

Hospital on the 8th of March, and two days afterwards was put upon the electuary of copaiba, in the dose of a fluid drachm, at first, gradually increased to a drachm and a half. On the 15th, there was a sensible improvement; the *guttæ* were smaller, and in several places had in great part disappeared. There were fewer scales, and there was hardly any itching. On the 3d of April, there was scarcely any of the disease left on the thighs, arms, and posterior part of the leg. In other places the eruption was less prominent and less scaly. On the 15th, general subsidence of the patches in those places from which the scales had become detached. On the 13th May, there was no psoriasis except on the places of election, and the front of the legs. June 1st, the left arm and leg are well; 15th, the right elbow is completely cured; there remain only a few scales on the right knee. On the 20th, the patient was discharged at his own request.

During the whole course of the treatment, the digestive functions were regularly performed, and the stools were not more frequent than usual.

FISTULÆ IN THE PERINÆUM.

[Communicated for the Boston Medical and Surgical Journal.]

MR. M., of Windsor, Ohio, æt. 72, received an injury in the region of the perinæum, several years since, which caused symptoms of stricture of the urethra; and about five years ago caused complete retention of urine. All attempts to pass a catheter proved unavailing, and after several days of intense suffering, the urethra gave way, and the result was that several fistulous openings occurred in the perinæum and scrotum. The urine passed through these openings during the act of micturition—which act was always attended with great pain and scalding; and as the patient could not retain his urine, more than from half an hour to one hour at a time, his life was one of continual suffering. There was also a profuse discharge of pus, which, with the pain and irritation, had induced great debility and hectic fever, and he was obliged to keep his bed most of the time.

When I first saw him, he had been three years in the above-described condition, and was, as he expressed it, “very anxious to be either *killed or cured*.”

The stricture was just below the membranous portion of the urethra, and seemed to be an inch and a half in length and of a hard, gristly nature.

I used a small-sized, flexible metal bougie, with the point rather blunt, and after repeated efforts succeeded in passing it through the stricture. The bougie was withdrawn in a few minutes and a small silver catheter introduced, and at least three quarts of urine came away with a quantity of mucus. The catheter was retained

in the urethra for several days, and only removed to clean it, and no more urine passed through the fistulæ. An injection of a solution of sulphate of zinc and also a weak solution of nitrate of silver were used three or four times; balsam of copaiba and infusion of uva ursi leaves were administered, and the patient was instructed how to use the catheter, whenever he wished. The openings in the perinæum and scrotum all healed up, and the general health was restored, but he could never pass his urine without the catheter. This patient died very suddenly in about one year, of disease of the heart, with which he had long been troubled.

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IS SCARLATINA CONTAGIOUS? PARASITIC DISEASE OF SCALP.

BY P. PINEO, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Scarlatina has been quite prevalent during the last two or three years in this locality. It has made its invasions alike in very elevated and low situations. The question of its contagiousness, constantly arising, led me to observe it as carefully as possible, with a view of noting the evidences *pro* and *con*; and it has seemed to me that the testimony decidedly preponderates in favor of its non-contagiousness.

This question is not only important in a scientific view, but the interests of humanity require its solution. I have repeatedly seen a family almost entirely deserted by the neighbors, because they feared the disease was *catching*, which is the popular belief.

In two of our standard works on Theory and Practice, by Dr. Watson and Dr. Wood, we are told that scarlatina is contagious. Having the highest respect for these two eminent men, and remembering a few words of that celebrated aphorism of our father Hippocrates, "*Experience is deceptive and judgment difficult*,"—I feel like stating my own observations with great modesty.

In a family numbering ten, including servants, there have been three or four cases of scarlatina, at different periods, with intervals of several months or a year, and no other member of the family took the disease, though all were exposed to it.

D. C. was attacked with the most severe form of scarlatina, and died in five or six days. Several children in the family were often in the room, and constantly exposed to whatever contagious influence there might be, but not one of them had the disease; while two families, one fourth of a mile on each side, who carefully avoided going near the residence of the patient, had several children attacked with it. Numerous instances like the foregoing would seem to prove its non-contagious character. What has been the observation of others?

In the JOURNAL of March 24th, there appears a somewhat cap-