

documentary proof that he had consulted any physician. We should not place too much confidence in a patient's story, he very often will malign a physician, hoping to screen himself, he will tell things that the doctor never said, and distort those that he did say into an unrecognizable mixture—but documents are indisputable evidence.

Sterility is another frequent sequence following gonorrhœa.

It is not necessary that an acute attack of gonorrhœa precede these sequences by any means. The gonococci or some of the streptococci found in these slight discharges frequently only cause a mild inflammation, that spreads gradually within the uterus and to the tubes without causing any serious vaginal symptoms. It is this class of cases that is the most to be dreaded, because the physician is not warned in time to adopt curative and preventative measures.

In men who are suffering from uncured gonorrhœa it is not always possible to distinguish the gonococci at the first examination. If pus cells and streptococci are found several examinations should be made and the urethra treated locally before a favourable opinion could be expressed.

The question of hereditary taint and systemic infection from gonorrhœa is frequently asked by patients, of course there can be no doubt here, but in comparison to result I believe that more frequent and more serious consequences follow uncured gonorrhœa than follow syphilis. In the latter disease the patient is so thoroughly impressed that they are cured, while in the former a state of chronicity is allowed to develop.

In concluding let me say that the remedy for this state of things is to be found in the more rational and intelligent treatment of the acute gonorrhœa. Do not allow the patient to lapse into the chronic condition. This very common disease has been left in the hands of quacks and druggists entirely too much. The profession at large do not give sufficient attention to those who have the disease and about which they are being consulted. The surgeon should see his cases frequently, examine the urine regularly, and watch the disappearance of the gonorrhœa shreds, and he should not let any patient cease treatment while the slightest vestige remains. Do not use too strong injections, and give thorough instruction how to use the syringe. If he discovers any inflammatory condition developing in the vagina or uterus, adopt the strictest antiseptic measures, curette, if necessary; but endeavour to stop it before it has spread beyond his reach.

61 QUEEN STREET EAST.

PLACENTA PRÆVIA CENTRALIS.—REPORT OF A CASE.— TREATMENT, ETC.

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Was called on the 16th of April last at 11 p.m. to see Mrs. B., of Seaforth, who was over eight months advanced in her eighth pregnancy.

She was not in labour, but was alarmed on account of a sudden hæmorrhage which had taken place without pain. Upon enquiry, ascertained that a similar flow of blood had taken place under the same conditions about the middle of February, and again about the same time in March, but she had not called in a physician. The discharge, however, upon this occasion, was more profuse than upon either of the previous occasions.