

Many of these patients also have constipated bowels, and means should be taken to secure a daily stool.

As a rule, no other measures than the above are required. It is to be understood however, that any weakness and irritability of the nervous system may require the administration of tonics, a change of climate, etc. For this purpose I have found the two following prescriptions of good service :—

	GRAMS.
R. Ferri et quiniæ citrat. 3 iij	12.
Strychniæ sulph. gr. j	.06
Acidi phosphoric. dilut. 3ss	15.
Syrup. aurantii. 3ij.	75.
Aquam ad. 3 iv	145.

SIG—A teaspoon (5.00) in water, after each meal.

	GRAMS.
R. Strychniæ sulph. gr. j	.06
Acidi phosph. dilut. 3 iij	90.
M.	

SIG—A teaspoonful (5.00) three times a day, after eating.

The tincture of the chloride of iron, and also ergot, have been supposed, and I think justly so, to have a special tonic effect upon the genital organs; but they must be given in large doses, as, for instance, from half a drachm to a drachm (2.00 4.00) of either the tincture of iron or the fluid extract of ergot (Squibb's), in water, after each meal. They may be combined, as in the following prescription :

	GRAMS.
R. Tr. ferri chloridi. 3 iij	90.
Ext. ergotæ fl. (Squibb's). 3 iij	90.
M.	

SIG.—A teaspoonful (5.00) in water, after each meal.

As a direct means of diminishing the frequency of the emissions, however, the following is often found to be most efficacious :

	GRAMS.
R. Potassi bromidi. 3 j	30.
Tr. ferri chloridi. 3 j	30.
Aquæ. 3 iij	90.

SIG.—From one to two teaspoonful (5.00-10.00), in water, after each meal, and at bed-time.

Mention has already been made of the advisableness of circumcision when the prepuce is long. It may also be found, upon the introduction of a sound, that the urethra is over sensitive, especially in the prostatic region. In such cases the introduction of a cold sound of full size, at first every third or fourth day, and afterward with greater frequency, will generally afford relief to the hyperæsthesia. I sometimes inject into the prostatic urethra about ten drops of a solution of nitrate of

silver of the strength of twenty grains (1.30) to the ounce (30.00) of water, by means of a deep urethral syringe, or Guyon's flexible catheter and syringe. The severe cauterization with the *porte-caustique* of Lallemand should by all means be avoided.

PSEUDO-HYPERTROPHIC PARALYSIS.

Dr. Bramwell of Edinburgh, gives the following as the brief notes of a case of this rare affection in the *London Lancet*, August 9th, '79.

John W—, aged eleven, was admitted to the Newcastle-on-Tyne Infirmary under my care on Nov. 25th, 1876, complaining of inability to walk or stand.

Previous history.—He enjoyed good health until five years ago, when he began to complain of weakness in the back. His father noticed about this time that he waddled in his walk, and frequently tumbled down. His walking gradually got worse. For the past year he has been confined to the house. He has been free from pain. His friends know no cause for the attack.

Family history.—No other members of the family are affected. He has two brothers, both younger than himself.

Present condition.—He is a dark-haired boy; his eyes are gray; his expression is dull and heavy. The pupils are equal and moderately dilated; the corneæ are clear; the lateral incisors peg-shaped and somewhat irregular, the central incisors naturally formed. He is unable to stand or walk unless supported. When he attempts to stand the attitude is striking and characteristic: the feet are widely separated, the distance between the great toes being fifteen inches, and he stands entirely on his toes; the back is arched, the head somewhat retracted, the chest protruded; he tries to support himself with one hand on either hip. When he walks—and to enable him to do so he has to be supported by a hand under each armpit—the body is swayed from side to side, the feet are only moved a few inches at a step, and the toes drag along the ground. The leg below the knee is flaccid and pendulous; the limb is carried forward by the flexors of the thigh on the abdomen. In walking the hands are kept extended, one on either side of him, and he makes great efforts, as shown by the expression of his face. When lying on his back he is unable to raise his heels from the bed. He can flex the thigh on the abdomen. He has the greatest difficulty in turning from his back on to his face; in order to do so he first flexes the thigh on the abdomen; he then with his hands pulls up his heels to the buttocks; he next turns round and gets on his knees; the head is now almost between his knees; from this position he gradually extends himself by climbing up his thighs.

His height is 4 ft. 2½ in. All the muscles of the