with a painful sensation and stricture about the frænum. These symptoms usually take place when in bed. Some persons rarely have the second species without chordee.

Gonorrhœa generally makes its appearance on the third or fourth day after infection. It has been known to take place twelve hours after; and on the other hand it may not appear in some instances till a fortnight or even a month after the application of the matter.

In general the complaint is more severe where the interval is long; this, however, is not an invariable rule; the degree of the disease, and the interval between the infection and its development, very much depend upon the nature of the constitution, and in some measure also upon the particular state in which the patient happened to be at the time of contracting the disease.

Anomalous Appearances of the first and second Species.

—Œdema of the prepuce sometimes appears early, especially where the disease is severe, and where the penis is suffered to hang down. The prepuce will have a red and transparent appearance, and in several instances, where there has been considerable hardness and subsequent suppuration in that part of the prepuce attached to the frænum, a small aperture has been found passing through the glans into the urethra.

When the discharge has been suppressed, there has been occasionally observed a particular hardness about the meatus urinarius, attended with a large irregular ulceration of that part, (not chancre,) which, after some time, renders the exit of the urine very difficult to the patient.

Phymosis and paraphymosis are not so frequently the result of gonorrhœa as of chancre; and if they do occur in this disease, they are seldom of so much inconvenience as when produced by the latter. Phymosis is generally occasioned by an œdematous condition of the prepuce, or excoriation of the glans; paraphymosis may be produced also by œdema preputii, when the prepuce is retracted, whilst in that state, beyond the corona glandis.

When gonorrhœa is attended with chordee or priapism, there is increased irritability of the parts, and sometimes inflammation of the frænum and corpus spongiosum; acute pain is referred to the former, and the patient is tormented with frequent contractions or tensions all the night long.

The discharge from the urethra is often thin and tinged with blood, or pure blood may follow the expulsion of the urine. Considerable hæmorrhage has been known to take place, and entirely to remove these distressing symptoms.

Priapism sometimes disappears by the coming on of phlegmon testis, and has not returned on the subsidence of the latter symptom.

The neighbouring absorbent glands, when the inflammatory symptoms have been severe, will inflame

and suppurate, especially if the discharge has been suppressed; and even when it ceases, as it sometimes does, without any astringent being used, it might occasion uneasiness about the groins, thighs, and loins. If suppuration of the inguinal glands take place, it will be best to consider it as the result of common inflammation; no ill consequence will follow.

Strangury.—If a patient, who is affected with gonorrhœa, lives irregularly, rides on horseback, or again exposes himself to the exciting causes of the disease, the primary inflammation will very probably be extended to the mucous coat of the bladder.

In such cases soreness is generally felt along the perinæum; and should the bladder be much inflamed, there will be pain in the kidneys and loins, attended with painful and frequent inclination to pass the urine, which is voided in small quantities, either turbid, or mixed with a little blood.

At other times, without any assignable cause, in irritable subjects, and even when the symptoms seem to have gone on well, and no acute pain has been felt at first, the patient will complain of a painful constriction in the region of the bladder, or frequent effort to discharge the urine, without anything coming away, except a small quantity of blood, and there will be great uneasiness felt in the lower part of the rectum, the prostate gland, and neck of the bladder; the pulse will be quick, and there will be great inquietude and distressing micturition.

The symptoms coming on, as they sometimes do, unexpectedly, cannot be prevented, and they make the character of gonorrhœa, both to the patient and surgeon, very vexatious.

Suppuration of the Perinæum is an affection to which some persons are subject in almost every attack of gonorrhœa. Suppression of the discharge takes place in the early stage of the disease, and is followed by violent pain in voiding the urine; the perinæum becomes hard and painful, and suppuration takes place probably about the eighth or tenth day.

Nothing has been found to relieve the severe torture which the patient suffers till the abscess bursts, when he finds immediate ease, and gradually recovers. At this time the discharge from the urethra generally returns, but not always, and it occasionally happens that a sinus is left which communicates with the urethra.

(To be continued.)

OBSERVATIONS ON THE EMPLOYMENT OF THE ALCOHOLIC EXTRACT OF NUX VOMICA.

By EDMUND BOULT, Esq., F.R.C.S.E., Assistant Surgeon to the Bath Eye Infirmary.

Strychnos Nux Vomica (included by Lindley among the Apocynaceæ,) has held a place in the *Materia Medica* since the time of the early Arabian physicians.

It has been exhibited in many forms, but latterly its alkaloid, (strychnine,) has been chiefly employed in this country, and this is the only preparation of the drug given in the "London Pharmacopœia." It cannot be doubted that the most active principles of the medicine are contained in the alkaloid, but from its highly poisonous character, its great activity and liability to adulteration, it is not surprising that many practitioners object to employing it. The pharmacopœias of Edinburgh and Dublin give forms for the preparation of a tincture and spirituous extract of the nux vomica, which are not open to the same objections. The action of this virulent poison has been supposed to be exerted primarily upon the spinal system of nerves, and specially upon the medulla oblongata, as manifested by muscular twitchings, which may be augmented to tetanic spasms; hence its employment in some forms of paralysis. Its effects upon the brain are said, if they exist at all, to be only secondary. I think it highly probable that it exerts a very powerful tonic influence over the ganglionic system, and thus in minute doses it has been found useful in some cases of active dyspepsia, pyrosis, dysentery, and the vomiting of pregnancy.

Some time during the last year I observed in one of the medical periodicals, a recommendation (by a physician whose name I regret I am unable to remember or to verify,) of the extract of nux vomica in habitual costiveness. It was asserted, that if the medicine be continued for some time, the muscular fibres of the intestine respond to the stimulus, and the bowels gradually overcome their accustomed sluggishness. I was induced to make trial of this plan, and was disappointed with the result. I gave half a grain of the alcoholic extract every night at bed-time, to several patients of a costive habit, without any perceptible effect; I afterwards gave the same dose thrice a-day, and found that the bowels responded *very slightly*.

I was then led to add the same quantity of the extract (half a grain,) to a pill containing aloes, rhubarb, and scammony, and was surprised at the result. I found that this drug has the power of increasing very sensibly the activity of purgative medicines. I ascertained that an aperient scarcely sufficient by itself to produce a single evacuation, when combined with this extract, caused active purgation. The dose must be varied according to the patient's idiosyncrasy, but, generally speaking, a pill, containing three quarters of a grain of Barbadoes aloes, three quarters of a grain of the extract of rhubarb, and half a grain of the extract of nux vomica, (Pharmacopœia, Edinensis,) if taken at bed-time, will produce one, or, perhaps, two, full evacuations the following morning. The addition of a single grain of calomel to this pill will cause two or three *bilious* motions, thus shewing that the drug possesses not only the property of stimulating the muscular fibres of the bowel, but

also the power of increasing the activity of medicines that affect the secretions.

Dr. Christison says, (*vide* "Dispensatory,") speaking of strychnine, that "it is not a cumulative poison, like mercury or digitalis; on the other hand, its activity does not diminish, like that of opium, under the influence of habit." The first of these assertions may be questioned; the second would appear to be true. I have prescribed the pills already mentioned nightly for months together, and at the end of the time the effect has been produced as certainly as at first, and no bad consequences have arisen, no disposition to hæmorrhoids has been set up, and all tendency to cumulation has been carried off with the evacuations; they are indeed remarkably comfortable in their mode of operation, and so far from injuring the tone of the digestive apparatus, I think it will be found that when the medicine is discontinued, the disposition to costiveness will be found lessened. It would be interesting to ascertain how far the exhibition of nux vomica can modify the effect of medicines of a different kind; I have occasionally employed it in combination with quinine, but I am not prepared to say what extent of modification or increased activity has resulted.

There is nothing novel in the combination of tonics with purgatives, which is especially indicated for children of atonic habits. By this means the operation of the purgative is rendered more active, and more persistent if the medicine be continued. Mastich we know has the property of increasing the powers of aloes, when given in combination; this is said by Pereira and others to be the result of a more minute subdivision of the aloetic particles, which the mastich favours; but I have seen no combination produce anything like those marked effects which have been mentioned as resulting from the employment of the nux vomica.

There is an observation to be made with regard to the employment of this medicine, in order to prevent disappointment to those using it. It is essential that the extract should be *good*. Alcoholic extracts are troublesome and expensive to make: this preparation is particularly so, and consequently the common article of commerce is not always to be depended upon.*

I place these observations before the profession, believing that an aperient (such as I have found in this combination,) which will produce a comfortable and persistent effect, may prove a desideratum for many who are troubled with habitual costiveness.

Since the above remarks were written, I have observed that Dr. Copland, (Dict. Pract. Med. Art. "Constipation.") recommends the employment of the spirituous extract of nux vomica, or strychnine, in

* That which I have employed has been prepared for me by Mr. Tyler, chemist, of this city, and has never failed to produce the desired effect.

combination with purgatives, in cases of constipation, depending upon atony of the muscular fibres of the large intestines, or want of propelling power at the upper part of the rectum; but as he makes no allusion to the *very small quantity of the purgative* required, nor to the influence of the medicine upon the other organs supplied by the sympathetic system, &c., I do not think I need withhold the forgoing observations.

Bath, April 26, 1848.

CASES FROM PRIVATE PRACTICE.*

By JOHN RICHARD WARDELL, M.D., Edin.;

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

CASE VII.

FITS DURING LABOUR.

Ann Shaffell, aged 24, single, low stature, broad-set frame, and muscular system fully developed, hair dark, *nervo-phlegmatic* temperament, looks healthy.

January 18th, 1848. At three o'clock this morning was awakened from her sleep by incipient pains of labour, which continued at intervals, and increased in power up to eleven o'clock, the time at which I first saw her. On making an examination, the head was tolerably low down in the pelvis, and the os uteri was dilated to not more than the size of a shilling-piece; parts quite cool, and well lubricated. Patient stated the waters had broken early in the morning; this, however, was manifestly incorrect, as the membranes could be distinctly felt entire. Deeming it of little utility to wait, as it was very probable her delivery would not soon take place, as judged from the extent of dilatation, and the degree of force and frequency of the pains, I left her, with strict injunctions to be summoned if any sudden change supervened. At half-past twelve I was sent for in great haste, it being reported that the pains had now become very frequent and much stronger. On my arrival the os uteri was almost entirely dilated, pains, however, now abated, and for some time she remained *in statu quo*. She had three or four pains, which were not very severe, after I had entered the room, and to all appearance everything was progressing in the most satisfactory manner, and she was partially reclined on the bed; at this moment my attention was quickly directed to the patient, by the nurse who was standing by her bed side, and who in her alarm shouted "Doctor, she is in a fit." The eyes were everted, the hands firmly clenched, and the entire muscular system in a state of considerable rigidity. There was no foaming at the mouth, little, if any, tossing about of the head on the pillow, no stertor, and the paroxysm was of short duration. Cold was applied to the head, though this did not seem particularly indicated, as the surface generally was not above the normal degree of temperature, nor was the os frontis, but as we frequently, during such paroxysms, observe it. Whilst the fit

continued, the countenance was much congested, and assumed a dark rose-red; the eyes were suffused, and seemed fierce and glassy; the pulse slow, and though of small volume, of tolerable strength. I should have bled her, but unfortunately I had forgot my lancet case, and thus some delay was unavoidable, the place being at a short distance out of the town. Considering it desirable that the child should be born as soon as possible, I dispatched a messenger for my friend Mr. Cole, and desired him to bring the short forceps without delay. The head had descended too low down to turn, and the forceps seemed to be the most desirable mode of procedure. Immediately after the fit had subsided, I ordered a sinapism to be placed along the whole course of the spine, also others to the legs and feet, hot bottles were applied to the extremities, and additional coverlets thrown over her, to induce, if possible, more heat on the surface. In less than half an hour Mr. Cole arrived with the instruments, which I at once applied, and the child was readily extracted. She had not had another fit during this interval. The placenta was removed in about eight minutes afterwards, with scarcely any loss of blood. She remained from the time of the fit insensible, and spoke with vehement incoherence. The eyes were wandering, and gave a vacant expression to the countenance, and she constantly stared about as if in bewilderment. Pupils both fully dilated. Child born about a quarter-past one, p.m.

In the first half hour after delivery she had five fits, each characterized by the same phenomena as the one described, but of a milder description. Conceiving that a moderate degree of depletion might, by relieving the general congestion, be of service, although the pulse was slow and small, Mr. Cole agreed to this opinion, and we consequently, with caution, resolved to bleed her into a tea-cup, watching at the same time the effect which it produced on the heart's action. On opening a vein in the arm, not half an ounce could be obtained. The pulse became slower, of less volume, and weaker, its beats not being more than 44 per minute. The skin, in despite of every endeavour, grew colder, and the countenance looked livid and congested. The compound camphor liniment, with the strong liquor of ammonia, was freely rubbed on the chest, and an enema administered, with a drachm each of laudanum, and the compound spirit of ammonia, and an ounce of turpentine, in half a cupful of oatmeal gruel, which was retained. Symptoms of amendment not becoming manifest, it was very properly suggested by Mr. Cole that voltaic electricity should be tried, with a view if possible to rouse the central organs of the nervous system. Mr. Cole, who has long used galvanism as a medicinal agent, and often with marked success, had by him three or four descriptions of apparatus; that of Bichoffers was selected, and readily rendered available. I carefully noticed the pulse, which was now 58, and Mr. Cole then placed one wire behind the neck, the other over the last lumbar vertebra. In ten minutes the pulse rose to 100, and remained at that degree of frequency so long as the electric fluid was employed. She soon expressed herself as being

* Continued from page 96.