

attention of the profession to the severe ravages of latent gonorrhœa. Again, in 1877, he discussed the subject before New York Gynæcological Society. His views of the subject were not very well received at the time, but since then has been freely adopted by teachers and authorities on the subject of female disorders. Matthew Duncan, in London, also became impressed with the idea of gonorrhœal origin of perimetritis and parametritis, and demonstrated the large percentage of such cases that could be traced in women—married to men with a history of previous gonorrhœa. Many others have treated the subject on similar lines, and a few have placed a very high percentage of these cases as attributable to gonorrhœa.

Gonorrhœa is undoubtedly a curable disease, and it would be very unwise to go so far as some do and assert that it is never cured, consequently it would be unfair to suggest that all married men who have been the victims of gonorrhœa have infected their wives. It would not be far wrong, however, to say that the greater proportion of cases of salpingitis, endometritis and pelvic inflammation occurring in women whose husbands before marriage suffered from gonorrhœa, have been infected by them.

Uncured or chronic gonorrhœa is a result of carelessness, either on the part of the physician or the patient. The physician is to blame in a great number of cases. He does not take the trouble to impress the patient with the fact that gonorrhœa is a serious disease; that it has a series of sequences that should be dreaded; that it is a stubborn disease to control, and that it cannot be cured in a few days. He rather allows the patient to follow his own ideas about its seriousness and consider that the disease is very little worse than a mild cold. This conception of things is based on an entirely erroneous hypothesis.

In our student days the disease was much neglected, at the hospital clinic the patient was given some stock injection and told to buy a syringe and use it three or four times a day. Nothing further did I ever hear in the way of medical advice. With this amount of indifference on the physicians' part how can we expect the patient to view the case with seriousness. The subject is neglected far too much for the frequency with which it occurs, and the serious nature of its consequences. The patient is to blame in a greater number of cases, however, by being neglectful in following even those meagre instructions given by the physician. No doctor's prescription can cure gonorrhœa unless the patient follows diligently, properly prescribed directions.

I have learned to look upon gonorrhœa as one of the most serious of all the venereal diseases, and its cure as surrounded with the greatest difficulties. To show how to prevent the chronic condition, one would have to go in detail over the treatment devised for the acute stage; but this is not within the range of this paper, nor have we the time. I feel justified, however, in making a few suggestions by the way. It is not the prescription that cures—a thoroughly scientific prescription used in an unscientific manner cannot produce a cure. Proper instruction to the patient as to what to do, and what not to do, are vastly more important than the medicine itself. The most essential single factor in the cure of gonorrhœa is the syringe and its proper use. About this matter there appears to be the utmost carelessness shown. The one usually bought—few are ever prescribed—is of glass, with a capacity of one drachm, and a short or long nozzle. This class of syringe is a very prolific cause of chronic gonorrhœa. The capacity is too small, and the tip of the nozzle is a source of local irritation. Those with soft rubber tips, and those shaped like an ear syringe, are also