such a sort at such a time is a very favourable occurrence; it is a critical discharge of the peccant humours.

CASE 19.—John G.—., (C. B., 103, p. 232.)—This was the third dustman. His pulse was also intermittent, like the three former cases, but not till he was getting better. At first it was not above 80, though he was very noisily delirious, and had a brown tongue. You may observe this abnormal slowness of fever pulses to be particularly prevalent in certain seasons. They have been slower than is quite consistent with the severity of other symptoms this winter.

CASE 20.—Stephen F—, (C. B., 103, p. 246.)—I hear from Mr. Sanders, of Chigwell, who attends this boy's family, that they had fever with "mulberry rash" in the house, and that a bother had died of it. brother had died of it. Stephen was sent to London to be out of the way, but sickened on the day of his arrival, and had rose spots in several crops. It is difficult to imagine the probability of two brothers contracting different miasmatic diseases in the same house, at the same time, and from the same cause, and the rational conclusion seems to be, that they are of the same nature. It can only be the most overwhelming evidence which can lead us to think the contrary.

The more propitious This lad nearly followed his brother. circumstances of hygiene under which he was, in a warm, airy hospital, instead of an ill-drained cottage, weighted the scale in his favour; but I do not see anything fresh to remark in the pathology of the case, except that he managed to get a super-ficial sore on the back by obstinately saturating his sheets with urine and fæces, and continuously rubbing the sacrum against them. You must distinguish these superficial sores from sloughs, because the same treatment will not prevent them. They will be produced by friction in spite of a water-pillow and all possible cleanliness, as in this lad's case. The best way of managing them is to paint the parts directly they get red with gutta percha, softened in chloroform. Take care and keep it thick enough by letting lumps of the gum remain un-dissolved in the bottle; it should be of the consistence of paint, so as to dry immediately on application. You thus obtain an artificial new cuticle, and can renew it as many times a day as you like.

CASE 21.—Henry G—, (C. B., 103, p. 292.)—Instead of coloured petechiæ, the eruption in this very low case consisted of miliary vesicles, scattered like fine seeds all over the chest and abdomen. They are called in the Case-book "sudamina," The word is derived from their often accompanying excessive perspiration; but remember that the association is not a necessary one; this man's skin was quite dry till he became convalescent.

CASE 22.—John B—, (C. B., 103, p. 106.) I have taken him out of chronological order, because he was not treated by muriatic acid. In fact, the fever had passed away, and he might be called convalescent; yet, as you saw, he was very ill, unable to raise himself in bed, and with a brown crust in the unable to raise finiser in bed, and with a brown crust in the centre of his tongue. On inquiry, I found that this low condi-tion, remaining after the special symptoms of the fever had passed away, arose from inanition. Beef-tea, wine, and bark set him up directly. You will see a good many such cases in dispensary practice; they die convalescent out of sheer starva-tion. It is of some importance to recognise this fact, and you will find the most pathognomonic sign is the coincidence of the brown tongue, with a perfectly clear mind and cool skin. These latter show that the typhus poison has passed away, and that the condition of the mouth is the result of want of nutriment.

These are all the cases of low fever I have had in hospital since the summer. I hope the abrupt and discursive style of the notes I have made upon them will not prevent their being of some use to you.

ON

THE APPLICATION OF THE NITRATE OF SILVER TO THE VERU MONTANUM,

IN THE TREATMENT OF EXCESSIVE INVOLUNTARY SEMINAL EMISSIONS.

> BY SAMUEL SOLLY, Eso., F.R.S., SUBGEON TO ST. THOMAS'S HOSPITAL.

IT is now some years since Lallemand first recommended the use of this caustic to correct the distressing drain on the system which results from these discharges. I am convinced the great value of this plan has not received that attention from 1134

the profession which it deserves, while the quacks have availed themselves of it, abused it, and converted, by its indiscriminate and intemperate use, a valuable remedy into a curse.

Every now and then I see patients from the country who tell me that their medical attendants decline to use it; and I know that some of the heads of the profession are opposed to it. As however, during the last three years, I have found it almost invariably successful, I think it right to make this statement.

Most of these cases are the consequence of evil habits engendered at school. Much has lately been written, and much is being honestly attempted, in order to abate the frightful evils of prostitution; but bad as are the evils which arise from that source, they are nothing in comparison with those arising from masturbation-a crime which is ignored by the public, the profession, and by too many of the scholastic order. It is a dreadful social evil, and the punishment which follows in its train, unlike the marked and self-evident retribution from illicit intercourse, proceeds so slowly that its victims are bound hand and foot before the medical man is called in to prescribe for its consequences. Epilepsy and insanity are amongst the most prominent of its effects. But I must not now be led away into particulars, though I do conjure the profession not to ignore the existence of disease as the result of masturbation, and thus drive its votaries into the hands of quacks. They are amenable to treatment, and the surgeon will be rewarded for his trouble.

As a rule, I first pass a steel sound, and after the urethra becomes less irritable and sensitive, I apply the caustic; in the use of which I make no claim for originality. I employ the caustic-holding catheter of Lallemand, and having passed it over the veru montanum into the bladder, I draw it back again; and on reaching the veru montanum, unsheath the nitrate of silver over the opening of the ejaculatory tubes, quickly sheath it again, and withdraw it from the penis. Its application in this way does not produce much pain, not usually so much as the first introduction of the steel sound; for, in all these cases, the urethra is exquisitely sensitive, and the veru montanum swollen.

In those cases where the nocturnal emissions simply occur too frequently, and the evil habit which induced them has been abandoned without the occurrence of epilepsy or mental derangement, perseverance in the use of this caustic, applied once or twice a week, according to the irritability of the patient, and continued according to the subsidence of the seminal emissions, from one to two months, with such tonics as the sul-phate of iron, quinine, and zinc, will, as far as my own expe-rience goes, effect a cure. This assertion applies even to cases where the testicles have shrunk to little more than the thickness of a penny-piece, and the varicose veins of the cord resemble a bag of worms.

On a subject like this I must not detail individual cases; but I do assert, most positively, that the above description is no exaggeration of the physical changes which take place in the organs of generation, and that such cases are not incurable.

ON A CASE OF

COMPLICATED INJURY TO THE BRAIN AND SKULL, WITH REMARKABLE PER-SISTENCE OF CONSCIOUSNESS.

WITH POST-MORTEM EXAMINATION, AND CLINICAL REMARKS.

BY EDWARD J. CHANCE, Esq., F.R.C.S., SENIOR SUBGEON TO THE METROPOLITAN FREE HOSPITAL, AND TO THE CITY ORTHOPÆDIC HOSPITAL. (Concluded from page 84.)

In reviewing the foregoing case several points of deep interest as regards the symptoms observed during life, and lesions found after death, present themselves for consideration; some of which admit of a perfect explanation, whilst others are so contrary to all that could be anticipated, that it is difficult to reconcile the fact of their existence in one and the same case.

The points of interest as they present themselves to me are as follows :-

1st.—The long interval which elapsed between the receipt of the injury and the apparent loss of consciousness. 2nd.—The complete want of reaction.