accomplished in the least degree, it is the commencement of a cure, however destitute of fluids, sanguineous or others, the afflicted patient may be. Experience may correct or confirm these views.

October 15, 1833.

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.

Treatment of Indolent Bubo.—When its progress is slow, when there is but little pain, and not much hardness, and when the skin is not discoloured, it may be stimulated with blisters, gum-plaster, electricity, and dry cupping. Dry cupping, by inducing an influx of blood into the part, will sometimes excite the action of the absorbents, and so change the character of the disease from an indolent to a phlegmonous bubo. With this view dry cupping is preferable to blisters. In hospital practice a hot iron may be drawn over the surface, so as to excite a more free and vigorous circulation, by which means indolent tumours of this kind have been considerably lessened. Along with this local treatment, a generous diet and exercise will be found beneficial.

When the structure of the gland is altered, when the integuments are diseased, and when matter has begun to form, fomentations and poultices may be tried, but the latter must be applied as hot as they can be borne, or they will be of no benefit. Poultices may also do good by pressure, especially if ecchymosis be present. Stimulating plasters, composed of Burgundy pitch, with a small quantity of cantharides or euphorbium, are also (especially the latter,) very serviceable. But if the integuments are very much diseased, it will be best to destroy them by the use of the potassa fusa, after which linseed poultices are to be applied till the slough separates and is thrown off. It ought never to be removed by the knife or scissors. After its spontaneous separation, the sore may be poulticed three or four days, till it is clean, and then treated with the red ointment,—the Unguentum Hydragryri Nitrico-Oxidi.

When one or more absorbent glands appear prominent on the granulating surface, they ought to be removed, as they act as extraneous substances. The best way of doing this is to pass a piece of lint under one or more of these by means of a probe, to produce a more perfect suppuration, and in a short time it will be easy to pluck each out from its situation. The cavity should then be filled with the "Pulvis angelicus" till the parts become healthy. [This is also called algaroth, from its inventor Victor Algarotti, a physician of Verona; also Mercurius vitæ, and Mercurius mortis. It is a metallic oxide, in the form of a

white powder, and is deposited from the chloride of antimony,—butter of antimony,—when mixed with water.]

Another method of treating these glands, when very prominent, is by ligature, and after their removal, by escharotics, either by filling the cavity with a Trochiscus de Minio, [made thus :—Red oxide of lead half an ounce, bi-chloride of mercury one ounce, bread crumbs four ounces, rose water enough; the mass to be cut into oblong troches;] or by sprinkling the surface with red precipitate, as it is of great importance that the bottom of the sore should be kept clean. If the edges become callous, they must also be destroyed.

Sometimes several small glands in the vicinity suppurate, whilst the larger bubo appears inclined to heal; this may be suspected when there is a greater discharge from the ulcer than its size would account for, and by pressing on some particular part of the margins of the sore, pus will be pressed into the general cavity, and at once discover the direction of the diseased gland. Such a case will occasionally yield to poultices, but more commonly it becomes necessary to expose the sinus by rubbing caustic (the caustic alkali,) into the skin over it.

When the ulcer assumes a pale flaccid appearance, having an unequal surface, and thick jagged edges, its condition may be improved by fomentations and poultices, with warm dressings; and by bark, sarsaparilla, and wine internally. The general health will be also greatly benefitted by warm sea-bathing. The jagged edges of the sore may be removed by the knife, or by caustic, for until these are made soft, equal, and healthy, little good can be done.

When the ulcer is deep, the orifice small, and the discharge continues to be considerable, it is probable that a lymphatic has been injured; it will therefore be necessary to destroy the morbid part entirely, which may be done by pressing a piece of lunar caustic or a bit of sulphate of copper into the opening, leaving it there several minutes, and this application may be repeated, if necessary. When, however, the erosion is deep and out of sight, especially if near some important blood-vessel, such a treatment is not admissible. The potassa fusa is never to be applied to a part out of sight; indeed it ought not to be left even upon the integuments; the better way of using it will be to rub it upon the skin till it appears dead, after which a poultice may be applied. Sometimes a bubo, instead of healing after the completion of a mercurial course, will become painful and ulcerate very extensively, even to the external part of the thigh, or in a contrary direction to the scrotum and anus. The ulcer is ill conditioned, is attended with a very indifferent state of health, and often resists every mode of treatment. Sea-water poultices, solutions of white and blue vitriol, and even the actual cautery have been used locally. Bark, cicuta, the oxymuriate of

mercury, opium, decoctum Lusitanicum, muriate of barytes, chalybeates, compound lime water and decoction of guaiacum, together with every kind of diet, have been tried internally without any particular benefit. [The Lisbon diet drink is made thus,—sliced sarsaparilla, the root of china, of each one ounce; walnut peels dried, twenty; of antimony, two ounces; of pumice stone powdered, one ounce; distilled water, ten pints. The pumice stone and antimony are to be tied into separate pieces of linen, and boiled along with the other ingredients, till only half the fluid remains; the dose is two pints or more, per diem. This is supposed to be the genuine prescription for this drink, although there are others in some measure varying from it.] A change of application will be certainly found useful, and that mode of local treatment will be most efficacious which gives the least pain. Great attention must be paid to the general health; warm sea-bathing, good air, exercise, and a generous diet promise most success.

In other cases, where the bubo is nearly healed, it will become changed into an ill-conditioned sore with jagged and flabby edges. It is attended with a tingling sensation, and though small at first, will spread rapidly from one spine of the ilium to the other, healing in one part and ulcerating in another. It will sometimes run down the thigh to a great extent, and when it occurs on the penis, it will extend to near the arch of the pubis, destroying the integuments partially or entirely. In this case the general health is to be mainly consulted. Mercury will do much harm; but sarsaparilla, and the muriate of barytes will be of use. At the same time the sore should be kept clean, free from irritation, and easy, by ointment made of the extract of lead, and by calomel and lime water. The cure depends upon some inexplicable change of the constitution; and when this has taken place the sore will heal in a short time.

[By the discoveries in modern science, these cases are most successfully treated by the use of the iodide of potassium, along with alterative doses of the blue pill, by which that change of constitution, above mentioned by Mr. Pearson, appears to be speedily and almost miraculously brought about.]

Scrofulous Bubo.—This kind of bubo, although derived from syphilitic poison, instead of being diminished is generally enlarged by the use of mercury, and there is not any specific remedy that will reduce it. When it is hard and indolent, blisters to the part will be of service, together with the internal adhibition of bark and soda; the tepid sea-bath at the temperature of 94° or 97°, will also be of some use.

When the swelling is composed of several small glands, and when they are not reduced by a mercurial course, the use of mercury is to be discontinued. If the glands suppurate, they form an ill conditioned sore, which heals with difficulty. Here the same

mode of treatment is required as in other scrofulous ulcers. A poultice of the fresh leaves of hemlock is a good application.

Further observations on the treatment of buboes.—Sometimes a bubo becomes gangrenous early, the gangrene spreads rapidly, destroying all the integuments at the upper part of the thigh. In such perilous cases the femoral artery is sometimes eroded, and death ensues immediately; and though the artery may escape, the disease will probably prove fatal. These symptoms must be treated upon general principles, and not with mercury.

When a syphilitic bubo has been for the most part reduced, the gland or glands often remain larger and more indurated than natural. This is of little moment, especially if the gland be movable or circumscribed; wearing a piece of mercurial plaster, or of soap cerate, or rubbing a little mercurial ointment and camphor on the part, will be generally sufficient. If the patient be very anxious for the removal of the glands, they may be extirpated. Again, whenever the structure of the gland is much altered, and perfect resolution impossible,—or where it is so destroyed that only a kind of bag instead of a gland remains, it is probable that some of the syphilitic poison is retained in it, and that the disease, through its medium, may be reproduced time after time. In such a case the gland ought certainly to be removed by extirpation.

Secondary symptoms.—When mercury is not employed, or where it has been ineffectually administered, though the primary symptoms may appear to be cured, the virus is carried into the blood by the absorbents, and thus produces a new order of symptoms, affecting other parts.

In order to cause these new effects, it is not necessary that the primary should be cured, as both may exist at the same time; and a fresh chancre may be contracted whilst the secondary symptoms exist.

The virus having been received into the blood, does not long remain inactive; pains of the limbs are felt, and there is some degree of febrile disturbance. These symptoms do not always accompany the morbid development, but they generally take place; and after a few days, relief is experienced by the appearance of an eruption, or by an ulceration of one of the tonsils.

Secondary symptoms usually take place within three months of the apparent cure, or when mercury has been ineffectually employed; but should they not appear at the end of six months, the patient may consider himself secure. It is a mistaken notion that the disease can lay dormant in the system for some years.

In some respects the virus proceeds in a manner not very dissimilar to the exanthemata. In all these some peculiar extraneous matter enters into the blood-vessels, and is thrown out under different forms through the emunctories. Variola, though in some instances it is capable of reproducing the disease more than once

does not generally recur after the first development, having produced in the constitution a certain inexplicable change. In lues, on the contrary, a person may be affected with constitutional symptoms time after time. These examples are not of frequent occurrence, but the fact is certain.

Persons who have suffered from secondary symptoms are generally more cautious for a time, and if they do contract a fresh infection, they seldom delay long in applying for advice, and hence constitutional symptoms are not very often observed in the same individual a second time.

The syphilitic poison does not observe a definite course, but runs on, and would, if unchecked, destroy its victim. There are no natural powers which can so alter its great activity as to render the poison innoxious. When the poison attacks the skin or throat, a process goes on, similar to that of an abscess, and the matter may be again absorbed to aggravate the disturbance of the system.

When no mercury has been used, the symptoms, after about a fortnight, will be less severe, as if the activity of the poison were suspended; and if too small a quantity have been taken, the same symptoms will appear and disappear several times.

Amongst the first class of secondary symptoms are to be reckoned ulcers on the tonsils, uvula, and velum palati; blotches on the skin; lippitudo; ulcers on the umbilicus, on the nipple, under or between the toes, and on the penna nasi and upper lip; sarcocoele, tinnitus aurium, intertrigo, rhagades, &c.

(To be continued.)

ON RETROFLEXION OF THE UTERUS.

A PAPER READ BEFORE THE MEDICAL SOCIETY OF KING'S COLLEGE, LONDON, NOV. 18, 1847.*

By FREDERICK JOHN HENSLEY, M.B., Lond., Vice-President of the Society.

The causes which lead to this displacement of the womb may be divided into predisposing and exciting.

The predisposing are,—that congenital formation of the uterus, mentioned by Tiedemann, in which the uterus is situated obliquely, and the ligaments are lengthened; slight inclination and great capacity of the pelvis; relaxation of the tissues in the pelvis in general, and particularly of the broad and round ligaments; frequent abortions, by which the body of the uterus is rendered larger and heavier, and its neck relaxed and elongated, from repeated floodings; any cause which produces fulness and enlargement of the fundus, as fibrous tumours in that portion of the organ.

The exciting causes are,—accumulation in the bowels, whereby the pressure of the loaded ileum gradually forces down the fundus; falls; violent efforts to lift

heavy weights, or any other inordinate exertion by which the abdominal muscles are brought strongly into action; straining at stool, and these causes of course act with greater force when they concur with any of the predisposing causes. Dr. Denman considered retention of urine to be the cause in the single case related to him by Dr. Thomas Cooper; it is, probably, more an effect than a cause. Tumours in neighbouring organs, as the ovaries, may produce the same effect.

Let us now proceed to consider the effects produced by this displacement, and which add greatly to the importance of an early diagnosis. They are numerous and serious. Time will not allow me to enter minutely into their symptoms, which indeed would form an ample subject for another communication, I shall, therefore, content myself with a brief enumeration of them.

In all cases where the fundus has remained displaced for some little time, congestion and engorgement, not only of itself, but of the cervix and os uteri, is produced, owing to the return of venous blood being retarded; this congestion is occasionally so great as to lead even experienced men into the belief that malignant disease of the os and cervix is present, or that the retroflected fundus is a fibrous tumour.

The cause being overlooked, and the congestion continuing, ulcerative inflammation of the cervix is apt to be set up, and a long train of severe symptoms ensues, such as pain and heat in micturition, bearing down, leucorrhœa, the discharge being yellow and thick, occasionally tinged with blood, and other symptoms too numerous to enter into. The relations of an organ whose sympathies extend through the whole female frame, insomuch that some writers have considered it the centre of female nervous sympathies, cannot be disturbed without generally producing many sympathetic affections, among which we may class nausea, vomiting, spasms, and the protean forms of hysteria.

Another affection very commonly associated with retroflexion, and to which I have alluded in describing the symptoms, is oophoritis, the peculiar symptoms of which are pain, heat, and tenderness in the corresponding groin, a sense of weight and swelling there, (the latter may be sometimes distinguished through the abdominal walls,) and what may, united with these symptoms, be almost regarded as pathognomonic of this affection, lameness of one leg, the patient being unable to extend the thigh without pain; she keeps it flexed on the abdomen. On examination per vaginam the swelled ovary may be felt, it is, however, more easily detected per rectum as an oval swelling posterior to and above the uterus, very tender to the touch.

Other effects are sterility, tendency to abortion, and dysmenorrhœa.

Retroflexion of the fundus tends, I believe, to produce

* Continued from page 14,