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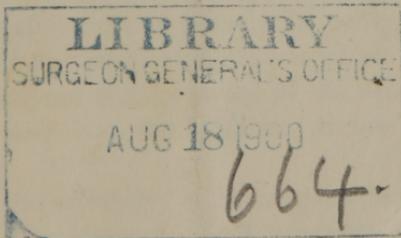
OF THE

DISEASES OF THE FEMALE URETHRA.

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BY WALTER CHANNING, M. D.



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ON SOME
DISEASES OF THE FEMALE URETHRA.

THESE diseases are of the meatus, or are just within it, or occupy more or less of its lining tissue. Those which are at or nearest the meatus may arise by a narrow foot-stalk, or may have a broad base. They have, sometimes, many origins, or proceed as vegetations of various length, from a single base, or may have independent origins. At times they are acuminate, at others rounded, with narrow, or almost filiform foot-stalks. When of broader origin they may be oblong, or circular. They may not be much elevated, but lie broad and flattish upon, or within, the meatus. In one case, the tumor, if such it may be called, arose thin and broad, and protruded, fan-shaped, beyond the external labia.

In structure these growths are very delicate, seeming to be a mere mass of vessels enclosed within the finest tissue. This it is which accounts for their color. This is the brightest ruby red. We rarely meet with any structure of which the color is more distinctive than it is in this disease. It explains the hemorrhage which has been met with after their excision. In some cases this is as unmanageable as in any surgical operation which has hemorrhage as a result. We are not always aware of the amount, as the flow may be towards, and into, the bladder. Subsequent micturition shows the amount.

Another sign is the sensibility of these growths. It is emphatically exquisite. The slightest touch produces intense suffering. Micturition is dreaded. Walking or sitting brings with it severe pain, so that the patient is obliged to keep, as much as possible, at rest. This has been especially annoying to women who live by work. At times they must abandon all active employment. It

seems hardly possible that so small a disease should produce so much annoyance. In those instances in which the disease extends much, especially to, or beyond the labia, there may be a fœtid acrid discharge, which irritates and inflames the surfaces to which it is applied, or upon which it accumulates.

In some cases the meatus is thickened; sometimes half round, at others in two opposite parts of its circumference, forming distinct lips, with a linear opening. In such the meatus may be patulous, or easily opened, showing a morbidly red surface of the urethra within. In these instances there is less suffering than the preceding form of the disease has accompanying it, but it is quite enough to trouble the patient and to act as a fret upon the mind, producing depression of spirits, and if it have existed a long time without being diagnosed, and has been treated as is common dysuria, there is a hopelessness of recovery which does not promote convalescence. This last is marked by paroxysmal attacks of suffering, the intervals of which may become longer and longer until they disappear.

Another form of structural urethral disease is found in the urethra itself. The meatus is well, but patulous. There is no outgrowth. There is nothing unusual in it except its being very open, or easily opened. Within is the ruby red color. There is one lesion in it which has rarely been met with by me. This consists of cracks or fissures, appearing as lines only, and often only attended with pain during micturition.

Of the subjects of these diseases, as to age, it has been met with from 12 or 13, to between 40 and 50. Sedentary persons, as dress makers, shop tenders and domestics have furnished most cases. The most healthful in appearance, and in fact, have been its subjects, and the suffering has been equal in all its subjects.

One fact in the history of these diseases deserves special notice, and which has been adverted to. This is the accompanying condition of the bladder. It gets to be very irritable. It bears but little urine without distinct complaint. The patient's occupation or situation may prevent a prompt attention to the call. The suffering is great; but worse, the bladder becomes seriously impaired in its functions, and may always trouble the patient. In this form of the disease the diagnosis is made with much difficulty, so that the effect of a disease becomes the leading object of regard, while the disease itself lies unnoticed and unknown. Symptoms of grave renal trouble may be developed at length, and a condition of helpless invalidism may be the result.

Diagnosis.—This is not difficult if its means are used. These are mainly inspection of the part. This may be made sometimes with the speculum with a fenestra or window in its tube. If the disease be beyond vision, then the catheter very slowly introduced, or a bougie, may point it out. Chemical examination of the urine will separate urethral from vesical and renal maladies. Symptoms, and appearances, as above given, will of course form an important part of the means of diagnosis.

CASE I.—This occurred many years ago, in a domestic apparently in perfect health, about 18 years of age. I saw her with my friend, Dr. Putnam. The local symptoms, so grave in this case as to make it absolutely necessary for the patient to leave her place, led Dr. P. to ask for an examination, when vaginal explorations were rare. He discovered a tumor, projecting from the urethra, small in size, with a broad base, ruby red color, and of exquisite sensibility. Dr. Putnam removed the tumor by excision, immediately afterwards applying the nitrate of silver. The recovery was speedy and perfect.

CASE II.—This case was seen by me with my friend, Dr. Bowditch, some years ago. A domestic, aged about 15 years. No cause was assigned for the disease. It had existed for some time, and was the smallest in size of any met with. It was little more than filiform. The suffering was out of all proportion to the size. This case was treated with the nitrate only, and permanent recovery followed.

CASE III.—Miss——, aged about 30, dress maker, applied to me on account of very severe, or distressing dysuria. She had great pain from walking, or any exertion, referred to fore part of the front passage. She had suffered from it for a long time without being able to make up her mind to apply for relief. She was asked if in her occupation she had not felt obliged to retain her water when the calls to pass it were very urgent. She said yes. This question is always asked by me in like complaints, and it is almost always answered in the affirmative. The largest class of patients who consult me for these complaints, complicated as they often are with obstinate costiveness, and various uterine maladies,—the larger number of these are folders, and stitchers of books, milliners, dress makers, shop tenders, slop-shop sewers—the most sedentary of employments, and which to be made at all remunerative

must be steadily pursued for many hours in succession. So true is this that the noon meal is carried to the rooms in which they have employment, so that from 12 to 15 hours may be passed without the least exercise. It is in these that the calls of nature are unheeded and the surest foundations are laid for incurable invalidism. Dr. Franklin, I think, died of stone, and traced his disease to his confinement to the printing press in early life, and his neglect of the functional means of health.

Upon examination of Miss ——'s case, a tumor was found projecting from the urethra of a larger size than had been met with by me before in this situation, and having the characters above described. She consented to have it removed, and this was done next day, Dr. Putnam assisting me. The base was broad, and it was impossible to remove the whole of it without a hazard of hemorrhage which it might be found difficult to check. The nitrate was applied to the wound. Next day the patient was found very comfortable. As a portion of the disease remained, the nitrate was applied once or twice a week, until it was entirely removed.

Between one and two years after, the disease returned. This was after Case IV., which follows. The tumor was about the size of the first, and the same symptoms accompanied it. Before removing it, ice was applied until sensibility was entirely removed, and with the best result. There was no feeling of the excision of the tumor, nor from the application of the caustic. After a few subsequent applications of the nitrate no appearance of the disease remained.

CASE IV.—This was a school girl of about 13. Menstruation had not occurred. She was unusually tall and large for her age. Health perfect, robust. There was the development of more years. Her mother, an intelligent woman, was uncertain of the time of the occurrence of the disease. There had been, for some time, smarting and difficulty in micturition, with much chafing of the external labia and a fœtid discharge. At length a thin, bright, flat substance, with a scalloped edge, was seen projecting between the labia, which was followed by increased difficulty, and walking became very painful. She was taken from school. Dr. Putnam saw this case with me. It was as described by Mrs. —— . The slightest touch produced intolerable pain and a sudden spring of the patient, which stopped the examination at once. It was soon found that nothing could be done without etherization, and next day this

was tried. Great difficulty was met with in overcoming the power of the patient, and when the fullest effects of ether were apparent in the general system, the local sensibility remained so perfect as to make the child wholly unmanageable. Chloroform was next used and freely, but with no effect. It occurred to me, in the failure of these means of quiet, to try ice. The trial was made and was perfectly successful. Not the least uneasiness was betrayed when the diseased mass was freely handled, when it was embraced by the hooked forceps, nor when it was cut off by the scissors, nor afterwards when the nitrate was freely applied to the cut base, which was deep within the meatus.

Next day patient was found comfortable. Inquiry was made if hemorrhage had occurred. There had been no external bleeding, but with urine which had recently passed, a large quantity of coagulated and liquid blood had come away. There was no return of this, and recovery was rapid. This is the only case within my observation of these diseases in which hemorrhage has followed the excision of these outgrowths. It is worth remembering. If the symptoms of this accident occur, and there be no external flowing, an examination of the urethra, and the use of the catheter, might discover the cause, and plugging might prevent farther trouble. As for the most part the disease has its seat near the meatus, it could not be difficult to apply here the means to check it, and direct or mechanical ones must be more sure of the effect than are chemical ones.

CASE V.—Mrs. —, a widow, about 40, called on me on account of long-continued pain in the back and hips, sense of weight and dragging, leucorrhœa, and disturbed menstruation. She had also dysuria, internal hemorrhoids, which much embarrassed defecation, and had almost cartilaginous and numerous vegetations surrounding the anus. Her general health was wretched. Emaciation great, and upon the whole she was as severe a sufferer as is often met with. Examined by the speculum, a tumor was seen projecting beyond the os uteri, of the size of a small walnut. It was soft, easily bleeding, and insensible. Quite a large vegetation was found at the meatus urinarius. It had the usual color of such growths, but was the least tender of any before seen by me.

Treatment was first directed to the uterine outgrowth. This was too soft for the ligature or forceps. Caustic was freely and frequently applied. The good effects were soon obvious in the en-

ture disappearance of the disease. The os uteri closed and presented the linear diameter and size of health. The same means were successfully used for the disease of the meatus. The caustic gave pain, but the free use of cold water soon removed it. Much more time passed before the cure, than was required for the removal of the uterine disease. The hemorrhoids were removed by ligature, the tumors being forced out of the bowel by the patient for the use of the ligature. After those had been removed which were pendulous enough to be tied, a tumor with a broad base remained, and kept up the old irritation. To this caustic was applied by the rectal speculum having a lateral opening. The external vegetations were removed by the scissors, to the bases of which caustic was applied immediately after the excisions. After several months' treatment Mrs. — recovered, and is now in good health. She has regained flesh, and uses exercise freely without any of its former accompaniments. This case was complicated with heart disease. On ascending heights, distressing palpitation with dyspnoea were experienced, accompanied by rigors in which the teeth would chatter as in severe paroxysms of intermittent fever. The skin became cold and livid. There were no signs discovered of organic cardiac trouble, and its imitations have gradually diminished as remote local diseases have disappeared.

CASE VI.—Mrs. —, aged about 30. In this case the whole urinary apparatus was diseased, and had been so in various degrees for a long time. There was an outgrowth from the urethra involving the meatus. This was exquisitely tender, hardly tolerating the touch—constant dysuria, with frequent calls to pass water. Is constantly in bed, the least movement producing increased suffering. Constant uneasiness in the part diseased, with paroxysmal exaggerations which it was not easy to remove or diminish. The catheter was used, and the whole extent of the urethra was found as tender as was its meatus. The urine was rendered in various conditions. At times it was bloody. Liquid and coagulated blood was so freely passed that at times it seemed to make the principal amount of what came from the bladder. Sometimes it was purulent, and in no case have I seen so much pus in the urine as in this. At other times the precipitate was flocculent, branny, reddish, or quite pale. At others albuminous. Along the back and in the renal places there was much tenderness.

The treatment of this case was designed to meet obvious indica-

tions. The constitutional symptoms were febrile, or such as very grave local disorder commonly induces. There was heat, quick pulse, no appetite, prostration. Local bleeding, counter-irritation, alteratives, narcotics and subnarcotics, diosma, tinct. fer. mur., demulcents, external applications in their endless variety—these were among the means employed. She was etherized and the urethral outgrowth removed by excision. The nitrate was afterwards used to check hemorrhage.

At times were signs of improvement and recovery. The vesical hemorrhage, if it were vesical, would cease. And so would it be with pus, which replaced hemorrhage, and with other deposits. The urethra would seem to be recovering, and then without known cause, the patient not having left her bed, all the symptoms would in various order show themselves. At length, when much relieved, Mrs. — determined to go home. This she did, her husband coming to go with her. Her travel was more than one hundred miles and was without accident, at least I have not heard that it produced any. I could not learn what had been the precise relation of symptoms in this case. It had lasted so long that the order of their occurrence was forgotten, if it had ever been observed. Thus, was the urethral difficulty the first in the order of symptoms, and the vesical and renal, effects of this, either by contiguous or continuous sympathy? Or were these last first in the order of diseases or symptoms? The outgrowth was cut away because it was a source of exquisite suffering during micturition, and during the premonitory actions of the bladder which make up the call to pass urine.

Sulphuric ether was used before operating. Its effects were unlike any I have observed during or after inhaling ether. The respiration ceased, the pulse continuing. There was the same appearance of entire repose, pallor and insensibility, as has been observed in fatal cases from chloroform. Respiration was at length produced, and with gradually shortened intervals was re-established. She was cautioned not to use ether again. But in the night, during a paroxysm of intense agony, she insisted on breathing it again. Her attendant yielded. The same result followed as before, and from which she recovered after the use of the same means. This is the only case in which trouble has followed the use of ether in a very large observation of its agencies by myself and by many others. It was doubtless owing to conditions produced by long-continued suffering, and though apparently alarming, was perfectly recovered from.

CASE VII.—Mrs. —, about 30. This, with other cases, was complicated with uterine functional disease with displacement. The dysuria was of long standing, and was independent of any disease of the meatus. This last was patulous and soft. Within the urethral tissue was redder than natural, and presented a distinct oblique fissure. This is the only case in which I have met with this affection in this organ. It was treated with a solution of nit. argent. applied with a brush. It is under treatment.

CASE VIII.—Mrs. — has one child; called on me on account of displacement of long standing, the os uteri being turned strongly towards, and resting against, the hollow of the sacrum. With the symptoms of such dislocation was very troublesome dysuria. As this last might be owing to the pressure of the fundus upon the bladder, attention was directed to the womb. It was replaced, and Hodge's lever pessary introduced. The relief of symptoms of displacement was perfect. After a time they returned. Examination showed the pessary out of place. It was adjusted and worn for some weeks, but getting again displaced, it was removed, and Meigs's ring pessary substituted. This answered perfectly well. It was worn four or five months, and as all the symptoms for which it was used had disappeared, it was removed. It had not at all been injured by this long use. Dysuria continued, and became a very troublesome disease. The urethra was examined. The lips, or edge, were found much swollen, but not at all reddened. Upon opening the meatus, a swelling with a broad base was detected, bright red, and very tender, and beyond, the lining membrane had the same color. At first the solid nitrate was applied. Its good effects were manifested after a few applications. The solution was now substituted, with entire relief of the dysuria. There was an opaque mucous discharge from the urethra, which has been met with in other cases, but this has nearly disappeared. Mrs. — can now take long walks without inconvenience, and considers herself well. Cases enough have been given to illustrate the general history of the diseases under consideration.

REMARKS.

It may be asked if there were not a specific cause of these urethral lesions. The answer is distinctly in the negative. The ages of some of the patients and the social position of others, and direct inquiries wherever suspicions arose of causes, have satis-

fied me that there was no reason for suspecting or believing in the action of such a cause. The treatment was in no case specific. Strictly local remedies were relied on. In one case only am I sure that the disease re-appeared, and since its second removal it has not returned.

Few diseases would seem to present greater difficulties in their diagnosis, and few are more painful and persistent where a correct diagnosis is not made. The difficulty lies wholly in not using the only sure means of diagnosis; for when an examination of the diseased part is made, the discovery of the nature of the malady is at once made. The sight and the touch should be both employed.

Of the treatment there is but little to be added, and that cautionary. Hemorrhage has been alluded to. If my memory serve, one case is reported which was disastrous in its result from this cause. There has been but one case in my practice, in which there was bleeding after the application of caustic, and that was internal into the bladder. This should be borne in mind, as we may have the symptoms of large hemorrhage without external flow. Should hemorrhage be excessive or continue, then caustic, pressure by a bougie, or other means, may be employed. Grave peritonitis, we are told, has followed slight operations on the vagina. There is a case in mind, in my own practice, in which very severe pain and soreness in the abdomen followed the injection of the cervix uteri with a solution of nit. argent. No case is remembered in which operations in the meatus, or urethra, have led to such results.

The first case in which ice was used to destroy sensibility occurred some years since, and I am not aware that such an employment of it had been made before, or that I had met with the suggestion, or the authority of its actual use. Quite early in my professional life, an aged physician, now long dead, said to me that he had used ice, in the form of icicles, in cases of sore throat in which the tonsils were much swollen, and the pain was great, and that relief had followed, and so nearly to the application, that he could not but regard it as its consequence. This conversation may have unconsciously suggested the use of ice in the cases reported. It was perfectly successful. Dr. Arnott, of England, and physicians and surgeons in America, have more recently recommended and employed ice previous to surgical operations to prevent pain, and I think by Dr. Arnott to make other anæsthetics unnecessary. In my cases the effect was excellent. Under ether or chloroform the patient will sometimes start at the first touch of the knife, though apparently

under their fullest operation. This has been met with by me too often to doubt it. In Case IV. it made the operation utterly impossible. Ice at once removed all pain. In a recent case, in which an abscess of the abdomen was to be opened, ether was used until its fullest effects were manifest. The first touch of the knife caused so much starting that it was only by use of force to restrain the patient that the operation could be completed. When Mr. — recovered his consciousness, he had not the least memory of having resisted what had been attempted.

After this paper was read, a request was made that the Fellows present would communicate such cases of female urethral disease as might have fallen under their observation. From one, three cases were reported, and two from another. In one of the last, no structural disease had been discovered, though carefully looked for. The pain was confined to the urethra, and was represented as very severe. Many methods of treatment had been used. Some months of relief were experienced, but some threatenings of return of the symptoms had been recently manifested. Another Fellow reported very interesting cases without discovered urethral lesion, though most carefully searched for, in which the symptoms reported in the cases in this paper were present in severe form, and in which injections of narcotics and sedatives into the urethra had been remedial.