CASE XII.—“Was admitted in labour of her seventh child; she had been delivered artificially in her previous labours, and had but one child born alive. She had been ill a considerable time before she was brought to the hospital, and in nine hours afterwards, there being no progress made, the pulse 132, her strength much exhausted, and the child *dead*, she was delivered by the crotchet.”*

CASE XIII.—“This patient was admitted in labour of her first child; uterine action was feeble, and continued so for seventy-two hours after she came in. As the *fœtal heart had ceased to act for some time*, and the pulse became hurried, it was considered advisable to deliver her. The *os uteri was not fully dilated*; the head was *high*, and resting on the pubes; it was lessened, and cautiously brought down with the crotchet.”†

CASE XIV.—“Was reported to have been in labour two days before admission; the head was high in the pelvis, and pressing strongly on the pubes. It remained in this situation for twenty-four hours after, during which time she suffered great distress, uterine action being almost constant. This was her tenth child; she had been twice force-delivered in this hospital; dreading every moment rupture of the uterus, the head was lessened and brought down by the crotchet, as it had still remained so high as to be scarcely within reach of the finger.”‡

CASE XV.—“Was reported to have been twenty-four hours in labour before admission. About twelve hours after she came in, it was discovered that the face was turned towards the pubes, and pressing so strongly on the urethra the catheter could with difficulty be passed. The pains continued strong for fifteen hours from this time, yet the head did not advance. It was deemed advisable to lessen it.”§

CASE XVI.—“Was thirty-three hours in labour of her third child without having made the least progress for the last twelve. The bladder was forced down before the head. Her pulse became much hurried, and strength greatly exhausted, rendering immediate delivery necessary. The head was lessened, and the child brought away by the crotchet. It was very large; all her former children were still-born.”||

CASE XVII.—“S. B. was forty hours in labour; it was her fourth child; all still-born. The head not having made any progress for the last twelve hours, and the *fœtal heart having ceased to act*, the delivery was effected with the crotchet; the face was turned towards the pubes. She had been force-delivered in this hospital two years ago, when the face presented; (see ‘Observations on Still-born Children,’ No. 441;) pelvis very defective. The placenta in the present instance had to be removed by the hand, in consequence of hæmorrhage; it was firmly adherent to the fundus of the uterus. She died on the ninth day, and on examination, extensive ulceration of the vagina was

found, forming a communication with the rectum. At one point the vagina presented the appearance as if a laceration had taken place.”*

In these cases delivery by turning, instead of by craniotomy, by being performed earlier, would, I believe, have preserved the patients alike from the sufferings and the dangers which the continued duration of the labour entailed upon them; and the children, instead of being necessarily sacrificed by the operation adopted, and the delay attending upon it, might possibly have been saved by the adoption of turning, and by the earlier period at which delivery could thus have been practised. But it has been doubted whether the object I have just alluded to, namely, the preservation of the infant's life, could ever be the result of forcible extraction of the child through a contracted pelvis by turning. I shall next therefore notice this and other objections to the proposed practice on the allegation of danger to the mother, and disarrangement of the mechanism of parturition. The investigation of the objections urged on these several grounds will, I believe, leave us only with higher and more certain ideas of the real advantage of the proposed practice itself.

* Collins's “Practical Treatise,” p. 136, No. 79.

(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.

Ulcers on the Tonsils.—Ulcers on the tonsils are generally the first evident proof of the syphilitic poison having entered the system. When the poison has had a silent introduction, the ulcers are longer in appearing; but even in this case the intervening period seldom exceeds four months; and although there are instances where it has not been possible to trace the ulceration of the tonsils to any previous disease, yet it cannot be doubted that it must have been derived from a chancre. A sense of pricking in the act of swallowing usually precedes these ulcers. The ulcer is deep, and penetrates into the substance of the part; the surface is irregular, and is covered by a whitish slough; the gland is seldom much enlarged, and has a dark red circle surrounding the sore, which is most painful at night. These ulcers do not prevent deglutition, but they sensibly affect the voice, obstruct the hearing, and cause a disagreeable taste in the mouth. The ulceration does not proceed rapidly, even when mercury is not employed. The tonsils are more frequently affected than the soft palate, its arches, or the uvula, and these are not always affected by the spreading of the ulcers from the tonsils.

* Collins's “Practical Treatise,” p. 490, No. 1005.

† *Ibid.*, p. 481, No. 1038.

‡ *Ibid.*, p. 477, No. 808.

§ *Ibid.*, p. 470, No. 526.

|| *Ibid.*, p. 470, No. 509.

When the whitish slough has been removed by the use of mercury, the surface of the ulcer will look as if it had been scraped, an appearance seldom seen in sores that are not syphilitic, and in which mercury of course has not been used.

The virus often attacks the posterior part of the fauces, which becomes sloughy, and discharges a thick matter of a greenish colour. The epiglottis is seldom destroyed, though often ulcerated; and when the larynx is involved, the disease generally proves fatal. In this case there is a peculiar sound of the voice, a troublesome cough, and frequent retching.

In syphilitic sore-throat the lymphatic glands of the neck are seldom affected; and when they do become enlarged, it is probably from a scrofulous habit of body.

There are four morbid conditions of the throat, which more or less resemble the syphilitic.

1st. Ulcers on the tonsils in scrofulous constitutions, or in women of a delicate and lax habit of body. There is nothing which particularly characterizes this species, except that it cannot be traced to any specific cause, and that it will get well by medicines that improve the general health.

2nd. Specks of ulceration upon various parts of the fauces, resembling lupus, destroying and ulcerating more rapidly than lues, and quite as extensively. The tonsils, uvula, soft palate, larynx, or nose, are sometimes partially or wholly destroyed, without the slightest proof of any syphilitic origin.

3rd. Cancerous ulceration of the tonsils to a great extent, with enlargement of the glands of the neck.

4th. Ulceration from the adhibition of mercury at an early period of the course. This species puts on an erysipelatous aspect; and as it appears to arise when the antidote is manifesting its curative action upon the disease, the ulceration cannot reasonably be imputed to the advance of the disease itself. But when this condition of the throat has existed two or three weeks, the diagnosis is by no means easy. It commits great ravages, and is attended with pain, erythismus, deafness, and a sallow countenance. These symptoms will, however, generally yield to sarsaparilla, bark, mineral acids, and a generous diet.

Sometimes there will be considerable enlargement and spongy appearance of the tonsils, with slight ulceration; both tonsils being affected generally at the same time. This case is not venereal, but probably arises from a tendency to become ulcerated upon common exciting causes from former syphilitic disease.

Treatment of Venereal Sore-throat.—It was formerly the custom to use mercurial fumigation in all venereal ulcerations of the throat, and it is very useful in speedily arresting the progress of the disease when rapidly destroying important parts, but so many inconveniences attend upon its use, that it is seldom employed in private practice, except in very serious

cases. A proper fumigating machine should be procured, and the cinnabar thrown upon hot iron. [Nothing answers better than a small tin funnel, inverted over a circular thick plate of iron; the tube must be, of course, sufficiently long, and curved at the extremity with a nozzle.] Half a drachm or a drachm of cinnabar should be used twice daily. The fumes ought not to be drawn into the lungs, as they are apt to excite coughing and uneasiness in the chest; sometimes, indeed, the brain becomes affected by its use, so that it always should be cautiously watched during its operation.

Where the ulcers are foul and sloughy, they may be advantageously treated with equal parts of the muriated tincture of iron and honey of roses, or with the tincture alone. The following gargle also may be employed:—

R. Hydrargyri Bi-chloridi, gr. viij;
Acidi Hydrochlorici, gr. xxv;
Decoct. Hordei, Octarium. Misce.

It is of great importance that the ulcer should be healed before the mercurial course is discontinued.

Unless a patient with a venereal sore-throat is exposed to the full effect of mercury from six to eight weeks, he will be liable to a relapse.

If the ulcer should become foul or stationary towards the end of the course, not yielding to the applications above recommended, lunar caustic should be applied, or an undiluted mineral acid, for a minute or two, and then washed off with barley water.

When there have been venereal ulcers in the throat, there will be left in the parts a tendency to become ulcerated, on slight occasions, for some years, especially in scrofulous constitutions.

Venereal Eruptions.—These may appear, prior or subsequent to the sore-throat, and they do not observe any regular order; sometimes both occur at the same time.

To a certain extent the tonsils are external parts; they, as well as the surface of the body, are liable to be affected by the atmosphere. The cause of the venereal disease first appearing as a secondary symptom in the throat, is perhaps the similarity of their structure to the surface of the body. The surface of the body is covered by an oily and lubricating secretion, to prevent too great evaporation. The oily matter is secreted by sebaceous glands, and is generally mixed with the sweat. These glands are very numerous about the nose, behind the ears, on the areola of the nipples, on the umbilicus, inside of the thighs, between the scrotum and thighs, on the corona glandis, labia pudendi, &c. They have been found in all the above-named surfaces, and it is probable that no external part is absolutely without them. The venereal poison irritates these glands, and produces a morbid secretion and suppuration in them. Where they are fewest in number, or where the parts are particularly exposed to the air, the eruptions appear sooner, as on the neck and

breast; but where the glands abound, these take place later. Hence exposure to cold air, and cold bathing, seem to accelerate eruptions; whilst sudorifics, warm bathing, &c., retard them.

We seldom meet with eruptions on the arms and thighs of men, because these parts are covered; but in women it is very common to see an eruption on both. It is also unusual to see spots of this kind about the root of the nose, or on the eyelids, or roots of the hair, from these parts being well supplied with moisture from the sebaceous glands.

The tonsils are exposed to the atmosphere, and particularly to a current of air. They are said to be mucous glands, but the matter secreted by them resembles that of the sebaceous glands. When they become ulcerated, a thick and sebaceous discharge is produced, and when they burst they appear filled with this sebaceous substance, which sometimes is so offensive that it is scarcely possible to remain in the room with the patient.

In other diseases of the tonsils, also, the sebaceous matter exhales such an intolerable odour, and so taints the breath, that it sometimes becomes necessary even to extirpate the diseased part. When the secretion is suffered to accumulate about the toes, and in other confined parts, it is well known that the smell becomes very offensive.

Why the syphilitic poison first attacks these sebaceous glands, it is difficult to explain, but it is evident that the first appearance of the disease in its secondary form is always in those glands. The skin is most frequently marked by spots, nearly flat, squamous, copper-coloured, and circumscribed; the diameter is that of a split pea, or a silver penny. They sometimes run together, and form broad patches. They are met with on the neck, breast, inside of the fore-arm, elbow-joint, inside of the thigh, groin, and lower part of the abdomen. In cases of long continuance the eruptions are somewhat different; the spots are circular, of the size of a silver penny, having a little scale in the centre, surrounded by a dark circle, and are chiefly met with on the breast and shoulders. These spots are probably produced by an effusion of blood under the cuticle, obliterating the rete mucosum, and leaving, when cured, a cicatrix of a whitish colour in the centre.

Sometimes the form of the eruption is pustular, appearing on one or more parts of the body, and resembles distinct small-pox, for which it has been occasionally mistaken; but it is less bold and prominent, and there is no redness in the interstices. When the crusts fall off, they leave a dark appearance of the skin, and do not return. They appear first on the face, and then upon the anus, groins, upper part of the thighs, and lower part of the abdomen.

When there is an eruption about the roots of the hair, they are generally small, and have a dark crust

on the surface. They do not affect the whole of the scalp, and are usually observed on other parts of the body at the same time. There is also an eruption similar to tubercles, being hard, elevated, of a dusky-red colour, and containing no fluid. This is often seen on the scrotum, labia pudendi, and inside of the thighs. Another kind of venereal eruption resembles stripes, forming circles, and containing a watery fluid. When these burst, crusts form, and falling off, leave large ulcers, which are disposed to produce fungi.

It ought, however, to be borne in mind, that an eruption may appear on the body of a syphilitic patient from other causes, and that it is not justifiable to pronounce the eruption to be venereal, unless from a correct history of the disease we have good reason to believe it to be such, or unless the eruption be combined with some other venereal symptom.

Treatment of Venereal Eruptions.—When a venereal eruption and nodes exist at the same time, and are removed by a course of mercury, if a relapse occur, the eruption will return, proving that a venereal eruption requires more mercury for its cure than nodes, and thus one symptom may return, and not another. Venereal eruptions are seldom cured till six or eight ounces of mercurial ointment have been used. They may dry, and fall off in furfuraceous scales, or dark-coloured crusts may form; but so long as there is any elevation left about the cuticle, this treatment ought not to be discontinued. The surest criterion of the virus being destroyed is (and which should always be looked for,) *a little depression with a whitish cicatrix in the middle of the blotch.* This is often very minute, but it may be detected with attention.

The cure of venereal eruptions is facilitated by the prudent use of the hot bath, heated to about 90°; it may be used once or twice a week, for ten or sixteen minutes at a time. The warm bath lessens the effect of mercury, but in what manner it cannot be explained.

It will also sometimes be proper, when there are venereal pains, when the skin is dry, and when the eruption does not fade kindly, to give the compound ipecacuanha powder, or equal parts of antimonial wine and laudanum, at such intervals as may be thought necessary.

Lippitudo syphilitica.—This is an increased morbid secretion of the sebaceous glands of the tarsi of the eyelids. It is not so frequently met with as eruptions, with which it is sometimes conjoined. Lippitudo arising from the venereal virus, does not differ from the ophthalmia tarsi depending on other causes, except that there is a peculiar excoriated appearance of the external angle of the eye, and a loss of substance of the punctum lachrymale, especially when the disease has been of long standing. It sometimes produces a spongy appearance of the conjunctival membrane, and at others a great part of the eyelids will be destroyed. There are no diagnostic marks by which the disease

can be distinguished from common lippitudo; but whenever the external angle of the tarsi is excoriated, and is accompanied with other symptoms resembling syphilis, the venereal character of the disease is to be suspected.

Treatment of Lippitudo.—The local treatment of this case in many respects does not materially vary from that recommended in common lippitudo. If the eye be much inflamed, leeches may be applied, or what is better, a branch of the temporal artery may be opened. If the inflammation of the conjunctival membrane be very considerable, it may be scarified, and a blister applied to the scalp. It will be necessary to wash away the matter with a warm decoction of poppies, injected under the eyelids. When the inflammation has in great measure subsided, the Ung. Hydrarg. Nitratis dilutum may be used, or a single drop of laudanum may be daily dropped between the eyelids. Lotions of the sulphate of zinc will be of great benefit. There is an objection to saturnine washes, from the lead being precipitated upon the conjunctiva, and occasioning great irritation. In obstinate cases one or two grains of the bi-chloride of mercury, dissolved in eight ounces of water, will be found a useful application, and along with the local treatment a mercurial course will be required.

(To be continued.)

CASE OF FISTULOUS COMMUNICATION BETWEEN THE RECTUM AND THE URETHRA.

By FREDERICK FRANCIS GIRAUD, Esq., Surgeon,
Faversham.

A man, aged 59, complained to me about two years ago, that he had difficulty in passing fæces, whenever there was the slightest tendency to costiveness, and that frequently he perceived wind to pass through his urethra. Upon an examination a stricture was found in the rectum, about three inches high, and it was ascertained that not only wind passed through the urethra, but sometimes fæculent matter also made its appearance at the orifice. It did not seem that urine found its way into the rectum, and therefore it was inferred that a fistulous communication existed between the urethra at its membranous portion, and the rectum. Sir Benjamin Brodie was consulted, who confirmed this view of the case, and advised that nothing more should be attempted than the daily passage of a rectum bougie, increasing gradually the size of the instrument.

An improvement slowly took place in the state of the rectum, and of late the calibre of the gut has become almost restored to its natural size. The fistulous communication between the rectum and the urethra remains the same, and a few weeks ago an unusual irritation was felt in the urethra, and very soon something alive made its appearance at the orifice; the patient removed it with his finger. On placing it in a wine glass half filled with warm water, the movements it exhibited shewed great activity, and by the alternate contraction and dilatation of its rings, and the protrusion of a vaginated proboscis,

it soon arrived at the edge of the glass. The accompanying drawing of a magnified view shews its form, and it appears to be a species of *Echinorhynchus*.

Questions may arise, whether a similar creature to this might have occasioned the fistulous opening between the rectum and the urethra, and whether the stricture in the gut which is now nearly at an end, might not have originated from the local irritation?

View of the Ventral Side of a species of Echinorhynchus.

- a Proboscis.
- b Sheath of the Proboscis.
- c Hook-like appendage to each ring of the body of the animal.
- d The same projecting from the dorsal side.
- e Double row of vibrissæ running down the ventral side only.
- f Small apertures slightly projecting on the ventral side only.
- g Length of the Animal.

CASE OF OBSTRUCTION OF THE BOWELS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

As the treatment of this case shews that the method used to preserve life may sometimes be the means of hastening death, and as it may offer a hint to your readers, I beg that it may find a place in your Journal, provided that you think it worthy of it.

Yours faithfully,
EDWARD WALLACE.

Carshalton, 24th Dec., 1847.

Mrs. P., a woman about 60 years of age, in the enjoyment of good health, and of active habits, was seized on the afternoon of the 30th of October last, with severe pain in the bowels, for which she took hot brandy-and-water; this her stomach rejected. She then had recourse to castor oil, which aggravated her pain; and as she returned this also, she took another dose, with the same result, after which, late in the evening, I was sent for, and found her under severe pain, with frequent