

the first bladder symptoms present in gonorrhœa; in acute cystitis from other cause, when the disease is only of a few days duration, he gives the oil of turpentine, and in the rule but a few days continued administration suffices for a cure.

When we remember that the normal reaction of human urine is acid, that the mucous membrane of the bladder is continually bathed by acid urine, we may readily understand why an alkaline urine is damaging. The re-establishment of the normal reaction would seem thus to be an indication in the treatment of catarrh of the bladder. The mineral acids do not suffice to effect this reaction, but the turpentine oils introduced into the stomach accomplish it in a few hours, except in the most obstinate and rooted cases. The catarrhal secretion is also diminished by it, the acid reaction reacts in turn upon the cervical mucosa, and the subjective manifestations, in the rule, speedily disappear.

How is it then—in contradiction to this theory—that the alkaline mineral waters have always enjoyed such a reputation in the treatment of catarrh of the bladder? Lebert, as is well known, boasts of bi-carbonate of soda as a specific almost. The author would not attempt to solve this question altogether, but he thinks the chief advantage of the waters is the quantity and consequent dilution of the urine and irrigation of the wall of the bladder.

But it is not to be forgotten that turpentine sometimes irritates and inflames the kidneys and the bladder, and may even induce hematuria. These accidents are, however, so rare as not to interfere with the administration of turpentine and copaiba in the rule, unless there are complications with ulcer of the stomach, catarrh of the stomach, dyspepsia or inflammation of the kidneys. The other remedies recommended, *folia uvæ ursi*, salicylic acid, benzoic acid, etc., are occasionally of value, but cannot be relied upon.

The new remedy the author recommends is chlorate of potash. He recommends it after thorough and conscientious trial and with full conviction of its value; it is a rational remedy in every way, it never damages the stomach or any other organ. It substitutes turpentine perfectly in cases where turpentine cannot be given.

That the chloric acid salts, when administered internally, pass into the urine, was demonstrated in 1856 by Lambert. The value of the chlorate of potash in affections of the mouth and pharynx leads the author to their administration in affections of the bladder, the epithelium being in both cases alike of the pavement variety. The action of this remedy seems confined to this variety, as it has no effect upon the trachea or bronchical tubes. Its action is not to be explained by simple contraction of the muscular coat of the vessels, as it not only reduces the hyperæmia and catarrh, but also closes ulcers over quickly as if it exercised a specific action in the reproduction of epithelium. The author's results were extraordinary, still there are cases in which he failed with it, and was compelled

to resort to turpentine and copaiba. He orders for adults usually: potass., chlorat. 15.0, aqua., dist. 300.0, of which a tablespoonful every two or three hours. He lays stress upon the prescription because it is necessary to bring the patient under the influence of the remedy quickly. Should the taste of the drug after long administration become insipid or sickening, it may be corrected by using cherry laurel as a vehicle (10.0—300.0); any syrup should be avoided. The pus begins to disappear from the urine after its use very quickly—an important difference from the action of salicylic acid—and the subjective distress is lessened or disappears even before the pus has entirely vanished. The acid secretion is restored, but not so quickly as after turpentine, but the restoration of the normal reaction, the reproduction of a normal mucosa with normal epithelial cells, with corresponding diminution of the catarrhal secretion, constitute a cure.

A CONTRIBUTION TO THE THERAPEUTICS OF MIGRAINE.

(Read before the Section on Practice of Medicine in the New York Academy of Medicine, Nov. 20, 1877.)

By E. C. SEGUIN, M.D., President of the New York Neurological Society.

GENTLEMEN:—The contribution to the therapeutics of migraine which I have the honor to read this evening, will probably strike you as very fragmentary and inconclusive, but I would ask you to consider in a charitable spirit that it is the result of only a few hours' work, and that it is intended as a suggestive rather than a didactic and formal essay.

So short has been the time which has elapsed since I was asked to participate in this evening's work, that I have not been able to collect scattered notes of cases and to make inquiry of former patients; both of which would have been necessary had I wished to base my statements upon statistics. At some future time it may be possible to supply the data upon which the succeeding assertions rest.

Briefly stated, my thesis is that by the long-continued use of *cannabis indica*, migraine or sick-headache may be cured, much relieved, or mitigated in severity.

This idea is not by any means original with me, but was brought out by an English physician, Dr. Richard Greene, who published a short article upon the subject in *The Practitioner*, Vol. IX., p. 267, London, 1872. After reading the article I immediately began using the remedy, *cannabis indica*, as directed by Dr. Greene, and have continued to do so ever since. My former partner, Prof. William H. Draper, has also used the treatment somewhat during the same period of time; and both of us have been much gratified by the results obtained. I may add, that some inquiry has convinced me that, in this country at least, the article passed unnoticed, and the plan has not been generally tried.