jecture and empyricism, are rendered as clear as to diagnosis, and really nearly as satisfactory respecting treatment, as affections of the eye. Before using the endoscope on the urethra it is well to ascertain that it is free from constriction. This can easily be learned by passing a bougie. This being done, and the road known to be clear, it is best to examine it from the neck of the bladder to the glans penis. Place the patient reclining in an easy chair, with the buttocks near the edge of the seat, and the thighs well separated. Kneeling between the legs, introduce the tube with the plug well oiled until it has passed the triangular ligament of the perineum. Then introduce the index finger, well oiled, into the rectum, and guide the passage of the tube through the membranous portion of the urethra into the prostate region. As soon as it has traversed this region, withdraw your finger from the rectum, extract the plug from the tube and attach the endoscope, which has previously been made ready. Holding the endoscope in the left hand, gradually withdraw it, at the same time keep the eye closely applied to the eye piece. While withdrawing the tube it is well now and then to reintroduce it a short distance, and also to increase or diminish the light; in this way, it is said, various views are obtained. As the tube traverses each portion of the canal, the lining membrane comes into full view, bit by bit. If a difficulty occur in seeing any portion, it will generally be found to arise from oil, blood or mucus obscuring the surface. I need hardly say this can be easily removed by one of the stillets covered by wadding.

In the introduction of the endoscopic catheter it is necessary to be careful not to enter the bladder, or a rush of urine will fill it up and stop the examination. This precaution may to some seem unnecessary, as the catheter is a straight one; but Dr. Cruise says that a straight instrument will enter the bladder with almost as much facility as a curved one.

Before attempting to discover morbid conditions of the urethra with the endoscope, it is best to study its appearance in its natural healthy state. To one unconnected with an hospital, this is a matter of much difficulty, as few would care simply to gratify a surgeon's curiosity to allow the introduction of the endoscope tube into their urethra. Still, the attempt should be made. Those who have had opportunities of doing this describe the lining membrane of the urethra in a healthy condition as being throughout of a pale rose tint, its surface smooth and polished, and glistening with its coating of mucus—that portion near the glans being deeper in color. All this I have, from personal examination, been able to satisfy myself of. It would be quite beyond the object of this paper to enter into any details with regard to the numerous pathological conditions of the urethra which the endoscope has revealed; but from a moderate use of the instrument during the past eleven years I hesitate not to assert that in many cases of obstinate gleet it enables you to see the cause of the discharge, and seeing the cause, enables you to apply the necessary remedies directly to the part. An instrument so useful in a class of cases usually so troublesome and annoying to the surgeon would, one would suppose, receive a large amount of encouragement, and that it would be met with among the *armament* of all leading surgeons. Such is not the case. For a few years it was hardly possible to take up a medical journal without finding something regarding the endoscope in it. Now its name is seldom mentioned, and I have no doubt but that, like many another ingenious surgical contrivance, it has had its day. Till some one of an ingenious turn of mind still further improves the instrument, its use, I have no doubt, will be limited, confined to those, perhaps, who, having seen its use in the hands of its great master, Dr. Cruise, of Dublin, were impressed with its usefulness, and which experience has corroborated. Of this number I claim to be one.

Tincture of the Muriate of Iron in Diphtheria.—By W. P. SHOEMAKER, M.D., of Elk City, Pa., U. S.

My apology for writing to a Canadian journal is, that I had the pleasure of making my home in the Dominion for a few years. I do not know your treatment for diphtheria in Canada at the present time, but I know that it used to differ from the course I mean to suggest. Here we have diphtheria almost all the time, and such a form of it as I never saw in Canada. In rural districts, where they get little help, whole families die. I have taken no notes of