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Contributors

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ON BUBO

AND

PERINÆAL ABSCESS.

BY

JOHN L. MILTON, M.R.C.S. LOND.

PRINTED FOR PRIVATE DISTRIBUTION.

1851.

ON THE

AND

PERMANENT ABSCISSA

JOHN J. MURPHY, M.D.

PRINTED FOR PRIVATE DISTRIBUTION

1881

My motive in publishing this Paper was to attempt a positive demonstration, that Bubo is curable, in *most* cases without surgical interference, and in *all* without cutting or disfiguring the patient. This has long been my own conviction, but I am not aware that I have made a single convert to my views, except among my patients. By my professional friends my opinions have been utterly neglected, or met with objections which were invalid or founded on misconception of what I sought to lay down. I had, therefore, a double incentive to publish; viz., to describe accurately and fully a new plan of treatment, and to call attention to it as having been hitherto uniformly successful.

J. L. MILTON.

40, JEWIN-STREET, CITY,

May, 1st, 1851.

ON BUBO.

“Ed ecco un altro argomento di più, il quale aggiunto alle numerose difficoltà proposte ed esaminate, dovrà persuadere la gente ragionevole, che nella cura *eradicativa* del tincone, si debbano quasi sempre abbandonare le disperazioni chirurgiche fatte col ferro, col fuoco, o col caustico, e che à queste si debba sostituire la risoluzione.”—*Osservazione Pratiche intorno alla Lue Venerea, del Dr. Domenico Cirillo.*

“Car ici on doit rester convaincu, avec tous les bons observateurs échappés aux grossières speculations de l'ancien humorisme, que la terminaison des bubons par une sorte de delitescence, si elle est possible, ou tout au moins, par une prompte resolution, *en évitant la suppuration*, est ce qu'on peut obtenir de plus heureux pour les malades.”—*Ricord.*

B U B O.

The serious inconvenience and deformity it occasions. Divisions into: 1. Inflaming bubo—the modes of treatment generally adopted; their inadequacy; proposed plan of treatment. 2. Ripe bubo—the modes of treatment, &c., &c. 3. Indolent bubo, &c., &c. 4. Perinæal Abscess.

I. INFLAMING BUBO.

I. Bubo, when likely to proceed to suppuration, rarely fails to call for the most anxious attention on the part of the surgeon as well as of the patient. Long before it arrives at bursting, the great pain and lameness it causes, and the alarming appearance it presents, materially incommode the patient. If suffered to go on unchecked, an opening forms, which discharges a quantity of matter with great relief to all the symptoms, so that the patient thinks the end of his sufferings has arrived, whereas in truth they have scarcely begun. The opening rapidly enlarges and becomes ragged and unhealthy looking, giving us a view into a large suppurating cavity, which, in the most favourable cases, slowly granulates and fills up, discharging to the last its contents by the old aperture, which finally closes, leaving behind a disfiguring, unsightly scar.

In less fortunate instances the first wound heals, but as matter is still produced, it re-opens, or another forms, succeeded perhaps by a third or fourth. Sinuses form, requiring the knife or caustic, and are followed by scars which, however innocently acquired, are often the source of much unhappiness to those who bear them.

So common is disfigurement of this kind among those who

have had syphilis, that almost any given number of persons scarred and seamed by gashes and ulcerations in the groin might be collected in one of our large towns; and at *post-mortem* examinations, a common test, in the absence of other evidence, as to whether the patient has had syphilis, is first to see if he or she has any scars in the groin. Mr. Raymond says, "Our wards were *constantly* encumbered with men bearing sinuses, the edges of which being opened up, everted, or schirrous, kept them months together in the hospital, and frequently forced them to suffer the most painful excisions." *

During the whole time the process of suppuration and granulation is going on, the patient is subjected to the most intense discomfort. If able to keep his bed and have the daily attendance of a surgeon; if resolute in point of cleanliness and obedient to the instructions of his medical attendant as to the use of medicines and diet, and the observance of quiet, his situation is tolerable: but with those who dare not reveal their situation, or who must attend to business, a large suppurating wound of this kind is productive of excessive annoyance. Night and day they are tormented by the filthy discharge, and there is great difficulty in keeping pads of linen or lint so exactly on the spot as to prevent the pus from marking their clothes, and thus betraying the nature of their complaint,—a disclosure in general most anxiously dreaded; for, luckily, few men are so case-hardened as to feel, when thus situated, indifferent to its being known to those about them.

Gonorrhœa, chancres, in fact, nearly all the forms in which syphilis assails man, may be concealed, borne, and cured, without the patient ever requiring to stay a day from business, or even absent himself to any marked extent from his usual amusements; but bubo, almost always, if bad, produces sufficient lameness to enlighten the most indifferent observer, and in by far the greater number of suppurating buboes, the patient is compelled to give up work, at least for some portion of his time.

But the list of evils does not end here. The gland, we learn, may become scrofulous; the suppurating surface may refuse to heal; sometimes it is attacked by hæmorrhage † or hospital

* *Gazette Medicale*, 1835, p. 629.

† "Frequently the foul state of the wound is succeeded by gangrene, which is wont to be preceded and accompanied by that deadly hæmorrhage which," &c.—*Cirillo, work cited.*

gangrene, or it takes on an intractable ulceration, defying the most able and persevering treatment.* The sinuses also are a fertile source of trouble, as they may become indolent and insusceptible of taking on a healthy action, or they may degenerate and become schirrous, &c.

Independent of these disastrous results, of the mental and personal discomfort, the expense and inconvenience it occasions, independent of the misery and shame it begets in families, many a man sees his prospects in life marred by it. In more than one instance I have known young gentlemen comparatively ruined by the disclosure; and in one case it was fatal for ever to the interests of the patient, an officer in the navy, who now lives to regret the day he contracted a bubo.

Such facts as these seem to make it quite superfluous to insist on the necessity of checking a bubo as soon as possible; to make the grand aim of all treatment the prevention of the formation of pus, or of its escape by an opening, natural or artificial, which admits air into the suppurating cavity. But a contrary practice is acted on,—not merely among the vulgar, who object to a bubo being “thrown back” or “driven in,” and consider it the cause of all that follows in its wake, but even among some of the best practitioners, who abandon all attempts at resolution so soon as the first has failed, and endeavour to promote or procure suppuration by means of poultices, generous diet, &c.

Perhaps this may in some measure be traced to the difficulty experienced in checking it by the ordinary means, unless rest can be had recourse to, and to the conflicting opinions about the best method of procuring resolution. I shall therefore proceed to examine *seriatim* the means usually employed, and their effect on bubo, not limiting the term to either the “syphilitic” or “venereal bubo;” for however much the treatment of the *cause* may necessarily vary, the grand object is to prevent suppuration,—a view which, however singular, seems borne out by the following reasons:

* The pages of those who have written on venereal diseases are rife with horrible cases; witness that related by Mr. Hunter (p. 304), where the ulceration from two buboes “spread in all directions, rising above the pubes almost to the navel, and descending on each thigh.” The patient, after three years of suffering, fell a victim to an overdose of hemlock, which he had laid aside after enormous doses had nearly effected a cure, but which he had been obliged to resume in consequence of relapse from some irregularities. Handschuh cites a case where the ulceration had made such ravages, that the worm-like writhing of the intestines could be plainly seen.

1st. The treatment sought to be laid down in this paper is equally efficacious in all forms of bubo.

2ndly. The cause of bubo being seated in the glands, it is almost impossible, by means of remedies acting solely on them, to remove it in time to prevent the bursting of bubo, with all its dreaded consequences. The only way of arresting the irritation would be that of Mr. Diday, to cut beneath the skin all the afferent vessels of the gland.

3rdly. Moreover, in some cases, the gland appears to form so material a part of the abscess, that when the cavity opens, it (the gland) is found diseased and broken up; while in others it is intact, its morbid state apparently going no further than a spasm, which prevents the escape of the secretion, or venereal matter. Nor do we know beforehand in what state exactly the gland will be found. "The facts," says Mr. Wallace,* "on this subject as yet ascertained are, however, but few in number. We do not even know which of the elementary textures is primarily affected, whether its substance or its capsule; nor whether the gland is or is not destroyed by the process of suppuration; for on some occasions the former would seem to be the case, whereas, in others, the gland remains, or stands up, as it were, or projects from the excavations which had been formed by a sloughing or ulcerating process."

4thly. Since, then, it is difficult to determine the state of the gland, and almost impossible, even if it were known, to remove the exciting cause quickly enough to prevent a bubo from bursting; since all forms are amenable to one style of treatment, and since, in practice, definitions and divisions of disease cannot well be too simple, I shall assume

a. That bubo is an abscess in the groin, dependant on a diseased or disordered condition of the adjacent glands and lymphatics.

b. That it is divisible, for the purposes of practice, into inflaming, ripe and indolent bubo.

c. That the great object the surgeon has in view is, as he cannot remove the cause, to counteract the effect, or, in other words, *by medicines to alter this disposition of the cellular tissue to take on suppurative inflammation*, and then to change the diseased state of the glands.

* On the Venereal Disease, p. 352.

The means recommended in the inflaming bubo are,—

1. Salines, purgatives, emetics, mercury.
2. Rest and starvation.
3. Leeches, ice, evaporating lotions, mercurial frictions, blistering the tumour, and causticing it.

1. Salines and purgatives, however valuable they may be in the slighter cases, when combined with rest, often exert but little control over the more advanced and serious ones; and all the good effects expected from emetics will, in nine cases out of ten, be attained by the plan I wish to submit to the criticism of my readers.

2. Rest seems absolutely necessary, at least to some extent, in every case of bubo, and the milder the treatment the greater the necessity for quiet. Yet it is self-evident, that in a busy city like London, this is one of the most difficult conditions; added to which is the fear so many cherish, of its becoming the means of revealing their situation.

Starvation is one of the things most patients will not put in force. However faithfully they may promise, and however well they may be aware of the consequences of infringing on the rules laid down for their guidance, men are still so weak that few ever carry out the system above a day or two; a period much too short to have any material influence on the course of a sharp inflammation.

3. Leeches are one of the chief stays of this system of treatment, but they are of doubtful utility. In many cases they cannot be applied; the expense of them is also a serious objection; and, notwithstanding the prejudice many patients entertain in their favour in other and similar complaints, the surgeon who orders them here, will constantly stumble on difficulties. Their use, is not unattended with ills of another kind; the bites may become erysipelatous, and we are distinctly warned by one of the highest authorities, Mr. Ricord, “that we must not lose sight of the possibility of suppuration, and that if we have grounds for thinking there is a ganglionic chancre, or virulent bubo, they must be applied round the circumference of the tumour.”

The first case that ever fell under my own care was treated with eighteen leeches, unlimited doses of salines, blue pill, &c. Abstinence was enforced, and the bubo was rubbed over,

after leeching, with nitrate of silver, which produced excessive torture for several hours. The patient was most submissive and anxious to get well; but in spite of all this, the buboes suppurated, were lanced, and did not close for some weeks after. His health was so shaken that he was obliged to go into Wales for a month or two.

The next case was treated still more actively and sixty* leeches were applied to one bubo, twenty-four in the morning and thirty-six in the evening, as the patient thought the symptoms aggravated by the first application. Their bites bled till an advanced hour in the morning, and a great quantity of blood was lost; but so far from producing even the slightest mitigation of pain, or abatement of the inflammation, the patient passed the night in the greatest suffering. The next morning it was quite evident that no improvement had taken place; the bubo was large, almost purple coloured, hot, and exquisitely tender. It went on to suppuration unchecked, and even unrelieved by anything used, till he of his own accord, and being unable to bear the pain any longer, took some large doses of tincture of hyoscyamus. Within three days of the application of the leeches the bubo burst while raising himself in bed. It refused to heal, and although he went to the sea-side for change of air, and resided there for some time, his health gradually gave way. The sinus left by it continued to discharge from time to time, for about fifteen months, when another bubo forming near it, I opened this and the sinus by one incision, which produced a cure of both, after the patient had nearly died from long-continued irritation. This was one of the most aggravated buboes I ever saw, but the patient's constitution did not seem to blame for it, so far as one might judge from his personal appearance, which was that of a man in good, if not in high, health at the time the bubo first formed.

In succeeding instances, I was sometimes successful, sometimes not, according to the difficulties or facilities of employing treatment; but the result was on the whole so unsatisfactory that I was compelled to seek for some other and more potent means of cure.

Bleeding seems open to the same and even greater objections,

* In severe cases, M. Ricord recommends from thirty to forty, conjoined with bleeding.

and though recommended by some modern writers, as Mr. Acton, Mr. Ricord, &c., it is doubtful if any authority could restore it to the position it once held as a remedial agent.

Of ice, evaporating lotions, and hot water, I cannot speak too highly ; and where they can be employed, and accompanied or followed by blisters, we have, I think, nearly exhausted our stock of energetic and useful external applications. The experiments I have made have led me to believe, that heat acts more beneficially than cold.

The disadvantages of these modes of treatment are, that in the abortive stage they are frequently of no avail. But few patients comprehend the necessity of keeping quiet, living low, and assiduously using lotions and taking medicine ; and if aware of this necessity, they may not have resolution to follow up the plan or be in a position to do so. In hospitals, where we have complete control over them, a bubo may be checked by energetic treatment ; but outside the walls, a vast number go on to suppuration.

The most sanguine advocates of different plans admit that they are not successful in all cases. Mr. Acton says, "When the skin is red and inflamed, and the bubo assumes an acute character, whatever may be the treatment employed, suppuration may be expected," and "experience proves that these wished-for ends, the resolution of the tumour and the prevention of suppuration, cannot always be obtained." Mr. Wallace thinks "that, in ninety-nine cases out of a hundred, it might be cured by rest, gentle laxatives, cold lotions, &c., if taken in its first stage ;" that it becomes more difficult to cure as the disease advances, but when it has entered on its fourth stage (the suppurative), it is difficult, nay, almost impossible, to prevent suppuration. "Should the process of suppuration," he says, "have begun early and advanced rapidly,—should the tumour be attended by considerable pain and heat,—and should it exist in a plethoric or sanguineous habit, I despair entirely of causing the matter to be absorbed or of resolving the bubo." Mr. Ricord says, "I do not wish to call in question the veracity of the excellent men who have assured us, that by the aid of certain methods of treatment, we might, in almost every case of bubo, of whatever nature, avoid both the spontaneous and artificial opening of it ; but I can say from experience, that when once

suppuration has set in, whatever we may do, resolution and re-absorption only take place in a very small number of cases, and that if we endeavour to obtain it in other cases we shall do so in vain, or at the risk of producing very serious mischief." Again; Mr. Gibert, in a letter to the editor of the *Gazette Medicale*, says, "The venereal bubo is often followed by serious consequences, and the ordinary anti-phlogistic treatment is quite powerless against it."

To quote more authorities would only take up the reader's time to no purpose, and, in fact, it is now, I believe, accepted as an established point, that after a certain stage has been passed, it is useless, by any of these methods, to attempt to arrest the progress of suppuration, although in some cases success has followed the use of a vomit.

The success I met with in checking other inflammations of the cellular tissue by means of tartar emetic* encouraged me to try it extensively in bubo; the result of which was, that in almost every case in which it was carried properly out, resolution was affected, if the case came early enough under treatment; and that even in those in which suppuration had proceeded to a considerable extent, an immediate arrest of all the most prominent symptoms was obtained. In that paper I hazarded the opinion, that tartar emetic was the most powerful, direct and rapid of all anti-phlogistic remedies in inflammations of the cellular tissue, and numberless instances have since confirmed me in this view.

To ensure success it must be given freely, resolutely, and ceaselessly.

1st.—Freely. To give a full-grown man such doses as are used in most saline mixtures, consisting of one-eighth or one-twelfth of a grain, was never productive of much good in any of the cases I saw it used in; and when the inflammation runs high, such practice is downright trifling,—something like giving quarter or half-grain doses of opium in peritonitis. To produce decided effect, the least dose must be three-fourths of or half a grain; this will rarely cause sickness more than once, it will almost immediately relieve the pain, and the nausea it creates will hardly last longer than that produced by small doses.

2ndly.—Resolutely. If the patient can only be induced to conquer the repugnance to the medicine which repeated vomit-

* See *Lancet*, 1851, I. p. 353.

ing and prolonged nausea bring on, and take it till tolerance is produced, which generally ensues after the third dose at latest, he will be rewarded by almost complete relief to the pain, heat and uneasiness in the bubo. But it is necessary to watch over him strictly. In many of the first cases for which I prescribed tartar emetic, the patients ceased taking it so soon as it made them sick, and deferred the next dose under all sorts of pretences: they were afraid, from the violence of the sickness, that some mistake had been made—the bubo was less annoying than the sickness—could not something be prescribed less repugnant than this?—&c.

All this will soon vanish if the patient be plainly told what a suppurating bubo is,—that his will burst if he do not persevere with the medicine,—and if the choice be made him of being sick once or twice or having a huge open sore which will lay him up two or three weeks, and entail on him an immense and unlooked-for degree of expense and discomfort. Perhaps the best stimulus to perseverance is, that the sickness soon vanishes, and that when it has vanished the period of complete relief succeeds.

3rdly.—Ceaselessly. Once the effect begun, it is not only better, but productive of less disagreeable consequences, to continue the use of the medicine without the least remission. The sickness and annoying nausea stop sooner, and the pain is sooner relieved. If tolerance be once established it may be kept up; whereas, if the medicine be left off, the same amount of sickness must perhaps be gone through again.

The form in which I have found it sit best on the stomach was this,

R. Ant. Pot. Tart., gr. i.

Syrupi Aur. ℥ xv.

Mist. Camph. ʒ i. ℥ fiat haustus, 2dis. horis sum.

Hydrocyanic acid is rather too powerful to be safe, if used in large and repeated doses, such as are necessary to check the sickness produced by tartar emetic. Sedatives are generally unnecessary, as the pain is soon relieved by warm fomentations and the use of the medicine. Moreover they are apt to disorder the stomach and produce headache, foul tongue, and lassitude. The only useful sedative I know of here is the tincture of henbane; but its employment is strictly limited to a few cases where pain predominates. The addition of purgatives is only necessary in

those cases where the bowels are much confined, and we wish to avoid the delay of waiting till a purgative, separately given, has acted. It is then best accomplished by adding $\mathfrak{z}\text{i}$. or $\mathfrak{z}\text{ii}$. of the sodæ tart. to each dose of the mixture, and as soon as the bowels have been relieved it can be suspended.

This medicine alone will check the progress of suppuration in many cases, but there are certain adjuvants which materially improve its action; and as their employment is neither attended with great expense or trouble, they may be very advantageously superadded; they are—

a. Hot water, applied by means of a coarse flannel put into boiling water, wrung out, and laid on the place. That hot water should be used as a substitute for cold lotions seems somewhat paradoxical, but it certainly does give as much, and in many cases more relief. At first the pain is aggravated, the redness and heat increased; but the pain soon gives way and the heat is succeeded by greater coolness. The water used must be at almost boiling heat.

b. Ice, broken up and put into a small bladder with a little water, so as to enable it to lie flat, is still better than cold lotions; but they are neither of them of much use unless they can be used continuously.

c. Cold lotions may be employed when hot water or ice cannot be procured, or if they are not doing good; the best I know are those of Sp. Sulph. c. and Sp. Minder. in large proportions, with Camph. Mixt. as a vehicle. To have the proper effect, a piece of linen, about twice the size of the inflamed part, is folded, dipped in the lotion, and laid on the part. It is of no use putting a thick crumpled mass of linen on an inflamed surface; so thoroughly does this defeat the intention, that when taken off, the under surface will be found hot and smoking. The bottle must be kept tight [corked, and in a cool place, and only as much poured out of it as is wanted for the moment. Without such precautions, an evaporating lotion would soon be reduced to mere water. In the milder cases, especially those arising from gonorrhœa, a blister often effects a cure.

The patient should observe a moderate diet,—a thing he will in general gladly do, as there is a prevalent opinion that some change is necessary.

The dose of the tartar emetic is to be steadily increased every

day till the signs of inflammation have subsided, and nothing is left but the small hard gland, the removal of which will be treated of under the head of indolent bubo; but in some cases the medicine is left off so soon as a material change for the better is perceived. It will then often be noticed that it has in some measure disordered the health and digestion; the tongue and mouth are foul and clammy, and there is in some a degree of lassitude and feeling of disorder, especially if narcotics have been added. The shortest way I know of removing all these disagreeable symptoms, and at the same time of promoting the absorption of the hardened mass, is by the use of the sub-iodide of potass and rhubarb in something of the following strength:

R. Pulv. Rhei. ʒss. ad ʒij.
 Potass. Iod. ʒss.
 Liq. Potass. ʒij.
 Sp. Menth. pip. ad ʒvj. M.

Sumat coch. duo ampl. bis die.

The lumps should be painted daily with Tinct. Iod.

Under the use of these remedies the tongue will soon become clean, the bowels will be gently opened, and the lump be at least partially absorbed.

In addition to the cases now given, some will be found, in the paper alluded to on tartar emetic in the *Lancet*.

Case I.—Bubo from gonorrhœa, resolution by the tartar emetic.

James S——n applied to-day, August 14th, 1849. He has a bubo on the point of bursting, resulting from a gonorrhœa. It is rather an unfavourable case for resolution, as the man has very hard work to do, and, like more of his class, believes faithfully that it is indispensably necessary for him to eat and drink very hard, in order to keep up his strength.

To take a grain of the tartar emetic every three hours, and apply the evaporating lotion.

16th.—The Antimony made him sick once, and nauseated him occasionally. He is very much better, and there is every chance of obtaining resolution. To continue.

30th.—He is quite well, the swelling having almost completely subsided.

Case II.—Bubo from gonorrhœa, the same result from blistering.

J. B. has now, Oct. 30th, 1849, had gonorrhœa for some time. His bowels are confined, but the discharge is very mild.

To have a saline powder, three times a day.

Nov. 1st.—Going on well; to continue the powder, and use the zinc injection.

8th.—Since I last saw him, buboes have formed in the left groin; they are very painful. To have the saline mixture with tartar emetic, and blister the buboes.

He now got well, and for a long time I saw nothing more of him; but on seeking him out, I found out that the blister had carried off the buboes and gleet so completely that he did not think it worth his while to do anything further in the matter.

Case III.—Bubo; origin unknown. Relief.

C. A., a strong young man, a labourer by trade, and residing at Camden-town, has a bubo of three week's standing, Sept. 1850. He has no sores or running; the swelling is bright red, and painful; it does not prevent him from walking, but is getting worse and going on to suppuration. His pulse is slow and regular, his tongue clean, and his appearance denotes at least good ordinary health.

Ant. Pot. Tart. gr. i. 3 iis. horis. The lumps to be painted with the tincture iodine.

April 28th, 1850. Saw him to-day, and learnt that during the time he used the medicine, a rapid subsidence took place in the buboes; but that being obliged to go into the country he could not come again. The buboes have never entirely disappeared, but are now small, hard, and painless. He feels very little inconvenience from them. After the first dose, which made him sick, the antimony only nauseated him a little.

Case IV.—Buboes from clap. Syphilitic taint.

H. R., age twenty-three, a strong ruddy-faced young man, a cab-driver, presented himself for treatment, Feb. 17th, 1850, with rather complicated disease.

Twelve months ago he had a very bad chancre, the cicatrix of which is still plainly seen. He neglected it, but it was followed by no eruption on the skin, or sore throat; the skin of the penis, however, and the glans, seem in a very diseased state, being covered with warts, papulæ and fissures. In each groin there is a large bubo, apparently on the point of bursting, being purple-coloured, hot and painful; he has also a bad clap. He

has no distinct recollection of when the buboes came, and thinks they followed the outbreak of the clap. He has left off work, feeling ill and depressed in spirits, as well as knocked up by the pain in the buboes.

Tart. emetic, gr. j every three hours; evap. lotion to the inflamed surface, and inject with sol. sulph. zinc, gr. v. ad ʒ j.

18th.—The inflammation in the buboes is now checked, and toleration established; the gonorrhœa better. Go on and increase the dose of ant. p. t. to gr. jss. every three hours.

19th.—Very great improvement; the running is gone. Inject again, &c.

21st.—He has seen no discharge since. The buboes are smaller, but still large and very hard. To discontinue the Ant. and take the iodide of potassium three times a day.

The remainder of the history of this case is only varied by his having had gonorrhœal rheumatism, which confined him to bed some days. The buboes steadily decreased, and when I last saw him, only two small hardened glands remained. I wished to make an effort to cure these; but he was tired of taking medicine.

Case V.—Non venereal bubo; suppuration. Arrest of this without resolution.

Feb. 21st, 1850.—W. L. C., King's Cross, has a bubo; it seems in its early stage; the gland only being enlarged, with little redness or tenderness of the skin; it seems attributable to bad general health and over-fatigue in walking, as no local cause of any kind could be traced. It does not seem severe enough to warrant the employment of the antimony.

To take a dose of saline mixture (containing one-eighth of a grain of ant.) every four hours, and an evaporating lotion.

26th.—Not much improvement; there is considerable heat and redness. To use the lotion and mixture more freely.

On the 28th it was thought the case was so far advanced, that the saline mixture could be discontinued, and a mild aperient substituted. The lotion to be continued.

March 5th.—The medicine has not, by any means, had the effect desired; the lump is much swollen, painful, and on the point of bursting.

Ant. pot. tart. gr. ss. 2dis horis. The bubo to be blistered. This immediately checked the progress of suppuration, and

relieved some of the most prominent symptoms; but in one part of the bubo there is a small quantity of pus.

12th.—The bubo burst as he was walking home, and discharged a small quantity of pus. The large hard mass around it is in an indolent state, and the cavity where the pus was is quite superficial, and now nearly healed up. He recovered rapidly.

Case VI.—Syphilitic bubo; resolution. F. J. K., Esq., came to me, suffering from syphilis of about two months' duration. Previous to his seeing me, he was in the habit of using the arg. nit. very freely every morning, paying little or no regard to his general health. He had some irritative fever and great irritability, and was afraid of his having mercurial erythema. He was ordered stomachic and aperient medicines, and his health improved in a short time; but about Jan. 25th the glands of both groins became enlarged and painful, more particularly on the right side. I told him to foment the parts with boiling water, or at least as hot as he could bear it. After this the glands ceased to be a source of annoyance, and no further attention was paid to them till Feb. 3rd. At this date he called on me, and I observed that it was with difficulty he could walk. The right groin was much inflamed, while the left was not at all affected. The glands were enlarged to about the size of three Spanish nuts, the skin was purple; there was throbbing and intense heat. I ordered him to lie up, and take the following medicines:

℞ Ant. Pot. Tart. gr. vi.
 Tinc. Hyoscy. ℥iv.
 Sod. Pot. Tart. ℥i.
 Mist. Camphor ad ℥vi. M.
 Sumat Coch. i. amp. 2dis horis.
 ℞ Sp. Eth. S. C. ℥iv.
 Liq. Ammon. Ac. ℥i.
 Mist. Camph. ad ℥vi. M.
 Ft. Lotio part. affect. sæpe applic.

Broth diet.

Feb. 4th.—The ant. had caused severe nausea and vomiting; he seems much pulled down. Cont.

5th.—He does not complain of so much throbbing; the bubo looks much less inflamed, and is decreasing in size. Cont.

6th.—He refuses to take the antimony any longer, as he says the nausea was unbearable, and I therefore prescribed him the following mixture :

℞ Potass. Iod. ʒss.
 Liq. Potass. ʒij.
 Acid Hydrocy. d. ʒ x.
 Aq. Cinnam. ad ʒvj. M.

Sumat Coch. duæ ampl. ter die. To apply a blister on the bubo at night.

7th.—The blister took no effect; he applied another, and let it stay on all day; still it did not vesicate the skin, which had probably been hardened by the spirit lotion.

8th.—Fluctuation distinctly felt in the tumour.

9th.—Health a great deal better; he feels stronger. Bowels not sufficiently open; a little rhubarb to be added to the iodine, and half gr. of the prot. iod. of merc. to be taken every night.

This treatment was continued till about the 15th of February, when the patient, feeling confident there was some matter in the centre, introduced a harelip needle. No matter came; the spot bled freely. Two days after he tried again; but no matter came. The lump rapidly subsided, and now there only remains a brownish red patch on the groin, with no trace of the puncture made by the needle.

II. RIPE BUBO.

But as many cases only present themselves when matter has already formed, and when no remedy as yet known is sufficiently strong to produce resolution in all cases, it is clear that the treatment is only half done if we limit ourselves to repellent means. If the matter cannot be forced away or absorbed, we must remove it, or nature will.

The plans proposed for doing this are, to make one last desperate effort by means of causticing the surface, and if this fail, to resort to incision.

Causticing, if done effectually, brings on a burning pain of some hours' duration; the whole of this time the unhappy patient is writhing in torture. There ought, indeed, to be some great advantages to be derived from a practice like this (as there are in some cases), to compensate for the suffering it entails. It

is one step less barbarous than that of making a caustic blister, and then applying a strong solution of corrosive sublimate* to the part,—a method which seems to have originated with Cravera, and to have been principally continued by Cullerier and Ricord. Notwithstanding this was so freely used in many cases which might have been cured by milder means, all did not escape suppuration; and as it has, besides the torture it occasions, the slight inconvenience of leaving behind it incurable scars, it may be dismissed as a useful method, for which it is desirable to substitute a better.

When this fails, we are told to “promote” suppuration by poultices, &c. These, by keeping up an abnormal temperature, may aggravate the inflammatory action to such an extent as to enable it to destroy the skin and intervening parts; but surely such practice is only a remnant of the old barber surgery—a blot on our art. Moreover, poultices make a most filthy mess, and were they banished altogether, surgery would perhaps not lose much. They have also the drawback of causing, in some subjects, an eczematous eruption, which may prove both severe and obstinate.

But when a bubo is ripe, and all attempts at resolution have failed, how shall we evacuate the matter? The means generally adopted are large incisions, small incisions, punctures, and caustic.

The large incisions have been recommended on the ground of giving a free and early exit to the matter, and changing the abscess into a common wound, thus checking the advance of suppuration and the growth of the lump. Mr. Wallace even says, “I would even say further, that we may perhaps uniformly stop the increase of a bubo by a sufficiently free incision in its first, second, or third stages,—that is, before matter has formed. *This is a practice, however, to which few patients would submit.*” In order to make the exit of the matter still more complete, crucial incisions have been recommended, though, with strange inconsistency, some who advocate them admit that when the bubo is ripe, small incisions are enough to give exit to the pus.

The first step in the right direction seems to have been taken by Mr. Abernethy, who proposed opening psoas and similar abscess by means of small incisions, “that it may be kept

* Well might Mr. South think this “rather sharp practice!”

closed." "We can empty a cavity," he says, "and by healing the wound, keep it afterwards closed, and no inflammation ensues." Even in these cases, Mr. Abernethy's plan met with great opposition, and in England no one seems to have thought of extending it to buboes. Cullerier is said by M. Andry to have been the first who in France improved upon this idea, by puncturing buboes with a lancet, instead of laying them open, but with the proviso that it should not be done when there was thinness of the skin, as it might peril the vitality of the integument. M. Cullerier himself recommended punctures where suppuration is *not* evident, believing they do good by relieving the inflammatory distension of the ganglion, and unloading the parts of blood. The punctures were made with a lancet, and very near each other; but care was to be taken that they did not lie so close as to compromise the vitality of any bridge of skin.

M. Roux, of Toulon, used punctures, and tincture of iodine injections, selecting a prominent, but not depending part of the swelling, so that the pus should not press upon the cut part. His plan was not found to answer by others, some share in the failure being perhaps attributable to their not having attended so strictly as he did to all the minute points of treatment.

The opening by caustic is only to be preferred to that by the knife, on account of the great objection some patients have to being cut. The potassa fusa is very unmanageable; and the nitrate of silver not destroying deeply, probably only acts by stilling the pain, till the process of ulceration from within goes through the skin. Either of them produces less pain than the knife, but they both leave scars, and sometimes produce grave symptoms. Cerillo says of caustics, "But besides burning a foul wound, which may be followed by dangerous loss of blood,—besides the acute fever which may arise from the absorption of pus,—besides, I say, these very serious consequences, experience shows us that tetanus may arise from caustic being applied."

Thus none of these plans are free from two very serious inconveniences,—they cause great pain, and they do not prevent the suppurating wound, and, in many cases, the formation of sinuses.* The aversion to the knife is, in many people, un-

* "Occasionally it happens that, whatever be the size of the opening, the pus will burrow, and sinuses will form."—*South*.

conquerable. One man, who had had a bubo lanced three times without benefit, ran away on its being proposed a fourth time, tolerated a suppurating bubo for twelve months, and only accidentally made it known to me while under my hands for another complaint. Yet he heroically submitted, without a murmur, to have it seared with the actual cautery, which cured it directly, after injections, irritating applications, and blisters, had been tried in vain. The application of an iron wire at a white heat seemed to him a trifle in comparison with the knife, of which he would not hear.

Lastly, every incision into a ripe bubo, whether large or small, whether made by caustic or the knife, rapidly passes into a ragged opening.

The method that I propose to remedy these inconveniences is the following: with care and attention, I believe it rarely, if ever, fails.

So soon as matter is perceived, a small lance-headed needle, such as is used in hare-lip, is inserted into the skin half an inch below the abscess, and pushed up into it. When fairly in, pressure is made with the left thumb on the swelling, and kept up while the needle is withdrawn. A small stream of pus follows; and, if it does not, the needle should be introduced in another place. When all the pus is expelled that gentle pressure will bring away, the wound is immediately closed by a very small piece of flax or lint, not larger than the head of a large pin.

The next day the lump will be found as prominent as ever, but when its contents are drawn off, they are found to be principally clear fluid (lymph), with, perhaps, a little pus. Great relief will have been obtained, the pain and weakness abated, and the redness lessened. After this, the puncture is only repeated every third or fourth day, a smaller quantity being yielded each time in consequence of the lessening of the cavity. Some of the punctures may slightly ulcerate; but I have never seen this extend beyond the size of a split pea. All they require is a little water to keep them thoroughly clean, and the reapplication of the lint.

At the same time, it is desirable to procure absorption as rapidly as possible, and I know of no means which effect this, without derangement of the system, so well as the use of sub-

iodide of potassium in infusion of calumba; or, if the bowels are confined, the mixture I have recommended of this salt and rhubarb. The abscess under this treatment rapidly passes into a form akin to that of a secreting cyst, and its future treatment becomes strictly that of indolent bubo.

I will now subjoin a few cases in point, regretting that I cannot give more; but, devoted as my time has been lately to the subject of gonorrhœa, I have not had leisure to keep full and accurate histories of those cases of bubo arising from other sources. But for the cases collected during the time I was examining the effects of tartar emetic, this paper would, perhaps, never have seen the light.

Case I.—S. F. C. applied, Jan. 21, 1851, with a very hard bubo in the left groin, in one part of which there seems some matter, and a large chancre on the prepuce, near the frænum; the swelling had existed about six days, and the chancre about the same time. He was ordered

Mixt. Salin. ʒi.

Tinct. Hyoscy. ʒss. M. ter die sum.

As there was an appearance of matter in the bubo, which was red and slightly vesicated on the top, but was not soft in any one part, it was opened with the needle. A little blood but no matter came.*

23rd.—The feverishness and foul state of the tongue and mouth are somewhat better. Continue the medicine, and open the bubo again with the needles. A little pus was drawn off.

28th.—This was again done with great advantage, and some more matter was drawn off to-day. To take the iodide of potass three times a day.

30th.—The bubo, which is very much diminished in size, was opened again to-day, and only a little serum, with a drop or so of pus, was obtained. The chancre is improving. He washes it well with warm water and some zinc lotion. Continue the iodide of potass, &c.

Feb. 4th.—It was, very much against my wish, rubbed over with caustic, which produced burning pain for thirty hours, but did not prevent him from sleeping.

* "Many young surgeons may be deceived in the sensation of fluctuation, the elasticity of a swollen gland being liable to be mistaken for fluctuation."—*Acton on Venereal Disease*, p. 341.

11th.—He may be considered cured, as the only thing that remains is the hardened gland and a brown stain.

Case II.—J. P. had had a clap for some weeks, which had given way under good treatment. A bubo then began to form, which the surgeon was unable to arrest, and he applied, Jan. 16th, 1851, for advice respecting it. An attempt was made to check the advance of suppuration, and the patient absented himself till Feb. 7th, when he appeared with a ripe bubo. The whole of its contents were carefully evacuated with the spear-headed needle.

Feb. 17th.—He has remained away till now. It appears that a day or two after he was here, the bubo burst by the puncture, and discharged some clear yellow fluid. Since then nothing has come away, and it is now quite diminished in size and altered in colour. It has a hollow feeling, like that of a small hard cyst, beneath the skin, the anterior side of the cyst having been cut out.

Case III.—C. S. was under my hands, during July and August, 1850, for phagedænic chancre, which healed up by change of air, after having resisted almost every other remedy. He returned to London, completely well, a short time before Christmas. Since then, however, his health has been declining; his urine has become thick, and produced some scalding in the urethra; his bowels were confined, and he suffered from weakness and dizziness in the head. About the middle of February a bubo made its appearance in each groin; and when he came to me, March 7th, that on the right side was of enormous size, purple-coloured, prominent, and on the point of bursting.

The needle was introduced in three places, and a considerable quantity of pus brought away; then the openings were closed.

℞. Ant. Potass. Tart. gr. ss.

Tinct. Hyoscy. ʒss. 2ndis horis sum.

March 8th.—The medicine has made him sick, but he has experienced the greatest relief; the pain and lameness are much better, and the purple colour is lessening in depth. The bubo seems to have filled again, but on being punctured, only a little lymph flowed out.

℞. Potass. Iodid. gr. v. ter die,
with a few mild doses of morphia to allay the pain.

11th. The pain and redness have almost disappeared; the

huge mass has gone down. He expresses himself most grateful for the relief he has received, and complains that the medicine makes him sick. On being punctured, the lump only yielded about a teaspoonful of lymph.

13th. Every bad symptom is now rapidly subsiding; the lump is quite pale and not one-third so prominent as it was. He feels himself able to walk with ease, whereas before he could scarcely crawl. The bubo will also bear handling, while previous to the puncturing he shrunk from contact, and dreaded even the finger being laid on it.

The further history of his case presents nothing beyond that of the others.

Occasionally we meet with bubo after it has burst, in the shape of a huge suppurating cavity, unhealthy looking, and unwilling to fill up; the sides and bottom are besmeared with a foul dirty lymph and pus. Here, in order to expedite the healing process, the inside of the cavity is sometimes rubbed over with caustic, or filled up with cantharides powder; sometimes the edges are pared down with the knife or scissors, or by means of strong nitric acid. Mr. South prefers the latter, because "it produces a healthy excitement."

Perhaps the plan of Mr. Ricord, of filling up the cavity with the powder of Spanish flies, is the best of these, as this irritant has, in a great degree, the faculty of exciting free granulation, and is said not to produce such excessive pain as might be supposed; but if the reader will try the following plan, he will, perhaps, find it quite as efficacious and much less painful.

Premising that the bowels are to be kept open, and a little soda, rhubarb, and calumba, given in the mornings, whenever the tongue is foul, let the patient have the steel mixture $\mathfrak{zj}$. ter die, and two or three times a day pour water on the suppurating surface, till the lymph and fibrin are as far removed as possible. This will require half an hour's continuous irrigation, and, in the absence of a proper machine, the following plan will be found to succeed perfectly well. A common wine-bottle is filled with warm water, corked, and a hole bored through the cork large enough to give exit to a thick stream of water; the bottle is held high up, so as to wash away the lymph by force; when the bottle is empty the cork is withdrawn, the bottle filled up, and the process repeated. When this is done, a

large dossil of lint is placed over the opening, and secured by a bandage passing round the waist and thigh, and crossing on the spot. The application of a blister (the opening being defended while it is on, by a large pad of lint) will often hasten the cure. It is as well to wait till the latest date possible, before snipping the edges, and then to do it only to prevent any pieces of skin projecting, and so entailing deformity.

III. INDOLENT BUBO, AND HARDENED GLANDS.

I have seldom found any great difficulty with the mass lying round the gland, while candour compels me to state, that my efforts to reduce the gland itself to its normal size and softness, have often been baffled.

Some surgeons, however, have found more difficulty in treating indolent bubo. As I have never yet seen a case which resisted persevering treatment, I must turn to those who have written on venereal diseases for illustrations in point.

Mr. Ricord, in indolent bubo, recommends pressure, plasters of mercury and vigo;* frictions with mercurial ointment, or iodide of potass ointment, or with both where a caustic effect is wanted. He says, "In many cases, it is only by employing these means alternately that we attain a cure otherwise impossible, or, at least, very difficult."

The hardened glands, he says, may remain or degenerate, the most common cause of their persistence being scrofula. Where other treatment has failed, he has sometimes succeeded by frictions with tincture of iodine, diluted with water, to avoid the excoriation it causes. In still more refractory cases, the skin is destroyed with Vienna paste, and the gland being laid bare is treated with mercurial ointment, or even attacked also with the paste. Violent attempts have been made to obtain a cure by bursting the gland, as with an office seal.

Mr. Acton's plan is nearly the same, and Mr. Wallace recommends regular diet and way of living; an active purge or two, if the stomach be loaded; pills of aloes, scammony and soap, at bed-time, and the acetate of ammonia, and acetate or nitrate of potass in mixtures. Occasionally, at bed-time, a blue pill is

* Plasters make a filthy mess, and frictions sometimes irritate and bring on supuration afresh.

to be taken, and followed next day by a mild saline purge. The application of refrigerant lotions to the tumour, and, perhaps, the topical abstraction of blood, by leeches, will sometimes be successful.

I have never heard of any plan of treatment likely to succeed which differs materially from these. They are all of them, except the burning with Vienna paste, no doubt excellent in their way; but I prefer the following plan as milder, more cleanly, and more uniform, while it ensures the great advantage of raising the patient's health.

1st. The lump is to be painted daily with tinct. of iodine; the patient should lie when doing it, and not put too much fluid into the brush, which is to be well washed each time it is used. The tincture should be kept in a closely stoppered bottle, and in a cool place.

2nd. A blister is applied once a fortnight, and the iodine is intermitted. In some cases, it is as well to dress the blistered surface with mercurial ointment.

3rd. The use of the subiodide of potassium, in doses of grs. v. three times a day, combined with rhubarb, is pursued till the bowels have become regular and the stomach accustomed to the use of the salt. It is then exchanged for the iodide, and finally for this combined with iodine; the bowels being occasionally opened by this powder, taken for a few mornings successively.

℞ Pulv. Rhei. gr. viii.

Hyd. c Cret. gr. v.

Pulv. Calumb. gr. x.

Ft. Pulv.

4. When nothing remains but a small hard lump, it is as well to warn the patient that to remove this effectually he must make up his mind to live by rule, and take medicine at intervals for several months. When this has been complied with I have seen very obstinate cases give way, the glands soften and grow smaller, and finally revert to their normal state. If the patient will not submit to such long-continued restraint, I never push the matter further, as I know of no safe and speedy cure for a hardened gland. To conclude; in almost every case the patient's health seemed to improve under the long use of iodide of potass, where the dose was limited to five grains.

ABSCESS IN THE PERINÆUM.

I do not know that I should have brought in this subject here, but for a remark of Mr. Skey's in his last work, that he knows "of no medical agency competent to restrain the *necessary* advance of a suppurating tumour, either in this or any other part of the body," and "that the progress onwards under all circumstances, should be encouraged by the administration of bark, wine, and good diet, and the abscess opened as soon as matter is felt or believed to exist."

That Mr. Skey is not the only great surgeon who holds this doctrine, I know; but as his is the last work of moment which has appeared, it may be held to embody the opinions now prevalent. With all my respect for his talents and high position, I must regard this as a strange, and I hope, a false view of the resources of surgery. Long before I was acquainted with the antiphlogistic powers of tartar emetic, I have seen perinæal and other abscesses beaten back by cold lotions, purgatives, starvation, salines, &c., and I can also easily understand that, with the help of good diet and wine, an opposite result can be attained.

This is, however, closely akin to homœopathy in its most rank and destructive form. A state of violent irritation and inflammation already exists, and to supply fresh store of combustible matter by high feeding is really adding fuel to the fire and oil to the lamp. It says but little for the advances surgery has made in some branches, if we cannot remove that disposition of the parts which tends to the formation of an abscess, a simple, salutary (!) process, except by aggravating it so as to justify interference with the knife, or enabling nature to gnaw her way through the covering of the body.

Probably, from not being so soon looked to as buboes, and often described as piles, abscess of the perinæum is generally met with in a somewhat advanced stage. On examining the few cases recorded, I found the most of them had ended in suppuration, and lancing or bursting. Those I have had under my own hands have mostly terminated successfully when deep-seated and large, but the very small, superficial ones, seem, like those which form in or near the vulva in women, to be in some measure beyond the sphere of action of constitutional remedies. The treatment pursued was the same as that for acute bubo,

except that in every case hot water was used as an external application, in preference to cold lotion or ice.

Of the bulk of these cases no record has been kept, and I can only offer the same excuse for the paucity of material as I have done in speaking of cases treated by puncture. The first case given here led me to try tartar emetic in perinæal abscess:

Case I.—E. W. has, April 5, 1849, been suffering for some days with a painful swelling on the right side of the anus. It is large and prominent, and the surface is dusky and purple. The skin is peeling off, and suppuration seems established; he has also had shivering. The pain on going to stool is excessive, and he feels ill and prostrated.

To bathe it constantly with hot water and take ant. pot. tart., g. i., every three hours.

7th.—Improvement and relief in every respect. He has been somewhat sick and purged, but this has passed off, and he can move without pain.

No other medicine was taken, and he continued to improve; but as one spot still remained prominent, I introduced a bistoury to evacuate the matter. Only a drop or two of pus came away, but the place bled freely. He was soon able to return to work quite cured.

Case II.—R. H. placed himself under my care, Sept. 21, 1849. He has had clap for nine months, but his principal sufferings arise from rheumatic pains, which seem to have affected the urethra, perinæum, and hips. There is only a slight discharge from the urethra.

To take a mixture with colchicum three times a day, and use a mild zinc injection.

24th.—He is much better, as regards the pains, and the discharge is gone. Continue.

28th.—The discharge has reappeared, but is smaller in quantity; the pains have also returned.

To take the mixture in increased doses, and use a stronger injection.

Oct. 5th.—The same report. Continue.

8th.—He is feverish; the pains trouble him less, but the discharge does not seem to yield, although it is only gleety.

To apply a blister to the penis, and take the saline mixture.

He did neither, and attended very irregularly for some time. In the middle of November he made his appearance, with a large, hard lump in the perinæum. There was a slight flush over it, and it was very painful, the pain being much increased when he crossed his legs.

Tart. emetic gr. ss and tinct. of henbane ʒss. every three hours, gradually increasing the dose; the perinæum to be bathed with hot water.

17th.—He is much better, but still suffers great pain. He left off his medicine last night, and wishes now to have it changed, as it nauseates him so. Continue.

19th.—He is worse; the lump is growing more painful, and increasing in size, and he can scarcely walk. On examination, I found he had only taken the medicine once, when it made him sick; and he had passed his time away without doing anything, flattering himself that it would get well. I told him there was only the alternative of taking the medicine or being laid up with a bad abscess; and, indeed, it seemed as if suppuration had proceeded so far, that it would resist any attempt at arresting it. He went home, promising compliance, and came no more till the

24th.—He was now better, so far as the abscess was concerned, and I was curious to learn the history of the days he had been absent. He told me that he had taken all the medicine in one day and night, having begun with a wine-glassful, of which he sometimes took two within the hour; and that the pain soon gave way, and with it all the uneasy symptoms. In fact, in this short space of time he had swallowed twenty-four ounces of solution, containing gr. i. of tart. emetic, and ʒi. of tinct. of henbane in each ounce. He described himself as having been nearly dead all day, and quite light-headed; at which no one will be surprised who reflects on the quantity of henbane he had swallowed.

The old rheumatic pains had, however, returned in full force. I now put him on the iodide of potass. and decoction of bark, with a mercurial pill every night, and directed him to take a vapour-bath twice a week. Under this, gleet, pains, and swellings soon disappeared.

Case III.—R. C., Clerkenwell, observed yesterday, April 9th, 1850, that a difficulty he has had for some days in making

water suddenly increased; there is now a severe pain behind the scrotum, increased on pressure and on crossing the legs. He is obliged to strain for some minutes before he can make water, which dribbles slowly away, and is attended with great pain. He has had clap some weeks; and, from what I can learn, I am disposed to think that an abscess had formed and broken into the urethra, and is filling again. No lump like an abscess can, however, be traced.

℞ Ant. Pot. Tart. gr. ss. tertiis horis.

Hot water fomentations and acetate of lead lotions to the perinæum.

22nd.—He took five doses, and vomited them all up again; the symptoms are not at all abated, and he will not take the medicine.

℞ Pot. Iodid. gr. vj.

[Infus. Rhei. ʒi. ss. M. Ft. haust ter die sum.

Nitrate of mercury ointment to the seat of pain.

26th.—This treatment has had no effect; there is now a large, hard, painful lump behind the urethra, extending to the anus; there is pain on making water, and some pain and obstruction on going to stool. Bowels confined for some days.

Hyd. Chlor. gr. iv.

Pulv. Jalap gr. xx. ss.

I then directed him to follow this up in two hours with an ounce of castor-oil, and immediately after to resume the tartar emetic in large doses every two hours. Hot fomentations.

May 1st.—He took the medicine regularly till the pain gave way, and then left it off as it made him sick. Continue.

9th.—With all my care, he has only taken the medicine irregularly, but the advance of suppuration has been completely checked: there is still a hard and somewhat painful lump. To take the pot. iod. and infusion of rhubarb three times a day, and a mild mercurial occasionally at bed-time.

The subsequent history of the case is that of the gonorrhœa; the abscess soon disappeared.

In conclusion, let me state that I have made the most diligent search to see if any author has used tartar emetic in this way, or adopted anything like the treatment laid down in this brief, and, I fear, only too imperfect memoir. A few scattered traces, a solitary recommendation here and there to try it in large doses,

—which, I believe, means one eighth or one-sixth of a grain in combination with salines—are all I have found. There is, however, nothing new or ingenious in the idea; nothing that might not have been imagined and forgotten half-a-dozen times. But as I have found no mention of it in the works of the English or German, the French or Italian writers; as I have never seen or heard of its being used during my visits to the English or Scotch hospitals, or those of France, Holland, Prussia, or Austria, I can only believe that it is unknown, and, I will hope, worthy of being made public.

40, JEWIN-STREET, CITY.