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REPORT ON THE TREATMENT OF GONORRHŒA AND GONORRHŒAL CYSTITIS.*

By E. R. PALMER, M. D.

SINCE my report on "Retrojections in Gonorrhœa," presented to the Association in Washington in September last, fifty-five cases of recent disease of this character have been presented to me for treatment with, as a result, an average cure of all cases in 45·18 days. Of these cases, two were complicated by abscess of a cavernous corpus, which required external evacuation by the knife; and one, a laboring youth of eighteen, who was exceedingly irregular in coming for treatment, by epididymitis, while, as in my previous report, quite a number lessened the value of these observations by their irregular coming.

All of these cases have been private out-patients. The conditions favoring cure may therefore be said to have been only fairly good. All have been exceedingly anxious of cure, and have been watched and treated as long as shreds or gleety evidences appeared. In view of all this, the results are, to my mind, highly favorable to the mixed method of treatment.

This plan, which was outlined last fall, is at present practiced as follows:

Hot irrigation with a nozzle from the inception, except in very highly inflamed cases, beginning with solutions of the bichloride as weak as 1 to 30,000, and increasing gradually from day to day, more in obedience to personal idiosyncrasies than any other rule, with internally teaspoonful doses of citrate of potash repeated every few hours, the irrigation to be

* Read before the third annual meeting of the American Association of Genito-urinary Surgeons, May 22, 1889.

made with from thirty to sixty ounces of fluid, and to be used, if possible, twice daily.

As soon as the acuteness of the inflammatory process subsides, usually about forty-eight hours, or at once in those cases so commonly met that are from the beginning subacute, the mixed method should be applied after the following manner:

A two-gallon carboy, filled with a 1-to-500 solution of zinc sulphate and tapped by a long rubber siphon tube, is placed on a shelf seven feet from the floor. At the free end of the tube a rounded bit of quarter-inch glass tubing serves as a nozzle. At the completion of the hot irrigation this nozzle is brought against the meatus, the stop-cock on the siphon tube is opened, and the urethra ballooned with half an ounce or more of the zinc solution, which the operator skillfully retains there a moment or so with the thumb and forefinger of his left hand. In a large majority of cases two such treatments daily, with ordinary internal treatment, will suffice to accomplish absolute cure in three or four weeks' time. Occasionally it is well to give the patient ordinary self-injections, especially where he is inclined to be irregular in his coming.

Toward the end, in the majority of cases, it is well to change the bichloride irrigation from hot to cold, and quite frequently at such times it will be found better, and comparatively painless, to increase the strength of the solution to 1 to 15,000 or 1 to 7,500.

Experience has shown the bichloride of mercury to be incomparably superior to every other drug for purposes of urethral irrigation, and irrigation to be equally the superior of the Jacque-catheter method of retrojection.

When I assert that the typical fresh clap, as well as the subacute discharge relighted in a damaged urethra, may be permanently cured by these means in from a few days to six weeks, the true value of the method will be appreciated by those who find in the reports of André Martin and others, of more speedy cure in hospital practice, a reasonable ground to suspect half cures, with serosities bearing gonococci still present in the urethræ of at least a considerable percentage of the cases discharged as cured.

The distention to full extent of the urethra, and not infrequently the partial filling of the bladder with the zinc solution, daily, in all of the fifty-five cases forming the basis of this report, without subsequent prostatitis, or epididymitis, or cystitis, is to my mind not alone evidence of the safety, but also of the prophylactic power of this method of treatment.

A few obstinate and relapsing cases have extended the average time of cure, a considerable majority of the cases having been discharged well in about thirty days from the commencement of treatment.

Louisville, Ky.