

specific urethritis. Of the nine cases cured, seven were cured by permanganate of potassium. Gonococci were found in small quantity in the discharge after two weeks' irrigation in fifty cases.

Posterior urethritis only occurred in five, and epididymitis in one instance.

It should be noted that in fifty-eight cases the ardor urinæ and chordee were entirely relieved by irrigation; and of the twelve cases in which these symptoms were not affected, nine were treated by trikresol, a remedy which was shown to be very irritating to the urethra.

The results obtained in the treatment of these cases seem to warrant the following conclusions being drawn:

1. That irrigation is a distinct advance in the treatment of gonorrhœa; in fact, up to a certain point, it must be considered the proper treatment for that disease. It relieves ardor urinæ and chordee more promptly than any other form of treatment. It is attended with a much smaller proportion of complications, such as total urethritis and epididymitis.

2. That permanganate of potassium is the best remedy for the purpose of urethral irrigation.

3. That irrigation of the urethra alone cannot be relied upon to absolutely cure specific urethritis.

For the cure of the thin muco-purulent discharge which appears at the meatus in the morning, some astringent injection used by the patient himself is necessary.

4. That simple non-infectious urethritis can be cured in from ten to twelve days by daily irrigations with permanganate of potassium.

The writer is of the opinion that, where it is possible to carry out the treatment, irrigation of the urethra with solutions of permanganate of potassium *twice* daily would very materially lessen the duration of the disease. This is, of course, impracticable in dispensary practice. I am now employing at the Dispensary of the University Hospital daily irrigation with permanganate solution, combined with the internal use of a capsule containing five minims each of oil of sandal-wood and oil of copaiba. The results obtained in these cases will be published at another time. It might be well to mention here that, for the purpose of irrigating the urethra completely, the Kiefer nozzle is not by any means all that could be desired. The blunt nose of the nozzle will not fit properly every meatus. On the other hand, it is very doubtful whether the urethra is irrigated to any great extent by its use, as it was observed in almost every case that the irrigating fluid would make a short circuit in the urethra from the point of entrance in the nozzle to the point of exit.

The best results were obtained from the use of a soft-rubber catheter several sizes smaller

than the calibre of the urethra, allowing the solution to escape easily along the side.

The following table will show at a glance the results obtained by urethral irrigation:

Drug employed.	Number of cases.	Infectious.	Non-infectious.	Improved.	Unimproved.	Cured.	Gonococci found at the end of two weeks' treatment.
1. Permanganate of potassium.	20	16	4	10	3	7	5
2. Nitrate of silver.	26	18	8	13	3	11	16
3. Bichloride of mercury.	26	10	1	1	1	1	19
4. Trikresol.	10	10	0	1	9	0	10

THE TREATMENT OF DIABETES MELLITUS.*

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Throughout the management of a case of diabetes mellitus, examine the urine at regular intervals, not too far apart, and whenever its acidity increases, or the sugar is suddenly diminished or absent, or the wine-red color is developed by ferric chloride, administer alkalies freely until the urine is alkaline and the sugar reappears. Sodium bicarbonate may be given, or, if the quantity of urine is lessened, potassium acetate or potassium citrate, or some other diuretic. Some authorities, however, caution against potassium salts, believing them to be too depressing to the heart. Rochelle salt is often useful, because it will act either as a mild hydragogue purge or as a diuretic. And this leads me to say that constipation is often a precursor of diabetic coma, perhaps a cause. Never permit your patients, then, to be constipated. I am in the habit of giving to diabetic patients sodium phosphate in bulk, and directing them to take one or two teaspoonfuls in hot water before breakfast, or perhaps even two or three times a day, the quantity and frequency to be varied according to the effect upon the stools. Bartholow, indeed, recommends sodium phosphate as a remedy for diabetes mellitus, especially in obese subjects with hepatic disorder. Sometimes he combines with it sodium arsenate, 1-64 grain to the drachm of sodium phosphate. This is a useful expedient. Arsenic is itself useful in the treatment of diabetes mellitus. Lithium salts and various alkaline mineral waters are useful to keep the secretions active and neutralize acidity. Recently I have been using the salts or strontium, and especially strontium bromide, in the treatment of lithæmia and in the treatment of diabetes mellitus in the gouty and obese. In doses of about 30 grains, with 20 drops of

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