thoroughness of Dr. Gurd's work. Nevertheless there remains half the number of cases which are pronounced bacteriologically more or less doubtful. It is just in these doubful cases also that the great difficulty of making a clinical diagnosis arises. In these cases we meet with the clinical signs of the disease, and yet we cannot find and isolate the organism. In these difficult cases I consider that the ultimate appeal must always be to the clinical aspect of the case; that we cannot say that because we do not find the organism, therefore the disease is not gonorrhœa. We all know how difficult it is, how oftentimes impossible, in typhoid fever to secure the Widal reaction: and in cancer to recognise the early histological picture. In the question of cancer one may go even further, and say that even the complete histological picture does not always mean the presence in a clinical sense of malignant disease. So that, in these 50% of doubtful cases we are more or less deserted of everything save the clinical picture of the disease before us. I would like to ask Dr. Gurd as to the morphology of some of the degenerate forms of organisms found in the vagina, and as to the variety of degeneration which in his experience the gonococcus therein undergoes; whether it is always possible to isolate and distinguish Weichselbaum's diplococcus, and the so-called pseudo-gonococci of Bum and Lustgarten. Again I wish to thank Dr. Gurd for his paper, and to congratulate him upon its excellence.

A. Lapthorn Smith, M.D.—Dr. Williams and I carried out a series of experiments five years ago at the Montreal Dispensary on just this point of the bacteriological examination for the gonococcus. We collected some 60 or 70 cases and my impression is that about 10 percent were found positive by culture. Some of the cases that I had diagnosed as non-gonorrhœal showed the organism, while others clinically positive gave no gonococci. From this I fell back on my old plan of working on the clinical basis. I would be glad to hear that Dr. Gurd has persevered with his researches until he will be able to give us a positive opinion in cases which we sometimes have, where a woman comes to us demanding to know whether she has gonorrhœa or not. If by the methods he has described we could do this it would be a great step in bacteriology.

J. C. Cameron, M.D.—If it is true, as Dr. Gurd's observations seem to show, that the gonococcus is to be found in the vagina of pregnant women much more frequently than we have commonly supposed, without even producing symptoms which would cause discomfort or arouse suspicion, it strikes me very forcibly that the old-fashioned and much maligned prophylactic douche was not such a bad treatment after all