ACUTE GONORRHEAL MENINGITIS.

REPORT OF A CASE.

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In Taylor's "Venereal Diseases" we find brief references made to gonorrheal affections of the spinal cord (cap. xxvi). Citations are here made to two cases reported by Hamen and Parmentier, in which "spinal symptoms supervened upon gonorrheal rheumatism"; by Tixier and Stanley, respectively, of paraplegia resulting from similar infection; to a case reported by Panas of a "man in the declining stage of gonorrhea who, after exposure to cold, had a severe headache lasting for ten days, and the loss of the sight of one eye"—from optic neuritis; and finally, to the study made of the various published cases by Dufour, which shows the most common clinical picture to be one of dorsomyelitis, with the course of the disease similar to all infectious myelites, and termination in death in one-third of all cases. In the light of such facts, these authorities are of one opinion, that gonorrhea *may cause* myelitis and meningo-myelitis like other infectious diseases. But aside from these few references, medical literature—so far as my researches extend—is silent upon the subject, and Taylor concludes his chapter with this statement, that "we have no knowledge of the involvement of the cerebral meninges by the gonorrheal process." In the report of the case to follow, no autopsy was allowed, but the clinical picture was so striking that error in diagnosis would seem impossible.

Case 1.—A man, aged 36 years, weight 175, in perfect health up to the day of his recent illness. Temperate in all his habits, with family and individual history negative as to tuberculosis, syphilis, nephritis or trauma. Five days after exposure to gonorrheal infection, he experienced a burning and itching in the urethra, the meatus became red and swollen, a discharge appeared, and the case developed into a typical, acute, anterior gonorrheal urethritis. Social conditions deterred him from consulting a physician. Local injections were resorted to and in a few days an acute gonocystitis was the result. It was not until now that he sought the advice of a physician. When first seen, the tongue was heavily coated; the bowels constipated; there was considerable fever. He reported having had two chills the evening and night before with rigors, coming on several hours apart. He now complained of excruciating pain; backache, headache, pain over region of bladder, perineum and down the thighs; there was a profuse, purulent urethral discharge, and the two-glass test gave in addition blood in both. The patient was ordered to bed and all local treatment prohibited. Hydragogue-cathartics, hot sitz baths and mild alkaline diuretics were prescribed. The following day, another chill having appeared, quinin was administered in 5-grain doses every three and one-half hours, three doses a day for three days. On or after the sixth day, the fever subsided, the bladder and urethral symptoms improved, though the discharge was still profuse, and the patient was beginning to sit up. Directions were given to remain quiet, to keep the bowels open, to continue with the hot sitz-baths, the alkaline diuretic, and to drink freely of water, and that so soon as the acute symptoms subsided, irrigations and local treatment would be commenced.

Three days elapsed before the patient was again seen, and on being called, I found that the patient had been seized during the night with a rigor and chill; the temperature was then 103, the skin bathed in perspiration, the pulse full, quick and bounding. The condition of patient's mind had alarmed his wife; he was very hilarious, excited and talked at random, though when spoken to was fairly rational and gave satisfactory answers to most questions, but could give no explanation for his happy frame of mind. He complained of headache, vertigo and intense nausea—vomiting even water; the bowels were acting freely from the laxatives given, but owing to sick stomach no other medicines had been given during the past thirty-six hours. The urine was scanty, high-colored, muco-

purulent and still discolored by blood, and micturition was extremely painful. In spite of all sedatives, the restlessness increased. No opiates were given, owing to the already existing inactivity of the kidneys. This restlessness and hilarity increased to a condition of acute mania, the patient grew violent, and restraint became necessary. This extreme condition lasted for about three days, when the patient gradually became less obstreperous, and violent only when disturbed or aroused. During this period of marked excitement the temperature ranged from 99.5 to 101; the pulse was full, tense, and the rate ranged from 78 to 84. The face was congested, the pupils tended toward dilatation rather than contraction, and reacted but slowly to light; the reflexes were exaggerated, there was marked tremor, the skin was hyperesthetic, there was beginning trismus and commencing rigidity of the neck muscles, and the patient evidently suffered great pain. The mental disturbance, however, was, up to this time, the most significant and marked peculiarity; though apparently wide awake, it required at times considerable effort to arouse patient to his sensibilities, and when touched or loudly spoken to, he would jump as though frightened. Near the end of this period of excitement, *gonorrheal arthritis* developed in left elbow and right knee-joint; the trismus became marked, the head drawn back, the eyes rolled in and up, and marked deafness supervened; there were hiccoughs and muttering delirium, and the patient gradually passed from this condition of sopor, which lasted about ten days, into coma and death. Early in the disease the urine and feces were voided in bed. So soon as cerebral excitement was observed, on my second visit to the patient, urethral and bladder irrigations with a quart of hot Thiersch's solution were practiced once a day and kept up until quite near the end. Under these washings, the secretion of urine became more free, and the urine itself much less purulent. Owing to the violence and strength of the patient and the aversion—from the very beginning—to all medicines, water or food, the administration of all nourishment necessitated the use of chloroform and the naso-esophageal tube. In this manner he was fed twice a day, and at one of the feedings, advantage was taken of the anesthetized condition to give local bladder and urethral treatment. At no time did the fever run over 103, and during the greater part of the disease, morning remissions were 99, with evening exacerbations of 100; there were no sweats. During the last twelve hours the pulse became more rapid and soft, the temperature rose and remained at about 102 until death. Rational treatment had little or no effect upon the course of the disease. The duration of the meningitis was about twenty-one days.

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NEW METHOD OF NEPHRORRHAPHY.

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The following modification of the method of Dr. George Ben Johnson I have been using for some time, and think it is a decided improvement over any other method of anchoring the kidney with which I am acquainted.

The usual incision being made in the loin, the kidney is forced into position by the hand of an assistant and stripped of its posterior investment of fat, so as to expose the true capsule. This is incised longitudinally, care being taken not to wound the substance of the kidney. The edges of the incised capsule being caught with the forceps, the capsule is separated from the kidney with the finger, so as to give a flap on each side from two to two and one-half inches in length and about three-fourths of an inch wide. The flaps are cut or torn with the finger at each end, so that they can be brought out at right angles to the substance of the kidney. With a pair of scissors an incision is then made through the fascia and muscular tissue on each side of the original incision, parallel with it and about half an inch away, and of nearly the same length. A pair of forceps is passed through each of these incisions, and the corresponding flap of kidney capsule drawn through. Each flap is now