help suspecting that some additional cause was in operation. On March 1st, I therefore addressed the principal medical officer officially on the subject, informing him that I suspected disease was being concealed, and requesting that I might be allowed to put my suspicions to the test by means of a "health-inspection". This permission was, with the approval of the Lieutenant-general commanding the Southern District, readily vouchsafed, and I accordingly examined 447 lance-corporals and privates. I found that, of this number, 28, or 6.26 per cent., were the subjects of venereal disease, which, two or three of the cases perhaps excepted, was obviously of some considerable standing. The twenty-eight cases comprised eleven of primary syphilis, four of gonorrhoea, eleven of gleet, and two of balanitis. Those of the chancres were cicatrising; and the large amount of gleet discovered bears ample testimony to the fact that gonorrhoea, although concealed, had previously been present on a very considerable scale. It may be as well to mention that the senior medical officer at the Garrison Hospital, to which these twenty-eight men were forwarded for treatment, coincided in my diagnosis of each case. I have served for nearly eleven years with the 58th Regiment, and am consequently, I believe, tolerably well acquainted with the characters, mode of feeling, etc., of many of these twenty-eight men. I, therefore, claim to be in a position to judge, with about as much accuracy as a question of this nature is susceptible of, how far this concealment was attributable to one cause or set of causes, and how far to another. I need not tell any one conversant with the ways and customs of soldiers that it would, as a very general rule, be utterly in vain to expect that they would give a straightforward and satisfactory answer to the question, Why have you concealed your disease? When detected, the soldier is apt to be sulky, uncommunicative, and fully impressed with the idea that the fewer admissions he makes the better for himself. He has (no matter how one may endeavour to convince him to the contrary) a hazy indefinite suspicion that anything he might say would be afterwards used to his disadvantage. Abrupt direct questioning would, therefore, be likely to defeat its object, and I did not attempt it. The men were under my care in the Garrison Hospital, so I had ample opportunities afforded me of ascertaining their sentiments, indirectly and leisurely. This I did, and the result is, that I am perfectly persuaded the great majority were led to conceal their disease altogether for the purpose of avoiding retrenchment of their pay in hospital, while a minority—seven out of the twenty-eight—were actuated, in addition, by other motives, such as dislike of hospital restraint, and, in the case of officers' servants, special orderlies, etc., unwillingness to risk the loss of remunerative and congenial employment. I have also made inquiries of several intelligent and reliable non-commissioned officers, whose opinions unanimously and abundantly corroborate this. I need hardly say that, mixing with the men, and overhearing barrack-room conversation, as they do, these non-commissioned officers are not likely to be mistaken; and being themselves, in most instances, married, they could have no conceivable motive in misrepresenting matters. I accordingly look upon their evidence as absolutely conclusive, even apart from the fact that their opinion commends itself so thoroughly to common sense. The conclusion is forced upon me, that this extraordinary amount of concealment was chiefly due to a dislike on the part of the men to put themselves in the way of having their pay retrenched; and, in a minor degree, to other causes, the result of which could only have been obviated by subjecting the seven men concerned to an efficient system of "health-inspection".

If the interests of the Contagious Diseases Acts were alone to be taken into account, my experience would seem to furnish grounds for, at any rate, suggesting the propriety of remitting the retrenchment of pay to which a soldier is now liable, and of again having recourse to a system of health-inspections in the army. But, being fully aware that such interests are not the only ones to be regarded, and as it would appear scarcely probable that retrenchment of the soldier's pay was adopted, or periodical health-inspections relinquished, without deliberation having been bestowed upon all the attendant circumstances apparent at the time of deliberation, it would be unbecoming on my part to recommend a change. I do not for a moment presume to question the desirability of either of these measures, viewed as a whole, but restrict myself to the office of indicating how the Contagious Diseases Acts—which, it should not be forgotten, are even yet on their trial—seem to me to be affected by the presence of retrenchment and the absence of inspection, leaving it to others, who are in a position to take a more comprehensive and able view of the question than I am, to say what should or should not be done.

With regard to the possible reintroduction of health-inspections, I should like to make a few anticipatory remarks. Formerly, and when these inspections were in vogue, each regiment serving at home was provided with two medical officers. Now, a regiment has only one

medical officer attached to it. This one officer, when required to attend the sick of his regiment, as is frequently the case, has his time fully occupied. To inspect five hundred men thoroughly—and, if not performed thoroughly, the examination would be worse than useless, as it would be misleading—would occupy about seven hours of one examiner's time. This would be a very serious addition to the labours of an already sufficiently worked man; nor would the addition be one such as would tend, by agreeable diversification of his task, to invigorate the labourer. On the contrary, a more disagreeable duty could not easily be imposed upon a medical officer. For these and other reasons to which I deem it advisable not to allude here, I would venture to suggest that, in the event of health-inspections being revived in the army, medical officers should be specially appointed to conduct them. A few inspectors, selected on account of energy, intelligence, and aptitude, might be so distributed over the United Kingdom as to bring all the soldiery stationed therein within a really effective system of supervision. Resident in London, Dublin, Edinburgh, and perhaps one or two other military centres, these inspectors might be allowed access to the returns and other sources of information relative to their duties which are, from time to time, received at the offices of the Army Medical Department in these cities. They would, I doubt not, soon learn to interpret these returns, so as to be able to form a pretty accurate opinion as to the corps in which their inspectorial services would be most required, particular attention, of course, being paid to the regiments occupying or about to occupy "protected" stations. Should suspicion be aroused that disease was being concealed in a particular regiment, it should be pounced upon by an inspector; no more warning being given to the regiment than the few hours necessary to get the men together, and to prepare nominal rolls of each company for the inspector's guidance. If soldiers once know that they are liable to be thus examined at uncertain times, and without notice, and if every man detected in the act of concealment be punished to the extent prescribed for this offence in the Queen's Regulations, we should not, I believe, be much more troubled by disease-concealment in the army.

ON THE ACTION OF MEDICINES: OLD AND NEW.*

By JOHN KENT SPENDER, M.D. Lond.,
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II.

AT the conclusion of my last paper, I spoke of the treatment of chronic pulmonary consumption by the application of blisters. I believe it was long ago affirmed that phthisis rarely occurred in any one even but slightly marked with small-pox. Dr. Copland observed that a copious eruption of acute small-pox often cured pulmonary consumption in an early stage, but as often accelerated the progress of the disease in an advanced stage. Other writers have stated that phthisis is hardly ever seen in persons much marked with small-pox, but I cannot confirm this assertion from my own experience. Certainly, however, it has been known from the earliest period of medical history that the development of a purulent eruption has sometimes cured consumption in the chest; and, in the early part of this century, the doctrine was firmly established that pustular eruptions and purulent discharges artificially produced have more or less influence in delaying or arresting the progress of consumption when the disease is not too far advanced. Even the "potential cautery" was not unfrequently used in old times for the same purpose.

The medical antiquarian is apt to consider a practical subject from a different stand-point from the busy practitioner. The latter is necessarily very much governed by current theories, and their acceptance by the literary leaders of the profession; and it is a fact that there has been a considerable change of opinion during the last twenty years on what is called "counterirritation". This change of doctrine is due partly to new physiological views of the influence of nerve-centres on the nutrition of distant organs, and partly to a growing distrust of the efficacy of outward applications. Sharing heartily in this distrust as regards a vast crowd of empirical things, I must yet announce myself a firm believer in the utility of the old-fashioned blister, the *emplastrum cantharidis*. But what a ridiculous caprice it is that fashion has anything to do with our choice of remedies! I have discussed, in my Fothergillian Essay, the scope of blisters in the relief of pain, and it is certain that they are not less useful in the treatment of some constitutional disorders.

It is within the experience of most medical men that enlargement or

* Vide BRITISH MEDICAL JOURNAL, September 27th, 1873.

suppuration of glands in the neck seems to diminish the liability to consumption in so called scrofulous subjects. Of course, it is difficult to verify this statement, and equally difficult to disprove it; nor is it easy to deal in a scientific spirit with the converse assertion that the suppression of an accustomed evacuation or discharge is sometimes followed by consumption. But no one pretends now that a blister alters a tubercular deposit in a subjacent viscus merely because it causes a drain from the skin. An impression is made upon superficial nerves, transmitted to nerve-centres, and then reflected back on those peripheral processes of nutrition by which a morbid action may be checked and even controlled.* Hence we adopt the views of Dr. Laycock, who says that, by means of counterirritants, we may modify the condition of nerve-centres, and indirectly influence those peripheral nerves which preside over sensation and nutrition. Nor is there anything in this theory at variance with sound pathological doctrine. Sometimes an intestinal flux will seemingly arrest the destructive progress of pulmonary tubercle. Dr. Abercrombie relates an example in which cerebral disease operated in this way; and Sir B. Brodie used to say dogmatically that, after amputation of a scrofulous limb, phthisical symptoms, little noticed before, may rapidly increase.

Issues and setons were recommended by Portal and Whytt to be inserted in the arm, nape of the neck, or at the edge of the pectoral muscle. These rather severe measures were sanctioned by high authority so recently as twenty years ago; but, as truer ideas of the constitutional nature of consumption began to be received, not only were milder means employed, but the practice of counterirritation seemed likely to be extinguished altogether. A few bold spirits have cried aloud on behalf of the ancient plan, and the therapeutic pendulum appears settling down to the sober medication of blisters and liniments of iodine and turpentine.

The next question is, How and when are blisters to be applied? Almost always as temporary or "flying blisters", renewed at intervals of a week or more, the blistered surface being healed immediately with a soothing ointment. The most suitable part of the chest is obviously in front, just below the collar-bone; and the blister should rarely exceed three inches in length by two inches in breadth. There is a striking unanimity of opinion among authors that the practice is of benefit only in the early stages of disease, or in the chronic forms of consumption; and that it seems particularly serviceable in hæmoptysic and congestive complications. Dr. Tanner recommends blisters when the tubercle is near the surface, with adhesions between the pulmonary and costal pleurae.

Thus employed, blisters may be valuable auxiliaries to internal treatment, and, by their physiological action, may stop for a time the local ravages of disease. In my early days of practice, I watched with much interest several cases thus treated by my father: cases in which general and local symptoms were evidently checked by the judicious use of blisters. Equally plain was the deterioration of health when the blisters were discontinued for any length of time. A milder degree of vesication can be kept up by painting over the skin not quite healed from a recent blister with equal parts of glycerine and liniment of iodine: this should be done for a week or two on alternate days. A liniment of croton-oil may suit the less sensitive skin of some male patients, but this remedy is regarded with much less favour than it was a quarter of a century ago. Other counterirritants are simply troublesome without being effective, and, by their transient nature, can hardly be expected to have much influence on a chronic disease.

I turn to the subject of *suppositories*,† which have been by no means generally used until the last few years. They were faintly recognised in the *Pharmacopœia* of 1864, other suppositories were added in the second edition of 1867, and three new ones were published in the *Additions to the British Pharmacopœia* (1874). Possibly a reason why suppositories were not more employed was, that our druggists were unable to provide a good excipient or medium; nor were we more fortunate in possessing an apt and easy instrument for administration. These difficulties have been overcome, and the pharmacist has contrived, by means of curd soap and starch, to give us an acceptable article, which is easily made and keeps very well. It is not pretended that suppositories are of superior efficacy to enemata; but the former may contain valuable medicines in a small bulk, and can be introduced by the patient without extrinsic help.

About the general use of suppositories, Mr. Bransby Cooper gave some sensible directions which will bear repetition. The substance should be properly inserted into the rectum, otherwise it will increase instead of diminishing the sufferings of the patient. If it be only placed within

the anus, under the influence of the sphincter muscle, it will produce an aggravation of all the symptoms; while, if it be passed into the bowel above the sphincter, it will speedily produce the desired soothing effect. A hollow tube should be used, with a movable rod inside; the bolus can thus be introduced high above the sphincter, which cannot be conveniently done with the finger.*

Of the many maladies which are beneficially and decisively treated with suppositories, I may enumerate some forms of diarrhœa, particularly that which may be called "emotional diarrhœa". I know a clergyman who found this "emotional diarrhœa" seriously to interfere with the steadiness and comfort of his Sunday work; and he was always most threatened just before any service when it was his duty to preach. No medicine administered by the mouth did any permanent good; but the introduction of a *suppositorium plumbi compositum* every Saturday night gave calm and comfort all the next day. After a few weeks, the suppository was withheld without any return of the diarrhœa. In this case, the more immediate application of the remedy to the nervously irritable tract of intestine accomplished what the same medicine failed to do when used in a remoter way.

Then there are certain troubles in defecation which are equally well relieved by the use of the *suppositorium morphiœ*. An elderly lady had always two or three evacuations of the bowels in the early morning, the copiousness of which seemed to do no harm, nor was even objected to; but each act was followed by a sense of local uneasiness, which was not lost until after the middle of the day. A complete riddance of all suffering was brought about by the nightly introduction of a morphia suppository with soap. The suppository of tannic acid with soap may be tried whenever opium is from any cause inadmissible. I have heard of the carbolic acid suppository being employed to rectify an unaccountable offensiveness of flatus or of fœces.

A suppository of opium often removes some of the painful worries of hæmorrhoids; and chloral has been lately used in the form of a suppository for alleviating the pain of abdominal cancer. Any reflex channels which we can make use of for the alleviation of pain should never be neglected; for local nerves and nerve-centres are often the ready path by which remedies may choose to travel. When substances are slowly dissolved in one of the mucous tracts of the body, it is reasonable to suppose that some of the benefit must be felt proximately in neighbouring organs and tissues. Thus Sir Henry Thompson advises the addition of conium to opium, by enema or suppository, in cases of malignant disease of the prostate gland. Dr. Ellis has lately given us an interesting paper on the capacity of the rectum to receive and absorb therapeutic substances.† Ergot may be administered in this way for the control of hæmorrhage. Dysmenorrhœa is relieved by a bolus containing half a grain of morphia and one-twentieth of a grain of atropia; and hardly anything (except hypodermic injection) alleviates the morning sickness of pregnancy better than an opiate suppository introduced the previous night. And motor energies may be similarly quickened, as when constipation is overcome by a suppository containing a grain of extract of belladonna.‡

I trespass on obstetric ground so far as to venture the suggestion that uterine troubles are often far more beneficially affected by anodyne suppositories and enemata than by any remedy put into the vagina. It is familiar to the accoucheur that an ice-water enema arrests *post partum* hæmorrhage when the injection of a frigid stream into the uterine cavity is not unattended with danger.

In treating the exigencies of stomach-disease, it is a moot point how long it is safe to continue the use of *enemata of food*. Dr. B. Foster pushes this practice with boldness and confidence; but a recent critic in the *British and Foreign Medico-Chirurgical Review* delivers some reasonable cautions. It is impossible to discuss just now the general rules which ought to govern the use of food-injections; but it is clear that, in the case of incurable stricture of œsophagus, there is nothing else to be done, and, therefore, we have to consider how we can best promote the feeding of the body in this way. It seems that the ordinary fluid food which is generally used for this purpose is either not retained long enough in the rectum, or cannot be digested there for want of a digestive ferment. Dr. W. O. Leube of Erlangen discovers this digestive ferment in the fresh pancreas of the ox or pig, which, finely minced, he mixes with scraped meat, rubbing them well together with a little warm water, so that the mass may be easily injected. Before this is done, the rectum ought to be washed out with water;

* Quoted in Dr. Waring's *Manual*, p. 874.

† BRITISH MEDICAL JOURNAL, December 5th, 1874.

‡ See some remarks by Troussseau (vol. iv, p. 12, New Sydenham Society) on the "Synergy" in the different portions of the muscular apparatus of the digestive canal. He recommends suppositories of hardened honey as very useful in cases of chronic constipation. After surgical operations on any of the pelvic viscera, the benefit of morphia suppositories is often very marked. See a case related by Mr. Bryant in the *Obstetrical Transactions*, vol. xiv, p. 79.

* The application of a blister to stop the "epileptic aura" is a pertinent example of this. (See Dr. Buzzard in the *Practitioner*, October 1868.)

† The word "suppository", as now used, is rather a descent from the high classical level—"Cervicemque polo suppositurus Atlas." (Ovid., *Fast.*, v, 180.)

and the faeces resulting when this food has been retained sufficiently long have usually the character of ordinary fecal matter. Further, by a series of experiments, Dr. Leube has proved that this method of feeding *per rectum* enables a considerable quantity of nitrogen to be taken up into the system.

These researches, published by Dr. Leube early in 1872, induced me to try the addition of pancreatic emulsion to enemata of soup and beef-tea. A maiden lady, aged 33, was under my care during the spring and summer of 1872 for an obscure disease of stomach and liver, the principal symptom of which was severe and frequent vomiting. There was also intermittent jaundice, but no gall-stones were found; and neither by myself nor by a medical friend was an absolute diagnosis of the case ever made. However, I had to deal with the symptom of vomiting in a very practical way, as it was clear that, unless something were done, the system would succumb to starvation. For quite two months, the use of food-injections was compulsory, and, during nearly all that time, pancreatic emulsion was added to the injections with the greatest possible benefit. The nutritive material seemed to be easily appropriated; the bulk of the body was fairly kept up, and there was a good fecal evacuation every other day. It is scarcely possible that the practice of feeding by the bowel could have been carried on so long without the admixture of pancreatic emulsion, of which a large dessert-spoonful was used each time. The case ended fatally, from a complication of disorders, while I was abroad for a short holiday; and the medical friend under whose kind care the patient was had no time to make a *post mortem* examination. For cases like gastric ulcer, in which feeding *per rectum* has to be carried on for a limited time, the addition of pancreatic emulsion to the food promises to be of the greatest advantage.

Those who have read Dr. John Harley's paper in a recent volume of the *Medico-Chirurgical Transactions*, on the effects of *conium* in some extreme forms of tonic and clonic muscular spasm, will be glad to learn any facts which seem to corroborate the necessity of giving the *succus conii* in comparatively large doses. Last summer, a married lady, who had just passed the menopause, was afflicted with a return of an old malady, which I call "hysterical chorea", from want of a more exact definition. The spasms were too tonic for pure chorea, and, in their occasional character of pseudo-opisthotonos, resembled some of the vagaries of hysteria. However, the signal failure of all so-called sedative and antispasmodic medicines (including bromide of potassium and chloral) made me cast about for some new and potent thing, and hemlock seemed just the drug for which I was searching. Two fluid drachms of the *succus conii* were given at first four times a day, the doses being steadily increased until three fluid ounces were consumed in the twenty-four hours. And I am glad to say that nothing could have been more successful. An improvement quickly began, and continued without intermission until the usual health was recovered in less than three weeks' time. The total quantity of hemlock-juice taken amounted to forty-six fluid ounces. Now, here was a patient whose severe and fatiguing convulsions had never been abated by anything short of opium-narcosis; and they always returned when the narcotism passed away. But the hemlock made a dynamic impression on the nerve-centres, so that by degrees the rhythm of muscular movements was restored.*

It is much to be regretted that the *croton-chloral-hydrate* does not appear in the recent *Additions to the British Pharmacopæia*. The power of this medicine over neuralgia seems so unquestionable, that I am confident it will soon occupy a leading place among our antidotes to pain. There are certain cases of what Dr. B. W. Richardson calls "neuralgic fever", i.e., general neuralgia with some pyrexia, which are completely controlled and ultimately cured by a combination of quinine and croton-chloral. In an instance of this sort very lately under my care, a maiden female, aged 49, I gave a grain of quinine in solution with three grains of croton-chloral in a pill, every two hours during the daytime; and, when the desired success was obtained, the medicines were gradually left off. Moreover, there is this good point about croton-chloral, that, even if it fail to produce any benefit, it never seems to do any harm.

I have just alluded to the lately published *Additions to the British Pharmacopæia*, which undoubtedly include some new preparations of considerable value. Reserving for another paper a detailed comment on these, I venture to say a word of commendation here of the tincture of larch and the ammoniated tincture of quinine. The former was introduced by Dr. Greenhow years ago as a remedy for chronic bronchitis, and for some time past I have prescribed it in combination with paregoric and similar drugs. The ammoniated tincture of quinine satisfies a long felt *desideratum*, and enables us to administer a true and

typical nerve-tonic with a medicine (ammonia) which acts more after the fashion of an immediate stimulant. And a medical friend tells me that he has found this preparation more than usually efficacious in those forms of neuralgia for which quinine would usually be prescribed.

(To be continued.)

CASE OF RECURRING HYDATIDIFORM MOLE.*

By ALFRED SHEWEN, M.D. Lond.,

Physician to the Farrington Dispensary.

I SAW the patient in the first instance on February 4th, 1873. She was then complaining of great debility, loss of appetite, pains in the back and limbs, and depression of spirits. She stated that she had had a discharge more or less constantly since the previous Christmas, and for two or three months previously she had been very irregular in her periods. But her chief complaint was the great prostration, want of appetite, and inability for exertion of any kind.

She gave the following history. She was fifty-three years old, was married at twenty-eight, had had nine children, the last of which was still-born; the others were quite healthy, and all alive. The ninth, the still-born child, was born in the patient's fortieth year, and was but a seven and a half months' child. She described it as looking quite starved to death; it was nothing but skin and bone, although a fairly developed child in other respects. The placenta was said to have been full of lumps of fat. Two years afterwards, she began to suffer with a continual discharge *per vaginam*, accompanied by intense prostration and debility, which continued for about two months, the discharge being sometimes watery and sometimes bloody, and ended by a sudden accession of pain in the stomach and back, and great hæmorrhage from the vagina, with the passage of large lumps of flesh sufficient to fill an ordinary chamber. She described what she passed as a chamberful of bladdery sea-weedy looking stuff hanging in strings together. The bladders varied in size from a pea to a hazel-nut, and were strung together like a string of beads on a fine thread. There was no foetus. She made a good recovery, and the menses returned, but irregularly. Two years afterwards, she had an ordinary miscarriage, and recovered without difficulty. After this, she became very irregular, the menses coming and going in a very erratic fashion. The patient was now in her fifty-third year. For two months previously to my seeing her, she had been continually more or less unwell. She had never had any sudden gushes of water from the vagina, but what she had passed was pale and smelt very badly, and now and then fleshy masses had passed with it. So great were her depression of spirits, loss of appetite, and distaste for everything, that she began to feel quite weary of her existence. She attributed her condition entirely to a change of life.

She recovered sufficiently in the course of a week to dispense with my services, and I saw no more of her for a couple of months.

On April 4th, I found her in extreme agony, completely doubled up with pain in the abdomen, and retching. Inquiring, I found that, since I saw her last in February, the discharge had never entirely stopped; and that, for the last week, it had somewhat increased, but she had felt well enough that morning to go to church, and was in no pain. In church, she felt strange and faint, and when she reached home after the service she was seized with intense pain in the abdomen and retching. Soon afterwards she passed a half a chamberful of clots and fleshy masses with strings of bladders, such as she had passed six years before.

The patient's abdomen was exquisitely tender, and the uterus could be felt as large as the foetal head above the pubes. There was free hæmorrhage from the vagina. The os uteri admitted my hand without difficulty, and, having explored the uterus thoroughly, I brought away all the fleshy masses and clots I could find. Judging from an external examination of the uterus, one might have expected to find many more than was really the case. There was no foetus.

After the operation, the patient had no more retching, and the pains in the abdomen ceased. She made a perfect recovery in about a fortnight.

The masses she had passed proved, on examination, to be a very good specimen of the hydatidiform mole.

* Abstract of paper read before the South-Eastern Branch: West Kent District.

* The *succus belladonnæ* and the *succus hyoscyami* are among our newest therapeutic resources.

BEQUESTS.—The late Mr. Joseph Fade Duckett, of Kingstown, Dublin, has bequeathed to the following Dublin hospitals the sum of £500 each:—The Adelaide, Mercer's, Stevens's, Meath, and Sir Patrick Dun's.