

specimen with increased frequency of urination may constitute the only symptoms.

The only other complication to which I will refer in detail is spermato-cystitis, and this because it is comparatively common and frequently overlooked. It may run an acute but more frequently a chronic course. It is frequently mistaken for prostatitis. In the acute variety persistent pain in the perineum, stabbing in character, made worse on urinating or defæcating, and radiating to the anal and crural regions, frequently felt over the sacrum or in the hypogastrium, is present. Nocturnal pollutions are frequent and are often red in colour. Rectal examination will reveal a tender, nodular, sausage-shaped mass extending upward from the prostate. Examination is best made in the stooping posture with the bladder full. In the chronic form the symptoms are much less acute, though such patients rapidly develop neurasthenic symptoms which are exceedingly difficult to relieve.

*Treatment.* I shall not attempt to give even a résumé of the methods of treatment in vogue at the present day for the disease, but shall confine myself to those methods which I have found most serviceable.

So far as prophylaxis is concerned, immediate urination with thorough washing with frequently changed water and a mildly antiseptic soap, with or without a copious, weak, antiseptic injection, would, according to the testimony of some, prove thoroughly efficient.

So far as abortive methods of treatment are concerned, they have in my hands proved valueless unless the cases presented themselves very early. In two cases during the last year where symptoms indicative of a fresh infection, as judged by symptoms in previous attacks, were present, injections of nitrate of silver, 20 grains to the ounce, produced a profuse, purulent discharge which contained gonococci. The discharge in each case rapidly subsided by rest in bed and the use of hot fomentations and weak astringent injections of zinc sulphocarbolate and hydrastis. I do not as a rule practice the treatment simply because cases suitable for it do not present themselves.

Thorough cleanliness of the parts and of the patient's hands and instruments, I believe, helps to shorten the duration of the disease and especially prevents complications. Bodily rest, low diet, avoidance of stimulants, careful regulation of the bowels, and cool sleeping rooms are of the utmost value from the outset. I have on several occasions seen an acute attack of gonorrhoea get perfectly well during an attack of typhoid fever, but, on the other hand, I have on two occasions seen the symptoms return and in one case epididymitis occur during convalescence and while the patient was still in bed.

The method of treatment which has proved most satisfactory, and which I have practiced exclusively for the last two years, has been by