time, from ten minutes to half an hour. The usual remedies were tried: alkalies with uva ursi and triticum repens were administered, giving these in large doses without any appreciable effect. A suppository, containing extract of belladonna gr. i, was then ordered every sixth hour; this at once began to take effect, the frequency became less, the pain diminished, and the hemorrhage soon stopped. During his illness he had been kept resting in bed, living on a milk diet, and had been taking freely of diluent drinks, chiefly barley water. His general health had suffered much, and a tonic was now prescribed, containing iron and strychnine; all other treatment was stopped, save the belladonna suppositories, which were still necessary. Improvement was very slow, and three months after the onset of the attack the following condition was noted: he had gained strength considerably, and was able to walk about without pain: there was still a certain degree of frequency, rarely did he go more than two hours without passing water; then, again, he usually had an attack of pretty severe pain once in twenty-four hours, the pain lasting an hour or more; he still found it necessary to take a belladonna suppository occasionally; if he neglected to do this, the frequency increased and the pain became aggravated. It was found later that the pain could be held in check by anticipating its occurrence and administering gr. 15 of quinine before its onset. Having sufficiently recovered from the attack at this stage, he was advised to go to the seaside for a few months, hoping that he would benefit by the change of climate.

The history recorded above is that of a case of very common occurrence. The signs and symptoms are usually, and we are forced to believe wrongfully, attributed to an inflamed prostate. Suppose we grant that the prostate may be inflamed in a gonorrhœal urethritis, would it not be remarkable if the vesicles should invariably escape?

The difficulty in diagnosis is conceded. If there be difficulty in distinguishing an epididymitis from an orchitis, there will be still greater difficulty in determining between an induration of the seminale vesicles and a like affection of the prostate. In the case of the inflammatory tumor in the scrotum, it is sometimes well-nigh impossible, by palpation, to make certain whether we are dealing with an inflamed testicle or an inflamed epididymis; of course this remark applies only to certain stages in the process. When, on the other hand, the tumor is situated at the neck of the bladder, it must be still more difficult to differentiate between the two possible conditions in that locality, the vesiculæ seminales and the prostate lying in such intimate relation with one another, and, when either organ is the seat of an inflammatory swelling, the post-vesical tumor would occupy very much the same locality; then, again, we cannot reach these organs by direct palpation; we can only examine them through the anterior rectal wall. The symptoms and signs of inflammation of the vesicles are similar to those usually ascribed to the acutely inflamed prostate; the condition usually develops in the third or fourth week of the gonorrhœal attack: pain deep in the pelvis and perineum, and towards the end of the penis; frequency of micturition and urgency, with a severe exacerbation of the pain on completion of the act of micturition: the urine first passed is of normal appearance, but towards the end of the act of micturition there is a muco-purulent discharge, with blood occasionally. An examination per rectum yields, however, the most characteristic sign, and here, again, I quote from Mr. Lloyd, who has studied a large number of cases. He says "the swelling will be found to occupy the whole of the base of the bladder from side to side, and to extend beyond the reach of the finger." He states, as his opinion, that he cannot conceive it possible that the prostate, shut up as it is in its own fibrous capsule, can swell up to this size in the course of a few hours. He asserts his belief that inflammation of the prostate is a disease of comparative rarity; on the other hand, he considers inflammation of the vesiculæ seminales of common occurrence.

It is the peri-vesicular connective tissue which is the chief seat of the inflammatory process, resembling in this particular a similar condition in the epididymis. The usual termination is that of resolution, but suppuration may supervene. The abscess formed may open in the perineum, or into the rectum, bladder, or urethra, and it is stated that Douglas' pouch may be opened up and the pus discharged into the peritoneal cavity.