me most valuable assistance and advice during the operation. The hernial tumour was ovoid in shape, large and tense, and reflected over Poupart's ligament. I transfixed the integument with a long straight knife, and made the usual T shaped incisions. The superficial fascia and fascia propria were very thin, and required great care in dividing them. The sac was now fully exposed, of a very dark colour, and so extremely tense, that I could not make out by the touch what were its contents. I then felt for the stricture, and with some further careful dissection, came down on the falciform process, between which and the sac I endeavoured to insinuate a director; but from the great tenseness of the latter, I found considerable difficulty in doing so. I at last succeeded in dividing the edge of the falciform process; but as I was unable to return the tumour, I felt for and divided the margin of Gimbernat's ligament, which was found the seat of the stricture. I was still unable to return the hernial sac, and was therefore obliged to open it—a stage of the operation involving considerable anxiety—as from its extreme tenseness, it was some time before I could pinch up a fold of it in the forceps; and I feared, if the bowel should be in contact with the sac, it might be accidentally wounded. I at last succeeded, when there was a copious gush of bloody serum, amounting, I should think, to nearly half a pint. I then opened the sac more freely, and found its contents to be, besides the serum, a large clot of blood, some adherent omentum, and a small knuckle of intestine in good condition, so I at once returned it, leaving the adherent omentum in the sac; I drew the edges of the wound together with a few sutures and adhesive plaster, compress bandage, etc. The operation was somewhat prolonged; but she was well under the influence of chloroform the whole time, taking nearly half an ounce of it, the effects of which, however, soon passed away. At night, some degree of tenderness of the abdomen came on, which soon yielded to two or three doses of calomel and opium.

The next day I gave her a little castor oil and an enema; the bowels acted well. With the exception of the violent cough, which I was never able to check completely, all went on well till the 15th. I found at my morning visit that the wound had nearly all healed by the first intention, and as the sutures had ulcerated through in one or two places, I removed them, giving at the time great hopes of a rapid convalescence. I was however deceived, for during a violent fit of coughing, which came on soon after, she endeavoured, in the absence of her nurse, to raise herself in bed. The effort was too much for the as yet weak adhesions of the sides of the wound; they gave way, and protrusion of the intestine was the result.

I was from home, but saw her about an hour after; and judge of my disappointment, when I saw protruding at the edge of the compress a coil of intestine eight or nine inches long. The intestine was reddened and dry, and speckled with particles of the resinous matter of the adhesive plaster, which it had rubbed off from the dressings. I had no chloroform with me, or any assistant; but I first sponged the bowel very carefully to free it from all extraneous substances, and then endeavoured to return it, which I found very difficult, as it was so full of flatus. I succeeded at last, and brought the edges of the wound together once more with sutures, etc. The poor woman showed great fortitude during her severe suffering; and I left her with but faint hopes of her recovery. In a few hours great peritoneal tenderness ensued, but it yielded again to calomel and opium. She was for some time in urgent danger, but ultimately recovered, and is now well, and able to sit up all day.

I think the case remarkable, as showing the great amount of injury the peritoneum will at times bear without fatal consequences, and the triumph of the powers of nature over so severe an operation, and so untoward an accident as followed it.

Clinical Lectures:

DELIVERED IN

ST. BARTHOLOMEW'S HOSPITAL, LONDON.

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

NO. III.

ON THE PHAGEDÆNIC SORE AND TRUE CHANCER.

GENTLEMEN,—In the previous lectures, you will remember, I commented on what is called the "common sore", or venerola of Evans. The amazingly practical nature of the subject will be my apology for going to-day into the history and pathological characters, so to speak, of the Phagedænic Sore. I see that many of you are yearning rather, as this is the last week of the Session, towards the sunshine and showers of April in the country; so I must be necessarily very brief, and condense into one lecture what might more fitly be adapted to four or five. Do not lose sight of the essentially practical nature of the subject of venereal diseases. I told you the poison of venerola was a sort of sub-poison, which exhausted itself in one sore, and that it left no constitutional taint. Let the books say what they please to the contrary, the common sore or venerola in this particular is perfectly regular. The phagedænic sore is perfectly irregular: it commences, I think, as venerola, or as true syphilitic sore, and something is added—it is then phagedænic. I entirely concur in the opinion of the army surgeons, who had seen a good deal of it—Mr. Guthrie, for instance, Rose, Hennen, etc.—that any sore of a venereal character may become phagedænic. All this probably you have observed for yourselves in the wards of the hospital. The term phagedænic—from *φαγεω*, to eat—is a very good one; for, if you look closely, you observe the eating action—the sore looks literally as if "nibbled". You will see even at one side of the sore this "nibbling" or eating process, while at the opposite side a reparative action may be going briskly forwards; and then you know what we call upstairs the "horse-shoe shaped sore"—the nibbling action at one side, but the reparatory action beginning to tread closely on its borders, till the whole is healed.

Now there are some subdivisions of phagedæna of more or less practical importance. There is the very irregular or slough-like sore on the glans, named by Wallace, of Dublin, who studied these diseases with singular accuracy, the *white slough*, or surface. On more minute examination of it, however, I do not think it is a slough; by treatment it turns into red, and you know a slough is something dead, and incapable of any such transformation. There is also the second subdivision—the *red or dark slough*; and lastly, the third form, or *sloughing phagedæna*. This last sore is most destructive; it goes on to destroy all the parts with most alarming hæmorrhage very often, and burrowing all round into the adjacent tissues. You must be on your guard for this sore. You will not find induration, so dwelt upon in true chancre, but you observe great tumefaction. It is a very intractable sore, no doubt of it. But look to the constitution of the patient, and you almost invariably find this sloughing phagedæna to be a poison developed in a cachectic constitution, a something grafted on the system by scrofula, or irregular living, want of food, bleeding, or mercury improperly administered, or some other evil agent. It is an *educt*, as the chemists call that which is not a product, or something new, of certain changes in the constitution; it is a flat sore. It is attended, also, I need hardly remark, with bubo. Any of these phagedænic sores may show effects of the poison on the system in from one to three months: when the effects show themselves early, they are very severe; when late, they are milder. Do not forget this. The first "secondary" effect is fever; which, by the way, is sometimes not recognised at all as part of the disease. Ask your patient, and you will find him talking of

that "cold water down the back", chills, shiverings, and heat, so common and so characteristic in fever, aching pains in the head and about the fibrous tissues, furred tongue, anorexia, etc.; and then comes the reddish, or what is misnamed the copper-coloured eruption. We find papulæ extending over the chest, arms, abdomen, and thighs, some over the back; if the disease is more severe still, there are papulæ, mottled skin, vesicles, pustules, psoriasis, or even tubercles of the skin. This fever and eruption are well described by Carmichael. All these will be more manifest on the back, running, in fact, into broad blotches or stains. If the disease be very severe, crusts form and ulcerate; or the incrustation, as you are aware, forms a cone, and we have rupia and all those curious horns to be found in our museums. If the disease extend, it shall spread over the system in spots from the size of split peas to spots like shillings. We have had varieties and all imaginable shades of these "secondaries" in the hospital, so I am not telling you things which you may not see any day for yourselves. The sore throat, not at first very palpable, comes on contemporaneously with the fever, or later; the soft palate, or even the back of the pharynx, becomes also diseased. Hard dry flaky matter forms, gradually destroying the palate. Iritis, or, more properly, sclero-iritis—syphilitic inflammation of the sclerotic invading the adjoining iris—also sets in.

Now a question of the most serious and important kind comes to be asked, and it is still quite unsettled. Whether all these horrible symptoms are due to mercury or to the poison? Books and journals, and former lectures, believe me, are not the "royal road" to learning of this kind. I believe, and I have published facts to carry out my belief, that the mercurial poison of itself is competent to produce all these phenomena, without any original taint of the venereal poison. Phagedæna is something, as I have said, added to, or grafted on the venereal poison; and I am sure mercury aggravates phagedæna. I think, as a rule, phagedæna is not common, except where mercury has been used. Rupia prominens is always a sign, or sign-post, of mercury. It is said, however, and said with considerable force, that these symptoms are not met with where mercury is given for common diseases of the liver or for inflammatory disorders. I am not so sure about that. I published a case where a patient with diseased liver had mercury in India; but on coming to England, he had all the symptoms I have just enumerated, as if of syphilis. I met a somewhat similar series of symptoms in a woman, aged 53, where there was little attraction for any one to be enamoured in the venereal direction; she had all the signs of phagedænic "secondaries;" she got mercury for some other disease, to which these symptoms could, I think, be easily traced. This is called abuse of mercury—but mercury it is; scarcely a doubt about it. To be sure, we are told that scrofula may be a cause of phagedæna. Well, scrofula is a refuge for the destitute; the old men who swear by Hunter, and who would not believe, though they saw syphilis cases before their eyes getting well without mercury, and who would not for the world do away with spitting pots and salivation *usque ad nauseam*—well, these men told us long ago it was scrofula, not calomel. Thank God! there is a little sense now in the world; we do not now, in our hospital reports, tag together extracts from old books, and serve up this hash; we do not copy Hunter second hand, as the *ne plus ultra* of the schools. Mercury, we now find, is no cure at all for phagedæna; nor does phagedæna or black pox come from the woman; it is absurd. You will always find phagedæna—and remember now what I tell you—in the same class of patients; we find it here in about four out of every twenty sores; but, of course, the worst sores usually come to hospital.

Now as to the treatment of phagedænic sores, I would say, before and above everything else, destroy the ulcer at once with strong nitric acid; if it be sloughing phagedæna, use the strongest acid. You ought only to do it in the first stage, and do not let the acid drop about on the patient, or you will have other sores. This is the essential

thing to be done. You may next prescribe the *lotio nigra*, dilute nitric acid, oxide of zinc, or various other familiar applications, one application proving better adapted to one kind of case, another to another; but the best thing I have found myself is an ointment consisting of two grains of morphia and one drachm of lard. The disease is essentially asthenic; mercury is totally wrong. Feed your patient well. Iodide of potassium is also a very valuable agent. I give it in pretty large doses. You may begin with five, seven, or ten grains, joined with bark or sarsaparilla; but I have no respect for sarsaparilla alone. If given in this way, sarsaparilla, as Sir B. Brodie says, should be given in large quantities. When you have agonising pains in the bones to deal with, so common in secondary syphilis, I have known half drachm doses of the iodide of potassium to act like a charm; the iodine passes off by the kidneys. It is also adulterated a good deal; so do not be afraid of it. Ten or twelve grains of Dover's powder at bedtime you will also find very useful. It does not do to give it indiscriminately; it is only adapted to the first stage. You need not fear giving it with the headache, so antagonistic to opinion in general practice; this headache is relieved by opium; it is a headache of the membranes of the brain, like the pain of the shin bone, never to be forgotten when once experienced.

I will now speak of the true syphilitic sore, or chancre. As I stated before, it is a remarkably rare form of disease. It takes a longer time to form than the common sore; for, while the latter announces itself in the first week, the true chancre takes about three weeks or a month; so that this is an important element in the diagnosis. The patient, it is curious also, is inclined himself to make nothing of it, as it is not an ulcer at first, but rather a thing like a bit of cartilage under the skin; it is quite moveable, and on the glans feels exactly like a bit of wax extravasated, as one sometimes feels such an extravasation in injecting the body in the dissecting-room. There is yet no abrasion; the frænum is probably like a piece of wire; the prepuce, if attacked, rolls over in a hard solid mass; there is no pain, nor does it give unusual trouble. After a little, it suffers what seems a slight abrasion—nothing to think of; but you have now the true *venereal induration with chancre*; and it will require all your skill. It is the reverse of the venerola, which begins as an ulcer, and goes on to thickening. I have seen, however, a sore, in a state of ulcer, distinctly indurated, the produce of secondary symptoms. This indurated sore, I have said, is slow; hence the poison has time to invade the system. The palate is red; the eruption forms in scales, not seen much on the back, but very much on the chest, and forehead, and chin, in the well-known form of psoriasis. It is an entirely distinct form of eruption from that of "venerola", as first hinted by Carmichael. The palms of the hands are affected, and become honeycombed.

I am sorry we have not time to go minutely into these eruptions. This scaly eruption is *thoroughly constitutional*—no mistake about it. The previous eruptions have more of a temporary character; they will be going off at one point while they are coming on probably at another. There is no pus in true syphilis. The *bubo* is like a boy's marble under the skin. The throat is visited by the true Hunterian sore, as described by Hunter. Mercury is the cure; and I would say, as little as possible of mercury; five grains of blue pill night and morning, with half a grain of opium. A little mercurial ointment smeared into the axilla at night is also a capital method of affecting the system. I agree with Ricord that sore gums do more mischief than good; so do not push the mineral so far, for the eruption is found to go away almost as soon as you begin the mercury. With this poison I give also the antidote—sarsaparilla, bark, and wine—to build up as the mercury breaks down. Mercury is not a *sine quâ non* even in these cases; but it is the best and safest means to make the indurated sore amenable to surgical treatment. X.