

ON THE TREATMENT OF VENEREAL DISEASE BY SALICYLIC
ACID, WITH EIGHT ILLUSTRATIVE CASES

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A DECADE since no one would have thought of connecting the contagion of venereal disease with the presence of microzymes. The infections of gonorrhœa, phagedæna, balanitis, posthitis, etc., were indeed admitted to be the result of poisoning by means of some physico-chemical action or inflammatory process, spreading not only from one individual to another, but from part to part of the tissue in which it begins—as, for instance, the spread of gonorrhœa along the mucous surface affected by it. Modern investigators, however, have led us to the conviction¹ that this morbid agency is principally due to the existence of lower organisms. If we place upon the object glass of the microscope drops of the discharge from the urethra of patients passing through the different stages of gonorrhœa or gleet, we find that the micrococci increase or decrease in a direct proportion to the severity of the inflammation. In the burning, greenish-yellow, virulent secretion of acute gonorrhœa, their numbers literally obscure the view; while in the milky, viscid, at times almost colourless discharge attending gleet, their presence though readily detected is very much less marked. As much may be claimed for phagedæna, balanitis, and posthitis. The fact being then established that these diseases are of parasitical origin and nature, the *rationale* of treatment is evidently the destruction of organic matter.

That salicylic acid annihilates both animal and vegetable parasites, as well as prevents their development, and may therefore be employed to advantage in the treatment of venereal disease, I have already briefly alluded to in a paper² giving the general history of salicylic acid as a disinfectant from the date of its discovery as such down to that in question. I have since applied it in the treatment of the diseases above mentioned. The results surpass all expectation.

The following record of cases is published in the hope that it may prove interesting to the medical profession, and that others may in their

¹ Medico-Chirurg. Trans., 1874, p. 285.

² The Lancet, Nov. 28, 1874, p. 785.

turn try this new and efficacious method of combating these terrible diseases.

CASE I. *Gonorrhœa complicated with non-indurated chancre.*—B. M., æt. 22, unmarried, clerk in a banking house; called upon me Nov. 14, 1874; had had gonorrhœa once before, in 1870, of which he had been cured before the supervention of gleet. I saw him on the sixth day after coition. There was no swelling of the prepuce or the meatus urinarius—but a slight discharge from the urethra. Five non-indurated chancres were present: one on the glans penis, two under the corona on the dorsal surface, and one each side of the frenulum. These last named had almost destroyed the tissue between the frenulum and the urethra, and were threatening to perforate into the fossa navicularis, having already eaten through behind the frenulum, which still remained intact like a bridge over this artificial canal through which a director could easily be passed. The chancres were thoroughly cauterized with the lapis infernalis, and dressed every four hours with charpie dipped in a solution of salicylic acid of 1:100 of water, the same being injected into the urethra thrice daily.

Nov. 30. Discharge from urethra almost entirely disappeared, chancres healthy, granulating sores.

Dec. 12. Chancres all healed save one. Discharge from urethra, patient informed me, had completely ceased since the 4th inst. Cauterized the remaining chancre and continued the use of salicylic acid both as a dressing and an injection.

20th. All traces of disease gone; patient discharged cured. I saw this man several weeks later, and there had been no return of disease.

CASE II. T. L., an officer suffering with acute gonorrhœa, painful erections, insomnia, etc. Glans swollen; lips of meatus purplish-red, and protruding. Treated him with injections of salicylic acid of 1:200, increasing gradually in strength as the inflammation subsided until a solution of 1:100 of water was attained. At the same time a mixture of salicylic acid was given per orem as follows: R. Acidi salicylici, grs. 18; tinct. anodyne simpl. gtts. 25; aquæ destil. oz. iij. M. S. A teaspoonful hourly. Patient did not complain of any scalding sensation after injecting—such as is often experienced after using zinc sulph., argent. nitr., or plumbi acetat., and was at the end of five weeks discharged cured.

CASE III. C. Y. This gentleman, engaged in active business, had four soft chancres. The salicylic acid treatment was employed after cauterization as above; cured.

CASE IV. S., aged 28, had previously been treated for syphilis; was at present afflicted with chronic serpiginous ulcer of the left leg. I employed the same remedy externally, with Zittmann's decoct. per orem, to which were added grs. 10 of salicylic acid at each dose. In one month the patient was able to resume work; cured.

CASE V. D. O. L., married gentleman, æt. 38, suffered with balanitis and posthitis, the glans penis and inner lining of the prepuce presented a turgid, reddish appearance; their surfaces were uneven and covered with a whitish-yellow slime; the epithelium of the glans was disturbed. A small compress moistened in a watery solution of salicylic acid of 1:100 was applied to the parts four times daily for fourteen days; cured. This balanoposthitis was undoubtedly produced by the chemical action of the menstrual fluid upon the tissues, as the patient confessed to me that he had had intercourse with his wife during her last menstruation.

CASE VI. N. A. C., carpenter, æt. 40, had a gleet of 18 months' stand-

ing. The endoscope was used and the interior of the urethra illuminated. Discovered a large purplish-red patch at the point of junction between the pars cavernosa with the pars prostatica. A concentrated solution of salicylic acid of 1 : 5 was injected through Guyon's graduated stem syringe. The instrument was passed down beyond the patch as recommended by Mr. Berkeley Hill,¹ in withdrawing slowly when the bulb of the stem reached the inflamed spot grs. 3 were injected. A weaker solution of the acid (1 : 100) was then ordered to be injected thrice daily for four days, when the concentrated solution was again used, followed as before by the weaker. This man was twenty-five days under treatment; cured.

CASE VII. Sarah P. H., æt. 19, unmarried, was suffering with vaginal gonorrhœa, contracted in the latter part of February. First saw her on the 2d of last April. Used vaginal injections and douches of salicylic acid—solution 1 : 100, containing two parts of the phosphate of soda; the acid was also administered per orem, as in Case II. April 30th. The patient was discharged cured.

CASE VIII. Charlotte M., æt. 22, unmarried, was afflicted with soft chancres complicated by a suppurating bubo on the right side just above Poupart's ligament. The chancres were cauterized with the lapis and dressed with salicylic acid as above. The bubo was freely incised (the bistoury being first moistened in a solution of the acid, the spray of which was at the same time thrown from the atomizer upon the surface of operation). The wound was then dressed antiseptically with a solution of salicylic acid of 1 : 100 of water; healed rapidly; cured.

The above notes, though fragmentary, show the value of salicylic acid as a remedial agent in the treatment of venereal disease; they must, however, be left to speak for themselves. Four of the cases had been subject to treatment before they came under my charge.

¹ Lancet, Feb. 13, 1875, p. 224.

