

Selections.

The Application of Pure Ichthyol in Gonorrhœic Epididymitis.

For the last two years Cæsar W. Philip, of Hamburg, has had good results with the following method in treating gonorrhœic epididymitis:

During the acute stage the patient is kept in bed, the scrotum is raised, and cold applications are applied. In very mild cases, where the patient cannot stop working, a Langlebert suspensory with Priessnitz application are ordered from the very onset.

After four to seven days the acute symptoms, fever, swelling, and tenderness, abate. The gonorrhœic inflammation rarely has a tendency to suppuration, but soon passes to the subacute and chronic stage. The chronic inflammation is characterized by the presence of much connective tissue. Clinically, there are frequent recurrences and often neuralgic pains. At rest, there may be no pain, but if the patient is up and about for a protracted period there may be another acute attack after weeks or months, so that the patient may be unable to work for a long time. The infiltration is often not completely absorbed, so that a circumscribed, dense nodule will remain in the epididymis.

Since this process closely resembles other chronic inflammations, particularly synovitis crepitans, pure ichthyol was tried in a large number of cases. The method of application was as follows: The diseased half of the scrotum, including the skin over the cord up to and beyond the inguinal ring, are painted liberally with pure ichthyol and then covered with a moderately thick, folded piece of cotton. The usual snugly fitting suspensory is then applied. Since the skin over the cord and that of the scrotum form a firm sheath, a dragging of the testicle with the diseased epididymis is impossible. It is sufficient to cut short the hairs over the scrotum; shaving is not necessary.

After four to five days the bandage is dissolved off with warm water and a new one applied.

In this affection ichthyol again demonstrated its properties as an antiphlogistic and absorbing agent to a marked degree. The infiltration disappears rapidly and the patients no longer complain of pain, even though they follow their vocation. The final result is very favorable. The infiltration remaining in the epididymis was very slight and sometimes absent altogether. The neuralgic pains in the testicle and epididymis disappear very promptly. The results were especially brilliant in the case of a patient who had three recurrences until ichthyol was used.

In conclusion it may be mentioned that only the ichthyol-ammonium of Cordes, Hermann & Co. was employed. The