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Berkshire Hospital.

(Continued from page 369.)

V.—DISEASES OF THE URINARY SYSTEM.

Diabetes.—Although the more recent inquiries, and especially those of M. Bouchardat, into the causes and origin of diabetes, would lead to the inference that the disease depends primarily upon a vitiated action of the stomach, I have preferred in the present instance, to class the following example of that disorder under the diseases of the urinary system, for unfortunately the condition of the stomach after death does not seem to have been noticed, at least no remarks to that effect appear among our minutes.

On the 2nd of December, 1846, Mr. Harrinson presented the kidneys, uterus, and portions of the lungs of Mrs. W., who had died of phthisis, with diabetes mellitus. She was a strumous subject, aged 22, married one year and a half, and had had one miscarriage at six months. He had attended her soon after her miscarriage, for slight inflammation (as he supposed,) of the cervix uteri. Her chief complaint was of pain in coitu, which was only partially relieved by the treatment employed. Three months after her miscarriage, and five before her death, she first had urinary symptoms. She began to pass a large quantity of urine, and at the same time to be very thirsty and hungry, to lose her strength and flesh, and to have a dry skin. A fortnight before her death she had a troublesome cough; the left lung was found to be much diseased with a cavity at its apex; bronchitis was present in the right lung; she had never rashes on the skin, nor boils. The quantity of urine passed latterly had amounted to twelve pints in the twenty-four hours; it had a specific gravity of 1035, and smelt sweet, like apples. The treatment was palliative.

Post-mortem.—Emaciation extreme; right lung healthy; left pleura universally adherent; left lung completely disorganized with tubercles, with small cavities in various parts, and a larger one at the apex; kidneys hard, large, and of a whitish colour, separated with difficulty from their close adhesions to the surrounding tissues; uterus of the natural size, but bent forwards, lying on the bladder in a state of acute flexion.

Mr. Harrinson remarked that why the left lung was alone diseased, depended probably on its physical condition, being bound down by adhesions. He also made some remarks upon flexions of the uterus, to which he considered much more importance had been attached than they merited, more especially by M. Velpeau.

At the same meeting Dr. Cowan related two cases of diabetes mellitus, the one occurring in a boy aged 12, and the other in a lady. Both patients died comatose in a few hours. In reference to this subject he remarked, that while suffering from simple diabetes, the patient might exist a long time, but that changes were very liable to take place suddenly, which placed him in the greatest peril;—that diabetic urine from its limpidity passed through the kidney readily, but when its character altered, as for instance on becoming albuminous, then the kidney became blocked up, and the patient's life placed in jeopardy. He considered that where albuminous urine coincided with convulsions in puerperal women, the circulation had become impeded, the kidneys blocked up, and their excretion prevented, foreign matters were thus introduced into the system, and convulsions consequently occurred.

This last remark called forth the following interesting cases from Mr. Walford:—

Albuminuria.—CASE I.—He attended Mrs. B, aged 29, in labour with her first child. The labour was somewhat tedious, and before its completion, a slight convulsion occurred. Afterwards the convulsions returned with increased force and frequency. The urine was found to be *highly albuminous*. She was successfully treated by cupping behind the ears and over the region of the kidney, by calomel and jalap, and a purging mixture. Consciousness was restored in three or four days, and convalescence rapidly established.

CASE II.—He was called to a woman, aged 21, in labour with her first child; she was reported to have had two fits. He found her partly unconscious, pulse full and frequent, external parts hot and dry. She was bled, her urine drawn off, cold effusion applied, tartarized antimony given, the secale administered. The convulsions continued; pains were waited for in vain. The forceps were then applied, and the labour completed. The convulsions continued next day, though in a less degree, when consciousness was gradually restored. The urine was in this case of specific gravity

1016, slightly acid, and only became *slightly milky* by heat.

Mr. Walford remarked that he could not understand what the albumen had to do with the convulsions, inasmuch as their severity bore no proportion to the amount of albumen in the urine. He thought the more reasonable explanation was the effect of the more slowly-yielding parts engaged in parturition upon the cerebro-spinal system, that system being in a state different from health. This view he thought was confirmed by the fact, that primiparæ were generally the subject of convulsions, and by the treatment which was successful in proportion to the shortness of time occupied in relieving the womb of its contents. He thought that in the first case he had related there was disease of the kidneys of some duration.

Mr. Harrison objected to the calomel given in the first case by Mr. Walford, and related the following case as confirming his objection:—

A man, aged 52, who had always enjoyed the best health, applied to him for some purging medicine. He said that his face and feet were swollen, his breathing was short, and his bowels much confined, that he had no pain in his back, and that his water was "*all right*." Every examination was carefully made, except that of his urine, and no disease found. Some purging mixture was ordered three times a-day, and one grain of calomel with each dose. The next day, when six grains of calomel had been taken, he found him in a state of most profuse salivation. On examination the urine was highly albuminous. He slowly recovered from this condition by bleeding and croton oil; the urine still remained cloudy. In these cases for the future he should not venture to give a single grain of calomel.

Dr. Cowan considered that in this case there was long-standing disease of the kidney, and that in acute cases calomel was not contra-indicated.

The question as to the propriety of administering mercury in any, and if so, in what, cases of albuminuria, is, I believe, still sub-judice. That great caution is required in its exhibition in puerperal convulsions, with albuminous urine, is supported by the opinion of Dr. Lever, who says, "this medicine I now only employ as a purgative in combination with other aperients, and even when exhibited with this view, great caution must be exercised, as the system is very readily affected by mercury in puerperal convulsions, attended with albuminous urine; and if once it be allowed to display its effects, the diarrhœa, insalivation, and consequent debility, are extremely distressing, as well as difficult to remedy."

With respect to the cause of puerperal convulsions, your reporter may perhaps be allowed to remark, that when we consider the almost constant presence of albuminuria in this affection, it is difficult to imagine that it has no share in originating the attack. Dr. Lever states that out of ten cases affected with these convulsions, nine presented the albuminous condition of the urine, while he had examined that secretion in fifty women during labour without ever detecting albumen, except in those who either had puerperal convulsions,

or threatenings of them. The fact, moreover, that convulsions are liable to occur in the progress of *Bright's disease*, seems to point to the conclusion that those which take place during labour, are also connected with the albuminuria. In the one complaint we well know that urea is present in the blood, and its non-excretion is the probable source of the convulsions, and there seems to be no reason why the other complaint may not be accounted for in the same manner. At the same time the opinion of Dr. Tyler Smith may be quoted, as attributing these convulsions to derangement of the excito-motory system, their causes being either of a *centric* or *excentric* origin,—the first including *loss of blood, congestion, asphyxia from closure of the glottis, and emotion*; the second, irritation of the *incident nerves of the uterus, stomach, intestinal canal, bladder*, as well as of those which arise from the general surface of the body. And, as if on purpose to puzzle us, not only as to the cause, but also as to the most successful treatment of these convulsions, (about which later medical writers were previously pretty well agreed,) M. Leva, a Belgian physician, informs us, "that in the treatment of the paroxysm, he is strenuously opposed to artificial delivery, and places but little confidence in blood-letting. His chief reliance is on mercury, which he exhibits upon the principle that it diminishes the superabundance of fibrin in the blood, upon which he considers the disease to depend."—(*Ranking's Retrospective Address*.)

Bright's Disease.—I have already alluded to the question as to the propriety of administering mercury in cases of albuminuria. That instances do occur in which the judicious administration of that drug is productive of great benefit, is proved by the history of the following case, which was reported to the Society by Dr. Woodhouse on the 31st of March, 1847:—

John Wickens, aged 22, was admitted into the hospital on the 8th of September, 1846. He had always been a healthy man up to the 1st of June last, when, after drinking a large quantity of ale, he was attacked the same evening with profuse nose-bleeding, and on the following morning found his face much swollen. In the evening he felt pain in the legs, which soon after began to swell. From this time the œdema gradually extended to his whole trunk, and increased till his admission into the hospital.

At the time of his admission, the cellular tissue over the whole body was enormously distended with fluid; urine of a reddish brown colour, of specific gravity 1020, and very albuminous. He was ordered vapour-baths, aperients of compound jalap powder, and a diuretic draught, containing iodide of potass and tincture of squills, thrice daily. This treatment was continued without any material improvement in his symptoms from the 8th to the 12th. At this time, owing to his anæmic appearance, he was ordered the tartrate of iron, with the iodide of potassium, hot air-baths, small cuppings to the loins, and occasional aperients of bitartrate of potass. He was kept on this treatment until the 17th, when, although the urine was increased to double the quantity on admission, still œdema was not less, and the patient no better. On the 17th, (the

urine having been deprived of its albumen by heat, and found to be of specific gravity 1016, so as to prove that the saline ingredients were not much deficient,) he was ordered two grains of calomel, and a quarter of a grain of opium, night and morning. The steel was omitted, but the iodide of potassium continued; the air-bath was also gone on with. This treatment was continued until the 25th, when the report states that the "bowels are much purged, with griping; complains of great dimness of sight; no headache; urine gives a copious precipitate by nitric acid; oedema stationary." The calomel was then omitted, and the iodide of potassium continued. On the 30th, he caught cold by exposure, which brought on an acute attack of bronchitis, but this was subdued by venesection and leeches. His urine at this time was very scanty, and there was an increase of oedema. On the 1st of October, it was determined, in consultation with Dr. Cowan, to push the mercury in a mild but long-continued course, to test its efficacy, and the patient's capability of bearing it. Accordingly, one-sixteenth of a grain of the bichloride was given thrice daily from the 1st of October to the 5th of November. Acupuncture was also made on the outside of each thigh. From this time he began to mend. There was an excessive discharge from the punctures, the urine increased in quantity, spontaneous perspirations set in, so that by the 2nd of November all oedema had disappeared. On the 6th, he was ordered steel medicines, which he continued up to his discharge on the 30th, when he was free from all anasarca, although there still remained an albuminous condition of the urine, which had only a specific gravity of 1013. The patient returned only once to the hospital, a fortnight after his discharge, at which time he stated himself to be continuing well, and he has not since been heard of.

I have given so much space to the preceding interesting case, that I can only shortly notice the following exemplification of the same disease:—

On the 10th of June, 1846, Dr. Woodhouse presented to the Society a granulated kidney, taken from a man who had died in the hospital, with a brief outline of his case, and of the treatment during his abode in that institution. He had an attack of bronchitis, followed by pneumonia, and afterwards by erysipelas of the face, and died comatose. The urine was copious, high-coloured, always exhibiting albumen by heat or nitric acid. The case bore a striking resemblance both in its history and the appearance of the kidneys to Dr. Bright's first case. It appeared probable that the foundation of the disease had been laid by the intemperate habits of the deceased.

Calculus Vesicæ.—On the 30th of December, 1846, Mr. Dunn presented a calculus, taken from a boy, aged 10, by the lateral operation, in this hospital, by Mr. Maurice. It consisted of a lithic acid nucleus, with phosphatic deposit. Its weight was two drachms eighteen grains.

Dilatation of the Kidney.—On the 31st of March, 1847, Mr. Harrinson exhibited the bladder, kidneys, and ureters, of A. B., a coachsmith, aged 26. Mr. Harrinson having been suddenly called to him, had

found him affected with great difficulty of breathing, and intense anxiety of countenance. The chest was well formed; the respiratory murmur puerile, audible over the whole chest. Antispasmodics, nauseants, &c., were given, without benefit. The next morning he was found comatose, and he died in thirty-six hours. The history, as far as it could be collected from his friends and fellow-workmen was, that he had for some time suffered from excessive thirst, drinking five pints of water before breakfast, and a painful during the day.

On a *post-mortem* examination, the chest was found to be healthy; the stomach large; bladder much dilated. The left kidney formed a complete membranous cyst, not an atom of its original structure remaining, and both it and the ureter were fully distended with fluid; the ureter and pelvis of the right kidney were also excessively dilated.

Mr. Harrinson enquired what were the causes in this case of the dyspnœa and fatal results? Irritation of the stomach might occasion it. There is a case related in the last number of the "Guy's Hospital Reports," where dyspnœa was the only symptom of scirrhus of the pylorus. The only other cause he could find was the disease of the kidney. The lungs would take on a vicarious action to get rid of the urea, which, by poisoning the blood would irritate the heart, and thus account for dyspnœa. He offered this only as a suggestion, the most probable.

Other members seemed to think that the greatly-distended bladder, either by acting mechanically against the descent of the diaphragm, or by reflex action through the nerves, might have caused the difficulty of breathing.

It is singular that in this case no obstruction was discovered in the urinary passages which could account for the dilatation of the kidneys. The conversion of the kidney into a large membranous pouch, such as was brought under our notice, is, I believe, invariably effected by the mechanical pressure of fluid upon the structure of the kidney; and as in the present instance the bladder, both kidneys, and their ureters, were all dilated, it is most probable that some obstacle to the passage of the urine existed in the urethra.

VI.—DISEASES OF THE REPRODUCTIVE SYSTEM.

Ovarian Dropsy.—On the 5th of November, 1846, Mr. May presented a specimen of unilocular ovarian cyst. The sac was attached to the right ovary by a small pedicle, and might have been removed by a ligature. The patient was mother of two children, aged 45, catamenia regular. The sac contained about four quarts of the usual sero-albuminous fluid, and was adherent to the peritoneum, the latter being a fact of great importance. The patient was of a nervous temperament, easily excitable, almost verging on insanity, and was under the apprehension that she would become deranged. On this account Mr. May coincided with Dr. Cowan, who had previously seen her; that she could not be subjected to any medical treatment, and an operation was entirely out of the question. She pursued a quieting plan for some months, when she received the visit of a London

practitioner, uncalled for and unexpected, who urged the immediate removal of the tumour by operation. The proposal had such an effect on her mind, that acute mania followed, after which she became asthenic, and gradually sank. This case shewed how injudicious it is to depart from the usual medical ethics, as her death was certainly hastened by the improper conduct referred to.

Dr. Cowan said he had little to add to the observations of Mr. May. He had seen the patient at an earlier stage of the disease, which offered nothing different from the usual course of these complaints. He decided against an operation on account of the nervous temperament of the patient, and because adhesions were detected by the stethoscope. There was not the usual gliding sound, as in the healthy abdomen, and the skin was also adherent, which is indicative of the connections beneath. He had tried mercurialization and pressure, as recommended by Dr. Brown, but without benefit. The woman might have lived for years, as her health had not generally declined.

The question of ovariectomy is one of such importance and interest to the medical profession at the present time, that it would not, perhaps, be proper to pass it by in the present instance, without offering some remarks on its merits. The desire which was shown for its performance (in the case just reported,) by the London practitioner, (a great authority by the way in such matters,) when compared with the nervous temperament of the patient, and the existence of adhesions, as proved after death, makes one, I must confess, rather cautious in listening to the persuasions of its advocates. I will not say that there may not be cases in which such an operation is justifiable, nay, even desirable; but I suspect that when we except the cases in which the constitutional debility or nervous temperament of the patient is unequal to sustain it,—in which adhesions render it impossible,—or in which it so slowly increases as not materially to affect the existence of the patient, that then, there will remain very few instances to which it is applicable. Unfortunately, while speaking thus against the general adoption of extirpation, medical means of cure equally fail us; and the hopes which a short time back Mr. Brown held out to us, of triumphing over this disease by the prolonged use of mercurials, in combination with pressure, tonics, and tapping, appear to have even deceived the discoverer of the new method himself; for Mr. Brown has lately informed the public that he has now given up the mercurial part of the treatment, which he had before stated to be the most important. That the existence of this disease, in some instances at least, does not so materially interfere with the health as to impair the proper functions of that system of the economy which it attacks, is proved by the following case of *pregnancy, complicated with ovarian dropsy*, which was related by your reporter to this Society, on the 5th of August, 1846.

Lucy Gilgrass, aged 37, was admitted into the hospital on February the 17th, 1847, suffering from ovarian dropsy. She had been under medical treatment

for some time without benefit, and came into this institution for the express purpose of undergoing paracentesis. She first observed a general swelling of the abdomen six months back, and fancied herself pregnant, though she menstruated for two months afterwards. The swelling did not begin in any particular part; since its first appearance it has gradually increased. Had no symptoms of diseased liver; tongue red and frothy; pulse 100, weak; bowels act regularly; is rather thirsty; appetite bad; sleeps tolerably; urine passed in the same quantity as when in health, rather high-coloured, but clear. The abdomen is now very much and symmetrically distended, measuring three feet ten inches in circumference, with evident fluctuation. Her breathing is not affected, unless when she moves.

On February 21st, the abdomen was punctured about two inches below the umbilicus, in the linea alba, by Mr. F. Bulley, and three gallons of a thick albuminous fluid, containing grumous matter and some blood, were drawn off, leaving the abdomen still partially distended, as was supposed, from cysts containing solid and fluid ingredients. The fluid drawn off weighed twenty-eight pounds, and was very coagulable by nitric acid.

On the 22nd, she was ordered a diuretic mixture, which she continued till the 27th, when she left the hospital much relieved. From this time I heard nothing of her till the 12th of June, when her medical attendant wrote me word that she had, quite unexpectedly to him, given birth to a child, healthy in appearance, and at the full period of gestation. The dropsical enlargement had at this time become quite as great as when she was tapped in February, and I heard some little time afterwards that she had been obliged to submit to paracentesis again. I have not since heard anything of her.

Acute Ovaritis.—While on the subject of ovarian disease, I may mention the following case of *acute ovaritis*, which your reporter brought under the notice of this Society, on the 28th of April last:—

Mrs. W——, aged 40, a widow, had three children, has latterly suffered much at each catamenial period. On the 6th of March, while menstruating, was exposed to cold and wet; next day was seized with acute pain in the abdomen, and the catamenia suddenly stopped. On the following day he saw her, with great pain in the abdomen, sickness, anorexia, and general fever. The pain and tenderness were principally just above the left pubic arch. No tumour could then be made out. On the 4th day, however, a tumour of a lobulated feel, and the size of a lemon, was discovered. Leeches, saline aperients, poultices, &c., were ordered, and subsequently calomel and opium to affect the gums. Under this treatment the symptoms gradually subsided, the tumour disappeared, and the catamenia began to flow. By the 20th neither fulness nor swelling remained. Your reporter stated that authorities differed as to whether an inflamed ovary could be felt externally or not. English writers said it could not, whereas in French works on medicine it was stated to be readily felt. He thought that, considering all the

circumstances of this case, there could be little doubt that the tumour was ovarian.

Dysmenorrhœa.—From an affection of the ovary, to the disorders of menstruation, the transition is very slight, I shall therefore venture now to give a short abstract of a paper which was read by your reporter on the same evening, on "*Dysmenorrhœa occurring in Married Women.*"

Your reporter considered that writers on the diseases of women did not make a sufficient distinction between the disorders of menstruation, as they occurred in the married, and in the virgin state. In the latter, dysmenorrhœa is generally accompanied by a scanty discharge of the menstrual fluid throughout the whole period, or else, as the discharge becomes more free, the pain goes off, and then it evidently ceases to be a case of dysmenorrhœa. Subsequently to marriage, however, his experience led him to infer, that painful menstruation had nothing to do with the amount of the catamenial flux. Although the pain generally commences before the flow is established, yet the discharge comes on sufficiently copious, and continues so throughout the whole period without alleviation to the suffering. There is also considerable difference in the character of the pain, which in the virgin is chiefly referred to the lower part of the abdomen; while in the married woman it is referred to the back. With respect to the pathology of dysmenorrhœa in married life, he considers that it is generally dependent upon engorgement of the cervix uteri; and that, therefore, the rational mode of relieving it is by leeches to the uterine neck, or by the application of nitrate of silver in the solid state, or in a saturated solution to the same part during the intervals of the monthly periods.

Apoplexy of the Placenta.—On the 30th of Sept., 1846, Mr. Walford stated that in August, 1844, he had presented a specimen of a placenta, affected with what is termed apoplexy of that organ, which had probably been the cause of the death of the child. The same woman was this day delivered at the full time of a small child, being herself a stout person. She had a sharp attack of fever about two months since, in which he thought she would have miscarried. The placenta, (which was exhibited,) although in other respects apparently healthy, contained a number of gritty points, with several masses of the same apoplectic effusion as characterized the former one. It was suggested at the time of the former labour, that if she were to nurse a child for some months, it was probable that at some future period she would bring forth a more healthy child; unfortunately she was not in circumstances to follow this advice. It was probable now, that if she were spared to nurse the present child, and should have another, it would be more vigorous and better developed.

Corroding Ulcer of the Uterus.—Among the diseases, however, of the reproductive organs, which has been brought under our notice during the past year, the most interesting is the following case of corroding ulcer of the uterus:—

On the 28th of April, 1847, Mr. Vines presented the uterus and bladder of Mrs. H., aged 59, married,

who came under his care, January 20, 1847. She was of spare habit, and complained of pain more or less at the lower part of the bowels. She had a muco-purulent discharge from the vagina, which first appeared in June, 1846, and gradually became very offensive. The speculum displayed a large ragged ulcer, which had entirely destroyed the cervix uteri, and exposed the cavity of the uterus. The edges of the ulcer were livid, tolerably well-defined, and not apparently thickened. The treatment consisted of sedatives, injections of warm water, of nitrate of silver, and black wash; subsequently blue-pill was given to affect the mouth. In a short time she was unable to retain her urine, which constantly escaped. At length hæmorrhage took place and she died April 3, 1847.

Post-mortem.—Present,—Dr. Wells. The ulceration was found to have extended to the posterior part of the bladder. The vagina, uterus, and bladder were all laid open into one cavity. The fact to which Mr. Vines wished particularly to call the attention of the Society, was the trifling degree of pain of which she had complained. This was the peculiarity of the case. The disease was not cancer, it differed in its history and symptoms. He concluded it to be *corroding ulcer of the uterus*. It had a livid edge, not unlike syphilitic ulcerations; this was his reason for giving blue pill. The rectum was free from disease. There was no deposit in the surrounding tissues, and the rest of the uterus was healthy. He referred to the opinions of Ashwell, Churchill, and Baillie, on the nature of this disease.

The following is Dr. Ashwell's definition of this affection, with which the case related by Mr. Vines will be found to correspond:—"An ulcer of granular surface, commencing at the cervix, rarely of large size, but destroying life by a corroding or eating away of the uterus, even to its fundus, and occasionally implicating the bladder, vagina and rectum. There is less pain than in cancer of the womb, from which it also differs in there being no indurated deposit, no immobility, and no fungoid growths in the seat of the ulceration. It is malignant, and except in its early commencement incurable." The rarity of its occurrence may be supposed, when we find the same author stating that he thinks there has not yet been received into the ward appropriated at Guy's Hospital, to female sexual diseases, one example of the malady, and that out of five hundred recorded histories of female sexual maladies in that institution, he does not find one of this affection.

Fibrous Tumour of the Uterus.—Another instance of how little pain, or even inconvenience, is experienced in some of the serious affections of the uterus, may be found in the following case of fibrous tumour.

On the 30th of December, 1846, Dr. Woodhouse presented an enormously-enlarged uterus, the subject of which had not suffered any previous pain, and was not aware of its existence, until he had called her attention to it. The only thing she complained of was œdema of the legs, and of the integuments of the abdomen. The œdema was relieved by the ordinary means, and she continued tolerably well for eighteen

months, when she was attacked by profuse hæmorrhage, and died asthenic.

On examining the body the uterus was found rising nearly midway between the pubes and umbilicus, and extending across the cavity of the pelvis, attached to the brim on each side. On making an incision into the organ, it was found to consist of a solid fibrous mass, occupying the whole structure of the womb, with a nodule of a softer consistence on the fundus. On the left side was a small cavity filled with blood. The natural cavity of the uterus seemed almost obliterated, the probe passing a very little way above the os tinæ. The ovaries were converted into large conglomerated masses of the size of an orange, presenting a number of nodules, some of a dark colour on the surface. To the left ovary were attached two large cystic tumours, filled with from two to three ounces of transparent fluid.

Dr. Woodhouse, in remarking on the existence of so large a transformation of the uterus without pain or much derangement of the health, mentioned the case of a lady, who had suddenly discovered that she had a tumour of the uterus, the size of a child's head, and whose general health was not affected.

Mr. F. Bulley stated that he had met with several cases, where patients had died of other diseases, and where, after death, fibrous tumours were discovered, the existence of which had not been suspected.

Dr. Cowan said that in his experience, such patients do not suffer usually much pain or inconvenience.

(To be continued.)

ON PARALYSIS FROM THE EFFECTS OF MERCURY AS A MEDICINE.

By ROBERT STORRS, Esq., Surgeon, Doncaster.
(Read before the Sheffield Medical Society.)

Mercury has been long known to be an active and frequent cause of paralysis in its various employments in arts and manufactures, or in the working of mines from which it is obtained; but its power of producing remotely paralytic diseases has been seldom alluded to. As this is, however, a circumstance of great importance, I think it well deserves especial notice, and I therefore propose to make this effect of the mineral the subject of my paper for this evening. I do not think I need make much apology for so doing when we consider the awful consequences involved. The life of the patient may probably be cut short, or at least his future comfort and happiness so affected that life may become a wearisome burthen, instead of an enjoyment and a blessing. And when we consider also how often this risk is run in the manifold diseases in which mercury has been given, in one form or other, for many years past, it should inculcate in us a serious lesson of carefulness and watchfulness, and should cause us to endeavour to guard against its effects, either on peculiar idiosyncrasy, or during its rapid or prolonged use. We often flatter ourselves with the supposition of

having been able to shorten the course of this or that disease, by the promptitude of our treatment, frequently including in that treatment the exhibition of this drug; but we might moderate our exultation were we able to look back upon the ruined constitutions, the disabled limbs, or the shortened lives, which a rash, prolonged, or sometimes even uncalled-for use of this active mineral has produced. The shortened lives may be forgotten, and the ruined constitutions unheeded, but the disabled limbs often remain as lasting monuments of the carelessness, the wilfulness, or the ignorance of the practitioner. These are painful reflections, but they must have occurred to almost every conscientious practitioner, in the solitude of the closet, or in the silence of the night, when we are but too apt to magnify our own errors, or to exalt the successes of others. We will, however, dismiss this unwelcome train of thought, satisfied that such reflections are often productive of beneficial warnings.

I shall not dwell at this time upon that most numerous class of diseases, the complications of inflammation with loss of power,—with ulceration, absorption, phagedæna, or gangrene, which often result from the use of this drug, nor on the even still more immediate effects of it as connected with pyalism, but shall proceed in the first place to consider the wholesale paralytic effects of this agent as observed in mines, or in manufactures in which its use is extensively required. These general, and afterwards the more special, paralytic consequences of its effects, such as the “*tremblement mercuriale*,” differ considerably from the more special paralytic disorders, as hemiplegia and paraplegia, which follow occasionally its undue exhibition as a remedial means. In treating the subject, however, I do not mean to advance any theory which shall altogether militate against its legitimate use, as there are, I conceive, diseases in which its careful administration is, and always will be, of service, but merely to convey a lesson of carefulness and of foresight, even in the most moderate and necessary use of it. I would, however, especially condemn that headlong system of treatment which pushes (in almost all inflammatory diseases,) this active and dangerous drug rapidly to the point of producing pyalism, or to an approach to it.

Dr. Copland, in his valuable Dictionary, says, in digesting the accounts of several French authors, “that the mineral molecules of mercury, which, either in form of vapour, or of minute disintegration, come in contact directly, indirectly, or immediately, with various parts of the body, are extremely frequent causes of disease in artisans; and of mineral substances thus applied, mercury is one of the most common causes of disease of artificers, particularly workmen in quicksilver mines, glass-platers, &c. Amongst the most important affection produced by the fumes or oxides of mercury in artisans, is the mercurial