the management, support, isolation, transportation of patients, and all other matters pertaining to the maintenance of an infectious diseases hospital.

**Removal of a Calculus from the Ureter.**

DR. A. E. GARROW reported this case and exhibited the stone.

**Bacillus Coli Communis in Pernicious Anæmia.**

DRS. ANDERSON and FORD gave a preliminary report of the presence of the Bacillus coli communis in the stomach contents and mucosa of cases of pernicious anæmia.

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*Stated Meeting, January 5, 1900.*

J. G. ADAMI, M.D., PRESIDENT, IN THE CHAIR.

**Discussion on Gonorrhœa.**

Dr. John McCrae, who was to have presented the "History of Gonorrhœa," being absent, the paper was taken as read. (See page 161.)

DR. A. E. GARROW contributed a paper upon "Acute Gonorrhœa and its Complications in the Male." (See page 164.)

Dr. Smillie limited his treatment to irrigations, using a soft rubber, pointed nozzle and a solution of permanganate of potassium, and obtained good results by this method. At first, two irrigations were given daily, then once a day, and less frequently for three weeks to a month. If commenced early, such treatment would limit the disease to the anterior urethra.

Dr. J. M. Jack believed in moderate treatment, and thought that irrigation would cut short the course of the disease.

DR. ARMSTRONG contributed a paper on "Chronic Gonorrhœa (stricture, etc.) in the Male." (See page 169.)

Dr. A. E. Garrow advocated treating stricture in the deep urethra by dilatation with section of the stricture afterwards. He believed that strictures in which the treatment ceased with dilatation, recurred in a few months. In a case of impermeable stricture, to which he referred, he had done the suprapubic operation with retrograde catheterisation. In penile strictures he thought cutting was demanded.

Dr. F. J. Shepherd agreed with Dr. Armstrong regarding treatment by gradual dilatation. If a filiform bougie was once introduced one could get in any instrument afterwards. In cases with old impermeable strictures he would cut down and dissect through the stricture. His experience was that strictures that had been cut frequently recurred and that there were no worse results after dilatation than after cutting. He agreed also with Dr. Armstrong that great care should be used in catheterisation.