doses of gr. $\frac{1}{60}$ to gr. $\frac{1}{30}$ it then acts most happily in restoring the normal functions of the genital glands. Of course the use of iron, especially the tincture of the chloride, arsenic, cod liver oil and corresponding systemic tonics, will commend themselves in properly selected cases. The patient's general health must be built up in every way so that a strong constitutional background may be afforded for the improvement of the genital functions. Electricity is a valuable agent in this connection, especially when applied in the manner of general faradization and central galvanization with mild currents.

I have never found it necessary to use other local means of treatment than the bougie, hence I will say nothing of the various injections proposed containing nitrate of silver, tannin, hydrastis, etc. Such injections ought always to be used with the greatest caution, as strictures, impotence, and even death have been caused by them when too strong. They are not only troublesome to carry out perfectly, but I believe are less effective than the earnest, persistent use of the sound. I am assured that with patience and perseverance few cases of seminal incontinence can resist the combination of moral, hygienic, instrumental and medicinal measures outlined above. L. HARRISON METTLER, A.M., M.D., Chicago, Ill., in *Medical Record*.

SURGERY.

How to Give a Fomentation Doubtless every physician knows how to apply a fomentation, yet the following suggestions may be of interest to some one (*Jour. Bact.*): A flannel cloth may be folded, wrung out of hot water and applied directly to the skin; nevertheless, it is much better, after wringing out the flannel as dry as desired, to fold it in a dry flannel cloth of one or two thicknesses before applying it to the patient. A little time is required for the heat of the fomentation to penetrate the dry flannel, and thus the skin is allowed an opportunity to acquire tolerance for the heat, and a greater degree of temperature can be borne than if the moist cloth is brought directly in contact with the surface. The outer fold of dry flannel will also serve to keep the cloth warm by preventing evaporation.

A fomentation is sometimes needed when no hot water is at hand. It is not necessary to wait for water to be heated in the usual way. Soak the flannel in cold water, wring as dry as desired, fold in a newspaper, and lay upon the stove or wrap it about the stovepipe. In a few minutes it will be as warm as the patient can bear. The paper keeps the pipe from becoming moistened by the wet flannel, and at the same time prevents the flannel from being soiled by contact with the pipe.

Fomentations thoroughly applied will relieve most of the local pains for which liniments, lotions and poultices are generally applied, and are greatly to be preferred to these remedies, since they are cleaner and aid nature more effectually in restoring the injured parts to a sound condition.—*North American Practitioner*.

Syphilitic Spinal Paralysis.—Oppenheim (*Berl. Klin. Woch.*, August 28th, 1893) refers to the syphilitic spinal paralysis recently described by Erb. The gait is stiff-legged, although there is relatively little muscular rigidity, the tendon reflexes are increased, but the motor loss is not so great as the gait would lead one to expect. Unlike ordinary spastic paralysis, there is almost constant weakness of the bladder, diminished sexual power, and slightly marked sensation troubles. The condition develops in the course of months or years, or sometimes more rapidly. Sometimes there is great variation in the symptoms. Improvement may occur after inunction. The patients mostly do not become paraplegic, as in transverse myelitis, or, if they do, the paralysis improves. Erb thinks it due to a partial horizontal lesion in the dorsal cord. The author says that myelitis plays an important part in the clinical history of spinal syphilis. It has a tendency to improve, to get well, or it may remain stationary. Recent researches in spinal syphilis have shown that the chief form consists in a meningo myelitis, the lesion starting in the membranes. Erb thinks that the disease described by him has nothing to do with meningitis, but the author would look upon it as a relatively favourable form of this meningo-myelitis, more or less localized in the dorsal region. The meningeal affection as well as the changes in the cord, so far as they are syphilitic, may clear up, and only the after-results