

one hundred and sixty grains of bromides in the twenty-four hours without the slightest inconvenience. In order to determine the effect of the bromides we must observe: (1) whether the intellectual faculties show a tendency to become sluggish and dull, and (2) whether the muscles have lost tone, which produces a change in the physiognomy. A delicate test of bromism is that discovered by Voisin, viz., the irritation of the fauces and soft palate with a spatula or brush, as the disappearance of this reflex is a very constant sign of bromism. It should never be omitted. Voisin claimed that when this point was reached we need go no farther; and this is a good general rule, though it has its exceptions. In some cases the attacks return from time to time, notwithstanding this evidence of bromism.

The eruption of acne is looked upon by the patient and friends as a very important sign of bromism, but not by the physician. It is really due to some peculiarity of the individual when it occurs, and varies very greatly in severity and in location in different patients. The shoulders, neck, and face are most apt to be affected. In some cases the acne becomes troublesome long before doses sufficiently large to control the epilepsy are reached; but the gentleman who is taking one hundred and sixty grains of bromides a day scarcely suffers at all from it. More serious effects of bromism are those such as paresis and impairment of intellect; but it is never necessary to push the remedies to this excess. It is very seldom that morbid bromism is produced if proper caution is observed.

The time necessary to continue the drugs is still under discussion. Some authorities are content with one year. I hold that the patient should not give up their use until he has been three years without any epileptiform manifestation, however slight. Brown-Séquard and Voisin place the limit at three to five years. I have seen patients who had left off the medicine at the end of two years, and then had a return of the trouble. You will often be importuned by the patient and his friends to allow him to give up, but you must be firm in insisting upon the continuance of the treatment. It is seldom, however, that we can prevail upon patients to keep it up three years after the attacks have entirely ceased.

The time in the day for the administration of the bromides is an important factor in success in treatment. For a time I followed Brown-Séquard in his practice of giving the greater part of the necessary quantity at bedtime, because in the immense majority of instances the attacks occurred between bedtime and 8 or 9 A.M. My plan is now to give the greatest amount just before the time that the attacks are wont to occur. In the case now before us we can go upon Brown-Séquard's old rule, and I propose, indeed, to order only one dose of the bromide mixture in the twenty-four hours, for the reason that the patient never has any fits now except early in the morning. At first he

should take two teaspoonfuls at bedtime, and the dose should then be gradually increased until a small amount of bromism is produced. It is best to give it on an empty stomach, and I think we are much less likely to have acne produced if we use alkaline instead of simple water for our mixture. I employ Vichy with those who can afford it, and a solution of bicarbonate of sodium among the poor.

In conclusion I will mention the manner of giving the bromides in different cases, it being understood that the patient in each instance is an adult:

1. When the attacks occur at night or early in the morning we might give one teaspoonful of the mixture before each meal, and then at bedtime.
2. When the attacks vary as to time we might give two teaspoonfuls in the morning, one before supper, and two or three at bedtime.
3. When the attacks are more liable to occur in the daytime we might give three or four teaspoonfuls in the morning, one before supper, and two or three at bedtime.
4. In the nocturnal form we would give three or four teaspoonfuls, at one dose, either at bedtime or early in the evening. The gentleman who is using one hundred and sixty grains of bromides a day takes six teaspoonfuls in the morning and five at night.

## AIDS TO DISEASES OF WOMEN.

By J. J. REYNOLDS, M.R.C.S. ENG.

### LEUCORRŒA,

commonly called the "Whites," signifies any whitish discharge from the vagina, and includes, in fact, all the non-hæmorrhagic vaginal discharges.

There are four varieties:—

1. Uterine. 2. Cervical. 3. Vaginal. 4. Vulvar.

*Uterine Leucorrhœa* occurs especially in middle and old age, and consists of whitish mucus and epithelial debris. It is alkaline in reaction, and is often attended with a certain degree of pain.

*Cervical Leucorrhœa* occurs more especially during the childbearing period, and consists of transparent, thick, tenacious mucus, resembling unboiled white of egg. This is also alkaline in reaction. Cervical leucorrhœa prevents pregnancy.

*Vaginal Leucorrhœa* is met with more commonly in young women, and is generally light-coloured and creamy, and consists almost entirely of epithelium and oil-globules. It is acid in reaction.

*Vulvar Leucorrhœa* is the form generally met with in children.

*Causes.*—They are—(a) General (b) Local.

The general causes are:—

1. Debility of the system, as from prolonged lactation, acute or chronic diseases (phthisis), &c.
2. Hæmorrhages, as menorrhagia or metrorrhagia, producing anæmia.