may venture to say that most of the brilliant discoveries of medicine have been made by following this mode of reasoning, rather than attained by the slower but surer method of induction. The chief thing to guard against in deductive reasoning is the mistaking of a mere inference for a logically proved conclusion. So long as we accurately see the direction in which our inquiries and experiments should lie that are needed to verify our conclusions, there is nothing to be deprecated in making deductions, or in publicly stating them. I make these remarks because the following paper is in great measure of this deductive character in its reasoning, and I might be blamed for drawing the public attention to it before collecting much experimental illustration of its truth or falsity. This, indeed, I should have done had my own opportunities of research been sufficiently large for the purpose; but as they are not, and as at the same time I believe the matter to be of vital importance, I am anxious that it should be worked out without unnecessary delay, and by many rather than by one, knowing that if untrue it will speedily come to nought, believing that if true it will prove of value to the health of nations. My communication consists of the statement of a case, and a deduction from it. The case is as follows.

On October 2nd, 1870, I saw the child of Mrs. B., 212, Stockport Road, Manchester. The child (a girl) was four months old. It was covered with syphilitic psoriasis, which had first appeared a week before. The face, arms, and legs were oedematous, readily pitting on pressure. The mother had only noticed the dropsy the day before. The urine was highly albuminous (four-fifths albumen in test-tube). The microscope revealed the presence of numerous epithelial and granular casts. *There was no history of any possible contact with the poison of scarlatina.* Hydrargyrum cum creta was given in two-grain doses twice daily, and a little unguentum hydrargyri ordered to be rubbed into the abdomen each night.

Progress of the Case.—The syphilis began to pale and fade away in the course of three or four days before the action of the mercury; and, *pari passu* with the subsidence of the cutaneous syphilid, the number of urinary casts became fewer and fewer, and the quantity of albumen steadily diminished, so that in the course of a week it was reduced from four-fifths to one-third in the test-tube. So the case went steadily on from good to better, and, in fine, after the treatment had been persevered in for three weeks, the albumen in the urine and eruption on the skin had entirely disappeared, the cellular tissue was free from dropsy, and the microscope failed to reveal the presence of any abnormal element in the urine.

Comments.—There is little difficulty, I conceive, in connecting the syphilis and albuminuria in this case in the relation of cause and effect. By way of further evidence on this head, I may state that, out of twenty cases of hereditary syphilis in which I have since examined the urine, no anasarca being present, albumen was detected in two. This fact is interesting, and to a certain degree important. The discovery that such a condition as renal dropsy is an occasional attendant upon congenital syphilis, is in itself of perhaps sufficient moment to render this case noteworthy, but I think that what the case suggests is far more important than what the case proves. In a word, the deduction which I draw from this case is that the syphilitic poison, floating about in the circulatory system, is capable of bringing about those renal changes which result in the granular or waxy kidney; that chronic albuminuria very often means the presence of syphilis in the blood; and that therefore, as a matter of course, the therapeutical indication follows, that the disease depending on such a cause is to be combated with mercury, rather than with the diaphoretics and diuretics, which form little more than the playthings of the physician in his present treatment of this generally fatal complaint.* Nor need the pallid face and low vitality of his patient cause the most timid practitioner to shrink from giving mercury in such cases as these, supposing them to exist. The good effects of the drug are, to say the least of it, very frequently procurable by the administration of doses so small as in no way to interfere with the health of the individual; e.g., grain doses of blue pill may be taken nightly for a lengthened period, without any other effect upon the animal economy than of melting away any manifestations of syphilis which may chance to be present.

I earnestly hope that the truth of this deduction may be carefully tested by impartial men, so that once and for all it may take its place among the facts of medical science, or be for ever buried in the mighty limbo which holds all exploded medical errors.

ON THE TREATMENT OF SUPPURATING GLANDS IN THE NECK BY FREQUENTLY REPEATED TAPPING.

By LAWSON TAIT, F.R.C.S., Birmingham.

In the practice of operative surgery we often have a condition to consider which, from its greater frequency of occurrence and the great stress laid upon it by the patients, may be considered as being of importance secondary only to the saving of life and the diminution of pain; and when I say that I speak of the question of "good looks", I believe that few will differ from me. Most serious operations are frequently risked for no greater reason than the "look"; and much of a surgeon's reputation may be lost, or much may be added to it, by his success in avoiding disfigurement in his treatment of any deformity or malady. One of the most distinguished of living surgeons gave me his opinion, in a recent conversation which I had with him, that in our profession we make money very much more in proportion as we have to deal with utility or ornament, than with life. The income of the dentist or the oculist may reach a fabulous sum, because the teeth and eyes involve utility and ornament essentially; while the general surgeon is called in late and seldom, and gets much less remuneration when simply life is at stake. This may seem paradoxical, but it is none the less true. When patients are in good health, they will give much to look well and feel comfortable; but, when dangerously ill, they will count the cost with much greater narrowness.

It is, however, not with a mere pecuniary object that I now draw attention to a means of obviating deformity to a great extent, but with a view to do that which is legitimately within the ambition of every surgeon—to advance his profession and its extent of usefulness. Suppurating glands are common enough in the experience of every one, and the routine treatment of cod-liver oil, iron and quinine, iodine and poultices, is seldom departed from. Differences of opinion exist as to whether they should be opened early or late, or not interfered with at all; but, whichever way this part of the treatment is conducted, the same unsatisfactory ending in a disfiguring cicatrix is the inevitable result. The "look" of the thing is bad; and from the popular notion that every scar on the neck indicates "scrofula", many a poor mother's life has been embittered, many a poor child's prospects seriously interfered with, owing to the ineradicable neck-mark. It is considered a great triumph if the patient be a boy, and the mark within possible reach of his beard; but if a girl, even with the ingenious appendages provided by the *coiffeur*, the ever present slur cannot be hid, and the unfortunate bearer, at the dinner-table and in the ball-room, is ever painfully conscious of the direction of neighbouring eyes. This objectionable condition may be avoided in very many cases by the careful perseverance in a plan of treatment which I have now adopted for some years, with most satisfactory results. It consists simply in tapping a gland as soon as I have determined that it contains pus, and in continuing this treatment until the cavity no longer secretes. The means by which I effect this, is the little instrument known as Dr. Alexander Wood's morphia-syringe, and which I used for this and other similar purposes long before I had ever heard of the recently devised aspirators. Only two precautions are necessary; and these are, never to introduce the needle twice at the same spot, and to introduce it very obliquely into the abscess, entering it at least half an inch from the margin of the tumour. As a rule, the direction must be from behind forwards, but occasionally it may be done from before backwards; and it almost always may be effected from above downwards, or from below upwards. The number of punctures sometimes required may stagger some who read this; but I have had to persevere till I have made as many as fifty punctures, at intervals of from one to ten days, before the treatment was successful, the success being constituted by the complete disappearance of the tumour, without the skin ever breaking. The amount of satisfaction which the patients have expressed at being saved the disfigurement of a gland-mark, I have often found to be ample repayment for the great amount of trouble. Cases of the successful issue of this treatment I could cite in great numbers, and my failures have not been many. One of the former will, however, answer every purpose, and I select it principally because the patient is the son of a well-known provincial physician, who placed him under my care in order that the treatment might be carried out. He was a tall, rapidly growing lad of fourteen, and to his own courage and patience the good result is in no small degree to be attributed. In March last, whilst bathing in the Thames, he was chilled, and soon afterwards a large cervical swelling appeared on the left side. He was placed under my care in the beginning of May, when I ascertained the presence of pus,

* Dr. Dickinson (*Pathology and Treatment of Albuminuria*) considers that protracted suppuration is almost the sole cause of the waxy kidney, which he accordingly terms "Depurative Infiltration." He assigns as the causes of granular degeneration, alcoholism, gout, heart-disease, and lead poisoning. Dr. Grainger Stewart (*Bright's Disease*) mentions syphilis as a cause of the amyloid form of disease; but does not advise mercury as a remedy. He does not allude to syphilis as a cause of any other form of kidney-disease.

and at once tapped the swelling. The tapping was repeated every two or three days until the end of July, and after that about once a week, until the sac had been emptied twenty-four times. At the end of the series of operations, only a very slight discoloration was left over a spot not larger than a coffee-bean; and, as the skin had never been injured here, this will in time entirely disappear. Had this abscess burst as such abscesses are usually allowed to do, the mark would not have been covered by the beard; and I am inclined to regard this as a triumph in the surgery of æsthetics.

THE TREATMENT OF ACUTE RHEUMATISM BY MORPHIA INJECTION.

By R. GILLARD, Esq., Hovingham, Yorkshire.

In a recent paper "On the Abuse of Hypodermic Injections of Morphia," Dr. Clifford Allbutt says: "Still I cannot rid myself of the notion that in three cases of acute rheumatism and one of acute gout which have come under my notice, the very bad result was due to the treatment by injection of morphia alone." In the communication which I am about to make, I feel that it would be wrong to draw conclusions too hastily from a single case; yet, from long experience of that too often (in spite of all treatment) tedious and most painful disease, acute rheumatism, I feel that if we can secure, in the hypodermic injection of morphia, not only complete and immediate relief from severe pain, but an almost certain remedy for the disease, it will prove an inestimable blessing to suffering humanity. I may say that, on mentioning the case to a friend of mine, an eminent practitioner in Leeds, he also told me that he had noticed the same admirable effect of the remedy in acute rheumatism. However, I give a very brief account of the case for the consideration of my brother practitioners, in order that it may be fully tried; and my impression is, that it will be found a valuable remedy.

I was, on November 1st, called in to attend A. B., a young lady, aged 11, who was suffering from a severe attack of acute rheumatism. She had a pulse of 140, injected eyes, a furred tongue, great heat of skin, and profuse acid perspiration. At first, the ankles only were affected; they were swollen and painful; then the wrists, elbows, knees, and shoulders were equally affected. She was crying out with the severe pain, and had had no sleep for several nights. I adopted my usual plan of alkaline treatment with morphia to relieve pain, and, if possible, secure some sleep; with occasional aperients, and wrapping up the affected joints in cotton-wadding. I found my treatment perfectly useless. My patient became worse every day till the 5th November, when the agony she was suffering was dreadful; she had not a moment's ease, and got no sleep, and she was nearly exhausted from severe pain and want of sleep. On Saturday, November 6th, I injected a quarter of a grain of morphia into the forearm, with great relief; but on the next day (Sunday), as she had had a very bad night, and was still suffering very severe pain, I again injected morphia (half a grain). This time it produced almost marvellous effects. In a quarter of an hour, the pain was completely gone; she had a very good night, and the next day the joints were all better. Before, she could scarcely bear the weight of the bedclothes, but could now move her limbs freely without pain. In fact, except that she was feeble for a week, she was well; for not only was all pain gone, and good refreshing sleep produced, but the disease was really radically cured. She never had the least relapse, but steadily progressed and recovered. There was powerful action of the heart, but I could not detect any *bruit*. As she was daily and hourly becoming worse, in spite of all treatment, while immediately after the hypodermic injection the improvement took place, it is only fair, I think, to say that in this case at any rate it effectually cured the disease. Another very important fact to be noticed is, that the remedy produced not the slightest unpleasant result from the constitutional effects of the morphia. The appetite returned, and, with the help of a little quinine, she rapidly recovered, only a little stiffness of the joints remaining for a few days. In a week she was up and walking about.

CLINICAL MEMORANDA.

VARICOSE VEINS PROBABLY DUE TO OBLITERATION IN BOTH THIGHS OF THE DEEP TRUNKS.

A MAN, aged 36, was sent to me on account of varicose veins. He had varices of most unusual extent in both legs and the lower parts of both thighs. They were peculiar not only in the fact that almost every superficial vein seemed to be involved, but in that there was not the slightest trace of inflammation of the skin nor oedema. This feature attracted my

attention. The condition resembled more what we sometimes see on the surface of the abdomen after obliteration of the vena cava than what is usual in the lower extremities. The man's history seemed to favour the conjecture that the dilatation of the superficial veins might probably be a consequence of obliteration of the deep ones. He told me that seven years previously he had been laid up by rheumatic fever, and that after recovery he went to work too soon and became very wet. He was again laid up, this time on account of great swelling of both legs. He was nearly three months in bed, and after he got about again the veins began to enlarge. Before this illness he had no varix whatever. He had never been troubled by any kind of eczema or ulcers. At the time when I saw him, he was consumptive, and gurgling was easily detected over the left apex. I have seen two or three similar cases to this: in one, the veins of the upper extremity were varicose, and there was a history of phlebitis of the chief trunk.

ON SYMPTOMS.—Symptoms are a kind of language. We cannot read them unless we understand first the alphabet, next the words of which they are composed; finally, their arrangement or grammatical construction is most important.

NEURALGIA WITH SWELLING.—It is surely necessary to distinguish between a local inflammation induced in a nerve and pure neuralgia. If there be tenderness over a patch, with some slight swelling, then probably a degree of inflammatory action is present. A pure neuralgia should be without either tenderness or swelling. Yet this limitation would exclude a majority of the affections known as neuralgic.

JONATHAN HUTCHINSON, F.R.C.S., Surgeon to the London Hospital.

FATAL PULMONARY HÆMORRHAGE.

I AM extremely sorry to have misinterpreted Dr. Bradbury's first communication on the above subject; I can assure him I read it with great care. If, indeed, atheroma of the pulmonary artery within the lung ever occur—as Dr. Bradbury supposes—as a *primary disease*, it is of great importance that we should recognise the fact, and some well authenticated cases of the kind would therefore be of great value. There are certainly some cases of copious *pulmonary hæmorrhage*, rarely, however, immediately fatal, which precede any discoverable disease of the lung, and which have not yet been satisfactorily explained. It is, however, clear that the case reported by Dr. Bradbury, in which he does not describe fully the cavity found in the lung, nor state the condition of the pulmonary artery generally, nor even the appearance of the ruptured vessel (he does not seem, in fact, to have found it), will not by itself tend in any way to establish a fact of so great a clinical significance. And Professor Niemeyer's very bare statement, referred to by Dr. Bradbury, seems yet to need confirmation.

R. DOUGLAS POWELL, M.D., Assistant-Physician to the Hospital for Consumption, etc., Brompton. Nottingham Place, Jan. 31st, 1871.

CHANGE OF TYPE IN SCARLATINA.

I AM induced to place on record the remarkable change in the type of scarlatina which has taken place in this locality suddenly during the last three months, and for which I am totally at a loss to account. For two or three years past not a case has given me the slightest anxiety or disquietude; and, were it not for vivid recollections of former treacherous and fatal outbreaks, I might have been almost induced to regard scarlatina as a bugbear.

Three months since, a young lady in whom the eruption had run its ordinary course, was seized with swelling of the parotid and submaxillary glands, together with ulceration of the tonsils. She eventually did well, but from this moment not one single case has done kindly. The sequelæ have been of every conceivable character, from simple glandular enlargements to suppurations and dissections amongst the muscles of the neck; from anasarca and albuminuria to convulsions and paralysis; erysipelas of the face—to me a novel sequel altogether; hæmorrhage from the ear (fatal); and diphtheritic deposit about the fauces. Some cases were ushered in by convulsions. One remarkably robust boy, whose brother was laid up with the disorder, suddenly went into a state of collapse; reaction never took place; and in sixteen hours, from a state of apparent rude health, he was a corpse.

No less care was taken in all these cases than in the former harmless ones. The most approved hygienic measures were carried out; the diet was generous, with port wine, and the medicine was that which I have always considered most efficacious in neutralising the poison and sustaining the system in the warfare it has to accomplish; namely, a