

as verified by careful examinations. According to the experience of Dr. White, such cases are not uncommon.

That there is a distinct period of incubation between the time of exposure and the outbreak of the disease in gonorrhœa, can scarcely be admitted as a peculiarity of this affection; where the onset of symptoms characteristic of the lesion are so very variable in making their appearance—from a few hours to one or two weeks—the existence of a period of incubation becomes certainly very questionable. And it is further to be remembered, that this only refers to objective symptoms. It is very probable, indeed, quite possible, that there occurs from the moment of exposure a pathological change, which is not appreciated either by patient or physician. That such may be the case is in a measure shown by the occasional occurrence of cases which every now and then present themselves; there are no objective symptoms of any kind which would lead to a diagnosis of gonorrhœa, yet from the time of exposure the patient is conscious of something out of the usual order; he complains of nothing definite that may be connected with an affection of the genital organs, except that he is constantly reminded of the fact that he possesses a penis. After a variable time all the symptoms of gonorrhœa present themselves. Now, is this period between exposure and actual symptoms to be considered one of incubation? I am inclined to consider it a want of appreciation of pathological phenomena rather than an interval of non-activity of a virus. The length of the interval between exposure and evident symptoms may depend upon an idiosyncrasy of the patient, the susceptibility of the mucous membrane, or the nature of the irritant, rather than upon any specific element in the pus.

In regard to the character of the discharge in gonorrhœa differing from that occurring in a urethritis from any other cause, it may be said that this is feature depending solely upon the nature of the irritant. A urethritis, other than that due to gonorrhœal contagion, arising from the effect of any severe irritant, such as a strong solution of nitrate of silver, aqua ammonia, etc., may and does determine a secretion of pus, which possesses all the characters of the discharge during an attack of gonorrhœa.

That the similarity of symptoms in all cases of gonorrhœa favors the view of the existence of a specific virus in this disease, cannot be admitted as of any great importance, or of any value in respect to its etiology, since it is not at all uncommon to meet with cases of undoubted non-gonorrhœal urethritis in which the most experienced observer is unable to determine, from a study of their symptomatology, the nature of their etiology. Indeed, the difficulty of deciding the cause of any case of urethritis is so well recognized that all writers upon this subject, with scarcely an exception, are very careful to caution us in regard to this point, and think where there is the slightest

doubt no etiological reason should be given, or if it is, it is well not to consider it as specific in nature, but rather the result of irritation from the secretions or otherwise.

In making a comparison of the pathological lesions met with in gonorrhœal urethritis, and those found in cases due to other causes, it will be seen that the histological changes are similar in both. They are the lesions of inflammation which are found in a mucous membrane when this process is in action, viz., hyperæmia, exudation of liquor sanguinis and white blood-corpuscles, and cell proliferation. These phenomena are made evident by the redness, swelling, and more or less abundant formation of pus.

Finally, I have to speak of the germ theory in connection with the etiology of urethritis. The presence of a micrococcus in the gonorrhœal discharge has of late been advanced, and upon it is said to depend the specific nature of the pus. That a micrococcus exists in the gonorrhœal discharge I have verified by personal observation; but I am not willing to admit the specific nature of this organism, any more than I am inclined to consider the micrococcus found in pus other than gonorrhœal as possessing specific properties. The presence of a micrococcus in pus obtained from other sources than gonorrhœa I have also confirmed by investigation, and find it to have the same reaction with the staining fluid as that met with in gonorrhœal pus.

The specific nature of the micrococcus of gonorrhœa, I think has been refuted by the culture and inoculation experiments of Sternberg.\* Among the several conclusions arrived at by this writer, he says, "Culture fluids containing these micrococci introduced into the healthy male urethra do not give rise to specific urethritis, or to any other noticeable result."

#### NOVEL TREATMENT OF ASTHMA.

Dr. R. B. Faulkner, of Alleghany, Pa. (*N.Y. Med. Record*) has had remarkable success in the treatment of spasmodic asthma, by applying tincture of iodine as a counter-irritant along the course of the pneumogastric nerves, from the upper part of the thyroid cartilage to near the upper border of the clavicles. The application is to be continued daily till the surface becomes irritated. Another part of his treatment is the forced inflation of the lungs by means of a Politzer bag filled with common air. At the time of a full inspiration, the nozzle connected with the bag is placed in the mouth, and the contents driven into the lungs so as to dilate the vesicles and put an end to the spasm which is the cause of the difficulty.

\* *Medical News*, Jan. 20, 1883.