Treatment: salicylate of soda and warm baths; after a few days, strychnine and other tonics, with massage and electricity, were given. The reader of the paper then gave a minute description of the pathological changes which take place in this disease,—the parenchyma being almost alone affected. The nerves most often affected were the anterior tibial and musculospiral. It was caused, it seemed, from a morbid state of the blood: this poison had a special affinity for nerve tissue. Modern pathology had enabled us to see that this was a separate disease from those with which it used often to be confounded, in which the lesions occurred in the central nervous system. Dr. Meyers pointed out the various differences between such diseases and multiple neuritis, both as regards pathology and symptomatology.

"Ophthalmic Memoranda" was the subject of Dr. A. REEVE's paper. He referred to the progress that had been made in ophthalmology since the introduction of such instruments as the ophthalmoscope; also in the treatment of such affections as trachoma, lymphonata, astigmatism, stricture of the lachrymal duct, etc. The speaker outlined the present treatment for such affections, and methods of employing surgical therapeutics where necessary. He discussed at some length the subject of sympathetic ophthalmia.

Dr. OSBORNE, in discussing the paper, spoke of the necessity of treating the nasal catarrh which was found in many cases of lachrymal duct affections. He also spoke of the great value of the ophthalmometer in astigmatism.

Dr. REEVE replied.

Dr. HARRISON, the president-elect, was then voted into the Chair. Votes of thanks were heartily given to the retiring president, the medical profession of London, and the railroads.

Dr. ANGLIN moved that the usual honorarium be given to the Secretary,—Carried.

Mr. J. H. Chapman, of Montreal, had an extensive and beautiful array of all kinds of surgical instruments on the platform, which were much admired between sessions by the members of the Association.

Progress of Surgery.

THE ROLE OF THE POSTERIOR URETHRA IN CHRONIC URETHRITIS.

In a paper read by Dr. Bransford Lewis, of St. Louis, before the June meeting of the American Association of Genito-Urinary Surgeons (*Medical Record*, June 29, 1893), the author presents some very radical and unorthodox views on the frequency of posterior urethritis and its influence in the production of chronic gonorrhœas.

The various causes commonly accepted as sufficing to explain persistence in gonorrhœa were reviewed, and their potency as such was denied, seriatim. Two cases were reported showing that the presence or absence of the gonococcus, alone, could not form a reliable criterion as to prognosis: Case I. (primary) with abundant gonococci—containing discharge, lasted six weeks; while Case II. (secondary), also giving abundant gonococci—containing discharge, lasted only one week. The influence of anatomical abnormalities was restricted to only a small minority of the exceedingly numerous cases of chronic gonorrhœa, and did not explain the great number that occurred. The several varieties of urethritis, such as "granular urethritis," "catarrhal urethritis," "hypertrophic urethritis," etc., were only pathological incidents, not causes, of chronic gonorrhœa; and even on discriminating between these several varieties, the question still obtruded itself: What was it that had produced that particular variety?

Again, urethral therapists, with ardently-advocated new remedies, supposably specifics, had all in turn failed in their endeavors to abolish prolonged claps. So that it must be acknowledged that the various factors to which chronic urethritis was usually attributed, while relatively important in a contributory way, did not cover the ground in actual clinical experience; and something else must be found to bear the onus of being a prolific source of chronic gonorrhœa.

While aware that infection of the posterior urethra was almost universally recognized, by advanced practitioners of the present day, as a complication of gonorrhœa that was difficult to cure when it did occur, that interfered with the usual course of treatment employed, and required special measures for its relief, etc., he did not believe that the full importance of posterior inflammation was generally conceived, that its frequency was even approximately estimated in general, or that its bearing on almost every case of gonorrhœa was understood, recognized or acknowledged.

In Dr. Lewis' opinion, the posterior infection should not be looked upon as a complication, but as a natural feature, occurring with such unfailing regularity, that an observer, watching carefully and critically gonorrhœal cases, must see a great many of them before he would meet with a single one that remained free from the so-called complication throughout the disease. This conclusion, to which clinical investigation had led him, was supported, in recent writings, by the following statistics of authors who had been pursuing a similar study of late years: