

TREATMENT OF GONORRHOEA.

A rather large number of American, German, French, and English physicians have—as we see by reading through the many different foreign and domestic medical journals—of late been reporting very successful results in the treatment of gonorrhœa by the *yellow oleum santali*. We learn that the remedy invariably puts an end to the discharge within two days, but to prevent a relapse it has to be continued for two weeks longer. From 15 to 20 drops given three times daily is the usual dose, which may be administered on sugar or in gelatine capsules.

In Ulcer of the Stomach and in chronic gastritis M. Broca advises (*Practitioner*) that the stomach should be washed out systematically, and that the patient should be fed artificially. In washing out the organ there are two indications to fulfil—one, to empty it of whatever it may contain, and the other to treat the diseased membrane with medicated solutions. He recommends the syphon tube, for the reason that it is so easy to manipulate that the patient can soon learn to wash out his stomach himself. After the washing, the patient is to be fed through the tube before it is withdrawn with powdered meat, raw eggs or broth. He thinks great advantage is to be derived from over-feeding the patient, and states six hundred grammes of raw meat, one dozen eggs, and three litres of milk as a daily allowance, which may be easily exceeded. The increase in the amount of food should be gradual, a small quantity being given at first, until it is shown that milk and eggs are easily digested. If pain should come on several hours after eating, the stomach should be emptied with the tube. There is a permanent cure if the patients take proper care of themselves afterwards. He thinks this plan of treatment might be pursued with advantage in other than gastric disorders, as for instance in advanced phthisis.

CURE OF SQUINT WITHOUT OPERATION.

In the early stages of convergent strabismus, before the internal rectus muscle is permanently contracted, Dr. Boucheron (*Schmidt's Jahrbacher*, January 17, 1883) claims that a cure is possible without operation. He states that as convergence is caused by efforts of accommodation for near objects, if we take away the power of accommodation squint will not occur. He maintains a constant mydriasis by the instillation of atropine night and morning. A cure is usually obtained in two or three weeks. If atropine is not well borne, other mydriatics, such as duboisia, may be used. In nine cases of intermittent strabismus the author obtained eight cures by this method.—*The Medical Record*.

TREATMENT OF ULCERS WITH LARGE AND SLOWLY SEPARATING CENTRAL SLOUGHS.

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The following is, as far as I am aware, a new method of treating these ulcers, although possibly the same idea may have occurred to others as well as to myself. In these ulcers the slough frequently remains, as a hard, white mass, very slow and tedious in separating from the subjacent tissue. There being no possibility of healing whilst this mass remains, its rapid removal becomes a matter of some importance. Finding that the ordinary methods of treatment were slow in effecting separation of the slough, I was led to try the effect of pepsine as a dressing. I have now used it in some half-dozen cases, and with the most satisfactory results. Within a week it dissolves the slough, and leaves a granulating surface, very amenable to further treatment. My method of using it is to apply a lotion to the ulcer containing pepsine wine, mixed in varying strengths, but usually about half pepsine and half water, with a little tr. of lavender to improve its appearance.—*Medical Press*.

A NOVEL AGENT IN THE RADICAL CURE OF HYDROCELE.

J. E. W. Walker, M.R.C.S.E., L.S.A., late H.M. 55th Regt., writes:—"In bringing this matter before the profession, I feel bound to admit that, but for a curious accidental circumstance, the agent might never have presented itself to my notice. In the year 1875, I proposed to operate upon a patient, aged 65, for the radical cure of hydrocele of the tunica vaginalis. The disease had existed for about ten years, and had been repeatedly emptied by other surgeons. At this time I removed, by the trocar and cannula, about twelve ounces of serum, and by accident, took from my pocket a bottle containing about two drachms of liquor ergotæ (*Batley*) in the place of the same quantity of tincture of iodine, which it was my intention to throw into the cavity. On my return home, I discovered the mistake, and watched the patient for some hours at intervals. No inflammatory state occurred, and there was entire absence of pain, so that I allowed my patient to return to his ordinary occupation the next morning. To the present time there has been no return of the abnormal secretion. I have since, on two occasions, used the same plan with perfect success, and I attribute the cure to a specific action, exerted by ergot which re-establishes the balance between secretion and absorption."—*British Medical Journal*.