

bearable, and only cause half-blistering of the skin, or exfoliation with a stinging sensation for a short time after application. Thus graduated to the supposed durability, the free application of it is made to the entire surface of the scrotum, and the woolen cloth saturated with the liniment, with which it is hourly (if possible) applied, is wrapped around the scrotum, and left there continually. The pain ceases, sometimes, in three hours, always within twenty-four, and the effusion is correspondingly rapidly absorbed without tapping.

MR. CURLING, OF ENGLAND.*

The use of *ice* in orchitis, so highly esteemed by this eminent surgeon, seems to have fallen into unmerited neglect. His plan of proceeding is to keep the patient in bed, with the testicle well supported by a handkerchief, or, what is better, by a crutch-pad applied transversely beneath the testicles, the piece of bandage attached to each end of the pad being passed above the crest of the ilium and secured around the body. The ice is to be applied to the testicle by enclosing it in a small bladder or in an india-rubber bag with a somewhat narrow neck. This may be suspended from a cradle placed over the body, and the cold must be sedulously maintained by frequent renewal of the ice. The patient should be provided with two bladders or bags, one to take the place of the other as the ice melts. The effects of the application are remarkable. The scrotum becomes blanched, shrunk and corrugated; the pain and heat are entirely removed, and in a few hours the enlargement of the gland is found much diminished.

DR. A. RICHARDSON, M. R. C. S., OF ENGLAND.

511. R. Extracti belladonnæ, ℥ij.
Glycerinæ, f. ʒss.
Aquæ, f. ʒj. M.

For local use.

This mixture is about the consistence of cream, and should be laid on thickly over the whole scrotum, a piece of lint, moistened in the same applied and the testicle supported in a handkerchief, slingwise, which may be fastened to a second tied round the loins. It gives rapid and complete relief, the pain in the loin disappearing in about six hours, while it does not prevent the patient from going about his business. (*Lancet*, 1876.)

**Diseases of the Testes*. Fourth edition.

DR. JOHN KENT SPENDER, OF LONDON.

This author (in the *Medical Examiner*, August, 1878,) calls attention to the possibility of curing orchitis without surgical interference. The plan he adopts is to administer antimony in small and repeated doses for at least twelve to fourteen hours. He narrates a case of a young man who had received a blow on the left testicle, and who was seen a few days afterwards. Recourse was had to hot local applications, and a draught containing:

512. R. Vini antimonialis, ℥xx.
Tincturæ opii, ℥ij.
Aquæ menthæ, f. ʒj. M.

This amount every hour for twelve hours, and then at longer intervals.

Pain was relieved simultaneously with the establishment of a profuse diaphoresis. Within three days the man was virtually well.

The same mode of administering other drugs may be adopted with benefit, as in many cases success depends upon keeping the medicine constantly in the system.

DR. EDWARD WARREN, OF BALTIMORE AND PARIS.

This surgeon, late chief of the surgical staff of the Egyptian army, states, in the *Lancet*, April, 1876, that after an extensive experience both in hospital and private practice, he has abandoned the employment of ice, poultices, punctures, leeches, etc., in the treatment of acute orchitis, in favor of the following simple plan, which has proved pre-eminently successful.

By means of an ordinary hypodermic syringe, inject beneath the tunica vaginalis from one-sixth to one-quarter of a grain of morphia, with one-hundredth of a grain of atropia in solution, and then strap the organ firmly with adhesive plaster. Place the patient upon his back, elevate the pelvis, support the testicle, and administer:

513. R. Potassii bromidi, ʒj.
Tinct. gelsem. semper., gtt. xv.
Extr. fld. ergotæ, f. ʒj.
Aquæ cinnamomi, f. ʒss. M.

This amount every third hour.

Repeat the hypodermic injection of the morphia at intervals of eight hours, if necessary, until a grain has been administered, and re-adjust the adhesive plaster as the swelling and sensitiveness diminish.

In a large majority of cases a decided improvement will manifest itself within three or four hours, but should no amelioration ensue, discontinue the hypodermic injections, and supplement the treatment by the application of a narrow blister on either thigh, immediately over the femoral vessels.

SPERMATORRHŒA.

HYGIENIC MEASURES.

All authors agree that in this complaint the medical treatment must be actively supported by proper hygienic measures to insure any degree of success.

The *food* should be generous and nutritive, easily digested, but plain. Highly-spiced dishes, tea, coffee and most stimulants should be avoided, especially at and after supper. Very little fluid should be taken at tea, and none after, as the filling of the bladder strongly predisposes to emissions. Tobacco and opium must not be used in any form.

The patient should sleep in a cool, well-ventilated room, on a hard bed by himself, with but light bed-covering, and avoid sleeping on his back by tying a towel around the waist with a knot over the spine. He should sedulously avoid every form of venereal excitement, whether social, by reading, thought or conversation.

Every morning he should sponge the parts in cold water, or, what is better, take a cold sitz-bath. This should not be taken before retiring, as the reaction brings an excess of blood to the part and predisposes to emissions. Cold water enemata are often very salutary.

The bladder should be frequently emptied, especially on going to bed at night, and again at four or five o'clock in the morning. With many patients it is during the morning nap that the emission occurs, owing to the pressure of the urine accumulated during the night. The urine should always be tested, and if found acid, alkalies should be administered to counteract its irritating qualities.

The bowels should be maintained in a laxative condition by moderate doses of salines. Not unfrequently the pressure of retained feces in the rectum is an exciting cause of emission. Irritation in the rectal

canal, from any other source, as hemorrhoids, ascarides, etc., will have the same effect, and must be treated as occasion demands.

Moderate daily exercise in the open air, or in a cool, well-ventilated room, is essential. Both walking and riding, especially the latter, are, however, contra-indicated. Cases of spermatorrhœa, brought on by the friction of the saddle, are not infrequent. Those varieties of exercise which bring into play the muscles of the upper extremity and erector-spinae mass, are particularly desirable (rowing, the pulley, quoits, bowling, etc.)

NOCTURNAL EMISSIONS: MECHANICAL PREVENTIVES.

In most cases nocturnal pollutions are accompanied by erections, complete or partial. When this is the case, mechanical preventives are often useful.

Dr. MONIERE, of Paris, has invented a very ingenious apparatus, to which he has given the name of *electro-medical alarm*. A small, very light ring is attached in front of the pubis by cords; two cords make this ring communicate with the poles of a pile; the penis is introduced into the ring so that contact takes place, but no kind of pressure; on the contrary, as soon as the penis becomes erect, the smallest pressure makes the battery to work. In order not to disturb neighbors, the bell is made very feeble, but then it is necessary that an india-rubber tube should make the bell communicate with the ear. When the patient commences to use this instrument, the spermatorrhœa almost altogether disappears gradually, and his general condition greatly improves. (*The Doctor*, June 1st, 1877.)

The use of *spermatorrhœal rings* is occasionally valuable. They are armed on the inner side with a projecting point, leaving sufficient space for the penis when flaccid, but as soon as it enlarges the point presses painfully and the patient awakes. A simple arrangement keeps them in place at night.

A *spermatorrhœal truss* has been lately devised, which, in certain cases, may prove of advantage.

GENERAL TREATMENT OF SPERMATORRHŒA.

PROF. S. D. GROSS, M. D., OF PHILADELPHIA.

Spermatorrhœa may and may not be associated with impotence; but it is always connected with genital weakness.

The first indication for treatment is to ascertain the probable cause. It may, like impotence, be induced by the irritation of an elongated or constricted prepuce; by an accumulation of smegma under the prepuce; by narrowed meatus urinarius; by stricture of the urethra; by stone in the bladder; by hemorrhoids; fissure of the anus; ascarides in the rectum; obstinate constipation; excessive venery; but the great cause is *masturbation*.

In mild cases, a proper regulation of the diet and bowels, cold bathing, sleeping on a hard mattress, and the removal of the exciting cause, usually suffice. When the parts are morbidly sensitive, leeches may be applied to the perinæum, and the following urethral injection used:

514. R.	Plumbi acetatis,			
	Pulv. opii,	aa	gr. iij.	
	Aquæ,		f. ℥j.	M.

Use for an injection twice daily.

When the disease is fully established, more energetic measures are required. In many cases, *cauterization* is the best means, with solid nitrate of silver, conveyed to the spot of greatest sensitiveness in the urethra, by means of a porte-caustique. An application of five or ten seconds, once a week, until the morbid sensibility is destroyed, is sufficient. Occasionally, marked relief arises from cold enemata, repeated twice in the twenty-four hours. Leeches or a blister to the perinæum, may be called for if the local excitement is unusually great. When the morbid sensibility of the urethra is very extensive and persistent, the following may be employed

515. R.	Argenti nitratis,		gr. ij.	
	Pulveris opii,		gr. v.	
	Aquæ,		f. ℥j.	M.

Use twice daily for a urethral injection, to be forced back as far as possible, and remain two or three minutes in the canal.

The daily insertion of a full-sized bougie, for half an hour at a time, is sometimes an efficient means. The morbid erections are to be controlled by anodyne enemata, or the following pill at bed-time:

516. R.	Pulv. opii,		gr. j.	
	Extract. belladonnæ,		gr. ss.	
	Ant. et potassæ tartratis,		gr. $\frac{1}{8}$ - $\frac{1}{4}$.	M.

For one pill.

Sexual abstinence and, of course, cessation of masturbation, must be positively enjoined.

Should there be reason to believe that the emissions are dependent on cerebellar irritation, the nape of the neck should be leeches and blistered. As a sexual sedative, one of the best is:

517. R.	Potassii bromidi,		gr. xx-xxx.	
	Tincturæ aconiti,		gtt. v.	
	Aquæ camphoræ,		f. ℥ss.	M.

This amount three times daily.

The following may be also used with excellent effect:

518. R.	Ammonii bromidi,		℥j.	
	Tincturæ cypripedii,		℥j.	M.

This amount thrice daily.

519. R.	Elixir cinchonæ,		℥iss.	
	Acidi nitrici diluti,		gtt. viij.	
	Strychniæ sulphatis,		gr. $\frac{1}{8}$.	M.

This quantity to be taken three times daily.

Also,

520. R.	Morphiæ sulphatis,		gr. $\frac{1}{4}$.	
	Butyri cocœ,		q. s.	M.

For a suppository, to be introduced into the bowels at bed-time.

DRS. W. H. VAN BUREN AND E. L. KEYES, OF NEW YORK.*

With constant attention to hygienic and local measures, the use of the steel sound and electricity will give tone to the parts. The use of a local astringent to the parts is often of marked advantage.

521. R.	Tannici acidi,		℥j.	
	Glycerinæ,		q. s.	M.

Make a stiff paste.

This is to be inserted into a "cupped sound" (an ordinary steel bougie with several depressions, about as large as a pea, along its sides,) and the sound, previously well oiled, rapidly carried down the urethra until the cups rest in the prostatic sinus. Here it is retained from one to five minutes, thus melting off more or less of the tannoglyceral paste. This should be repeated twice weekly. Should this fail, prostatic injections, with the deep urethral syringe may be used, of a solution of nitrate of silver, not stronger than gr. v-x to the ounce. The use of the fused nitrate of silver is not justifiable.

Nocturnal Emissions.—When such emissions do not exceed three a

**Diseases of the Genito-Urinary Organs.* New York, 1876.

week they should be disregarded, as they are probably physiological; when more frequent, the usual hygienic and general means must be adopted, and also certain special measures. The patient should develop his muscular system, and fatigue himself with physical labor. Dry frictions and the cold douche in the morning are beneficial. He should sleep on a hard bed, lightly covered. The stomach should not be full on retiring, and the bladder should be thoroughly emptied the last thing at night. To prevent lying on the back, in which position pollutions are particularly apt to occur, a towel, with a hard knot over the spine, should be fastened around the waist. Bromide of potassium, camphor and lupulin may be given internally with strychnine and a mineral acid. Locally, decided advantage may be derived from the gentle use of the steel sound, or of the "cupped sound" with tannin (as above described.) If the pollutions are traceable to a sensitive glans penis, circumcision should be performed.

PROF. H. H. TOLAND, M. D., SAN FRANCISCO.*

Spermatorrhœa is very generally the result of masturbation, and to its cure the cessation of this habit is absolutely necessary. The nitrate of silver treatment, so highly commended by LALLEMAND, has proved an utter failure in the hands of Dr. TOLAND. He has never seen the slightest benefit from the port-caustique. As a tonic to act specifically upon the genital organs, in cases of local atony, he prefers this combination:

522. R.	Quinîæ sulphatis,	3j.	
	Pulveris rhei,		
	Extracti nucis vomicæ,	āā	3ss.
	Extracti belladonnæ,		gr. xij.

For thirty pills. One four times a day.

In cases accompanied with daily emissions, with debility, constipation and indigestion, if the above pills do not produce the desired effect, the following combination may be prescribed:

523. R.	Extracti sennæ fluidi,	f. ʒ iij.	
	Tincturæ nucis vomicæ,	f. ʒ ix.	
	Tincturæ belladonnæ,	f. ʒ iijss.	
	Tincturæ aconiti,		
	Acidi hydrocyanici,	āā	f. ʒ iss.

A teaspoonful four times a day.

* Lectures on Practical Surgery, 1877.

Such patients should have a nourishing diet and avoid indigestible food. They should be temperate, take moderately active exercise, and observe the usual laws of health.

In cases where there is excessive local irritability, with good general health, Dr. TOLAND, under all circumstances, prescribes the following mixture:

524. R.	Potassii bromidi,	ʒ v.	
	Extracti sennæ fluidi,	f. ʒ iij.	
	Tincturæ belladonnæ,	f. ʒ iijss.	
	Tincturæ aconiti radiceis,		
	Acidi hydrocyanici,	āā	f. ʒ iss.
	Syrupi simplicis,		f. ʒ iijss.

One teaspoonful four times a day.

Under this treatment, great improvement will, as a rule, be perceptible in a short time.

DR. MALLEZ, OF PARIS.

The alkaline bromides, in the opinion of this writer, deserve the highest place. (*Le Mouvement Medical*, June, 1873.)

525. R.	Potassii bromidi,	ʒ j.	
	Syrupi tolutani,	f. ʒ j.	
	Aquæ,	f. ʒ ix.	

A dessertspoonful four times a day.

The administration of the bromide should precede any local treatment, and may be continued from eight days to two months without harm.

After the lapse of ten or twelve days, *continuous currents* should be applied, though there is some difference of opinion in regard to the manner in which they should be applied. M. MALLEZ himself prefers to make use of descending currents, passing down the whole length of the spinal cord, from the occipital to the lumbar region, the source of the electricity being from eight to ten elements of a Gaiffe's pile, with chloride of silver. After using this for eight or ten days, the direction of the current may, with advantage, be reversed.

The application of *cold-water douches* to the belly should not be indiscriminately recommended, as they occasionally seem to excite rather than to repress the discharges. In order to subdue inflammation of the prostatic portion of the urethra, and to diminish its sensitiveness, the best means are, in the first place, the introduction of *bougies*, as in the preparatory treatment of lithotrity, but with this

DR. D. CAMPBELL BLACK, M. R. C. S., OF GLASGOW.

This author invariably treats spermatorrhœa with narcotics and tonics. He claims for camphor, opium, belladonna and hyoscyamus the first rank as narcotics; and for a tonic there is nothing equal to the *tincturi ferri chloridi*, in large doses. His prescriptions are:

530. R. Pulveris camphoræ, gr. xvij.
Pulveris opii, gr. xij.
Extracti hyoscyami, q. s. M.
Make twelve pills. One every night.

531. R. Tincturæ ferri chloridi, f. ʒj.
Forty to sixty drops thrice daily in a wineglassful of water.

He considers hyoscyamus and belladonna equally valuable.

PROF. A. P. LANKFORD, ST. LOUIS.

If the spermatorrhœa can be traced to irritable prostate, this writer (*Medical Herald*, December, 1871,) recommends urethral injections, as:

532. R. Zinci acetatis, gr. iv.
Aquæ, f. ʒiv. M.
For one injection. Use twice daily.

When there is unusual irritability of the parts, mild alkaline diuretics and injections of acetate of lead or tannic acid are called for. For nocturnal emissions, belladonna is most useful.

MR. G. G. GASCOYNE, OF LONDON.

This writer (*British Medical Journal*, 1872,) speaks unfavorably of strychnia, belladonna, cantharides and phosphorus. For the local irritability which leads to emissions he has most frequently succeeded with:

533. R. Pulveris camphoræ, ʒij.
Pulveris opii, gr. x-xx.
Pulveris aloës socotrina, ʒj-ij. M.
For twenty pills. One or two to be taken at bedtime.

He highly commends ergot, given in the fluid extract, combined with dilute sulphuric acid. Tincture of matico he has also found of good service.

PROF. D. HAYES AGNEW, OF PHILADELPHIA.

This teacher considers cantharides not advisable in spermatorrhœa with debilitated powers. He "knows no better treatment than phosphorus and strychnia:"

534. R. Strychniæ sulphatis, gr. ij.
Phosphorii, gr. j. M.
To make fifty pill. One three times a days.

The diet should be nutritious but not rich, the suppers light, the bladder kept well emptied, and the rectum free from irritation.

DR. GUIPON, OF PARIS.

535. R. Lupulina, āā gr. ix.
Camphoræ pulveris, gr. iss. M.
Extracti belladonnæ,
Divide into ten pills. From two to five a day, in spermatorrhœa. Cold lotions to the perinæum, hydropathy, tonic and reconstituent diet.

PROF. NIEMEYER, OF TÜBINGEN.

536. R. Liquoris barii chloridi, gtt. v-x.
This amount three times a day, after eating.

The *terra ponderosa* recommended by this author may be given in the officinal form, as above. So far as we have known it used in this country, it has not merited his encomiums.

DR. GEORGE H. SWAYZE, OF PHILADELPHIA.

This author (*Medical and Surgical Reporter*, July, 1875,) considers the best treatment to be urethral injections of a solution of sulphate of zinc, gr. j-iv to water f. ʒj, using the weaker when the sensitiveness of the urethra is acute; and internally, ammonio-ferricalum, *ferri et ammonii sulphas*, with fluid extract of ergot, especially when there is relaxation of the parts, with excessive secretion and loss of semen.

PROF. ZEISSL, OF GERMANY.

537. R. Acidi phosphorici diluti, gtt. xxj.
Quiniæ sulphatis, ʒj.
Pulv. camphoræ, gr. v.
Extracti cascarillæ, q. s. M.
Make twenty pills. One or two of these two or three times daily.

538. R. Extracti quassia, gr. ij.
 Ferri sulphatis, gr. j.
 Pulv. cinnamomi, gr. ʒ.
 M.
 For one pill. Two thrice daily in atonic spermatorrhœa.

DR. WILLIAM B. COSTELLO, OF SCOTLAND.

When persons are harassed and wasted by constantly recurring seminal losses, the use of the following prescription is not unfrequently attended by the best effects. The emissions cease, the appetite returns, and the general health is restored:

539. R. Pulveris lupulinæ, ʒ ss.
 Make six powders. Take two daily; when finished, increase the above to ʒ v, and continue thus augmenting the quantity by ʒ j every three days, until ʒ j is reached.

DR. ULTZMANN, OF VIENNA.

In treating spermatorrhœa, this writer (*Wiener Medicinische Presse*, 1876,) insists upon the gravity of the disease, and the necessity for active treatment. The most efficacious measure is *catheterism*; but one must use a large catheter, of metal, and it must be inserted every day and allowed to remain in for twenty or thirty minutes, and this treatment must not be interrupted for six or eight weeks.

Next to this in efficacy is local cauterization. Dr. U. does not use the pure nitrate, but cocoa butter containing one-twentieth part of nitrate of silver, six grains of which mixture he introduces by means of Dittel's positor. When the parts are too irritable for this, he employs:

540. R. Morphiæ muriat., gr. iss.
 Acidi tannici, gr. vij.
 Butyri cocœæ, gr. xxx. M.
 Divide into six parts.

For internal treatment, he has found nothing better than full doses of ergot.

Believing that catheterism is much aided by *cold*, Dr. WINTERNITZ has invented a sound with a double canula, but without a fenestra, through which a stream of cold water can be directed.

Dr. BLISS, of Boston, uses steel bougies, which he previously immerses in cold water. (*New York Medical Journal*, VII., 146.)

In any case, the bougie or catheter should be of *large* calibre, so as to exert effective pressure on the vessels surrounding the prostatic urethra.

RÉSUMÉ OF REMEDIES.

Amoni Bromidum is an effective sedative of the genital nerves. ʒ ss-ʒ j may be given at night.

Atropia. Gr. ʒss daily, at night, has proved of signal benefit in spermatorrhœa from relaxation and dilatation of the ejaculatory ducts.

Barii Chloridum is recommended by Professor NIEMEYER. (F. 536.)

Camphora is an ancient and renowned anaphrodisiac, (*Camphora per nares, castrat odore mares.*) Full doses, gr. xx, diminish the venereal appetite and the vigor of the erections. Hence it is valuable in nocturnal seminal losses and excessive venereal sensibility. The following combination is valuable:

541. R. Ergotinæ, ʒ ij.
 Camphoræ, ʒ j. M.
 Make thirty pills. Three or four a day, or two at bed-time.

Monobromated camphor is a useful form of the drug in this affection; dose, gr. ij-x.

Capsicum has valuable applications in this disease. The tincture may be administered.

Carbonicum Acidum may be employed as directed by Dr. MALLEZ. (Page 387.)

Conium is occasionally of service. (F. 527.)

Dulcamara. The bitter-sweet is said to possess decided sedative properties on the venereal sense. Dr. GEORGE B. WOOD states he has seen it administered with good effect in cases of mania with marked erotic excitement. It has also been employed with asserted advantage in spermatorrhœa, having a controlling influence on the secretions. The usual officinal doses are those recommended.

Ergota is a valuable adjuvant to other remedies. (F. 529.)

Ferrum is constantly employed. BARTHOLOW prefers the *arseniate* (F. 529); BLACK the tincture of the chloride (F. 531); SWAYZE the ammonio-sulphate (p. 391); ZEISSL the sulphate (F. 538.) Probably there is no great difference which is chosen.

Gallicum Acidum. A tablespoonful of the saturated solution, thrice daily, has been recommended.

Gelsemium is said by Dr. EDWARD R. MAYER (*Hints on Specific Medication*) to be extremely useful in irritation of the bladder and posterior portion of the urethra. One dose at night will check nocturnal emissions, and is a certain preventive of chordee. Other writers corroborate its value in this disease.

Humulus. A favorite prescription in the New York hospitals is:

542. R. Tinct. humuli, f. ʒ vj.
 Tinct. camphoræ, f. ʒ iv.
 Tinct. opii, ʒ j.
 Syrup. tolutani, ad ʒ iv. M.
 Teaspoonful in water at night.

Lupulina is employed by Drs. GUIPON and COSTELLO. (F. 539.)

Phosphorus is relied upon by Professor AGNEW, especially as combined with cantharides. (F. 534.)

Potassii Bromidum is an invaluable sedative. (F. 517.)

Strychnia is much used to give tone to the nervous system. (F. 534.)

Tannicum Acidum is employed locally. (F. 521.)

Veratrum Viride is a potent agent for controlling the priapism associated with some cases of spermatorrhœa.

Zincum. The acetate and sulphate are employed for injections. Dr. J. WARING CURRAN says the *oxide* is a drug of the greatest efficacy in seminal emissions. He combines it with camphor and conium.

VARICOCELE.

The numerous operations suggested for the radical cure of varicocele indicate that there is none wholly satisfactory to surgeons; and the occasional deaths from pyæmia recommend the employment, in preference, of some less dangerous means of cure. The most promising of these is by *compression*. In the majority of cases this is preferable to any more violent means of treatment, and in a large proportion favorable results may be expected. The pendent parts are to be supported, while moderate compression is made immediately over the external abdominal ring. To make the pressure an ordinary hernia truss may be used, with a perinæal band to keep it perfectly in position. The aim is to make such an amount of pressure as will moderately compress the veins at this point, and maintain it night and day, the truss only being removed for purposes of cleanliness.

Owing, however, to the annoyance of the truss, and the objection to allowing the blood to continue its vertical direction, the following plan of suspension, suggested by Mr. MORGAN, professor of surgical anatomy in the University of Dublin, has many advantages: The testis is enclosed in the "suspender," which consists of a piece of web about three and a half inches wide at one end, four and a half inches long, four inches wide at the other, and cut gradually tapering to the narrow end. A piece of thick lead wire is stitched in the rim of the smaller end, and the sides are furnished with neat hooks, a lace, and a good tongue of chamois leather, two tapes being sewn along the entire length of the web, which are afterwards attached to the suspending

belt. The application is easily made by the patient in the morning before rising, and when the parts are relaxed, laying the affected organ, while in the dependent position, in the "suspender," and lacing up the hooks with a moderate degree of tightness, then raising it up and attaching the tapes to the suspending belt previous to rising from bed.

The size of the "suspender" must, of course, vary more or less, but the measurements named will suit an ordinary case; the lead wire encircling the lower end gives a foundation to the general means of support, and keeps the testis within the suspending bag; the patient can mould it more or less to his convenience. Of course, as in every appliance of the kind, a certain amount of discretion must be used as to wearing the suspender; for the first few days it should not be kept on constantly; the parts should be sponged night and morning with cold water or a cold lotion, used so as to fortify the skin, as any chafing must be avoided. In all cases the suspender is best omitted at night.

Dr. EDWARD R. MAYER states that he has obtained the most satisfactory results in cases of varicocele, by applying lotions of tincture of *hamamelis virginica*, diluted with water.