portance the use of a suspending bandage from the beginning of gonorrhœa. We shall also add, that the inflammation of the epididymis generally occurring after the second week of the existence of clap, the best means to prevent that painful complication will, most undoubtedly, be the timely application of the abortive treatment of gonorrhœa, such as we have described it.

II. *Therapeutic Treatment.*—a. *Acute Stage.*—Rest, strict abstinence from food, diluent drinks, are to be employed from the very first. The greatest attention must be paid to the state of the digestive organs; and this is not one of those common recommendations usually annexed to the treatment of every disease, for, independently of the revulsive action obtained by opening medicines, a mechanical benefit will also be derived from the mere voiding the intestines of a mass of fœces, which, by compressing the spermatic veins, might baffle your efforts to master the disease.

The testis should be elevated, not bent backwards on the abdomen, but merely raised, and not allowed to hang in a dependent position. Discussive applications, such as ice, alum, &c., may be tried, but their use is not wholly unattended with danger. I prefer the antiphlogistic line of treatment. Leeches applied, in numbers proportioned to the strength of the patient, and the intensity of the disease, to the perineum and inguinal regions, will be found far preferable to bleeding the scrotal veins. When the pulse is full and strong, blood will be taken with very great advantage from the arm. Poultices and warm fomentations should be kept constantly applied to the parts.

Should the liquid effused in the tunica vaginalis cause, by its abundance, uneasiness or pain, a puncture with a lancet will suffice to rid the patient of this complication; but, in one-half of the cases, the use of sharp instruments is altogether unnecessary, and the slight effusion may be neglected. In itself, the puncture has no marked influence on the duration of the disease.

b. *Chronic Stage.*—When the violent inflammatory symptoms have in some measure subsided, the greatest advantage will be derived from compression of the testis by Fricke's method.

The acute stage of the disease, inflammation *en masse* of the spermatic cord, supuration of the cellular tissue, or abundant effusion not evacuated from the tunica vaginalis, are so many circumstances which should prevent the application of compression.

I will now apply the bandage before you, in order that the slight practical details, on which may depend the success or failure, should not escape your notice. With a long, narrow strip of adhesive plaster, placed at about an inch from the abdominal ring, I compress circularly the spermatic cord, so as to separate perfectly the diseased testis from the healthy one, and tighten it sufficiently to preclude the possibility of the organ ascending through this ring. Two or three other strips are then placed, in succession, circularly around the testis, so as to compress it equally on all sides; several short strips are then applied in the shape of so many loops, compressing the organ upwards by their concavity, and crossing each other at the summit of the tumor. Circular strips are then applied around the whole, so as to insure the solidity

of the bandage, and the equal distribution of the compressive force.

This operation, in which the testis is handled for some minutes, is productive of some pain; but, should that pain not have subsided within half an hour after the application of the bandage, it must be withdrawn; otherwise the patient is exposed to inflammation, and even gangrene of the scrotum, and all its consequences.

Thin pledgets of lint, placed between the first ring of the bandage and the skin, will prevent excoriations, or even ulcerations, which direct pressure might produce.

The inflamed organs do not diminish in the same ratio in all their parts; some portions of the bandage will, therefore, be soon relaxed, while others will remain tight; and as the upper ring compresses with the same power, accidents of strangulation might supervene if the bandage was not speedily renewed, at least every forty-eight hours.

When Fricke's method cannot be employed, the mere plaster of rigo cum mercurio, ointments containing hydriodate of potash, or ioduret of lead, or equal parts of extract of cicuta with mercurial ointment, or even the ung. merc. fort., will answer as excellent discussives, and hasten the cure.

Gonorrhœal ophthalmia, and gonorrhœa in women, will occupy our next lectures.

CASE OF HYDATIDS IN THE UTERUS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL
JOURNAL.

GENTLEMEN,—Should you consider the following outlines of a case of hydatids in the uterus, which occurred in my practice a short time since, sufficiently interesting for insertion in the Provincial Medical Journal, I shall feel obliged by your giving it a place in an early number.

I am, Gentlemen,
Your obedient servant,
GEORGE KING.

Bath, June 5, 1843.

Mrs. C., a married woman, about forty years of age, and the mother of three children, had, since her last confinement (which took place in July, 1841, of a still-born child), been very much out of health, but not sufficiently so to be under any particular mode of medical treatment, as I considered the cause of her ailments to be more mental than bodily. Some time in November last she was rather more desponding than usual, and I was requested to call on her; the moment she saw me she said, "Doctor, I know now what is the matter with me; I am certainly in the family way, and I must be gone three or four months, for I quickened last night." I listened to all she had to say, but gave no opinion, thinking that a woman who had had four children must know more about the sensation of quickening than I did. From that time she improved in health, and was much more cheerful; she also increased in size. In this way she went on for three or four months, when I was again

consulted, at which time she was much improved in appearance, but not so large as I expected to see a woman seven or eight months advanced in pregnancy, and she herself thought that she did not seem so large as she used to be, when advanced to the same period in her previous pregnancies, but said she felt the child very strong, and she had milk in the breasts.

Tuesday, April 25. In the morning I was sent for. I found her on the sofa, complaining of slight pains in the back, and she said that she had a little "sign," and she thought it right I should know it. I requested her to keep herself quiet, and, if I did not hear from her before, I should call again in the evening. About seven o'clock I was sent for in a great hurry. I found her in the bed-room, with the fire lighted, baby-linen put out, the nurse and the neighbours called in, and I was told that the pains were much sharper and quicker, and all thought that it would be very soon over. After wasting nearly an hour, I thought it quite time I should ascertain what was going on. I did not consider the pains she then had to be labor pains. I made an examination, per vaginam, and with some difficulty reached the os uteri, which was not in the slightest degree dilated; there was a little dark, grumous discharge, but nothing like labor going on. A draught, containing twenty-five minims of tincture of opium, produced calm repose during the night. Slight pains recurred during the following day, and at two o'clock the next morning I was again summoned by her husband, who told me that he now thought it was all over with his wife, and that I should not see her alive. I found her looking deadly pale, with frequent sickness, and complaining of a peculiar dragging pain in the loins. The attack was sudden; she was very restless, and seemed to be suffering greatly. The pain appeared to me more like painful menstruation than labor pains; there was a little discharge, and it was of a brighter color than it had been two days before. I made another examination, and found the uterus was lower; I could reach it with less difficulty, and the os uteri was a little dilated, so that I could introduce the tip of my finger, and I found that I could feel something protruding. I gave another dose of tincture of opium in a little brandy and water, which immediately came up. I remained with her until the pain and sickness had a little abated; saw her again about ten o'clock; found her more comfortable; had slept, and was free from pain; still a little hæmorrhage; made no examination. She continued all the day to have intermitting pains, but not stronger than they had been before. In the morning she passed a large piece of "flesh," as she called it, without much difficulty or increased suffering, and not sufficiently severe to induce them to send for me. What had come away was in the washhand-basin for my inspection. It was a solid mass, in size and shape resembling a cocoa-nut at one end; there was a sprout about half an inch long, and the size of a No. 3 rectum bougie. From this stem I have no doubt this mass was suspended in the uterus, and gave to the patient the sensation of something moving in the womb, and its detachment gave rise to those peculiar pains that were complained of. On cutting into this substance, the wall of which was full half an inch thick, I found imbedded in it an immense number of hydatids, varying in size from a pin's head to a

black currant; each bulb contained an aqueo-transparent fluid. I could with ease detach each bulb or cyst, and suspend them by the pedicles without their bursting. I am well aware that cases of hydatids in the uterus are not uncommon, but the singularity of this case seems to me to be, that the woman should have felt all the symptoms of pregnancy, and this uterine production should have been dislodged and expelled at the exact period of the usual termination of utero gestation. No unpleasant symptom followed the dislodgment of this mass of hydatids, and the woman is at this time in good health, and her spirits much better. Menstruation has since taken place, which, she states, was more healthy in appearance, and more in quantity, than she had had for two years before. This circumstance, I think, very satisfactorily proves two things—first, that there is no disease of the uterus; secondly, that the nucleus of the hydatid mass, so recently thrown off by it, must have been an unproductive gestation or blighted ovum.

A CASE

OF

GLANDERS IN THE HUMAN SUBJECT.

Patients are not very unfrequently admitted into the hospital whose illness is supposed to be produced by the infection or inoculation of poison derived from the lower animals. The supposition, often primarily induced by the anomalous character and progress of the symptoms, is generally confirmed by inquiries into the origin and history of the complaints, and the habits of the individual. To give a faithful general history of the regular course of such cases would be difficult, as one of their characteristic peculiarities consists in the irregularity of their progress, in the anomalous symptoms they present, and in the discrepancies observed in them, when compared with the more common forms of disease, to which they otherwise bear some general resemblance. One feature is, however, common to them all. The patients have been all more or less, directly or indirectly, exposed to the liability of inoculation by putrid or diseased animal matter. One of them, a short time before his illness, was engaged in moving some barrels of salt meat, the odor of which proved that the antiseptic processes adopted had not been effective in preventing partial putrefaction; others have been occupied as tanners, knackers, butchers, horse-keepers, cab-drivers, or coachmen, or have been employed in packing or handling imported skins, or imperfectly cured animal provisions.

These patients have fever of considerable but very variable intensity, often remittent, frequently irregularly intermittent, and constantly accompanied with a moist state of the skin. They almost always complain of severe pains in the back, limbs, and joints, and often believe and represent themselves to be suffering from rheumatism. The complaint has not, however, the general aspect of that affection. The joints are not, in the first instance, swollen, red, and tender; the tongue has not the loaded, white, moist, and flannel-like appearance; and the skin, though moist, is not covered with a copious perspiration of the peculiarly sour odor common in that complaint.