

bougie being preferred to solutions, in order that the antiseptic may stand a stronger chance of being more completely brought into contact with the inflamed surface. I have been unable to find in such journals as I have read, any strong endorsement of this plan. My experience of it is not sufficient to allow me to pass any opinion upon it. I can only say, with my predilection, I wish it were more effectual than it seems to be, as a treatment so easy and rational deserves to be.

In the treatment, we can find an ample field for discussion. As a student, I recollect well how much some used to praise the abortive treatment, effected by the internal use of balsam of copaiba and cubebs, in large and frequent doses, and at the same time the injection of nitrate of silver, or other similar strong caustic fluid, repeated at short intervals. Indeed, one well-known surgeon at the Infirmary, whose eminence in this direction was undisputed, was vulgarly called "The perfect cure in three days."

Few surgeons would now-a-days, I think, undertake the abortive treatment, even at the urgent request of the patient, and his assurance that all risk was his own; for except in mild cases, it frequently does much harm.

The expectant plan has had at times strong upholders, perhaps has some still. I do not find, however, that any of the advocates of this plan have ever brought forward an array of facts to prove that the disease if left to itself will get well in a short time; certainly the majority of those who have studied this disease at all closely, have come to a different conclusion.

What should be embraced in a safe and effectual treatment. Several factors make it up.

(a) Rest, if possible, even to lying in bed. Now few of the patients coming to a dispensary or hospital to be treated, are in a position to do this; they are compelled to go about their work. Even in private practice, a large proportion show the greatest unwillingness to lay themselves up, fearing that the knowledge of their disease may be thereby suspected, if it does not actually leak out.

(b) Insisting on great cleanliness, obtained in any way; the patient to frequently pass urine, so as to cleanse the urethra; injecting warm water; frequent soaking of the penis in warm water. Tell him also not to bandage or tie up his penis in an unnatural position, but allow it

to hang, and thus permit the discharge to run freely out of the urethra, the mouth of which should not be firmly pasted up, as it so often is, with a piece of lint; but left open, or at most, having a piece of salicylic or borated absorbent wool lightly placed over it, or in a water-proof bag secured over it.

(c) Make his diet as simple as possible; pure milk diet, if you can get the patient to conform to it; at any rate, excluding all irritating and stimulating articles—fluid and solid, giving also diluents and alkalies freely, to make the urine as little irritating as possible.

(d) Internally, I have used for a long time, the liquor santal flavæ et cubebs of Hewlett, with great satisfaction; it is the most pleasant of an unpleasant family of drugs, and I deem it most useful.

*Injections*: what is their place and value in the treatment of this state. Certainly in the acute stage they are not beneficial, and I find them positively harmful. A good many cases that I see, come to me after they have treated themselves for a time on prescriptions and advice of a friend, or have been acting under the advice of a chemist. These usually use injections from an early date, often I feel satisfied with bad effects increasing the violence of the complaint and aiding in the extension to the deeper parts of the urinary tract, or producing one or more of the so-called complications or sequelæ of gonorrhœa.

When the acute symptoms are passing off, and the pain has gone, though the discharge may still be muco-purulent, yet I think it is then quite judicious to use astringent injections of various kinds. The list of what has been used and proposed is a long one, and the difficulty of accurately estimating their value is not small; but the zinc salts, sulphate, sulpho-carbolate, nitrate of silver, and boracic acid are certainly most useful, with or without a sedative adjuvant.

The more chronic state of the same affection is deserving of a little attention. The passing off of all symptoms of an acute nature and the persisting of a chronic urethral discharge for a more or less lengthened period, constituting the common complaint known as gleet, is a frequent result. This discharge will often persist, in spite of pains-taking and judicious treatment on the part of the surgeon by internal and local means; at times being reduced to an amount just sufficient to glue