

regular course, and is more intense in its phenomena, while the latter is more irregular, and milder in its symptoms. Yet they all admit that there are cases, and not of unfrequent occurrence, in which the cause is positively known, but still the symptoms are such as to deceive the most experienced observer. For example, a urethritis is contracted from a well-marked case of gonorrhœa; the resulting lesions may be so slight that it is not possible to differentiate the case from one due to other causes than gonorrhœal pus. It is also equally true that a urethritis having its origin from other causes than gonorrhœal contagion may occasion all the symptoms of a violent attack of gonorrhœa.

These differences in the nature and course of a urethritis are accounted for in one of several ways: either the person affected is peculiarly susceptible to the gonorrhœal contagion, or has a very sensitive mucous membrane lining the urethra; or that, for some unknown reason, he is not so susceptible, or his mucous membrane is not so sensitive; in other words, we have here, as in other diseases, an individual peculiarity, a so-called idiosyncrasy. The same reasoning, I also think, is applicable to cases of urethritis due to causes other than gonorrhœal contagion, the same irritant affecting individuals in varying degrees.

This, to many unsatisfactory, explanation of the variations in cases of urethritis, due to different causes, has led investigators to seek other etiological reasons for the affection, and has resulted in the formation of two schools, the one advocating the existence of a specific gonorrhœal virus, the other believing the disease an inflammatory process, varying in intensity, and not due to any special poison or virus, by which may originate from any irritant capable of causing inflammation.

In reading over the views of writers upon this subject, it will be found that there is much confusion and many unsettled opinions. Some are very positive as to the specific nature of the gonorrhœal contagion; others, while they acknowledge that there is great probability of gonorrhœa depending upon the action of a special contagious element, can see no clinical distinction between it and a urethritis produced by irritants of other kinds; and, finally, those who regard every urethritis, no matter how originating, as an inflammatory process, free from any specific element, and not depending upon any special cause.

Those of the first class, who believe in the existence of a special virus, which possesses the property of exciting a violent inflammation when brought in contact with certain mucous membranes, base their opinion upon certain peculiarities which characterize gonorrhœa, and which they assert cannot be accounted for upon any other ground. These peculiar properties are, according to these authors, not met with in ordinary urethritis. Thus the pus in a case of gonorrhœa is said to be much more irritating and virulent than that secreted in a case of ordinary urethritis, and a very minute quantity,

when placed in contact with the perfectly healthy mucous membrane, always causes an attack of gonorrhœa. A distinct period of incubation is also claimed for gonorrhœal urethritis. The general character of the discharge in gonorrhœa is said to be unlike that observed in ordinary urethritis. The similarity of the symptoms in all who suffer from gonorrhœa is considered favorable to the existence of a specific virus. Finally, the existence of a special micrococcus in gonorrhœal pus is the most recent view in favor of the specific nature of this malady.

Those who do not regard gonorrhœa as an affection which is caused by a specific virus, but consider it an inflammatory process differing in no way from any other inflammation, either in cause or effect, base their claim upon the analogy of the symptoms in a case of gonorrhœal and ordinary urethritis—variations in intensity are met with in both cases—upon the pathological lesions, which are common to both, and upon the want of analogy to other undoubted specific diseases.

From my own studies upon the etiology of gonorrhœa I have been led to consider this disease as simply inflammatory in nature, and not possessing any such property as specificity. The symptomatology, pathology and therapeutics of this affection are all favorable to its non-specific and inflammatory nature.

That the pus secreted in a case of gonorrhœa is possessed of peculiar properties, giving it a more irritating and virulent character, is by no means limited to this disease, since any inflammatory secretion is liable to take on such properties when the inflammatory process is subjected to more than usual irritation. The experiments of Mr. Lane may be referred to as an instance bearing upon this question. He found that by irritating the indurated chancre the inflammatory process was increased, and the secretion became more profuse and irritating, so much so that it was possible to auto-inoculate in cases where, previous to the irritation of the sore, auto-inoculation did not take place with the secretion from the sore.

Is it true, as is asserted by the advocates of the specificity of gonorrhœal pus, that an attack of gonorrhœa invariably follows when such pus is brought in contact with a perfectly healthy mucous membrane? Clinical experience does not absolutely sustain this view, and more especially is this the case in regard to females. The following observation, by Dr. J. Wm. White,\* very forcibly demonstrates this point. A man suffering with a purulent urethral discharge had connection with a woman; two hours later the same woman had connection with another man who was at this time in perfect health. Forty-eight hours after the connection there was developed in the previously healthy man an attack of acute urethritis, the woman remaining free from disease,

\* Holmes' System of Surgery. Packard's edition, Vol. II.