bougie, or the bougie a boule. Rectal examination is not only advisable in some cases, but imperative in nearly all cases of chronic urethritis that come under the physician's observation. Any anomalies of the prostate and seminal vesicles are readily imparted to the examining finger. Inflammatory states of these structures will not infrequently give rise to urethrarrhœa, which is often mistaken for gleet, and unsuccessfully treated for this vague affection. A search must also be instituted for the possible presence of diseased states of Cowper's glands, as they are equally apt to cause an obstinate urethrarrhœa. There is a form of the latter condition that must not be omitted, entitled lacunar urethrarrhœa, on account of its being located in the first inch of the urethra, the lacuna magna on the roof of the fossa navicularis, where instruments are not rarely engaged. Again, within the first two inches of the urethra the follicles at its base are more prominent than at other portions of the canal. Folliculitis of the urethral mucosa in its course may induce a muco-purluent discharge. Its exact location must first be discovered prior to the adoption of treatment. A tight meatus is frequently a contributing factor which must not be overlooked during a urethral examination; the same holds good of a tight prepuce. In the former, a meatotomy is indicated before we are enabled to resort to direct medicinal applications or mechanical interference; in the latter, we must have recourse to a circumcision. Affections of the bladder, the ureters and pelvis of the kidney, or of the kidney itself, must attract our attention as possible causes in all ultra-chronic cases, where no palpable cause can be elicited in the urethra and its appendages. Cystoscopy, and, if necessary, ureteral catheterization, should be performed before definitely arriving at a diagnosis. The possibility of tuberculosis should never be lost sight of. Over-treatment is held to be a potent source for the continuance of a urethral discharge, which ultimately disappears upon the discontinuance of injections and instrumentation. Constitutional peculiarities of the individual must also be scrutinized before we are able to cope with the disease, as we are apt to meet with cases that do well on a tonic course of medicine with very little or no topical treatment. In these patients there is depraved health playing an important role; either malnutrition, digestive derangements, anæmia, and other debilitating states may be responsible for the perpetuation of the catarrhal discharge. That these anomalies of the general health must be corrected goes without saying.

In protracted and persistent cases of posterior urethritis, especially when there is a concomitant prostatic involvement, our only and *dernier resort* lies in prostatic drainage by means of a perineal section. This measure has of late been warmly recommended by some surgeons, and the results obtained so far are very promising.