were short of hands, he was occasionally accepted as a volunteer assistant at the surgical dressings. All seemed to be going on well till the seventh week from admission, when he complained of inability to put on his coat, which he ascribed to rheumatism. A day or two later, his gait was dragging, and the grasping power of both hands enfeebled. For ten days longer, he was able to move about the ward; but, during all that time, his locomotive power was daily diminishing. At last, he had to keep his bed, after which time the paralysis advanced so rapidly that soon he was unable to get out of bed for necessary purposes. There was paralysis of the external oblique muscle of the left eye for a week or ten days, and, on several occasions, there was atony of the bladder, requiring the use of the catheter. Notwithstanding the many disadvantageous circumstances incident to the siege, this man made a complete recovery. For several months, he remained under my treatment. At the close of the Second Siege, when the Government regained possession of Paris, he was sent to a military convalescent station in the country, whence he ultimately returned in robust health. During a great part of his residence at my hospital, the diet, from siege exigencies, was scant and bad, but supplemented largely by good red wine, which fortunately we could command in abundance. The internal treatment of this man, from the time the paralysis showed itself till it ceased, consisted in his taking fully two *litres* of excellent claret daily, and twenty drops three times a day of the tincture of the chloride of iron of the *British Pharmacopœia*. The external treatment consisted in the application of a succession of small blisters to the legs and arms.

It is worthy of remark, that the urine was albuminous immediately before and during the first ten days of the paralytic symptoms.

[To be continued.]

THE TREATMENT OF SYPHILIS BY MOIST MERCURIAL FUMIGATION.

By JOHN ST. S. WILDERS, M.R.C.S., Surgeon to the Queen's Hospital, Birmingham.

As a pupil, and afterwards the friend and colleague, of the late Mr. Langston Parker of Birmingham, I must ask to be allowed space to reply to the following extract from a lecture delivered by Mr. Lane, on the modern treatment of syphilis, which appeared in the *JOURNAL* of December 12th ult. "Inunction is, perhaps, on the whole, to be preferred, especially for hospital patients; but it is troublesome and dirty, and, therefore, it is often undesirable to resort to it in private practice. The same objection applies to fumigation, with the addition that it is as a rule more debilitating, for the nightly vapour bath has a decidedly depressing influence."

With Mr. Lane's remarks on inunction, I quite agree; but I venture to take very serious exception to those on fumigation. To what method of fumigation he alludes (whether moist or dry) the writer does not explain; but I presume the well-known moist mercurial vapour-bath, first used by the late Mr. Langston Parker, about 1849, is the one called in question. Now, notwithstanding the fact of Mr. Lane's twenty-three years' experience as surgeon to the Lock Hospital, I affirm with the utmost confidence that the treatment of syphilis by moist fumigation is neither troublesome nor dirty, nor has it a decidedly depressing influence on the patient, but, on the contrary, that it is a cleanly, rapid, and most manageable method, and the most powerful therapeutic agent in the removal of disease, and the least hurtful to the constitution of the patient. This latter will, of course, depend upon the care which is taken in watching the effect of the baths, and by properly timing the intervals between them. Even the administration of Mr. Lane's favourite blue pill would require similar precautions. This method of treating syphilis was employed by the late Mr. Langston Parker in thousands of cases, both in private practice and in the wards of the Queen's Hospital; and its astonishing effects were witnessed and appreciated by practitioners and students alike, and led to the deservedly great reputation which Mr. Parker enjoyed, not only in this country but on the Continent, and even in America, whence patients frequently came to place themselves under his care. Ninety-one fully reported cases are to be found in his book on *Syphilitic Diseases*. Many of these I had the pleasure of reporting for Mr. Parker; and I can most fearlessly affirm that they are a trustworthy record of the marvellous efficacy of this treatment, which was always open to the scrutiny of the profession.

As to what is thought of it in America, I would refer Mr. Lane to Gross's *System of Surgery*, vol. i, page 505, where he will find the following: "Another method of employing mercury is by a combination

of fumigation with steam, constituting what Mr. L. Parker of Birmingham terms the mercurial vapour-bath. I can testify from considerable experience to the beneficial effect of this method of mercurialisation, having effected some very extraordinary cures with it after all other modes of treatment had failed." And, again, "My opinion is that this method of treatment is not sufficiently appreciated; it certainly deserves the highest encomiums." Such is the opinion of this distinguished American surgeon, in contradistinction to that of Mr. Lane.

I will reply to Mr. Lane's allegations, by a short account of a case which has lately been under my care in the Queen's Hospital, and which is of such recent date that it will be in the recollection of many of our Birmingham readers.

E. O., aged 23, contracted a chancre about four years ago, for which he was treated by mercury, in the form of pills. Secondary symptoms soon appeared, taking the form of eruptions on the skin, and very severe sore throat. In due course, he suffered from an attack of rupia, the scars of which are plainly to be seen. He had also had syphilitic orchitis, which assumed such a form that his surgeon removed the affected testicle. He had taken mercury by the mouth in various forms, iodide of potassium, iron, and sarsaparilla. His medical adviser—one of the most able surgeons in this town—had given his case more than ordinary attention, as he took a deep interest in the young man. The treatment adopted appeared to relieve the symptoms for the time, with the exception of the ulcerations of the throat, which were never completely cured; but relapses took place as soon as the treatment was omitted. On coming under my care, he was in a most emaciated condition, and so weak that he ascended the hospital stairs with great difficulty. The uvula was completely destroyed, and there were deep excavated ulcers in the remnants of the tonsils; the pharynx was in a sloughing ulcerated condition, some of the ulcers being very deep. He could only swallow liquids with great difficulty; solids he had not been able to take for some time. The cervical glands were affected. His own impression was that he could not possibly recover. Up to the time of his admission into the Queen's Hospital, he had been taking mercury by the mouth in various forms, iodide of potassium, and opium; and he had had good and sufficient food as long as he could take it. I, at once, ordered him a nightly moist mercurial vapour-bath, containing hydrargyri bisulph., 3ij; hydrargyri oxidi cinerei 3i; and a spray of black wash to the throat. He was directed to inhale the moist vapour while in the bath. A grain of opium was administered every night, to ease pain and procure sleep. The gums were touched after nine successive baths, and were kept spongy for nearly two months, the baths being given at varying intervals. The result of the treatment was, that the ulcers rapidly healed, and the patient gained twenty-eight pounds in weight in three months, notwithstanding "the depressing influence of the baths". He left the hospital looking fat and well, and feeling stronger and more vigorous than he had done since he had contracted the disease. The patient, who was a highly intelligent young man, watched the treatment with much interest, and I had some difficulty in restraining him from having too many baths, as he said they made him feel so comfortable and did him so much good. He has since remained quite free from a relapse, and has been doing twenty miles a day on the Devonshire moors.

This is no solitary case, but only one out of many which I hope, at no distant date, to lay before the profession in a more extended form.

CLINICAL RECORD OF CASES ILLUSTRATING THE TREATMENT OF ACUTE RHEUMATISM BY THE PACKING PROCESS.*

By THOMAS STRETCH DOWSE, M.D., F.R.C.P. Edin.,
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CASE I. *Acute Rheumatism, with Pericarditis*.—S. G., aged 33, was seized, on February 27th, with general malaise, shivering, and headache. On February 28th, the symptoms and signs of acute rheumatism were well marked; every joint was swollen and painful. The breathing was oppressed and hurried. There was also pericarditis. Temperature, 101.4 deg. On March 1st, the patient was packed for six hours, and sweated profusely. She was allowed to drink freely of warm milk and water. The temperature during the pack rose to 103.6 deg. Pulse, 132; respirations, 30. The urine was acid, of specific gravity 1028. After being packed, she was quite free from pain. On March 2nd, she was packed for four hours. The pain in the joints had returned, but in a much milder form. The sweat still had the rheu-

* See BRITISH MEDICAL JOURNAL for January 9th, page 39.