

PROCEEDINGS OF CLINICAL SOCIETIES OF THE C.A.M.C.

REGULAR MEETING OF THE ETCHINCHILL CLINICAL SOCIETY.

April 10, 1918.

The Treatment of Chronic Gonorrhœa.

CAPTAIN A. B. JAMES: Infection of the epididymis was one of the hardest things to deal with, and our present treatment left hard nodules, which took considerable time to resolve and caused frequent reinfection of the urethra. He recommended that instead of expectant treatment epididymotomy be done on every case as soon as signs of inflammation were present. For superficial infection of the prostatic duct and for ulceration and granular condition of the verumontanum he had obtained good results by direct application of silver nitrate 15 per cent. through the cysto-urethroscope. Chronic gonorrhœa might be classified into two classes bacteriologically: (1) Those in which there was a pure gonococcal infection, and those in which the original infection was complicated by secondary organisms, and (2) those in which the infection was purely secondary; in the latter condition autogenous vaccines might prove of value, though his results had not been very satisfactory. He was not satisfied with the general treatment of acute and chronic gonorrhœa by thorough and through irrigations, and thought that possibly anterior injections and posterior instillations through a catheter might be of more value. Besides attention to the genito-urinary tract the general health of the patient had to be considered. Syphilis and anti-syphilitic treatment hindered the cure of chronic gonorrhœa.

Captain G. H. J. Pearson: On looking over the records of this hospital for the last three months, it was found that out of 521 patients discharged as cured 101 patients, or 21.11 per cent., admitted as acute had become chronic cases during their stay in hospital. There might be some doubt as to when a case became chronic, but on examining the records it was found that in a very large percentage of cases the symptoms began to diminish between the fortieth and sixtieth day of the disease, and might even become entirely negative. In those cases which were cured no further symptoms appeared, but in cases that became chronic an acute exacerbation of symptoms started about this time, so that a graph of the pus content in the discharge and both urines resembled the temperature curve of relapsing typhoid fever. He had not yet satisfied himself of any means of prognosis that would inform one whether a resolving attack of acute gonorrhœa would go on to resolution or whether it would become chronic.

The course of a chronic gonorrhœa was one of frequent relapses, acute exacerbations following upon diminutions of symptoms. Chronic gonorrhœa may be defined as a gonorrhœa of complications. In his series of cases prostatitis was most frequent, next being littritis, then epididymitis, polypus-urethritis, cowperitis, cystitis, and pyelitis. He was not at present taking into consideration systemic complications. It was also a localized disease, and it was necessary for an accurate diagnosis of the location of the lesion to be made before treatment could be intelligently applied. In every case admitted to the hospital as chronic, and in those cases admitted as acute when the typical relapse syndrome indicating the change from an acute to a chronic stage appeared, a careful urethroscopic examination of the whole of the urethra should be made. If this was impossible recourse must then be had to some other method, of which he found Wolbarst's the most accurate. In checking up this method with the urethroscope the site of the lesion was found to be fairly accurately determined, but no information was gained as to its character. In detailing this method the speaker emphasized the fact it was impossible to determine by macroscopical examination whether the material expressed from the prostate and vesicles was pathological. A careful microscopical examination was necessary to decide this.

In concluding the speaker warned against discharging patients with gleet. Many such cases relapsed with positive smears, and a large percentage, on being apparently ready

for discharge with gleet, show positive results after the administration of a provocative vaccine.

Captain J. D. McDonald gave a short paper on irrigations.

The use of irrigations as a routine treatment of acute and chronic gonorrhœa is the most important weapon in our armamentarium for attacking this infection.

Internal treatment or vaccines alone will not cure the disease. Experience has shown that in the vast majority of acute cases the disease has reached the posterior urethra by the end of the second or third week, no matter what mode of treatment we follow. In 90 per cent. of cases the prostate gland and vesicles have become more or less involved. Direct extension along the urethra and ducts is only one of several routes of infection by which the gonococci reach the epididymis and prostate. A chronic urethritis practically always means a chronic posterior urethritis, and nearly all relapse cases show posterior involvement.

Acute primary cases which are not seen early enough for "scaled-in" treatment may, in some instances, be cured by anterior lavage, but the great majority of these patients will require posterior irrigations before a cure is effected, and there are many advantages and practically no danger in instituting this treatment from the first, provided the antiseptic is intelligently chosen and carefully administered. A medical officer to superintend irrigations in venereal hospitals would be beneficial.

The anterior urethra should be carefully irrigated before the solution is allowed to pass into the bladder. Irrigations are not so effective in long-standing chronic cases, but their use is nevertheless important along with whatever treatment is chosen for the complications.

A germicidal irrigation does not cure gonorrhœa directly. Its chief benefit is to set up a hyperæmia of the mucosa whereby the organisms imbedded in the sub-epithelial and glandular tissues are encouraged to come to the surface. It likewise tends to promote drainage of the involved prostate gland and vesicles. He had inspected the urine passed immediately after an irrigation, and in some cases had found masses of vesicular content, fibrin and prostatic cells in patients who have not, as yet, received prostatic massage.

The character and strength of the antiseptic solution to be used will depend upon many considerations, the stage of the disease, the age and susceptibility of the patient, &c. Strong germicidal solutions produce inflammation of the mucosa, destroy the protective powers of the tissues, and often lead to secondary infection. An astringent irrigation in early acute cases may defeat the object aimed at. There are a few cases in which a bichloride solution may be beneficial; it is more likely to do harm. The simple antiseptics, permanganate of potash, boric acid and the organic silver salts used alternatively in mild solutions will give satisfactory results. The maximum strength which he prescribes for permanganate is 1:5,000 and $\frac{1}{4}$ of 1 per cent. of protargol. Weak solutions used frequently give better results than the strong solutions used once or twice daily.

ADMINISTRATIVE NOTES.

THE C.A.M.C. AND THE MILITARY HOSPITALS COMMISSION.

"THE Committee of the Privy Council, on the recommendation of the Prime Minister, advise that—as in future officers and soldiers of the Canadian Expeditionary Force will, until they are struck off the strength or discharged, be cared for and treated in institutions administered and controlled under the direction of the Militia and Defence, and will pass under the care of the Military Hospitals Commission only upon their being struck off the strength or discharged, the said Commission shall hereafter, for the purpose of better indicating its scope and functions, be known as the 'Invalided Soldiers Commission.'" *Report of the Privy Council of Canada, approved by His Excellency the Governor-General, February 21, 1918.*

The controversy between the Department of Militia and the Military Hospitals Commission is now at an end. Only two courses were open; either for the Government to leave the task of caring for the sick in the hands of the Department of Militia and Defence, as it now has done; or the Military