

Gonorrhea is a disease in the treatment of which every one has had his successes as well as his failures. The reason for this may lie in the fact that most may be prone to forget at times to treat the patient for gonorrhea, and consequently fall into routine treatment of the disease. It is said to be a self-limited disease and that, without any other treatment than rest in bed, diet and hygiene, a complete cure will be effected in from five to eight weeks. If such be the case, all the best—and there is no best—treatments are of practically no more use than, and probably not as much, as hot water. Medicines have been given internally and by injections galore; urethral irrigation has been practiced and the result is that we get no nearer than telling our patient that he cannot be cured under, practically, six weeks. Like some one said once of rheumatism, the best cure for this disease is “six weeks.” And a writer in the *Buffalo Medical Journal* has had experience and so states his dictum. It is certainly not to our credit and is humiliating to have to tell a patient that we cannot effect a cure under six weeks, the prescribed time in all text-books, and about the time from all practical experience. Every physician will tell you, as he has told the patient, that if he takes to bed and rests, a cure will most likely result the sooner. But what patient will take to his bed? None. Because rest in bed being recognized by the profession as an essential factor to effect a rapid cure, is not insisted upon; for the physician, instead of ordering all the treatment, practically allows the patient to order the most important part of it, simply because the patient does not think he is sick enough to go to bed, and naturally shrinks from the ever-inquisitive friend: “What’s the matter with you?” As one of the social diseases, then, which all surgeons know causes unlimited damage to numberless women, to say nothing more of its far-reaching and disastrous influence, is the profession doing its proper duty by treating patients with this disease as it now does? Should they, when the disease accomplishes in such short time such hellish ravishes in womankind, continue to be assistants to their patients in the treatment of their disease? In practically no other disease does the patient hold the whip-hand; for it amounts to that. The general principle of REST in this disease whilst recognized as of essential importance cannot be enjoined upon the patient until it has become an established and a universal practice by the profession.

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An interesting and instructive article appears as our initial paper this month. It is on “Trachoma and Immigration—Our