

THE COMPLICATIONS OF GONORRHOEA IN WOMEN AND THEIR PROPHYLACTIC TREATMENT.*

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This very interesting and important subject will be considered under the following heads:

1. The importance of these complications.
2. Their frequency.
3. Their nature and variety.
4. So-called "latent gonorrhoea."
5. Their importance from an obstetrical and infantile standpoint.
6. Treatment.

The more I have thought of this subject, since I gave the Chairman of the Essay Committee the title of the paper I promised him to write, the more important has it seemed to me. While many diseases, both medical and surgical, have been shorn of their terrors by the discoveries and advances of the Nineteenth Century, very little seems to have been done to prevent the complications of gonorrhoea in women. So many sad cases of pelvic disease of specific origin are constantly coming under the care of those in charge of the female clinics in the dispensaries, and of the gynecological wards of our public hospitals, that it is almost impossible to overestimate the importance of the subject.

The evidence is indisputable and overwhelming that many women lose their lives annually from the pelvic inflammations caused by these complications, and that thousands probably lose their health, or their power of conception, from the same cause. One reason for these sad results may be on account of inappropriate treatment by unskilled persons and the too early discharge of patients of both sexes, as cured, when they are still able to communicate the disease to others. Another important point for us to consider is that this disease, and its dire effects,

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are not confined entirely to the debased, criminal and outlaw classes of society, but occasionally it wrecks a home and destroys an innocent and valuable life in the highest walks of society.

This very common and disagreeable disease, which it is just as natural for us to dislike to discuss, as it is to treat, derives importance again from the fact that many innocent young brides have had their lives absolutely ruined by marrying supposedly healthy husbands who honestly thought themselves cured. While there are two great wrongs done in a case of this kind it is quite possible that the greater wrong has been done by our own profession in giving an opinion, either through ignorance or carelessness, that the patient was so far cured that it was perfectly safe for him to marry.

The importance of this subject is still further shown by the astounding fact that, from the best statistics I have been able to obtain, there are 300,000 women in this country leaving lives of prostitution, and the estimate is made by health officers and the superintendents of police in 30 large cities, who make reports on this subject, that for every woman who regularly resides in a house of ill-fame, there is at least one, if not more, just as bad, who never or rarely becomes known to the police. This will give half a million at the lowest estimate of candidates for this disease in our country alone. Take the world at large, as we do in estimating the probabilities in some other diseases, such as cholera or the plague, and the women in the world who have this disease to-day, or are liable to have it to-morrow or next week, may fairly be reckoned by millions. An army surgeon who recently returned from the Philippines is quoted, when asked what was the prevailing disease in our new possessions, as having answered: *Gonorrhœa*.

From the same authority from which I get the 300,000 item I learn that the average length of life of these women is only five years from the time they begin a life of prostitution, and that 40,000 of them die annually. While some die from the effects of dissipation, and the ordinary diseases incident to humanity, it would seem fair to assume that 10 per cent., and quite possibly 25 per cent., die from the effects of complications of the disease under consideration. I have questioned many of these women, who have been patients in dispensaries and hospitals, also, when called to attend them in their houses, and have rarely been told that they had never had this disease. In some cases they said they had had it half a dozen times. I think Bland Sutton of London is correct when he gives *Gonorrhœa* as the chief reason of sterility of the prostitute class. A gonorrhœal salpingitis, whether it goes on to suppuration and the formation of pus tubes and ovarian abscesses or

not, nearly always destroys the ciliated epithelial lining of the tube to such an extent and so cripples the ovary as to render conception and gestation next to impossible. Sterility then is very common, if not a universal legacy inherited by the female victims of this disease.

The nature and variety of these complications:

In speaking of gonorrhœa in the female the "International Text-Book of Surgery" says, on page 756, Vol. II.: "The chief complication and danger in gonorrhœa in the female is the infection of the uterus and uterine appendages." "Gonorrhœa is the chief source of salpingitis and pelvic peritonitis." Among the other complications may be mentioned: Inflammation and suppuration of the Vulvo-vaginal glands, Urethritis, Cystitis, Ureteritis, Pyelitis, Nephritis, and Pyo-nephrosis; Proctitis, Endo-cervicitis, Endometritis, Salpingitis, Ovaritis, Tubo-ovarian abscesses, Pelvic-peritonitis and General Peritonitis; Paratubal, ovarian and uterine inflammations; Puerperal complications and very destructive infantile ophthalmia: Generally sterility or but one child.

The same authority just quoted defines gonorrhœa to be "A suppurative disease of the tissues of the human body caused by infection with the micrococcus of Neisser," known as the gonococcus. "It is always primary in mucous membranes but, secondarily, it may attack serous membranes and fibrous tissue, synovial sacs, bursa, tendon-sheaths, the peritonæum, pleura and the pericardium." Familiar illustrations are gonorrhœal rheumatism and ulcerative endo-carditis. The peculiar germ of gonorrhœa may reach near or distant parts of the body through the lymph and blood streams and may penetrate the tissues and produce suppuration and cause glandular adenitis, especially in the inguinal region.

The frequency of the occurrence of these important and frequently dangerous complications cannot be stated in exact percentages, as the experience of surgeons and writers will differ. Those in public dispensary and charity hospital practice will see many more of these sad cases than those who are doing a private practice only, among the better class of patients. But even these are too frequently innocent victims of accidental occurrences. Thus Sanger announces "that 25 per cent. of his hospital and private patients have gonorrhœa." Lomer found the gonococcus in 60 per cent. of the cases in Schroeder's clinic. One observer places the average as high as 80 per cent. It is reasonable to suppose that these clinics were largely made up of the prostitute classes. Lawson Tait once told me that quite a good proportion of his abdominal operations were on account of the complications of

gonorrhœa. Dr. Robbins, of this city, and a professor of genito-urinary diseases in one of our medical colleges, tells me that he believes that one-half the abdominal operations performed upon women throughout the world are caused by the complications of gonorrhœa. In an article in the *Maryland Medical Journal*, in January, 1899, on "The Gonococcus of Neisser," he quotes, on page 6 of his reprint from German statistics, to show that 23 to 28 per cent., while English and American statistics show, he says, 70 per cent. of all cases of adnexial disease as due to gonorrhœa. Dr. Joseph Price, in discussing a paper of Dr. Bedford Brown on this subject at the Richmond meeting of the Southern Surgical and Gynecological Society in November, 1891, said: "For the last six years I have treated more cases of pelvic disease than any one else in Philadelphia." The dispensary to which he was attached would not admit these cases, but he was allowed to treat them after the regular dispensary hours were over. He did so, and was so devoted to this class of work that he soon built up a huge clinic for the treatment of venereal diseases. He was so interested that he took a room in the dispensary and procured his meals at neighboring restaurants. He says, however, that he soon had to give up this method of taking his meals, as he discovered that it was impossible to dine at a single restaurant in the neighborhood without being waited on by some one whom he was treating for bubo or gonorrhœa. He states this to show his experience. "I call your attention to this matter," he says, "to emphasize the fact, that I have since operated upon the wives of those men, for huge pus tubes and ovarian abscesses, not by the dozen, but by the hundreds."

Garrigues states, on page 558 of the last edition of his work on Gynecology, in speaking of the causes of salpingitis and pus tubes, that "in the large majority of cases of salpingitis, and that in the worst form, the purulent salpingitis is either gonorrhœal or puerperal. If gonorrhœa once invades the uterus it has a great tendency to spread to the tubes." I will not repeat or multiply quotations on this point, although it would be interesting to draw attention to the recent writings of Balzer* and Jullien,† did time permit. All prominent modern

* Balzer, of Paris, read a paper on the "Causes of General Infection in Gonorrhœa," at the International Congress held at that city in August last (*Wien. Med. Presse*, October 21, 1900).

He states that general infection in gonorrhœa is conditioned by both the gonococcus and its toxine, and consists of metastases of the original local disease to various tissues of the body.

The gonococcus tends to burrow into the mucous membrane of the urethra

authorities agree that the two chief causes of suppurative and destructive inflammation of the female pelvic organs are puerperal sepsis and gonorrhœa. Some name one of these first and some the other. Of the two the specific cause is more destructive of function than the septic. If a patient recovers from a serious pelvic inflammation of septic origin, she is more likely to fully regain her health, and have other children later on, than when the cause is specific. Relapses occur from the latter cause and sterility is the usual lot of all women who have once suffered from gonorrhœal salpingitis.

Latent Chronic or Residual Gonorrhœa.—Since Noeggerath wrote his philippic on "Latent Gonorrhœa," in 1876, there has been much discussion, much investigation, many denials that he was right and many misgivings lest he might be. Quite a storm was created by his assertions that many cases of gonorrhœa in the male were never cured—that the disease remained latent for months and years; in other words, that a virulent poison remained behind a stricture or existed in a gleet discharge, which was capable, under the excitements and possible excesses of newly married life, of re-exciting the disease in himself and thus infecting the innocent, unsuspecting and loving wife he had so lately promised at the altar to love, cherish and protect.

Dr. A. Palmer Dudley, of New York, in a paper on "Chronic Gonorrhœal Infection," read before the American Gynecological Society in 1897, quotes from an article by Dr. Lyons, a New York microscopist, published in the *Medical and Surgical Bulletin*, May 1, 1895, in which he says: "Notwithstanding all the facts which have been accumulated in the study of this disease in both sexes, in the last few years, it is a most lamentable truth that there is no disease, at least of such common occurrence, that is so little understood; the diagnosis of which is so often missed, so much neglected and so improperly and unsatisfactorily treated by the vast majority of the profession," and, according to his experience, he says he must include even gynecological specialists. So you see we are considered no better than the rest of the profession, in a department of medicine, where we are supposed to excel. Dr. Dudley says such has been his own experience. Immediately following Dr. Dudley, Dr. Cushing, of Boston, read a paper on the "Sociological Aspects of Gonorrhœa," and, in order that you may see

while the secretions and exudation-cells tend to carry the micro-organism out of the tissues. Occasionally the gonococcus is able to penetrate the walls of a vessel and thus gains entrance into the circulation.

† "Gonorrhœa and Marriage." Jullien's monograph upon this subject has already become a classic, having recently been honored by a translation into German.

that I am not attaching undue importance to this "rather trivial subject," as so many have termed it, I shall quote two or three of his opening sentences:

"In choosing the subject of this paper I have been led by the immense importance of the remote effects of gonorrhœa on society at large." "The full appreciation, however, of the serious and far-reaching consequences of gonorrhœal infection, acting as it does on the innocent and unfortunate victims, who are our patients, is so recent, and, as yet, is limited, so far, even within the profession to those who have peculiar opportunities of observing the ruined lives and blasted hopes, the suffering, sterility, illness and death which ensue from this infection, in all ignorance, of young wives, as well as foolish girls, that I feel that a society like this has a duty, which it owes to the profession, and through this to the public," etc., etc. Dr. Cushing urged the great and increasing importance of the effects of "latent gonorrhœa" upon the health and growth of nations as well as individuals. He says again, "that, although its full importance has only become apparent *within the last few years*, yet we can not doubt that for ages this disease has acted in the same way, and, if time permitted, I could trace the connection of its influence, with the historical facts known, as to the degeneration and disappearance of conquering races, when subjected to the influence of older and more corrupt civilizations, as well as to the decline and fall of successive empires and peoples."

The power of the gonococcus to infect another after an indefinite period, from the acute attack, has been denied by some, but instances are not infrequent where the most disastrous results have followed the marriage of supposedly cured husbands, months after all pain and discharge had ceased. One of the chief, and, to my mind, most important points for discussion, in this paper, is, when, if ever, may we give our professional sanction to the marriage of a man positively known to have had this disease, and our professional assurance that the trusting and innocent wife will be absolutely free from any danger of infection?

It is probably within the personal knowledge of every doctor in this room that wives have been infected with this disease by ignorant or careless husbands. In some instances these men have been assured by their physicians that they were cured beyond the danger of transmitting the disease to others. This assurance has been construed into a professional permit and sanction of matrimony. The physician may have really believed his patient absolutely well, because he was free from painful micturition and urethral discharge. He may even have examined or had examined the urethral secretion microscopically, and,

in the absence of any germs, pronounced the patient safe and sound. He may not have thought, when he gave this opinion, that these germs were lying back behind a deep and only partial stricture, ready to spring into deadly activity upon the occurrence of venereal excitement or sexual excess. The doctor himself may not have known what we have the most abundant authority for stating now, namely, that ("Dudley's Gynæcology," 2d edition, p. 155) "the chief power of the gonococcus for harm lies in the lasting vitality of the germ *after apparent cure*." This author says further, on this subject: "The gonococcus may remain inactive in the mucous crypts, liable at any time, even while quiescent in the individual, to be communicated to another." Hence many an innocent and previously healthy woman, shortly after marriage to a man who supposed himself to have been cured of gonorrhœa years before, may, by contact with the attenuated virus, get a destructive gonorrhœal infection of her genito-urinary organs.

Lest this statement may be disputed I will give the result of some recent experiments of Wertheim quoted in "Dudley's Gynæcology," p. 155. He reports that human serum agar is the best culture ground for gonococci. In this culture at 40°-43° C. they retain their full reproductive capacity. A direct experiment from pure culture from a gleet discharge of two years' standing gave the following interesting results: (1) Attempted reinfection of the original urethra with this culture was always a failure; (2) the culture when transplanted to a coccus-free urethra produced typical acute gonorrhœa; (3) infection from this back again to the original urethra gave a fresh gonorrhœa, which, after a typical course of five or six weeks, again subsided into a chronic gleet. Thus by passing the gonococci through another individual—that is, through a new culture ground—they became again virulent to the urethra which was invulnerable to them before.

This explains the fact that an apparently healthy subject of chronic or latent gonorrhœa may infect his hitherto uninfected wife and become again infected from her. That is, the gonococci passing through the new culture ground of the wife again became virulent for the husband. We can now understand why the gonococcus, even after years of apparent cure, may regain its full virulence. The microbe may be found in the uterus and tubes long after it has disappeared from the vagina. The crypts of the uterine mucosa furnish a ready resting-place for the germ. It may for long periods remain concealed in a semi-quiescent state, a destroyer of health and a menace to life.

A prominent gynæcological author writes as follows on this subject: "Why do large numbers of apparently healthy young women date

their pelvic infection from the marriage week? Is it, as one author declares, 'the fatigue and excitement of the wedding journey?' Why do so many women with perfectly developed reproductive organs remain sterile from the time of marriage, or after the birth of a single child and a dangerous 'childbed fever?' The causation of too many such cases of hopelessly diseased uteri, tubes and ovaries, not to mention proctitis, with sometimes rectal stricture, urethritis, cystitis, pyelitis and nephritis has been explained by the word 'idiopathic.' Their histories, if written, would often tell of an apparently cured gonorrhœa, before or after marriage, in the husband. If the most destructive infection may follow contact with a subject of gonorrhœa after the discharge has ceased, how perilous must be the slight gleet discharge so often disregarded."

In December, 1893, Dr. T. Gaillard Thomas read a paper on the "Chief Factors in the Production of the Diseases Peculiar to Women," before the New York County Medical Association. Dr. George Tucker Harrison, in the discussion, spoke of the *curse of gonorrhœa* as one of the most common and potent factors. He asserted that Noeggerath's position on latent gonorrhœa, taken many years ago, had been fully vindicated. The dangers to the wife of latent gonorrhœa were great. It was more dangerous to a woman for her husband to have gonorrhœa than syphilis. A sad instance was related of the marriage of an attractive young lady of nineteen to a widower of thirty-five; followed soon by backache, prolonged menstruation, pelvic pain, fever, metrorrhagia, endometritis, salpingitis, oöphoritis, peri-oöphoritis—then contraction by accident, of course—of gonorrhœal ophthalmia, and the loss of one eye. How often do we see young women entering upon marriage have their bright hopes for offspring blasted by a latent gonorrhœa in the husband. The almost constant results of gonorrhœa in women were ill-health, sterility and hysteria."

In the fall of 1899 I was requested by a medical friend to see a young lady, who had been married only a month, who was suffering from a severe acute pelvic inflammation. An operation was decided to be necessary to save her life, and she was taken that day to the Georgetown University Hospital, where, on the following day, I was compelled to remove two large pus tubes and also the infected ovaries. The disconsolate husband gave me the following history: Several months before marriage he had contracted gonorrhœa, for which my friend had treated him. Finally, when all symptoms disappeared, pronounced him cured and he, a few weeks later, "committed matrimony." After the first week of married life his symptoms all returned

and he did not hesitate to state that he must have unfortunately infected his wife, as she had symptoms very similar to his own. He was heart-broken over the calamity and freely asserted that if his wife died he would blow his own brains out. He was very bitter against his medical adviser, who had pronounced him cured.

I have in the same hospital two young women who have been operated on this month for gonorrhœal pus tubes, and am now treating a young lady, 20 years of age, who was married four years ago. She was taken with a severe "womb disease," as she called it, very soon after marriage. She gradually grew worse, was in bed two months, suffered terrible pains in the lower part of her abdomen, took a great deal of morphine and finally got able to be about again. She had no idea at the time of the cause of her illness, but about a year ago her husband confessed that he thought, when he was married, that he was entirely cured of a gonorrhœa, which he had contracted more than a year previously. His physician, he said, had not only pronounced him cured but had assured him that it was perfectly safe for him to marry, and that there was no danger of his communicating the disease to his wife. Within a week after marriage his symptoms all returned, with the result above stated. His wife has procured a divorce from him lately. She is a physical wreck, as well as a broken-hearted woman, at the age of twenty. Through her four years of married life she had never been pregnant.

Perhaps I have already said more than enough to emphasize and illustrate my contention that "latent gonorrhœa" is full of dangerous possibilities to the reproductive organs of women and will hasten on to consider the complications of gonorrhœa from an obstetrical and infantile standpoint.

To illustrate my statement that the profession has only recently realized the danger from the complications of gonorrhœa in women, and especially as a complication of pregnancy and the puerperium, I will state that I have looked through the index of twenty different volumes on obstetrics in my own library and only two mention the subject at all, viz.: "The American System of Obstetrics," published in 1889, edited by Dr. Barton Cook Hirst, of Philadelphia, and a "Text-Book on Obstetrics," by the same author, published in 1898.

In the volume first mentioned Professor Hirst rather combats the statements of Noeggerath and Sanger but admits the possibility of tubal and pelvic infection by the gonococcus during pregnancy and especially during the puerperal state. The danger of a mixed infection by the gonococcus and streptococcus are admitted and thought to be more frequent than by the gonococcus alone.

On page 631 of Hirst's "Obstetrics," published in November, 1898, just a little more than two years ago, the author says: "The frequency of gonorrhœal infection in the puerperal state depends upon the class of society to which the women belong. In the lower classes seen in dispensary practice it is very common. In the upper classes it is decidedly rare. Noeggerath and Sanger report that among 1,930 gynæcological cases, during a single year in private and polyclinic practice, 230, or 12 per cent., owed their sufferings to gonorrhœal infection. Among 398 pregnant women 100 had a purulent discharge, presumably from gonorrhœa (26 per cent.); 40 of the children developed (blennorrhœa)—a gonorrhœal ophthalmia. The poison of gonorrhœa can, without doubt, excite inflammation of the deeper tissues in this region and is quite certain, if it spreads through the tube, to light up a sharp attack of peritonitis. The consequences of gonorrhœa in the puerperal state may be of the most serious nature. While we attribute many cases of pelvic infection, in a general way, to puerperal sepsis, it is altogether probable that more cases actually occur after abortions than after labors at full term.

Dr. A. H. Burr, of Chicago, read a paper before the Obstetric Section of the American Medical Association, at its meeting in Atlanta, in 1896, upon this subject. I remember it very distinctly, partly, perhaps, because I was Chairman of the Section that year. Dr. Burr reported three fatalities after perfectly normal labor in primipara in which gonorrhœa was a clinical feature during pregnancy. In one of these sepsis developed twenty-four hours after delivery from the discharge of an extremely fetid tubal abscess into the uterus, when the detached *secundines* had freed the uterine orifice, resulting in general peritonitis, and death on the seventh day. The second died from recurring pelvic peritonitis and exhaustion, one month after confinement. The third, with no pelvic symptoms whatever, developed multiple arthritis with hyperpyrexia and acute systemic infection, which terminated her life, on the twenty-seventh day, from ulcerative endocarditis. Of the non-fatal cases the mothers all had acute metritis or arthritis, or both, with chills and pyrexia, and all the babies had ophthalmia, microscopically shown to be gonorrhœal.

Dr. Tyner, now of Washington, but until recently a resident in Texas, informs me that he was in charge of a blind asylum in that State at one time, and that his records show that there were under his care 1,700 cases of blindness. Six per cent. of these had their eyes destroyed by gonorrhœal ophthalmia among the white patients, and $18\frac{2}{3}$ per cent. of black children were blind from the same cause, making $24\frac{2}{3}$ per cent. in all.

In Norris and Oliver's recent "System on Diseases of the Eye," published in 1898, is a very thorough and comprehensive chapter on affections of the conjunctiva, etc., by Dr. Swan M. Burnett, of our Society. On page 189, Vol. III., he says, in speaking of ophthalmia neonatorum: "Like other forms of purulent conjunctiva, it, too, is one of infection, and, except in rare cases, from one definite source, the vagina of the mother. Some have thought it possible for the infection to have taken place *in utero*." Dr. Burnett does not contend that every case of ophthalmia neonatorum is one of gonorrhœal conjunctivitis, but he does say "that the infection comes from the vagina of the mother, almost without exception, is proved by the measures that have been instituted for its prevention and cure, the success of which is one of the greatest triumphs of modern scientific medicine."

This subject is so important that at the risk of wearying your patience I desire to quote another paragraph from so good and recent an authority, rather than to state the cases from the standpoint of a gynecologist, especially as it is quite in the line of my own argument upon earlier complications of gonorrhœa in women in this paper. "This is one of those diseases for which it can be claimed that absolute prevention is possible, and, with proper precaution, there need never be another case of destructive ophthalmia neonatorum." If this is true, and I certainly believe it is, why would not the same statement apply to the prevention of gonorrhœal pus tubes and ovarian abscesses, which are the cause, according to one authority quoted, of one-half the abdominal operations being performed in the world at the present time. Continuing, Dr. Burnett says: "What that means we can more fully understand when we call to mind that more than one-quarter of all the blindness of the civilized world, at the present time, is caused by this disease. (Magnus, Fuchs and many others.) Not only that, but the blindness, beginning as it does with life itself, so handicaps the person affected that instead of being a producer he remains, in all but a small number of cases, during the remainder of his life as a consumer only and a charge upon society. The loss to the commonwealth of the community from this cause is enormous, as a little calculation will show.

"There were in the United States, according to the last census, more than 50,000 blind persons, and the average percentage of the blindness caused by ophthalmia neonatorum is more than 25 per cent. (it varies from 15 to 50 per cent. in various statistics). We are certainly within the mark assuming that 15,000 of these blind persons lost their sight from neglected sore eyes in infancy. Taking the cost of maintenance of a single person, according to the statements of our

best regulated asylums, as, at the least, \$132 a year and the average net earnings of a single able-bodied person at \$1.00 a day, we find that the total loss to the commonwealth of the United States from the ravages of this disease reaches the sum of \$7,500,000 annually."

This point would seem to be equally true in regard to all the other complications of gonorrhœa mentioned in this paper. Had this disease been cured in its acute stage none of these complications would have occurred and much suffering and untold sorrow been prevented.

The article above quoted goes on to declare "that it is unfortunately not asserting more than statistics amply warrant to say that had proper measures been instituted, at the right time, not one of these 15,000 cases of blindness would have occurred. The disease being one essentially of infection, and from a well-recognized source, its prevention is of practical, absolute certainty." This statement is practically proven by published statistics of lying-in-hospitals in Leipsic and Stockholm, where Professor Crede's method of treatment of the eyes of all the newly born with a solution of nitrate of silver was regularly and thoroughly practiced. Kosling published statistics in 1896 showing that among 17,767 cases, in which no preventive measures were used, there was 9.02 per cent. of ophthalmia neonatorum; in 24,724 cases in which a 2 per cent. nitrate of silver was used there only occurred 0.65 per cent., thus practically abolishing this disease from the list of complications of gonorrhœa in these institutions. On the well-recognized principle that "what man has done man may do again," this preventable disease may be actually prevented in the future.

The present King of England and Emperor of India once said, when, as Prince of Wales, he was presiding at a meeting at the opening of a new hospital for the treatment of preventable diseases, that he could not quite understand why the preventable diseases to be treated in the grand and costly structure they were about to throw open to the suffering public were not prevented? Very many of the laity are also harping on this point, and, as they are constantly becoming more intelligent upon matters medical, surgical and hygienic, an increasing number of very intelligent people are asking the same question which the Prince of Wales so pertinently asked—that is, Why are not the preventable diseases prevented?

We recently had a very public illustration of the failure to prevent diseases most emphatically and publicly declared to be preventable, both in this Society by an Assistant Surgeon-General and more publicly by the Surgeon-General himself in general orders of instruction, especially in reference to typhoid fever, dysentery and other polluted

water-borne diseases, and in spite of all the specific and scientific instructions to the contrary, what did we see? In the late Spanish war, lasting less than four months, while we had only 269 soldiers killed by the bullets of the enemy, we had more than ten times as many of our patriotic soldiers to die in camp and hospitals from diseases officially declared for the most part to be preventable. Why were they not prevented? No one for the moment thinks of blaming the Surgeon-General. He did all any one could do. The trouble lay largely at the door of the soldiers themselves and their officers, who were ignorant or careless of the laws of hygiene and self-preservation. This is one of the chief points I wish to lay stress upon and to bring home with great emphasis to the scientific hearts and consciences of us all. We have all probably been more or less careless or ignorant in regard to the probable occurrence of the complications following uncured gonorrhœa in women.

If the eye men can prevent the occurrence of 15,000 cases of blindness and the annual loss of \$7,500,000 to the commonwealth of the country, why can't general practitioners and the gynecologists prevent so many pus tubes, ovarian abscesses, and pelvic infection from the same cause? This happy fruition may be as difficult of attainment in private and hospital practice as we have seen the prevention of preventable diseases in the United States army was in our recent war with Spain, but with the advancement of medical science we may, at no distant day, let us hope, accomplish very much better results than we are now, unfortunately, able to report.

Treatment.

I have no new suggestions to make in regard to the details of treatment. Every one here is probably as familiar with the subject as I am, and some probably more. The point, however, which I wish to lay the greatest emphasis on is that we make ourselves much more certain in the future than we have done in the past that our patients of both sexes are absolutely cured, beyond the danger of a relapse, before we dismiss them from further observation, control and treatment. Our female patients should be so vigorously treated as to prevent, if possible, the extension of the disease beyond the vagina and the external parts. The question of "latent, chronic or residual gonorrhœa," and its possible disastrous consequences, should be more constantly in mind when we are treating these cases, and our management should be so radical, thorough and complete as to prevent the

occurrence of pelvic infection and adnexal complications. These cases should no longer be left to the care of drug clerks, medical students and irresponsible persons to treat. Some hospitals still refuse, I am informed, to admit venereal diseases, and some physicians regard it as beneath their dignity to attend them. Patients are compelled, not infrequently for this reason, and also on account of the high charges of good physicians, to consult unskilled persons and the advertising quacks. One of the consequences of this unwise course is that they are only half cured, and the patients with this disease are permitted to go about thinking themselves cured, and some of them will undoubtedly contaminate innocent persons. Not a few writers, in the light of advanced modern science, speak of gonorrhœa as being a much more serious disease than syphilis, especially in women. The day has gone by when it can be said, as we have all probably heard it said, that gonorrhœa was less to be dreaded than a bad cold, and that the well-advertised "three days' cure" would render the care of regular physicians unnecessary, etc. The difficulty of a perfect cure has been recognized and emphasized by the most skilled specialists in this department of medicine. It is stated of Ricord, the distinguished French specialist, and author of a treatise on venereal disease, that, at a dinner in Paris, when the viands had been removed, and the speech-making time arrived, he, among others, was asked by the toastmaster to state his view of the punishments of hell that would be meted out to the unfortunate sinners who should be sent below. His reply was brief and to the point. He said that "no greater punishment could be meted out to him than to be compelled to review the procession and to hear the accusations of those he had failed to permanently cure of gonorrhœa." Our consciences, as well as our treatment, need revision in regard to the dismissal of gonorrhœal patients as cured so absolutely and permanently as to make marriage safe beyond the possibility of the contamination of the innocent wife. How long after the gonococcus ceases to be found by the microscopist in the urethral secretions or discharges can we safely give our professional sanction to matrimony? This is one of the burning questions of the day, and should be considered with the greatest care and conscientiousness. Dr. Joseph Price says there are more and better reasons for locking up in jail a man with gonorrhœa than there is to incarcerate a common murderer. In one case there is only one victim and that victim is dead; in the other there may be a dozen or more, doomed possibly to suffering and sorrow during the remainder of their miserable lives.

In the search-light glare and publicity of the scientific attainments

of the twentieth century let us try at least to lift this *opprobrium medicorum* from the shoulders of the regular medical profession, and so treat this disease that the sad complications which it has been the object of this paper to portray will no longer occur and its uncured victims will have no cause in the hereafter to rise up and curse our memory.

If the ophthalmologists can reduce, as they now claim they can, 25 per cent. of the blindness of the world down to a fraction of 1 per cent. by their radical preventive treatment, why can't we, by equally careful, thorough and radical preventive treatment, actually prevent the occurrence of the pelvic complications of gonorrhœa in women? I most earnestly hope we can and will in the not distant future.

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