Selected Articles.

TREATMENT OF GONORRHEA IN THE FEMALE.*

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The object of the treatment is to remove promptly and often the secretion from the mucous membranes and destroy the gonococci in the locality. The first aim is obtained by repeated and prolonged irrigations with antiseptic solutions: the second. by applications of remedies capable of causing a superficial necrosis of the epithelium, thereby reaching the gonococci which enter into the epithelial cells and find their way to the subepithelium layers of the mucous membrane. In regard to the first method, irrigations are made with solutions of bichloride of mercury, 1 to 5,000, or with permanganate of potassium, 1 to 5,000. These irrigations are easily applied to the external genitalia, to the vagina, and to the vaginal portion of the cervix. With an ordinary fountain-syringe the woman can herself take the douches with one of these solutions twice a day. These will remove the mucopurulent secretion, will diminish the inflammation, but of course will not help the urethra nor the condition of the sterus. Every two or three days I insert a bivalve speculum, and with a solution of permanganate of potassium, 1 to 5,000, thoroughly irrigate the vagina; then with small tampons of cotton the secretion from the cervix is carefully removed. When abundant discharge is flowing from the cervical canal I insert a Talley or Haynes douche-tube in the cervix as far as the internal os, and with a mild stream of the same solution the cervical canal is washed. When symptoms of urethritis are present the urethra is also irrigated with the same permanganate solution. This is also done by means of a short recurrent catheter. I do not find it useful to fill up the female bladder as in the male by the Janet method. The sphincter of the bladder in the female offers a great resistance to the passage of the fluid, and a forced injection into the urethra is accompanied by pain. The fluid is carried into the bladder only with difficulty. For this reason I prefer to introduce a recurrent catheter any time I have to irrigate a female urethra and the bladder. Under ordinary circumstances I seldom make use of irrigation to the cavity of the uterus unless the discharge is very profuse. Ordinarily I use instillations with a 1 per cent. solution of protargol.

The most effective antigonorrheal remedies so far known are