stage, that is, when inflammatory phenomena are absent, and when the symptoms consist in the slight, whitish discharge and tickling or moderate burning on urination, and when microscopic examination of the discharge shows that it is made up mainly of mucus and epithelium containing little pus. This abortive treatment is successful in an uncertain percentage of cases. When it fails it does not materially complicate the subsequent course of gonorrhœa.

2. When gonorrhœa is first seen in its florid stage, in addition to ordering rest, light diet, regular evacuation of the bowels, free drinking of plain waters, hot baths on retiring, alkaline diuretics, and the treatment appropriate to ardor urinæ and chordee, balsams should be given in full doses, and mild antiseptic irrigations or injections should be practised at once. The most efficient balsams are sandal-wood and copaiba. These should not be pushed to the point of disordering the stomach.

He uses capsules, each containing:

℞ Balsam copaiba, } āā ..... m v.
Oil sandal-wood, }
Oil of cinnamon ..... mj.

Of these he gives six to twelve per day, administering them one hour after meals.

3. Irrigation of the urethra by means of hot antiseptic lotions gives better results than any other treatment. These should be continued either once or twice a day until gonococci disappear from the discharge or from the clap shreds found in the urine. They should be displaced by astringent injections.

4. When irrigations can not be employed, even during the florid stage, injections are indicated; these should be of bichloride of mercury 1 to 20,000, or nitrate of silver 1 to 10,000. These injections should be gradually strengthened as urethral tolerance is established.

5. Injections of nitrate of silver 1 to 3,000, or bichloride of mercury 1 to 1,000, or injection Brow, or any of the formulæ customarily used in practice in the increasing or florid stage of gonorrhœa, distinctly predispose to the development of hyperacute posterior urethritis, epididymitis, and other complications of gonorrhœa, and may aggravate and prolong urethral inflammation. Strong astringent injections employed in the early period of the subsiding stage are equally dangerous.

6. Treatment by internal medication alone is followed by a small percentage of epididymitis and posterior urethritis, but by slow cure. The most efficient treatment consists in the combination of the balsams with local antiseptic washing.—*Therapeutic Gazette.*

Malignant Stenosis.—Homans (*Ann. of Surgery*) relates a remarkable case of malignant stenosis of the sigmoid flexure of the colon, with an enormous collection of fruit stones above the stricture, relieved by colotomy. The patient, a Dane, aged 27, when in Denmark ate a large quantity of dried cherries and prunes. He was in the habit of swallowing many of the stones, and they passed through the rectum until 1882. In the latter part of that year he began to feel sick with cramps in his bowels and excessive rumblings. Cathartics gave him no relief, but rather increased his sufferings. In 1883 he came to the United States, and he said that he had eaten no cherries since his arrival. His abdominal pains continued, and his bowels were constipated. He gradually got worse, especially at night, and in 1890 he had vomiting, at one time throwing up thirteen rounded black masses like cherry stones. This gave relief for a few weeks. In 1893 he came to the hospital, and on examination a flat saucer-like swelling was found in the right iliac region. Drachm doses of Epsom salts only produced pain and nausea, but did not reduce the size of the tumor. On April 6th, 1893, the abdomen was opened, and the greatly hypertrophied sigmoid flexure presented. In the left central portion of the pelvis a hard, flattened tumour surrounded the sigmoid flexure and upper part of the rectum with its mesentery. Resection of the intestine being impossible, the sigmoid flexure was brought out through the wound, and a glass rod passed under to keep the bowel outside the abdomen. No stiches were used, but the whole was dressed, aseptically, and the patient recovered well from the operation. There was some pain, relieved by morphine, and on April 8th the gut was opened, and the patient did not feel the incision in the least. A few blackened cherry stones and some fæcal matter came away at once, and on April 9th more cherry stones were found at each dressing, and some prune stones, by the passage of which the