

by a more or less copious discharge of white matter from the vagina; in bad cases the secretions are yellowish or greenish, with an offensive odour, resembling that issuing from the vagina of one affected with *gonorrhœa venulenta*. It so closely mimics the latter, that it is often difficult to decide whether the case be not really gonorrhœa. Men who have intercourse with a patient of this class, are liable to suffer from the infection. Physicians are at times called upon to decide whether the case be one of leucorrhœa or gonorrhœa. Every practitioner has been tried in instances of this kind, and his judgment been given more upon the good or bad character of the woman, and the circumstances of the case, than upon his own real knowledge of the matter; and I believe often, after strict inquiry, he has failed in the end of a true diagnosis. But leucorrhœa, in its worst forms, requires nearly the same management as gonorrhœa; therefore an error is not dangerous, in a practical point of view.

After the discharge is established, and has for some time been kept up, the patient complains of debility, loss of appetite, great fatigue, in the erect posture, pain and dragging sensation in the back and loins; she likens the pain sometimes, in severe instances, to the gnawing of a dog at the spine. Headache is a constant symptom. She becomes nervous and irritable. Painful micturition is mostly present during the complaint. A well-known train of horrid and sometimes fatal symptoms follows, if the disease is suffered to go on unchecked, the patient dragging out a miserable existence, or finding a premature grave.

Leucorrhœa may come on without any apparent cause, as it does frequently in juvenile females and infants; but more commonly it is in the result of some kind of irritation, as masturbation, too frequent intercourse with men, miscarriages, prolapsus uteri, &c. Prolapsus may induce the whites by exposing the mucuous membrane to the air, to friction, &c.; the latter may bring on the other complaint, by producing a relaxed condition of the muscles of the uterus, &c.; so that one of these affections is not unfrequently the causing agent of the other, and they often co-exist.

If our attention was early directed to these patients, we should, in general, be able to perform a speedy and permanent cure. But the contrary is most commonly the case; we are not consulted till the disease has become established, and the patient exhausted by the constant drain and irritation which has been so long kept up. But we shall always be able to promise relief in due time, often a permanent cure.

When leucorrhœa attacks a person otherwise healthy, we should prescribe aperient doses of epsom salts, (general or local bloodletting will scarcely ever be required,) and apply a strong solution of argent. nit. to the parts affected, two or three times a day. The diet should be abstemious. The patient should take only gentle exercise for eight or ten days, in the course of which time a cure will most likely be accomplished. This is the general plan of treatment best adapted to *acute* leucorrhœa.

In cases of long standing, we have a different course to pursue. The patient should avoid stimulating food and drinks, but a nourishing diet is mostly beneficial. Good porter and old wine are often useful in promoting strength and appetite. Gentle exercise, in and out of doors, if the patient endure it well, is very proper. At first the warm hip bath, and afterwards the cold shower bath, are remedies that I think much of. We are to prepare the patient for the cure of leucorrhœa before we treat her for any particular complaint; i. e., we must endeavor to restore the functional harmony, and then strike at the root of the disease in question. It is useless to attempt a cure, without relieving the patient of the numerous difficulties which often attend the complaint, before we apply our remedies for the local disorder. This part of our duties will vary with the pecu-

liarities of constitution, age and habit, and the other circumstances of the cases, as we before stated.

If ulceration has not taken place, we may next administer the tinctures of cantharides and steel, for such length of time, and in such doses, as are required. R. Tinc. ferri chlorid., tinc. cantharid., aa one ounce. M. Dose, from twenty drops to two teaspoonfuls three times a day. Or, a mixture of the carbonate of iron with the cantharides, (and sometimes a little of the tincture of opium should be added, to quiet the irritation,) is a convenient form for this use. Or, R. Ferri sulph., one drachm; pulv. catharid., grs. xx.; syrupi, q. s. M. et ft. massa in pul. no. xxx., dividenda. Dose, from one to three pills thrice a day. The smaller doses should first be used, and the quantity increased until the flies produce their accustomed effect upon the urinary apparatus, when we should return to the smaller quantity, and in this way employ the remedies for a suitable length of time, when we may use the iron *per se*, or substitute other tonics for it, as bark, quinine, the vegetable bitters, &c. At the same time, the vagina and uterus, if applied to, should be injected with the caustic solution thrice daily.

But if there is ulceration, (which rarely happens,) the iodide of potash and the compound syrup of sarsaparilla may be advantageously given, at the same time we may stimulate the ulcerated surface with lunar caustic; then we can bring in the flies and iron with the happiest effects as secondary agents.

Women who have the whites are very liable to white specks, or vesicles, over the whole mucuous membrane of the vagina, strongly resembling those seen in the mouth and on the fauces of those who have *stomatitis*. Though this is not so alarming as the ulceration of the parts, nearly the same remedies are required for its cure.

It is highly important to know the true nature of our patient's case. Though we can form some idea from symptoms, the character of the discharges, &c., it will be proper to examine the parts; and if we are apprehensive of much difficulty in arriving at a correct diagnosis, we must employ the speculum. When the disease is within the uterus, the best way to apply the nitrate of silver is to inject the caustic solution, of suitable strength, through a male silver catheter, previously inserted into the os uteri, while the patient lies on her back. This operation should be resorted to daily, till marked benefit has resulted from the use of the remedy; after which, every other day, or so, will do very well.

The patient should early be instructed that cleanliness is a very important part of the treatment. I recommend daily ablutions of the whole body, and a thorough washing of the vagina night and morning, with tepid water, thrown in by means of a common uterine syringe. The patient should abstain from sexual intercourse during the time she is subject to the disorder, as such indulgence very much retards the curative process.

Women who suffer from this complaint should avoid violent exercise, all kinds of exposure, attend scrupulously to their diet and clothing; and after they have discontinued remedies, they should continue the shower bath, and wash the vagina with a solution of borax, or the sulphate of zinc, twice a day.—(*Boston Med. and Surg. Journal*.)

MATERIA MEDICA AND CHEMISTRY.

Dr. Cogswell on the History of Chloroform and its Use as an Anæsthetic Agent.—The following paper was read at the Medical Society of London, November 28, 1847.—Dr. Cogswell said, however Dr. Simpson's claim may be decided upon as to the priority of administering chloro-