he could turn for amusement in his leisure moments.

In all cases of seminal incontinence there is more or less inflammation of the prostatic urethra and irritability of the whole canal. If this be severe the patient will describe a kind of burning, sore sensation at the end of the penis, and he will complain of the frequency with which he has to pass his water on account of the uncomfortable sensation of an over distended bladder. If these inflammatory symptoms are at all pronounced, hot sitz baths, soothing oleaginous injections, and the free use of cathartics would be advisable. Leeches or blisters to the perineum are necessary at times. I am convinced there is no better treatment for the irritability of the posterior urethra, after the more acute symptoms have subsided, than the frequent passage of the sound. At first this should be done at intervals only of two or three days, the instrument being retained for two or three minutes. Later on it should be introduced daily, and held in the urethra for fifteen minutes. In inexperienced hands a small soft sound or catheter should be first employed, and larger ones used as the mucous membrane becomes more tolerant. Better, however, than the soft instruments are the steel sounds, when carefully introduced, since they are less painful to pass and are more vigorous in their therapeutic action. The resisting contact of a solid body against the mucous membrane of the urethra greatly lessens its sensibility, while the gradual increase of the size of the instrument as the treatment proceeds, helps to relieve the congested blood vessels. If there be any strictures present, as there are apt to be in all odd cases, these, as well as the exudative thickening of the urethral membrane, are more or less reduced. I wish to recommend most emphatically the use of the bougie in the treatment of seminal incontinence. If there be any pronounced impotence of a neurotic origin, the passage of the feeblest possible electric current through the steel sound while it is *in situ* will in some cases prove beneficial, but only the mildest currents should be employed. This, however, as well as Trousseau's rectal pessary, at one time as popular, will rarely if ever be needed, since other means are quite as effective.

Without the measures already recommended, the use of drugs alone will surely end in failure. It is astonishing how few of the many medicaments suggested for this trouble are really efficacious. Lupuline, cimicifuga, ergot, camphor, conium and similiar remedies have seemed to me to afford only a temporary relief, if any at all. Atropia, the bromides, and strychnia are the medicines I place most confidence in. Of these, atropia stands by all odds at the head. By checking the activity of the seminal glands the alkaloid of belladonna enables them to recover their wonted tone and function. A pill containing gr. $\frac{1}{80}$ or gr. $\frac{1}{60}$ of atropia should be administered every night at bedtime, so that the patient may sleep through the unpleasant sensations which this drug sometimes gives rise to. So satisfactory have I found the use of atropia in this way that I would rather discard every other medicine than it. Sometimes it is well to exhibit, together with the night pill, another in the morning containing a smaller quantity of the drug, say gr. $\frac{1}{200}$ to gr. $\frac{1}{100}$. While employing this remedy the attendant must, of course, closely watch the state of the pupils as a guide to the quantity being ingested. The bromides are frequently effective, but they must be given in massive doses. The potassium bromide may be administered in drachm or drachm and a half doses at bedtime, and diminished upon the first indications of bromism. This salt alkalinizes the urine and blunts the reflex irritability of the spinal cord. At times the other bromides are admirably borne. Some patients, especially the neurasthenic ones, tolerate the mono-bromide of camphor in five or ten-grain doses. I have no experience to confirm the high recommendation by Hecquet of ferric bromide in three and five-grain doses. In anæmic cases this would doubtless be a most eligible form in which to administer the bromide. Antipyrin, cocaine, tincture of hops and dulcamara are all anaphrodisiacs, more or less valuable in neurotic cases. Ergot has been highly lauded in the relaxed condition of the genital organs associated with a continuous discharge. I have not seen the permanent good results, however, that have been claimed for it. Where there is a deficiency in the nervous tone I find the strychnia meets the demand most completely. This powerful spinal cord stimulant should not be considered until all the signs of inflammation and irritability have been removed, and the patient's general physique indicates a return to its former vigour. In