With regard to diet in the treatment of this affection, all alcoholic and malt liquors should be abandoned; the food should be light, nourishing, and unstimulating. Gentle, but regular exercise, and a residence in the country or by the sea-side, are highly advisable.

Much has been written on the subject of masturbation by Lallemand, who considers it the most frequent cause of spermatorrhœa; and so universally is this disgusting practice indulged in, in the south, especially, in his immediate neighbourhood, that we find him, in his clinical lectures, proposing the following means of preventing it:—"The best means of curbing this tendency, both in youths and adults, is muscular exercise, pushed to fatigue; the powers of the system, by these means, are exhausted, and nature, wishing to restore her wonted energy, seeks repose; and thus the vicious propensities are suspended for a time by refreshing sleep. Once the habit broken, we know how ready nature is to return to the proper discharge of her healthy functions."

We afterwards find another note on this head, containing the following sentiments, with which I shall conclude the subject, as it perfectly coincides with my own ideas: "These coercive measures are principally applicable to youth; after the age of puberty the secretion of the semen cannot be suspended or sensibly diminished without more or less injury to the health; the accumulation of this fluid in the seminal vesicles must naturally produce importunate erections, inevitable relapses, or nocturnal or diurnal pollutions, all of which cannot be prevented but by sexual intercourse. This is the only remedy that can recal to a healthy state the altered functions and modify the morbid sensibility of the organs; it is the sole effectual means, both for the present and future, that can reform unnatural tastes, as it enables the patient to perceive the immense distance which separates his melancholy and disgusting pleasures from those naturally and physiologically procured."

Sir,—The monthly parcel of my bookseller has just furnished me with *THE LANCET* for the last four weeks, in the number of which published on the 14th of October I find a communication entitled "Observations on Spermatorrhœa, by W. H. Ranking, Esq., M.D.," apparently containing much of the matter of which my essay on spermatorrhœa (acknowledged as received by you last week) is composed, in fact, the one seeming to be almost a plagiarism of the other. Should you, however, still honour me by the publication of my communication, I shall feel particularly obliged by your appending this note. I am, Sir, your obedient servant,

G. N. DANGERFIELD, M.D.
Newport, Monmouthshire, Nov. 2, 1843.

EMPLOYMENT OF NAPHTHA IN PULMONARY DISEASE.

DR. HASTINGS presents his compliments to the editor of the *THE LANCET*, and begs to forward the accompanying case, which was furnished to him by Mr. Proctor, a highly intelligent and respectable practitioner, of the firm of Dickson and Proctor, Witham, Essex.

Albemarle-street, Nov. 8, 1843.

Charles Perry, aged 24, by trade a carrier, born and always resided at Wickham Bishops, in Essex. His parents were long-lived and healthy. Hair red, complexion florid, and skin fine and clear. His general health was good until last February, when he sought relief for an attack of acute bronchitis. The prominent symptoms were then severe cough, frothy expectoration, difficulty of breathing, and considerable fever. This state of things soon subsided, but the difficulty of breathing and cough recurred, accompanied with expectoration of a well-marked purulent character, and nocturnal perspirations, followed by great emaciation and consequent debility. On applying the ear to the right side of the chest anteriorly, pectoriloquy and a gurgling râle were perceptible. Variable treatment was pursued until April, when, as improvement had not manifested itself, he withdrew from my care, and placed himself under Dr. Baker, of Maldon, who endeavoured to gain admission for him into the Colchester Hospital, but failed in consequence of his disease being pulmonary consumption in the last stage. Dr. Baker treated him for consumption, until an attack of hæmoptysis in July led him again to consult me. His condition was now more feeble than at his former visit. Under the use of the acetate of lead and opium the spitting of blood shortly disappeared, leaving all the previous symptoms of pulmonary consumption unmitigated. Being unacquainted with any treatment possessing the power of stopping the ravages of this disease, I determined to try naphtha, not with any expectation that a beneficial result would ensue, for I must add I had not the slightest faith in its (*alleged*) powers in this formidable malady. On the 3rd of August, then, I prescribed the following:—

R Rectified naphtha, ʒj;

Sed. liq. of opium, ʒij. Mix for drops, of which he took fifteen drops three times a-day in a little water. The naphtha was persevered in for about two months, when he reported himself well, and resumed his employment of carrier between Witham and London, having gained about two stone in weight during the treatment.

The first remarkable change was a disappearance of the nocturnal perspirations,

which never returned after taking a few doses of naphtha. The cough and expectoration gradually yielded, and the only difference between his present and previous condition before the attack in February was that his breath was rather short after considerable bodily exertion.

A. G. PROCTOR, Surgeon.

Witham, Essex, Oct. 21, 1843.

MR. JEAFFRESON'S OPERATION FOR OVARIAN DROPSY.

To the Editor of THE LANCET.

SIR,—Dr. Clay, of Manchester, having politely sent me a report of his seventh successful *major operation* for extirpation of diseased ovary, without noticing my remarks, written privately to him soon after his first cases were printed, I beg, as the *originator* of the *minor operation*, for space in your Journal to enable me to state, fairly, to the profession, the question at issue between us; namely, whether it be better to lay open the cavity of the abdomen, from the ensiform cartilage to the pubes, under the *apprehension* that adhesion *may* exist between the diseased structures and surrounding parts; or, first, to perform the minor incision, and, should that be found insufficient, to enlarge the wound to the requisite extent?

As Dr. Clay acknowledges the impossibility of judging previously to incision, whether or not adhesions exist, I shall conclude by stating that in my first successful operation, published in the "Transactions" of the Provincial Medical Association, the disease had continued, during several years, without forming adhesions. This woman continues in good health, having since been pregnant four times, and given birth to four healthful children. I have since witnessed another successful *minor operation* for the cure of ovarian dropsy, which had progressed more than twenty years, during which period tapping had been thrice repeated. In that case, also, there were no adhesions. The lady has since enjoyed, during several years, and still enjoys good health. I am, Sir, yours respectfully,

WM. JEAFFRESON.

Framlingham, Nov. 6, 1843.

FRENCH ACCOUCHEURS.—In France, no one, male or female, is allowed to practice midwifery without a diploma, or "letters" to that effect. In some infractions of the law during the present year by the wives of small farmers in Brittany, the primary court of Brest inflicted a fine of fifteen francs on each offender. On a repetition of the offence, the fine, which goes to the hospital funds, is two hundred francs (£8), in addition to which a longer or shorter imprisonment is inflicted.—*Gazette des Tribunaux*.

No. 1055.

LONDON HOSPITAL.

HYDROCELES OF OLD HERNIAL SACS.

JAMES ELPHICK, a countryman, *ætat* 47, admitted under Mr. Scott, October 18, suffering from the inconvenience of an enlargement of the scrotum, which materially interfered with the discharge of his ordinary occupations.

The scrotal integument was observed to be greatly distended, and to form the investment of a large tumour depending between the thighs; on the right side, eight inches from the pubic spine; on the left side, ten inches from the corresponding point. The testicles, which were perfectly distinct, constituted on either side its inferior limit, and immediately above them the tumour was slightly contracted, and then bulged out into a large elastic structure which possessed uniformly dense parietes, and fluctuated distinctly on pressure. At the upper part of the swelling existed considerable fullness, extending on the right side three inches and a half, and on the left four inches from the symphysis pubis. The transverse diameter of the centre of the tumour was half a foot. The skin of the penis was puckered and partially lost in the scrotum, thus rendering the size of the organ apparently diminished. No omentum or intestine could be detected. The fluid on pressure was found not to communicate to the abdomen; but a slight pulsation was sensible on the left side when the patient coughed. The man seeming barely to comprehend the principles of reason, it was difficult to obtain any details of a satisfactory nature. It appears, however, that thirty-two years ago he had had a rupture on the right side, and twenty years ago a similar protrusion on the left. He wore a double truss, and stated that he had been annoyed by the presence of the swelling (which had progressively enlarged) for the space of six years.

Three days after admission (the nature of the fluid having been previously ascertained by the introduction of the grooved needle) forty-eight ounces of serous liquid, mixed up with a large proportion of crystals of cholesterine, were withdrawn by the trocar from the left side of the tumour, and eighteen ounces from the right. After the evacuation of this large quantity of fluid the scrotum assumed nearly its normal dimensions. Either outer ring was observed to be lax; the right, however, more dilated than the left; and through it there was slight descent of the intestine on coughing.

The truss was readjusted, and the recumbent posture enjoined. In the space of a fortnight the fluid having again been secreted to a moderate extent, it was withdrawn by the trocar, and an injection of lime-water thrown up into the cysts of the right and left sides. On the supervention of considerable local pain and uneasiness the

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