Now with regard to food. If the infant be at the breast, keep him entirely to it. If he be weaned, and under two years old, give him milk and water, and cold water to drink. If he be older, give him toast and water, and plain water from the pump, as much as he chooses; let it be quite cold—the colder the better. Weak black tea, or thin gruel, may be given, but caring little if he take nothing but cold water, unless he be an infant at the breast. Avoid broths and stimulants of every kind.

Now, you must warily watch for a change of temperature of the skin. As long as the skin is hot, the above plan I steadily follow; but the moment the skin of the patient becomes cool, which it will do, probably, in five or seven days, instantly close the window, and immediately put more clothes on the bed. But still do not purge.

You will find the acidulated infusion of roses most grateful to the little patient; it will abate the fever, it will cleanse his tongue, it will clear his throat of mucus, it will, as soon as the fever is abated, give him an appetite. I believe, too, the acid treatment has some peculiar properties of neutralising the scarlatina poison. I do not pretend to explain how, or why, or wherefore.

When the appetite returns, you may consider the patient to be safe. The diet must now be gradually improved. Bread and butter, milk and water, and arrow-root, made with equal parts of milk and water, may be given for the first two or three days. Then a light batter or rice pudding may be added; and, in a few days afterwards, a little chicken or a mutton-chop.

Within the last few years, I have had some fearful cases of scarlet fever; but, relying on this plan of treatment, I have given, even in very bad cases, a favourable diagnosis. I have had cases where there have been violent headache and delirium; where there have been immense swellings of the parotid and submaxillary glands; where there have been enormous enlargement and ulceration of the tonsils; where a great portion of the fluid that has been taken by the mouth has escaped down the nostrils; where there has been a purulent discharge down the nose, which discharge has in many instances quite excoriated the skin over which it has travelled;—and yet in such cases the patients have invariably recovered.

There is another important regulation I lay great stress upon. I never allow a scarlet-fever patient, even if the attack be mild, to leave the house under the month in the summer, and then not if the wind be in the east or north-east; nor under six weeks in the winter. During the last seven years, I have never had anasarca from scarlatina; and I attribute it entirely to the plan I have just recommended, and in not allowing my patients to leave the house under the month—until, in fact, the skin that has peeled off has been renewed. Dr. Watson, in his valuable lectures, gives some excellent advice on this subject. From the sixteenth to the thirtieth day, I watch the case assiduously, to assure myself that there be no dropsical approach, carefully examining the urine, ascertaining that there be plenty of it, and that it be not albuminous.

Let me now sum up the plan I adopt:—

1. Thorough ventilation, a cool room, and scant clothes on bed, for the first five or seven days.
 2. A change of temperature of skin to be carefully regarded. As soon as the skin is cool, closing the windows, and putting additional clothes on bed.
 3. Infusion of roses, with an excess of acid, sweetened, the only medicine to be given.
 4. Purgatives to be religiously avoided for the first ten days at least, and even afterwards, unless there be absolute necessity.
 5. Leeches, blisters, emetics, and cold and tepid spongings, inadmissible in scarlet fever.
 6. A strict antiphlogistic diet for the first week, during which time cold water to be given *ad libitum*.
 7. The patient *not* to leave the house in the summer under the month; in the winter, under six weeks.
- My firm conviction is, that purgatives, emetics, and blisters, by depressing the patient, sometimes cause scarlatina

anginosa to degenerate into scarlatina maligna; for although I have had numerous cases of scarlatina anginosa (my practice being much among children), and some of the cases very severe ones, I have never had, since I have adopted my present plan of treatment, one single case of scarlatina maligna. I have such faith in my present plan of treatment, that if it be duly followed out, I should seldom despair of even the worst of cases recovering.

I am aware that some of our first authorities advocate a different plan to mine. They recommend purgatives, which I may say, in scarlet fever, are my dread and abhorrence. They advise cold and tepid spongings—a plan which I think dangerous, by driving the disease internally. Blisters, too, have been prescribed: these I consider weakening, injurious, and barbarous, and likely further to irritate the already inflamed skin. They recommend leeches to the throat, which, I am convinced, by depressing the patient, lessen the chance of his battling against the disease, and increase the ulceration of the tonsils. Again, the patient has not too much blood: the blood only is poisoned. I look upon scarlet fever as a specific poison of the blood, and which will be eliminated from the system, not by bleeding, not by purgatives, not by emetics, but by a constant supply of fresh and cool air, by the acid treatment, by cold water as a beverage, and for the first few days by strict antiphlogistic diet.

Sydenham says, that scarlet fever is oftentimes “fatal through the officiousness of the doctor”. I conscientiously believe that a truer remark was never made; and that, under a different system to the usual one adopted, scarlet fever would not be so much dreaded.

Let me urge my medical brethren to give my treatment a fair trial, and I am convinced that they will then add their testimony to mine that the plan is a good one. I have spoken out fearlessly and boldly; but I feel so satisfied of the truth of my statements, and of the immense importance of the subject, that I could not be less emphatic.

Clinical Lectures:

DELIVERED IN

ST. BARTHOLOMEW'S HOSPITAL, LONDON.

By F. C. SKEY, Esq., F.R.S., Surgeon to the Hospital.

NO. I.

ON THE PLURALITY OF POISONS IN SYPHILITIC DISEASES.

GENTLEMEN,—Among the more common, or prevalent diseases met every day in practice, there is perhaps none so critical in its nature, perhaps none which has been so much under surgical observation, or studied, yet so little understood, as syphilis. When I say not understood, I mean none so unsatisfactorily decided about.

Now, whether your experience in St. Bartholomew's be affirmative or contradictory of what I am about to say, I would urge on you, before all things, to observe for yourselves, and study nature, not books. Fifteen years ago I had charge of venereal wards in this hospital, and fifteen years additional experience have only confirmed the impressions I then formed. I entered on the study intending to observe for myself, and not to yield submissively to mere book-makers. I do not know any other disease in which servile submission to one name has done so much mischief. Now, I must tell you, I have very decided, and, some think, heterodox opinions on this subject; but I have formed them from observing cases, not for the mere sake of opposition to authorities.

I make short work of the history of the disease. I think 1494 is the year usually noted when the malady first made its appearance in Europe, having been introduced by Columbus from the New World. There, then, is the disease; but whether it existed before this we are not now

about to inquire.* In five years from this time it had spread over Spain, France, Germany, and England,† and we now find it described very graphically.

For all practical purposes in hospital cases, we may now divide syphilitic diseases, in the best manner, into three forms. I now take simply the essential broad features, so easily recognised, but still so liable to be huddled together in arguing about syphilis.

The first form you are all familiar with in the wards—common gonorrhœa, or purulent discharge from the urethra. The second form is ulceration of a simple kind, *without* induration. The third form, ulceration *with* induration. You should never forget these three classes of cases; we shall return to this division again, and go through it in detail. I come now to the first heresy, as it is called, which I have striven to maintain, because it is true.

The commonly received opinion, as regards primary sores, is, that a special or particular sore in a woman produces the same special or particular sore in the man. Now, I think this quite fallacious; but I wish to go by clinical facts. You have all read—or if you have not, I advise you to read—Mr. Evans' little work on syphilis; he was in the army about 1815 or 1816. It is a most invaluable little brochure. He says that in France he saw two hundred women (all the women "on the town", in fact) examined by the police, but not one was diseased; in fact, every woman "on the town" was obliged to be examined every month. Yet at that very time, in the same garrison, one hundred and fifty of his soldiers, who could not but have received the disease from these very women, were in hospital with every variety of syphilitic malady. This, and some other analogous facts, made a great impression on him at the time: and the idea dawned on the mind also of Mr. Abernethy a little after. Now, I must tell you that Mr. Abernethy was an idolator of John Hunter, and John Hunter was the lion of those times. Mr. Abernethy wrote a book on the subject, but he "fought shy", as they would say, of a great truth lying in his road, in his abject veneration of Hunter!

Now, Mr. Abernethy tells a case of the following kind. A gentleman, after intercourse, contracted a particular crop of sores; he had intercourse again and again; always the same sores; but his wife had no sores. Now, where did these sores come from? Then, you know the case of the Spanish dancer at Lisbon, who infected so many of the officers, yet was in excellent health herself. I may appear heterodox, but I believe that nineteen-twentieths of the sores in men are self-generated in their own constitution. All such cases as these, and dozens of others I could cite, corroborate that opinion. A medical student in this hospital, the son of a clergyman, living in a retired part of the country, came to me some years ago, complaining of most marked gonorrhœa, with ardor urinæ, etc. Now I regret these stories, but I take them only in their medical bearing. I do not wish you to imitate him. He had unexpectedly got the better of a farmer's daughter—in short, seduced her; she was perfectly healthy at the time—a pure virgin—for I examined her also. Now he had most terrible gonorrhœa, with swelled testes, ardor urinæ, etc.; the whole thing arose from the young woman having been menstruating at the time. You should be always on your guard in giving opinions in private families in such cases as this. Do not forget them. Well, I was consulted, now some ten years ago, by another patient, in the upper walks of life, but of

most dissipated habits. I am sorry to tell this case also, but it is highly instructive in a pathological point of view. He had first a simple excoriation, after a seduction of the same kind, which required little or nothing in the form of treatment; he went on very well for a few days, but suddenly he came with the parts in a state of high inflammation; that sore sloughed and sloughed again; he was covered from head to foot with eruption. Yet I know that the woman, his wife, who gave him this sore, was perfectly free from disease. He was now from under my care for some time, and got three courses of mercury for these phagedenic sores; but, at the end of five months, he came back to me, when I learned what I now tell you. Now where did he get that poison? I believed then, and I am sure of it now, that he made it in his own system. The woman in each case—one, I am sorry to say, moved in one of the highest circles of our London society—afforded simply some menstuous or other secretion, a *tertium quid*, I would say, to the local abrasion first formed, and to something in the man's constitution, and then we had this singular chain of consequences. Mercury may have done harm also. You will meet every year in practice cases somewhat of this kind, so you should be prepared for them. I see them every day in private and in hospital practice. In fact, the one hundred and fifty soldiers under Mr. Evans with bad chancres, and the two hundred women of the garrison perfectly healthy, are now no longer a puzzle. I should rather feel astonished if all these men, on marching through this town, had got precisely the same disease.

Next, of the nature of syphilis in the female, we have yet to learn a great deal. It is true we have now speculum men, who localise ulcers for us about the female genital organs. At the west end of town, we are told of these speculum performances on old and young; but all we need say of them is, there is a great deal of fancy, a great deal of the speculum, and a great deal of money made, and that serves all purposes.

I would rather invite your attention to the question, —Why has a man a specific sore at all? Why should that fatal pimple or ulcer be formed on the glans, more than any other part of the body, if the disease be a poison in the blood? Mind, I do not deny that a woman with gonorrhœa may give gonorrhœa to a man. I have no facts to bear out that. I only contend for this position: that a woman, *without* gonorrhœa, may do this mischief, and that many of the phenomena of syphilis are self-generated in the man, and about forty-nine in fifty only require local treatment, and no mercury.

Now I come to the doctrine of the plurality of poisons in syphilis, regarding which so much has been written. If I can show you a sore which almost invariably produces one set of secondary symptoms, and another sore another; if I can predicate vesicles, pustules, psoriasis, lepra, etc. (for there are six of them), from one primary sore; and if I can foretell only the last (lepra) from another; if I can show you a sore only ancillary to another, and a third state of things, in producing certain phenomena, you will say, surely, we have here a plurality of poisons. Well, we have a plurality of poisons; but I believe it depends on the constitution of the man who is the subject of the primary sore rather than on a plurality of poisons in the women, conveyed by direct infection. There is no mixing up of these different forms of syphilis. I believe with Mr. Carmichael, of Dublin, that there are secondary sores, pathognomic of the primary sores. We have, at least, three of these.

I come now to speak of Mr. Hunter, the great "lion" of our profession as regards this subject; a great lion, or an archangel, if you wish; but, in my humble judgment, his book on the venereal disease has done an infinite deal of mischief, and yet it is a great book.*

You are all, no doubt, familiar with the Hunterian chance, of medical essays and journals; we need not describe that. Well, it is curious, Hunter never in his life

* At the risk of perhaps complicating the subject, we may say that a disorder certainly had existed in Europe before this period. This appears from the regulations of licensed brothels and other facts of a previous date. Ladislaus, king of Naples, was attacked in the year 1414 by such a disease, contracted from his mistress, and both died of it. The new malady was supposed, in 1494, to be due to atmospheric causes; in 1484, Fracastoro chose this disease as the subject of a very elegant poem in Latin, to which, from the name of the shepherd Syphilus, he has given the name of Syphilis. "Ileus, another shepherd, in Syria, is afflicted with syphilis, and prays for relief in beautiful Latin passages to the 'rural deities', and especially to Callirhoe, the nymph who is supposed to preside over fountains remarkable for sanitary effects. Callirhoe informs him that Apollo had sent this disease as a punishment, and that he must be bathed in a bath of quicksilver!"

† The notion of the spread of the disease, we think, may be explained in another way: this year the printing press and printing were also discovered.

* "Μεγα βιβλιον μεγα κακον."

described this chancre at all. You may search his book from cover to cover, and not find it. It is positively ridiculous, the absurdity and confusion reigning in the schools about this Hunterian chancre. What he speaks of—in rather a cursory way, too—is an excavated ulcer of the tonsil; and this excavated ulcer of the tonsil some ingenious gentleman has placed on the penis, and it has been copied from one essayist to another. Did you ever see an excavated ulcer on the penis, with induration, cut out with a gouge, as it is said, and with hardened base? You may, perhaps, have come across it, but I must say I never did. Mr. Hunter also treated all his sores by mercury; now the discrepancy is this: How often do we see even indurated sores? It is a most rare occurrence; but as to Hunterian chancre, I would walk twenty miles to see one. I don't know any greater curiosity; in fact, I am led to the conviction that Evans and Carmichael are right, Hunter wrong; or there is another horn of the dilemma—that the disease has changed; but before you believe this, look for yourselves, and do not mind what is said of Hunterian chancre.

Not long ago, a good old sound practitioner was going through St. Bartholomew's; he was aware of my heresies, but he stopped me up stairs, after going through all the wards, at one special case. "That I call a Hunterian chancre", he exclaimed. "The deuce you do", I replied. "Oh yes", he continued, looking very sapient, "mark the induration; we shall have the gougeing out by-and-by." Well, I offered a bad sort of argument, perhaps, but I said, "I'll bet you any large sum at my command—like a half-crown to a halfpenny—that I'll cure that sore without mercury." I treated it without mercury, and cured it. Now, I would advise you not to mistake *thickening* for induration; the latter is as hard as cartilage; there is no chronic sore, in fact, that does not keep up a certain amount of thickening around it; but this is not "induration", the true ulcer with induration, occurring about two in one hundred of all sores, requires mercury: the ulcer with simple thickening requires no mercury. I cured the man without the mercury. I believe I never settled the halfpenny won by the bet.

Now if we further subdivide our subject, I would say, next, there are, at least, three different venereal sores. Mr. Hunter says mercury is the cure for all. Is mercury of no harm? In almost ninety-nine cases out of one hundred, I believe it is; and I am sure mercury is not a cure at all for some other sores. I just said there are three different varieties of ulcer, one, for want of a better name (a rose by any other name, you know, etc.) we may call with Evans, *venerea vulgaris*. You will meet this sore in your practice three times out of four of all sores; here mercury is quite inadmissible. The second sore is the phagedenic sore; here mercury is positively injurious. The third variety of sore is the true syphilitic, dusky, cartilaginous patch, indurated, but without that gougeing or hollowing out, rendered classic in the elder libraries; mercury is necessary for this sore: but it only occurs in practice about once in every forty sores. You see, then, we have one sore three out of four times—mercury inadmissible; another sore something less than once in four times—mercury positively injurious; and a third sore once in forty times—mercury useful.

I had the pleasure of going round the hospital, some time back, with M. Ricord of Paris. He quite and entirely coincided with my views, except that he gave four classes of sores. But the difference is scarcely worth dwelling upon. He is perhaps now one of our best authorities on the subject.

Let me say a few words now on mercury. I do not think mercury is an antidote to syphilis; it rather produces a change in the constitution, *pro hac vice*, as one might say—a temporary change in the system, which renders the latter unfavourable to the spread or production of the syphilitic disease. I do not think it a good plan to "push mercury", as it is called, when it seems to have little or no effect; I should rather say, intermit the use of it. The system, you may be sure, has got satiated, as one might say, or blunted

to its influence; or the sore does not want it. Do not push it, but stop it for a few days, after which a new action will have been set up by the cessation of the mineral; and you may resume it with far better chance of its making a proper impression. Mercury has a great deal to do with the prevalence of rheumatism of late years in old and young. One dosing of mercury, to salivation, you may rest satisfied, is enough, and often more than enough, for a syphilitic patient; for I have little doubt it will last him for every day of his natural life. That mercury, as laid down by John Hunter, is the remedy for all venereal sores, I do not at all believe; indeed, this maxim is to me only like other popular fallacies of later years, a mistake, or, in more recognised terms, as you will also find it to be, a "mockery, a delusion, and a snare".

Reviews and Notices.

THE FOOD OF LONDON. By GEORGE DODD. London: Longman, Brown, Green, and Longmans.

THE writer of this work evidently belongs to the "jump up behind" class of writers. The scheme of his book, and no inconsiderable portion of its matter, originally appeared in the *Quarterly Review*, in an article entitled "The London Commissariat." But this article the author has not condescended to notice, although many passages from it have been extracted almost in a raw state, and now appear in this work on food as the result of the writer's own labours. What should be said of this outrageous kind of literary piracy?

HOOPER'S PHYSICIAN'S VADE MECUM. Fifth Edition. By WILLIAM AUGUSTUS GUY, M.B.Cantab. London: Henry Renshaw. 1856.

THIS is a fifth edition of one of the best works that has ever issued from the press on the practice of physic. The volume has been so long before the public, and has been such a favourite in the profession, that, like good wine, it needs no bush. The present edition is a great improvement upon the last, inasmuch as considerable additions and improvements have been made in that portion of it which treats of contagious diseases, including cholera, dysentery, and yellow fever. The treatment of spermatorrhoea is also introduced—an addition rendered valuable on account of the vast gains which villains are sowing and then reaping for themselves, by the publication of books in which nocturnal emissions are treated as serious maladies, to the terror of nervous young gentlemen.

A MANUAL OF THE DOMESTIC PRACTICE OF MEDICINE. By W. B. KESTEVEN. London: Longman, Brown, Green, and Longmans. 1856.

WE are not in the habit of recommending works on the domestic practice of medicine, as the majority of them do far more evil than good. This general denunciation of such works, however, does not apply to the volume before us, which is written not for the purpose of superseding the medical man, but of supplying his place when, from circumstances, his absence is unavoidable. The writer has indeed explained in his preface the special occasions, and the class of people for which his book was written.

"The present locomotive age finds civilised and educated men rapidly spreading over regions hitherto occupied by uncivilised races. In the migration of families and people—in this running to and fro on the face of the earth, which stamps the present age as the birthday of new empires and states—individuals are daily carried beyond the reach of scientific professors of medicine, but not beyond the reach of ills that flesh is heir to. On the ocean, in the desert, on the mountain, in the valley, disease will follow and will pursue its course, often leading to the grave. The sick will call for aid; accidents and physical emergencies will occur. The pastor, the missionary,