ACUTE GONORRHŒA AND ITS COMPLICATIONS IN THE MALE.*

BY

A. E. GARROW, M.D.,

Lecturer on Surgery and Clinical Surgery, McGill University; Assistant Surgeon to the Royal Victoria Hospital, Montreal.

While purulent inflammations of the urethra, running a definite course and frequently complicated by extension of inflammatory processes by contiguity to other parts, are due to other causes than that producing gonorrhœa, nevertheless, it would seem that the commonest cause of urethritis is due to a more or less pure culture of the gonococcus of Neisser; and it would seem, from a review of the literature of the subject, that the chief difficulty lies in being able readily to differentiate this coccus from others which closely resemble it.

Gonorrhœa is a contagious, specific inflammation of the mucous membrane of the genito-urinary tract. Purulent discharges occurring during the course of typhoid fever or during the secondary stage of syphilis are not unknown and are the result of other irritants than gonococci.

Clinically, we meet with the disease in two distinct forms:—(1) The acute or inflammatory gonorrhœa, and (2) the subacute or catarrhal. Either may be the result of immediate or mediate contagion.

The period of inoculation is very variable being, if we can believe our patients, from a few hours to three weeks, and apparently depending upon the virulence of the infection and the vital resistance of the mucous membrane. The average duration, however, is from three to five days.

The earliest symptoms of gonorrhœa are:—

Sense of heat and itching in the glans.

Tickling in the meatus.

Feeling of increased tension in the penis, followed promptly by,

Swelling of the meatus.

Appearance of a thin, greyish, watery discharge.

Ardor urinæ.

Frequent micturition. And, according to the extension of the inflammatory process backwards into the canal and deeply into the submucosa, vesical tenesmus and chordee. The discharge at the beginning and at the declining stage is most watery and contains fewer gonococci as a rule. Occasionally, one sees along with the above symptoms marked œdema of the glans, foreskin, and distinct evidences of

* Being part of a Discussion on Gonorrhœa at the Montreal Medico-Chirurgical Society, January 5, 1900.