with a paste which dissolves at the temperature of the body; but in the manner just described, there is to my mind a most happy combination of the chemical and mechanical.

PROSTATORRHŒA, SPERMATORRHŒA.

When several glands discharge their own peculiar secretion into a common cloaca or outlet, it is not easy to say how far the discharge from such common outlet is simple or compound in character, and if compound, to what extent. difficulty supplies one reason why urethral discharges, other than gonorrhea, have long been the chosen field of the empiric and the quack. With a proportion, usually very small, of truth to back them up, they delight to paint in connection with such discharges, a picture of misery and woe, the dark coloring of which has done a vast amount of injury, bodily and mental, to multitudes. This dates as far back as the time of Lallemand and his followers, the consequences of whose ill-judged writings are still every day apparent.

Prostatorrhœa as a separate and distinct discharge from the prostate gland, was first described by Dr. S. W. Gross, of Philadelphia; previously, all involuntary discharges were regarded as seminal, and even now writers appear to differ in opinion as to the nature of this discharge. It may be defined as a discharge of clear glairy mucus from the prostate, especially after the bowels or bladder relieve themselves, and more so, if straining efforts have been made. It appears probable that the discharge comes from the acini or ducts of the prostate, over-distended with fluid, due to anything which is likely to produce a determination of blood to the pelvic organs; for example, affections of the rectum, much riding on horseback, masturbation, gonorrhea. It exists sometimes with or without inflammation of the prostate. Let me give the particulars of one case as an example.

E., single; at the age of 20 had gonorrhea, and again at 22. It was not until some years after, that he noticed first a discharge of tenacious matter during defecation. General health fairly good. Examination of the discharge was frequently made with the microscope, probably fifty times, but nothing was found except a few columnar and squamous epithelial cells, and on two or three occasions only spermatozoa. The facts pointing to a prostatorrhea, a large-sized bougie was passed;

no stricture was made out, but no apparent benefit followed. It was then passed and left in for about five minutes; within twenty-four hours there was sense of weight and pain in the perineum, sense of fulness and desire to empty the bowel, an indication that a certain amount of prostatic inflammation had been set up. This completely and readily subsided, but the discharge still continued, and the urine showed filiform muco-purulent casts of the follicles and ducts. After a time injection was tried, with a Gross' syringe and solution of nitrate of silver. It produced no pain, only a feeling of warmth; this was repeated on three occasions, at a week's interval; the discharge at once began to lessen, and by the end of a month or so a discharge which had existed for years was completely cured. This patient also had intermittent phosphaturia, great headache at short intervals, and general debility. He has much improved in all these respects since. Tonics were administered liberally, especially iron and nux vomica.

This case serves well to illustrate this disease. It followed irritation at another part of the urethral tract. It showed little tendency to self-cure. Its nature, by the use of the microscope, was readily diagnosed. The treatment was completely successful. I could cite numerous other examples, but my purpose is served if I have shown the necessity for an accurate diagnosis, and the result of certain manner of treatment.

Spermatorrhea, the escape of seminal fluid, is the last urethral discharge I would briefly mention. In its strict meaning, it is a slight flow of semen, more or less continuous, from the urethra, without any specific sensation, or during an excitation or defecation; but generally it is understood to embrace—nocturnal emissions during sleep, and diurnal pollutions which take place when the patient is awake, and which are excited by slight mechanical or psychical causes, and usually the erection is incomplete and the sensation diminished.

The first class, or involuntary nocturnal seminal discharges, is one variety of this affection; this frequently is but an expression of vigorous health, not feebleness or disease, provided they occur in men living a strictly continent life, and do not recur with too great frequency. They require only that the person be informed that they need give him no concern; but when they occur frequently, and are followed by depression, more or less mental