has been much studied of late years, and on the nature of which, and on the treatment proper for it, greater modifications have taken place than on other diseases of the organ. These we alluded to particularly in reviewing, some time ago, Mr. Acton's "Treatise on Venereal Diseases," whose opinions, as well as those of M. Ricord, are pretty freely copied, although the sources are very incidentally mentioned. We cannot agree with the author in thinking, at page 259, that "consecutive orchitis seldom subsides without leaving behind distinct traces of its existence, which never disappear during the remainder of the patient's life." Such an opinion, we think, is neither borne out by the practice of Mr. Curling himself, or that of any modern surgeon. Such effects were formerly very common; at present they would reflect greatly on the medical man's neglect.

We come now, however, under the head of treatment, to speak of a recommendation of the author, which, we think, is not only injudicious, but in direct opposition to his own views on the cause and pathology of orchitis. At page 278, he says, "In the gonorrhœal form of the affection all means which may have been resorted to in order to arrest the discharge must be abandoned." This is an antiquated doctrine revived: surely if the irritation in the urethra extending along the vas deferens is the cause of the orchitis, the treatment should consist in combatting not only the effect but the cause; reasoning dictates such a course, practice corroborates it, and in chronic orchitis we maintain no other plan will succeed. A case is now under our care of affection of one testis which resisted all local means as well as general ones, but is rapidly progressing under the use of the nitrate of silver to remove the irritability of the urethra; and the non-observance of these indications is the reason why some cases linger so long, and yield to neither antiphlogistics or tonics, and we would here observe the passing of bougies, as recommended by some persons, in imitation of Mr. Ramsden, may tend rather to excite irritation than to subdue it, as follows the application of nitrate of silver.

We would likewise warn our readers from following another part of Mr. Curling's treatment, if they wish to secure their patient a rapid recovery. He says, at page 280, "In acute cases, after the bowels have been acted upon, and the pulse has been lowered by tartar emetic, I usually prescribe mercury, and continue it until the gums become slightly affected." Such treatment is neither borne out as necessary by pathology or practice; that it is unnecessary is proved by the large number of recoveries we have witnessed without the administration of a single grain of mercury; that it may often be attended with serious consequences must be apparent to all practical surgeons, who are fully aware that the most serious cases occur in the scrofulous constitutions who bear the operation of the mineral very badly, and are long in recovery from the effects. We can only account for this partiality to the treatment by Mr. Curling, by supposing he may confound some cases of secondary orchitis following gonorrhœa with syphilitic orchitis;

for he says, page 321, "Syphilitic inflammation of the testis should be treated for the most part on the same principles as ordinary chronic orchitis." Here we must again join issue with the author; mercury combined with hydriodate of potash is as useful in syphilitic orchitis as it is unnecessary in that following gonorrhœa; the one is a constitutional complaint, the other the result of a simple local inflammation; the period at which they occur, the particular structures they affect, and their treatment, are perfectly distinct, and on this subject Mr. Curling's information seems to be very limited. We cannot, however, discuss the subject further, as we have already exceeded the limits allowed.

We would, however, recommend Mr. Curling's work to the notice of our readers as the best monograph on the subject; it displays a knowledge of all that has been written on the testis, and we think his selections judicious. The price, no doubt occasioned by the wood-cuts, which we have considered unnecessary, will place it out of the reach of the student, and this we regret the more, as we feel convinced had the illustrations been absent, it would have had a much more extensive sale. To those who do not mind giving the best part of a fee for a book we cordially recommend it.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

April 19, 1843.

Dr. GRAHAM, President, in the Chair.

UTERINE DISEASES.

Professor Simpson read a paper, entitled *Proposals to advance, in various ways, the Diagnosis and Treatment of Uterine Diseases*, by the introduction of instruments into the *Cavity* of the Organ, which, along with other observations on uterine diseases, is in course of publication in this journal.

Dr. S. first pointed out the inadequacy of the functional symptoms attendant upon uterine affections, for specialising the disease that might be present, and pointed out the necessity of having recourse to the physical examination of the organ, in order to make, in any doubtful case, an accurate differential diagnosis between its morbid states. He further showed, that the local examination of the uterus, as hitherto practised (whether by the finger or speculum, or both), seldom enabled us to ascertain the organic condition of more than the cervix and lower part of the body of the organ, whilst the upper part of the body and fundus were generally considered entirely beyond our reach; and the discrimination of any morbid parts lying upon the roof of the vagina was always extremely doubtful. To overcome these and other difficulties in the diagnosis of diseases of the uterus, Dr. Simpson stated that for some time past he had used a uterine sound, or bougie (*metroscope*), which, in local examinations of the organ, he introduced into its cavity. The instrument he employed was somewhat of the form of a slender male catheter, but made of solid silver, so as to admit of its being easily bent into different required forms, knobbed at its extremity, and graduated on the stem. Dr. Simpson showed that this instrument, when introduced into the uterine

cavity, increased to a great degree the power of making a perfect tactile examination of the uterus, by rendering its axis firm and resistant, and by enabling us to change in various ways the *position* of the organ, so as to bring successively the different parts of it, and particularly the body and fundus, within the reach of tactile examination, through the abdominal parietes, rectum, and vagina. He pointed out how by its use we can, in instances of pelvic and hypogastric tumors, detect the connection or non-connection of these tumors with the uterus, and in other cases ascertain the length of the interior of the uterus, and some of the morbid states of its internal surface, cavity, parietes, &c. Lastly, as one of the most important of all its applications, Dr. Simpson demonstrated that the uterine bougie, by showing the *direction* of the uterine cavity, and hence of the uterus itself, and by its enabling us, when it is introduced, to change at will the position of the organ, afforded a simple means of detecting those *displacements* of the unimpregnated uterus, known by the names of retroversion and retroflexion, antiversion and antiflexion—states that Dr. Simpson further showed were very common, and which, from the want of any proper means of diagnosis, had been almost constantly mistaken for fibrous, carcinomatous, and other tumors situated between the uterus and rectum, or between the uterus and bladder.

The remainder of Dr. Simpson's communication was taken up in applying the knowledge of the possibility and safety of introducing instruments into the uterine *cavity* to the treatment of some diseases of that organ.

In cases of retroflexion and antiflexion of the unimpregnated uterus, the organ can with facility be temporarily restored to its normal position and relations by turning the uterine bougie, when used as a means of diagnosis. Dr. S. proposed to maintain and fix the bougie in the uterine cavity for a length of time as a means of cure. He laid before the society a number of utero-vaginal pessaries, which had been used by him for this purpose. They were constructed of nickel and silver wire, and had each attached to them a part which passed up to the fundus uteri. Some of them had been worn for weeks and months in the uterine cavity, and had produced little or no irritation.

Seeing that the uterine cavity could thus easily bear the permanent presence of bodies within it, Dr. S. proposed, in bad cases of procidentia uteri, to add to the common stem and cup-shaped pessaries used in such cases, a short central stalk, passing into the cavity of the cervix, so as to maintain the replaced organ in the cup of the instrument. He showed a very slender nickel wire pessary of this kind, which he had used successfully in an instance of very aggravated procidentia.

Lastly, Dr. S. stated that he had of late applied nitrate of silver, &c., to the lining membrane of the cavity of the uterus, in cases of uterine leucorrhœa, and of dysmenorrhœa, connected with a morbidly sensitive state of portions of the inner surface of the organ (as ascertained by the bougie), and with membranous, sub-inflammatory effusions, in chronic suppression of the menstrual discharge, &c. The results proved, that while *direct* local applications could thus

be made with perfect ease and safety to the diseased lining membrane of the uterine cavity, the effects were such as to lead to the hope of a successful issue in some cases of uterine disease, otherwise almost, or indeed totally, unmanageable.

GALLIC ACID IN MENORRHAGIA.

Professor Simpson stated, that for the last year he had employed gallic acid in some cases of menorrhagia with the most successful results. Like all the other remedies directed against that disease, it had also occasionally failed in his hands. Some of the cases which had completely yielded under its use were of an old standing and aggravated description. He gave it during the intervals, as well as during the discharge, in doses of from ten to twenty grains per day made into pills. It had this advantage over most other anti-hæmorrhagic medicines, that it had no constipating effect upon the bowels. He was first induced to use it from finding a case of very obstinate menorrhagia get well under the use of Ruspi's styptic, after many other remedies had utterly failed, and from it being alleged that gallic acid was the active ingredient in that styptic. He suggested whether the anti-hæmorrhagic properties of some of our common astringent drugs may not depend upon the gallic acid as much or more than upon the tannin which they contain, or upon the tannin becoming changed into gallic acid within the body.—*Edinburgh Monthly Journal*.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NEWTON BRANCH.

The seventh anniversary meeting of this branch was held at Newton on the 29th of June last. A council meeting was held at eleven o'clock, at the conclusion of which, Dr. Kendrick, of Warrington, the retiring president, resigned the chair to W. J. Wilson, Esq., the senior vice-president, in consequence of the lamented death of the president elect, William Twemlow, Esq., of Northwich. The members present were from

Manchester.—Edward Holme, M.D.; Edmund Lyon, M.D.; R. Baron Howard, M.D.; W. J. Wilson, Esq., Surgeon; Thomas Turner, Esq., Surgeon; William Goodlad, Esq., Surgeon; John Hatton, Esq., Surgeon.

Liverpool.—Thomas Jeffreys, M.D.; R. W. Scott, M.D.; Thomas Eden, Esq., Surgeon; Benjamin Barrow, Esq., Surgeon; J. Armitage Pearson, Esq., Surgeon, Woolton; Hugh Neill, Esq., Surgeon; James T. Vale, Esq., Surgeon, Birkenhead.

Warrington.—James Kendrick, M.D.; John Sharp, Esq., Surgeon; William Hunt, Esq., Surgeon.

Bolton.—John M. Robinson, Esq., Surgeon; George Wolstenholme, Esq., Surgeon.

Thomas Bott, Esq., Surgeon, Bury; Oswald Dicken, Esq., Surgeon, Middleton; John Green, M.D., Newton; Thomas Gaskill, Esq., Surgeon, St. Helens; John Blundell, Esq., Surgeon, St. Helens; William Manley, Esq., Surgeon, Tyldsley; — Hunter, Esq., Assistant-surgeon, 12th Royal Lancers. (*visitor*.)

The president having briefly addressed the members, called upon Mr. Hatton to read the minutes of