 and as all organisms  
 which do not bear  
 spores are easily  
 destroyed it seems to  
 me that the question  
 resolves itself into a  
 question of what is  
 the best agent for the  
 purpose. Some of the  
 agents that are used  
 for destroying micro-  
 organisms cause a  
 considerable amount  
 of pain, excluding the  
 old-fashioned remedies  
 such as sulphate of



Zinc Nitrate of Silver  
 and so on if we  
 take the more recent  
 based on the present  
 way of looking at these  
 questions - Bromine,  
 Iodine, Chlorine.

Perchloride of Mercury  
 Carbolic acid Absolute  
 Alcohol and so on  
 These would all more  
 or less cause pain  
 and its complement in  
 such a case reduces  
 heat and swelling.

Now if the object  
 sought can be obtained  
 without these draw-  
 backs a distinct

advantage is gained  
 to the organism to  
 be dealt with does  
 not form. Proves the  
 matter is simpler than  
 it otherwise would be  
 so that there is no  
 necessity for the more  
 powerful germicides  
 with the shore bearers  
 we would have to be  
 on the outlook in  
 case any of the shores  
 had been left behind  
 so that we could  
 be certain the  
 disease had been  
 got rid of unless the  
 treatment had been

continued for some  
 short-time but will  
 kill the micrococci  
 and it is done with  
 however it must  
 always be borne  
 in mind that a  
 small amount of the  
 organism may be left  
 behind one of the  
 lacunae or in retract-  
 ing the prepuce  
 between it and the  
 foreskins. The  
 urethra is easily  
 dilatable on account  
 of the longitudinal folds  
 of the mucous membrane  
 these on being distended

become obliterated  
 and of course and  
 they are opened out  
 there is no lurking  
 place left at all  
 vents in the urethra  
 As I mentioned a  
 few lines back if  
 the prepuce is long  
 there would be a  
 certain amount of  
 gonorrhoeal discharge  
 adherent to it. This  
 on being retracted  
 so as to bare the  
 Meatus urinarius  
 when using the syringe  
 would carry a small  
 amount of the discharge

with it - and unless  
 this is carefully looked  
 after there would  
 remain sufficient  
 to re-inoculate the  
 wreath and at the  
 end of a few days  
 after incubation there  
 would be a recurrence  
 of the disease to  
 your own and your  
 patients' disgust.

Now comes the  
 question of which is  
 the best form of  
 germicide <sup>to</sup> use there  
 are several that  
 might answer the  
 purpose that is

That would not  
 cause pain. Or  
 inflammatory symptoms  
 for instance a weak  
 solution of Perchloride  
 of Mercury one in  
 from ~~6 to 10~~ 6.000 to  
 one in 10.000 or the  
 Mercurio potassic Iodide  
 which could be used  
 in an even more  
 dilute form. ~~Fluoride~~  
 Fluoride of Sodium  
 perhaps Prop. glyceric  
 and so on. however  
 what I have used  
 has been a saturated  
 solution of Sodium  
 Fluoride with a small

Amount of Liqueur  
 1/4 dr or 1/2 dr Per Chloride  
 (about 50) and I have  
 recently found that  
 after thoroughly washing  
 out the Urethra and  
 also behind the prepuce  
 once or at most  
 twice within an interval  
 of an hour or two  
 there has been no  
 return of the disease  
 and I have had  
 several severe cases  
 to deal with once  
 the patients had been  
 taken; the usual  
 internal remedies  
 Copoba & lact

notwithstanding he  
 had a large bubo  
 in the groin after  
 two applications the  
 gonorrhoea was  
 gone and the bubo  
 was healed within  
 a week. It will be  
 noted that the quantity  
 of perchloride is small  
 for instance if we  
 say that the quantity  
 of infection is 3000  
 it would require  
 about 3ij of Liq  
 42. Perchlor for  
 this amount this  
 would mean that  
 there was  $\frac{1}{8}$  of a



grain of perchloride  
 present which if we  
~~took~~ it as alone  
 the active agent  
 would give the  
 proportion of 1 in  
 about 30,000 a small  
 proportion to be of  
 avail alone at first  
 I tried the fluoride  
 alone but came  
 across cases now  
 and then which  
 would not be  
 destroyed by it. Of  
 course eight ounces  
 is a large quantity  
 to use for one case,  
 and I should say

It is within the mark  
to say that one  
ounce is the utmost  
that need be used  
for one case.

Since I combined  
it with the perchloride  
I have never had  
a failure and I have  
always been very  
much gratified with  
its success. In  
using the injection I  
have never taken  
into account the  
stage of the disease

Robt. Crohn  
Greenwich

unfortunately I have not been in the habit of taking notes of my cases and my intention of even writing on this subject is of very recent date so that I am only able to put my hands on a few of my cases and the reason for not being able to go into detail is that I have only been in this place some 18 months and consequently cannot give with exactitude cases which occurred before that date. I should think I have treated

altogether in this manner  
 about 20 Cases of these  
 I should perhaps more  
 properly describe the first  
 of the series as ~~experiments~~  
 experiments only but  
 taking them as a whole  
 I have treated about  
 that number consecutively  
 without having recourse  
 to the usual internal  
 remedies such as  
 Copalva Cubels Santal  
 oil or any other that  
 is usually esteemed  
 specific in such  
 Cases. In these Cases  
 I have no remembrance  
 of having given any

internal remedy whatever  
 but in some of the  
~~cases~~ it is possible I  
 may ~~have~~ in addition  
 to the local treatment  
 — have given some  
 temporary "placebo" or  
 such like but so  
 far as the gonorrhoea  
 is concerned I have  
 trusted to the injections  
 entirely.

Of course this is a  
 very small number  
 of cases to form any  
 positive opinion on  
 all I can say for myself  
 is that they are very  
 encouraging and that

the results already  
 obtained will and  
 ought to induce me  
 to continue in the same  
 line of treatment. -  
 and my ~~the~~ only regret  
 is that I am not in  
 the way of having a  
 larger number of this  
 class of Cases

Comparing myself to  
 recent cases, twice that  
 I have a distinct  
 remembrance of and for  
 that purpose I must  
 only refer to the only  
 case occurring in the present  
 year and occurring in  
 3 people only i.e. one

had the disease twice  
 The first was a  
 young man living in  
 Pendlesham R<sup>d</sup> aged  
 about 18 yrs who was  
 brought by his father  
 to me. They came on  
 a Sunday evening  
 at the beginning of  
 the year in this  
 case I syringed the  
 urethra out myself  
 and I asked him to  
 let me see him the  
 following evening he  
 came and reported  
 himself well and I have  
 never seen him since  
 when he came on the

second occasion I examined  
the *Ornatius Wincarius*  
and found it red round  
the orifice but there  
was no discharge

The next Case W. P.  
of this Place came to  
me a short-time after  
the other with a freely  
running gonorrhoea and  
a large suppurating  
bubo in the left groin  
I also syringed this  
Case out myself as  
in the former and so  
far as the gonorrhoea  
was concerned he  
was well the next day  
but the bubo kept increasing



From work for about  
 a week afterwards  
 about 3 months after-  
 wards he had a  
 subsequent infection and  
 I allowed him to use  
 the injector himself,  
 he reported himself as  
 well the next day but  
 about 4 or 5 days after  
 that he came back to  
 tell me the discharge  
 had returned I told  
 him to repeat the  
 syringing and <sup>he</sup> reported  
 himself well again.  
 He came again with  
 the same tale I then  
 examined the penis

and found he had a  
rather long presence  
I directed him to  
thoroughly clean out  
behind this with the  
preparation I had given  
him this was seemingly  
effective as I heard  
nothing further about  
it after I was attending  
his father at the time  
I did not see him  
when I called to see  
his father he was  
always from home  
at his occupation but  
I feel sure I should  
have heard if he had  
not been well

The last case is one  
 I have under my care  
 now and so far is  
 the worst of any of the  
 cases I have had to  
 treat. It is true that  
 it is said "distance  
 and enchantment  
 to the view" and we  
 are apt to think lightly  
 of dangers that are  
 near. H. C. Girdle came  
 under my notice of the  
 15<sup>th</sup> of the present month  
 May. He told me he  
 had been exposed to  
 infection 8 days previously  
 and that he had a  
 discharge from the

whether I examined him  
 and I must say very  
 superficially as on his  
 subsequent appearance  
~~two~~ days subsequently  
 he drew my attention  
 to a painful gland in  
 the groin (left) which  
 lead me to examine him  
 more attentively when  
 I found a superficial  
 sore on the flans and  
 right above the gutter  
 and he had also  
 another sore on the skin  
 of the penis which looked  
 very suspicious. I should  
 say that the discharge  
 given the weather had

not entirely disappeared  
 as there was a very small  
 portion about the size  
 of a pin's head on each  
 occasion that I examined  
 him so that I kept him  
 using the injection for  
 a week when I told  
 him to discontinue it  
 till the next day when  
 he came back very  
 much worse and the  
 sore on the skin of the  
 penis showing signs of  
 hardening.

On the 25<sup>th</sup> I saw him for  
 the last time the discharge  
 was then in the same state  
 it was in two days before

that is that there was  
 enough of it to make  
 me certain that it had  
 not disappeared however  
 he told me to say that  
 he had to go to the North  
 of England and that he  
 would be absent for  
 a month or six weeks  
 so that I will not have  
 an opportunity of seeing  
 him for a little time

As this is the first  
 case that has been really  
 not thoroughly satisfactory  
 it has ~~excited~~ <sup>excited</sup> my  
 mind to some extent  
 and I have naturally  
 formed my excuse

for its not having turned  
 out well anything rather  
 than blame my plan  
 of treatment for instance  
 he to-day told me that  
 he had not tried to  
 limit the point whence  
 the injection should  
 penetrate but had allowed  
 it ~~but had allowed it~~  
 pass backwards into  
 the urethra as far as  
 it would penetrate  
 the probability in that  
 case being that the  
 lacunae were never  
 thoroughly cleansed  
 and that there must  
 have remained hid

a small part of the  
 infectious material and  
 the fact that the discharge  
 returned in full force  
 the day after the infection  
 were discontinued shows  
 I think that this did not  
 depend on reinfection  
 auto or otherwise again  
 I have considered whether  
 the fact of his having  
 res (soft ones as it turns  
 out) had anything to do  
 with the matter and I  
 very much doubt whether  
 that has anything to do  
 with it - however that  
 may be the case works  
 out this way that



whenever I have taken  
 the trouble to attend  
 completely to the matter  
 myself things have  
 ended in a satisfactory  
 manner but in the two  
 last cases I have left  
 it greatly to the patients  
 themselves and neither  
 have done quite as I  
 expected. I have for  
 the future determined  
 to continue the same  
 line of treatment but  
 trusting to myself only  
 in cleaning out the  
 urethra at all events  
 till I have considered  
 whether it is possible

to overcome the present  
difficulty with the  
Syringe in the hands  
of unskilled persons