orrhœa in cavalrymen, who must be on duty, will run a favourable course, while in other cases, in spite of the greatest attention, most unpleasant complications take place; yet, the physician does his duty, when in addition to medical treatment he regulates with precision the manner of life of the patient.

The first gonorrhœa is usually the most painful. In subsequent attacks the inflammatory process is not so severe. On a recurrence of the gonorrhœa, it is desirable to adopt the treatment, which was previously successful. If the first gonorrhœa was complicated with cystitis or orchitis, the second and third will most probably show the same complication.

When possible the patient should remain quiet and live sparingly. If it is necessary that he be actively engaged a suspensory bandage should be worn, more particularly in the third and fourth weeks, when the inflammation is close to the compressor urethræ. A milk diet is the best; fruits and vegetables exert a favourable influence; meat must be avoided; indulgence in pickles, wines, beer, and spirituous drinks must be denied.

During the first week, if the inflammation is very severe and the sensitiveness of the urethra great, cold applications are useful.

Internal medication in the treatment of gonorrhœa is of little value. Gonorrhœa is a local inflammation of the urethra, and not a constitutional disease, consequently, it appears that general treatment through internal medication is aimless. The use of large quantities of copaiba, cubebs, and similar remedies, is not a matter of indifference, for by the administration of these drugs the digestive system suffers, an erythematous eruption may appear, albuminuria may be produced, and epididymitis more frequently occurs after treating gonorrhœa by large doses of copaiba than in those cases where purely local treatment was adopted. Small doses are useless; the drug is too much diluted in the urine to exert a curative effect on the mucous membrane of the urethra. Large doses are hurtful; therefore, it is better not to treat gonorrhœa by internal medication, but to rely entirely on local treatment. If copaiba, cubebs, oil of sandal wood, and the other remedies of this class are thought to act so beneficially on the mucous membrane of the urethra, when in part secreted with the urine, and coming into contact with the urethra during micturition, why not choose the shorter way, and bring the remedies in direct contact with the diseased surface in the form of injection?

Acute gonorrhœa always begins at the meatus, and gradually passes backwards to become concentrated in the bulbous portion. It appears enticing to energetically push local applications in the early stages in every possible way to choke the whole process in the germ. Different abortive methods have been tried but none are to be chosen. When it is established that gonorrhœal infection depends upon a contagious micro-organism, then abortive treatment with a germicide will be in order.

If the inflammation at the onset is severe and painful, even weak astringent solutions are not well borne. In such cases injections either of cold water or a weak carbolic acid solution may be used. If the urethra is not very sensitive, mild astringent solutions can be commenced with, such as alum and zinc sulph. āā. gr. i. ad ℥i., potass. permanganatis gr. 1/24. aq. ℥i. The solutions should be used from three to six times a day according to the amount of the secretion. The patient should urinate before every injection to clear away the purulent secretion from the urethra. At first, half a syringeful of the remedy is to be injected and immediately allowed to flow away. Two to four injections can be used one after the other. Later on in the second or third weeks a syringeful of the solution can be