NON-GONOCOCCAL URETHRITIS

By Dr. A. H. HARKNESS

DISCUSSION

COLONEL L. W. HARRISON remarked that Dr. Harkness had covered the subject so completely that but little was left to anyone following him to say. In discussing a paper it was common to hear one speaker after another remarking that one point which had been omitted was so and so; but he had found it impossible to detect any such omission, and he therefore wished to congratulate the reader on the thoroughness with which he had presented the subject. He hoped the paper would in due course appear in print fully, as it certainly would constitute a very valuable source of reference on a very troublesome part of the special subject with which members of the Society dealt.

He was glad that the frequency of non-gonococcal prostatitis had been mentioned. So often people thought that prostatitis was only of gonococcal origin, and it was important to disabuse their minds of that idea.

Dr. T. ANWYL DAVIES said his own remarks must be to the same purport as Colonel Harrison's, as he could scarcely think of anything which Dr. Harkness had left out in his treatment of the subject.

He remembered very well the case of a man who was very fond of cucumbers, so fond, indeed, that he kept a knife in his pocket ready for slicing them, and he used to regularly swallow three cucumbers a day. He had urethritis, and could not tell why it had occurred, but when the eating of cucumbers was stopped, the urethritis ceased.

When a student he was taught that Bacillus proteus was non-pathogenic; but he saw two sailors, who each presented the worst bilateral epididymitis the speaker had ever seen, with a severe urethritis. In both cases the infection was obtained per rectum. As B. proteus was responsible for their state, doubtless it could be pathogenic.
Another point which Dr. Harkness mentioned was the intra-urethral lesion of climatic bubo, or lymphogranuloma inguinale. He had seen a case and it was a dangerously infectious condition. If members had seen an instance of it, he would like to know what its appearance was urethroscopically. In the case he was referring to there was a fair amount of a bacterial discharge, consequently no one urethroscoped the case, and so the lesion was missed.

If Dr. Harkness’ paper was taken logically, to avoid mistakes it meant that one must dark-ground every case of urethritis for trichomonas or spirochaeta pallida; but how one was to carry that out in a busy clinic he did not know.

Major F. C. Doble agreed that Dr. Harkness’ paper was a very full one, and he felt indebted for it; but there were one or two questions he would like to ask.

First, by “urethritis” did the reader mean inflammation of the urethra? He asked because several of the cases related by Dr. Harkness had a discharge but no inflammation. Some years ago a number of patients presented themselves with a discharge, but nothing abnormal could be found, and the speaker thought the symptom was due to the young men sitting just inside omnibuses when women had just taken to short skirts, and these men had been watching women mount the bus steps.

There was a urethritis accompanying rheumatic conditions, and certainly there was one other cause which had not been mentioned, a cause which, a year ago, caused him considerable amusement. A man consulted him because of very severe urethritis which nothing that was done could cure. He asked to see the man’s lady friend, and she came along. When Major Doble put his finger into her vagina he felt a hard substance like china, and it turned out to be china, a little china bust of Napoleon I. He was at a loss as to what the idea was until he found she had a prolapse, and probably sought on the mantelpiece for something which would keep it back, and this bust was handy, and was placed in the vagina. The rubbing and friction had caused a severe vaginitis.

He asked what Dr. Harkness meant by a chemical urethritis. It might be due either to drugs taken by the mouth and/or injected into the urethra. The passage of
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medicated bougies was not a common occurrence nowadays; in former times many cases of urethritis were due to much-advertised bougies.

Dr. H. Nicol agreed that Dr. Harkness had entered very fully into the subject. With regard to contraceptives, he had had many patients come to him with a non-specific urethritis, with a discharge containing pus organisms, which they had obtained from the same cause, namely, using contraceptives. A week or two of permanganate had cured them.

Dr. T. Anwyl Davies, in further comment, said in reference to the student with a B. coli infection, obtained by inserting a thermometer into the rectum and then into the urethra to compare the difference in temperature, he himself knew the patient, who nearly died of B. coli cystitis and bilateral pyelitis.

Mr. Ambrose King said he could scarcely hope to add anything to the complete description which Dr. Harkness had given.

He had recently seen two unusual cases of the kind under discussion. The first was a man who had seen a surgeon because of pain in the urethra, but no cause for it was found. The surgeon, however, inserted into the urethra radon seeds, and retained them there forty-eight hours, the result being to cause a profuse and intractable urethritis.

The second was that of a man also with urethral pain, without obvious cause, and in that instance he thought that the urethritis which followed was due to prolonged and frequent use of diathermy with urethral electrodes.

The President agreed with those who said that Dr. Harkness' paper was so complete that little had been left for others to say.

Members would understand that the speaker's branch of the specialty was one which did not bring him very much into contact with this type of infection. Occasionally he had had a boy sent to him from a clinic with the history that the lad had urethritis, which in some cases was supposed to be gonococcal, in others not.

Two years ago he had a male child aged two years who had been sent because he had redness and soreness at the tip of the penis, which was said to have been present four months, with discharge, and this discharge was becoming blood-stained. Micturition was painful, and therefore
he was thought to have urethritis. Careful examination, however, did not show any discharge, and it was a balanitis. It was necessary to distinguish carefully between the latter and true urethritis. That condition quickly cleared up with the application of hot boracic fomentations, all being healed in two weeks. A month later the child caught a severe cold, and the whole condition recurred. He might have had a peculiar susceptibility to inflammation of his mucous membranes. He was cured of the relapse, and had another a few months later. The last occasion was a year ago, since when the speaker had not seen or heard of him.

One would scarcely expect to meet with cases of urethritis in boys, in whom, too, gonococcal infection was very rare; he had not seen twelve instances during his sixteen years' experience in the V.D. Clinic at the Great Ormond Street Children's Hospital; hence in them post-gonococcal trouble in the urethra was not likely to arise.

With regard to B. proteus infections, this was known to be a pathogenic organism, because a certain number of cases of proteus pyelitis were seen in children, and such cases were very difficult to get well; in fact, some did not clear up at all.

Dr. Harkness said, in reply, that there was very little that he could add as a result of the discussion, but that he wished to take the opportunity of thanking Colonel Harrison and Mr. Lloyd for the loan to him of the literature which they had on the subject, also his thanks were due to his colleagues at St. Peter's Hospital, who, when they had a case with a discharge and something more serious, told him of it and gave him the opportunity of seeing it.

It was possible, by the way he had described the cases, that he might have given the impression that he had done all the investigating himself. This was not so, as when a non-gonococcal case did not clear up with treatment, he always sent the urine to be examined for tubercle bacilli and had the patient X-rayed. After which, if necessary, the case would be passed to the urologist for further investigation. He said that he was in a fortunate position at St. Peter's Hospital, as when he was taking out-patients, there was always a urologist working in the next room, so that any case which should be seen by the urologist could be sent through to him, while any
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case of discharge of interest to the speaker could be referred to him in the venereal department.

With regard to the B.C.C. infections mentioned by Dr. Hanschell, there were many such cases when the speaker first went to St. Peter’s Hospital, and which caused him much anxiety. He would encounter a man with a B.C.C. infection which for some reason would clear up entirely, but, in a month’s time, the patient would return in as bad a condition as before. When Sir John Thomson Walker’s opinion was asked, that authority said that he considered that some of these cases had a pyelitis, that there was some focus in the pelvis of the kidney, and that every now and then this produced infected urine.

Dr. Doble had referred to foreign bodies being found in the vagina. The speaker was once called to a case of protracted labour. When he did the vaginal examination, he felt something circular and hard through which the child’s head was being born. He did not think that it could be a prolapsed cord, and when he extracted a foreign body he found that it was a ring pessary. On mentioning this to the surgeon in charge at Guy’s Hospital, he was told that a case was recorded, in Italy, in which the child had been born with a ring pessary round its neck.

The man referred to who had a urethritis after watching girls mount omnibus steps must have been suffering from urethrorrhoea.

A man recently attended St. Peter’s Hospital bringing with him a bottle of urine into which he had passed something, and, not knowing what it was, wished to have it examined. The pathologist found that the specimen contained the larvae of the common house fly.