

and in the upper jaw is generally associated with a projection of the incisors, and a more or less elevation of the palate constituting the V-shaped jaw, or "rabbit-mouth." This malformation is congenital, but, except in very exaggerated cases, is not very manifest until the posterior permanent teeth are about to be erupted, when the additions to the superior maxilla have been made in the posterior regions. The newly-formed bone, which has been gradually developing, is now found to be placed at an angle with the pre-existing alveolar line. This abnormal development has arisen in order to effect an harmonious arrangement with the other bones of the cranium. The maxillary bones having been imperfectly developed during early childhood, their posterior borders not being sufficiently divergent, the subsequent additions for adult conformation are placed in a wider circle; hence the point of junction between the two parts (the old and the new, so to speak) is marked by an angle of more or less extent. It is usually associated with great delicacy of constitution, and may occur in those of weak mental powers, but is often observed in persons of great intellectual capacity. The treatment of these cases consists in endeavouring to gain increased space in the dental arch, and to diminish the projection of the upper front teeth; but is, as a rule, more or less unsatisfactory. Irregularity in the wisdom teeth is sometimes met with, and may occasion most serious mischief, when extraction is the remedy. Transposition of the teeth is rare, and is usually met with anteriorly; and also inversion, which is still rarer.—*London Lancet.*

FOLLICULAR ABSCESS OF THE URETHRA.

BY PROF. FESSENDEN N. OTIS, OF NEW YORK.

The patient presented to the class was suffering from gonorrhœa, and besides, called attention to a small hard "lump" situated on the under side of the penis, in the median line, and about one inch and a half from the meatus urinarius. In reference to his gonorrhœa, the man stoutly denied recent venereal contact, although he acknowledged that a previous clap which he had three or four years ago was of

venereal origin. In this connection, Prof. Otis said, "It really makes no difference in your treatment of a gonorrhœa whether your patient says he got it from the seat of a water-closet or not, nor are you, as far as treatment is concerned, to always credit the various stories these patients tell about the origin of their trouble. You have the diseased state before you, and you are to treat it as it presents itself. And yet there may be a gonorrhœa without a venereal contact, which behaves exactly like a true gonorrhœa, and may have all the complications. In this particular instance, I do not see any special reason for doubting this man's word when he denies venereal contact. I once knew a case of this false gonorrhœa, which happened in a family of a gentleman who had several children. One of his children had a purulent ophthalmia, and it was customary for the gentleman to attend to the necessary manipulations about the eyes himself. Another of his children had some trouble with the penis, and this also the gentleman cared for. It was his custom to attend to the eyes first. After a day or two, however, a purulent discharge appeared from the other child's penis, and this was followed by swelled testicle. It was a case of gonorrhœa produced by infection from the ophthalmia. In fact, it is a common thing to have a gonorrhœa develop itself in a man who has had a stricture for ten or fifteen years, without venereal contact. I have seen men marry who had a slight gleet, and who were permitted to marry by their physicians, who communicated a gonorrhœa to the wife eight or ten days after marriage. I knew of one very fatal case of this kind, where a gentleman, in the first week after marriage, infected his wife's eye with gonorrhœa, which eye she lost, and shortly before the end of the honeymoon, the other also. This man may have a gonorrhœa without venereal contact. It is then a gonorrhœa by mediate and not direct contagion. In the mediate, there is a shorter course. It does not take a long time for the poison of a gonorrhœa, when exposed to the air, to be destroyed, which perhaps explains why so few of us become infected by this mediate contagion, and also why these mediate gonorrhœas run a shorter course.

The man has told us of this tumour on