remained but the cicatrix of the tongue, which did not impede his speaking or chewing. During the spring of the year, at which time the patient was subject to pulmonary and cerebral congestion, severe pains, with slight swelling of the tongue, came on, to which was added, in the year 1829, a small swelling of its right side, which suppurated and discharged thin matter, after which it gradually healed. On the 2d of May, 1845, a similar swelling made its appearance in the same place, which opened without discharging any matter, and, after some days, what appeared to be a small piece of bone presented itself in the opening, which on being removed, proved to be the second molar tooth, which had penetrated the tongue from the musket shot thirty-two years previously, and had during the whole time caused no great inconvenience. The roots of the tooth were broken off by the neck, and the whole surface covered by calcareous deposit.—*Ibid.*, Dec., 1845.

51. *Expulsion of a piece of Bone from the Gullet at the end of eight months.* By ROBERT BROWN, of Preston.—The following case of prolonged lodgment of a foreign body, for the period of eight months, in the upper part of the œsophagus, giving rise to severe respiratory embarrassment, but without occasioning any impediment to deglutition, is sufficiently curious to merit publicity.

Mrs. Backhouse, æt. 62, whilst eating a beef-steak pie, in January, 1845, accidentally swallowed a piece of bone. She was much distressed at the time by efforts to vomit, during which some blood was brought up. Embarrassed breathing, cough, muco-purulent, and occasionally hæmoptoe expectoration, with loss of strength, and emaciation soon followed. Auscultation failed in discovering the cause of so much pulmonary disturbance.

This deranged condition of health continued until the morning of Thursday, August 28, 1845, when, during a severe paroxysm of coughing, she brought up a large mouthful of phlegm—experienced the sensation of something giving way in the throat, speedily succeeded by the feeling of a sharp substance across the passage. During a fit of vomiting she succeeded, by means of her finger, in removing the accompanying piece of bone.

A week subsequent to the discharge of the bone, all traces of previous irritation were entirely removed.—*Ibid.*, Nov., 1845.

52. *Statistics of Lithotomy.*—Dr. F. H. BRETT has performed lithotomy in 108 cases, with a fatal result in only 7.

The following table shows some of the particulars of these cases:—

	Mosulmans.	Hindoos.	Europeans.	Cured.	Died.	Total.
No. under Puberty,	15	53	2	68	2	70
No. of Adults,	8	30	0	33	5	38
	23	83	2	101	7	108

Med. Times, Jan. 31, 1846.

53. *Treatment of Seminal Losses by Compression.* By M. BRACHET, of Lyons. The author cites four cases of spermatorrhœa, arising from different causes, all of which were cured in from two to three months by compression in the perineum over the prostate gland. He admits that compression is not applicable to all cases, and that avoidance of the cause of this disease is for the most part sufficient for the cure; but he thinks that it will succeed in every case of atony occasioned by abuse, or even by protracted or frequently repeated attacks of gonorrhœa. He endeavours to show that the injurious influence of the complaint results from the nature of the seminal fluid, the too frequent discharge of which cannot take place with impunity. He further attributes a part of the injurious effects to the too abundant secretion of prostatic fluid; and, comparing this fluid with that secreted by the cryptæ of the vagina at the moment of coitus, and in certain cases of leucorrhœa, he establishes an analogy which must exist between those isolated cryptæ in the vagina, and those which constitute the prostate. He then gives a satisfactory explanation of the manner in which compression acts. It produces two effects—on the one hand, it confines the semen in its reservoirs, and accustoms them to tolerate its presence better, and to retain it longer; on the other hand, it