

TREATMENT OF GONORRHOEAL EPIDIDYMITIS BY BIER'S METHOD.

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THE treatment of epididymitis is at all times a tedious affair, wearying to the doctor but infinitely more so to the patient. In a public service such as the army and navy, where every hour's delay is so much time lost to the State, it is especially important that every means should be adopted to avoid protraction in the treatment of disease. After some little experience I have been led to believe that the best results are obtained by a combination, where possible, of existing methods with Bier's passive congestion, modified to meet the requirements. The treatment can be used in all chronic and a great many acute cases. By this means the period of disease is in almost every instance reduced by nearly half as compared with existing methods alone.

Method of Application.

In applying passive congestion to a testicle for the treatment of gonorrhoeal epididymitis, all that I use is a strip of lint 1½ in. wide, a fine piece of rubber tubing, and a pair of Spencer Wells forceps. The cord on the affected side is encircled just above the testicle by the strip of lint, which is continued round between the two testicles along the median raphe of the scrotum. Over the lint is applied the rubber tubing, which is tightened to the required extent and secured by artery forceps. (The required extent being such that no pain results after the application; instead, the patients describe a comfortable warming sensation with immediate relief of pain.) Pain after application implies that the tubing is too tightly applied, and suggests that it should be loosened. A few moments after adjustment the enclosed tissues assume a purple colour resembling a ripe plum. The treatment is applied for an hour the first day, where possible, increasing daily up to as much as eight hours. But in some very acute cases half an hour will be all that the patient can stand at first (vide Case II). Where practicable, however, it will be found that the duration of disease is in inverse ratio to the length of daily application of treatment.

The following series of six cases may be of interest:

CASE I.

G. C., aged 26, came on the sick list on April 3rd, suffering from gonorrhoea. On April 14th he developed right epididymitis, which was at first treated by bed, the ordinary initial purge, subsequent urinary antiseptics and diuretics, together with local applications of lotio plumbi cum opio.

On April 24th, as little or no improvement took place, treatment by passive congestion was commenced. The application in this case was applied for an hour the first day, increasing daily up to as much as eight hours.

On May 2nd all pain and tenderness had disappeared; treatment was therefore discontinued.

The patient had to remain on the list until May 7th for treatment of the urethral discharge.

He was thus under treatment for epididymitis altogether from April 14th to May 2nd—eighteen days—during the latter eight of which only was he treated by Bier's method.

CASE II.

G. T., aged 29, was admitted to the sick list on April 9th, suffering from gonorrhoea and acute right epididymitis. On April 10th passive congestion was applied for two hours. On April 11th, however, as there was slight pyrexia with pain in the back, the treatment was temporarily discontinued. It was recommenced on April 14th for half an hour, and continued systematically until April 20th for increasing periods of time. Then all swelling and tenderness had disappeared. Seven days' continuous treatment, in this case, sufficed for a cure.

The cause of the initial pyrexia and pain in the back was perhaps due to an over-zealous primary application of treatment, two hours proving more than the patient could stand.

CASE III.

B. L., aged 26, was admitted to the sick list on April 3rd, suffering from gonorrhoea and right epididymitis. The routine application of lotio plumbi cum opio, alternating with fomentations frequently applied to the testicle for two days, did not relieve the pain. On April 5th, therefore, treatment by passive congestion was commenced, which was continued until April 9th, when all pain and tenderness had disappeared. Some slight thickening, however, remained for some few days longer. In this case a cure was effected after four days' trial when other treatment had little effect.

CASE IV.

R. C., aged 19, came to me on May 5th suffering from gonorrhoea and right epididymitis. On May 6th Bier's treatment was applied for one hour, and continued with increasing but intermittent applications until May 19th, when all signs of the inflammation had vanished. In this case thirteen days' treatment were necessary to effect a cure. This was the most obstinate one of the series, due, I fancy, to the fact that the treatment was irregular and not a daily routine.

CASE V.

W. H. T., aged 28, was a case of chronic gleet, in the course of which the patient developed an acute attack of epididymitis. From the first this case was treated by passive congestion, and it cleared up entirely in six days (from May 12th to 17th), when all signs of inflammation had subsided.

CASE VI.

The last case was a patient aged 20, who suffered from gonorrhoea and right epididymitis. He came to the sick quarters on May 19th. For the first two days the ordinary methods of treatment were tried, when, by request of the patient, the special treatment was carried out, at first for an hour daily and then for longer periods, with very satisfactory results. On May 26th there was but slight thickening of the globus major and very little tenderness on deep palpation. The treatment was thereupon discontinued, after but five days of passive congestion.

Taking at random the records of four other cases treated by the ordinary orthodox methods, we get the following comparative table, though in both cases the patients had to attend subsequently for treatment of their urethral discharge:

Cases Treated by Usual Methods.		Cases Treated by Passive Congestion.	
	Length of Treatment.		Length of Treatment.
Case I ...	17 days.	Case I ...	9 days.
Case II ...	24 "	Case II ...	7 "
Case III ...	11 "	Case III ...	4 "
Case IV ...	10 "	Case IV ...	13 "
		Case V ...	6 "
Total ...	62 "	Case VI ...	5 "
		Total ...	44 "

Taking the aggregate number of days for the first four cases in each instance, we get 62 days' sickness in the first series as compared with 33 days in the second. This means a saving of 29 days, or in other words, a week's extra work per man, which in Government employ is a fact not to be despised.

The primary application was always made with extreme care, the manipulation of an acutely inflamed epididymis being necessarily painful; but in all cases directly the bandage was in position the cessation of pain was instantaneous.

Unfortunately, owing to recent lack of material, I have been unable to give this method a more protracted trial, but I venture tentatively to put it forward as a suggestion for further trial in large institutions. In all these cases, of course, the strictest care was taken to ensure that the patient remained confined to bed, and the ordinary routine as regards general treatment was carried out.

THE French Society of Exotic (or Tropical) Medicine has passed a resolution calling on the French Government to take steps to prevent the spread of opionomania in France and to destroy existing hotbeds of the habit. The Society asks that the use of opium be forbidden in France and in the colonies to officers, military and naval, under severe disciplinary penalties. It is further urged that the Government of Indo-China should take the necessary steps for the gradual suppression of the opium trade in conformity with what is being done in adjacent countries, and that it should rigorously enforce the measures already adopted. The principal of these are the exclusion of opium smokers from public offices; teaching in schools and in lectures, and leaflets addressed to the public pointing out the dangers of opium; and the establishment of hospitals for the treatment of opionomaniacs. The society further calls on Colonial governors to take the necessary steps to ensure that cocaine, morphine, alkaloids derived from opium, as well as preparations described as "anti-opium," shall be allowed to pass the Customs only when consigned to European pharmacists. These pharmacists must enter the import and export of these drugs in a special register open to inspection.