evident that much depends upon the promptness with which the surgeon proceeds to the relief of his patient, and it would seem that good results are apt to follow only in those cases in which the intervention is immediate or where nature has protected the peritoneum by inflammatory exudations which cause a limited peritonitis. In regard to the anesthetics which may be used in these cases, these two Russian surgeons believe that either chloroform or ether is satisfactory, provided the myocardium, the lungs, the liver, are in fair condition. In other instances they think that mixed anesthesia is well. They produce local anesthesia by cocaine and find that smaller doses of chloroform and ether are needed under these circumstances. Washing out of the peritoneal cavity in these cases is of the greatest possible importance, normal saline solution being employed.—The Therapeutic Gazette.

## LATEST ADVANCE IN THE TREATMENT OF GONORRHEA.

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Some four or five years ago, I wrote, in a paper dealing with a similar matter, "There is hardly a subject which has been so extensively discussed and written about as chronic Gonorrhea, and yet, I might be justified in stating that there is hardly an ailment appearing in our every day practice where so many errors in diagnosis and treatment are made."

Since that time, our diagnostic apparatus has been greatly enlarged, and thus, stricter and more accurate indications have been devised for the rational treatment of this malady. The most important means to arrive at the correct diagnosis are briefly:

1—The two, or three glass methods of examining the urine.

2—The microscope.

3—The button sound.

4—The urethroscope.

5—A very valuable addition will be found in the digital palpitation of the prostate gland and seminal vesicles with subsequent microscopical examination of the expressed prostatic, or seminal fluid.

The microscope will prove whether we have to deal with a gonorrheal discharge (gonococci and pus cells) or the so-called aseptic catarrh (mostly epithelial cells, a few pus cells, absence of gonococci.) It will also prove whether the process is in the beginning, on the climax of its intensity, or already on the decline. Of particular value is the examination of the prostatic secretion.

It has been accentuated by various authors, and myself, that the presence of pus cells in masses indicates an inflamed condition of the prostate and the surrounding tissues.

The button sound will prove to be very valuable in demonstrating infiltrations of the urethral wall. It has been proven that these infiltrations are the seats of nests of gonococci, and the cause of recurrent outbreaks of urethral discharges containing gonococci. No specific urethritis is to be considered cured unless these infiltrations have been removed.

The most marked progress in the treatment of gonorrhea has been seen in the mechano-therapy. Oberlander, of Dresden, has introduced this mechanical method upon an entirely scientific basis. The results obtained have been highly satisfactory. Oberlander, as well as Kollmann, have introduced a number of instruments, which have proven very valuable, and, by the use of which, cures are effected in which, until a short time ago, seemed refractory to all treatment.

In the treatment of acute gonorrhea a few points have to be observed. The injections must be in the beginning, as weak as possible. The quantity injected must not be too large. Injections must be made slowly, and if possible, a pressure exercised upon the bulbus, in order to prevent the fluid from flowing into the posterior urethra, and thus spreading the infectious material.

An enormous quantity of remedies have been recommended for the cure of acute gonorrhea. I think the value of all of them is about equal, as far as they produce an astringent effect upon the mucous membrane. I have generally had very satisfactory results with the formula of Ricord, of Paris, a combination of zinc sulphate and lead acetate.