

BROMIDE OF POTASSIUM IN GONORRHOEA.

Dr. John W. Bligh, (M.D. McGill College,) in the *London Practitioner*, gives the following directions:—As soon as a patient complains of gonorrhœa, the bromide of potassium should be immediately commenced, and continued throughout the duration of the disease. As it is said to increase the acidity of the urine, a condition not at all desirable, some alkaline bicarbonate should be combined with it, to counteract this tendency. The following formula has been found useful:—

R.	Potassæ bicarbonatis	gr. lx.
	Pottassi bromidi	gr. xc-cxx.
	Tincturæ hyoseyami	fl. ʒ ss.
	Aquæ camphoræ	fl. ʒ vss.

Mis. fiat mistura.

One-sixth part of this mixture to be taken three times a day, and once during the night, should the patient happen to be awake.

Care should be taken not to administer a dose whilst a meal is in process of digestion in the stomach, as it may, by neutralizing the gastric juice, interfere with the conversion of the food into chyme.

If the disease is in the first stage, an injection of the salt is ordered and recommended to be used as frequently as opportunities allow. The following is the usual form and strength in which I employ it:

R.	Potassi bromidi	gr. cxx.
	Glycerinæ	fl. ʒ ss.
	Aquæ distillatæ	fl. ʒ vss.

Mis. fiat injectio.

One syringe-ful to be used every four hours.

When the discharge has assumed the form of gleet, a similar injection, associated or not, as may be thought advisable, with some astringent, will be found useful. In addition, I am accustomed to administer, during this latter stage, from fifteen to twenty grain doses, three times a day, combined with fifteen minims of the tincture of the perchloride of iron, and dissolved in some suitable menstrum.

There are certain accessories which should not be neglected in this, any more than in any other plan of treatment. The bowels should be carefully regulated, the proper diet prescribed, and a total abstinence from beer and other stimulants insisted on. Rest should be enjoined, and over-exertion strictly avoided. The testicles should be supported by a suspensory bandage, and the genitals bathed from time to time, especially before retiring to rest. The flow of urine may be increased by the free use of diluents, as linseed tea, barley water, &c.

CURE OF CHRONIC GONORRHOEA, GLEET, AND LEUCORRHOEA, BY ICE.

Gustav Adolph Abrath, M.D., Medical Officer to the Hospital for Foreign Seamen, Sunderland, writes to the *Medical Times and Gazette* on this subject: There is no disease with which the Medical Practitioner has to deal more troublesome in their nature

or more persistently chronic than inveterate gonorrhœa, gleet, and leucorrhœa. Although in the majority of cases they are amenable to treatment, yet instances occasionally occur which baffle our therapeutic efforts, however skilfully selected and perseveringly continued, until at last the unfortunate patients lose confidence in their professional advisers and become a ready prey to charlatans and quacks. Any additional remedies, therefore, which experience, from time to time, may add to those already in use against these affections, will no doubt be received as valuable contributions to our stock of practical knowledge. Acting under this belief, I now venture to introduce to the notice of the Profession the efficacy of ice in chronic gonorrhœa, gleet and leucorrhœa. In my experience it has proved most successful.

He gives several cases, and adds that other cases of a similar nature were also treated by him in this manner, and all successfully. In all cases, nevertheless, the general health of the patient should be carefully inquired into, and the presence of any complication ascertained, and then a suitable general treatment should be combined with the local. The method of applying the iceicles should be as follows: The bladder should be evacuated, and the urethra washed out by injection of a little cold water. About six iceicles should then be introduced in succession night and morning, each being allowed to melt away. In northern countries iceicles might be easily manufactured in the form of ice bougies with a central stem which is not fragile. In more temperate and variable climates ice machines might be employed to produce them.

The treatment of leucorrhœa, blenorrhœa, or fluor albus, is also of primary importance, in consequence of the very stubborn disposition of this affection, which may be caused by either vaginal or uterine catarrh; but, without entering into any pathological disquisition on the subject, I shall content myself with the details of some important cases successfully treated by the application of ice.

Case 1.—Mrs. McN., æt. 36, a native of Scotland. She began to menstruate regularly at the age of 14 years, and has borne six children, the first when 20, the last when thirty years of age. All labors were natural except the last, during which craniotomy was performed. Shortly after she began to suffer from leucorrhœa, and afterwards to menstruate at irregular periods, but six months previous to consulting me menstruation had ceased. She suffered much pain periodically. She had the advice of several eminent practitioners in Edinburgh and Glasgow, and had employed preparations of iron, injections, escharotics, sea-bathing, etc., but with slight benefit. She came to Sunderland to reside in April, 1868, suffering from leucorrhœa, when she consulted me. On an examination by the speculum I observed that both lips and portio vaginalis of the cervix were very eroded by ulceration, which produced an offensive ichorous discharge containing blood. Cold water was first injected into the vagina, and then ice per vaginam applied to the cervix for one hour night and morning, and complete cure was effected in five