

## CHAPTER XIX.

## GONORRHŒA OF THE RECTUM, MOUTH, NOSE AND UMBILICUS.

THESE EXTRA-GENITAL forms of gonorrhœa are rarely, if ever, met with, and the existence even of the last three may well be called in question. With the exception of the ocular conjunctiva all other mucous membranes external to the genital organs show a very great inaptitude to take on inflammation from contact with gonorrhœal matter.

M. Diday<sup>1</sup> details some experiments on this point. He says: "Wishing to assure myself of the existence of these affections, I have often (certainly more than thirty times) conveyed on the end of my finger the urethral discharge of patients to their noses, lips, and the folds within the anus, and rubbed it in! They, not suspecting what I had done, took no precautions to avert the consequences, and yet I have never seen any effect produced."

The one of the above forms of gonorrhœa whose existence is best established is

## GONORRHŒA OF THE RECTUM.

I have never met with an instance of this affection, and I must therefore rely upon other authors for an account of its symptoms and treatment.

Gonorrhœal inflammation of the rectum may arise either from the act of Sodomy, or from the inoculation of the rectal mucous membrane by means of a gonorrhœal discharge flowing from the genital organs.

The existence of this affection appears now to be well authenticated, but its occurrence is extremely rare even in those countries, as South America, where unnatural modes of coitus abound.

Both sexes are equally exposed to it in the mode of its origin first mentioned, viz., Sodomy; in the second mode, extension of a gonorrhœal discharge from the genital organs, it is evident that women run a much greater risk than men, on account of the facility with which secretions flowing from the vulva may extend to the perinæum and the margin of the anus. It is also evident that the presence of protruding piles or eversion of the rectal walls will greatly favor contagion.

In cases of this kind, the patient complains of a constant burning and itching sensation about the anus, and a frequent call to stool; decided pain is experienced only on the passage of the fœces.

<sup>1</sup> DIDAY and DOYON (op. cit.), p. 129.

The discharge is purulent, offensive, and often bloody, and tends to ooze constantly from the anal orifice, but it appears in larger quantities before defecation or on passing flatus; the margin of the anus and the skin of the perinæum are irritated and excoriated by its contact. In severe cases the mucous membrane of the bowel becomes much swollen and protrudes from the orifice; and fissures and excoriations may occur in the rectal and anal folds. Vegetations are another unpleasant sequela, and may attain such a size as to interfere with the passage of the stools.

So far as known, gonorrhœa of the rectum does not run into a chronic form corresponding to gleet of the urethra; chronic inflammation of this gut, attended by a foul, muco-purulent discharge and uneasy sensations in the part, is commonly due to piles.

TREATMENT.—In the treatment of this affection, the patient should be confined to the house, and, if possible, to the recumbent posture; enemata of some strong astringent lotion, as of ælum, should be administered several times a day; sitz-baths or baths with full immersion of the body may prove grateful and beneficial. The insertion into the rectum of pledgets of lint, either medicated or not, between the stools, has been recommended on theoretical grounds, but must for evident reasons be put in practice with great difficulty. The frequency of the discharges from the bowels should be regulated by opium, in accordance with the general condition of the patient and the condition of the diseased parts as affected by the passage of the fœces; local rest being of course desirable, unless contraindicated.

Fissures and excoriations of the anus produced by gonorrhœa of the rectum may be pencilled if necessary with a solution of nitrate of silver; vegetations are likely to persist, and are subject to the treatment elsewhere described.

Mr. Allingham, in his most excellent work on the diseases of the rectum, thus speaks of this affection:

"I have had under my care three cases of undoubted gonorrhœa of the rectum. There was great heat and burning pain experienced, with a copious discharge of pure pus; the mucous membrane, as seen through the speculum, was intensely inflamed; the cases occurred in prostitutes, who all confessed the manner in which they got so affected. The cure was not difficult; lead-lotion and opium were used in two cases, and answered very well; the third was treated by sulphate of zinc and warm water injected three times daily; in neither case was there any ulceration of the lining membrane of the bowel, nor did any thickening or contraction result; the inflammation did not appear to affect the submucous areolar tissue." (Allingham on Diseases of the Rectum, 1871, p. 237.)



## GONORRHŒA OF THE MOUTH.

Hölder<sup>1</sup> states that this affection may arise from direct contact of the mouth with the genital organs, and says that Petrasie, of Kiel, had recently reported the case of a young man who confessed having exposed himself in this manner. On the following day he had pain in the lips and gums. On the fourth day the mucous membrane of the lips and buccal cavity became intensely red; motion of the mouth was painful; the gums were spongy, inclined to bleed, and a little receding from the teeth, and the buccal secretion was increased in quantity. Other authors speak of a copious puriform secretion and aphthous exudations. Petrasie's case is said to have been cured in a week by means of an alum gargle.

## GONORRHŒA OF THE NOSE.

A case of this kind is reported by Mr. Edwards.<sup>2</sup> Hölder (op. cit., p. 288) also speaks of it. It is said that it may arise either from the matter of gonorrhœal ophthalmia flowing down upon the nares, or from the use of a napkin, or the fingers soiled with the same; that generally only one nostril is affected; that the symptoms are about the same as a very severe "cold in the head;" that there is but little pain, and that it is readily cured by cold applications, snuffing up cold water, pencillings with nitrate of silver, and afterwards the use of an alum or borax lotion.

## UMBILICAL GONORRHŒA.

A young man, aged 19, was found by Morrison<sup>3</sup> to have urethral gonorrhœa, and at the same time a similar discharge from the umbilicus, which was relieved by solutions of acetate of lead and sulphate of zinc.

<sup>1</sup> Lehrbuch der venerischen Krankheiten, Stuttgart, 1851, p. 288.

<sup>2</sup> London Lancet, Am. reprint, June, 1857.

<sup>3</sup> Bull. méd. du Nord, Lisle, No. 10, 1874.

## CHAPTER XX.

## GONORRHŒAL OPHTHALMIA.

GONORRHŒAL ophthalmia has been supposed to originate in three ways—from inoculation, from metastasis, and from sympathy, each of which has from time to time been received by certain authors as its exclusive mode of origin.

The occurrence of gonorrhœal ophthalmia from inoculation or contagion cannot at the present day be called in question. Numerous cases, reported by Mackenzie, by Lawrence, and by nearly every modern writer on diseases of the eye, leave no room to doubt that the discharge of gonorrhœa, applied to the ocular conjunctiva, may set up a severe and destructive form of inflammation, similar to, if not identical with, purulent conjunctivitis. But, besides these reports of cases in which the inoculation has been the result of accident, further proof is to be found in the treatment of pannus, employed of late years chiefly by French and German surgeons, in which the eyes have been intentionally inoculated with the pus of gonorrhœa. Discharges from the genital organs have been transferred to eyes affected with pannus, with the express design of exciting acute inflammation, which, it was hoped, might cure the chronic disease, and, however questionable may have been the results of this practice, so far as the accomplishment of the latter purpose is concerned, there has been, at all events, no difficulty in producing acute inflammation by such inoculation. With these facts before us, therefore, no further doubt of gonorrhœal ophthalmia from contagion is admissible; indeed, direct inoculation is now regarded by all surgeons, with but few exceptions, as the only mode in which originates that destructive form of conjunctivitis which sometimes attends gonorrhœa.

The old idea of a metastatic origin of gonorrhœal ophthalmia, first advanced by St. Yves,<sup>1</sup> is now completely abandoned, and the same is true of "sympathy" as a supposed cause.

FREQUENCY.—Gonorrhœal ophthalmia, compared with the frequency of gonorrhœa, is a rare affection. The following table exhibits a number of cases received at the New York Eye Infirmary during a period of fifteen consecutive years, and the proportion which these cases bear to the whole number of patients.

<sup>1</sup> A New Treatise of the Diseases of the Eyes, by M. De St. Yves, Surgeon Oculist of the Company of Paris, translated from the original French by J. Stockton, M.D., London, 1741, p. 168.