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Reprinted from the Boston Medical and Surgical Journal of June 18, 1896.]

GENITO-URINARY CASES.[1]

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THE following cases seem to me to present some points of interest, and are therefore briefly reported:

SEMINAL VESICULITIS.

J. B. has had vesiculitis a long time, the result of gonorrhea. During the first three months of 1895 he was treated by stripping the vesicles, with marked improvement. Early in June he had a mild exacerbation of urethritis, but this had practically disappeared by the 27th. On that day, while urinating, the stream stopped for an instant, and he then expelled from the meatus a mass of membranous-looking substance. On inspection it was seen to have numerous branches, some very long and slender, some finger-like, some clubbed. Under the microscope it appeared structureless and transparent. It was examined by Dr. Councilman, who said it was inspissated mucus and might be a cast of a seminal vesicle. In view of the history and the difficulty of imagining any other origin for it, this would seem the most probable source. During the next two weeks he passed a few similar but smaller masses; since then nothing of the kind has occurred.

TUBERCULOSIS.

CASE I. A. H., age thirty-eight, without previous venereal history, on August 29, 1894, had a urethral

[1] Read before the Boston Society for Medical Improvement, February 24, 1896.

discharge of six weeks' duration which, although apparently the result of coitus, had been very slight from the beginning; no gonococci could be found. He also complained of partial loss of sexual power. His general health had always been good and he never had any pulmonary trouble. Rectal examination showed both seminal vesicles somewhat enlarged, soft and slightly sensitive.

Three weeks later the right vesicle was about the same, while the left (or, perhaps, rather the ampulla of the vas deferens) had become very much indurated, forming a long, sharply defined, nodular tube, perfectly hard and unyielding. The prostate was normal. The urine was turbid and alkaline.

Micturition gradually became frequent and painful, and the urine grew worse until, on November 5th, it was very turbid with a large trace of albumin and a heavy sediment containing pus, granular detritus and bacteria. By this time the induration of the left vesicle had diminished, but the left epididymis had become swollen, the globus minor being the size of a walnut, hard and nodular, but not sensitive. A week later an indurated nodule appeared in the right epididymis. Tubercle bacilli were found by Dr. Balch in the urinary sediment and in the fluid squeezed from the vesicles.

From this time improvement set in. The urine gradually cleared up until in January it was practically normal. The induration of the vesicle and epididymes had then almost entirely disappeared. His general condition had also so far improved that he felt perfectly well. He was seen in September and, although under treatment for iritis, had continued well in other respects, complaining only of sexual weakness.

This patient was seen only at infrequent intervals, and what little treatment it was possible to give him

seems to me to have been entirely insufficient to account for his marked improvement, or rather apparent recovery, which, I believe, was due to hygienic influences. He was a carpenter and worked out of doors all winter.

Case II. April 14, 1895. G. R., age twenty-nine, has had gonorrhea two or three times, the last time three years ago; he never had any complications. Five months ago a painful swelling of the globus major of the right epididymis appeared, and gradually spread to the rest of the organ. The whole epididymis is now greatly swollen, hard and comparatively smooth, except at the upper part which is nodular and shows at one point a soft, fluctuating area just under the skin, apparently a small abscess nearly ready to break. The epididymis is not especially sensitive and the cord does not seem to be implicated. In the upper posterior part of the left epididymis there is a very small, sensitive, indurated nodule. The patient thinks the left testicle is growing smaller; right testicle not affected. Prostate apparently normal; right vesicle indurated and very sensitive. No trace of urethral discharge. No urinary symptoms; urine examined by Dr. C. M. Smith and found practically normal; no tubercle bacilli. Sexual function normal. General health good; never had any pulmonary trouble.

Two weeks later the abscess had broken and was discharging slightly. The swelling of the epididymis had somewhat diminished, and it looked less inflamed. The nodule in the left epididymis had disappeared. Pus from the sinus in the epididymis at this time, and also another specimen taken a month later, were examined for tubercle bacilli by Dr. Smith, with negative result.

Three months after the first visit the left epididymis swelled suddenly without apparent cause, and in a few

days was greatly enlarged and extremely painful, red and tender, looking exactly like an ordinary acute epididymitis. There was no urethral discharge, nor even any shreds in the urine. This inflammation subsided somewhat, but then grew worse again and extended up the cord, forming a very painful swelling in the groin.

On August 9th, when last seen, this acute inflammation had subsided again, leaving the epididymis indurated and nodular with a soft, red, fluctuating area over the globus major. Meanwhile an unsuccessful attempt had been made to heal the sinus in the right epididymis by laying it open and curetting. The patient would not allow any more radical operation. A change of climate and an out-door life were advised.

In this case the diagnosis of tuberculosis was made by exclusion and based on the clinical history and course of the disease, and seems to me justified, although not confirmed by the microscope.

I believe opinion is at present divided as to the expediency of radical operation in cases of this kind. Dr. Alexander of New York has recently reported two successful cases of removal of both epididymes for tuberculosis.

AZOÖSPERMIA.

A man, twenty-nine years old, was referred to me in December, 1894, by Dr. D. E. Baker of Newtonville. He has always been in good health and never had gonorrhea or any affection of the scrotal contents. No history of excess. He was married six years ago; coitus has always been perfectly normal. Testicles small; otherwise normal. Seminal vesicles apparently normal.

Dr. Baker writes: "This young man and one

brother have small testes that can be pushed back into the abdomen. He is not impotent, but I am afraid he was born sterile; brother also. I can find no spermatozoa in the somewhat thin and translucent fluid which he brought me."

Dr. Baker writes again (February 21, 1896): "I have yesterday examined again the semen of Mr. ——, and find it has the appearance of thickened serum, somewhat turbid and without spermatozoa. He has never been excessive in the matter of coitus, and had been away three weeks on a business trip, this being the first connection subsequent thereto. I have examined the semen three times, and the urine directly after coitus twice, without finding spermatozoa in either semen or urinary sediment. His brother remains sterile; two out of a family of five sons."

This is apparently a case of congenital azoöspermia, which is rare, and on this account, I think should be put on record.

ACCIDENTAL CAUTERIZATION OF PENIS.

A man recently came to the dispensary with a penis much swollen and inflamed, and gave the following history. The previous night his wife, acting on the advice of friends and with the purpose of preventing conception, had injected pure carbolic acid into her vagina shortly before coitus. The husband, ignorant of this fact, experienced an unwonted burning and smarting during and after the act, but thought little of it, and soon fell asleep. In the morning he found large blisters on the glans, but no longer had pain. When seen the prepuce was retracted and very edematous, the whole penis was much swollen, and there was a large, perfectly raw surface on either side of the glans, most marked underneath.

MASSAGE OF THE PROSTATE.

September 21, 1895. C. S., age fifty-two, never had any veneral disease; no history of excess. During the last year on a few occasions he has had disagreeable nervous symptoms — dizziness and fulness of the head — after coitus, especially two or three times last spring. Three months ago he began to have a dull, burning pain at the end of the penis coming on toward the end of micturition, sometimes lasting several hours, sometimes severe enough to interfere with work and sleep. The same pain is caused by jolting. Coitus sometimes seems to relieve it. There are also occasional disagreeable local sensations, coldness of perineum and nates, etc.

Rectal examination showed the prostate slightly and asymmetrically enlarged, the left lobe being considerably larger than the right and very hard and smooth; not sensitive. Left seminal vesicle slightly enlarged and sensitive; pressure causes a strong desire to urinate rather than pain. Small amount of viscid substance squeezed out and passed with the urine.

The next week there was marked improvement in the symptoms, and stripping of the vesicle was repeated and continued weekly until it was apparently restored to a healthy condition. In the process the prostate was necessarily massaged more or less, and after a time I began to notice a marked change in this organ, the left lobe having become much softer and diminished in size.

Attention was then directed especially to massage of the prostate, which has been given weekly ever since. It is now difficult to detect any difference in size of the two lobes which, although slightly enlarged, are of normal consistency. The symptoms have nearly disappeared.