MEDICAL SOCIETY OF LONDON.

Monday, March 21, 1842.

Mr. PILCHER, President.

GONORRHOÆAL RHEUMATISM.

Mr. HEADLAND made some remarks on the disease, as he considered, very inappropriately called "gonorrhœal rheumatism." It was an affection which, in many instances, baffled all our treatment, and one which had this peculiarity—namely, not being confined to those persons subject to rheumatism in its ordinary form. One of its most marked premonitory symptoms was a bloodshot appearance of the conjunctiva, followed by pains in the shoulder, elbow, or other joints, soon after the patient retired to rest. He (Mr. H.) had tried various remedies, and the one from which he thought he derived most benefit was that of the iodide of potassium, given in small doses; even this he looked upon with suspicion in a few cases. It is an affection which requires some months to get completely rid of, by whatever remedies you employ.

Dr. RISDON BENNETT asked if colchicum had been tried in these cases, and he was answered in the negative.

The treatment of gonorrhœa next occupied the society, and it was very generally admitted that the treatment of this affection was very unsatisfactory and empirical, some using purgatives, some injections only, while others relied entirely on nature, and left the disease to wear itself out, which was often followed by stricture.

Mr. CLARKE said that Mr. Acton affirms he can cure the complaint in eight days by a nitrate of silver injection. It was necessary to use a glass syringe.

The SECRETARY said he used a course of purgatives, followed by copaiba.

Mr. HEADLAND spoke of the disadvantages of the ordinary mode of using copaiba, as it mostly disagrees with the patient's stomach.

Mr. PROCTOR said he was a pupil of the old Abernethy school, and placed very great confidence on purgatives and the antiphlogistic plan of treatment. He often observed a very high state of fever—nay, delirium accompanying first cases of the disease; and the mother and family were generally greatly alarmed about the *young gentlemen* having a violent attack of fever. Some were of opinion that subsequent cases of gonorrhœa were as violent as the primary attacks of the disease; but the feeling was generally opposed to this view, and also to the general purgation plan.

Mr. HEADLAND alluded to the metallic taste that was very rapidly produced in some cases where the iodide of potassium was administered.

Mr. ELLIOTT went into a very minute chemical analysis of the action of this medicine on the stomach, and alluded to the fact of its being likely to form an iodide of amadyne, in cases where starch, or such other farinaceous ingredients, may be used in the aliment, and hence often neutralise the views of the scientific and learned gentlemen who may have recourse to it under these circumstances.

Dr. J. B. THOMPSON said, with regard to the use of the iodide of potassium, that he had seen its effects produced on the mouth of the patient. An old gentleman with whom he had been travelling some years ago, when it was only given in the small dose of two grains, said he found this peculiar taste referred to in his mouth in about four hours after it had been given. It could hardly be supposed, then, that this rapid action could have been so soon produced through the patient's system. It would appear as if this medicine were capable of causing a local and immediate action on the salivary glands and acutely sensitive mucous tissue of the mouth and fauces. As to the use of injections, Dr. Thompson could not say anything, as

far as regarded the nitrate of silver injection, never having tried it, or seen it tried; but as far as a few cases could go, he could speak with some degree of confidence as to the use of creosote in rose water in the early stages of the complaint, before the inflammation had extended far into the canal of the urethra. His attention was first drawn to it by noticing its very beneficial results in other cases of morbid discharges from mucous canals and passages, such as the nose, ear, &c. &c. As to what had been stated regarding the use of copaiba preparations generally, Dr. Thompson fully agreed as to how frequently they disagree; but he thought this may be very well avoided by having recourse to the extract of copaiba, which was attended with all the good effects and none of the unpleasant consequences spoken of. It could be given in pill, and would not affect the fauces or stomach, nor be followed by the cutaneous rash which sometimes results from the other forms in use.

Mr. DENDY and others took a part in the debate, when the society adjourned till Monday, the 28th.

ACADEMY OF SCIENCES, PARIS.

March 14.

COMPOSITION OF THE AIR.

M. Dumas communicated the results of experiments made in different parts of Europe, according to a request which he had published in the month of June last.

M. Marignac had analysed atmospheric air with the same instruments, and in the same way as had been indicated by M. Dumas. In 10,000 parts of air he had found, on an average, 2,229 parts of oxygen; a proportion exactly similar to that found at Paris.

M. Levy analysed the air at Copenhagen, and found in various experiments on 10,000 parts of air the following quantities of oxygen: 2,300, 2,302, 2,296, 2,299, 2,301. Air collected at sea gave the following proportions of oxygen: 2,257, 2,258, 2,259, 2,256. Finally, the air collected on the coast, as it came in with the sea breeze, gave 2,302, 2,301, 2,302.

March 21.

SOLUTION OF URINARY CALCULI.

M. Pelouse read a report, in the name of M. Gay-lussac and himself, on various communications forwarded by M. Leroy d'Etiolles on the subject of the solubility of urinary calculi.

The author first drew attention to the failures of empirical remedies, which have been abandoned one after the other; he then mentioned the proposal of Fourcroy and Vanquelin to suit the nature of the solvents employed to that of the calculus concretions; to attack uric acid calculi with alkalies, the phosphate and oxalate calculi with nitric and muriatic acid, and to inject these substances directly into the bladder. Latterly it has been asserted, that the mucus which seems to bind or cement the calculus matter together is softened by the action of the alkaline carbonates, and thus a rapid solution or disintegration of uric acid calculi may be obtained.

The experiments of the reporters were of two kinds; some made in the laboratory, others on the living subject. The chemical experiments proved that alkaline carbonates act rather on the mucus and animal matter, by which the particles of calculi are bound together, than on the calculi themselves. The degree of hardness and cohesion of the stone presents a much greater obstacle to its solution than its chemical composition. The alkaline carbonates act extremely slowly on uric acid calculi, even when highly concentrated and at a temperature of 104 deg. F. When