

The diagnosis of erythematous lupus, except in its earliest stage, is not generally difficult, though if hastily examined it might be mistaken for a patch of dry scaly eczema or psoriasis, especially if, as sometimes happens, it is thickly covered with white scales. To assist our diagnosis we must bear in mind the appearance of the erythematous patch, with its well-defined margin and red base, the comparatively small extent and slow progress of the disease, the history of the case, the part affected, and, above all, the fact that neither eczema nor psoriasis leave scars or produce the peculiar alterations in the function and structure of the sebaceous glands which are characteristic of erythematous lupus.

Prognosis.—The prognosis is in the case before us, I need hardly say, unfavourable, as the disease is of long standing, and has made great progress.

Treatment.—With regard to the treatment of this most obstinate malady I have little that is satisfactory to tell you. Nevertheless, it is quite certain that under judicious management the progress of many cases is arrested which would otherwise only pass from bad to worse. Our first care must always be not to do harm; for it is a very easy matter, when strong caustics are used, to leave our mark, and produce a severe scar where nature would have left but a smooth and slight one. In addition, we should always bear in mind that erythematous, in common with most other kinds of lupus, is always influenced unfavourably by exposure.

Of the many remedies that have been recommended, not one can be said to produce with certainty a marked effect on the progress of the disease. Amongst the most useful may be mentioned cod-liver oil, arsenic, and small doses of perchloride of mercury, and perhaps the most generally useful of all—viz., combinations of iodine and bromine salts. Our patient is at the present time taking by Mr. Nunn's advice, the Woodhall bromo-iodine water, from the well-known Lincolnshire spring, which has proved in his hands a successful remedy in more than one case of lupus.

In choosing local applications you must beware of strong caustics. If they are used at all, they should be supplied with great care, and only along the border of the lupus patch. Of milder remedies, blistering is one of the most useful, especially if it is combined with other treatment, such as the use of a weak nitric acid lotion, or the application of some form of tar. Hebra strongly recommends a plan by friction with soft soap, and the occasional use of soft soap plasters. The application of mercurial plasters is, perhaps, more generally useful than any other local remedy. You must, however, be prepared to find that the treatment which succeeds in one case may be unsuccessful in another, and that in many cases you can only hope to palliate or relieve the disease without producing a permanent cure. *Medical Times and Gazette.*

TREATMENT OF SPERMATORRHEA.

Mr. G. G. Gascoyne gives the following reconsiderations in the *British Medical Journal*:

The occasional introduction of a catheter as large as the urethra will take, is often of the greatest service; it should be passed into the bladder and allowed to remain for five or ten minutes, according to the tolerance of the patient; its mechanical pressure helps to unload the congested capillaries and small vessels of the urethra; its contact deadens and destroys the extreme sensibility of the urethral nerves, and renders them less susceptible to the influence of slight excitants; whilst, by stimulating the muscles, it provokes their contraction, and so renders material assistance in emptying the larger veins. A silver catheter is the best instrument for the purpose, as it exerts firmer pressure than an elastic bougie; and as the urine can be drawn off through it, the patient will not require to micturate for several hours, which is a point of some importance, as the urethra is often very tender, after the passage of an instrument for the first few times. The frequency with which it should be employed depends upon the amount of discomfort its presence occasions; and, if the pain be great, it should not be left in more than a few seconds, lest rigors, swelled testicle, etc., be occasioned. Sometimes the urethra is *extremely* sensitive, and much pain attends the use of the catheter; but this is an additional reason for persisting with it, though a smaller one may be employed at first, so as to cause less pain. I have sometimes found that smearing the catheter with blue or calomel ointment or with half a grain to a grain of nitrate of silver rubbed down in an ounce of lard, to be of use in obstinate cases; but I prefer the blue ointment to anything I have yet tried. Some camphor, extract of opium, belladonna, etc., may be combined with these ointments if thought desirable. Care should be taken that these applications do not reach much beyond the curve of the instrument, and it should be thoroughly well oiled before using it. The oversecretion of mucus is always checked by the use of the catheter, whether armed with ointment or not.

Cold bathing, cold douches, etc., should not be employed on going to bed. The ordinary bath in the morning does good; but cold applications at night should be forbidden, as the reaction which follows them will increase the local circulation, and so cause congestion and erection of the penis, and thus increase the probability of emissions.

Not only must the position assumed in sleep be attended to, but undue warmth in bed avoided, whether by using very soft beds or too large an amount of clothing. The bowels should be carefully regulated to prevent any accumulation within the rectum; and the urine examined from time to time so as to detect an excess of uric acid, the presence of oxalates, etc., which may render its passage irritating to the hypersensitive urethra. Over distension of the bladder must at all times be guarded against, and the patient warned to pass urine on waking in the morning lest he doze off again with a full bladder, which is one of the most certain provocations of erection and emissions.