

a bed in a good light, the thighs being flexed on the abdomen and well separated, the urinary meatus and circumjacent parts are dried with lint, and the index finger is introduced into the vagina to the depth of two or three inches, while at the same time the two sides of the vulva are separated by the finger of the left hand, thereby fully exposing the meatus urinarius. The index finger of the right hand, with the palm surface upwards, is made to exert a firm pressure on the urethrovaginal wall from behind forwards along the course of the urethra, this is repeated two or three times, and if any pus exists in the urethra or in the follicle surrounding it, pressure never fails to bring it out, and when perceived to exude from the meatus, there is no further doubt of the existence of a purulent and consequently gonorrhœal urethritis. To avoid any fallacy, care must be taken that no urine has been passed for some three or four hours beforehand. Urethritis in women has been found to be a very rebellious disease, and many authors assure us of having known women who communicated gonorrhœa three or four years after they had the disease, and when they fully believed themselves perfectly cured (Guerin, Gosselin, Martineau).

Blenorrhagia, he went on to show (on the authority of those above mentioned) may remain localized for a long time in the intra-urethral or vulvar follicles, unknown to the patient or even to the physician. Under the influence of oft-repeated intercourse the disease is again lighted up and again transmitted.

The same phenomena have been observed in the man as shown by the following aphorism of Langlebert: "After several attacks of gonorrhœa, or even only one sufficiently severe and protracted, the most simple exciting cause, a muscular fatigue, an excess of coitus or liquor will often suffice to recall the inflammation to the mucous membrane, previously affected." From this he went on to show that blenorrhagia was undoubtedly a parasitic disease, and as such while the active indications of the disease might be dormant for a longer or shorter period, a slight exciting cause might at any time bring on a fresh attack. These facts were brought to light by M. Verneuil in a communication made by him to the Academy of Medicine of Paris during its sitting of the 3rd April, 1886. He showed plainly that our organism could conceal morbid germs capable of sojourning in our

humours, our tissues, or organs, for a longer or shorter period, without betraying their presence by any symptom whatever. This he calls "latent microbical parasitism."

From this he drew the conclusion that the occurrence of a fresh attack of gonorrhœa in a person who considered him or herself cured, and who had not accounted for the origin of the attack from a recent exposure to contagion, was an evidence of the existence of "latent microbes," on one side or the other, as he considered it an established fact that gonorrhœa could not originate except from the specific virus of that disease. Martineau has found that the different secretions discharged from the vulva have not all the same reaction. They are generally alkaline, with the exception of that secreted by the mucous membrane of the vagina which is ordinarily acid. Gonorrhœal fluid is always acid, so that the fact of obtaining an alkaline reaction from any vaginal discharge constitutes a strong presumption against the existence of a virulent affection. With regard to the parasitic nature of blenorrhagia, recent researches seem to have established the fact of its being due to a parasite to which the name gonococcus had been given. While it has long been known that blenorrhagia was inoculable, and therefore the existence of some micro-organism was suspected, it was not till 1862 that anything was proved by investigation.

In 1872, Hulner discovered a micrococcus seated in the intercellular liquid, even in the blood of individuals suffering from gonorrhœal rheumatism. In 1878, Bouchard observed the micrococcus. But to N. Neisser falls the honour of having given in 1879, the first exact description of the gonorrhœal micro-organism. Since then a great many observers have recognized, described, cultivated and even inoculated this organism, and during the session of the Therapeutic Society of the 22nd Oct., 1884, Constantine Paul not only confirmed the truth of previous researches, but even went so far as to propose a prophylactic and curative treatment of blenorrhagia by solutions of corrosive sublimate. These facts are most important with regard to the diagnosis and pathogeny of gonorrhœa. The microscope in revealing the presence of the gonococcus in the discharges from the urethra, will establish in the future in an unmistakable manner the virulent nature of their origin.

The complications which may arise in the course