worse than useless, positively harmful. The proper syringe is one having a capacity of half an ounce, a blunt point, and one that does not leak. The injection used should be of sufficient quantity and used with such force as to thoroughly distend the urethra, allowing the injection to come in contact with the whole urethral surface. The ingredients composing the injection are much less important, provided they are not too strong or irritating, than the method of using it. We cannot be too careful in giving our directions how to use the syringe, and how not to manipulate the urethra, while the disease is yet uncured. I consider no case of gonorrhœa cured until the urine has been entirely free from shreds for at least two weeks after the last injection has been used. The gonorrhœa patient is difficult to manage, and must be thoroughly impressed at the commencement or he will lapse through carelessness into a chronic state. There is no class of patients more unfaithful to instruction than those suffering from gonorrhœa. Guard your reputation by making your patient follow your directions to the letter, and report regularly for your inspection.

By uncured gonorrhœa I mean those cases which after the lapse of months or years there still remains a drop of discharge, most noticeable in the morning; and on examination of which drop pus cells and gonococci are detected. This discharge, small as it is, is infectious, and capable of producing an inflammatory condition. We must not consider every case, with a so-called morning drop, as a victim of uncured gonorrhœa. A large number of patients who have had gonorrhœa have developed a most pernicious habit of squeezing or milking the urethra each morning to discover if the drop still remains. They usually find that it does and will so long as they continue this irritating habit. The urethra, possibly in a state of sub-acute inflammation, even normally is a moist tube, and a drop of tenacous mucus can be squeezed out from it. This has no significance whatever, and will entirely disappear on discontinuing the irritation. It is in no way contagious. On examining this under the microscope we do not find either gonococci nor pus cells, simply mucus.

The following case, brought this subject so vividly before me, and the points of special interest being so prominent, that I thought it would be profitable to report it. In December, 1890, I was called to see Mrs. M., a large, healthy-looking woman of about twenty-eight years of age. She had been married four months. During the past two weeks she had complained of a burning sensation on micturition. This gradually increased, until, at the time I saw her it had become almost unbearable. She only reluctantly answered my questions, but I found that micturition was very frequent, at half-hour intervals, and almost unbearable from pain. There was a slight greenish discharge from the vagina, and considerable tenderness and heat around the vulvæ. I was unable to locate any direct cause for these symptoms, but attributed them possibly to the change in her habits. Treatment was by no means successful. The discharge increased, and a few small abscesses developed around the vulva. I had the husband call at my office, and made enquiry concerning his previous health. His remarks somewhat astounded me, but as they were corroborated by documentary evidence, I had to accept them. His history pointed to two or three attacks of gonorrhœa, an internal urethrotomy for stricture, a perineal abscess, and several attacks of cystitis; he had run almost the whole gamut of sequences. He said that he had consulted two prominent physicians, and they pronounced him in perfect health, and on the strength of these certificates he got married. Both of these gentlemen had attended him in one or other of these attacks, and should have been familiar with the