

left. Dr. Macdonald related the history of a patient who had been in the habit of passing a catheter at intervals to dilate a stricture, and a few days before had broken off about an inch and a half of a conical No. 10 French catheter. After dilating the stricture, Dr. Grasett saw the patient in consultation, and was fortunate enough to seize the fragment in its long axis, with a Thompson's lithotrite, and extracted it. Dr. Alt read a paper on Tumours of the Anterior third of the eyeball other than epithelial, and illustrated his paper by microscopical preparations and drawings. He classified these tumours under two heads, benign and malignant. In the first class he placed Lymphangiomata, Telangiomata, Serous Cysts, Granulomata, Dermoid, Fibromata, Papillomata, Melanomata. Under the second class he placed Leuco and Melano, Sarcomata.

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#### PARTIAL LEUCODERMA (VITILIGO) OF THE INSANE (DOTT. EMICO MORSELLIS.)

1. There exists a form of leucoderma which, being developed in mad men, may be distinguished as the leucoderma of the insane.

2. This dermatosis is characterized by the disappearance of the cutaneous pigment over a more or less extensive area, the borders of which are sometimes deeply pigmented. Such unequal distribution of the colouring matter is, anatomically speaking, a true dystrophy of the *rete Malpighi*.

3. This confirms the existence of that affection of the skin which developed in consequence of strong moral emotions, or grave and sudden psychic disorders, or at the end of long and debilitating nervous affections was admitted into dermatology under the name of "emotional dermatosis."

4. The leucoderma of the insane has well defined characters, distinct from other cutaneous affections in form, seat and definite appearances.

5. It appears, preferentially, in certain madmen who present more or less marked symptoms of excitement of the psychic faculty.

6. Regarding its pathology, it will probably enter along with many other dermopathies of nervous origin into the category of vasomotor and trophic neuroses.—*Rivista Sperimentale di Freniatria e di Medicina Legale.*

### Miscellaneous.

**HOW TO GARGLE THE NASO-PHARYNX.**—When the gargle is designed to reach the naso-pharynx, Dr. Löwenburg recommends the following method:—The patient inclines the head horizontally backward, and performs movements which we may call "quasi-deglutition," not including the last portion of this physiological action, definite swallowing. The liquid is passed much higher behind the soft palate than the ordinary method of gargling will permit; some persons succeed so well in this manœuvre that they are able to reject by the nose the liquid which has been received by the mouth. Moreover, these rapid muscular contractions completely detach the abnormal secretions, which can then be easily expelled, and the greatest possible relief is thus given to the patient.

**A PECULIAR MICROCOCCUS IN GONORRHEAL DISCHARGE.**—In the *Centralblatt für Med. Wis.*, July 12th, Dr. Albert Neisser, of Breslau, announces the discovery of a peculiar form of micrococcus in gonorrhœal pus. It is circular, or oval in outline, not coloured by indulin or methylgreen, usually in colonies of ten, twenty or more, surrounded by a membrane, generally found on the upper surface of the pus cells, rarely on the epithelial cells. Dr. Neisser found these bodies in the gonorrhœal discharges of both sexes, in acute and chronic cases, and in various cases involving the eyes. He believes they are characteristic of the disease, though he does not express himself positively on their pathological significance.

**CROSS'S SUSPENSORY BANDAGE.**—MR. J. B. Cross, a student at Guy's Hospital, has devised a very simple, and at the same time cheap and serviceable, Suspensory Bandage. It consists of a bandage round the waist, to the middle of the back of which is tied a strip of flannel four inches wide, which is brought round the perineum to the front and fastened to the band; in this is a slit for the penis. Just behind the penis the middle of a another strip of flannel is fastened across the first, and one is brought up on each side and rolled round the band en-