

## THE TREATMENT OF MEMBRANOUS DYSMENORRHEA.

The treatment of this affection is necessarily both palliative and curative. While the patient is suffering during the expulsion of the membrane, it is very necessary to relieve the pain as far as possible. This, of course, can be most promptly done by the use of opium, which should be avoided, if possible, however, because of its after-effects.

Chloral hydrate answers fairly well in some cases. I am not sure that it has any advantages over chloroform, camphor, and belladonna, or conium and *Cannabis indica*: in fact, in the majority of cases, one has an opportunity to try several agents, and of course, the patient will decide which gives most relief. Indications for general treatment are to quiet all nervous disturbance and to improve the general nutrition of the mucous membrane. It so happens that when the first part is attended to the latter will follow in due order.

To quiet the nervous irritation and disturbance there is nothing that equals the bromide of sodium. This should be given in twenty or thirty-grain doses, three times a day, for ten days or two weeks before the menstrual period. And, if the pain is not severe enough to require the addition of some of the remedies already named to relieve pain, it may be continued throughout the menstrual period and several days after. From this it would appear that the bromide is to be used continuously; but one or two weeks in each month it can be omitted. When the bromide has been employed for some time, and it seems desirable to give it up, conium may be given in moderate doses combined with camphor, if the patient is weak. If there is any evidence of the rheumatic diathesis, the bromide of lithium should be given. Next to quieting the nervous system, any debility that may exist should be overcome by nerve tonics. Undue nervous excitation so often goes hand in hand with nervous depression that in many cases it is necessary to combine the tonic and sedative treatment.

After subduing all nervous disturbances, I give the patient the iodide of sodium in case she is in fair strength and inclined to flesh. If there is anemia, I prefer the iodide of iron. If these did not accomplish the object, I have employed mercury, giving it in small doses, never continued long enough to produce salivation, carefully watching to avoid this. In cases of anemia where I have feared the debilitating effect of this alternative, I have given the bichloride of mercury with iron. After keeping them upon this treatment until I could see some evidence of its effects, I have then put them upon iodine and arsenic.

In regard to local treatment, I have employed alteratives and sedatives almost exclusively. Of these I have found iodoform most effectual. I have also used iodine and mercury with advantage. In cases where I have found any complications I have carefully attended to them, restoring displacements and correcting flexions, and so on. When

the canal of the cervix has been at all constricted I have enlarged it by incision and dilatation.

When the congestion which occurs at the menstrual period does not subside in a few days, I have employed the warm-water douche. After this, I have applied to the cavity of the uterus small bougies of cocoa-butter with as much iodoform as it would take up. Three or four grains of iodoform mixed with vaseline that has been liquefied by heat, and introduced through the pipette, is perhaps the best method of applying it. These have been introduced once a week or once every five days. When there has been much tenderness, and the use of the pencils has caused pain, I formerly used aconite and opium and iodine; this I have introduced into the cavity of the uterus. I am now trying cocaine to subdue the tenderness as a preparatory means to the use of iodoform. But so far this new remedy has not been a perfect success.

In cases where this has failed and the uterus was not especially sensitive to intra-uterine medication, I have instilled into the uterine cavity a few drops of a five-per-cent solution of carbolic acid, making one application a few days after the menstrual flow and not repeating it until the next period. In the interval I have used the iodoform. I have also used the fluid extract of conium and *Hydrastis canadensis*; but this I have found gives more pain than any of the other applications that I have used; and so of late I have used an infusion of the hydrastis alone, which appears to answer as well and gives less pain.

## BROMIDE OF ARSENIC IN ACNE.

Dr. Henry G. Piffard, writing in *Journal of Cutaneous and Venereal Diseases*, says:

Conceiving, from purely theoretical considerations, that it might be useful in certain cases, I first tried it in the spring of 1878 in a case of pustular acne vulgaris of moderate severity, and gave it in doses of one milligram ( $\text{gr. } \frac{1}{50}$ ) three times a day. Within a week the patient, a young lady, returned, complaining that her face was much worse. On examination, I found on each side of the face a crop of military pustules in addition to the acne. The arsenic was discontinued, and a placebo prescribed. This was followed by improvement for a week, when the arsenic was resumed in much smaller doses, and in three or four weeks the case was substantially well. In a second case I had a similar experience, and in a third case I prescribed an alcoholic solution, containing one grain to the ounce, and directed that two drops should be taken night and morning. This patient I did not again see for nearly six months, when she informed me that the medicine had, in a few weeks, accomplished all that she desired. Since then I have used bromide of arsenic with much satisfaction in pustular acne, but have not tried it in other varieties of this affection, nor in other cutaneous diseases.