

the back and groin are frequent subjective symptoms. Dr. F. S. Watson says: "These pains vary as to constancy and duration, and may be entirely absent."

The frequency of micturition, with pain, and blood appearing at the end of the act, may simulate the symptoms of stone in the bladder. This happens only in the acute cases, and rectal examination and sounding make the diagnosis clear. True hypertrophy of the prostate occurs only after the fiftieth year, and can hardly be mistaken for an inflammation.

In cystitis the pain is felt above the symphysis pubis instead of in the perineum; the urine is generally alkaline and the second part of the urine is as turbid as the first. Cystitis is, however, often associated with a chronic catarrh of the neck of the bladder.

The treatment should be both general and local.

The patient should take no alcohol, he should sleep on a hard mattress in a cool room; he should take moderate exercise daily out of doors; his bowels should be kept open, and he should be given tonics and plenty of nourishing food. The urine must be kept dilute and unirritating by diuretics.

For this purpose benzoate of soda, twenty grains, given four times a day, is an excellent remedy.

Locally, counter-irritation to the perineum is beneficial. One side of the raphe is to be painted with cantharidal collodion or tincture of iodine, and in a few days the other side. This may be kept up for some time, and will usually relieve the sense of weight and uneasiness. (Care must be taken to prevent the irritant from touching the anus.)

Together with this the prostatic injection of nitrate of silver is probably the best remedy. It is best to begin with a solution of two grains to the ounce, and increase to five grains. In making the injection it is well to pass a good-sized sound first, in order to stretch the urethra so that the fluid may readily penetrate to all parts. (The sound should be lubricated with glycerine, as oil will form a coating over the urethra and modify the effect of the application.) Then a drachm of the warmed solution is to be injected slowly, the point of the syringe having been located at the prostatic urethra by the finger in the rectum.

Ultzmann's syringe catheter, fenestrated on the sides, connected by a rubber tube to a small syringe, is the most convenient instrument to use.

The application should be made twice a week, using no more than a five-grain solution, and the treatment kept up for six or eight weeks. If, in that time, no improvement is noticed, the injections should be discontinued for a time and other means employed.

Combined with the deep injections and counter-irritation, large sounds should be passed once or twice a week. In the large majority of chronic cases the above treatment will bring about good results. It is particularly applicable to the chronic "masturbation cases."

THE USEFUL ADMINISTRATION OF ARSENIC IN DISEASES OF THE SKIN.

By EDWARD L. KEYES, M. D.

The short article which appeared in the first number of the *New York Medical Monthly*, from the able pen of Dr. Fox, upon "the useless administration of arsenic in diseases of the skin," seems to me to call for a word of protest from some one who thinks better of this drug than Dr. Fox appears to do, and especially so since the editor of the *Journal of Cutaneous and Venereal Diseases*, in *Medical Record* of June 26, has made a general call for expression of opinion upon this important subject.

The words of Dr. Fox and his argument, as he puts it, can hardly be controverted, but the implications of his article, and the generalizations which are sure to be drawn from it, seem to me to be damaging in their tendency, and likely to be effective of more harm than good; and, therefore, since it is a very poor question which has not two sides, I wish to say a word on the other, and what seems to me to be the better side.

The general practitioner who has his routine prescription for all known symptoms, and who, upon seeing a malady of the skin, takes his pen and orders five-minim doses of Fowler's solution three times a day, in the vague conviction that by so doing he has performed his whole duty to his patient, is undoubtedly condemned by this simple act, and all that need be said of him or to him is that he ought not to treat skin diseases at all.

The value of diet, of hygienic measures, of topical applications; the study of diathesis, and the just appreciation of the cause of a given skin disease—all of these are doubtless more valuable factors of treatment than the administration of any drug, and a physician is hardly worthy of the name if he relies upon medicines alone in the management of any malady—cutaneous or general. In so far, therefore, it appears to me that the generalizations of Dr. Fox are accurate; but beyond this they appear faulty, because they seem by implication to attempt to weaken general confidence in a remedy which, carefully used, holds a very high if not the first place in cutaneous general therapeutics, notably in the management of chronic disease.

The same rebuke (*i. e.*, routine administration) may, with equal justice, be cast at cod-liver oil and the hypophosphites as to their applicability to phthisical maladies, at colchicum, at quinine, at mercury, at iodide of potassium, or at any other drug. One man may use any of these remedies without effect against a malady over which they are well known to exercise a more or less controlling influence, and he may fail; while another practitioner, continuing the same remedy and intelligently supplementing it by other means, may conduct his patient safely to a cure.

I am not in a position to champion arsenic or any other remedy as a general "skin disease," but