woman can get into the canal during coition," yet he has not mentioned the grounds on which he makes this statement—an omission which is seldom found in Mr. Hunter's writings when he advances an assertion so positively. Mr. Hunter mentions a single case, which he conceives to amount "to almost a proof of this opinion." "A gentleman, on whose veracity I have an entire confidence, when in Germany, where he had not lain with a woman for many weeks, sat in a necessary-house some time; upon arising he found something that seemed to give the glans penis a little sharp pull, and he found a small bit of the plaster of the necessary-house sticking to it. He paid no attention to it at that time than merely to remove what stuck to his penis; but five or six days after he observed the symptoms of a clap, which proved a pretty severe one. The only way of accounting for this is, that some person who had a clap had been there before him, and had left some venereal matter upon this place, and that the penis had remained in contact with it a sufficient time for the matter to dry." This a very old story, and often related to us here by patients who desire to conceal the truth. The gentleman's veracity in question is merely a matter of opinion, and for my own part, in common with many others who have criticised this case, I cannot but believe that he told Mr. Hunter a falsehood.

Whether gonorrhœa extends from the lips of the urethra to the fossa navicularis and lacunæ; or whether it originates at the "specific distance," is of little moment as regards the treatment of this disease in the stage under our consideration; to know that for a time its influence is local and confined to the anterior inch and a half or two inches of the canal, is quite sufficient for all practical purposes; and proceeding upon these views in the case I have read to you and commented upon, I adopted the following method of cure effectually:—With a glass syringe I injected carefully a solution of nitrate of silver of the strength of twenty grains to an ounce of distilled water; taking care that the solution was well and fully applied to the part of the urethra I intended it should be. I held the penis in my left hand and made pressure with my middle finger two inches behind the urethra, and with my right injected the solution; after the injection was allowed to escape, and the lips of the urethra were separated, the mucous membrane had that molten appearance which such membranes present elsewhere on the application of this agent. I repeated the injection the next day, and on the third day he had a thick yellow discharge with soreness in making water, not scalding; these disappeared in forty-eight hours, and the patient has continued free from all symptoms of the disease.

Now, the cases in which the practice I have just stated to you is admissible, are very few; for it is, as I have already said, a rare occurrence to meet in hospital practice cases of gonorrhœa in its first stage; but in private practice the case is often different, and you will find patients tormenting you to get them rid of so troublesome and dangerous companion at any risk. But to such importunities it is our duty to turn a deaf ear, unless we have a stage of the disease such as I have described, and so certain a remedy as that I have mentioned, to "cut it short" or check it. The application of a strong solution of nitrate of silver to

any of the other stages of gonorrhœa, or even as the first stage of the disease is verging upon the second, only adds fuel to fire, and hence the reason in all probability that this remedy has been condemned by others.

In applying a solution of nitrate of silver to the urethra, the patient should never be entrusted to do so, as is so often the case with other injections; indeed, it is very seldom you will find a patient apply any remedies properly when left to himself. On its being used there is always some pain experienced, but this should not prevent our applying it to the entire surface of that part of the urethra between our finger and the orifice. If we only apply it partially we add irritation of a severe kind to a specific disease, and in a short time matters are in a much worse condition than before. I need scarcely tell you that the patient was enjoined to observe quietude, to live temperately, and avoid spirituous drinks—a course which it is always desirable patients similarly circumstanced should pursue.

At our next meeting, Gentlemen, I shall continue this subject.

**CASE
OF
FREQUENTLY-RECURRING PNEUMONIA,
SUBSEQUENT TO PLEURITIS.**

TO THE EDITORS OF THE PROVINCIAL MEDICAL
JOURNAL.

GENTLEMEN,—I beg leave to enclose you a case of pneumonia, which was particularly interesting to me, and which, if you think of sufficient importance, may be published in the Provincial Medical Journal. I consider it only the duty of medical officers attached to large provincial hospitals to send notes of their more important cases to you, and from my position as physician to the Leeds General Infirmary and to the House of Recovery (Fever Hospital), Leeds, it is not impossible I might contribute occasional cases of interest.

I am glad to say your Journal is giving great satisfaction to the members of the profession in this important county.

I remain, Gentlemen,

Your obedient servant,

R. S. HOPPER, M.D.

3, East Parade, Leeds, Jan. 12, 1843.

Thomas Taylor, aged forty, plasterer, a native of Keswick, was admitted into the Leeds General Infirmary, November 7th, 1842. The patient is of a strong and healthy appearance of body; he states that about five weeks ago, when at Hull, he was exposed to wet and cold, and was seized with the general symptoms of fever; at this time he was also attacked with severe pain in the lower portion of the right side, accompanied by cough, dyspnœa, but very slight expectoration. The pain has remained more or less severe up to this date. Has employed no regular medical advice.

Present Condition.—Complains of considerable pain in the lower portion of right side, increased on coughing, which is of a loud and barking character, and

much increased during the night. The perspiration was formerly very abundant, but is now diminished; the countenance natural; skin cool and moist; tongue clean; pulse 64, rather hard; bowels open; generally lies on his back.

Physical Symptoms.—Sound of chest clear on percussion over the whole of the anterior and upper portion of chest; marked dulness on the lower portion of right side, extending posteriorly to a considerable surface; respiration natural on left side, bronchial in the upper part of right side, entirely absent on the lower and posterior portion; coarse ægophany heard in this region, but very circumscribed. A large blister to the right side of the chest, behind; to be followed by the application of the following ointment:—Mercurial ointment and spermaceti, of each one ounce; camphor, one drachm.

Nitrate of potass, two drachms;
Tincture of digitalis, two drachms;
Tincture of squills, three drachms;
Water, ten ounces. To take one ounce thrice a-day.

Calomel, two grains;
Powdered squill, one grain;
Tartar emetic, one-eighth of a grain;
Conserve of roses, enough to make a pill. To be taken night and morning.

Nov. 9. States that the pain in the side is considerably diminished, and thinks he could lie on either side except for the irritation from the blistered surface. Tongue clean; bowels open; pulse 64, soft; complains chiefly of cough. Continue all the remedies, and to have one ounce of cough mixture when required.

12. Pain in the side very much better; can lie on either side without pain; salivation evident; considerable perspiration during the night. Omit the calomel pills and mercurial ointment.

Infusion of roses, eight ounces;
Tincture of squills, three drachms;
Tincture of digitalis, two drachms. One ounce thrice a-day.

15. Complains much of the salivation; no pain in the affected side; some difficulty of expectoration; pulse 72, rather hard.

Tincture of squills and tincture of camphor, of each three drachms;
Decoction of senega and nitre julep, of each six ounces. To take one ounce every four hours.

Ten grains of compound ipecacuanha powder every night.

17. Complains of not being so well; increased pain in right side; cough increased; entire absence of respiration in lower portion of right side, in the upper respiration is puerile with obscure crackling; mercurial fœtor is still very evident; pulse 84, soft; expectoration chiefly frothy mucus. Eight leeches to the affected side, to be followed by a blister.

Saline julep, eight ounces;
Solution of tartarised antimony, two drachms;
Tincture of opium, one drachm. An ounce every fourth hour.

19. Respiration labored; expression anxious; perspiration very abundant during the night; cough increased and more difficult; expectoration very copious, composed of very viscid mucus of a dirty brown

color, and mixed apparently with blood; some headache; pulse 96, very small; still pain on right side, increased by coughing; chest dull on percussion in the whole of the lower portion of right side; distinct crepitous rale in this region; salivation still exists.

Diagnosis, pneumonia; prognosis unfavorable.

Tartar emetic, half a grain;

Acetate of morphia, one-eighth of a grain;

Extract of hyosciamus, two grains. A pill to be taken every three hours, unless vomiting come on.

Repeat the blister to the affected side. Gum water as a drink.

20. Symptoms still continue, perhaps with greater intensity. Cough difficult; expectoration extremely copious, less viscid, but still of a brown color, and evidently tinged with blood; pulse 98, small; debility much increased. The antimony has not produced any vomiting, but the morphia has acted strongly on the brain, producing loss of memory, &c., in consequence of which the pills were omitted, and the following substituted:—

Tartar emetic, four grains;

Water, eight ounces. Two tablespoonfuls every second hour.

21. Debility increasing; respiration slow and very difficult; expectoration still copious, and of former character; bowels open; pulse 110, very feeble; no vomiting. Continue the tartar emetic mixture; to have an ounce of port wine in warm water every four hours, if required.

22. Seems rather easier; no local pain; has slept well; cough more free; expectoration still copious, very viscid, and of a light brown color; pulse 96, soft, and weak; mucous rattle in affected side; fæces and urine passed this morning involuntarily; vomiting produced by last dose of medicine. Continue emetic mixture, as required.

Disulphate of quinine, twenty-four grains;

Dilute sulphuric acid, three drops;

Confection of roses, enough to form twelve pills. One every three hours.

Continue wine.

23. Expression more tranquil; breathing easier; tendency to delirium, which became active last night; expectoration still copious and very viscid, but perfectly transparent; complains chiefly of debility; pulse 96; bowels and urine natural; coarse mucous rattle over right side; some vomiting produced by the antimonial mixture. Omit emetic mixture and wine. Continue the quinine pills.

24. Symptoms more favorable; expression nearly natural; cough easier; expectoration of same character; no sickness or nausea; tongue covered with white fur, and dry. Continue pills.

Compound ipecacuanha powder, four grains;

James's powder, two grains. A powder at night.

Apply a blister between the shoulders.

25. Was found asleep during visit, but reported improving.

26. Countenance natural; no delirium during night; complains only of pain from the blister, which has operated well; cough easy; expectoration still copious and viscid; pulse 72, of better volume; tongue cleaning; bowels and urine natural; night perspirations have ceased. Continue the quinine pills every second hour.

27. Has passed a very restless night ; shivering and constant sensation of cold, accompanied by cold perspiration : no increase of pain, but cough more difficult ; expectoration quite clear, frothy, and less viscid ; pulse 104, weak, and tremulous ; bowels natural. Continue pills. To have half an ounce of port wine, as required ; beef-tea, sago, arrow-root.

29. No more shivering ; feels more comfortable ; expresses a desire for animal food ; no pain of chest ; cough free ; pulse 84, much firmer. Continue pills. Mutton chop.

December 2. Continues to improve, and is apparently gaining flesh ; has slept well ; cough easy, and very rare ; expectoration much diminished, chiefly mucous ; respiration puerile in clavicular region of left side ; still entirely absent, with dulness on percussion in the lower portion of right side. Continue remedies.

5. Still continues to improve, and is evidently gaining strength ; pectoral symptoms ameliorated. Continue remedies.

8. Is improving, and sits up during the day.

16. Reports himself quite well, and wishes to leave the infirmary.

20. Has complained for the last three days of some increased pain, and to-day all the acute symptoms of pneumonia have recommenced ; cough frequent, small, and causes considerable pain ; expectoration brown, viscid, and copious, mixed with striæ of blood ; pulse 84, small, and soft ; tongue quite clean. Omit pills.

Tartar emetic, twelve grains ;

Water, twelve ounces ;

Tincture of opium, one drachm. Two tablespoonfuls every three hours, the dose being gradually increased to four every three hours.

A blister to the affected side.

22. Symptoms relieved.

It would be useless to continue the report of this case ; sufficient to say, this poor man had subsequently two separate attacks of pneumonia, and in both the symptoms were alleviated by the use of tartar emetic solution, but, in the last instance, not until vomiting was produced.

On the 12th of February (having apparently become nearly well) he was seized with symptoms of pleuro-pneumonia of the right side, which, however, were subdued by small doses of calomel and opium, blister, &c. On the 16th the pulse became suddenly weak and fluttering, the expectoration being of a putrid character, and the breath very fetid. On the 17th he died.

Autopsy Twelve Hours after Death.

On opening the thorax, the heart, left lung, and pleura, were found quite natural. The right pleura was almost universally adherent by strong bands of lymph and false membrane, and was with difficulty separated from the ribs and lung. It also contained a small quantity of dark colored serous fluid, and underneath the third rib a considerable opening, of a somewhat valvular appearance, was discovered, from which escaped dirty, unhealthy pus, of a putrid smell. This opening was connected with a small cavity in the upper lobe of the (right) lung. The whole of the right lung was in a hepatised condition, but more particularly the upper lobe, which sank very readily in water. Near this portion was found the abscess,

of a jagged appearance internally, and of the size of a pigeon's egg. The whole lung was beautifully covered with a dense false membrane, upon which were distinctly visible the impression of all the ribs, and the marks of which could not be removed by dissecting off the false membrane.* The intercostal spaces were observed projecting on the right side ; on the left they were natural. The bronchial lining membrane was much injected and congested. No trace of tubercular deposit could be found in either lung. Permission could not be obtained to examine the other viscera.

CONTRIBUTIONS

TO

OPHTHALMIC SURGERY.

By JOHN WALKER, Esq.,

Assistant-surgeon to the Eye Hospital, Manchester.

PRIMARY CAPSULAR CATARACT—COMPOUND OPERATION.

S. A. Hyam, aged twenty, applied to me on account of a defect of vision of both eyes, especially of the left, which latter was entirely useless. The affection had been coming on during the last twelve months, and had gradually increased in intensity. She had never had any inflammatory affection of her eyes, nor had they been the subject of any accident.

On examination, the eyes presented a generally healthy aspect ; but on looking into the pupil of the *left*, evidences of opacity of the capsule were distinctly visible, principally in its posterior hemisphere, which had a peculiar spotted or streaked appearance, perfectly white, stretching across the posterior chamber at a considerable distance from the iris. There was also a single white spot on the anterior hemisphere of the capsule, near its centre, and another about double the size, but not larger than a pin's head, immediately behind the former, and apparently seated in the outer lamina of the crystalline body, which was otherwise perfectly transparent. In the *right* eye the opacity was limited to a single white spot on the centre of the anterior hemisphere of the capsule. The vision of this eye was not sufficient to enable her to attend to her employment ; and as it appeared to be getting worse she was very desirous that something should be done for the restoration of that of the other. She was accordingly admitted into the hospital for the purpose of undergoing the usual operation.

June 25, 1842. The pupil of the *left* eye having been previously dilated by the use of the extract of belladonna, a straight needle was employed to perforate the sclerotica and break up the lens and capsule. A plaster of the moistened extract of belladonna was reapplied and the patient removed to bed.

30. The usual antiphlogistic treatment had been resorted to, and there had been but slight appearances of inflammation since the operation. The pupil had been kept well dilated and the lens appeared as a soft pultaceous mass, a considerable portion of it pressing forward into the anterior chamber.

July 2. For the last two days she had suffered much pain about the eye and head, and there was consider-

* Je n'ai jamais vu pareille chose, et je crois même qu'elle est impossible.—*Laennec Traité de l'Auscultation*, p. 397, édit. 3.