continuing some time, and being attended with symptoms of a spasmodic character. The attacks ceased on the third day, having been combatted by bleeding to fainting at first, followed by hot drinks, and a full dose of morphine at bed-time. The treatment on the following days was a combination of opiates and antispasmodics, with counter-irritation.

The next patient, a boy, aged 16, had also got wet; his complaint began the next day with hoarseness, which was relieved by Linimentum Ammoniae, and the ordinary treatment for a cold. Eleven days afterwards he had an attack of dyspnoea, with crowing inspiration, which lasted two hours, and was relieved by bleeding and opiates. It afterwards returned with violence, and was attended with convulsive movements of the limbs, and hard accelerated pulse, the patient being an epileptic subject. The treatment was similar to that of the former case, and proved successful the second day.

Now in regard to these cases, both of which were attended with febrile symptoms at the outset, I would ask what evidence have we of spasm of the glottis that may not as readily be adduced in proof of the inflammatory nature of the attack? Indeed, in a third case Dr. Wardell admits the existence of inflammation in the larynx, and argues justly that the irritation had produced a spasmodic closure of the glottis. That there was a constriction of the glottis in these cases can hardly be doubted; but, as Dr. Wardell must be aware, that true spasm or closure of the glottis, from whatever cause, cannot continue for more than a few seconds without being followed by death, it is to be regretted that he should have given us these interesting cases under the title of spasm of the glottis, and that in his observations upon them he should have endeavoured to identify them with the infantile complaint. It would have been better had he imitated the reserve of that excellent pathologist, Dr. Copland, who does not admit any disease under that name into his Dictionary of Medicine.

I cannot pass over one of the observations of Dr. Wardell, published in the *Provincial Journal* for October 20th, as it is even more calculated to mislead than the cases themselves. It is as follows:—"It has been said that cold and damp have nothing to do with the production of laryngismus stridulus, and that croup on the contrary, is mainly brought on by these conditions. It is quite clear from the above cases, that the first of these statements is incorrect, as in both instances wet and cold were the exciting causes." Besides the *petitio principii* involved in this sentence, did it never occur to Dr. Wardell, that they might be very reasonably considered as cases of laryngitis, or oedema of the glottis, or other inflammatory disease? I conceive also that Dr. Wardell has failed in his endeavour to prove the existence of any hysterical affection in either case in support of the spasmodic character of the attacks. The girl exhibited none except when "choking," and the wonder is that the boy, an epileptic subject, was not more convulsed during the attacks.

There are several other remarks that might admit of discussion, but I pass them by as not relevant to my

present purpose. In what I have stated with regard to these cases I have no wish to detract from Dr. Wardell's merits of close observation and appropriate treatment; but believing that pure spasm of the glottis does not occur in the adult, or at least has not yet been described, I cannot but object to these cases being brought forward as instances of it, particularly has they have led to the publication of similar ones by other parties, to which the above remarks are equally applicable. The purely spasmodic disease of children has already received almost as many names as it has met with describers, and if other complaints of the respiratory organs which have only one symptom (*viz.*, the stridulous breathing,) in common with it, are to be classed under the same head, neither the nosology nor pathology of spasma glottidis can ever be established on a secure basis.

Kensington, Feb. 25, 1848.

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.

Venereal Ulcerations.—These are of two kinds. The first is a circular ulcer, chiefly found on the shoulders, back, or abdomen. It seldom exceeds three inches in diameter, and is rarely less than two. It forms a regular circle, having an area within it of sound skin. As its depth does not extend to the cellular tissue, it may be called a superficial ulcer, and it probably arises from a spot. When these ulcers occur, they may be considered as a proof of the long continuance of the disease. They do not appear to arise from the skin glands.

The second kind is an ulceration which attacks the toes, and is much more serious than the first, having sometimes proved fatal. This is a deep, painful, and ill-conditioned sore, discharging an offensive ichor, of a dark colour. It will sometimes extend around the foot; and if the under part alone be affected, the ulcer generally occupies the whole angle between the foot and toes. As the sebaceous glands abound in these parts, it may be presumed they are involved in the disease. This ulcer is seldom seen but in hospitals, and in persons very inattentive to cleanliness.

Treatment of Ulceration between the Toes.—These ulcers require great attention: in an early stage they will often heal with common dressing and Bates's camphorated water, considerably diluted. This wash answers better than those of mercury. When the ulcer spreads extensively, and becomes foul and painful, the fermenting poultice, made in the following manner, may be tried with advantage:—"Let flour be mixed with honey till it becomes of the consistence of dough,

and then a sufficient quantity of yeast may be added. The mass should be placed before a fire till it begins to rise, when it may be applied, in order that the fermentation may go on upon the ulcer." Opium, bark, and sulphuric acid, should be given internally; and if the opium should not give ease, the *Extractum Conii* may be substituted in large doses, beginning with five grains three times a day, and gradually increasing the dose till giddiness is produced. The extract of conium, though an uncertain remedy, should not be neglected; it is often found to succeed better than other narcotics. The *Extractum Stramonii* has been tried in these cases till it began to produce its poisonous effects, viz., tremors and flashes of light passing before the eyes, and general disturbance, but without success.

Venereal Ulcers on the Tongue.—These are by no means common in syphilitic disease. This morbid alteration generally begins rather beyond the middle of the tongue, in the direction of the central line. It appears first as a soft tubercle, and enlarges in length towards the base of the tongue; the edges have a sort of mulberry appearance, and the ulcer discharges an offensive matter. Sometimes the edges of the tongue, the uvula, or arches of the palate, have an excoriated or aphthous appearance. These symptoms sometimes occur without any other venereal symptom, but they are more commonly in association with blotches on the skin. At other times there will be an ulcer on the side of the tongue, with callous irregular edges, accompanied with sore-throat; or a sore on the tip of the tongue, with smooth callous edges, very painful, especially during the night; or there may be tubercles on the side of the tongue, resembling those which appear on the inside of the thighs and scrotum, when they excoriate each other.

[Mr. Pearson states that he has not seen more than six indisputable cases of venereal ulcers on the tongue. I have, myself, seen two well-marked cases. The first occurred in a young man admitted into the Royal South Hants Infirmary. It consisted of a soft tubercular mass, considerably elevated, of an ovoid shape, mulberry colour, situated upon the centre of the middle line of the tongue, and occupying half its length. The second was that of a young man, 25 years of age. It was a large and deep ulcer on the right side of the tongue, discharging an offensive matter, and so extremely painful as to prevent mastication. Both these cases were speedily and completely cured by five grains of the *Pilula Hydrargyri* every night, and five grains of the iodide of potassium, in solution, three times a day. I have also seen a syphilitic sore on the lower lip, of a middle-aged man, somewhat analogous in appearance to the former of the above cases: it had grown to a projecting mass of a loose texture, of a deep red colour, and of the shape and size of a large walnut. It was proposed to extirpate it by excision, but by the

use of the iodide of potassium, and the compound decoction of sarsaparilla, it soon got well.]

Tertiary Symptoms.—[Called by Mr. Pearson the second class of secondary symptoms.]—As the venereal disease advances further into the system, and affects parts differing in structure and function, it puts on a different appearance. When admitted into the blood-vessels, its morbid effects are prodigiously multiplied, and are chiefly confined to those parts exposed to the air.

The secondary symptoms are often seen to remain stationary for a time, and if too small a quantity of mercury be used, the same symptoms may return again and again without proceeding into the tertiary.

In the secondary symptoms the powers of the constitution may be sufficient to cause the eruption to disappear, but in the tertiary symptoms the constitution does not seem to possess the same remedial power. In this stage of the complaint the general health suffers more than in the earlier stages; the complexion loses its normal colour, and assumes a sallow leaden hue; there are frequent shiverings, wandering pains, and general uneasiness; the pulse is frequent; there are profuse night sweats, great emaciation, and, not unfrequently, œdematous swellings of the ankles and feet; the tongue often remains clean, and the appetite good. At other times there is a disinclination for food, with sickness, bringing up a ropy mucus from the stomach, to the amount of, in some cases, a pint at a time. There is sometimes hoarseness and complete loss of voice.

Tertiary symptoms may be divided into two species:—1st, affections of the skin and membranes; 2nd, morbid alterations of the bones.

Affections of the Skin and Membranes.—In this stage the eruption is generally pustular, larger than variolous pustules, deeply seated, not rising much above the surface, and of an orange or light-red colour, with a hair generally in the centre. It soon becomes covered with a white crust, which gradually assumes a darker colour; then the adjacent parts are involved, and the whole has somewhat the appearance of carbuncle, leaving deep and foul ulcers, which are very painful. These pustules vary in size (from the size of a split pea to that of the palm of the hand,) and are met with chiefly on the arms, neck, face, and shoulders. The forehead and nose are sometimes seen covered with four or five large crusts, projecting two or three inches from the surface, and looking like horns.

The ulcers are disposed to produce fungus very quickly, and leave deep and indelible cicatrices behind. The ulcer often appears as if the part had been scooped out, having thickened edges, and discharging an offensive and sanious matter. It has been mistaken for cancerous disease.

[In the summer of 1846 I met with an instance of

this kind. A married woman, of middle age, had a large deep ulcer on the left ala of the nose, which disfigured her face exceedingly. It had existed for nine months, and resisted every means prescribed for its cure by various medical men. The edges were raised and thickened, the surface foul, the discharge sanious, and the adjacent skin of the ala discoloured and swollen. At first sight I considered the case to be carcinomatous; but, being reminded that a few years previously she had been under my advice for ulcerated sore-throat, a light was at once thrown upon its true character. Five grains of blue pill were now ordered every night, and four grains of the iodide of potassium three times a day, dissolved in peppermint water. In one month the ulcer was completely healed, and all disfigurement removed.]

It is somewhat extraordinary that there should not be a tendency in the absorbent system to be affected again by these ulcers or pustules in like manner as they are affected by a primary sore, when they so readily carry the virus into the next absorbent gland; this may arise from the matter formed in an advanced stage of the disease being different from that of the primary sore, or from its being in a diluted state; but it is not easy to arrive at any absolute conclusion on this point. At the same time it is important to ascertain whether the fluid from a tertiary ulcer can communicate the disease to a sound person. There are no facts to prove that the constitution possesses the natural power to render the virus innoxious to the patient himself. The matter of a chancre is certainly the most active; that of a bubo is much less so; and that arising from eruptions and nodes still less active: but in the last even it is sufficiently powerful to produce a series of symptoms, which, if neglected, will finally destroy the patient.

Tertiary sores are so seldom situated on the organs of generation, that it is difficult to decide their character, when sores apparently of this kind are found there, either from patients generally giving incorrect accounts of themselves or from having an interest in misstating their case in order to conceal the cause of their being possibly of a more recent date. When tertiary sores really exist on the genitals, the discharge is generally so great as to dilute the virus and render infection much less certain than from the discharge of primary sores.

It has been observed, that the symptoms, which precede the appearance of the secondary eruption, are not very dissimilar to the eruptive form of small pox, and that when the eruption appears the fever declines; but the constitutional disturbance in the tertiary class is much more permanent, and is not relieved by the eruption.

The patient continues languid; especially when he rises in the morning; has a sallow and leaden aspect; wandering pains; profuse night sweats; vomits a ropy mucus, and is occasionally affected with hoarseness.

This may be called "erethismus syphiliticus," produced by the irritation of a morbid poison. It has frequently been mistaken for hectic fever, and greatly aggravated by the treatment, whilst all the symptoms have been relieved by the proper administration of mercury. Whenever, therefore, a patient, who has had the venereal disease, of which but few marks remain, complains either of wandering pains, headache, soreness of the throat, or loss of voice, the symptoms are to be suspected of being the result of lues,—at any rate they require to be traced attentively to their origin.

Enlargement of the Ligaments of the Joints, and Affections of the Bones.—This is not a frequent symptom, yet it is sometimes to be met with. The joints most frequently affected are the ankles, wrists, and sometimes the elbows. Here there is a different affection from that attacking the joints during a course of mercury, in which the middle joints of the fingers, the joints of the elbows and ankles, &c., are sometimes tumefied, and have puffy or livid appearance. This case is frequently attended with a good deal of pain, and a bad state of health, which seems to threaten the patient with consumption. When the ossa malorum or alveoli of the lower jaw are affected, the result is generally fatal; and is to be attributed to the mercury and never to the venereal disease.

The periosteum is the membrane most frequently affected by the venereal disease, and at first the subjacent bone is not involved in the disease; but as diseased bone is often the result of a morbid condition of the periosteum, both are sometimes found involved.

When the venereal virus attacks the bones of the head, the centre of the parietal bones will be found most commonly the seat of the disease, and the frontal bones will be affected at about the roots of the hair.

The malar bones and the nasal, are not often attacked—indeed the latter are but very seldom if ever destroyed by the venereal virus, though very often by the abuse of mercury. The horizontal plate of the superior maxillary bone, the vomer, the cancelli of the ethmoid bone, and the inferior spongy bones, are most frequently attacked by the venereal disease.

The radius and ulna are seldom affected by it, and then only in old cases; the tibia is usually attacked at its lower extremity; and the fibula is generally exempt, except sometimes at an advanced stage of the disease. The bones of the hands and feet do not suffer from the venereal virus; and it is not certain that caries of the clavicle, sternum, or ribs ever proceed from this cause; these bones suffer more commonly from scrofula, although the affection may subside under the use of mercury. [I once saw the greater part of the sternum necrosed by struma.]

Venereal Nodes.—When the periosteum is attacked there is acute pain, which exacerbates in the evening, and is much increased by pressure; there is generally some redness externally, and the membrane is always

thickened, accompanied by the formation, of a glairy fluid, or a semi-coagulated mass. Many weeks may elapse, if the inflammation be chronic, without the secretion of pus; and previously to this, the bone is seldom diseased; but if the periosteum be much separated, the bone will probably become carious.

The pain occasioned by this form of the disease is the most acute that can be endured,—the patient is prevented from having any sleep, and sometimes becomes delirious.

The progress of the disease is various. The part may acquire a prodigious thickness, without any matter being contained; or the fluid may be effused between the periosteum and skin, proceed rapidly, and not be attended with much pain. This is called the spurious node, and is found upon the forehead and upper part of the tibia; again, the matter may be under the periosteum, and then the pain is most severe. The abscess proceeds but slowly, and seldom opens spontaneously. The rapid increase of size occasionally observed, is not owing so much to the virus itself as to the matter acting as an irritant; this case will occasionally subside in as rapid a manner as it took place.

(To be continued.)

CASE OF FRACTURE OF THE SUPERIOR MAXILLA, WITH DISPLACEMENT OF THE MALAR BONE.

By HUGH R. RUMP, Esq., M.R.C.S.E., Wells, Norfolk.

Robert C., aged 25, a seaman, tall and muscular. On Sunday, the 9th of January, 1848, whilst driving at a rapid pace out of an inn yard, the wheel came in contact with the gate post, by which means the gig was upset, and its driver dashed with great violence upon the hard and frosty road, alighting on his face. When first visited, he was suffering from concussion of the brain, was very pallid, and the skin bedewed with perspiration; he made frequent ineffectual attempts to vomit, and although very drowsy and lethargic, replied rationally, when interrogated in a loud and distinct voice. The pulse was small, quick and irregular; and the extremities were cold. The right side of the face presented a very peculiar appearance; the natural prominence of the cheek had disappeared, whilst the globe of the eye was forced upwards and slightly outwards; there was a superficial wound on the cheek, and the eyelids were tumid and ecchymosed. Upon making an examination, (both externally and within the mouth,) a fracture was immediately detected in the superior maxillary bone, extending from its orbital surface downwards through the canine fossa, then taking a direction backwards and downwards, below the malar process of the bone and continuing its course, through the maxillary tuberosity. The malar bone, together with the malar process of the maxilla, was driven upwards and inwards, towards the internal angle of the orbit; and projected upwards above the

floor of the orbit nearly a quarter of an inch, so that its circumference was considerably diminished. By carefully tracing the finger along the zygoma, a depression could be recognized at its articulation with the malar bone, a space intervening between the two bones. No lesion of the fronto-malar articulation could be detected.

As all attempts to reduce the fracture and to place the bones in situ proved abortive, the patient was put to bed, wrapped in blankets, bottles of hot water were placed to the feet, a cordial stimulant administered, and a water-dressing applied to the wound.

January 10th. Had no sleep during the night; was very faint, and vomited two or three times. Complains this morning of great numbness of the right side of the head, and has lost all sensation in the upper part of the cheek, or in those parts supplied by the supra-orbital nerve; and in the gums and teeth, as far as the mesial line. Smart febrile re-action has commenced; the face is flushed, and the soft parts about the seat of injury are very swollen and ecchymosed; tongue furred and dry; pulse 86, full, but compressible.

To take five grains of calomel, with ten of extract of colocynth directly; a saline draught every three hours; a dozen leeches to be applied to the cheek, and subsequently water-dressing.

21st. Is convalescent; the only inconvenience resulting from the accident is loss of sensation in part of the cheek, side of the nose, gums, and teeth. Returns to his duty to-day.

Observations.—Fractures of the bones of the face are acknowledged by all surgical writers to be of comparatively rare occurrence, and they are all equally agreed, as to the difficulty, and in most cases, the impossibility, of their reduction,—it not being “practicable in these cases, as in fractures of the limbs, to operate by any mechanical power upon one or other of the fractured extremities, for the purpose of reducing them to their normal relative position,”—and that unless the fracture be compound, and great inconvenience and danger be apprehended from detached fragments of bone, it is far better to suffer the fractured bones to remain displaced, than to seek by operative means, to remove the deformity resulting from such accidents, the risk being too great from the division of the soft parts, and the possible benefit to be derived therefrom too inconsiderable, to warrant such procedure. In the above case considerable deformity exists, from the diminution of the orbit by the fractured bones projecting above its floor; but although the fracture extends through that part of the bone from which the inferior oblique muscle arises, every movement of the eye is accurately performed and vision remains unimpaired. The levator palpebræ muscle not being capable of elevating the lid sufficiently for the present position of the globe, is assisted by the occipito-frontalis, giving the patient the appearance of having undergone the operation for ptosis. From repeated and very careful manipulations, I am inclined to believe that the depression felt at the temporo-malar junction, was the result of disarticulation, and not of fracture. As both the anterior and posterior dental