

like manner it removes and cleanses the surface of the scales and crusts, and has an astringent action upon the follicles in *seborrhœa sicca*. Loss of hair, which so often follows from the dry form of *seborrhœa*, is not only prevented, but the disorder removed by the local application of the tincture. In employing it in this disease, the tincture should be applied in full strength, or with half water. The efficacy of the lotion is often increased in this form of *seborrhœa*, and in alopecia, by the addition to it of from one to ten grains of corrosive sublimate to each four ounces. The tincture, either alone or combined with ten to thirty grains of boracic acid, promptly lessens and often thoroughly arrests the excessive secretion of sweat that occurs on the hands and feet, and in the axillary and inguinal regions. It acts frequently in a similar manner in fetid secretion, not only in lessening and stopping the discharge, but in allaying all unpleasant odor. In the latter disease the action of hamamelis is often enhanced by the addition of either five or ten grains of corrosive sublimate or boracic acid. The same preparation of hamamelis alone, or combined as above recommended, is an efficacious application in many forms of itching of the skin.

Hamamelis internally is a useful adjuvant to other remedies in the treatment of certain forms of psoriasis. It is more especially adapted to those cases which are attended with severe inflammatory action and itching of the skin. The fluid extract of hamamelis in large and repeated doses, in such examples of psoriasis as referred to, will often lessen the local symptoms and assist very much the action of other suitable remedies in controlling or removing the disease. The same preparation just alluded to is also of great utility in purpura, especially in the simple variety. It must, however, be given in full and frequently repeated doses, until the desired effect is produced.

Lastly, I desire also to testify to what has already been so ably reported by Dr. Musser, of Philadelphia, and others, of the value of hamamelis in the treatment of ulcers, particularly the varicose form. From the administration of full doses of the fluid extract, and the local application of the tincture, I have very often observed indolent, inflamed, and irritable ulcerative surfaces rapidly take on healthy action, and be finally cured. In employing hamamelis I always prefer for internal use the fluid extract, which is more certain in its effect. The tincture is usually sufficiently strong for all local applications, and very often it becomes necessary to dilute it with water.--SHOEMAKER, *The Medical Bul. & in.*

CHRONIC PROSTATIS.

By W. H. DANFORTH, M. D., in *North Western Lancet*.

Chronic prostatitis is, in the majority of cases, the result of a gonorrhœa, where the inflammation has passed the compressor urethræ or the prostate itself.

Next in frequency as causes come masturbation and excesses in venery, as these habits keep up a continual congestion in the prostatic region; but in this case the inflammation is chronic from the beginning, and usually the secretion is mucous and not purulent.

The disease may arise from stricture, unskilful instrumentation, irritating drugs, and, perhaps, from the passage of concretions and sand in the urine.

Probably the prostate itself is not always affected by the inflammation; for it is often found normal in size and not tender to the touch; this is most noticeably the case in the chronic cases arising from masturbation. For this reason it seems incorrect to apply the term "prostatitis" to every inflammation in the prostatic urethra. The inflammation probably always begins in the mucous membrane of the urethra, and may or may not extend into the follicles of the gland later.

If we adopt Uitzmann's view, we apply the term "catarrh of the neck of the bladder" to all inflammations of the posterior part of the urethra, whether involving the prostate or not.

When an acute attack of prostatitis comes on during a gonorrhœa, it is announced by very frequent and painful micturition, weight and throbbing in the perineum, pain on defecation, and, perhaps, an attack on retention. The symptoms of the chronic form, whether from an acute case or other cause, are as follows: (These will not all be seen in the same patient, usually.)

(1) Increased frequency of micturition, but much less than in the acute form. Uitzmann's says: "Frequent micturition in the disease of the posterior urethra is such a very characteristic symptom, that from the presence of this sign alone we can always conclude with certainty upon a lesion in the neck of the bladder." (2) "Bearing down" and uneasiness in the perineum and anus. (3) Slight pain or uneasiness at the end of micturition. (4) Tenderness around the prostate on passage of a sound. In long standing cases the urethra becomes anæsthetic, and this symptom is lost. (5) Inability to urinate on making the attempt is a prominent symptom. (6) Diminution in the force of the stream and dribbling after micturition. (7) Reflex spasm of the compressor urethra; this is of common occurrence. (8) Frequent erections and erotic desires, as well as frequent seminal emissions at night, are often complained of; but in cases of long durations the opposite extreme is found, and partial or complete impotence may be present, causing the utmost depression. (9) There may be a discharge of mucus from the urethra, showing the presence of inflammation anterior to the compressor urethra; when, however, the inflammation is confined to the prostatic urethra, the secretion appears only in the urine. This, of course, is due to the strength of the compressor, keeping back secretions posterior to it. (10) Mucus may be discharged from the urethra during straining at stool, simulating the