the defect. Then electricity was tried without result. Six months after the accident, Surmay resected about three-quarters of an inch of the nerve, and joined the cut ends with a fine carbolized catgut thread, which had been ingeniously inserted before the intermediate portion was cut out. The function of the nerve was reëstablished within twenty-four hours! The parts which had before been affected—the second phalanx of the thumb and the two terminal phalanges of the index and middle fingers—were found to have wholly recovered their general and tactile sensibility; while the sensibility to pain and temperature had returned in the thumb and in the upper half of the phalanges of the other fingers involved. Complete restoration followed after several months.

This remarkable case furnishes a strong support to operative interference in other cases than those in which loss of function results from traumatic division of a nerve; for in this one the nerve was not found divided, but the part under the wound was occupied by an enlargement which was formed by pure hypertrophy of the neurilemma. It is always surprising that the cicatricial changes which must take place in, or immediately adjacent to, a resected nerve, should have so little effect in disturbing the result of the operation. In the case mentioned, it seems to have had some disturbing influence, although this passed off with time. Further, this case is interesting as raising questions in physiology which will bear close study, namely, as to the reinstatement of one part of the function of a nerve while another remains in abeyance, as well as in regard to the relation of the different forms of sensation, which are commonly divided into: common sensation or sensation of pain, and the tactile sense, which includes appreciation of changes in temperature. As Surmay's case seems to have been studied with great care, and to present many of the conditions of scientific accuracy, it may contribute materially to our knowledge of the physiology of the nerves.—*Med. News.*

FUNCTIONAL IMPOTENCE—DR. ULTZMAN'S TREATMENT.—The two forms of this affection which present themselves most frequently for treatment are: 1st, Psychial impotence; and, 2d, Impotencec from too early ejaculation of the seminal fluid. They occur usually in strong, healthy young men, and are the forms which yield readily to proper treatment. The treatment is almost entirely local, as the difficulty consists in the incapability of having a normal erection. The capacity of exciting erections resides in the prostate; hence, this is the point to which treatment is to be directed. This is of several forms, all calculated to relieve the hyperæsthesia of the prostatic urethra, and excite the prostate to the production of powerful erections. The simplest form of treatment is by passing a steel sound into the badder daily, leaving it there from five to ten minutes, at the same time depressing the handle so as to make pressure upon the prostate. Usually, in a few days or weeks, powerful erections are excited. The use of astringents upon the prostatic urethra is another method. The remedies used are either tannic acid or the solution of nitrate of silver. Tannic acid is inserted in small slender suppositories by the *porte remede* and deposited in the prostatic portion. Urine should not be passed for half an hour after the insertion. This treatment may be used every day, and not less frequently than every second day, till normal erections occur. Nitrate of silver is used in a five per cent. solution, and three or four drops deposited upon the prostatic portion by a deep urethral syringe, once every three or four days. During treatment, the patient should abstain from all sexual excitement.—*Buffalo Med. & Surg. Jour.*

THE USE OF ANTIMONIALS IN PNEUMONIA AND INFLAMMATION.—D. Leith Napier, M.D. (*Practitioner* for September), states that while children do not bear the antimonials as well as adults, the following "mistura scillæsalina" has proved of great utility (sometimes combined with a suitable dose of belladonna or hyoscyamus) in the febrile catarrhal condition attending dentition:

Saline Mixture.

℞ Liq. antimonii tart.,
Spts. ætheris nitrosi, aa f℥iij:
Liq. ammon, acet., f℥ij:
Aquam ad f℥viij. M.
Fiat mistura.

Squill Mixture.

℞ Vin. ipecac.,
Vin. antimonii, aa f℥ij;
Syr. scillæ, f℥ij:
Aquam ad f℥viij. M.
Fiat Mistura.

These mixtures may be given alone, the first being more generally employed. In some cases the squill mixture is given alone, as in the latter stages of pneumonia; but, as a rule, equal parts of each were used.

The benefits of antimonials are more evident in pneumonia than in other inflammations; but, while Dr. Nias (*Practitioner* for August) follows Trousseau in giving comparatively large doses in the stage of engorgement (not hepatization), Dr. Napier treats the first stages with salicylic acid, antipyrine, or quinine, reserving the antimony for the stage of resolution, except in cases marked by low stamina and great debility.—*Med. Times.*

CONCENTRATED SOLUTIONS OF SALINE CATHARTICS IN DROPSY.—Dr. Matthew Hay, of Edinburgh (who has accepted a chair at Johns Hopkins