GONORRHŒAL DISEASES OF THE UTERINE APPENDAGES.

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The attitude of numbers of professional men who express either incredulity or absolute disbelief in the causative relation between gonorrhœal disease in women and pyosalpinx and abscess of the ovary, is sufficient justification for a still further discussion of this subject. My views upon the matter are based neither upon theory nor upon microscopic examination. They are from surgical experience only or confessions of men whose wives have been diseased by them. From the time that Noeggerath first formulized his belief upon this subject it has been smiled at, contradicted, or controverted, but never in its essentials disproven. In his earlier paper Noeggerath fell into the common error of enthusiasts, that of attributing too much to his discovery, and claiming too wide a pathological field as the sequelæ of this trouble. This, without doubt, led many otherwise fair-minded men to pass over his paper as unworthy of attention, thus impeding the progress that otherwise would have followed its discussion and the observations based upon its claims. In taking up most later surgical works we find the etiology of ovarian and tubal disease considered from this standpoint omitted—a missing link, or differentiated out of sight. This is wrong. As early as 1877 Mr. Lawson Tait and others insisted upon the relation existing between gonorrhœa in man and tubal disease in women. Noeggerath antedated him about five years. Mr. Tait also insisted on its causative relation to perimetritis, this as late as 1883. Schroeder, in the early edition of his "Gynecology," insisted upon this as bearing a causative relation to ovarian and tubal troubles. In the very latest edition he says: "Gonorrhœa, in the highest degree, appears as a causative disease in women." Sanger also is an ardent advocate of the same belief. He is wrong, however, I am persuaded, in holding that the gonorrhœal infection is always late in revealing its presence in the woman when transmitted by the man. To this subject I shall refer later.

Without further collation of authorities upon this subject, I shall proceed briefly to its discussion. Whether or not the presence of the disease can be diagnosticated absolutely by the presence of gonococcus of Neisser, is of small importance, if by the chain of common evidence we can connect the presence of one disease with the other in their sequence. If, on discovering tubal disease in a woman who has never aborted nor had any of the diseases incident to childbed, who has been healthy up to a time, after which vaginitis has occurred, contracted from her husband, after which the woman from time to time experiences increasing pelvic pains, losing strength and weight, the case it seems to me, is made out, save as quibbling may dispute it. This history occurs in most of the cases I have handled. Of the many cases that have come under my observation, I choose the following as illustrative and typical:—

A young married woman, one child. Her recovery from childbed excellent; no gonorrhœal infection of the child at birth. Some months afterward she had inflammation of the vulvo-vaginal glands, with suppuration. Later she appeared with abdomen tense and painful, enlarged tubes and ovaries, tender and painful on the slightest movement or pressure; she had lost in weight and strength. Her husband confessed to the infection of his wife. The diagnosis was made of gonorrhœal pyosalphinx, and operation proved the correctness of the opinion. Both tubes contained pus, were cheesy and friable, the ligatures cutting through all but the vessels. The abdomen was full of fluid, and the intestines gave evidence of acute peritonitis.

The history here is complete, leaving no possible doubt as to the origin of the disease. The early infection here exhibited is at variance with the views of Sanger and shows that his statements are not necessarily correct, or accidentally correct, if at all so. There is no sufficient reason why this infection should not be early. I incline to the belief that the disease originates early, but may be slow in progress, and thus escape attention and discovery.—*Polyclinic.*