

Lesser asserted that of fifty-three cases of primary gonorrhœa under his care, the posterior urethra escaped infection in only four cases, making the frequency of posterior urethritis 93.5 per cent. Jadassohn found posterior urethritis in 143 of 163 cases, making 87.7 per cent.; Rona found it in 79.7 per cent of his cases; and Eraud found it in 80 per cent. of all his cases.

In endeavoring to harmonize this undoubted fact of frequency of posterior urethritis with the reason for its frequency, the author disregarded, as inapplicable, explanations usually given. Sexual intercourse, the "forced" injection, the passage of instruments, etc., during an active gonorrhœa, were chiefly complained of by writers on the subject—extremely seldom by the patients themselves. Bearing on this point, the time and mode of onset of the posterior inflammation was of importance. Instead of the inflammation progressing slowly and gradually backwards over the urethral mucous membrane and reaching the posterior urethra in the second or third week, as was commonly taught, it reached the posterior urethra, in most cases, in the first (active) week of the disease. This rather favored the supposition of Horteloup that the mode of infection was through the lymphatics rather than by continuity over the mucous surface.

The author, therefore, felt justified in submitting the following conclusions:

1. The causes usually given for the prolongation of cases of clap (presence or absence of gonococci, stricture of large calibre, the use of particular drugs in treatment, etc.) do not satisfactorily explain them, nor do they furnish reliable means for prognosticating the outcome of a case.

2. A single widely prevalent cause for such prolongation of gonorrhœa has, as yet, not proved its right to recognition as such.

3. Posterior urethritis, by reason of its anatomical seclusion and inaccessibility to ordinarily-prescribed treatment, if frequent, offers the best explanation for such prolongation or repeated recurrence.

4. Scrutinizing clinical investigation shows posterior urethritis to be present in the great majority of cases of prolonged or severe gonorrhœa.

5. Direct, topical treatment to the posterior urethra is, therefore, necessary in the great majority of cases.

6. The causes usually given for producing posterior urethritis are not commonly found to be real factors in the clinic.

7. The mode of onset usually described does not coincide with that discerned in clinical observations.

8. These two latter observations confirm the probability that the posterior urethral infection

is accomplished through the lymphatics, and explain the frequency of such infection.

9. Posterior urethritis is not a complication, but a natural phenomenon of gonorrhœa.

ANAL DILATATION.

The editor of the *Eclectic Medical Journal* is a gentleman of pronounced opinions, as the following editorial from his journal will attest:

We have noticed for some time that "anal stretching" was becoming a feature of the new surgery, and that "anal dilators" were becoming instruments to which men were attaching their names as inventors, and attributing wonderful results as "stimulators of the capillary circulation" and the sympathetic.

But this thing goes by leaps and bounds; it does not walk and feel its way as does ordinary medicine. A recent case of anal dilatation in Cook County Hospital will illustrate:

"An operation was to be performed on a woman, and a number of physicians were invited to witness the surgical skill. The patient was being put under the anæsthetic,—indeed, was put under it too far, and 'let go.' At once all was excitement, and efforts were made in sundry directions toward resuscitation. They seemed of no avail, and the woman was dying or dead. One of the visitors who had just attended his course on 'official surgery' with Dr. Pratt was very much interested, and asked: 'Have you heard of "anal dilatation" in such cases?' They had not. 'May I be permitted to take charge?' He was permitted, and rushed forward, inserted both thumbs in her anus, and with herculean strength divulsed the sphincter. She gasped, she breathed, a rosy hue flushed her cheeks and lips; she was saved."

I may not have given the story in the flowery language of our homœopathic exchange, but I have given the facts as reported. If Cook County denies it, then I shall believe that Cook County wants to cover up their want of skill in the use of anæsthetics, or their lapse from virtue in allowing a believer in "official" to save a human life.

You can see how it is yourself. If one had a straight ticket for the other world, and suddenly someone should thrust both thumbs in his anus, and rend it, he would come back to see what was the matter. It stands to reason, and does not require an argument, especially if the person should be a woman.

Divulsion of the sphincter is a good thing in some cases, as removal of causes of irritation of the orifices of the body is a good thing. But it does not want to be vaunted too much. As I read it, a line from Shakespeare is brought forcibly to mind: "Methinks this woman doth protest too much."