

rapid. At the present time there is a woman under observation at St. Louis, who has been almost entirely cured by three injections. The contractions produced by the introduction of ergotin extend, as a rule, to the bladder, and give rise to spasm and dysuria.—*Lancet*.

"PRURITUS PUDENDI."—Dr. Andrew J. B. Jenner, of Detroit, writes:—"Experience has taught me that men of a nervous, bilious temperament frequently suffer from itching of the scrotum—and women, of the same temperament, from itching of the pudenda. There is no eruption in either case. Scratching the parts, however, produces such an exquisitely voluptuous sensation, and so intensifies the itching, that continued scratching frequently abrades and excoriates the parts. Such pruritus is not a disease of itself, but merely a symptom of *hyperæsthesia* of the local cutaneous nerves caused by the permeation of *uric acid* or *bile*. Such cases are invariably relieved by the *internal* use of the tincture of aconite. In severe cases the same remedy may be applied *externally*. The following prescription will, in most cases, suffice: R. Tr. aconiti rad., ʒ j; ex. aquæ, ʒ xij. Cujus cochleare unum magnum ter quater in die sumendum."

The following, from a clinical lecture on Idiopathic Pruritus, by Prof. Thompson, M.D., of the Medical Department of the University of the city of New York, and published in the *N. Y. Medical Journal* for the current month, is also of interest in this connection:

"This young man, as you will remember, was before us a week ago, when we found that he was suffering from that troublesome affection known as pruritus. Concerning the latter I should like a few further remarks to-day. In true pruritus no pathological changes whatever can be discovered in the skin—not even with the microscope—except such as may be due to the mechanical irritation of scratching. It is to be regarded as a sensori-nervous disease, and this nervous element it is very important to find out. Sometimes, however, pruritus is unquestionably due to some blood disease in the system. Thus it occurs not infrequently in Bright's disease. Its connection with the ordinary forms of jaundice is well recognized, and sometimes it occurs in disease of the liver of malarial origin, where there is little or no jaundice. Here the blood is charged with excrementitious matters in the form of biliary salts, but there may be none of the coloring matter of the bile whatever in it. We can usually judge whether a pruritus is due to trouble of the liver or not by ascertaining whether there is a marked bitter taste in the mouth. If this is the case, we should direct our attention at once to that organ, if we expect to meet with any success in its treatment. After making an investigation of the case, we find that this patient is suffering neither from Bright's disease nor from disease of the liver.

There is one hypothesis more that must be taken into consideration before we set down the trouble as of purely nervous origin, and that is, that he may be the subject of diabetes mellitus. I have repeatedly found sugar in the urine in connection with pruritus, and especially pruritus vulvæ. Whenever you have a persistent case of pruritus vulvæ, you should always examine the urine for sugar; and, if you do not find it at one time, search for it again and again until you have demonstrated that there is no possibility of the patient having diabetes. Particularly should you persist in repeating these examinations if you find that the specific gravity of the urine is habitually high—say about 1.030. In diabetes it has been found that the itching of the skin and mucous membrane is due to the presence of a cryptogamic plant of the yeast family and the best remedy by far for it is the sulphite of soda, because it has the property of destroying this. It should be used in the proportion of about a drachm to the ounce of water. The various preparations of carbolic acid will also prove of service. I dwell especially upon the connection of pruritus with diabetes, because you may not have had your attention called to the fact. For a long time I was not aware of it myself; but every now and then I would meet with an extremely obstinate case of pruritus, where the patient had been from one physician to another, and tried a numberless variety of remedies, until there seemed but little hope of gaining any relief. In each of these I was finally led to suspect the presence of diabetes, from the fact that the patient was troubled with boils, which constitute one of the more or less characteristic phenomena of the affection. Wherever, therefore, you meet with a case of obstinate itching, associated with the formation of boils, you have grounds for the suspicion of diabetes.

But occasionally we find an instance of pruritus where no blood poisoning whatever can be detected. There is, then, pretty sure to be nerve-exhaustion; and this, by a process of exclusion, we have found to be the case here. For the past week the patient has been taking small doses of phosphoric acid, nitrate of silver, and corrosive sublimate, in addition to the syrup of the hypophosphites, and locally has made use of olive oil. To-day he reports that he feels better and stronger than he did, and that the itching has been somewhat relieved. I would suggest that the same treatment should be continued, and that he should now commence the use of cod liver oil, in emulsion, in addition to the other remedies.—*Mich. Med. News*.

EXTIRPATION OF THE PHARYNX.—At the recent Congress of German Surgeons in Berlin, Professor Lungenbeck stated that he had performed the operation of extirpation of the pharynx three times, and that he considered the operation justifiable, although his cases were unsuccessful.