lymphangitis of the penis, not necessarily associated with more intense urethral symptoms.

Loss of appetite, general malaise, and a haggard appearance will depend largely upon the character of the nights. Untreated, and often when overtreated, the disease runs a course of from five to ten weeks. Relapses are common and would seem to be dependent upon many causes. Finally, without involving the deep urethra the inflammation may become chronic.

While the above group of symptoms, in varying degrees of intensity, constitutes the clinical history of an attack of acute inflammatory gonorrhœa, a thin watery discharge coming on at very varying intervals may constitute the chief, if not the only symptom of a subacute gonorrhœa, with occasionally slight ardor urinæ, but very rarely chordee. These last attacks are frequently seen in those who in years gone by have had the more severe symptoms, and it would seem to be a debated point whether the mildness of the symptoms depends upon a certain degree of immunity acquired by the mucous membrane, or whether it is in reality an infection by attenuated gonococci, which a healthy urethra would have rendered inert.

The complications which may arise in acute gonorrhœa and not rarely in subacute gonorrhœa even when carefully treated, are balanoposthitis, with phimosis or paraphimosis, folloculitis and peri-urethritis with their complications, abscesses, and cowperitis, lymphangitis, lymphadenitis, cavernitis, posterior urethritis, acute prostatitis, rarely cystitis, vesiculitis and epididymitis. The more serious ascending inflammation, such as ureteropyelitis, and the acute suppurative nephrites occurring in the course of chronic gonorrhœa, are due to other pyogenic organisms. Rarely arthritis, pleuritis, endocarditis, peritonitis, ophthalmia or proctitis may occur as complications.

I should like just here to draw attention to the frequency of a previous history of gonorrhœa in those the subject of prostatic and vesical tuberculosis; at least in most of the cases which have come under my own observation this is true.

Acute posterior urethritis is probably the commonest complication of gonorrhœa and is due to direct invasion from the anterior urethra. Strong injections, excessive bodily exercise and over-indulgence in stimulants, etc., are important predisposing factors in its production. It may become manifest during the second, but more frequently during the third week. Frequent, urgent, and painful micturition ushers in the attack; perineal pain, nocturnal pollutions, vesical tenesmus, and occasionally, retention may follow. The severity of each of the symptoms depends upon the intensity of the inflammation and the virulence of the infection. In the mildest cases pus in the second of a two-glass