colour. His master, seeing how ill he was, ordered him to bed, and sent for a surgeon, who, as soon as he saw the tumour, gave the most unfavourable prognosis. He gave no hope of life being saved. He applied refrigerant lotions, and a bandage to the tumour, and ordered the patient to be provided with brandy and water. Contrary to all anticipations, the inflammation abated, and the tumour gradually decreased in size, till at length it became reducible within the abdomen. Then, for the first time, this patient was provided with a truss. The surgeon who fitted it on, told him he might find the pressure of it painful at first, but that he must submit to it, as his life might be the forfeit if he left off wearing it. Notwithstanding great pain and excoriation, he wore the truss for five or six years, when the spring having for some time been very rusty, broke in two; then, instead of procuring a new truss, his wife made a firm pad of flannel, covered with leather, which he secured in the groin by bands around the pelvis, and between the thighs. This he wore daily for two years, when, in hot weather, finding it galling and uncomfortable, he took it off one evening as soon as he got home from his work. Next evening he did the same, and, as the rupture did not come down in the least either night, he went to work the third day without the pad. To his great delight he has never had any further occasion to wear it, as the rupture has entirely ceased to descend at any time.

There is now not the least vestige of hernia in his groin, and, without knowing anything of the preceding history, I had occasion, several years ago, to examine him as to his fitness to be admitted into a benefit society, when I gave a certificate of his being free from hernia, &c. At the present time he has the situation of a groom, with frequent occasion to be on horseback, and has not the least apparent vestige of hernia about him.

In this case it is probable that the inflammation occasioned by wearing the truss at first had extended to the subcutaneous tissues, and obliterated the inguinal ring through which the hernia had protruded, the hernial sac becoming gradually absorbed. It is worthy of remark that, notwithstanding the alarm the local appearances were calculated to inspire, neither of these two patients was at any time affected with symptoms of strangulation.

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 Hanpts Infirmary.

Treatment of the First Species of Gonorrhœa.—(Continued.)—The disease may sometimes, however, be considerably shortened by medicines which tend to impede the discharge, and these remedies may be either given internally, or used externally; the former consist of terebinthinate medicines, such as the balsam of

copaiba, &c., but they are not admissible when the neck of the bladder and perineum are affected. These medicines may frequently check the discharge even at an early period of the disease; it must be admitted, at the same time, that they often do no good, but rather exasperate the symptoms, rendering the discharge liable to return when the medicine is discontinued, and sometimes producing dysuria and strangury.

External remedies are applied in the form of injections, which are of various kinds,—viz., oily, mucilaginous, mercurial, and astringent; and these are occasionally combined with opium.

Oil may be considered as injurious to the urethra, as it rather aggravates than alleviates pain; mucilaginous injections do nothing more than defend the urethra from the salts contained in the urine, and must be washed off the first time the urine is passed; and injections in which mercury is suspended, act, probably, as astringent and defensive. Those holding the bichloride of mercury in solution, must be both astringent and irritating. The late Mr. Bromfield used this in the proportion of one grain of the sublimate, to half a pint of water. Astringent injections, either of solutions of the di-acetate of lead, of the sulphate of zinc, or the sulphate of copper, by suppressing the discharge early, sometimes obtain a speedy termination of the disease. It is not obvious how the complaint is removed by suppressing the secretion, but the fact is sufficiently certain.

If a patient with mild gonorrhœa apply for advice on the first or second day from the commencement of the disease, and if an injection be prescribed, composed of from eight to twelve grains of the sulphate of zinc to eight ounces of water, which is to be used three or four times a day after passing the urine, the discharge will probably be got rid of in from one to three weeks, and in some instances be completely removed in a week.

An injection should not be violently thrown into the canal, nor be suffered to remain there longer than half a minute. If the di-acetate of lead be employed, half a drachm may be dissolved in half a pint of water, or it may be added to the zinc injection above-mentioned, as it will tend to diminish the stimulating properties of the latter. The sulphate of alum is not admissible, except in the last stage of gonorrhœa. Injections containing a fit proportion of laudanum do not appear to effect any material benefit by the addition of this drug.

During the use of an injection, if the symptoms increase, it should be immediately discontinued; and it ought never to be thrown farther into the canal than the projecting part of the penis. This limit may be effected by pressure of the corpus spongiosum at this point.

Injections upon the whole are not to be approved; and but for the necessity of using them in certain

* Continued from page 347.

individuals, it were better to lay them aside; for it cannot be denied that they frequently produce troublesome symptoms, and sometimes give rise to urethral stricture; besides, it is very common for the discharge to return, if the injection has been discontinued before a fortnight from the appearance of the complaint.

Injections are often deemed more serviceable than they really are to the patient; for even when the discharge has ceased, it is necessary to continue them so long, in many instances, that it is probable the antiphlogistic plan might have succeeded equally well without them.

If the patient should be seized with pain in the oins, or strangury, under the use of injections, they should be instantly left off, and the warm bath substituted; for in such a case the object will be to bring back the discharge as quickly as possible.

Injections are not attended with the same risk in females, the urethra being seldom affected, and the vagina not possessing so much sensibility as the male urethra. An injection composed of three drachms of the sulphate of zinc, one drachm of the sulphate of alum, one drachm of the superacetate of lead, and one quart of water, may be used in such cases; and to sheath the parts from the acrimonious quality of the discharge, the inner surface of the labii may be smeared with an ointment composed of one part of the Unguentum Hydrargyri Fortius, and five parts of fresh Unguentum Sambuciflorum.

Treatment of the Second Species of Gonorrhœa.—As the inflammation in this species extends as far as the bulb of the urethra, or neck of the bladder, so the symptoms are more severe, and are attended with more important consequences.

Injections of every kind in this case are injurious, and the most effective means of relief are those which remove inflammation.

Purgatives, such as calomel, with jalap, or the sulphate of magnesia, are to be given every two or three days, or as often as the patient can bear them. If there be much spasm or inflammation of the perineum, leeches are to be applied every day till the inflammation is mitigated or subdued. The vapour of hot water, fomentations of poppy decoction, or a bladder of hot water, may be applied to the perineum, and afterwards a warm poultice of linseed meal. If the ardor urinæ be excessive, it may be alleviated by immersing the penis in hot water, when the urine is being passed.

At the same time relief will be obtained by the internal administration of small doses of nitre, with large doses of the compound tragacanth powder; along with this the patient should drink largely of a decoction of marsh-mallows, barley water, or linseed tea, and by these means he will abate the heat that is felt through the whole course of the urethra, and particularly at its bulb.

In these severe cases it will also be right to give one or two grains of calomel, with half a grain of opium every night; not so much to prevent lues, as to remove the urethral inflammation; and when the inflammation is very acute, ipecacuanha or antimony may be added.

When the inflammation has been subdued, and the discharge has become white and thick, a stop may be put to it, not by injections, but by the balsam of copaiba. It may be given in this form:—R. Balsam. Copaibæ, dr. j.; Misturæ Acaciæ, dr. ij.; Tincturæ Opii, gtt. x; Aquæ Rosæ, dr. x. Misce pro haustu bis terve die sumend. But if no good be experienced the first week, it must not be exhibited afterwards. If the discharge has ceased, it will be proper to continue the balsam eight or ten days, lest it should return.

The balsam disagrees with the constitution, producing, in some persons, sickness and vomiting, and in others an exanthematous eruption and disorder of the general health; in such results it must be at once discontinued, and a purgative given. Small doses of the Oleum Terebinthinæ have been substituted, but in general the latter disagrees more than the former.

This form of the disease requires eight or nine weeks to be subdued, and if it be not very correctly treated in the beginning, will often last eight, nine, or ten months; with the greatest possible care it is seldom cured in a shorter time than six or seven weeks. The strictest attention to diet and exercise is indispensable.

Treatment of particular Symptoms: Inflammation of the Perineum.—When the perineum is tender and painful, and this state of the parts is not early removed by local bleeding, by purging, the warm bath, poultices, and opiate enemata, it is probable that suppuration will take place in the cellular tissue. It is generally long in coming forward, and as soon as fluctuation can be felt, it is right to evacuate the matter with a lancet, in order to prevent the urethra from being injured, which is not necessarily involved in this case.

Treatment of Chordee.—This symptom is sometimes carried off suddenly by copious hæmorrhage, and this is occasionally produced by an attempt to lacerate the frænum. Injections of every kind should be laid aside, as well as all restraining medicines. If the pain be severe, and the tensions constant, bleeding, with leeches, or opening the vein of the dorsum penis, will be found beneficial. Immersing the penis in hot water, and sitting in a warm bath for some time, may also be of use. Purgatives are required, and a plaster of camphorated mercurial ointment should be applied along the under part of the penis.

Opium, however, is the chief remedy; it should be given in large doses on going to bed, and repeated upon every painful return of the priapism. It may occasionally be combined with æther and camphor with advantage.

The frænum ought never to be divided except from absolute necessity,—that is, when it is too short; for when divided, relief is not obtained from the division so much as from the hæmorrhage; indeed in some cases, by cutting the nerves running on each side of the frænum, great and permanent injury has been inflicted upon the patient. If its division be deemed indispensable, a perforation should be made behind the frænum for the passing of a ligature to tie it. The ligature will be thrown off in three or four days, and the sore will probably heal without any trouble.

The treatment of phymosis and paraphymosis has been before noticed. When they arise from gonorrhœa, extreme cleanliness will be all that is necessary.

[When phymosis arises in gonorrhœa, or on simple abrasion of the surface of the glans, a solution of one grain of the sulphate of zinc, in one ounce of water, injected between the prepuce and glans, will invariably heal the abraded surface, and speedily reduce the swelling of the prepuce.]

Treatment of Enlargement of the Inguinal Glands.

When these glands are enlarged, either from acute inflammation, or from a suppression of the discharge, they are to be treated by smart purgatives and other antiphlogistic means.

Treatment of Strangury or Irritability of the Bladder.

—In this case there is generally a tendency to suppuration as well as to inflammation, it is, therefore, important to reduce the latter as soon as possible. Leeches should be applied to the perineum as near the prostate gland as possible, and the bleeding be promoted by warm poultices. The warm bath should be used, and the patient kept in bed.

When the inflammatory symptoms shall have been subdued, opium given freely, particularly by the rectum, will be found of considerable service; purgative enemata also are useful; and it is a great object to bring on a copious discharge.

Treatment of Inflammation of the Testis.—As this disease is generally regarded as purely inflammatory, twelve or fourteen leeches are to be applied to the scrotum; and if the symptoms be severe, twelve or sixteen ounces of blood may be taken from the arm. The leeches should be repeated every day till the violence of the symptoms is subdued. During the intervals a hot linseed poultice may be applied. Warm applications have been found more useful than cold. At the same time calomel and senna purges should be given, and the patient kept on low diet, and confined to his bed.

When the inflammation has been subdued, much benefit will be received by the use of injections, every night, of the infusion of linseed, with fifty or sixty drops of laudanum; and small doses of calomel are to be given every day. This plan is generally successful in producing a remission of the symptoms in eight or

ten days; but the whole of the inflammation will sometimes not subside under five or six weeks; a soap-plaster may be afterwards applied, and the scrotum suspended.

When a patient is threatened with phlegmone testis, sometimes a brisk purgative, and washing the scrotum with warm brandy, will prevent the disease. Emetics will prove of no avail.

If, after the inflammation has subsided, any hardness of the epididymis or thickening of the spermatic cord remain, the camphorated mercurial ointment and spirituous vapour may be used; and if these fail, a blister may be applied to the testis, and another over the abdominal ring.

If the inflammation be of the indolent kind, it will be useful to employ a poultice made of the fresh leaves of hemlock, and to give small doses of the corrosive sublimate, in a decoction of sarsaparilla.

The discharge of the urethra is generally restored as the testicle improves; but the latter often remains in an indolent state for years, and as there is no disposition to its becoming scirrhus it is of little importance. The camphorated mercurial ointment may be used; or, in the event of its failing, electricity may be tried. In some cases mercury has appeared to do good; but it will often be found to disappoint such an expectation.

If the patient has delayed too long before he applies for assistance, the scrotum, and sometimes the testicle itself, will suppurate. In such a case, poultices are to be applied, and should there be a disposition of the parts to slough, they should be continued till the sloughs have separated, and then the surfaces may be washed with Bate's camphorated water, and afterwards covered with dry lint. Greasy applications are not found to agree so well.

Atrophy of the testis does not frequently occur; but if it should be the result of phlegmone testis, blisters and electricity may be beneficial, although these remedies cannot always be relied on.

Treatment of Dysuria Venerea Sicca.—When this kind of dysuria occurs primarily, purgatives are to be chiefly depended upon for its cure; and with this view calomel may be given at night, and jalap in the morning; and this plan is to be repeated every third day. Small doses of calomel should also be given three times a day, and strong mercurial ointment rubbed in along the course of the urethra. If there be much pain, the tepid bath will be found of use.

When dysuria sicca supervenes in gonorrhœa, blistering the perineum should be employed. An ointment of cantharides may be applied to the glans penis, so as to produce excoriation of its surface and also of the inner part of the prepuce. This application, by producing a discharge, will be found beneficial. Bark and the extract of hemlock may be given internally, but the effect of these medicines is uncertain.

The Treatment of Gonorrhœa in Females is similar to that recommended for males, except that in the former, astringent injections may be used of much greater strength, and at an earlier period, but not till the primary symptoms shall have subsided.

Whilst these are present, a solution of the Plumbi Diacetat may be used, and afterwards the following:—Zinci Sulphatis, dr. iv.; Aluminis Sulphatis, dr. ij.; Pulv. Plumbi Compositi, oz. j., Aquæ simplicis, Oij.

[The compound lead powder will be found in the L. P. 1788. Take of Ceruse five ounces, Sarcocol one ounce and a half, Tragacanth half an ounce. Rub them together into powder.]

In some cases ten grains of the bichloride of mercury may be dissolved in a quart of water for the same purpose.

The discharge is often extremely obstinate, in which case the balsam of copaiba, turpentine, olibanum, the sulphate of zinc, and bark may be given; and if the disease should not yield to these, the patient may take five or six grains of the sulphate of alum, with ten grains of the Sanguis Draconis three times a-day; the cold bath, also, may be added, if necessary, which is often found efficacious in females.

Treatment of Tumour of the Labium Pudendi.—This requires little more than the usual treatment of inflammation. The parts should be fomented and poulticed.

If an abscess of the lacunæ break spontaneously, it is apt to continue for a long time, and is often mistaken for gleet or internal abscess. The true character of the case may be known by considerable fulness and hardness of the labium on the side involved.

The best treatment will be to lay open the abscess by a crucial incision, to dress it down with dry lint, and afterwards to cover it with an emollient poultice. In a few days the sore might be sprinkled with red precipitate powder, so as to produce a slough of the lower surface of the sac; and when the sac has been thus obliterated, healthy granulations will probably form, and the cavity soon be filled up and healed.

Southampton, June 1st, 1848.

(To be continued.)

CASES FROM PRIVATE PRACTICE.*

By JOHN RICHARD WARDELL, M.D., Edin.

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CASE VIII.

SUBCLAVIAN ANEURISM.

REMARKS.

Aneurismal tumours, both on the part of surgeons and physicians, have in later times received the special attention of accurate observers, so that now their

pathology is well understood, and more correct notion entertained respecting their causes; nor is it surprising that so many inquirers have interested themselves in the subject, seeing that the affection is one of the gravest character, and when occurring in certain of the larger vessels, admits not of cure. Galen was the first who entertained any just notions of the disease; afterwards Vesalius and some others made attempts at giving a description of it. In more recent times Lancisi, Guattani, Monro, Morgagni, Scarpa, Hunter, Hodgson, Breschet, &c., have given elaborate accounts of every kind of aneurism. Various experiments have been tried upon animals, both in ascertaining their cause, and the best means of medical as well as operative cure. The former has manifestly little, if any, effect, notwithstanding the assertions of Valsalva and his followers; and where the surgeon's art is impracticable, we may deem the case as one of a hopeless nature. It is true that in certain rare instances a spontaneous cure has taken place, even in aneurismal enlargements of the great vessels, yet such are rare instances, and in our prognosis could form nothing more than a remote possibility.

Aneurisms may be divided into two great classes, *spontaneous* and *accidental*, the former resulting from a gradual and diseased change in the coats of the vessel, almost invariably the middle and internal tunics first becoming affected; the latter from sudden and positive laceration of the coats, as by powerful exercise, sudden tension, and external injuries.

Some authorities have affirmed, relative to spontaneous aneurism, that there is *invariably*, a giving-way of the middle coat; and such was the opinion of Scarpa, who says, "there is only one form of the disease,—viz., that caused by a rupture of the proper coats of the artery, and an effusion of arterial blood into the cellular sheath which surrounds the ruptured artery," a doctrine which, although is in the main correct, is not at all times true, because we know that dissection has in some instances proved the contrary. The whole of the coats may, by long-continued disease, become so softened and deprived of their natural elasticity, as to simultaneously dilate, and this dilatation has been known to progress to a very considerable degree, all the tunics preserving their integrity. The fibrous or middle tunic is by far most apt to assume a morbid state; it loses its natural consistency, and becomes soft and flabby; in the interstices are often deposited calcareous matters, when the lining membrane changes to an indurated condition, and thus is rendered very liable to rupture. Sometimes dilatation will go on for a considerable period, and then the internal coats divide, as if from rupture, induced by over dilatation. The atheromatous condition of the fibrous tunic is the morbid state most commonly observed, and to this opinion the majority of morbid anatomists have subscribed. In those vessels which are subject

*Continued from page 379.