

phy of the tongue and (5) *Glossitis* are easily distinguished from syphilitic tumours. (6.) *Primary chancre of the tongue* is usually easily distinguishable by the history of the case.

*Prognosis.*—This in the case of suitable treatment being had recourse to, is usually favourable ; but if this be too long delayed, the destructive ulceration which ensues will be followed by more or less permanent deformity.

*Treatment.*—Various forms of mercurial preparations have been used by different authors with success ; and although the author believes that iodine is useful in some cases in which mercury has been already employed in vain, he does not agree with M. Ricord in the propriety of proscribing the latter, or even, as a general rule, in substituting iodide of potassium for it.—*British and Foreign Medico-Chirurgical Review.*

## PRACTICAL OBSERVATIONS ON THE NATURE AND TREATMENT OF PROSTATORRHŒA.

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Prostatorrhœa is defined to be a discharge from the prostate gland, generally of a thin mucous character, dependent upon irritation, if not actual inflammation, of the component tissues of that organ. It does not often occur among children or old people, but is most common during the activity of the sexual organs, and is most frequently met with in those whose sexual propensities are the strongest. The exciting causes are not always evident, but the disease has generally been traceable, either directly or indirectly, to venereal excesses, chronic inflammation of the neck of the bladder, stricture of the urethra or some affection of this canal ; it may have its origin in diseases of the rectum, and the use of internal remedies, as cantharides, turpentine, may excite a temporary prostatorrhœa ; a common cause in young men is masturbation. The *symptoms* are a discharge of mucus, generally, perfectly clear, ropy, varying from a drachm upward in twenty-four hours ; in efforts at defecation the flow is greatest : It is attended, also, with a pleasurable, tickling sensation sometimes. Prostatorrhœa may be distinguished from urethritis by the gradual supervention of symptoms, the transparency of the discharge, the absence of symptoms of inflammation of the urethra, &c. ; spermatorrhœa by a microscopical examination of the discharge ; from cystorrhœa by the absence of changes in the urine, or difficulty in micturition. The *pathology* of this affection consists in a disorder of the follicular apparatus, leading to an inordinate secretion of its peculiar fluid. This may be due to inflammation but in some instances the organ appears to be entirely healthy, in which case it is supposed to be due to a heightened functional activity. The *prognosis* is generally favorable as this affection is not a disease but a symptom of disease, usually slight and easily removed ; it is often however, very obstinate, and when the mind deeply sympathizes with the local affection is very difficult of management. The *treatment* should be directed to the removal of the cause, and to this end there should be a thorough exploration at the genito-urinary apparatus, the anus and the rectum, and a careful inquiry as to the habits of the patient. If he is weak, gentle exercise, nutritious diet, wine and tonics are indicated. The tincture of the chloride of iron in union with tincture of nux vomica is especially recommended. If he is alethoric the antimonial and saline mixture is useful. The most useful topical applications are cooling and anodyne injections, as Goulard's Extract with wine of opium in the proportion of one or two drachms each in ten ounces of water, three times daily ; in obstinate cases cauterization once a week may be necessary ; the cold hip bath is also important, and if the symptoms do not yield, leeches should be applied around the anus and to the perineum.—*N. A. Med. Chir. Rev.—from Am. Med. Times.*