

Had an emission nearly every night, sometimes, though not always, accompanied with lascivious dreams. Pale, doughy-looking countenance; troubled with dizziness and palpitation; slight pain on passing sound over prostate; no tenderness there or elsewhere along the course of the urethra on external pressure. Cold bougie, No. 10, as in the preceding cases. This was continued about six weeks, he having but one emission after the commencement of the treatment. In June following, had had no return of the disease.

The beneficial effect of this method of treatment is due, I think, to the local tonic and sedative action of cold in allaying the irritability and overcoming the hyperæsthesia, on which the continuance of the disease in most cases principally depends.* I took occasion to verify the diagnosis in each of the preceding cases by microscopic examination. The very satisfactory results which have thus far attended this method of treatment seem to render it worthy of a more extended trial, as it may be applicable to many, if not most of the cases where cauterization is ordinarily resorted to. Should such prove to be the case, its advantages are too obvious to require comment. A common steel sound will generally be found most convenient, its temperature being reduced to the proper point by immersion in ice-water for a few minutes before using it.

December 27th, 1867.

IS INTERMITTENT FEVER CONTAGIOUS?

[Communicated for the Boston Medical and Surgical Journal.]

Is intermittent fever contagious? I am inclined to think it is, for the following reason. In September, 1865, while visiting a friend at Milton, Mass., I was seized with ague—a regular “naturalizing shake.” The lady of the house came frequently to my room, kindly administering to my wants; I was also quite an object of curiosity to her, as it was the first “ague fit” she had ever witnessed. On the fifth day from the time of exposure, she complained of a chilly sensation, followed by quite a fever, which lasted for an hour or more. I was convinced, judging not only from the general symptoms, but from the appearance of the tongue, that she had the “dumb” ague, and so informed her; at this she was indignant, and evidently thought I was crazy. “Why, doctor! we *never* have ague here; I never heard of but two cases in this town, and they were imported from California.” Knowing it would be useless to argue the point with her, I let the subject rest. Each day brought a return of the chill and fever; when, on the morning of the *ninth* day, she had a “shake” that would have been a credit to an *Illinoisian*, and sufficient to convince her that I was correct in my diagnosis.

* I am indebted to my friend, Dr. Crane, of Pittsfield, Mass., for suggesting the idea of its application to this particular disease.

I am aware that this isolated case proves nothing, and only report it in the hope that it will call forth an expression of opinion from those who are more competent to decide, than

Hillsboro', Illinois.

AMOS SAWYER.

CONTRIBUTIONS TO DERMATOLOGY.

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LUPUS.

WHAT is lupus? In looking over the works of the ancient writers, it is interesting to observe the figurative language they often employ to illustrate their ideas of the forms or the peculiar characteristics of the diseases that attack the human system. In the present instance the symbol chosen is one of the most ferocious wild beasts that roam in field or forest, and whose very name is suggestive of destruction; and destruction being the salient feature of lupus, a more appropriate similitude could not be selected.

The disease is confined to no age or sex, or class of subjects. It presents three principal varieties—namely, lupus erythematodes, lupus non-exedens, and lupus exedens. Other varieties are mentioned by different authors, as lupus vulgaris, lupus vorax, and lupus hypertrophica, the latter originally described by Biett. All these forms are but different degrees or stages of the same disease.

The general health usually remains unimpaired, even where the local affection continues for ten, twenty or thirty years. There is a tissue-change which supervenes upon the local inflammation, and this change, together with loss of substance unlike what takes place in any other cutaneous disease, constitutes a distinguishing attribute of the complaint.

In the first variety which we propose to consider, there is an erythematous condition of the skin, followed by loss of substance or atrophy in the affected part, without the formation of tubercles or ulceration.

In the second variety there is a development of tubercles, followed by destruction of tissue *without* ulceration.

In the third, there is the formation of tubercles and subsequent loss or destruction of the skin, and sometimes of the deeper tissues also, *by* ulceration. Thus we have before us the distinctive features of the several forms of lupus. In each there is a devastating agency at work, although there is a diversity in the mode of operation. The disease is never contagious, and rarely traceable to hereditary predisposition. The most frequent locality for its development is the face, especially the nose. No constitutional symptoms are present, and rarely any pain. It sometimes happens that while the eruption occupies the face, nose or head, the fingers or back of the