into, though they were "matters immediately and nearly concerning human health, human happiness, and human life." We can but feel astonishment that infant homœopathy should be so gently dealt with, while aged practical medicine is laden with all the errors and infirmities, and ignorance, and thoughtlessness of many of its professors. We do think that it would have been far kinder in Dr. Forbes, had he endeavoured to treat the disorders of his brethren allopathically, and not exposed them to the cruel gaze and scorn of mankind.

Our author appears to rely much upon the reports of certain hospitals with regard to homœopathic treatment. We must confess our want of reliance upon statistical tables at any time; we are well aware that by a little clever tact in this confection, and by arranging one disease under the name of another, and by first taking up a prejudiced opinion, which the tables are to support by their results, statistical tables may be made to speak anything, and therefore must be considered more in the light of an exponent of the opinions of the investigator, than as a sure record of facts, and can only be valued in this scale. And if so, their value will be very small, when we consider the tendency of the human mind to imbibe prejudice, and its love of success, and its strong selfish desire to support its own views, that however much we may feel inclined to allow the principle that every system must be judged by its practical efficiency, we cannot admit the still further conclusion that statistical tables are an exponent of that efficiency. We do not therefore consider them "as substantiating the momentous fact, that all our ordinary curable diseases are cured in a fair proportion under the homœopathic method of treatment." Upon this subject we must ask for a great deal more of evidence upon a point which is perfectly incomprehensible to all our ordinary notices and knowledge of nature's operations, and which, as such, demands an amount of proof far exceeding that of any ordinary fact, and in the absence of this extraordinary proof we must assume that all these results have proceeded upon the *post hoc propter hoc* principle, upon which we shall now proceed to make a few remarks.

This principle which appears common to both systems, is, however, the only one in which there seems to be community, and we freely admit that it is a mode of reasoning far too common in our profession, and in the world. At the same time, we are not altogether to disregard even this method of argumentation, for we must recollect that such *may* be the fact; that it is only by the accumulation of *apparent* sequences that we are led to calculate on the return of similar effects from similar causes, and that it is only by finding this expectation generally realized that we acquire what is called experience. We say generally, for there will be always in operation, causes disturbing these expected agencies, and it is our business to ascertain these causes, in order that we may know the sources of failure. The ordinary source of failure exists in the injudicious or erroneous application of the remedy; and he will be the best practitioner who is most accurately acquainted with these disturbing agencies, and who, therefore, best knows how to obviate and avoid them. We quite

believe in the folly of employing a novel remedy for some important malady, and because the patient has recovered, loudly proclaiming that he has been saved by the agency of the said remedy. But if this remedy shall have been repeatedly exhibited under similar circumstances, very many times, in different places, and by a great variety of individuals, and identical effects shall have been produced, making all due allowance for the modifications induced by peculiarity of constitution, those modifications being always according to the constitutional expectancy, then we should say that the number of *post hoc* phenomena would enable us to profit by the facts, and with the aid of reason and experience, to pronounce that these are also, so far as we can see, *propter hoc*; and at any rate we are justified in expecting similar results from a like practice. And should we be disappointed in this expectation, we have no right philosophically to infer that our first reasoning was erroneous, but only that there has been some defective link in the chain, which has escaped our observation; and that we have actually prescribed the remedy, under circumstances, not suited for its administration. The error has consisted not in the defective power of the remedy,—not in its want of adaptation to peculiar forms of morbid action, but in our having omitted to weigh well some complication, the influence of which we have estimated too lightly, or it has been altogether concealed from our sight. There are a great variety of phenomena which we are justified in expecting, but for the recurrence of which we have no other reasonable ground for expectancy than that they have always followed similar attendant circumstances; and there can be no just reason why we may not adopt the same methods in medicine, provided that we give a sufficient time for the development of ample experience.

(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.

Lues in Children.—Children are often seen affected with syphilis from different causes:—

1st. By the application of the virus to a part devoid of cuticle—an excoriated lip may take it from a diseased nipple.

2dly. From attempts made to have connection with them.

3dly. From the mother being affected with the disease.

When a child is affected with lues, the symptoms are not different to those in adults. It is not uncommon to find chancres and gonorrhœa in young females from the attempts of some brutal men who have entertained the vulgar and absurd notion that connection with virgins gets rid of the disease.

* Continued from page 204.

Clear and decisive instances of the disease being communicated by a sore nipple are extremely rare. When the disease has been communicated by the mother, it always appears as secondary symptoms. Children are rarely if ever born with lues; it generally does not appear till a fortnight or a month after birth, and then in the form of flat copper-coloured spots, but redder than in adults. The eruption is seen about the thighs, arms, between the shoulders, and more particularly where the sebaceous glands are most numerous.

The child has generally a sore-throat, and hoarseness—of so remarkable a kind that it can scarcely be mistaken, after having been once heard. The child has also a particular mode of crying; the lips are swelled, and the eyelids often discharge a large portion of matter; this, however, is not from venereal irritation, but from inflammation.

It is sometimes of the utmost importance to form a just diagnosis with regard to venereal affections in young persons, especially when medical men are called to give their opinion in courts of judication.

When there is ground for supposing brutish violence might have been used, we can derive no certain information from the presence or absence of the hymen. It might have been ruptured, perhaps, accidentally, in some other way; neither are puriform discharge, ardor urinæ, and excoriation, proofs of any injury having been attempted, as they all happen without such cause.

These symptoms are frequently cured by purging, attention to cleanliness, and the application of the vegeto-mineral water (diluted solution of the diacetate of lead;) mercury is not necessary, though it very much assists in such cases.

As the attempts of a sound person very certainly produce all these symptoms, without any contagion, so, on the other hand, the mere contact of a person having lues may communicate the disease, and produce them. In boys, ardor urinæ and puriform discharge may be the result of the penis being constantly handled, from their being stone in the bladder.

But in all these cases it is very important to trace the symptoms to their true source, and in such as are of doubtful character, it is best to give just mercury enough to heal the local symptoms, and run the risk of the secondary.

The possibility of hereditary transmission has been doubted by many able men, and amongst the rest, by Mr. Hunter, who urged that neither the secreted fluids nor the blood was capable of communicating contagion, though secondary symptoms were present. Boerhaave and even earlier writers taught the same doctrines.

The saliva, milk, semen, and urine, considered in themselves are not contagious fluids; but if the organs, which secrete them, become the seat of a venereal ulcer, and if a particle of its matter mixed with such secretions come into contact with an abraded

surface infection may be the result. Men who are affected with lues, have begotten healthy children; and infected nurses have suckled children without communicating the disease.

To show that the blood, *per se*, cannot communicate infection, wounds produced in a syphilitic patient, will heal as readily as in any other person, unless they occur in parts where the virus actually exists, as for instance, when a diseased prepuce is removed by excision, although the blood and the natural secretions are not of a venereal character, yet if the organs secreting either of the latter fluids are in a diseased state, the properties of their secretions may be so altered as to become capable of producing infection.

It has been urged that the child becomes affected during its passage through the vagina from sores existing there. It has, however, been known that an infant has been born diseased, when the mother had only gonorrhœa for some time before the birth of her child.

It has also been urged that there is no connection between the blood-vessels of the mother and those of the fœtus; but it is certain that the child is furnished with blood from the mother in some way; and if the blood of the mother were contaminated by the presence of venereal matter absorbed into it, the child no doubt would receive infection.

That infectious diseases may be so communicated there are undoubted instances. Forester mentions a case where the eruption of the small-pox appeared on the internal as well as the external parts of a child at birth. That the small-pox as well as the measles have been communicated in utero is certain; and that lues has been transmitted in the same way, admits of the same proof.

When the mother is diseased, the child is often born dead, and very much atrophied; this may arise, not so much from the venereal poison, as from the ill health of the mother or effects of mercury. Children when born alive of syphilitic mothers, have generally a pale shrivelled appearance, and often die in a few weeks, with apparent marks of the disease upon them; and when they are born apparently healthy, are attacked in a few weeks with sore-throat and other symptoms of the disease, which constantly yield to the use of mercury.

Children affected with lues have appeared to communicate the disease to women who have suckled them. The disease, in many such instances, cannot be traced to any other cause, and yields only to mercury.

That the child is not infected in its passage from the uterus, is proved by the circumstance of many women bringing into the world diseased children many weeks after the local symptoms were apparently cured.

It may be asked why the symptoms should not more frequently occur in children before birth, where the infection has been received so long? To this it

may be answered, that the state of the fœtus in utero is favourable to counteract the effects of the virus. It is constantly immersed in a warm fluid, the blood circulates freely, and the sebaceous glands have scarcely begun their functions. It appears necessary that there should be a deposition of the virus somewhere to produce its local effects; but the state of the fœtus in utero is unfavourable to such deposition. As soon as the vessels are exposed to the air, and the vital and natural functions are properly performed, this deposition takes place and the symptoms appear. That this development takes place from the influence of the air, is proved by the secondary symptoms appearing on the most exposed parts, and by the virus never attacking the viscera.

It is to be suspected that the virus never excites any symptoms till the infant is born, it having been previously floating in the blood-vessels, and no deposition therefore having taken place.

Women, who have been affected with lues, and apparently cured, have frequently given birth to unhealthy children. It sometimes occurs that the first child is very much diseased; the second less so; the third somewhat unhealthy; and perhaps the fourth in every respect a healthy child. But all this time it is not to be supposed that the mother is affected with true syphilitic, but rather with syphiloid disease, gradually wearing itself out.

Treatment of Lues in Children.—If the mother be affected with the venereal disease, and the child sleep with her, and if she give suck to it, it will be only necessary for the mother to use the remedy. When the mother is under the influence of mercury, the child's mouth is often extremely sore; but if the child does not become affected by the mercury, it will be right to give it half a grain of the chloride of mercury, twice a day. If the calomel run off by the bowels, a scruple of the mercurial ointment should be rubbed upon the child's body, nearly every day, for five or six weeks.

It is not desirable to salivate a child severely, as it has sometimes proved fatal; children, however, bear mercury so well, that there is more danger in giving too little than too much.

Anomalous Symptoms of Syphilis.—Ulcer of the Uterus.—This has sometimes occurred when the woman has had no external appearance of syphilis; and infection might occur from this cause, when it is disputed by the female from the want of external proofs of the disease.

The symptoms of primary sore on or near the os uteri are—discharge, pain under pressure, and, by digital examination, the discovery of an ulcer, of a superficial character. The uterus will not be found enlarged, but more indurated or thickened than is natural, with its mouth in some measure dilated. This ulcer is attended with flushing of the face, frequent

pulse, and a febrile disturbance of the system, resembling hectic fever; sometimes, however, the ulcer remains several weeks without particularly deranging the system. This kind of ulcer should be treated like the primary sore on any other part of the genital organs, and it should be frequently washed with lime water and calomel.

[The use of the speculum has made us better acquainted with ulcers on the vaginal aspect of the uterus; and they appear to be of far more frequent occurrence than they were discovered to be at the time Mr. Pearson delivered his lectures. I was lately called in to a case of this kind, and by the aid of the above instrument, the ulcer was perceived to be superficial, and the surrounding parts of the mouth of the uterus somewhat swollen—shewing the accuracy of Mr. Pearson's statement made without the assistance of modern invention. This species of ulcer ought not to be placed amongst the anomalous symptoms, but with primary syphilitic sores, supposing, of course, that they were produced by venereal infection.]

Loss of Voice.—It is not unusual for venereal patients to have a total or partial loss of voice, attended with deafness; if, then, there be pain of the larynx, and hoarseness, after repeated attacks of lues, the symptoms are to be referred to such a cause, and treated accordingly.

In such cases there will generally be thickening of the mucous membrane of the epiglottis, or, what is worse, ulceration of the larynx and destruction of the valve.

Thickening or stiffness of the epiglottis, so as to prevent its covering the glottis, is removed by mercury; but if there be ulceration of the larynx and destruction of the epiglottis, accompanied by symptoms resembling croup, and if there be at the same time a bad state of health, a quick pulse, and a wasting of the body, the disease always terminates fatally. There is sometimes a peculiar kind of hoarseness, arising from fungi in the larynx, resembling verrucæ, which cannot be ascertained during life. In venereal ulceration of the larynx, the fumes of cinnabar will be the best local remedy, where they can be borne.

[The late Mr. Vance's method of swabbing out the larynx with a solution of Argenti Nitras, may be useful in incipient cases of this kind, and in the more advanced stages, the iodide of potassium, with mercury, will be found the most effectual treatment.]

Eczema Mercuriale, or Mercurial Rash.—In some persons the skin is remarkably susceptible of mercury, whether used externally or internally.

The period at which the rash appears is various and uncertain; in a child, half a drachm of the mercurial ointment, or a dose of calomel, has produced it, and it is sometimes seen when the course has been almost completed.

The rash is first found about the scrotum and upper

part of the thighs, sometimes also at the bend of the arms; it generally affects the lower more than the upper part of the body; there may, however, be occasionally seen, along with the affection of the lower parts, an erythematous patch on each cheek.

In most instances the rash extends over the whole body, producing frequently a tumefaction of the skin, equal sometimes to that seen in small-pox. The heat of the body is increased, the pulse is quick, and the tongue white, but the sensorium is not usually affected.

This eruption is evidently vesicular, but the vesicles are so small at first, as to require a magnifying lens to discover them. They go on increasing till they acquire the size of a pin's head, when they become puriform, burst, and discharge an acrid and irritating matter, which emits a most offensive odour. In a few days the patient may be excoriated from head to foot, one part discharging an adhesive matter, and another a thin ichorous fluid.

There does not appear to be any fixed limitation of the eruption; as it subsides, the skin acquires a pale brown colour, and is left in a state of roughness.

The first desquamation may be succeeded by a second and third, so that the whole body will appear as if covered by a white powder.

When the eruption is universal, it generally lasts five or six weeks, and will sometimes be followed by the separation of the nails, and the falling off of the greater part of the hair of the body.

Such are the appearances with which the disease will be found to correspond, when its form is regular and severe. In other instances it only appears on the arms and inside of the thighs, and it soon dies and disappears.

(To be continued.)

CASE ILLUSTRATIVE OF THE EFFECTS OF A LOADED STATE OF THE BOWELS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

If you think the following notice of a case which occurred to me some time since worthy a place in your Journal, you are welcome to it. It shows at least, in the first place, what a lucky hit will sometimes do; and secondly, that the public are about as apt to bestow their praises as their censures wrongly, when the performances of medical men are under their consideration.

I am, Sir,

Very faithfully yours,

THOMAS E. AMYOT.

Diss, February 28, 1848.

It was in a summer month that I was called over in a very great hurry to attend an old lady, the widow of a farmer. She appeared about fifty-seven or fifty-eight years of age, was very corpulent, and of a florid complexion. I found her supported by chairs, alternately groaning and screaming, with agonies of pain in her right

leg, which, from the groin to the foot was swollen, and dark coloured from the turgid state of the blood-vessels; it was intensely tender to the touch, but not oedematous, neither was there any appearance of erythema or erysipelas. Her pulse was rapid and excited, but perfectly compressible; the tongue was foul, and the bowels, according to her own account, *open, or even rather relaxed*. I confess the real cause of the mischief did not at the time strike me, and after cudgelling my brains during a seven miles' ride home, I resolved on simply trying the effect of a brisk calomel purgative, and a saline and senna draught, determining at the same time to visit my patient early on the following morning, and, if possible, to form a just opinion of the real nature of the case. To my great delight, on my second visit, I found the purgative, which I had looked upon only as a *demurrer*, had done its duty most handsomely, having completely removed the pain and swelling,—and what is more, the cause thereof, in the shape of two or three most copious, dark, lumpy, and very offensive motions. I have no doubt the large intestines had been so distended, as to interrupt the venous circulation, and so to cause the symptoms above detailed.

The case at least taught me never to depend simply on a patient's assertion, when there is any cause to suspect *constipation*, but to examine carefully the evacuations, however regularly they may be passed; and if the feces be flattened in shape, or *loose and offensive, without the symptoms of debility produced by true diarrhœa*, to clear the bowels effectually before adopting any other treatment.

DISLOCATION OF THE HUMERUS REDUCED UNDER THE INFLUENCE OF CHLOROFORM, WITH OBSERVATIONS.

By W. NEWNHAM, Esq., Farnham,

At the present time, when it is peculiarly necessary to form just ideas of the value, and the precise position of chloroform, I think it may not be undesirable to chronicle in the Journal, even the following case, which has no pretensions to rarity, or to remarkable skill, or to any other peculiarity, except as illustrating the value of chloroform in certain cases. I am disposed to think the remedy has been taken up too sanguinely by the profession in general, and I am fearful of its abuse; but I doubt not, that it is a valuable agent, and that it will by and bye find its proper level. I have lately become acquainted with a case of fatal consequences following its exhibition, though I am not at liberty to publish it; but I do think that great caution should be employed; before its use is determined upon; nor can I yet bring myself to the conviction, that it is desirable to employ it in all cases of midwifery, though I would not hesitate to give it, where any obstetrical operation were to be performed. The following is a simple statement of the case referred to:—

I was called in by Mr. Yate, of Godalming, to consult about the management of a dislocated humerus, in an old lady, who had met with this accident sixty-one days previously, but who had not known the nature