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GONORRHEA;

PREFACE.

A

NON-SPECIFIC DISEASE,

BY

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NEW YORK:

WRITTEN FOR AND REPRINTED FROM "THE MEDICAL INDEPENDENT."

1864.

GONORRHOEA

P R E F A C E.

I have written and now publish the following pages to enunciate certain opinions to which I have arrived after an experience of a score of years, practising in the great city of New York, most especially among the diseases of females.

I publish these opinions for two reasons. First—I consider that by a correct understanding of the actual character of the disease of the genital apparatus under consideration, which will elucidate its cause and origin, will thereby convincingly prove that is not the result of immorality or of infidelity ; that the unhappiness which its accidental presence in the husband or wife may hereafter be avoided and the welfare of families will henceforth be the better protected. Secondly—I hope by more fully delineating its cause, the better to effect its cure, and that the profession, freed from the erroneous views they have entertained of its specific nature, and looking at it in its general character, will adopt more general methods of treatment, while at the same time they may give more satisfactory testimony to the purity and chastity of its possessors.

141 EAST 13TH STREET, NEW YORK.

June, 1864.

GONORRHœA.

When what was denominated the venereal disease, was first recognized and described, the description embraced a heterogeneous and diverse aggregation of symptoms, which it required a considerable lapse of time to arrange and analyze. This finally effected, it was noted that cases rarely, if ever, occurred in which all these symptoms were present, and it was then first comprehended that there were two diseases, very distinct and opposite in their character, manifestations and ultimate effects upon the system. Yet although so opposite in their character, in every respect, these various symptoms had for so long a period become associated together as characteristics of the most loathsome of diseases, that to each were ascribed the same attributes, both bore the generic name of venereal diseases, and to both were attributed the same causes and similar results. With the lapse of time, the very marked differences between the two diseases became gradually recognized; the malign effects of syphilis upon the constitution and various organs of the individual attacked, its influence on the unborn offspring of a diseased parent, either father or mother; its various forms and manifestations, from its primary appearance to its ultimate secondary and tertiary irruptions, have been generally noted and are now probably fully and exactly described by most careful observers.

The other disease, called gonorrhœa, has never got over the bad reputation it early acquired, by being seen, when first recognized, in such bad company; and, for a long period, many of the deeds of the one were fathered upon the other. Even at the present day, benign and gentle as it is comparatively, innocuous as it is to the system, it suffers from these early associations. We hear those whose knowledge of medicine dates back to studies in a remote youth, ascribing constitutional affections to gonorrhœa, as rheumatism, ophthalmia, etc.

Since the grand division of venereal disease into two species has been recognized as above remarked, more careful observers have noted that gonorrhœa itself was again capable of sub-di-

vision, having seen that some cases were virulent and prolonged, others gentle and easily cut short, or coming to a self-limited termination. Without, however, any data by or from which to draw a distinction, they have called a certain indefinite class of these cases by the name of blenorhoea. We call a severe case of a disease, scarlatina-maligna, without any other distinction, except the severity of the attack capable of being drawn between it and the scarlatina-simplex. We call one disease small-pox and an identical disease, but milder, varioloid. In this disease we know why it is milder, from previous preparative treatment upon our part, and yet instances are not unfrequent where death occurs in cases of unquestionable varioloid, characterized by symptoms differing in no respect from those accompanying and marking the most virulent specimens of the so-called pure and genuine small-pox. Indeed, in any given case it is impossible for the best pathologist to say from the symptoms, unless by guessing from the apparent depth of the pustular eruption, whether the disease presented is variola or varioloid. I do not believe that there is more than one *variolous* disease, more or less severe, as modified by inoculation in a prepared system, as modified by vaccination, or as affected by habit, temperament, scrofulous or other constitutional diathesis.

Neither do I believe in any pathognomonic distinction in gonorrhœa or blenorhoea; they are mere technical expressions, indicating a severe or mild case of clap.

WHAT IS CLAP?

Clap, *chande-pisse*, gonorrhœa, or blenorhoea, is a disease of the urinary or genital organs of either sex, characterized by various symptoms, the most prominent of which is a profuse exhalation from the mucous membrane of these organs, of a fluid of various characters, sometimes little more than an increase in the mucous secretion normal to the parts, at others more or less of pus, benign, malignant or bloody in its character. Accompanying this discharge, there is generally a great burning and smarting upon passing water, sometimes intensely severe, caused by the acridity of the urine in its passage over the highly irritated or inflamed membrane of the urethra. True blenorhoea, if a distinction is to be made, is the secretion from the canal of the cervix, which, originally a glairy glandular secretion, becomes milky and viscid by the heat of the vagina. It is often excessively acrid. It is much like gleet in the male. In certain cases consequent upon the inflammation of the urethra of the male, there is lymph thrown out to a greater or less extent, and deposited externally to the urethra in the cellular tissues adjacent, thereby shortening the canal, and acting thus

as a manifest hindrance to the functions of the virile organ, interfering with its erection and causing thereby great pain from its curved erected position, and in general that symptom known by the name of *chordée*.

In a proportion of cases in both sexes, there is sympathetic inflammation of the glands in the groin, which occasionally suppurate. There is also more frequently inflammation, accompanied by great enlargement of the testicles, with very great pain. Usually there is little constitutional disturbance in patients tainted with gonorrhœa, except where there is glandular inflammation or orchitis.

These symptoms are given without the aim of exact accuracy, but sufficiently particular for the present purpose.

Urethritis in the male and accompanied by or consisting solely of vaginitis in the female, is a similar disease to that just described. So far as the symptoms are concerned, they are identical; but the one is denominated a venereal disease and the other a non-specific. I believe them to be identical, and both to be simple inflammatory diseases, and I claim to prove this not so much for the professional accuracy of the description, or for the simplicity and scientific character of the treatment which must follow such a general understanding of the nature of the diseases, but I do it for the sake of morality and humanity.

When Lady Flora Hastings was falsely accused of crime, and banished from the chaste court of England's queen for a supposed pregnancy, the science of medicine indeed suffered a shame, and her lamented death also gave a shock to the moral sensibilities of many thousands. The error in considering the urethral inflammation with all its train of symptoms following the conjugal rapports, has brought miseries into many households, with law proceedings for divorce, the disruption of families and the discarding of children. Not only does this relic of an erroneous incorrectly formed idea, deserve to be rooted out from the popular mind, too prompt to believe in ill, and harsh in its ready judgments; but the profession should disabuse itself of any false opinions it has insensibly obtained, and lend its powerful aid to avert the too willing suspicion of woman's suspected frailty, or man's erratic infidelity.

In no respect do these, so considered, distinct diseases, differ from one another. The symptoms are identical, the effects upon the general economy are in no respect diverse. The matters secreted in both (so-called) diseases, differ in accordance with the mildness of the disease (which is dependent upon many contingent circumstances to be hereafter alluded to), but neither the eye, nor the smell, the microscope nor the chemist's analysis, can show the slightest distinction between the globules of mucus,

pus or blood, emitted from the alleged distinctive cases of the benign and malignant diseases.

If, then, this is true, and I defy the proof of the contrary, where is the distinction of the diseases? It is disgraceful to the learned profession that such charlatanic diagnosis should be made! It is not from the *facies morbi* that the judgment is to be formed, but from an estimate of the patient's morality. If a man is the one affected, it is in vain for him to protest his continence, he is disbelieved, though he may assert it upon the oath of one whose word has never been doubted. If he has had within any reasonable period, say four to six weeks, had any sexual excitement, then he has caught a foul disease from the woman who was his partner in the act. If she was a virgin, whom he has vilely seduced and robbed of her honor, the doctor declares "she was a rotten thing, and probably dozens have been there before," and thenceforward the girl dishonored is deserted. Is it the faithful wife, suspicion poisons the cup, and she is discarded from the affections of a beloved husband by the physician's fiat, if not exposed to the ignominy of the world by a suit for divorce. In a case of this description I was a witness some years since.

If the profession has been, and is still, the cause of these cruel wrongs, these aspersions of character, these outrages against the holiest feelings of our natures, let us carefully investigate the subject, studying it without prejudice and deciding in perfect candor, from the best light we can obtain.

We have said that neither in the symptoms of the disease from its onset to its close, nor in the after results, nor in the chemical or microscopical elements of the secreted matters, can there be seen the slightest distinction between the so-called foul, specific, contagious disease, gonorrhœa, and the benign, non-malignant, simple inflammation of these same mucous membranes.

There is another source from which we may expect light upon this subject—it is the cause. Let us examine this important diagnostic element. We will dismiss from consideration the accidental and exceptional cases, where the above enumerated symptoms have followed injuries by blows, stains, the effects of medicines stimulating the parts, and the still rarer alleged cases where the disease has been acquired by local inoculation from wearing the clothes of one diseased, from the seats of water-closets and the like, admitting that such occurrences may occasionally happen. We take the ordinary way of its inception, namely, from sexual communication.

Let us see under what circumstances the disease is taken, by whom, and tracing the disease back to its cause, what do we find characterizing the person from whom it is taken?

In the observations which I am about to make, and the facts which I shall state, I wish it to be understood that I make them not as the teachings of any school, or drawn from any book, but simply as the honest results of my personal observation during a score of years of some opportunity for seeing these diseases in the hospitals of this country and Europe; more especially (by the kindness of Mons. Hugier, then Physician-in-chief, in the Lourcine (female) Venereal Hospital,) and the Hospital Veneriens, then under Ricord; the dispensaries of this city, and the harems of pleasure in Church and Mercer Streets, where I once had an extended practice, and the usual share of general practice, have been the field from which I have gathered my facts and deduced the views now presented. This I state that none may suspect that I am broaching a theory for which facts are to be sought to support.

HOW IS THE DISEASE ORIGINATED?

A girl of attractive appearance commences a life of prostitution. It is a business like any other, and requires a habitude to render easy. The parts used require to be hardened as much as the feet of the pedestrian, the hands of a laborer, or the lips of a trumpeter. If, at the outset, the use is too severe, inflammation is the consequence. This may be heightened by too stimulating food and alcoholic drinks. Vaginitis, with or without urethretis, is the result, the doctor will almost always call it gonorrhœa. There is too, very often, such a neglect of the period of menstruation, when the time of the appearance is hurried on by excessive venery and general stimulation, or retarded at their outset, or instantaneously checked in their course by cold injections to serve a temporary purpose, namely, the acquisition of a few dollars otherwise lost—the results are, acute metritis, which is often succeeded by the various forms of general and local metritis. In all these various manifestations of local, benign inflammation, there is some secretion, some discharge, a hypersecretion of mucous, an increased outpouring from Hugier's glands an effusion from the glands studding the canal of the cervix, a catarrhal exhalation from the cavity of the uterus itself. These discharges are sometimes so bland as to be inoffensive, so slight as to be scarcely noticeable; sometimes so acrid as to scald the parts it touches, like caustic and acids, and leaves its reddened, burning traces over the whole surface of the thighs. These secretions are so various that they have more or less effects upon the organs of different men who come in contact with them, according to the frequency with which the sexual act was repeated; to the condition of the person as stimulated by drink or otherwise; as ablution was more or less immediate and effectual.

al; and finally, as one was by reason of previous attacks or individual idiosyncrasy, more or less susceptible to urethretis.

It is particularly worthy of note, that old men are rarely (very rarely, so much so that I cannot now remember a case,) affected by gonorrhœa, although they frequently are affected by syphilis. If the disease was a specific one, old men would be as frequently affected as the young, but being simply a matter of inflammation, dependent upon hyper-stimulation, the moderate virile powers of the old prevent the excessive venery which causes the disease in those younger.

But the man goes to a physician, convinced that he has gonorrhœa, and demands that the girl be examined. I have thus examined a great many. She has had intercourse with a dozen men during a weeks' time, and but this one has taken a disease. Examination shows her free from any general vaginitis or urethretis, with no profuse discharge, and in fact, without a sign of anything like gonorrhœa.

In Paris, no woman with any cervical ulceration is allowed to ply her trade, but must go to the hospital till cured, and for this reason urethretis or gonorrhœa is very rarely taken from public prostitutes, but belongs entirely to the sewing-girls and all those who are not examined regularly by government. In fact, the common street girl is freer from disease than any class of women in the city.

Again, there is a similar disease noted among children even of the tenderest age, from a few weeks or months upward. To be sure, when the child has arrived at any such size as to render such a charge possible, she is stated, not unfrequently, to be affected with gonorrhœa, and instances have occurred where prosecutions, more or less malicious, have been made against individuals upon the charge of having violated their persons, and the contamination being the principal proof, after the easily procured assertions of the innocent and easily influenced child.

This disease is as true a gonorrhœa as any other form that we can find, although it has been found necessary by those who hold to the view of the specific character of gonorrhœa, to call this manifestation of an identical disease by a new name, and hence a title is given to it which would not be an improper appellation to give to this whole class of diseases—that of *vulvo-vaginitis*.

Some, however, persistently denominate this disease in children gonorrhœa, even at the necessity of implicating the character of parents, nurse, or any friend who has directly or indirectly come in contact with the child. This is little short of stultification.

I have called this disease identical with gonorrhœa, because

in its various forms, we note every symptom which belongs to the other; all that is wanting is the previous sexual relation. There is the same *ardor urinæ*, the same profuse secretion of a fluid, identical in appearance and undistinguishable in character, producing the same form of conjunctivitis when, by accident, it chances to come in contact with the mucous membrane of the eye, the same local redness and inflammation. If the soiled clothing of a child of a year old comes in contact with the genital apparatus of an older brother or sister, of the parent, even this infantile flux produces a gonorrhœa as marked as any that can be seen.

Assuming, then, that these variously designated diseases are but the same disease, more or less extensive, virulent and intense, in every form capable of communication and extension by simple contact (and thereby by inoculation), according to the peculiar natural susceptibility of the individual exposed, and also by his especial *unnatural* susceptibility from excessive venery and its attendant irritations; from the super-stimulation of an ultra-excited imagination; from the provocation of alcoholic stimulants; from the effect of a cold suddenly caught and "settling" upon the organs unnaturally predisposed by great excitation to inflammatory action. Assuming there is similarity, and as a consequence, its non-specific character, we will now look at the symptoms and causes of this (assumed) one and singular disease.

In the female accused of having communicated gonorrhœa to a male, and after sexual relation with whom, the male has had gonorrhœal symptoms, we find various pathognomonic symptoms, as follows: Imprimis—redness and heat of vagina, vulva, and external organs of generation, accompanied by a profuse secretion and discharge of pus and mucus. The vaginitis extends throughout the entire canal, the cervix uteri is often involved and occasionally though rarely, the body of the organ is inflamed. Sometimes urethritis accompanies these symptoms. This is considered to be pathognomonic gonorrhœa virulenta.

Secunde—The woman who has given gonorrhœa to the male, has no urethritis, vaginitis, and but a slight discharge, which can be traced upward to its source, the uterus. The os uteri is enlarged, hypertrophied, ragged with ulcerations, and enlarged papillæ. The os admits the finger.

A less aggravated specimen of this same class of cases shows no ulceration of the cervix, and little enlargement, but the os is gaping, the tissue evinces little firmness, and the cavity gives easy entrance to a probe of the size of a large quill, and often even larger. From the os there exudes a stringy, tenacious, glairy fluid. These cases are not apt to be public women, but

women of respectable position, kept, or often married women. They are conscious of general propriety, they have had no connection with any other save the one diseased and their legitimate or illegitimate husband, and they scorn the idea of their having any foul disease. In fact, their "own man" has never taken any disease from them. The reasons are (which they do not know), because the *rapport conjugale* was without any extraordinary excitement, infrequently repeated, (I have known men who invariably were seized with urethritis after more than two intercourses at a time, with any woman,) and because he was naturalized and acclimated.

Tertio—Women sometimes, and not very infrequently, communicate disease to those men who have sexual intercourse with them, in close proximity to the period of their monthly courses, either when the sympathetic vaginal and uterine hypersecretions anticipate the rupture of the gräffian vesicle, or more frequently when the active discharge has stopped and the turns are supposed to have ceased, but when there is in reality a passive, and, little noticeable, oozing away of the half decomposed residuum from the cavity of the uterus. Of course, an examination some days afterwards, discovers no trace of present or fugitive disease.

There are other forms of disease of a temporary nature which occasionally produce disease in the male organ which comes in contact with the secretions. Women are subject to uterine catarrh from cold, accompanied by discharges from the cavity of uterus, in the same manner and not dissimilar to catarrh in the head. Occasionally they have gushes of water from the uterine cavity, seeming sometimes to be uterine secretions. This generally possesses the appearance of simple water, and is bland in its character, at other times it is acrid and corrosive. I have now a patient about 60 years of age, affected thus for the second time. The sympathetic affections of the vagina and uterus, from over-distension or disease of the bladder and rectum, need only be alluded to point out occasional causes of disease alleged to be specific in its character. Let it be borne in mind that all of these described conditions of the female genital apparatus produce identical diseases in the male.

We now look at the *treatment*. Irrespective of the cause, we invariably treat the disease of the male and the female in the same manner, modifying our medication solely by the intensity of the disease, and this is correct, for we should treat diseases and not names—symptoms, not allegations. Even those who profess to see this great distinction, nevertheless treat the two classes of diseases—the malignant and the benign—in precisely the same manner, the treatment, both local and general, being identical. Is this rational unless the diseases are really

the same? Even allowing that the symptoms and morbid appearances are the same, should the prophylactics be the same if the causes and nature of a disease are different? Is cough and profuse mucous secretions from the air-passages treated, the same, whether the cause is bronchitic, pleuritic, laryngitic—whether it originates from pneumonia or consumption, croup or dyspepsia—whether from asthma, pertussis, diphtheria or affections of the heart? The identity of the diseases is virtually confessed by the treatment. It is unnecessary to enumerate similar instances which must force themselves upon the minds of all.

I do not believe that a man often communicates disease of this nature to a woman, for if he has enough acute, communicable disease, he cannot, unless generally with great suffering, have any relations of a sexual nature. Gleet is allowably benign and innocuous.

The subject as we have stated it, is as follows: A variety of causes, sameness of symptoms, similarity in treatment—identity of disease is the necessary logical result.

It only remains to decide whether or no this inflammatory disease is specific, and unless we allow that this disease in all cases is self-originating in all classes of the community, the pure and the impure, the nursing baby and the aged man, we must hold the converse to be true, and admit that gonorrhœa, leucorrhœa, vaginitis, *et id omne genus*, are but the various appellations of one, simple, non-specific disease.

