a healthy condition sores which, whilst the patient pursued his ordinary occupation, careful though he might be, were rebellious to the most seemingly judicious treatment.

Rest in bed is the most powerful adjuvant in the treatment of all primary and even constitutional syphilitic diseases. Cullerier says of it; * repose in the bed in the recumbent position, so useful in all forms of syphilis, is absolutely indispensable in many of them. It removes every species of irritation from the parts affected, such more particularly as could be occasioned by the friction of the clothes, and the gravitation of blood. It also throws the patient into a kind of debility, very favourable to the cure of his disease. In such a situation also the diet can be much more easily regulated.

It commonly happens that venereal sores in the urethra will resist all the ordinary means of cure, unless the patient be confined to his bed, and restricted to the simplest possible diet. The treatment then becomes easy, and is very generally successful. Mild opiates and mercurials, with simple astringent injections, will now in almost all cases work a cure; but it is next to impossible to cure these sores as long as the patient goes about and pursues his ordinary occupation, even in a minor degree. I would have nothing to do with the management of a patient with chancre of the urethra unless he laid up entirely, knowing from experience that I could neither benefit him nor myself by attempting to treat him under ordinary circumstances. I have known these sores assume a healthy character in two or three days in patients when confined to bed, which had previously resisted every mode of treatment.

A gentleman connected with the London press contracted venereal sores externally, and one on the urethra, during the last general election. He placed himself under my care, with the reservation that I must not confine him. I undertook the management of his case with great reluctance, and, as I expected, the sore in the urethra got daily more irritable, and disposed to spread, although the other sores had healed. I at length determined to practise upon his fears, and at the next visit I said to him, "Now, Sir, you must either take to your bed, or probably undergo some horrible mutilation; there is no alternative." My manner alarmed him, and he became obedient; and at the end of three days a sore, which had resisted everything, yielded to rest in bed, and the simplest medication. I consider it the greatest kindness to alarm a patient in this state; the more you frighten him the more easily will he be cured. Some writer says, the more seriously the patient and the surgeon look upon the disease the more quickly will it be eradicated.

If, then, a patient with primary venereal sores in the urethra seeks your advice, in the first place

* *Traité de la Thérapeutique de la Syphilis*, p. 110.

reduce all inflammation by fomentations, poultices, rest, low diet, and unirritating aperients. You may then have recourse to mild astringent injections of nitrate of silver, alum, zinc, or tannin and opium in wine. At the same time a very mild and carefully-watched mercurial course may be employed. Above all, carry, if you can, the patient with you in the treatment of his disease; explain to him its nature and its occasional consequences if neglected, such as mutilations, perforations of the urethra, its extension to the bladder or deep-seated parts, and even its occasional termination by death. If this be done firmly and sensibly, a patient will make any sacrifice to get cured; and under such circumstances you will add to your reputation by convincing your patient that you have a thorough knowledge of the nature and consequences of the malady you are called to treat. In this disease truly may it be said that "forewarned" is indeed "forearmed."

ON THE THERAPEUTIC POWERS OF THE IODIDE OF POTASSIUM.

By W. S. OKE, M.D., Southampton.

(Concluded from p. 42.)

CHRONIC RHEUMATISM.

CASE I.

I. X., a female of middle age, has been subject to severe attacks of rheumatism. In August, 1842, she suffered another attack. It had existed for five weeks, and finding that the symptoms did not yield to the means prescribed, she consulted me on her case. The pain was mostly felt in the right shoulder joint, extending to the cervical vertebræ. The pain was constant and so intense as to deprive her of all rest; and she felt as if "a ton weight" were on her shoulder. The tongue was not much coated, nor the arterial system excited.

I gave her my usual dose of the iodide of potassium, five grains thrice a day in some aromatic water. After the medicine had been taken 24 hours, a peculiar kind of eruption made its appearance on the arms and upper part of the trunk. It came out in papulæ, which were in some parts distinct, in others confluent; but its principal peculiarity was its bright scarlet colour, which was as vivid as that of a boiled lobster. The itching was extreme. As I had before seen a similar eruption after the employment of the iodide in chronic rheumatism, I attributed the outbreak to the action of the medicine. It was therefore suspended for a few days. Whether the rash through the operation of the remedy was critical, it is not easy to say; but at any rate, as the rash appeared the severity of the rheumatic pain left her; and by resuming the iodide in three grain doses she was speedily cured.

CASE II.

A young man, a labourer, aged 20, had been long afflicted with chronic rheumatism, which had so crippled the motion of his joints that he had not the power of raising either hand to his head. His general

appearance bore sad marks of severe and continued suffering, which had reduced him to a state of great debility and attenuation. There was no febrile disturbance. He was placed under the four-grain dose of the iodide three times a day; and three weeks afterwards, when he came in from the country, the improvement was remarkable, the stiffness of the joints was in a great measure removed, so that he could carry his hands to his head without difficulty; his general health was much ameliorated, and he afterwards gradually convalesced.

I might adduce many more instances of the efficacy of the iodide in rheumatic disease.

I will now say a few words of its use in chronic *gout*. When a paroxysm of gout has either subsided or been subdued by colchicum, it not unfrequently happens that it loiters in the system, sometimes plaguing one joint and sometimes another, not in sufficient force to fever the system, but just enough to confine the gentleman to his arm-chair, or to keep the man of business from his counting-house. Under such circumstances I have found the iodide of the greatest service in clearing the system of the disease for a considerable time. I gave it in the following combination:—

Iodide of potassium	5 grains
Sesqui-carbonate of soda	10 grains
Camphor julep	1½ fluidounce

This dose to be taken thrice daily for a month or six weeks.

The diseases of the third class, in which it had not been before employed, and in which it proved of essential benefit, are certain forms of dyspepsia, apyrexial asthma, and chorea Sancti Viti.

DYSPEPSIA WITH ALARMING ASSOCIATIONS. CASE.

J. D., a merchant, aged 62, the left side of the face showing paralysis of the portio dura; had been subject to dyspepsia, the principal feature of which was, collection of flatulence in the stomach. Fifteen years ago, during one of these inflations, he felt a sudden "movement" at the anterior and lower part of the chest, which flew to his head, and for a moment deprived him of his senses. These alarming symptoms frequently returned, and as they resisted all medicinal remedies, they were attributed to a stricture of the rectum, which had existed for some time. The stricture was examined and dilated. By this means he was in some degree relieved for twenty months, when the same sudden syncopes came back, and continued to harass him from time to time for several years. At length this recurred so frequently as to deprive him of all consciousness many times in the course of a day. This alarming state of things filled his mind with constant apprehension, and those of his friends with the conviction that he would die in one of the attacks, which were attributed to a disease of the heart.

When I saw him in this state, his countenance had not the appearance of one having organic disease. He had no headache; no pain across the chest or down the arms; his pulse was sometimes irregular, but for the most part equal and normal; and no morbid sound in the action of the heart could be detected by attentive auscultation. He was usually costive. The interruption of the action of the heart, and of the cerebral

functions, was still preceded by the same inflation of the stomach; and he could not venture on any solid food without great hazard of bringing on an attack. Putting all these negative and affirmative points together, I was persuaded that the symptoms were the result of functional causes, and that those causes existed in the extreme susceptibility of the pneumo-gastric nerve. With this view I gave him alterative doses of blue pill, with various tonics; the tris-nitrate of bismuth, the sesqui-oxide and black oxide of iron, oxide of zinc, the nitrate of silver, &c., associated with dilute hydrocyanic acid, henbane, hemlock, &c., together with a variety of external appliances, too numerous to mention. All failed. As he had before obtained benefit from the rectum-bougie, I advised him to have it again used. It was done, and he was benefitted by it for a time. The syncope, however, returned; and I now began to entertain serious fears that the case really was syncope anginosa, caused by valvular disease of the heart.

I now, for the first time, gave him the iodide of potassium in four-grain doses three times a day, combined with ten grains of the sesqui-carbonate of soda. After ten days he called on me and reported that the last medicine had taken a decided effect upon the complaint; that he had lost the flatulencies; that the syncope had not returned; and that, strange to say, he could bear light solid food upon his stomach without hazard!

He continued the medicine for some weeks, and from that time to this—a space of three years—he has been wholly exempt from syncope. I have heard of him this day (March 27th); he enjoys good health, excepting occasional attacks of gout, to which he has lately been liable.

SPASMODIC ASTHMA.

CASE I.

A lady, aged 31, in 1838, began to suffer severe attacks from bronchitis, which frequently interrupted the performance of her duties as governess. The disease retained this form for two years, each attack terminating in muco-purulent expectoration. In 1840 the disease assumed the character of spasmodic asthma, the paroxysms of which sometimes commenced with nasal catarrh, and sometimes with violent flatulency, nausea, and vomiting. The course of each paroxysm occupied about a fortnight, and terminated in expectoration, as did the bronchitis. For the last two years these asthmatic attacks have returned every six weeks, threatening suffocation, and alarming her exceedingly. She anxiously tried all the ordinary remedies for this dreadful malady, and consulted divers opinions, some of which were decidedly adverse to any hope of recovery. Finding no relief from medicine she at once relinquished her connexion on which her income depended, and entered a family at Clifton, in the hope that atmospheric change might effect what medicine had failed to do. She then gained a considerable respite, and went to Ireland, where she became so much worse, that in 1843 she could not lie down for nine months together, and during the violence of the paroxysms was compelled to smoke cigars, till by faintness the spasm was overcome, and the breathing relieved. At the end of 1843 she decided on returning to Southampton. The change again relieved her for a time, but the paroxysms soon returned with equal

severity, and during one of these I was requested to visit her. I found her breathing with great difficulty, her shoulders rising to her ears at every inspiration, wheezing, oppressed with flatulence, and greedily smoking a cigar, to relieve the dyspnoea. As she was worn down, pale and attenuated by the long continuance of disease; as the tongue was not coated, and the arterial system not much accelerated, and more particularly as there was great disturbance of the gastric function, I resolved at once to try the iodide, in the hope that it might at least allay the flatulency, and support the constitution. She took it in four-grain doses, and my hope was not disappointed. The gastric function was speedily improved, the paroxysm subsided, and her general health became so much better, that she said—"I know not what you have given me, but I feel new life." At the end of six weeks, as usual, the asthmatic attack threatened to return, but the symptoms were comparatively nothing, and the cough passed off by expectoration without spasm. She has continued the iodide in the same dose; has been able to attend her pupils from house to house for the last three months, with but slight interruption; and at this time (in the midst of winter) feels better than she has done for the last six years.

CASE II.

As I have not the details of this case, I shall merely give the heads, as they appear in my note book:—

John Lock, labourer, aged 45, of debilitated and cachectic appearance; spasmodic asthma, associated with dyspepsia and rheumatism. Cured by the iodide of potassium.

CHOREA SANCTI VITI.

CASE I.

George Rawlins, a labourer, aged 19, six feet in height, of thin make, fair complexion, and red hair, has had well-marked chorea for five months. To see this tall lanky fellow throwing his limbs about, twisting his body, and grimacing, under the involuntary motions of the disease, was enough to disturb the gravity of most men. He was tolerably well in other respects; he had no headache, nor pain in any part of the spinal column. I began the treatment with decided doses of the sesqui-oxide of iron and mercurial purgatives, which, in the majority of cases, I have found adequate to the cure of the disease in children; but as I did not find him improved in the course of some weeks, it occurred to me that the iodide might be of use to him; I accordingly gave him four grains in solution three times a day, and subsequently five grains. After taking the medicine for a fortnight, he reported himself much benefitted in every respect, and the involuntary motions speedily subsided.

CASE II.

Miss B—, aged thirteen, evinced symptoms of chorea at the beginning of last November. The involuntary motions increased, and in a few days the cerebral functions were so much involved, that she was obliged to keep her bed. She had the look almost of idiocy, and cried out upon her head being moved in the slightest manner: there was, moreover, considerable febrile disturbance. Under these circumstances she was bled from the arm; a blister was applied at the back of the neck, and the chloride of mercury was given every four hours. By this treatment the cerebral

functions were relieved, and she became sensible. The involuntary motions continuing, I gave her the sesqui-oxide of iron, with mercurial aperients; but as the ankle joints, right elbow, and right wrist were very tender and painful, and showed appearances of inflammatory rheumatism, the iron was laid aside, and ten drops of the colchicum wine given instead every four hours. This treatment soon removed the rheumatic symptoms; but the involuntary motions increased. Reflecting on the good effect of the iodide of potassium in the last case, and considering this a fit opportunity for the further trial of the medicine in this disease, I commenced it at once in the following form:—

Iodide of potassium	18 grains.
Compound tincture of cardamoms	3 drachms.
Syrup of ginger	3 drachms.
Colchicum wine	40 minims.
Cinnamon water	5 ounces.

Take a fluidounce three times a day,

The effect on the disease was quite magical, and in a fortnight there was not a trace of chorea remaining.

I see also in my note book that a case of rupia in a young woman, aged 22, was cured by the iodide of potassium, after it had existed 12 months. I did not note down the details.

Remarks.—The above cases, to which I could have added numerous others, exemplify, I trust, the curative efficacy of this medicine in some of the morbid conditions of the human body. Now what is that morbid condition in which it is so successful? The cases enumerated in the second class consist of what Mr. Pearson used to call "*Cachexia syphiloidea*." He says in his lectures, "I do not thoroughly understand these cases yet. The more I see of them the more the difficulty. It has been long known that sores, deriving their origin from a venereal taint, remain or spread after the disease has been destroyed. It was known to many practitioners of the 16th century, that diseased appearances about the bones of the face, and pains of the membranes and bones, remained after the use of mercury. Without doubt some of these appearances were relapses of the disease; but, as in many cases, the symptoms did not yield to mercury, or recurred repeatedly, and were cured by medicines which contained no mercury, these particular appearances were different from the disease from which they seemed to originate."

It is difficult to trace the above instances to their *true causes*. The second and third cases of phagedænic ulceration were probably derived from syphilitic causes; the second and fifth cases of periosteal disease from the action of mercury; whilst the first phagedænic case, and the first, third, and fourth cases of periosteal disease, were not traceable to any manifest cause, and therefore may be denominated, what Mr. Pearson described as "*Cachexia syphiloidea idiopathica*."

The idiopathic cachexia is thus described by that experienced surgeon in his manuscript lectures. "This either arises at such a distance of time from the use of mercury, that its appearance can with no show of probability be ascribed to it as a cause, or where neither sores nor the use of mercury have preceded the cachexia. It generally occurs in habits predisposed to

scrophula, or is consequent to some disease of the constitution." But from whatever cause these symptoms arise, the disease is not the less formidable, nor the remedy less important.

Sir Benjamin Brodie places no reliance upon the iodide of potassium for the cure of true syphilis. In his last lecture at St. George's Hospital, as published in the *Lancet* of the 17th of February in the present year, he says—"It is now very much the custom to administer the latter (iodide of potassium) in cases of syphilis. No doubt it is an excellent remedy in some cases, and comes in extremely well, when you have reasons for not giving mercury. But if you ask me whether you can rely upon the iodide of potassium—I say no. You may remove slight symptoms by giving it for a time, and severe symptoms by exhibiting large doses; but in the latter cases, so far as I have seen, it does not make a permanent cure, for the symptoms return again. As a prophylactic it is not to be compared with mercury."

This opinion I believe to be correct. I do not think it acts as an *antidote to a poison*; but for the cure of that assemblage of symptoms above related—phagedænic ulceration, or periosteal disease with a cachectic habit—in my own conviction it stands unrivalled by any other medicine whatever. That the disease will return is true—give what you please, it will *often* return; but, I have always observed, that as often as I had occasion to put the same patient under a course of the iodide of potassium for a return of the symptoms, it has rapidly improved the appetite, and imparted more and more vigour to the constitution, till it completely triumphed over the disease, although it had existed for many years, as was the fact in the 1st, 2nd, 4th, and 5th cases of periosteal disease.

It appears to me that to this power of invigorating the habit its salutary effects are to be principally ascribed. A cachectic condition of the system, in whatever diseases it result, so long as those diseases be not *organic*, is in fact the true object of its curative agency; and this would best explain its success in the three last diseases related—dyspepsia, apyrexial asthma, and chorea Sancti Viti, all of which were at least associated with, and probably derived from a morbid atonicity of the nervous functions involved. I have occasionally given four or five grains of blue pill every other night during the exhibition of the iodide, and I think it sometimes forwards its success.

The period necessary for a course of the iodide of potassium in "cachexia syphiloidea" is at least two months. In other cases the time must depend on the effects of the medicine. I have not had occasion in any case to give a larger dose than five grains, which has ever proved sufficient to accomplish the object in view, where the disease has been curable by this medicine. This dose has never produced any adverse effect; but in some instances, as in the first rheumatic case, it has thrown out an eruption peculiar to this remedy; and in others it has caused a bitter lupuline taste to rise up into the back of the fauces, which has annoyed the patient, and obliged me to suspend the iodide for a few days, or reduce the dose. What deleterious effects may result from large doses I must leave to be described by those who give them.

The iodide of potassium is always inadmissible where

there is any febrile disturbance, or where the tongue is much coated. I have ever found it to disagree in such cases.

Southampton, March 27, 1844.

CASE OF ANEURISM OF THE EXTERNAL ILIAC ARTERY. LIGATURE OF THE COMMON ILIAC.

By RICHARD HEY, ESQ., Surgeon to the County Hospital, York.

Mr. Taylor, aged 41, residing at Acomb, near York, seen in consultation with Mr. Nelson, surgeon, and Mr. Ellis, on the 22nd November, 1843. I received the following history of his case:—

On the 10th of this month Mr. Taylor perceived a stiffness and uneasiness in the left groin, and on examination found a small hard tumour immediately above Poupart's ligament, midway between the anterior superior spinous process of the ilium and the tuber of the pubis. Having been occasionally subject to scrofulous tumours, ending in supuration, he supposed this to be an enlarged gland, and therefore at first took but little notice of it; he showed it, however, to his medical attendant, who prescribed suitable remedies for its removal. On the 13th he was suddenly attacked with severe pain in the tumour, and on the following morning it was found to be much increased in size; and now, for the first time, a decided pulsation was observed in it; pulse 90. From this time until the 22nd the tumour made perceptible advances in size daily, accompanied with pain along the course of the anterior crural nerve.

November 22. The tumour is now the size of a pretty large orange; the impulse very strong. It was, however, easily emptied by moderate and continued pressure, instantly filling again when the pressure was removed. Pressure on the aorta had the same effect, but in a lesser degree. When the base was grasped, the fingers at every pulsation were forcibly separated, and equally so on every side. There was clearly aneurism of the external iliac artery.

November 28. The tumour rapidly increasing in size; and as there seemed to be no alternative but placing a ligature upon the common iliac artery, or speedy death, I thought it my duty no longer to delay acquainting him fully with the state of the case; he was not prepared, however, at present, to decide upon the subject.

November 30. The tumour now, from having a round and uniform surface, had become conical, like the pointing of a large abscess, the skin also much thinner, red, and shining. We therefore urged upon our patient the necessity of a speedy determination; and, at his request, my brother, Mr. William Hey, of Leeds, was requested to meet us in consultation.

December 2. We met this day, and found the tumour within the last 48 hours had so much increased as to render any further delay of the operation extremely hazardous; and as Mr. William Hey concurred with us in the propriety of attempting to save our patient's life by the means already proposed, and as he was now quite willing to submit to it, we determined to wait no longer than the following morning.

Sunday, December 3. I proceeded to place a