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Original Articles

A CASE OF GONOCOCCAL SEPTICAEMIA

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The patient, a male, *act.* 26, was referred to me for the cure of a slight gleet. He gave a history of infection with the micrococcus of Neisser, one year previously, but was cured (?) in three weeks with injections by a physician who believed in the possibility of rapid and complete cures of gonorrhœa. However, the "bon-jour" drop had persisted ever since.

The patient was at first put on urotropine and methylene blue for a couple of days; then the prostate was gently massaged per rectum, but very little secretion was obtained at the end of the penis.

In two days' time the patient returned, complaining of the typical symptoms of an acute attack of gonorrhœa. There was a profuse yellowish discharge from the urethra, which, upon microscopic examination, showed a pure culture of the Gram-negative intra-cellular diplococci, and there was no doubt but the case was one of acute gonorrhœal urethritis arising from germs massaged from a latent focus in the prostate, as the presence of a recent infection had been excluded. The patient was put on santalwood oil, m. 10—q—6 hrs., and the urotropine continued. He seemed to improve for a couple of days, then became acutely ill with general constitutional symptoms characteristic of a general blood infection.

The discharge had practically disappeared, but upon examination the prostate was found somewhat tender and swollen, and there