

appeared each time. The history of a single outbreak is as follows:—He notices an itching and burning of the skin about the glans near the frenum, on examination he finds a group of little vesicles, sunken as it were, in the integument so that they appear like pearls imbedded in the skin, with their upper surfaces very slightly raised. In a day or two the vesicles rupture leaving round, sharply cut ulcers. The ulcers regularly become covered by scabs and heal up, sometimes rapidly, sometimes slowly. The part remains healed for a variable time, from one to six or seven weeks and then there is a return of the vesicles, as already described.

Patient has received constitutional and local treatment, principally of an anti-syphilitic character. Neither the constitutional nor local treatment given appear to have had any effect.

A curious feature about the case was, that he never suffered from the herpes when an attack of gonorrhœa was present. I advised pot. bromid., and a soothing external treatment.

About two months after I saw the patient, I received a letter from Dr. Dunfield, stating that my line of treatment was carried out without any effect whatever. Patient has passed from observation, having gone to Ceylon.

Remarks.—This is the second case of recurrent herpes progenitalis which I have met with. The first case had lasted about two years before I saw it. No treatment was of any avail. The last I heard of the patient was that there was danger of insanity, the result of constant mental worry about his almost incurable condition.

M. Doyon, of Lyons, in an exhaustive article on the subject of recurrent herpes progenitalis, says, "Recurrent herpes is often mistaken for chancreoid. It is the fourth in order of frequency amongst venereal affections, gonorrhœa occupying the first place, then chancreoid, and then syphilis. It uniformly follows some primary venereal affection, dies away and then re-appears for many years together, about every two months." He considers that the origin of the affection can be traced to a primary or inherited dartsous diathesis.

Dr. Greenough, of Boston, in an excellent paper read before the American Dermatological Association on "Herpes Progenitalis," refers to this recurrent variety. The subject does not seem to have received that attention in medical literature which it deserves. As to the therapeutics, the remedy which will cure or even limit its duration has yet to be discovered.

THE TREATMENT OF GONORRHŒA.

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Few diseases have claimed more attention, and been subjected to a more varied system of treatment than gonorrhœa. In the face of all the plans, which have been, or are in vogue for its treatment, I shall venture to suggest one, which has yielded more satisfactory results than any other I am acquainted with. Its application is easy and free from pain, and is equally well suited to all the stages of the complaint.

The local application of a medicated substance, or fluid, is a favourite mode of treating local disorders; and, even where the local disease is the result of some constitutional taint, topical agents are often among our most useful means of affording relief. It is with the view of effecting the local treatment of gonorrhœa in as short a time, and with as little suffering and bad after effects as possible, that I propose the following:

About six feet of quarter-inch soft rubber tubing is attached at one end to a small lead pipe, which admits of being bent so as to hang over the edge of a bowl, or other suitable vessel, and dip down to the bottom of any fluid it may contain. To the other end of the rubber tube is attached a soft rubber catheter, No. 6, in the end of which are made about eight small openings instead of one large eye. The patient is directed to sit near the edge of his chair, so as to leave the urethra and perineum in a relaxed condition. In the bowl is put a weak solution of Condyl's fluid, and then placed on an elevated stand as a shelf or sideboard. The temperature should be that of the body. The syphon action of tube and catheter is established, and then compressed by the finger and thumb. The catheter, after being anointed with vaseline, which suits better than any other lubricant, is gently passed up the urethra to near the prostate gland. The fluid is now allowed to flow. It escapes through the small openings in the end of the catheter, and washes out the urethra from behind forwards, the soft catheter slightly dilating the canal, and yet not obstructing the flow in any way. The medicated fluid must in this way come into even contact with every part of the mucous membrane; and, whilst accomplishing the object of thorough local ap-