

CLINICAL NOTES.

BY

STANLEY S. CORNELL, M.D., C.M., Athens, Ont.

A Case of Gonorrhœa Rendered Fatal by its Sequelæ.

Upon January 7th, 1892, I was called to treat W. A., a farmer, aged 65 years. The patient was a short, corpulent man with rosaceous nose and cheeks. For years he had been addicted to periodical sprees and promiscuous sexual intercourse. About three weeks before my visit he had been quite disturbed with irritability of the bladder. This irritability had occasioned frequent passages of urine rich in brisk dust deposits. Retention of urine finally developed and for the week preceding my visit the catheter had been used twice daily for the patient's relief. It was noted on January 5th, that the right testicle and epididymis had become swollen and hard.

January 7th. The patient is suffering from severe vesical and testicular pains. His pulse is 100, and temperature registers 102° F. The heart and lungs are normal; the radial arteries are hard but not atheromatous. Palpation of the abdomen reveals only tenderness localized slightly above the pubic symphysis. The scrotum upon the right side is reddened and œdematous, and at its central part is adherent to the anterior face of the enclosed testicle. Fluctuation within the scrotum is not evident. The epididymis is much hardened and enlarged. The same characters of hardness and enlargement can be traced along the lower two-thirds of the anterior face and outer border of the right testicle.

The urine withdrawn by catheter is alkaline in reaction, possesses an ammoniacal odour, and contains deposits of ammonio-magnesium phosphates, pus, and thick mucus. By firmly passing my finger along the under surface of the penis I expressed nearly half a teaspoonful of creamy pus from the meatus.

Treatment.—Catheterization of the bladder night and morning followed by irrigation of the bladder and urethra with a solution of boric acid, 80 grains to the ounce. Internal administration of boric acid, 5 grains, in copious draughts of water every three hours, and sulphate of quinine, 3 grains, and whiskey, $\frac{1}{2}$ ounce three times a day; thorough purgation and a milk diet.

January 9th. General condition unchanged. Urine freer of pus and mucus, but still not clear. Pus not so plentifully squeezed from the urethra. Scrotal œdema over the affected testicle more developed than upon the 7th instant.