medical science, but has never, for any length of time, been enabled to maintain its credit as a *safe* mode of treatment. Within our own time, Dr. Kinglake attempted to bring this treatment forward as eminently successful. Serious and even fatal results were found occasionally to follow its adoption, and his plan never received the sanction of the profession. Gout is a disease of so migratory a nature, and yet so essentially constitutional, that you can never say, when it disappears in one part of the system, whether it may not show itself in some other organ. It is well known that, in some broken down constitutions, gout is never altogether absent from the system; and experience has taught us that in such cases the functions of the vital organs are better performed whilst the gouty action is showing itself in the extremities, and there is nothing in such a state of system which a prudent physician so much dreads as the sudden and entire disappearance of gout from the extremities. Probert's was just such a case. He had been an ailing man for years, and had been occasionally subject to attacks of gout in the limbs, which he considered were always followed by an improved state of general health. What does the water-doctor do in such a case? He comes and proffers his assistance, and actually forces his nostrum on the poor, unhappy sufferer! The gout, in consequence, disappears from the joints, and from that time forward his breath becomes affected. The gouty action is driven from the extremities, but it fixes on the tissue of the heart and pericardium, from whence it cannot afterwards be dislodged, and death at length releases him from suffering.

Dr. James Johnson, in writing on this subject, justly observes, "There are certain classes of maladies—for instance, gout, rheumatism, rheumatic gout, tic douloureux, &c.—which, though thoroughly constitutional, and whose *causes* have been years accumulating, are yet of a migratory nature, suddenly shifting their seat from a vital to an unimportant organ, and *vice versa*, from a foot or a wrist to the stomach or heart. Now, it is an undoubted fact, that when a translation or metastasis of a chronic or sub-acute affection, as of gout or rheumatism, suddenly takes place from the exterior of the body, whether spontaneously or from the force of medicine, the malady takes up its seat in some internal organ; but as the internal organs—as the heart, liver, brain, &c.—are not naturally sensitive of pain, the metastasis is very often taken for a cure, and the malady preys for a long time on a vital part, without suspicion, until it reaches a certain height, when the disease reveals itself unequivocally, by pain and suffering, but is now totally beyond the power of art! Nature will not be cozened by the ingenuity of man. For a long time she counteracts the deleterious effects of morbid causes, whether applied by ourselves, or unavoidably occurring, and guards vital organs by throwing the onus on external parts, as is familiarly exemplified by gout. But when we thwart these salutary efforts of Dame Nature, by violently repelling the pain, inflammation, stiffness, or swelling from the hands and feet, by cold applications, heroic doses of colchicum, &c., then we lay the foundation, directly or remotely, for serious or even fatal maladies of some of the internal viscera! In this drama HYDROPATHY is now playing

an important part, and we are now almost in the daily habit of seeing the precious fruits of the 'water-cure' in the shapes of furuncles, carbuncles, dropsy, and hypertrophy of the heart," &c.

Further comment on the case of Probert seems unnecessary; but I may point out to the reader that this victim of the rash and absurd water-system had been known at Malvern as a gouty subject for several years, and there appeared, on the arrival of the water-doctor, no reason why he might not have continued in the same condition for as many more, if it had not, unfortunately for him, so turned out that the disciples of the Silesian peasant determined on making him one of their victims; but, instead of prolonging his days to upwards of one hundred years, which their system promised, they forced him to shuffle off his mortal coil in a few months, and made the grave his resting-place.

Worcester, July 22, 1843.

CASE OF HEMATOCELE OF THE SPERMATIC CORD.

By T. P. TEALE, Esq.,
Surgeon to the Leeds Infirmary.

On the 17th of March, 1843, my attendance was requested in consultation with Dr. Bampfylde, of the 32nd Regt., and Mr. Sharpe, of Leeds, on the case of Captain W —, who, fourteen days before, had been thrown with great violence against the splashboard of his gig, in consequence of his horse falling. The great force of the concussion was expended upon the lower part of the abdomen and groin on the right side. On his arrival at home these parts appeared to have been severely contused, and were much discolored and swollen. After a few days, when the general tumefaction had somewhat abated, it was ascertained that a firm cylindrical swelling occupied the inguinal canal, and projected to a considerable extent below the external ring. A suspicion existed that the swelling might be an omental hernia:

When I first saw the patient, fourteen days after the accident, the lower part of the abdomen and the right thigh and scrotum exhibited extensive livid discolorations, but were free from swelling, except at the inguinal canal and upper part of the scrotum, where a tumor was observed occupying the whole length of the canal, and forming a projection below it of the size of a hen's egg. The tumor was very firm and elastic, insensible to pressure, and its surface was smooth and well defined. The scrotum below the tumor was loose and flaccid, and the right testicle, healthy and pendulous, was situated about an inch below the lowest portion of the tumor, and perfectly distinct from it. The abdomen was free from pain on pressure. The functions of the alimentary canal had been naturally performed without any interruption since the time of the accident, and there had not been the slightest fever or any other general indisposition—the only inconvenience experienced being a sense of weight in the part and stiffness in walking.

As the tumor had evidently been caused by a contusion of the inguinal region, I considered its hernial character extremely doubtful; for although a blow

may occasionally produce a hernia at the contused part, yet a hernia so produced is of the ventral species, the muscles or aponeuroses having been lacerated; and it may be doubted whether a direct blow upon the inguinal region is capable of causing a hernia which shall take the oblique course of the inguinal canal. Moreover, the tense, unyielding condition of the tumor was such as is only observed in hernia under strangulation, whereas in the present case the absence of pain in the tumor or in the abdomen, and of symptoms indicative of alvine obstruction, negatived the existence of such a condition.

From these considerations, and from the mode in which the tumor originated, I had no hesitation in regarding it as a hematocele of the spermatic cord, most probably resulting from laceration of the spermatic veins. The smooth surface and cylindrical form of the tumor would depend upon the circumstance of effused blood being contained within the sheath which the spermatic vessels derive from the fascia transversalis.

To allow time for absorption to occur was the great object to be kept in view in the treatment. Recumbency was enjoined, and the occasional use of hot fomentations, alternated with evaporating lotions.

March 20. The portion of the tumor below the ring is more prominent, and its envelopes at this part feel thinner; an obscure sense of fluctuation is perceptible.

23. The tumor is more prominent below the ring, and the sense of fluctuation more distinct; there is an evident tendency to "pointing."

27. There is a slight but obvious diminution in the size of the swelling.

April 4. The tumor is considerably reduced in size, and the fluctuation is no longer perceptible. The whole mass now feels solid; the discoloration has disappeared from the abdomen and thigh, except on the inguinal canal and scrotum.

May 1. Swelling much reduced; slight discoloration continues.

June 4. The tumor has entirely disappeared; the scrotum, spermatic cord, and inguinal canal feel perfectly natural.

REMARKS.

Hematocele of the spermatic cord is an affection of very rare occurrence. It is not noticed in Sir Astley Cooper's work on the Testis. Pott has related three cases, of which the following is a brief abstract:—

Mr. Pott's First Case.—A laboring man, who had fallen in the street with a load on his back, was brought into St. Bartholomew's Hospital, supposed to be affected with hernia, in consequence of the fall. "The tumor seemed to occupy the whole spermatic process, which was so enlarged by it, that it was impossible to feel the passage of it from the abdomen through the muscle, but the testicle below it was perfectly distinct." As the bowels had not been evacuated for two days, Mr. Freke considered the tumor a hernia, and proceeded to operate. Having opened what he supposed to be the hernial sac, "a large quantity of blood, partly fluid and partly grumous, burst forth, and the whole tumor subsided, leaving the process (spermatic cord) perfectly free, and containing neither intestine nor omentum." The patient recovered favorably.

Mr. Pott's Second Case.—A young man, whilst straining to evacuate the bowels, felt a sudden pain in his left groin, and, upon examination, found a swelling, extending from the groin to the scrotum. An advertising operator, supposing it to be a rupture, made several unsuccessful attempts at reduction, and applied a truss, saying that the tumor would gradually shrink to nothing. After the truss had been applied some days, the pain and swelling were increased, and the patient was seen by Mr. Pott. At this time the "tumor was large, and had somewhat the feel of an omental hernia; the abdominal aperture seemed to be dilated by it; the testicle was tolerably distinct below." "He had neither heat, quickness of pulse, nor hiccough, nor vomiting, and had been thrice at stool that day." After several days "the pain increased, as well as the tumor, and a fluctuation within became palpable." Pott, supposing that the fluid might possibly be collected in the sac of an omental hernia, punctured the tumor with a lancet, and let out some ounces of clear blood. When the swelling was thereby lessened, the spermatic vessels could be indistinctly discerned, and the cord seemed much loaded with blood, and enlarged. For three or four days the part bled freely, when a free incision was made throughout the whole extent of the tumor, "but no sacculus, no particular cavity, was found—nothing like a hernial sac, or tunica vaginalis testis; in short, nothing but cellular membrane, which satisfied us (says Mr. Pott) that the blood must come from the spermatic cord." The wound was dressed with lint and styptics. In a day or two the hæmorrhage returned to an alarming extent, and castration was performed.

Mr. Pott's Third Case.—A middle aged man applied at St. Bartholomew's Hospital, with a tumor in the groin and upper part of the scrotum of the right side, which he said was suddenly produced by lifting a heavy weight. "From the groin quite down to the testicle the spermatic process was enlarged; he had no symptoms of a hernia, and the testis was much too distinct and free for a hydrocele." A little blood oozed from the lower part of the swelling, from a puncture which had been made a day or two before. From these circumstances, Mr. Pott concluded that the swelling was caused by blood effused into the cellular substance of the cord, "from a branch of a varicose spermatic vein." On opening the tumor, the whole cellular membrane of the cord was found loaded with blood; no particular breach in the vessels could be discovered. The patient recovered without any return of hæmorrhage.

Mr. Curling, in his valuable work on Diseases of the Testis, makes the following observations:—"An encysted hydrocele of the spermatic cord may become converted into a hematocele. In the pathological museum of St. Bartholomew's Hospital there is a preparation of an encysted hematocele of the spermatic cord. The cyst is empty, but it is described to have contained blood, and its walls are deeply stained with the color of partially decomposed blood. Its lining membrane is wrinkled, and coarsely granular, and the tissues around it are thickened, brawny, and adherent together. I lately examined a preparation in the Hunterian collection, which, I have no doubt, is a specimen of old encysted hematocele of the sper-

matic cord. There is a good sized cyst, lined by a membrane, polished and a little wrinkled, filled with a soft, tawny-looking, granular matter, resembling the altered coagulum of blood which I have observed in ordinary hematocele after long maceration in spirit. The tissues around the cyst are thickened and indurated, just like those around an old hematocele of the testis. There is a hernial sac immediately above it, and a hydrocele below, with the sac open for some distance up the cord as far as the cyst of the hematocele, which does not communicate either with the tunica vaginalis or the hernial sac."

SOME
GENERAL CONSIDERATIONS OF CLIMATE,
WITH
REFERENCE TO HEALTH AND DISEASE.*

By T. WILKINSON KING.

A few authentic facts, of a rare and curious kind, which I have set down, may serve to render these pages of interest, even to those who are unprepared for, or disinclined to, a careful and a complete professional reasoning.

It is one chief object here to enforce general principles, along with those which relate to the influence of temperature, with reference alike to physiological and pathological states.

I must premise that my readers should be familiar with, or at least that they must in a measure allow, the following general laws:†—

Firstly, That health is a certain necessary correlation of the whole corporeal functions, the innate irregularities or disproportion of which constitute the peculiarities of temperaments; and,

Secondly, that the functions oscillating within the limits of health demand correlative actions in all parts and of various kinds.

These ideas of fluctuating actions and corresponding or compensatory functions in all parts, belong both to physiology and pathology, and they form the basis of the following remarks:—

The heat of our summer has its peculiar effects and many distinct secondary consequences, and I presume that the influence of the tropics corresponds to these, without any great differences beyond those of degree. Certain functions are excited, and others, in consequence, become depressed. A warm climate operates especially on the surface of the body, exciting the excretory and nutrient functions; the follicles every-

* These reflections were in part read before the Physical Society of Guy's Hospital in 1840. I ventured to introduce them thus: After spending nearly half my life in that great school, divided pretty equally between observation, reading, and reflection, I confess that I thought myself in a measure fitted to study the medical peculiarities around me when I first landed in a tropical region. I certainly anticipated to corroborate and extend, and, perhaps, to correct my physiological views of disease; and I now hope that a brief account of some of my conclusions will not be deemed useless, whether in relation to climate, or the nature of the human constitution.

† The doctrines here referred to I have taken some pains to explain in a little book, "On some of the First General Laws or Fundamental Doctrines of Medicine and Surgery," London, 1840; and, again, in a paper "On Variable Diseases," in the October Number of Guy's Hospital Reports, 1840.

where become enlarged, the heat of the body is augmented, and the perspiration copious and habitual. Many diseases of the skin indicate the tendency to hypernutrition. In Africa the lengthened ear-lobe, the pendulous breasts, and other excesses, are almost natural.

Along with simple cutaneous hypertrophy, in the form of moluscum, I have even seen the breasts of a male negro assuming the roundness and prominence of the young female (and that without any discoverable masculine defect).

I was greatly struck on another occasion to find the cicatrix of an injury (I believe a burn) in the male not contracted as with us, but presenting a globular sepile tumor, the size of an orange, soft, flexible, and equable in feel as the skin itself of the negro lad on whom it grew, and of the same color and aspect altogether. This effect, I was informed, was not very uncommon.

Here, by the way, we have a hint as to the treatment of cutaneous contractions, and I may add that the negligent exposure of persons who have been burnt or scalded (as if they wanted no more heat for months) is one great cause of death in these cases by visceral inflammation.

Mr. Edward Menzies, of Kingston, Jamaica, informed me that he had seen at least three examples of a cutaneous prolongation in the place of the umbilicus, and about the size of the little finger, in negro boys between the ages of eleven and fourteen years. This adventitious formation seems so common as to have obtained a distinct name, which is "pim." The like formation has been spoken of as occurring in Paragua (*Med. Gaz.*, vol. i, p. 167). Dr. Arbuckle, a very intelligent physician, who has lately returned from a seven years' residence in Maranham, near the mouth of the river Amazon, informs me that he has seen instances of the umbilical prolongation, as also one of rugous hypertrophy on the loins, which he attributed to the individuals having been flogged. Integumental masses about the face, and common elephas were by no means rare with him. He has noticed the breasts of males too full, and once those of the female much hypertrophied. Cancer he found rare.

The mal de San Lazaro, Coco bey, and Elephas, are common tropical diseases, and they indicate various dispositions, of which excessive superficial nutrient action is always the first. I regarded the embrowned skin of white settlers as an instance of cutaneous hypernutrition. Distressing "prickly heat" and erythema in new-comers seemed not less so, although evidence of other disturbances in addition.

The first effect of increasing warmth, whether of our own spring or the visit to the tropics, is a very agreeable sensation of ease arising from the facility with which the animal functions are performed. It is to numbers a most joyous perception of life. The appetite is good, and the mind clear, and the body active, and this is only too transitory; it is the sign that the internal functions are losing somewhat of their natural stimuli. The warm bath and the operation of shampooing have analogous results.

The European infant flourishes for three or four years with the greatest promise between the tropics; but soon the digestion and nutrition seem to fail, as the sunken eye and sharp contracted features too well