medicine. It is only after they have discovered that it does not always do good,—nay, more, that it sometimes does harm,—that they become discriminative as to the time and the dose, and the manner in which it ought to be exhibited. It is then only they will have discovered that it is not every case of inflammation which requires mercury for its cure, and that they cannot in every instance rely even upon it;—it is then only they will have discovered the importance of mercury, judiciously, boldly, yet prudently administered, when inflammatory action has to a certain extent been controlled by other means, and when by the establishment of a new mercurial action in the system they will thoroughly supersede the morbid action, or control and remove its morbid sequelæ;—it is then only they will have discovered those cases and those stages of disease in which they can pronounce the patient safe so soon as they can trace the smallest influence upon the gums;—and it is then they will have discovered the lamentable consequences of leaving these cases to their natural terminations. The influence of age and experience upon the exhibition of this remedy is not that we become averse from giving it, but that we know better when to give it, that we become more cautious in its mode of administration, and that we give it perhaps in one case out of ten of our early exhibitions; but that whenever we do give it, we give it fearlessly though prudently, and in perfect confidence of its beneficial influence. These are the observations of an old man, of one who has abated nothing of his early enthusiastic love of his profession, and one over whom 35 years of active practice have not diminished his confidence in medicine judiciously employed, have not lapsed him into the inertness of dozing expectancy, but have, as he hopes, extended his means of usefulness, and enabled him to become acquainted with the spirit of the motto adopted as an armorial ensign by one of his progenitors—“*misericordie succurrere disco*.” In saying this, he would strongly deprecate the egotistical phrasiology, too common in the professional world, of saying, “I have cured this and that malady by this and that treatment;” and while he has frequently seen the results he was endeavouring to obtain, he would always hope to feel that he was an agent in the hands of Providence for bringing out His merciful designs; that he was eminently responsible for the active and intelligent employment of every portion of the talent entrusted to his care; and that while thus truthfully, zealously, and honestly devoting his powers to the welfare of his patients, he was not answerable for results, but might confidently expect that the general issue of his labours would be in some portion of the blessings diffused by Infinite Goodness and Mercy.

(To be continued.)

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.

Eczema continued.—Eczema, although produced, is not always aggravated by mercury, and there are some few cases in which there has been a recurrence of the eruption without any more mercury having been employed, coming on five or six weeks after a mercurial course.

When a patient has returned to the use of mercury, after perhaps a week's intermission, there will occasionally be a slight redness of the skin over the whole body, unattended by vesications, yet terminating by desquamation.

Eczema mercuriale does not resemble any other eruption produced by mercury on the skin, and, therefore, there is no difficulty in the diagnosis. Mr. Pearson never knew the disease to prove fatal, nor has he ever seen it in any patient above 50 years of age. He became first acquainted with this disease in the year 1781.

[Vide “Observations on the effects of various articles of the Materia-Medica, in the cure of Lues Venerea.” Second edition. Page 167.]

Treatment of Eczema Mercuriale.—When the eczema has affected the skin partially, it is not always exasperated by persisting in the use of mercury; nevertheless, there are reasons sufficiently obvious to render the continuance of this medicine improper when the whole surface is infested with it; as a general rule, therefore, the administration of mercury must be discontinued on the first appearance of the eruption. At an early period, small doses of antimonial powder may be taken, with saline medicine; a gentle purgative should be given every three or four days, and opium may be administered to allay irritation and procure sleep.

When the discharge is no longer ichorous, and the tumefaction is subsiding, sarsaparilla and bark may be given liberally; the dilute sulphuric acid also will sometimes be found beneficial. The diet is to be light and nutritious; but it is not generally advisable to allow of fermented liquor, till the desquamation of the cuticle is somewhat advanced.

The misery arising from the irritation of the skin may be greatly alleviated by strict attention to cleanliness, the warm bath, and changes of linen. Where the warm bath cannot be conveniently used, the body may be washed with warm water-gruel once or twice a-day.

Those parts of the surface where a separation of the cuticle has taken place, may be covered twice a-day with linen rollers of different lengths, thickly spread with a soft mild cerate, consisting of litharge plaster, yellow wax and olive oil.

[As the treatment of eczema, and the whole account of erethismus are omitted in the MS. from which these notes are taken, I have thought it right to supply the deficiency from Mr. Pearson's work above quoted. It is satisfactory to know that the brief description of eczema, taken from the MS., so completely accords with Mr. Pearson's published account of the disease, as to leave no doubt of its authority.]

Erethismus Mercurialis.*—This kind of erethismus is to be ascribed to mercury acting as a poison on the system, quite unconnected with its agency as a remedy; and its deleterious powers are neither in proportion to the inflammation of the mouth, nor to the actual quantity of the mineral absorbed into the system.

It is characterized by a great depression of strength, a sense of anxiety about the præcordia, irregular action of the heart, frequent sighing, trembling, a small quick pulse, pale contracted countenance, and a sense of coldness. The tongue is seldom furred, nor are the vital or natural functions much disordered.

When symptoms such as these are present, a sudden exertion of the body will sometimes prove at once fatal.

To prevent the dangerous consequences of this diseased state, mercury ought to be discontinued, whatever may be the stage, or extent, or violence of the venereal symptoms. The impending destruction of the patient forms an argument paramount to all others. The patient must be exposed freely to a dry cool air, in such a manner as shall be attended with the least fatigue. It will not be sufficient to sit with the windows open, he must be taken out into the open air, and remain there as much as possible until the fore-mentioned symptoms shall be abated.

The good effects of this mode of treatment, conjoined with a generous diet, will soon be manifested; the patient will be so far recovered in the space of from ten to fourteen days, that he could safely resume the use of mercury; and what may appear remarkable, he can very often employ that same specific efficiently afterwards without suffering any inconvenience.

In the early stage, indicated by paleness of the countenance, inquietude, frequent sighing, short respiration, constriction across the thorax, a sense of fluttering at the præcordia, and a small, quick, and often intermitting pulse, the further progress of the mercurial erethismus may be frequently prevented by large doses of volatile alkali in camphor mixture; and the patient will be subsequently benefitted by the free use of sarsaparilla, given either in powder or decoction.

[The following case of mercurial erethism occurred in my own practice:—A gentleman, of middle age, and captain of an hussar regiment, consulted me for an obstruction of the bowels, derived apparently from a torpid and disordered condition of the hepatic function.

Three grains of calomel, conjoined with five grains of the compound extract of colocynth, were ordered every two hours, till the bowels should be freely moved. After he had taken about four doses without any satisfactory alvine evacuation, I was sent for in great haste, as he appeared to be sinking. On my arrival I found him greatly depressed, pale, pulseless, and sighing, with remarkable inquietude, and pain of the feet—in short, it was evident that the mercury had brought him into an alarming state of erethism. The windows were thrown open, and warm brandy and water and the volatile alkali were freely given. From this treatment he speedily recovered from the erethismal depression, and with the use of other aperients got well.]

Management of Patients under Salivation.—It sometimes happens that mercury is determined to the mouth in a degree beyond what is wished or expected, and that when only a small quantity of mercury has been used. One drachm of mercurial ointment has brought on a salivation which lasted four or six weeks; and a single dose of calomel in children will sometimes produce a ptyalism, which threatens life. [Such a result in children I believe to be extremely rare; but I have seen three cases of salivation in adults, all at an advanced age, which terminated fatally from gangrene.]

Patients under salivation should breathe a free, warm, and dry atmosphere: a moist atmosphere should be studiously avoided. They need not to be confined to the house, but should be exposed freely to the open air.

When the tumefaction of the throat and cheeks is considerable, the mercury should be immediately laid aside, and the ointment washed from off the body.

It happens occasionally, when mercury has been taken or used for a few days without any visible effect, that both the mouth and bowels become suddenly and violently affected. The patient has frequent stools, with much pain in his bowels, and a remarkable depression of strength; or there may be distressing tenesmus, or copious stools, without much griping. Under these circumstances it is also necessary to suspend the mercury at once.

Accumulations in the bowels is the most common cause of these symptoms, and should be guarded against; when, therefore, there is tenesmus without dysentery, it will be right to purge the patient smartly once or twice: unless this is done, opiates and astringents will only be unsuccessful and injurious. If, however, there are copious stools, which threaten exhaustion, opium may be given with advantage.

There will sometimes be a premonition of the coming on of a ptyalism a day or two before it appears, by a fulness and tenderness of the throat, fauces, or cheeks, or perhaps of only one cheek, and then the patient should be purged, put into the warm bath, and exposed to the open air.

There is no specific mode of treatment in salivation.

* A morbid state of the system, named and described first by Mr. Pearson in his "Principles of Surgery." Chap. I.

A strong solution of alum is perhaps the best gargle that can be used; or a piece of the sulphate of alum may be held in the mouth. Sulphur has also been found useful as an aperient.

Ulceration of the tongue from salivation generally lasts longer than that of the cheeks; the oxymel æruginis may be applied to ulcers on this part, taking care that it is not swallowed. The mouth should be kept as clean as possible, and the little white sloughs which form upon the gums carefully separated.

Some persons have a continual hæmorrhage from the gums during a course of mercury. It has been known to continue for three weeks without any possibility of restraining it. If the gums in such a case are too tender for the use of alum, a decoction of oak bark, with laudanum, may be employed. Exposure to the air should be adopted; and as soon as the bowels will permit, bark, with mineral acids, should be given internally. Should the hæmorrhage be only partial, arising from the separation of a slough, the application of lint, dipped in laudanum, may be sufficient.

It is of great importance to resume the mercury as soon as it can be borne; for if suspended for only a week, the prior quantity must not be reckoned, but it must be again employed without any regard to the quantity used before.

Where there is a great tendency to ptialism, the patient ought to be freely exposed to the air during the whole course. There are some cases in which it might be thought impossible for a patient to bear a proper course of mercury, but which may be cured by using one drachm of the mercurial ointment every night, and by allowing the patient to go into the open air every day. The cure may take four months.

Whatever may be said by many able men to the contrary, it is certain that exposure to the air does counteract the effects of mercury; and therefore, when such exposure is indispensable on account of its tendency to affect the mouth, a longer time will be necessary for the cure of the disease.

Patients liable to ptialism should not be allowed to lie long in bed, nor to wrap the head and face in flannel; nor should they be permitted to swallow the saliva, as it is apt to cause sickness, dyspepsia, &c.

In a few instances there has been a recurrence of the ptialism after mercury has been discontinued several weeks, either from high living or from getting cold.

A ptialism suddenly suppressed, will sometimes produce pain resembling rheumatism, or affections of the stomach, or even convulsions. In such cases the salivation should be brought back by the free use of mercury, by the warm bath, and by keeping the patient warm. In a case of convulsions from such a cause, an ounce may be rubbed in at a time.

When mercury produces giddiness and a violent pain of the head, a little blood may be taken from the system, unless counter-indicated by great debility.

Mercury sometimes leaves behind it a trembling, not unlike that of palsy; this wears off in time, but if not, a free exposure to the air will be attended with the best effect. Should there be a tendency to diarrhoea large doses of bark will be found most beneficial.

Gonorrhœa.—The term gonorrhœa is applied to an infectious purulent discharge from the urethra in men, and from the secreting surface of the labia, nymphæ, urethra, and vagina in women.

When the discharge is recent, it is called simply gonorrhœa; when of long standing and not infectious, blennorrhœa or gleet. [Gonorrhœa is evidently a most incorrect term for this disease, as from its derivation it signifies a seminal discharge. A more correct term would be "urethritis venerea" for the male; and "vaginitis venerea" for the female.]

In the early stage the lips of the meatus urinarius are red and somewhat tumefied, and the inflammation extends about an inch up the canal. The disease seldom extends beyond the fossa navicularis at first, where a large lacuna is situated. In the beginning the discharge is of a straw colour; and is usually attended with pain in expelling the urine, called "ardor urinæ."

If a drop of the discharge be suffered to remain on white linen, it will appear darker at its circumference than in the centre, and sometimes it has a greenish or brownish hue.

The discharge and ardor urinæ increase till the fourth or fifth day, and generally remain stationary during the next seven days, unless the patient is guilty of some irregularity. Sometimes pain will be felt in the thighs and groins; and delicate persons will complain of pain in the back.

The disease may continue in this state during five or six weeks, or even for as many months, when no remedies have been used to subdue it; on the other hand, there are many instances where the disease has gradually subsided, and finally disappeared, without any means being used at all.

When only one end of the urethra is affected, and the symptoms are mild, it may be called the first species of gonorrhœa; when the whole surface of the canal is involved, it may be termed the second species of gonorrhœa.

In the second species of the disease, the patient complains of ardent pain above the bulb of the urethra, and of soreness along the whole length of the canal,—i.e., from the bulb to the glans, so that he cannot walk nor cross the legs without causing pain in the perinæum. The discharge is thinner and more profuse than in the first species; and the pain and smarting are not confined to the extremity, but extend all along the canal. The discharge also differs in quality, and it occasions a smarting as it passes down the course of the urethra.

In this species priapism comes on early, attended

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.