copious irrigations with weak antiseptic solutions; at first with bichloride and latterly with permanganate of potash, using these in large quantities and hot, at a temperature of at least 115° F. and frequently 120° F. These I applied by means of rubber catheters, glass catheters, special irrigators and meatus nozzles. It matters but little, I think, which is used so long as the irrigation is thorough and frequently repeated. Preferably I use the glass catheter. Within the last six months each irrigation has been followed by an injection of protargol, ½ to 2 per cent., which is retained for fifteen to thirty minutes. If possible, irrigation should be commenced at once and repeated twice daily for the first four or five days, then daily for a week or more, so long as the discharge remains purulent and contains gonococci. When the discharge is thin and serous I substitute an astringent salt, usually combined with a vegetable astringent, to be used by the patient until the discharge ceases. This method, where it could be faithfully carried out, has been most satisfactory; the time required by the physician as well as by the patient in my opinion militates against its adoption. Where instructions have been given the patient, depending upon him entirely for carrying them out, the results have been no better than by much simpler methods, at least, that has been my experience.

In most of the patients the alkaline diuretics combined with an anodyne, and occasionally in robust patients with an arterial sedative, have been employed in the initial stage to relieve the ardor urinæ. Salol in 10 grains three times a day, I believe, is an important drug in the treatment of gonorrhœa, and particularly at the end of the first week; and combined with cubebs in a cachet materially helps to diminish the pus during the second week. Copaiba and sandal wood, in my hands, have been efficient only in inducing gastric trouble without benefiting the patient.

In anterior urethritis when, in spite of prolonged use of astringents of various strengths and combinations, the morning drop or gonorrhœal threads persist, exposure of the urethra invariably shows granular patches or areas showing inflamed follicles which more or less readily yield to pencilings with rapidly increasing strengths of nitrate of silver followed by the application of 25 to 40 per cent. borogyceride.

Posterior urethritis, when acute, I have treated by rest in bed, hot hip baths, application of leeches to the perineum, hot irrigations if possible, and injections of protargol solution. Emptying the bowels twice daily by tepid saline solutions and urinating in a hot bath does much to relieve the patient's suffering. Rest must be secured at night if need be by morphine hypodermically or an opium suppository. Salol