Hirsch's work on this subject, in Vol. 2 of the *British and Foreign Medical Review*, scarcely notices the account of the German author, except to state that it is not his discovery, but that it belongs to Mr. Hood, of Kilmarnock, (who published several cases of diseased thymus, in Vol. 3 of the *Edinburgh Medical Journal*, under the head of "Cases of Sudden Death,") and he refers the symptoms of all the cases observed both by the German and British authors, to spasm of the glottis or laryngismus stridulus. In the only other case I have witnessed, where the thymus was enlarged, the death occurred rather suddenly and unexpectedly, apparently from the retrocession of measles, but as I was not present, I cannot say what symptoms were exhibited at the close. Still it is worth notice, that in the present case also the early symptoms, combined with the extreme prevalence of the epidemic, led me to refer the complaint to undeveloped scarlatina. Hence I have some diffidence in proposing to account for the symptoms of the present case, by the results of a dissection confined to the respiratory organs, particularly as similar but more extensive morbid appearances have not been attended with exactly similar symptoms; though this perhaps might arise from the less amount of disease in the thymus in this case, exciting symptoms of a less urgent character than in the published cases. It is, however, not improbable that the pain in the throat and other symptoms, might have been occasioned by a pure inflammation of the thymus, and that this organ being swelled, so as to press upon the trachea and the laryngeal nerves, might interfere with the functions of respiration to such a degree as to produce a slowly increasing asphyxia, in a child which had before been the subject of a pneumonic attack, and was far from being strong and hearty.

In conclusion, as my object in publishing this case is to gain, rather than to impart, information as to the nature of the disease, I would ask any of the members of the Association, who have examined fatal cases of retrocedent eruptive disease in young children, what were the lesions found after death?—and what was the condition of the thymus?

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.

Primary Effects of the Syphilitic Poison on the Absorbent System.—The venereal virus having eroded some part of the surface to which it has been applied, and being absorbed, the glands of the groin and of the pubic region become contaminated. If applied to the nipple, the glands of the axilla may be affected and enlarge, though not so frequently. Syphilitic sores on the lips or tongue seldom affect the submaxillary glands.

[This would appear somewhat singular, but the assertion is borne out by what we observe in cancerous diseases of the lips, in which the submaxillary glands are by no means commonly contaminated.]

The tonsil glands are not primarily affected, as some imagine them to be, and for this reason, because they are mucus glands, and, therefore, can only be contaminated through the medium of the constitution. Absorption may take place from the surface of the urethra, and the inguinal glands become enlarged and suppurate; but this action is not to be considered as venereal, except there be urethral chancre.

It would sometimes appear that the poison is absorbed into the glandular system, from a surface not having any erosion; but this must be taken as a very rare occurrence, indeed it is a question whether there must not have been some slight abrasion which was not perceived. It is to be doubted whether adventitious matter can be absorbed in an unchanged state, and carried in that state to an absorbent gland.

Mercury fails to reduce enlarged inguinal glands, which are not venereal; on the contrary, it appears to exasperate the complaint. When the poison is taken up from a true syphilitic sore, it not unfrequently produces inflammation and enlargement of the absorbent vessel that conveys it; and a red line can be sometimes perceived, feeling like a knotted cord, and leading to the gland; but this result cannot be perceived or traced when absorption has taken place from an unabraded surface.

The period at which absorption takes place is uncertain, it is seldom earlier than a week, and sometimes not until five or six weeks.

When the sore discharges copiously, and when no particular application has been used to check it, a considerable time may intervene; but if it be soon healed, or be situated on a part where a scab has formed, absorption is likely to take place much sooner.

[This observation ought not to legislate against the application of the nitrate of silver in primary sores, as by this means the disease is sometimes at once got rid of.]

On Syphilitic Bubo.—When a venereal sore has been imperfectly healed, or when it has healed without the extermination of the virus, an enlargement of the glands in the groin takes place, and the constitution becomes affected; this, however, is not the usual progress of the disease, for more commonly the constitution becomes involved without the intervention of inguinal swelling.

When the virus has been carried into an absorbent gland, tenderness and enlargement are produced; but it does not follow that suppuration will take place, even though secondary symptoms shall arise. The virus, when it has once gained admission into the system, is probably never eradicated without a course of mercury; and it is probable, also, that a contaminated part can

never entirely free itself from the poison by its own natural powers. When the virus has produced a morbid alteration in one or more lymphatic glands, the change is by no means uniform: it may assume the appearance of a true phlegmonous, of an indurated, or of a scrofulous enlargement; for although the cause is in either case the same,—viz., the venereal virus, yet the form in which the swelling appears will very much depend upon the constitution and the former condition of the system.

The phlegmonous bubo is that which proceeds according to the common laws of inflammation; it is usually produced from an ulcer, and is frequently excited by the use of strong applications to the sore. It is generally confined to one gland, is very tender from the beginning, soon grows red, and suppurates; and when it bursts, and forms a sore, it heals more kindly than the other two species.

The indolent bubo is seen in the groin, regio pubis, and upper part of the thigh, and is of a more stationary character. It will proceed without much pain, and there will be two or three indurated glands at the same time. The glands are occasionally soft and pulpy, but with no discolouration of the superincumbent skin. When these are met with in the female, they are situated more commonly in the groin, than in the pubic region or thigh. In this kind of bubo the structure of the gland is not always injured, but if the affection has existed a long time, and has ulcerated, the morbid granulations take on a spongy diseased state, projecting like a fungous matter from the bottom of the sore, which must be either extirpated or destroyed by caustic.

The scrofulous bubo is not easily distinguished from the indolent; perhaps the indolent often degenerates into the scrofulous bubo. It has a large diseased appearance, with the skin of a purplish-red hue, and seldom terminates by resolution.

It is not uncommon for the inguinal glands to become enlarged under a course of mercury. This is often seen after the local symptoms have been cured. Sometimes in a single night they will have acquired a considerable increase in size; they rarely, if ever, come to suppuration, and ought never to be considered as the effect of syphilitic poison.

Treatment of the Phlegmonous Bubo.—It has been proposed by many surgeons to treat this case as a simple glandular inflammation, tending to suppuration, by leeches, saturnine applications, rest, &c., but it must be obvious that this plan is derived from a mistaken notion; the antiphlogistic treatment promises little success unless accompanied by the antidote. Leeches may relieve pain, but their bites do as much harm as the loss of blood does good; and when the swelling has existed for several days, they will not prevent suppuration.

When suppuration has taken place, the patient is

less liable to secondary symptoms than when the swelling has been discussed—not that much importance is to be attached to evacuation of the morbid matter, but there is more certainty of all the parts being freed from the disease; for an enlarged gland, which has not been brought to suppurate, may be so altered in structure by the virus, as to prevent the antidote from having its full effect upon it. Nevertheless, the syphilitic bubo ought, if possible, to be repelled, as great inconvenience is frequently produced by ulceration; besides, even in this species, the process of suppuration is sometimes tedious, and always painful.

The consequence of repelling a bubo need not be dreaded if it be discussed under the influence of the antidote; for how can matter be absorbed from a gland if the antidote be properly applied?

The best mode of discussing an incipient bubo is by rubbing into the thigh a drachm, or a drachm and a half, of the strong mercurial ointment for five or six nights consecutively. If it should not yield to this, a larger quantity is to be used; and it will be found, that almost as soon as the salivary effects become visible, the inguinal swelling will begin to disappear; it often remains stationary when only a moderate quantity of the ointment has been used, but disperses rapidly when more fully employed.

No advantage arises from rubbing in the ointment on the diseased side, it ought rather to be rubbed into the contrary side, or into the arms, if both groins are affected. Plasters are of no service during the inflammatory stage; they are more likely to aggravate than discuss the swell. When, however, the gland is in an indurated state, they may be applied with advantage.

Emetics have no effect in causing absorption of enlarged inguinal glands; and if they had, they would be prejudicial in promoting the introduction of the virus into the system.

An incipient bubo must be considered as containing a morbid poison; and as high living and stimulants tend to promote suppurative inflammation, without having any curative influence whatever upon the virus, such treatment is to be considered prejudicial; it is therefore best to prescribe a low diet when an attempt is made to discuss an incipient bubo.

On the other hand, as in some habits low living produces great debility, and as the quick introduction of mercury into the system in such cases is apt to increase the inflammation, it will be right to advance the diet and withdraw the mercury, or it may be moderately rubbed into the opposite thigh, or into the arms.

With a view to eradicate the virus, it has been recommended by Mr. Freake to remove the enlarged glands by excision; but this mode of treatment is more plausible than eligible, and has arisen from an imperfect knowledge of the theory of absorption. The

objections are—1st. It is not certain that the contaminated gland contains all the virus. 2nd. It cannot be reduced to general practice, as the glands are frequently so situated as to render their extirpation impracticable or dangerous. 3rd. A bubo is so frequently discussed, that the risk of suppuration does not justify the pain and danger of the operation; in short, it is a plan which cannot be relied upon, nor attended with any possible advantage.

If, on being first consulted, the surgeon find that suppuration has commenced, it will be proper, notwithstanding, to recommend mercurial friction immediately; for this will often so diminish the size of the swell as to leave it when it bursts no larger than a common boil. No advantage will be gained by waiting till complete suppuration takes place; on the contrary, the ulcer will not heal so well without the adhibition of mercury.

The same external remedies may be employed to promote suppuration in this case as in any other phlegmonous tumour; linseed-meal poultices will be the best, and the abscess ought not to be opened till it is near to breaking.

Various modes of opening these abscesses have been recommended; some open them by puncture; some by caustic; whilst others leave them to time. Some propose a large, and others a small, opening. The truth is that no precise rule can be given on this point. In the purely phlegmonous bubo, where only one gland is affected, and where the skin is quite sound, it may be opened by making a small puncture in the most prominent and depending part; and when the matter has been squeezed out, compresses moistened with Goulard's wash should be applied, and maintained in their position by a flannel roller. In this way the part will sometimes heal in six or seven days.

Should this mode of treatment be considered as likely to prove inconvenient, the abscess may be allowed to rupture spontaneously, and be subsequently treated by poultices or soap cerate.

The result of these abscesses most to be dreaded is an extensive ulcerated surface; this seldom occurs where the skin is sound; but when it is in a morbid condition, the ulcer may not heal for six or eight months.

[Had Mr. Pearson been acquainted with the curative power of that extraordinary medicine, the iodide of potassium, in such a case, his prognosis would have been very different.]

When the superincumbent skin, the absorbent glands, and parts below, are found to be diseased, the bottom of the abscess ought to be exposed by removing the skin with a double-edged knife, carried in a circular direction around the morbid surface; dry lint may be applied to the cut edges, and the following day a linseed-meal poultice, after which the ulcer may be treated with green digestive ointment till it granulates. If after a

fortnight the sore assume a marbled appearance, it should be sprinkled with red precipitate powder, dressed with red ointment, and a pretty tight bandage applied.

Particular attention is to be paid to the edges of the sore; they are to be kept soft and even by lunar caustic; and if this should not succeed, a plaster should be applied every day in which there is a small quantity of corrosive sublimate.

(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.

Mr. President and Gentlemen,—

The subject which I have the honour of bringing under your notice this evening is one of considerable interest and importance. The diseases of the uterus have been hitherto much neglected by the profession, and are in general but little studied by the student of medicine in this country, and consequently, the profession, as a body, are to a great extent ignorant of their diagnosis and treatment; yet, without a knowledge of uterine disease, both functional and organic, it is impossible satisfactorily to treat the numerous disorders to which the female sex is liable. It may be well then to consider the causes of this general neglect, and the means best adapted to remedy it in future.

At the root of this evil I place the want of clinical instruction in uterine diseases, a want dependent partly on the nature of the diseases themselves, which must ever render their demonstration to numerous students difficult, and in part on the natural and laudable repugnance of the sufferers to indiscriminate examination and exposure, and the delicacy with which it is the duty of every physician to conduct such investigations. It is true that the English student may find an ample field for such investigations and studies in the Continental schools, but few, comparatively, can avail themselves of such advantages; and many of those who do, and who are ill-prepared by their previous studies to make the best use of them, are apt, on their return, with a short sighted policy, to sneer at those who would rationally investigate uterine disease by the employment of such means as aid the senses,—I mean the speculum uteri, and the sound. Shocked as their English feelings are by the indelicate and indiscriminate exposure of the person in the Parisian Hospitals, and the roughness of the treatment adopted, they should distinguish the use from the abuse, and consider that such unwarrantable proceedings are not necessary concomitants of the