continued fever, and I have had no reason to regret the omission.

In the instances above related, I kept two indications before me:—

1st. To obviate *the effects* of local congestion, of what I believe to be in fever *altered blood*; *which effects*, again, I believe we see in or *about* the capillary system, or ulceration of Peyer's glands, &c.; and,

2nd. To prevent my patients from dying by asthenia; to keep them, in fact, alive.

The first indication I attempted to fulfil by the use of the Pulvis Sodæ Comp. of Guy's Hospital, a most useful medicine in these cases. It is composed of carbonate of soda, compound chalk powder, and calomel; sixteen grains contain one grain of calomel. Of this I gave from five to twelve grains every four hours, with or without a solution of the carbonates of soda and ammonia.

The second indication I endeavoured to fulfil by the administration of port-wine, with or without brandy, in large quantities.

In the cases I have detailed I had frequently abdominal and thoracic complications; in one case (11.) there was decided pneumonia, but I did not on this account omit the wine, though I pushed on the mercury. I was equally regardless of delirium, which is, probably, always an effect of innervation in these cases, or of dry tongue. Whenever I found unequivocal indications of debility, as evidenced by a quick, thready, irritable pulse; *trembling*; sordes about the mouth and teeth, &c., I invariably gave wine. The result of the cases I have related fully bears out the propriety of the practice. Had I been able to get more wine down the throat of poor Ann Threadgill, (No. 10,) I believe that I should have had no fatal case to record.

The doctrine of contagion in fever is all-important in these days of sanitary reform; every addition to our knowledge, therefore, upon the subject, is valuable. Dr. Watson,* in his usual masterly manner, has brought much evidence and reasoning to bear upon the subject. He believes that malaria or miasmata produce a disease which is not contagious, and that continued fever, and the exanthemata are never caused by malaria, but are invariably produced by contagion,—*i.e.*, by an animal poison arising in the individual, and propagated from one person to another, either by actual contact, or by exhalations from the lungs or surface of the body. But this argument, it is clear, must in itself extend to animal excretions, and what is undoubtedly true of the body, may thus, *mutatis mutandis*, be equally applicable to the dunghill or the neglected privy. Dr. Watson says, having established the proof of contagion, it is difficult to imagine any other way of propagation. Granting that the difficulty is great as a mere mental effort, with respect to

the malaria of ague producing continued fever, it vanishes altogether when brought to bear upon putrid animal excreta, and this perhaps is the most natural theory we can devise to account for those cases in which no contagion can be traced.

Stowmarket, November 24, 1847.

SHORT NOTES OF THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.

By W. S. OKE, M.D., Physician to the Royal South Hants Infirmary.

(Continued from page 654.)

When chancre is associated with phymosis, it sometimes ulcerates backwards as far as the arch of the pubes; at others it penetrates laterally into the canal of the urethra, causing the urine to communicate with the sore, and producing excruciating pain.

So long as the urine is imperfectly discharged, the ulceration of the integuments will continue to extend, and the pus and urine pass out together through one or more openings.

Sometimes in *complete* phymosis, ulceration takes place through the prepuce at the point where the corpora cavernosa join the glans, and the urine, having no other outlet, will be forced upwards at a right angle with the urethra, producing the greatest possible annoyance to the patient. If the chancre, having perforated the urethra, has formed a sinus, making its way towards the scrotum, the urine will escape into the cellular membrane, and produce great pain and inflammation, and in a few instances affect the testicle. When the sinus is narrow, and the aperture small, the inflammation will extend, and form a small hard tumour near the ossa pubis, the superincumbent integuments not always being involved. In these cases the urine will be expelled by squirts; and if the tumour be neglected, the sinus will proceed downwards in the course of the urethra, and produce fistula in perineo. In another instance, when the glans has been destroyed, the ulceration will extend along the corpus spongiosum, and cause the greater part of it to slough away, whilst the integuments may remain unaffected; but the sound skin will so contract upon the space left by the sloughing of the urethra, that the urine will be expelled in a stream not larger than a hair, and a bulbous enlargement will be found behind the point of contraction, by every effort to discharge it. There is generally at the same time thickening and induration of the prepuce, with a contraction of its aperture. Should the ulceration include the common integuments, these, as well as the corpus spongiosum, will be destroyed, and the urine will be discharged through a small aperture near the pubes, at the anterior part of the scrotum, whilst the corpora cavernosa might probably remain entire.

* Lectures, Vol. I., "Malaria;" and Vol. II., "Contagious fever."

Chancres in the female are usually situated on the inner surface of the labia, on the nymphæ, or the vestibulum, more rarely on the præputium clitoridis and margin of the meatus urinæ. Those on the outer surface of the labia have generally a crust formed upon them in consequence of their exposed situation. They are seldom, if ever, seen primarily in the vagina. In sixty-three women, thirty had primary sores on the inner surface of the labia; twenty-seven on the vestibulum; one on the anterior perinæum; and five on the nymphæ and præputium.

In many cases the primary sore is solitary, but three or four are oftener found in women than in men. This may arise from delay in procuring advice; for where early application is made, there is seldom found more than one. Considerable pain, inflammation, and tumefaction of the labia frequently attend these ulcers, which enlarge and become very foetid. Large sores on these parts often become sloughy and gangrenous, and it is not uncommon for the whole of the external parts, with part of the vagina, to slough away; indeed it sometimes happens that the body of the uterus is exposed, and the rectum lies loose in the ulcer.

As a result of these deplorable cases, the cavity of the vagina will be sometimes almost obliterated, and only a space left just large enough to permit the exit of the urine. The lowest class of prostitutes are most subjected to these severe ravages, from their inattention, intemperance, poor diet, and frequent exposure to the inclemencies of the weather.

Independently of the magnitude of syphilitic sores, a sore of a peculiar kind is sometimes formed at the lower and external parts of the labium, or on the anterior perinæum. This kind of sore frequently sloughs, and spreads towards the anus, having hard, but not thick, edges, and the discharge from it approaches the nature of sanies. The patient is very weak and irritable, and the sore is aggravated by the use of mercury, and often becomes gangrenous. It is probable this species of ulcer is caused by the syphilitic matter coming in contact with an abraded surface, or a pustule. It is a sign of a broken down constitution, and often proves fatal. Sometimes a troublesome discharge from the vagina remains, after syphilitic sores on the labia and nymphæ have yielded to mercury, which cannot easily be restrained by ordinary means; and sometimes it is almost impossible to remove the indurated swelling that is caused by them. If it be on the nymphæ or clitoris, excision may be employed, but such a practice is justifiable only when it impedes locomotion, or interferes with the functions of the rectum or bladder.

It is singular that the venereal virus seldom produces more than one or two primary sores, although so large a surface is exposed to infection; and if exposure to infection produces disease in so limited an extent, we are not to be surprised that the matter

discharged from such sore shall not always produce other sores *ui generis*.

When more chancres than one appear at the same time, they probably arise from the same source simultaneously, and it is certain that more than one may appear. This, however, is an exception to the rule.

Treatment of Gangrenous Syphilitic Sores.—When a syphilitic sore is gangrenous, the first object is to check the gangrene, and promote a separation of the slough, before any attempt is made to treat it as a specific case; it will therefore be best to poultice the part, and give bark, acids, &c. If the sore be out of sight, a decoction of poppies should be injected to wash out the sordes. Opium must be given, but it will not be advisable to give much wine. In seven or eight days probably the slough will separate; and it will be judicious to wait till the granulations are rising, and the venereal action becomes evident, before mercury is given. After the complete separation of the slough, the syphilitic action is characterized by a foul appearance of the sore, and by its elevated edges. It ought now to be treated as syphilitic, and the bark, &c. should be discontinued.

Although this may be considered as a general rule, it has nevertheless its exceptions. Sometimes, notwithstanding the use of bark, opium, and good living, the gangrene spreads, the pain becomes more severe, and the patient's health declines. In such a case the syphilitic virus is to be considered the immediate cause of the mortification, and mercury is to be given freely with the other remedies, which will frequently be attended with success.

[When extensive gangrene has taken place, and is rapidly increasing, the case is attended with the deepest anxiety, both to the patient and surgeon; and it is not at all times easy to decide what treatment ought to be adopted, whether to give mercury freely, or none at all. I venture to make the following brief remarks on this interesting point:—

1st. If the gangrene has taken place under the use of mercury, its immediate discontinuance, and the use of tonics, with a generous diet, are clearly indicated.

2nd. If previously to infection there existed a delicate, weak, or cachectic condition of the constitution, even if no mercury had been used, the case should be treated with tonics, especially the iodide of potassium, opium, and a generous diet. But—

3rd. If the primary sore quickly followed exposure, spread rapidly, with pain and inflammation, and soon became gangrenous, and if the general health had been previously unimpaired, then the destruction of the parts may be fairly referred to the intensity of the virus, and the free use of mercury at once employed.]

Where there is a sloughing sore with phymosis, and hæmorrhage takes place, if the prepuce cannot be retracted, it must be divided, although in such a state of the parts such a step is most undesirable. If the

bleeding be not very considerable, other means may be previously tried, such as the injection of warm porter or wine between the prepuce and glans.

The hæmorrhage generally springs from the glans penis, and although its texture, even in a healthy state, is scarcely fit for the needle, and of course is much less so in a state of disease; it will be, nevertheless, right, if profuse bleeding continue, to make the attempt to stop it by such means, taking care to include a portion of the surrounding parts in the ligature. If this method should not succeed, the bleeding vessel may be compressed by the hand of an assistant as long as it may be necessary, with a bit of sponge or puff-ball, or a little bag, containing some powdered sulphate of copper; and should these means fail, turpentine, boiled over a candle in a spoon, may be poured upon the part from which the blood issues; or the actual cautery, all other remedies proving of no avail, may be applied.

In order to make use of these more severe methods, the prepuce of course will have been divided. At first it is best to make the division by a single longitudinal incision, in order to liberate the parts, and to finish the operation after the sloughing process shall have ceased.

If mercury be found to aggravate the local disease, it must be discontinued, for it will be better that the system should continue under the influence of the syphilitic poison, than that the organs of generation be destroyed, and the general health impaired, by means of mercury.

Treatment of Primary Syphilitic Sores in Women.—

When chancres are accompanied by much pain and inflammation, they may be washed with a lotion of calomel and lime-water, or with the Aqua Phagedænica of the old Pharmacopœia. [Aqua Phagedænica is commonly called the "yellow wash," made by mixing two grains of the bichloride of mercury with a fluid ounce of lime-water.] By these means they will generally be found to heal rapidly; but if the sores be very large, they may be dressed with the mercurial cerate.

Where the inflammation and tumefaction of the labia and nymphæ are so great as to confine the patient to her bed, poultices, as well as the dressings above-mentioned, are to be applied; and if gangrene has taken place, the stale-beer poultice may be used, together with the internal use of bark, mineral acids, &c.

As the result of syphilitic sores, there will sometimes be considerable enlargement and induration of the nymphæ; and if this state of the parts should not have been reduced by a full mercurial course, by poultices, the vapour of hot vinegar-and-water, or spirit of wine, nymphotomy may be performed.

The operation may be done in the following manner:—Let the incision be commenced with the scalpel at the superior part of the nymphæ, and carried downwards till within a quarter of an inch from the bottom, at which point it should be terminated laterally. By this method the principal artery of the nymphæ

will be avoided; but when there is much enlargement, it will be sometimes necessary to secure the bleeding vessels.

The subsequent dressing may consist of dry lint, a pledget of lint, and a T bandage. The patient is to be kept low and an opiate administered. After twenty-four hours a poultice may be applied. The sore will usually heal in about ten or fourteen days.

Excision may be also adopted, if the præputium clitoridis is very much enlarged and indurated; but such a mode of treatment is seldom necessary.

There is no specific mode of treating the sphacelating constitutional sore above mentioned; there is generally quick and feeble pulse, but the patient does not suffer in any very great degree. Bark and mineral acids, with a nutritious diet, is the most suitable treatment; and the best local applications will be those that give the least pain; a solution of the nitrate of silver will be attended with advantage.

(To be continued.)

STRANGULATED HERNIA ON ITS PROPER FOOTING.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have written often on this subject, in expectation that my views would prevail generally; in this I am disappointed, therefore wish to explain still further, aware that human suffering and life are involved in the discussion. The theory and practice adopted generally, as appears by the writing and teaching of eminent men during the last century to the present day, are,—that strangulation consists in displacement of the hernia, and that replacement is the remedy. The protruded part is represented as if bound by a cord, and the practice is to push it back until returned into the abdomen, to press it towards the aperture, sometimes to grasp it with the hands; also to try with the fingers of one hand at the top, to get in a small portion, whilst with the other to raise from the bottom by various movements, and return the remainder. It is a common practice to knead it as flour is worked into dough; in most cases many hands are thus employed. One treatise, which is valued, advises perseverance for an hour in these attempts.

I have always considered the theory and practice as here laid down, erroneous. When we reflect that the part is very often protruded, among the working classes, and remains so many days, it is evident that situation outside is not the cause, and consequently, to return it is not the remedy. With respect to the practice, it is outraging every sound principle to grasp an inflamed and inflated intestine, and to push it back forcibly against a stiff tendinous border, which binds it as stated. The aperture had been always filled up by the spermatic process, the hernia being added and unable to expand, the intestinal tube is closed up unavoidably in the ring. Surely the attendant irritation forbids such attempts as to press portion by portion; also as