

urethrotome, on the plan of Syme's modified. Dr. Saint-Philippe records two cases of urethritis due to the internal administration of arsenic. Mr. Gay exhibited to the Pathological Society a specimen of gangrene of the penis, which he had removed, resulting from thrombosis of the pudic and prostatic branches of the internal iliac veins. The patient suffered from tonsillitis, followed by rheumatism of knees and ankles; had never had syphilis. The case was regarded as rheumatic phlebitis; recovery ensued. Dr. Francis Labat treats congenital hydrocele by injections of alcohol. At a discussion upon this subject in Paris lately, the opinion appeared to be pretty general that such cases should be let alone, having a strong tendency to spontaneous cure. Mr. Messenger Bradley treats varicocele by a new method, adopting the retroclusive form of acupuncture of the Aberdeen school. He passes a strong hare-lip pin between the veins and the scrotal-wall, and then turns the point back without penetrating the scrotum on the opposite side, and passes this time behind the veins and out at the point of entrance. Nepveu asserts that the existence of scirrhus of the testicle is undeniable, and he has collected nine cases. Its characteristics are:—Small volume, woody hardness, slight sensibility, slow progress (two to six years). At a discussion at the Surgical Society of Paris on castration, ligature of the cord *en masse* was highly condemned. Tillaux, Sée, Verneuil, and Després advocated the ligation of both arteries and veins. As an evidence of what an amount of traumatism the human body will sometimes stand, the two following cases are of interest:—Schneider, of Königsberg, records a case of gunshot wound of the chest, in which he successfully removed the clavicle and five ribs; and Mr. Hulke records a case of fracture of both humeri, rupture of the left brachial artery, abolished conductivity of left radial and median nerves, broken ilia, and laceration of the quadriceps extensor cruris just above the patella, followed by recovery, with little trace of permanent injury, except some limitation of flexion of left elbow-joint. Dr. Horace Evans records a case of traumatic tetanus, with recovery. The medicinal treatment consisted in biomide

of potash, chloral, and opium. Food was abundantly taken, but no stimulants. A case of traumatic tetanus in Manchester Infirmary, under Mr. Heath, amply demonstrated the power chloral hydrate exercises over tetanic spasms in sufficient doses (20 grains, with 20 of bromide, every two hours). Dr. Bigelow reports a case of tetanus from a rusty nail in the foot relieved in less than thirty minutes by introducing a drachm of chloral into the wound after enlargement by incision. Four fatal cases of tetanus are recorded, in each of which nerve-stretching appeared to afford relief. H. Busch, of Bonn, in the treatment of severe burns, commends disinfection of the parts and the application of lint spread with Lister's boracic acid. The treatment by immersion in a strong solution of soda has received commendation in all quarters throughout the year. The galvanic treatment of bed-sores has, during the year, met with many successes. Dr. Dyce Duckworth advises that, besides the use of a water-bed, patients with bed-sores should lie constantly with the buttocks and sacrum in thick linseed-meal poultices. Mr. Golding Bird's treatment of scrofulous glandular enlargements by the painless electrolytic caustic, which he has devised, has been subjected to further trial this year, with most satisfactory results. A French writer urges that the interior of these glands should be cauterized with nitrate of silver as soon as they are incised. Kappesser records four cases of the beneficial use of regular periodic inunctions of soft-soap in chronic glandular affections. Pasquale Pirochi reports very favourably of the local application of dilute tincture of tayuya in phagedenic and scrofulous ulcers and in blenorrhagia. The local application of peroxide of hydrogen is also highly commended. Mandelbaum treats chronic ulcers by Hebra's scraper and iodoform, followed by mercurial and soap plaster. He is pleased with his results. Mr. Jonathan Hutchinson, Mr. Callender, and Mr. Gamgee add their testimony to the value of Martin's rubber bandage in the treatment of ulcers of the legs. Dr. Martin indignantly repudiates Mr. Solomon's suggestion that his bandage is only a modification of the domett bandage in ordinary use in colliery practice; but Mr.