

antispasmodics—henbane, belladonna, conium, chloral, bromide of potass—had no other effect than to cause sleep. Tartar emetic in large doses seemed of considerable service in some severe cases with dry skin. Strychnine had not seemed to him to merit the high encomiums Trousseau passed upon it, and its use is not free from danger. The only remedy really useful, and that only in exceptional cases, is the sulphate of zinc, given in increasing doses from 1 to 20 grains. It had effected considerable good in some cases in which other remedies had failed, and in which there was no distinct indication for the use of this or that remedy.

The lecturer then glanced briefly at some forms of pseudo-paralysis in children, especially in association with rickets, and analogous to the loss of mental power after fevers, at the paralysis of the idiotic, and the paralysis due to cerebral tubercle. He concluded with a few words on the subject of "essential" or infantile paralysis, respecting which he drew special attention to the proportion existing between the early exaggeration of sensibility and the subsequent loss of power, and to the comparative rarity of absolute recovery, even in the most favourable cases.

ON THE TREATMENT OF GONORRHŒA.

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FROM time to time we see advocated special modes of treatment for gonorrhœa, more especially as regards injections. The truth is, I believe, that most injections have their value, if used with discretion, and in protracted cases in variety. The indiscriminate use of copaiba and cubebs is followed in many cases by unpleasant results. Their employment should be the exception. A strong, healthy man, not over-sensitive, may take these drugs perhaps with benefit; but a strong healthy man is the exception, and the generality of patients will be found to do better upon a treatment the result of which has, in my hands, proved uniformly successful.

The first indication of an attack of gonorrhœa is an itching at the orifice of the urethra, and a peculiar irritation lower down, similar to that caused by ascarides, and which begets an urgent desire to micturate. If necessary, a mild purgative should be administered; but the effect of this is often to produce a subsequent irregularity of the bowels, which is not beneficial, and should therefore, if possible, be avoided. A glass of warm milk before rising every morning often has the desired effect. The diet should be regulated, and all food should be of a plain nature. Meat should be fresh, and not preserved; no condiment whatever should be allowed; beer and spirits should be strictly forbidden, and also wine, except claret, which, when diluted with water, may be taken in moderation; coffee and tea should be interdicted, and it must be remembered that, as the patient is not to take any exercise, a diminution in the quantity of food should be observed. Early departure to bed is advisable. The directions as to diet are of the first importance, and, if strictly carried out, will do very much towards the recovery of the patient. A mixture containing conium and mucilage, or equivalent substances, should be given several times daily; and, when all inflammatory symptoms have disappeared, injections may be commenced; any simple astringent will very soon effect a cure, without any danger. I prefer the acetate of lead; but if immediate cure does not result, the injection should be changed, the great secret in using injections being to vary them sufficiently; this is more the case in gleet. In old-standing gleet the injection should be changed about every three or four days, and returned to again.

In gonorrhœa, after the discharge has ceased, the injection should be continued for at least a week; less frequently, however—say once, and sometimes twice, a day. Neglect of this precaution is often the cause of gleet. This system of practice I believe to be the best. I have said nothing of complications, considering it unnecessary.

March 14th, 1871.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

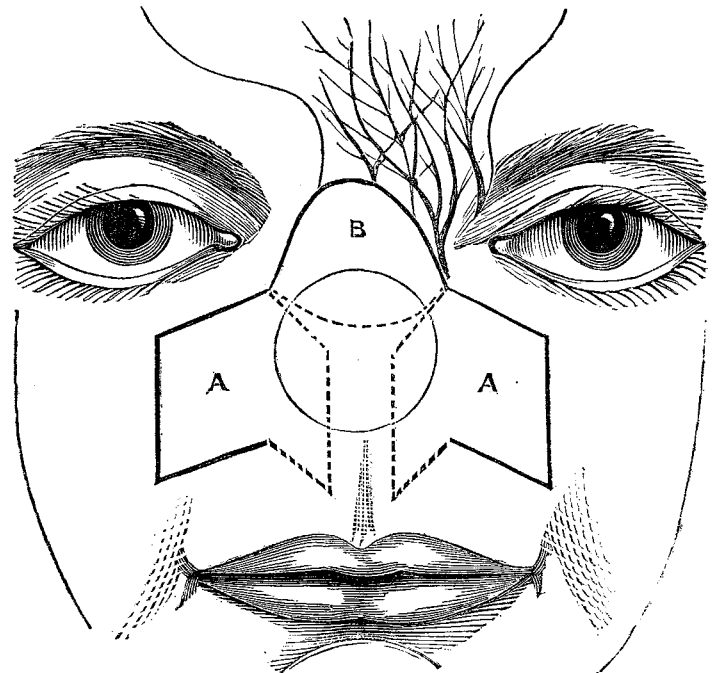
Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WESTMINSTER HOSPITAL.

CASES UNDER THE CARE OF MR. FRANCIS MASON.

THERE are several cases of interest now under observation at this hospital. The first is that of a man who presents an example of remarkably rapid recovery after a very severe subcutaneous injury to the knee-joint. While engaged in cleaning a skylight he fell down a well staircase to a distance of nearly 100 ft. In the fall his left knee must have come in contact with the balustrade, for Mr. Mason found the injured leg to be everted to nearly a right angle with the thigh. The internal lateral ligaments must therefore have been extensively ruptured; nevertheless, the skin was uninjured. Strange to say, with the exception of one or two very slight scalp wounds, he sustained no other injury. The limb was readily brought into position, and adjusted to a splint, after which the patient did not have a moment's pain. In about a fortnight he could flex and extend the injured leg almost as freely as the other.

In the adjoining bed is a man on whom Mr. Mason has performed an operation of some novelty for the formation of a new nose. The patient is thirty-one years of age, and, six years ago, had severe ulceration of the palate, which induced necrosis of the bones in this region, and ultimately destroyed the whole of the nose. The operation commenced by making two side flaps from the cheeks, as shown in the diagram at A A. These were dissected up to the margin of



the nasal aperture, and, placed with their raw surfaces forwards, assisted materially to form the two alæ. A similar flap was brought down from the nasal bones (B), with its raw surface forwards. A piece of skin was then taken from the forehead. This flap (which for economy of space is not fully represented in the woodcut) differed slightly from that ordinarily recommended, in that, by means of an unusually large pedicle, it was made to include the supra-orbital artery of one side, and also in that it was made more convex over one eye, and rather concave at the opposite edge. The flap, having been gently twisted, was brought down and laid on the raw surface already referred to. The parts were then carefully stitched with silver wire. In devising