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	PAGE
MR. BRANSBY COOPER'S LECTURE ON ULCERS AND HYDROCELE...	289
Dr. Hennis Green on Scrofulous Tubercle of the Brain in Children...	292
Case of Monstrosity, by S. N. Parsons, Esq., Wincanton	294
MEDICAL POLICE—DRUGGISTS AND QUACKS—ADULTERATION OF MEDICINES	295
REVIEWS AND ANALYSES OF WORKS—	
Review of Sharkey on Epilepsy.....	297
Observations on Medical Reform by Thomas Jeffreys, M.D., Liverpool	298
ANALYSIS OF FOREIGN JOURNALS—	
Journal de Chimie	300

	PAGE
ANALYSIS OF FOREIGN JOURNALS—	
Journal des Connaissances Medico-Chirurgicales.....	300
Letter from Dr. Webster.....	301
NORTH OF ENGLAND ASSOCIATION—	
Proceedings of Council	302
Meeting of Medical Delegates	ib.
Poisoning with Sulphuric Acid	ib.
Atrophy of the Cerebellum.....	303
Royal College of Surgeons	ib.
Death of Mr. Howship	ib.
To Correspondents	ib.

CLINICAL LECTURES,

IN COURSE OF DELIVERY DURING THE PRESENT SESSION
AT GUY'S HOSPITAL,

BY BRANSBY B. COOPER, ESQ. F.R.S.

(Published with Permission of the Lecturer.)

MONDAY, JAN. 18, 1841.

LECT. IX.—On Ulcers—Hydrocele.

GENTLEMEN,—The first subject to which I shall direct your attention to-day is not without its interest, though at first sight it might appear trivial and common-place; I allude to the subject of Ulcers. There are several cases in my wards at present, and I have the notes of some of them before me; and I refer to them to-day in order that you may not be led to pass them over in favour of more rare cases, as is too commonly done, to the neglect of such diseases that you will daily meet with in future practice, and by the successful treatment of which the degree of your professional knowledge will very frequently be tested.

The first case is in the bed No. 24, in Mary's ward; a woman, aged 22, admitted on the 6th of January last. Her occupation is that of a servant; she is a delicate-looking young woman, and says she has never enjoyed robust health. Eighteen months ago she had an attack of inflammation of the liver, for which she took mercury, but her mouth was not affected by it. Soon after her recovery from this illness, she perceived a small pimple in her right groin, which being very irritable, she scratched it, and thereby caused a small ulcer. She did not at first make use of any local application; but after some time, by the advice of her friends, she applied a hemlock poultice, and a variety of ointments. These produced no good effects. The sore healed at one place, but extended in another; and finding that it was getting worse, she went into the Canterbury Hospital, about seven months since; and after remaining there two months, she left, the ulcer then not being larger than a sixpence. She states that, while in that hospital, she was placed under the influence of mercury, and that her mouth became very sore. Immediately after coming out, the ulcer began to extend towards both the inner and outer part of the thigh, and has continued to do so ever since, healing at one extremity but spreading at the other. On her admission into this hospital, the ulcer presented the following appearances:—A very extensive superficial sore, situated at the upper and anterior part of the thigh, about an inch below Poupart's ligament; the circumference exceedingly irregular; in some places the surface imperfectly cicatrized, in others covered with a thick yellowish discharge. She complains of very great pain when pressure is made around the edges. The ulceration seems almost entirely confined

to the skin. She has never had syphilis. Her catamenia have been extremely irregular, sometimes appearing two or three times in a month, at others two months intervening between each period; pulse feeble; no appetite; very restless at night, from the painful state of the ulcer. She was ordered a quarter of a grain of acetate of morphia every night, and two table spoonfuls of a mixture three times a day, composed as follows:—Iodide of potassium, two scruples; tincture of bark, half an ounce; and decoction of bark, eight ounces; under which treatment she has gradually improved.

Now, before I make any remarks on this case, I will say a few words on the subject of ulcers in general, and some of their varieties, of which there are specimens in the wards. It appears a very simple thing to say what an ulcer is; and yet there is scarcely a single definition given, which is not open to objection. Sir Astley Cooper's is one of the best—"a granulating sore discharging pus;" but that only defines one kind of ulcer, the kind we always wish to see, for very often there is no discharge of pus. Then we have—"a solution of continuity in the soft parts, discharging matter;" but this will apply also to a wound, and, as I said before, there may be no discharge. I would say, therefore, a solution of continuity produced by some constitutional cause, or modification of vital action; thus distinguishing an ulcer from a wound depending on external injury. The surface of the ulcer will differ according to the character of the cause producing it, the peculiar constitution of the party, and the texture implicated. We have now in Samaritan ward a superficial sore, healing at one end and spreading at another, on the penis of a man, and it has a very similar appearance to that on the leg of the woman of whom I have just been speaking. The one is evidently syphilitic, but we have no reason to suppose that the other is so. You can very rarely be certain as to the cause of an ulcer from its appearance, for the same poison will produce very different sores in different persons, according to the peculiarity of their constitution. We have no occasion to enter on the question as to the existence of one or many syphilitic poisons to prove this, for it is a common thing for two men to be exposed to the same influence and present sores of a very different appearance, while it is evident that the cause has been the same. With these causes of variety, it is not surprising that we should have so many kinds of ulcers; and this diversity has led to different systems of classification, in order to simplify the directions of treatment. One mode of classification has been based on the condition of the ulcer; another on the structures affected; another on the state of the edges; and another again on the constitution of the patient. I think that of Sir Everard Home is the best, and is that I shall

follow here. His first class is the healthy ulcer, which you must not confound with the healing of a wound by granulation and cicatrization; but you would say that an ulcer was healthy when the appearance of its surface and edges indicated an effort to heal, and showed that the constitution was sufficiently healthy to effect reparation. You recognise this condition by the small, conical, florid granulations, covered, not profusely, with a creamy pus, the external ones not above the level of the surrounding skin, and covered with a whitish grey translucent pellicle. In the treatment, the principal things you have to do are, to attend to the position of the limb or part ulcerated; to keep it at perfect rest; prevent the access of any irritating substance, by simple dressing; and attend to the general health of the patient, by regulating his secretions and diet. So long as his health remains good, the process of reparation will go on; but directly after any excess in diet, or anything which has disturbed the system, it ceases: the state of the edges, granulations, and pus, become altered; and thus, without looking at your patient's face, without feeling his pulse, or asking him a single question, you may see at once that his health is disordered.

The indolent ulcer is observed where there is a general want of vigour in the constitution, or there is some defect or debility in the part itself. Thus they are found in old people; in those debilitated by want of proper food or other causes; and, again, in the lower extremities, where the circulation is more languid, and there is a greater impediment to the return of the venous blood. The characters of this class are well marked; the granulations are large, pale, and flabby; the pus curdy or sanious; and the edges hard, rounded, and elevated. The pain is often trifling, and the ulcer sometimes stationary for months, and then, on any irritation, it rapidly spreads; and any parts which may have become cicatrized, are soon again destroyed. The treatment must be such as is calculated to promote the powers of the whole system, and of the diseased part. The best local treatment consists in pressure and application of nitrate of silver in solution, to stimulate the surface and assist it to throw out healthy granulations.

The inflamed and irritable ulcer are both very common. The irritable ulcer is found in persons of a nervously excitable temperament; and the principal characteristic is the pain which the patient suffers when its surface, or the areola surrounding it, is touched. Opium is very generally beneficial in this variety; but the best local treatment consists in rubbing over the surface of the ulcer with the solid nitrate of silver, which destroys the sentient extremities of the nerves, and necessarily removes the pain which has resulted from their exposure. It is thus that caustic is much better than the knife for the purpose of removing exuberant granulations, as in the latter case the nervous fibrillæ are left exposed, and great pain often follows. Caustic is useful in irritable stricture of the urethra on the same principle. You have a case where there is excessive pain in making water, and spasmodic action of the muscles around the urethra; if a bougie is passed it is tightly grasped, and there is a great tendency to bleed. All this is owing to some ulceration in the urethra, with a morbidly sensitive state of the surface,—in fact, an irritable ulcer of the urethra; you touch it with caustic, destroy the nervous extremities, and all the symptoms vanish. In some cases you will have neuralgia from inflammation of a nerve, with ulceration of the soft parts, and then your treatment must be directed to the nerve affected, and some of those medicines given which are found useful in neuralgia.

You have what is called the sloughing or phagedenic ulcer, where there has been so high a degree of inflammation that the part is completely disorganized, the parts die, soften, and separate. This ulcer generally extends very rapidly; has an irregular, dirty surface, and a scanty bloody discharge. The treatment should be the same as that of mortification from any other cause,—purging in the first place, and then giving tonics, and applying stimulants to the part.

The cachectic ulcer evidently depends on some peculiarity in the constitution of the patient, as in the case I just detailed to you, where there is not a deep excavation, but a superficial ulceration confined to the skin, which we never find in a healthy person. Sir Everard Home gives a very exact description of this kind of ulcer, and says it is generally seen in young women who have lived poorly in the country and come up to London on service, where, getting into the household of some nobleman or alderman, they eat meat three or four times a day, and having very little to do, soon become plethoric and out of health. A boil or pimple first appears, which is very irritable, and the person scratches it, when the sore extends superficially over the surface of the skin. The catamenia are always found to be irregular. In the treatment mercury always does harm, by increasing the irritability, while steel, with compound decoction of aloe, or any tonic aperient, are indicated. It is not to be supposed that I could, in a lecture like this, complete the subject of ulcers, but I hope what I have said will lead you to pay more attention to this subject than is usual with those who, from their frequency, consider them as matters of little importance.

I may give you some further remarks on the treatment of the different varieties of ulcers on some other opportunity; but at present I wish to direct your attention to some cases of hydrocele of the tunica vaginalis. The term hydrocele may be applied with propriety to any tumor containing a collection of fluid; but I shall employ it in the sense in which it is usually received, that is, to denote an accumulation of serum in the cavity of the tunica vaginalis of the testicle, or cord. This accumulation may arise from inflammatory action in the vessels of the serous membrane, so that the serum which, in the natural state, merely lubricates the surface of the membrane, is greatly increased in quantity. There is usually a very small quantity of serum found in the cavity of the tunica vaginalis, as in that of other serous membranes, after death; but there are some who say that, although this is not a product of disease, it is not present during life, being a *post-mortem* change, depending on condensation of the serous *halitus* by cold; and I am not prepared to deny the correctness of the opinion. Be this as it may, it is certain that under some conditions a greater quantity of fluid is thrown out by the vessels of the tunic than the absorbents can carry off, and a greater or less accumulation is the necessary result. Perhaps this may not depend on common inflammation, because it is very common for blows to cause inflammation of these parts without inducing a fluid effusion; and it is not unreasonable to suppose that there may be one peculiar kind of action disposing the part to an effusion of serum, and another exciting an effusion of lymph. The causes of this altered action may be local injury; some disease of the testis, affecting the tunica vaginalis by contiguity; stricture of the urethra, or protracted gonorrhœa, in which the disease of the mucous membrane extends along the vas deferens, enlarges the cord, then the epididymis, and excites inflammation of the serous membrane. Hydrocele is also sometimes a result of syphilis, coexisting with other secondary symptoms, a circumstance which I believe was first noticed by Sir Astley Cooper; and it is very important that you should bear this in mind, because the means which will cure the other secondary symptoms will also cure the hydrocele, and do away with any necessity for tapping. The man has probably eruption, sore throat, or periostitis, and you give mercury, which not only removes these symptoms, but under its influence the fluid of the hydrocele becomes absorbed.

The symptoms or signs of hydrocele are a tumor, which has increased from below upwards, of a pyriform shape, transparent, of comparative lightness when compared with other diseases of these parts, and offering a degree of fluctuation which varies with the tension of the sac; for if the sac be greatly distended, there will be no fluctuation, and the swelling will simulate a solid tumor. When all these signs are present, you can have no difficulty in

making up your mind as to the nature of the disease; but you may have cases in which not one of these physical conditions may be present, and the diagnosis is rendered very difficult. There is a case now in the hospital which I believe to be fluid in the tunica vaginalis, but none of those who have seen it can venture to give a decided opinion on the subject. It is not transparent, but it is pyramidal; the cord is healthy; it is light; there is general fluctuation, and no irregularity of surface; and the only other condition which would cause these signs is a very rare one,—that is, where, from ulceration of the tunica albuginea, some fluid or blood has been infiltrated from the body of the testis into the tunica vaginalis. In all doubtful cases, therefore, you must think over the diseases with which hydrocele might be confounded. You lay the patient down, when, if there be a varicose state of the vessels of the spermatic cord, or a reducible hernia, in the one case the blood, and in the other the intestine, returns, and the tumor disappears. You may have a case where these diseases are concomitant; the tumor may be partly hydrocele and partly varicocele; partly hydrocele and partly reducible hernia; but then the tumor is diminished when the man lies down, and what remains you know is merely a collection of fluid in the tunica vaginalis. The history of the case will enable you to distinguish hydrocele from irreducible hernia, the latter beginning above and extending downwards, and having been formerly reducible. Transparency is a certain sign when it is present, but the tumor may be opaque under various conditions; when the attack of inflammation has been very acute and the effusion of fluid rapid, structural changes take place in the serous membrane, and it is no longer diaphanous; lymph or blood may also render the fluid opaque. Again, the fluid may be so rapidly effused that no one could say whether the swelling began below and extended upwards; and, instead of the slight pain complained of in the generality of cases, the pain may be very acute extending up the cord. Though transparency be absent, and you have a fluctuating tumor of a pyramidal form, the cord not being implicated, your diagnosis is pretty clear; but you must remember that the tunica vaginalis of the cord may not have closed, as it does usually about the time of birth, and then the cord may receive the fluid.

The treatment of hydrocele is palliative or radical; the former consisting in the simple operation of letting out the fluid with a trocar and canula, while in the latter various means are employed to excite inflammation, or altered action of the secreting surface, of which I shall presently speak, and give you an account of some cases, proving that this generally simple operation is occasionally followed by dangerous effects, and showing the necessity of subduing all existing inflammatory action before performing it, by the use of leeches, purging, cold, and the usual local and constitutional means generally employed to combat inflammation. Here is a preparation where the whole tunica vaginalis was thrown off, after sloughing of the soft parts, following uncontrollable inflammation. If the case be one of simple hydrocele, you will then merely puncture, with the precautions I shall impress upon you. But take another case: a man has a hydrocele, and from some horror of operative measures, goes about with a large tumor, when, from some blow against the pommel of a saddle, or the edge of a table, blood is thrown out, and the hydrocele is converted into hæmatocele. Here, then, is a case which you will readily recognise, by attending to its history; though I have known similar ones mistaken for rapid inflammation of the testicle, accompanied with great swelling. However, the appearance of the countenance will settle the matter, for there is such a marked impression made upon the countenance whenever any disease is set up in the testicle, that Sir Astley Cooper used to say, when a man entered his consulting-room, saying that he had some disease of testis, "Sir, I don't believe you have any disease of the testicle," merely because the countenance did not appear cachectic. I remember rather a curious case where a

hydrocele was converted into a hæmatocele, by a gentleman of some mechanical ingenuity, whose surgeon used to charge him three guineas every time he let off the fluid. The gentleman thought he could operate as well as his attendant, and accordingly constructed a sort of fleam, which he let off with a spring, and then introduced the canula. This answered admirably the first time; but the second time he was not quite so cautious, and opened a large vessel which ramified in the scrotum, and the sac was full again soon after it had been emptied. His attendant made the mistake I just now spoke of, and regarding the case as one of acute inflammation of the testis, recommended its removal. However, he was not very willing to submit to this, and I was called in; laid open the sac by free incision about four or five days after the accident, when the serum escaped, and I removed a very large coagulum. The patient quite recovered. Then there was another case in this hospital of double hæmatocele. The man had been tapped two or three times for hydrocele, and the sac injected, which had produced great thickening of the tunic. I laid both sacs open, turned out the blood, and filled the wound with lint, leaving it to fill up by granulation. This is what was called the cure of hydrocele by incision, but is now neglected, as it is found to be more dangerous than injection.

Now, always before you operate for hydrocele, examine carefully the position of the testicle. Do not merely satisfy yourselves as to the existence of a transparent tumor, and proceed at once to puncture it; but having the room darkened, and the light shaded by your hand, examine if the opacity denoting the situation of the testicle is behind, as is usually the case, before, or at one side. I have had to puncture at the back of the sac, because the testicle was adherent to the anterior part; but if practicable, it is always better to do it on the side, because, as may be seen in this preparation, a number of adhesive bands may cross the cavity of the tunica vaginalis, uniting the testicle to the anterior part of the sac, but leaving the cord behind, and in the latter case, you might wound the spermatic artery by a posterior puncture. Sometimes these adhesions of organized lymph will form two or three sacs, constituting what is called encysted hydrocele; and then when you tap, instead of getting ten or twelve ounces of fluid, as you expected from the size of the tumor, you find only two or three. In this case each cyst may be opened by separate punctures through the scrotum; or you may do as I have been obliged to do, evacuate the fluid by passing a needle along the canula without this having been withdrawn. You should never inject in these cases, because the existence of the cysts depends on inflammation, and evidences such a tendency to inflammatory action, that the mere puncture will probably produce a radical cure. Injection, perhaps, would be admissible, however, after a second tapping. Sometimes you have only one of these cysts, and that a very small one.

CASE.—A gentleman, aged 54, consulted me respecting a disease of the left testicle, from which, however, he suffered so little, as at times to lead him to suppose the disease was imaginary, although a small swelling was perceptible, which I examined and found at the upper part of the testicle, just over the head of the epididymis. It was soft and fluctuating; but at first I merely suspected it was a distension of the spermatic veins,—in fact, a partial varicocele. Being doubtful, however, I examined it with a candle, when the nature of the disease was rendered clear, by its perfect transparency. The tumor being tender to the touch, and so small and deeply seated, I ordered a few leeches, evaporating lotions, purging, and the use of a suspensory bandage, lined with oil-silk, rather than puncture in the inflamed state; and I believe the gentleman quite recovered.

Now, I am not quite sure that this was a cyst of the tunica vaginalis, as it might have been merely an adventitious formation, external to the serous membrane. I

know of no way of distinguishing this before puncture, but the nature of the fluid will determine it; for if the fluid have been secreted from the tunica vaginalis, it will be found highly albuminous, coagulating by heat and nitric acid, while the fluid of the more superficial cysts contains a very slight trace of albumen. There is another point you must ascertain before operating, and that is, whether the hydrocele be complicated with hernia. Your patient states that he had the usual well-known symptom of hernia, and you find the posterior portion of the tumor opaque. Well, even if the hernia be irreducible, there is no danger in the palliative treatment, if you take due caution; but it is better not to inject, for fear of inflammation extending to the hernial sac. You would also be satisfied with the palliative means in very old people, whose constitutions it is found are incapable of supporting acute local inflammation; and you will sometimes be called to operate on persons of a very advanced age. I remember an old Norfolk admiral coming to me with a very large hydrocele, and he was either 89 or 90 years of age; so, before puncturing, I asked him if it gave him much pain. "Oh! no," said he, "but Mrs. H. finds it very inconvenient" (loud laughter). Neither should I inject a hydrocele, the first time of tapping; for it often happens, though the patient may have complained of very little pain, that the mere irritation of the canula sets up an altered action sufficient to effect a permanent cure. Let me again impress upon you, in all cases, to attend to the position of the testicle, and not conclude, because you tapped with perfect safety six months ago, you can do so again. Just suppose a man comes into your room, and says, in an off-hand manner, he wants to be tapped again; don't simply seek for the cicatrix of your former puncture, and push in the trocar; for there may have been sufficient inflammation set up by your former operation to have caused adhesion of the testis to the front of the sac, and then, unless you take precaution, away goes the trocar straight into the substance of the testicle.

[The remainder of this lecture, on the radical cure of hydrocele, illustrated by several interesting cases, in our next number.]

CONTRIBUTIONS TO THE PATHOLOGY OF CHILDREN.

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(Continued from page 276.)

SCROFULOUS TUBERCLE OF THE BRAIN.

CASE IX.

Sudden attack of epilepsy; paralysis, with trembling of the limbs; measles; death; tubercle of the cerebrum; softening of the spinal marrow.

— LANDORMI, 5 years of age, was admitted into hospital on the 2d of September, 1833. He was immediately vaccinated, and the pock passed through its several stages in a regular manner. The child generally enjoyed good health. At the age of four he had the hooping-cough, which lasted six weeks only. Four months back he was suddenly seized with an epileptic attack, followed by weakness of the left leg, which compelled him to use a crutch; the left arm also was weak, and almost paralysed, the patient being unable to raise it to his mouth. Three weeks afterwards the limbs on the right side of the body were paralysed in a similar manner; and at length the child was unable to use either his arms or his legs. Since the epileptic attack he has had constant accessions of fever, with vomiting at intervals, and trembling of the body, but chiefly of the limbs; he also frequently complained of pains in the head and loins. No cough or diarrhoea; appetite pretty good. The power of moving the arms had been

recovered a few days before admission into hospital, and on the 2d he had a fresh attack of epilepsy. Leeches had been applied to the anus; two blisters to the legs; the spine was rubbed with stimulating liniments.

Sept. 5. The face is rather flushed, but the expression of the countenance is natural. Intellectual faculties quite clear. The sensibility and mobility of the upper extremities are not altered, but the lower extremities are extremely stiff, as also is the trunk. Pulse 100; skin not warm; the cutaneous sensibility appears to be increased; severe pain along the spine in the lumbar region, and also in the head; excretion of urine involuntary; bowels habitually constipated. Six cupping glasses along the spine; calomel, six grains, in three doses.

For the next few days the child continued in the same state. Occasionally the calomel produced a hard evacuation; the skin remained cool; the pulse varied from 95 to 100.

On the 10th the child commenced coughing. On the 13th he complained much of his back; the spine was again examined, but no deviation or curvature was discovered; when placed on the abdomen, he was unable to turn on the back. Two setons were applied near the most painful part of the lumbar region.

16. Febrile symptoms manifested themselves to-day; the child coughed a good deal; on examining the chest some crepitating râle was heard on both sides behind the scapulæ; pulse 112. Six ounces of blood were now drawn from the arm. On the following day the pulse was 128; respiration 44; the blood was not covered with an inflammatory crust.

On the 18th the symptoms continued without any remarkable change; cough frequent, dry; pulse 124; abdomen free from pain; no diarrhoea. The child was remarked to have sneezed frequently since yesterday.

19. An eruption of measles has appeared on the face and limbs. Eyes injected; cough dry and harsh; pulse 130.

20. The child has been delirious during the night. The whole body is very stiff; the lower extremities also rigid, particularly the right one; the right foot is strongly bent inwards. He has had vomiting and diarrhoea, and vomited up *two* ascarides; pulse 136; respiration 68. Complains much of pain in the lumbar region. There are several papulæ on the back and loins.

21. Delirium continues; the eruption of measles is pale on the face; on the genital organs and thighs there are several pustules of varioloid; pulse 142; respiration 68; cough frequent, and in fits; *souffle tubaire* on the right side of the chest; tongue pale, and dry. Six leeches to the right side of the chest; sinapisms to the feet.

22. The child is dying; convulsive movements of the limbs; face purplish. Death took place at 10 o'clock, A.M.

Body examined 24 hours after Death.

Head: The arachnoid lining the dura mater adheres to the cerebral serous membrane over the glands of Pacchioni, which are very large, and resemble small pearls in size. The arachnoid covering the middle third of the hemispheres, and in the great fissure, is opaque; underneath the former is a flattened tubercular mass, about a quarter of an inch in thickness, and tuberculated on the upper surface. The tubercular matter extends over a great portion of the surface of the brain. The cerebral tissue underneath is softened to the depth of an inch, and contains several small clots of blood, not bigger than a lentil. There are several military tubercles in the pia mater; no effusion into the ventricles. Cerebellum healthy. At the level of the seventh and eighth dorsal vertebræ the spinal marrow is softened to the extent of an inch in length; the pia mater in several points contains military tubercles.

Chest: Right lung adherent throughout to the chest; the upper and middle lobes are in a state of grey hepatisation, and infiltrated with tubercular matter. There are