there secreted, that it does not enter into any organic connection with the elements of the kidney, but merely percolates in solution through it; hence the disease of the kidney must be secondary. The sugar doubtless reaches the kidney in solution in the blood, and there acts upon that organ as a diuretic, passing possibly dissolved in the water that filters through the Malpighian bodies, and not being attracted from the blood through the walls of the tubes."

5. The comparative conditions of the epithelium of the liver and kidneys are very singular, and I am not aware that a similar observation has been previously made; it would tend to shew with what avidity all carbonaceous matters, fat as well as sugar, are directed to the kidney, in this disease. Most probably, to some extent, the fat of the liver goes, in common with fat from other parts of the body, to the formation of sugar; but this does not account for the deposition of fat in the epithelium of the kidneys.

Lastly, these cases justify the conclusion that this disease is essentially one of the primary organs of digestion, whereby all substances readily convertible into sugar are quickly so converted; and that sugar is not digested, but passes into the blood unchanged, whence it is rapidly eliminated by the kidneys. We must not forget that this was, in fact, the view taken of this disease by Dr. Rollo, an English physician, who was the first to suggest the plan of treatment, which all experience proves to be the most beneficial.

SHORT NOTES ON 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.

Phlegmone Testis.—This term implies inflammation of the testis, connected with gonorrhœa; but as the appearance of the swelling in this case does not differ from the swelling of the testis from any other cause, it is necessary to obtain a correct history of the disease. It is preceded by darting pains in one or both testicles; the scrotum is red and projecting, and pain is felt also in the loins; and sometimes before the local symptoms are developed, the constitutional disturbance is severe; the patient feels ill and faints, perhaps vomits, and has a frequent pulse, with general uneasiness.

Cases occur in which the constitution is remarkably low—in a state similar to that which precedes typhus fever—for a day or two prior to the accession of the inflammation, after which there are frequently the general symptoms of inflammation present, with pain in the lower intestines, and even delirium, particularly if the spermatic cord be involved as high as the abdominal ring.

The disease is situated in the body of the testicle, and extends to the tunica vaginalis and cord, producing, perhaps, a little hardness in the pubic region,

but it does not primarily proceed down the cord to the testis.

When the disease proceeds unchecked by appropriate treatment, the tunica vaginalis testis contracts adhesions to the scrotum, and these often become the seat of abscess.

The testis seldom suppurates, but when it does, great attention is necessary lest the tubular portion protrude, or be pushed out in mistake for pus. This has occurred. These cases are tedious and difficult of cure.

It seldom happens that both testicles are simultaneously inflamed from gonorrhœal causes, although each may be affected in succession; and the left testicle, perhaps, is more frequently inflamed than the right.

A patient subject to rheumatism, who has had phlegmone testis, may, by exposure to cold, be severely attacked by rheumatic inflammation of the testicle, producing violent pain in the gland, extending down the thigh, and attended with spasmodic action of the external muscles of the thigh and leg.

Inflammation of the testicle most frequently attacks those who are recovering from gonorrhœa, where the discharge is very trifling, and where the symptoms are apparently favourable. It may be the result of taking cold, or may come on even without any evident cause.

It scarcely ever arises when the inflammatory symptoms are running high, and the discharge is profuse; but at the conclusion of these very cases, it is likely to take place, especially when they have been of long standing.

It has been said that phlegmone testis is frequently produced by the long use of irritating injections. This does not appear to be the fact; but it is to be admitted, that injudicious applications to the urethra, in the early stage of the disease, to check the discharge suddenly, will often produce inflammation of the testis.

The opinions of writers as to the *rationale* of phlegmone testis are various; some think that the inflammation is propagated down one of the vasa deferentia to the testicle, whilst others think the disease is caused by metastasis. Neither of these opinions is correct; the simple explanation is, that it is an inflammation of one part communicated to another, in close and natural relation to it.

Hence inflammation of the testis may be produced when the discharge from the urethra has ceased; and on the other hand, the return of the discharge may carry off the inflammation of the testicle.

The suppression of an accustomed discharge in one part of the body may produce a disease in another part. This is exemplified in certain affections of the head, from the healing of an ulcer, or the suppression of an hæmorrhoidal flux.

Phlegmone testis is not the cure of gonorrhœa; it causes only a cessation or diminution of its symptoms,

which frequently return when the supervenient disease is removed.

Previously to the coming on of this affection of the testicle, there often appears to be a morbid sensibility of the gland, indicated by shooting pains and uneasiness; in this state, if proper means be used, the disease may probably be prevented.

This morbid sensibility of the testicle may, perhaps, be the remote cause of the inflammation; it will sometimes remain when the latter has been removed; indeed, the epididymis, or even the whole gland, may continue for a long time in this state, and is with much difficulty cured. In some instances the tenderness is so great, that the person cannot bear his clothes on, and is obliged to wear a bag truss to suspend the testis, and prevent the return of the inflammation.

In some of these cases the testicle may be examined by manipulation, without giving any pain at the time; but some time afterwards the uneasiness comes on.

Inflammation may be communicated to other parts as well as to the testicle—to Cooper's glands, the neck of the bladder, and to the perinæum, inducing a febrile disturbance of the system very much resembling low fever.

Dysuria Venerea sicca.—This is a morbid state of some part of the urethra, from impure intercourse, in which all the symptoms of urethral inflammation are present, except the discharge.

The patient is affected with ardor urinæ, expels the last drops of urine with great pain and spasmodic action; the orifice of the meatus urinarius externus is red, and the redness extends as far up the canal as usual. There is sometimes also chordee.

This form of the disease may exist in two states—1st, as an original complaint; and 2ndly, as the consequence of a common gonorrhœa. It comes on ten or fourteen days after infection when derived from that cause, and it is questionable whether it admits of a natural cure. When it is the result of gonorrhœa and has been produced by astringent injections, there will be great irritability and spasm; and when the discharge has been suppressed without any assignable cause, the uneasiness will often remain for a protracted period, probably by the irritation having been transferred to the corpus spongiosum.

Dysuria sicca may run through its whole course without the least discharge or even any particular redness of the meatus; but certainly a far greater number of cases will occur as merely preceding obstinate gonorrhœa.

Gonorrhœa in Females.—This disease in females is by no means so troublesome to manage, nor so severe in its symptoms, as in males; the inconveniences attending it are not more than would be felt for a slight inflammation of the nymphæ, or inner membrane of the vagina.

There is usually difficulty and pain in passing the urine, a redness and sense of fulness in the parts, and sometimes uneasiness in walking, or in sitting down on a hard seat.

In some cases there will be tumefaction of the prolabia, with pains of the groins, inside of the thighs, or lower parts of the abdomen; and in delicate women the stomach now and then becomes affected with flatulence and sickness; but these symptoms may very probably be produced by mental uneasiness, rather than from the disease.

When the parts are generally inflamed, all these symptoms are proportionately increased; the discharge becomes more profuse, and is often of a brownish or greenish colour, and sometimes tinged with blood; the urethra is involved, and the bladder becomes extremely irritable.

Anomalous Symptoms.—If the inflammation runs high, it will sometimes proceed to suppuration, and the abscess commonly bursts on the internal part of one of the labia, or into the vestibulum; abscess, however, is not a frequent occurrence in these cases, nor is it attended with any serious results.

An absorbent in the groin will sometimes enlarge, but it seldom suppurates; when it does take place, the formation of matter is attended with great pain.

There are two large laminæ situated on each side of the vagina, near the carunculæ myrtiformes, and leading to glands analogous to Cooper's glands in the male. These may inflame and discharge matter, or the inflammation may be extended to the glands themselves.

When this takes place, the tumour may increase to the size of an egg, filling up the os externum, and irritating the bladder and rectum; the tumefaction often extends to the labium pudendi, forming a red, shining, and transparent tumour.

The abscess will sometimes burst into the narrow ducts of these glands, producing a discharge from them as if it came from the vagina, and causing the patient to suppose that it came only from that membrane; when the abscess bursts through the parietes, the opening is generally small, and, if not enlarged, will become fistulous.

Inflammation of these glands may likewise proceed from various other sources; and it is extremely difficult to distinguish the discharge of gonorrhœa from the discharge from other causes of vaginal inflammation.

In leucorrhœa the colour of the discharge may be yellow, or green, or tinged with blood. Ardor urinæ is sometimes wanting in gonorrhœa, but it may occur in the more acrid discharge of fluor albus; this symptom, therefore, is no sure criterion. Inflammation or abscess of the labia or of the mucous glands may arise from other diseases as well as from gonorrhœa; and enlargement of the inguinal glands may also be produced by a very acrid discharge in leucorrhœa.

In this kind of inguinal swelling, it will always be better to form a judgment from the character the disease assumes, and from the history of the case, rather than from the character of the discharge.

In this place the question may be put :—Is gonorrhœa a local disease, or is it capable of infecting the system with lues venerea ?

This question may be answered in the following manner :—A purulent discharge from the urethra may occur under various circumstances.

1st. A urethral puriform discharge may arise from excess of venery, intemperance, and hard riding ; this species is not capable of communicating infection.

2nd. There is a purulent discharge from the urethra which arises from a morbid cause ; this species will produce infection, but it will communicate a disease of its own kind, and nothing more. The system will not be contaminated, and no mercury will be required.

3rd. There is a form of gonorrhœa which will sometimes communicate lues, and many instances may be adduced to establish the fact ; but certainly the far greater number of urethral purulent discharges must be considered as incapable of producing lues venerea.

[If this doctrine be correct, there is every reason to conclude that those cases of gonorrhœa which communicate lues arise from, or are complicated with, urethral chancre. But M. Ricord has established this as a fact, from extensive experience and close observation, in his important and valuable lectures now in the course of publication in the *Lancet*. He asserts, that in the course of sixteen years' practice he has discovered two urethral chancres on dissecting the canal after death ; and that since January last he "has had no less than ten cases of blennorrhagia symptomatic of urethral chancre." It were vain to bring Hunter's two cases of gonorrhœa in criminals, whose urethrae he dissected after their execution, and in which he could find no breach of surface whatsoever, against the overwhelming testimony of M. Ricord. Urethral chancre, whether common gonorrhœa and lues be or be not derived from the same morbid cause, satisfactorily accounts for the production of lues from some cases of urethral purulent discharge.

There is nothing more extraordinary in the fact of an ulcer occurring on the mucous surface of the urethra, than that of an ulcer occurring on any other mucous surface.]

Gonorrhœa symptomatica.—This species of gonorrhœa takes its origin from gout, rheumatism, affections of the viscera, and also from stricture of the urethra. Gonorrhœa from gout is not at all uncommon ; and when the discharge is suddenly checked, the pains of the joints will be greatly aggravated, and sometimes accompanied with erysipelatous inflammation of the superjacent integuments.

[At this time I have a case of rheumatic gonorrhœa

in a middle-aged man in the Royal South Hants Infirmary. He had been under treatment a considerable time for chronic rheumatism, and the disease had nearly subsided under the use of the iodide of potassium, with alterative doses of blue pill, when the sclerotic membrane of the right eye became slightly inflamed, and soon afterwards a purulent discharge from the urethra began, which could not be traced to any other cause. It was treated with the balsam of copaiba, and it soon subsided. Purulent discharge from the vagina in children is not an unfrequent occurrence, and which, in a great majority of cases, cannot be traced to any contagious cause, and is, therefore, probably derived from some disorder of the functions of the viscera.]

Treatment of the first species of Gonorrhœa.—Gonorrhœa is considered as capable of natural cure, and this doctrine is not without foundation, as many instances of the disease, both in males and females, do become milder, and at length disappear, where no medicines are employed. A strict regimen is all that is required in most cases ; many cases, however, will remain a long time, and retain the power of infection.

Notwithstanding this fact it cannot be known *a priori* which cases will admit of a natural cure, and which will proceed to aggravated symptoms and serious results.

By an appropriate mode of treatment this complaint may be mitigated, its duration shortened, and its consequences prevented ; indeed there are cases of gonorrhœa which would never be cured by the unassisted efforts of the constitution, especially if they be of that species capable of communicating lues venerea.

In the cure of gonorrhœa there are two indications :—

1st. To destroy or correct the morbid poison.

2nd. To remove the symptoms, and thus put an entire stop to the disease.

With regard to the first, unfortunately there is no medicine that is capable of destroying the contagious and irritating properties of gonorrhœal matter ; mercury, though a specific in lues, is not in gonorrhœa, since it is often found that when mercury has cured every symptom in lues, the discharge from the urethra remains. To fulfil the second indication, the antiphlogistic treatment must be strictly enjoined ; the patient must abstain from venery ; from all violent exercise, especially riding on horseback ; from fermented and spirituous liquors, and all highly-seasoned food.

The parts are to be kept clean and cool, the bowels gently acted upon by mild aperients ; violent purging aggravates, and will sometimes bring on the inflammatory symptoms. The patient should drink barley water, linseed decoction, and, in the summer months, rennet whey, and take small doses of nitre, with gum arabic, or tragacanth.

Some practitioners object to nitre upon the ground of its impregnating the urine with an addition of

neutral salts; but as no harm, at least, has resulted from its employment, and as something will reasonably be expected to be done, it will be right to give nitre, combined with the compound powder of tragacanth.

By this gentle treatment the first species of gonorrhœa will generally be cured in from five to eight weeks, although it would seem that little more is done than removing impediments to a natural cure.

(To be continued.)

FOREIGN BODY IMPACTED IN THE UTERUS.

By WILLIAM BUSH, Esq.

Senior Surgeon to the Bath Ear and Eye Infirmary, and to the Eastern Dispensary of Bath.

In the report of the Birmingham Pathological Society, recorded in the *Provincial Medical and Surgical Journal* of May 31st, I remarked a case by Dr. Fletcher, of a foreign body—a wooden skewer, an inch in length—having found its way into the rectum, the presence of which the patient could not explain. Having just previously met with a case of a foreign body thrust into the uterus, I am induced to make it public, believing it may be read with some interest by many of the profession.

On the 8th of May last I was requested to see professionally, a French lady, about 60 years of age, visiting this city. On enquiry, I found that she had been suffering from a leucorrhœal discharge for some years, arising, as she had been informed by her French medical attendant, from a tumour in the uterus, (which, however, on examination, I could not detect,) for which she was frequently in the habit of injecting water (or endeavouring to do so,) into the uterus, by means of a common metallic apparatus. Finding, however, that the tube of the instrument, in her opinion, was not sufficiently long to reach the womb, her ingenuity contrived to invaginate the metallic tube within a piece of an elastic one. On using, in the morning, this home-made apparatus, she found that it answered the purpose intended of entering the womb, but on removing the metallic instrument, she perceived, to her dismay, that the elastic tube (three inches in length,) was left behind. She immediately attempted to remove it, but her efforts to effect this only served to thrust it still further into the uterus, and under these circumstances I was sent for. On examination by the speculum vaginæ, I found that the os uteri and neck of the uterus were extraordinarily flaccid, and the former as wide open as if she had been recently confined. The tube was lying *within* and *directly across*, the dilated womb; little difficulty, however, was found, in extricating it from its perilous position.

Remarks.—This case is not given as affording any particular analogy to Dr. Fletcher's, still I cannot but consider it may throw some light upon the manner in which the piece of skewer found its way into the rectum, for it is scarcely possible to suppose a piece of wood of the size mentioned being swallowed without being known to the patient, either in the act

of mastication or otherwise. The above case points out the injurious consequences of introducing injections into the womb; its flaccid and dilated condition and its discharge might be attributed to the remedy in which she was persisting. If injections are used, they should be used alone to the vagina; and if this case is a sample of the method adopted in France for leucorrhœal discharges, &c., no wonder that we hear of simple ulceration of the neck of the uterus being so common a disease there. My friend, Dr. Samuel Edwards, late of this city, has long believed from his experience, that mechanical violence is not unfrequently the cause of this disease in virgins, and those who have not borne children.

In conclusion, may not the frequent injections resorted to by the French throw some light on the fact, (which is, I believe, proverbial,) that women rarely have more than two or three children in that country? On mentioning the particulars of the above case to a medical friend of, mine to-day, he stated, from what he had heard, that the last-named circumstance might be accounted for by their resorting to mechanical means to prevent conception from taking place. How far this may be the case, I will leave for others to determine.

28, Gay Street, Bath.

June 8, 1848.

POISONING BY FOWLER'S SOLUTION: ABORTION: MORTAL FAINTING.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

If you think that the annexed case of fatal poisoning by arsenic, besides being remarkable for the minute quantity taken, presents also some points of medico-legal interest, will you obligingly allow it a place in your Journal.

I am, Sir,

Your obedient servant,

HENRY T. CASTLE, M.D., (Edin.)

Leeds, June, 1848.

H. T——, a widow, being reported to have died suddenly from poison administered to her by a man with whom she cohabited, a legal examination was deemed requisite.

Fifty hours after death the body presented the following appearances:—Under parts of the body generally discoloured, from cadaveric extravasation; extremities of the fingers blue; abdomen tense. On opening the abdomen the stomach and intestines were seen distended with gas; inflammation of the former and of the small intestines was at once detected through their coats, and on exposing their mucous surface it was found to be general and intense. At the cardiac extremity of the stomach, and towards the lesser arch, several patches were seen of a deeper tint than the surrounding inflammation. Passing the colon the inflammation re-appeared in the rectum, which had apparently suffered in an equal degree with the stomach.