bricks; there was general bruising of the scalp, but no fracture to be felt, and no bleeding from the ears. Soon after admission he became partly sensible, noisy, and restless. At ten a.m. he was conscious; his mind was a mass of iron, with quickened action of the heart. Towards evening, through excess of exhaustion, the patient quietly died. The face was almost black; respiration 16, number of respirations a minute became 20, instead of 16 or less; no stertor, no gurgling. All the lividity of the face had disappeared, but his temperature was not quite restored; the pupils were contracted. A certain degree of consciousness returned for a few minutes about this time. The patient lived from seven to eight hours after the prone position was adopted. At first there was no change in the intervals, in the respirations; always more or less affected in cases of coma, especially if it lasts any length of time. In the case just given, death would, in all probability, have occurred about seven hours before it ultimately did no change in the intervals of the respiration; but the position had only been continued; also a dose of castor oil was given to carry off whatever foetid sputa might have been swallowed, no action of the bowels for two days, the patient was placed in a large, airy, and otherwise empty room.

Towards evening, confusion of mind and low muttering delirium began to supervene; meanwhile the act of swallowing remained unimpaired, without much apparent difficulty; neither did any external swelling of the throat or glandular enlargement impede ready respiration. The semi-conscious condition continued during the night, with some intermissions of troubled sleep.

On the morning of the third day matters were still worse; the slough had now involved nearly all the textures of the throat; the pulse told of circulatory powers more and more enfeebled. On being raised in bed, the throat might be ascribed, in a healthy country village, to any local noxious nidus for prompt propagation of the virus, a second (and perhaps later) dose of which directly laid prostrate his whole
In galling of the skin, where anasarca is present, it is also of here suppose of the poisons of scarlet fever and of the present fatal form of sore-throat. I would gladly learn whether or he has met with others of a like character in Winchester, porary. Mr. Butler tells me that, since seeing the above case, not the two affections have been elsewhere similarly contem- arrival at fuller conclusions concerning the identity which I now epidemic. It would certainly thus appear that in future administration of turpentine in the form of sloughing sore-throat LANCASTER for April 23rd, a suggestion recommending the admi. where also scarlet fever has lately much prevailed. In one or temporary. Mr. Butler tells me that, since seeing the above case, not the two affections have been elsewhere similarly contem-

PENICILLINUM ALBUM IN SOME CUTANEOUS MALADIES.

By ALFRED FREER, Esq., M.R.C.S.

I wish to call the attention of the profession to the great value of white paint as a remedial agent. The preparation itself is nothing more than a mixture of linseed oil and carbo- nate of lead, rubbed up into a semi-liquid substance. I first became acquainted with its great efficacy in the treatment of erysipelas by my late father, and by my brother. It is, in- deed, in this disease that the most striking benefit results from its application. I have never yet met with a case of this nature where it has not done immense good. I find it far superior to lead lotions, mucilage, hot fomentations, nitrate of silver, or collodion. After erysipelas, the paint proves of the greatest service perhaps in eczema in its several forms. In chronic exudates of the aged it affords much comfort, and often speedily effects a cure. Of late years I have extended its employment to other complaints of the skin, including herpes in its several forms. I have tried it in some cases of small-pox, with the view of diminishing the number of vesicles on the face, and of controlling their size. The latter indication it seems likely to fulfill; but I cannot speak with confidence about the former, the papules being already numerous at the time of my visit. I have also used it in several cases of carbuncle and furuncle. The first was in an instance of a huge carbuncle, situated on the loin of a man, and rapidly extending, notwithstanding free incisions, linseed poultices, of a huge carbuncle, situated on the loin of a man, and rapidly extending, notwithstanding free incisions, linseed poultices, and approaching consolidation. I applied a thick, wide circle of paint round the swelling, and dressed with resin ointment and cotton wool. There was no advance of the disease from that time, the centres rapidly broke up, and re-covery took place. It is, however, probable, that the omission of the warm poultices may have contributed to the improve-ment, for I have often observed that warm poultices, however well made, seem to foster and spread carbuncular inflamma-tion, for I have often observed that warm poultices, however well made, seem to foster and spread carbuncular inflamma-tion.

The paint seems to act in two ways: first, and chiefly, as an on the use of

PIGMENTUM ALBUM IN SOME CUTANEOUS MALADIES.

The paint seems to act in two ways: first, and chiefly, as an on the use of

ENLARGEMENT OF THE PROSTATE AND BLADDER; RETENTION OF URINE TO THE AMOUNT OF FIVE PINTS.

(Under the care of Mr. Henry Thompson.)

In the present instance, besides the enlargement, there was much disease, which was participated in by the bladder, produc- ing retention of urine to the extent of five pints. The precaution adopted in this case of drawing it off at intervals, to prevent a fatal syncope, is an essential point which cannot be too much insisted upon; for we have seen, on more than one occasion, a fatal result ensue, in an aged patient, by completely emptying a distended bladder at a single sitting. Mr. Thompson, so far as we are aware, appears to be the only writer who specially draws attention to the subject, and the value of his remarks is our excuse for quoting them entire:— "In very rare instances, the removal of a large quantity of urine, amounting to several pints, has been followed by faint- ing and depression, from which the patient never rallied. When the extent of vesical dulness is very considerable, it is there-fore prudent to afford relief in a gradual manner, and, supposing that the catheter is retained, this may easily be accomplished. The removal of some thirty or forty ounces will probably afford complete case, and after the lapse of half an hour or an hour, another portion may be withdrawn; in this manner the bladder may be gradually brought to adapt itself to the normal condition of contraction, which subse- quently, as a rule, must be ensured at least once or twice a day." (p. 180.)

The interest and importance, therefore, of the subjunctive case...