A form of severe catarrh is occasionally met with, frequently recurring, but lasting only two or three hours. It usually begins and ends with sneezing and profuse watery defluxion from the eyes and nose. In some cases, an asthmatic element is superadded, and dyspnoea occurs; but, in the uncomplicated form, the malady is nothing more than transient nasal catarrh. The usual time of access is the early morning. It commences on rising, and ceases soon after breakfast. It occurs in summer only, but does not appear to be dependent, like hay-fever, on any definite irritant in the air. Though in no way dangerous, it is often extremely inconvenient. A gentleman, who once consulted me on account of this malady, had travelled all over the Continent, and remained some months at sea, yachting in the Mediterranean, and had several times changed his residence from low to high ground, and from sheltered to bleak situations, in the hope of escaping from his enemy. Several physicians, whom he had consulted, treated the matter very lightly, regarding it as ordinary catarrh; yet every summer it attacked him, and recurred nearly every morning, and sometimes in the afternoon, obliging him to leave the table or the society of those with whom he might be. Airy rooms and a cold bath act beneficially; and sal ammoniac has proved valuable. Very small doses of opium or ether, repeated several times in the hour, effectually control the affection.

Asthma is, as we all know, a wonderfully variable malady. One sufferer finds smoke and town-air the cause of a paroxysm, while another finds in the cure. To some, the air of brick-fields is most irritating; to others, it is as soothing balm. The form of asthma developed by hay or grass-seed is described by Dr. Salter as a "mild form of asthma"; but two instances that have come under my observation have been among the most severe. Indeed, it is difficult to exaggerate the horrors of the paroxysm. Certainly tobacco, if used early in the attack, or as a preventive, is of real value, though less, it has seemed to me, in this than in other forms of asthma. At the commencement of the paroxysm, a slight thing will determine its advance or retreat; but, when fully established, tobacco must be pushed to collapse before it relieves. Slade's stramonium cigarettes, or the compound of stramonium with Latakia tobacco, known by the name of Espic's "Fumigateur Pectoral", seems often to give relief, without producing the dreadful nausea that tobacco by itself does to the uninitiated; while to the initiated, or those accustomed to smoke freely, it may not be possible to produce nausea from smoking and even swallowing the smoke; and it is this that makes tobacco so useless a remedy to the majority of asthmatic men.

For the cure of this troublesome complaint, patients have subjected themselves to all manner of remedies. Strange theories as to the diathetic state which gives rise, or is supposed to give rise, to hay-fever, have led to equally strange methods of cure. The skin, the nervous system, the stomach, have been in their turn attacked; but the conclusion at which we arrive, from the study of all these methods, is, that we cannot treat hay-fever *en masse*. We must treat each case individually, according to its cause and character. It is clearly impossible to keep every one between the ages of five and forty confined to the house (*haus-arrest*) for two months in every year. We cannot make everybody a sailor who shows symptoms of the complaint, or even ensure all sailors being far out at sea for the dangerous time. People in England had better go to the north of Scotland while hay is made in England, and return before hay-time in Scotland comes; or go to the centre of a large city, or to the seaside. Yet there are many who cannot do this; and, for such, general and local measures, to which allusion has been made (and there are many others which naturally suggest themselves as meeting the plain indications present in each case), may be relied upon to mitigate the evil, and in a certain proportion of cases to effect a cure. The various attempts that have been made to remove by specifics the abnormal sensitiveness which leads to the development of disease have failed to maintain the reputation which has been promised by their promoters. The foregoing cases recorded serve to point to this conclusion, while they indicate in an unmistakable way that it is the grass which causes the malady, and not, as has been so frequently maintained, the more general causes of catarrh.

INCONTINENCE AS A SYMPTOM OF RETENTION.

By JONATHAN HUTCHINSON, F.R.C.S.,

Surgeon to the London Hospital, etc.

INCONTINENCE of urine is every now and then the first symptom of retention, and occurs without the patient having been conscious of any distension. I have recorded in vol. iv of *London Hospital Reports* a remarkable instance in which this occurred from enlarged prostate,

and was misunderstood both by the patient and his advisers; and another almost parallel one has just been under my care. It is, however, I think, decidedly rare for this symptom to occur in connexion with organic stricture. Now and then it occurs after extensive damage to the perinæum, with rupture of the urethra and cicatricial stricture.

A boy aged 12, whom I attended a year ago with Mr. Horton of Stepney, on account of ruptured urethra, for which we had to make free incisions, now suffers from an impassable stricture and constant incontinence of urine. He is obliged to wear an apparatus. Although I have failed, after most patient trials, in my endeavours to get an instrument through the stricture, yet he has no great difficulty in emptying the bladder; and incontinence is his only trouble.

A young lady aged 16, whom I saw not long ago with Mr. Mundie of Dalston, had had during several years occasional incontinence of fæces, in consequence solely of distension of the rectum by an enormous hardened mass.

In March 1869, a solicitor consulted me respecting one of his clerks, whom he suspected of malingering. The young man sometimes stayed away from the office on account of ill-health, and had asserted, in explanation, that he suffered from great difficulty in passing urine, and also from incontinence. These two conditions seemed to his employer to be incompatible. On the following day I examined the supposed idler, and found that he had a tight stricture in the bulbous urethra, which I could not pass. As there could be no doubt that his symptoms were real and in relation with the stricture, and as they were somewhat unusual, it seems worth while to state them in detail. Four years previously he had suffered from gonorrhoea, which was only cured after several months' treatment. After this he had no gleet whatever, and a year later he married. During the last year he had experienced great and increasing difficulty in micturition. The stream had become small and twisted; the act was attended by much forcing pain in the abdomen; the lower part of his abdomen was, he said, always uncomfortable, and he had much aching in the back. Sometimes he felt so nervous and weak that it was impossible for him to go to business. During the last two months he had had several attacks of incontinence. These had occurred sometimes during sleep and sometimes whilst walking. His bladder was full at the time he came to me; and after my unsuccessful attempt with catheters, he immediately voided two pints in a much larger stream than he had been accustomed to for months. My interpretation of his symptoms was that his bladder habitually retained a considerable quantity, thus causing him discomfort, and perhaps having already induced renal mischief. It is easy to see how insidiously serious disease might in this way be brought about. In one of the cases alluded to above, the patient had fatal disorganisation of the kidneys, induced before any obstruction in the urethra was suspected. So misleading is the symptom of incontinence to the patient himself, who never dreams that whilst his urine escapes freely there can be any accumulation, that it becomes of the greatest importance for medical men to be on the alert as regards it.

A SUGGESTION FOR THE PREVENTION OF INFECTION.

By JAMES STARTIN, F.R.C.S.,

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THE rapid increase and extension of small-pox, scarlet fever, and other infectious diseases at the present time, not only in those localities which may be designated their habitual haunts, but also within the wards of general hospitals, and through the agency of public vehicles, laundries, etc., induces me to offer a suggestion, which, during twenty-five years, I have been in the habit of recommending for arresting contagion in diseases of the skin. According to my knowledge, the proposition has not hitherto been employed against fevers and other sources of infection or contagion, although I am aware that it has been used in the arts for sweetening, deodorising, or disinfecting wine-casks, dairy-utensils, etc. The suggestion consists in the simple expedient of fumigating beds, clothing, closets, carriages, etc., with sulphurous acid gas, according to the following "ready method". In the case of disinfecting beds and bedding, five to fifteen minutes before the patient enters the bed, or during his removal whilst it is made, a copper warming-pan, containing a few live embers, on which a teaspoonful or two of flowers of sulphur have been thrown, is to be introduced between the sheets, and passed to and fro until the combustion of the sulphur is completed, when the pan is to be withdrawn; and, after the lapse of a few minutes, the patient may enter the bed, when, should the fumes still prove too stimulating for his respiratory organs,