

onic nerves, and similar to ague. I used the quinine in one case similar in character to the above, but without effect; it is worthy, however, of further trial.

From all the evidence at hand, it seems that none of the drugs here alluded to have arrested the discharge sooner than nature herself sometimes does, with the exception it may be of ergot of rye, in cases of extreme laxity of the uterine walls only.

BROMIDE OF AMMONIUM AS A REMEDY.

I was led to use bromide of ammonium, from the perusal of an article on its use in "Irritable Uterus," written in 1863, by Dr. Griffith, of Dublin.

The case in which I first employed it, was one of extreme pain in right ovary and uterus, with discharge of blood per vaginam, notes of which I took, as follows:—

Mrs. A. was delivered Feb. 5th of second child; labor easy, and subsequent progress, for twenty-four hours, favorable, when after-pains were experienced. Feb. 10th, severe pain in right ovary occurred, with some enlargement; pulse 120, thirst. &c. Treated by alkalies, with fomentations, and recovered immediately. Lochia ceased about the 12th, but on the 15th a discharge of fresh blood occurred from the uterus. March 17th, discharge continues considerable, pain and irritability of uterus severe, tenderness in right ovary, without enlargement. Ordered ammon. bromide gr. viii. q. q. ter hor. March 18, pain less, discharge moderate, urine, before obstructed, free. March 20th, had no pain since 18th, discharge almost nothing, appetite good; bromide discontinued, and ordered tr. ferri mur. xlv. in water, three times a day. This patient of anemic condition recovered, finally, under the use of syr. superphos. ferrique-quinie cum phos. strychnie. I observe the smallness of the dose; but, nevertheless, of its effectiveness and rapidity of action there is no question.

The following cases I have selected as some in which the effect of the bromide of ammonium was marked:—

CASE I.—Mrs. A., married, three children; husband too lustful by far; has been long afflicted with menorrhagia; period regular enough; has been treated variously before with indif-

ferent success. Ordered, Oct. 22, am. bromid gr. xv. q. q. ter hor. The discharge was checked the same day. I then resorted to ferruginous preparations to correct her general debility.

CASE II.—Mrs. B., æt. 40, of fatty tissue and loose fibre, has had menorrhagia for a long period; family large and scrofulous. Ordered, on each occasion, ammon. bromid gr. xx. q. q. ter hor. till discharge moderated; then half the dose till it ceased. One or two days, at most, generally sufficed to arrest the discharge. As treatment was not adopted, from one cause or another, for her general debility, the consequence was that she had frequent attacks. It is but right to observe that in this case the bromide, after many months of success, lost much of its power over the affection.

CASE III.—Mrs. C., æt. 34, married, no family; has had frequent attacks of menorrhagia, with pain. Ordered ammon. bromid ℥i. q. q. ter hor. with prompt relief on every occasion, both of discharge and pain; this patient has invariably suffered most excruciating pain during the act of coitus. In this case I have seen the most gratifying improvement of her general condition, and the most marked relief follow as to her menorrhagic attacks, from observing *absolutely* the *absque marito* relation for a month or two at a time.

CASE IV.—Mrs. D., æt. 26, married 2 years, never pregnant, though she says she was; had no unusual discharge previous to marriage, but lately has suffered much from menorrhagia; menses began on the 11th; consulted me on the 19th, for her large and distressing flux: ordered, am. bromid. ʒss. q.—q. 4 tis hor., till two doses were taken, then gr. xv. afterwards; took seven doses with the happiest effects, both as to the complaint and general feelings; then she was placed on gr. x doses of am. cit. ferri ter die: this patient affirms *positively* that she is now pregnant, and has been for at least three or four months, but finding me obstinately unalterable in an *adverse* opinion, her utter dejection exhibits, to what extent, the wish in her is parent to the conviction.

The plan of treatment I usually adopt is, to place the patient in the recumbent position, on a mattress, not particularly in the prone or