ranging to a degree of intensity which the system can barely sustain, and further increasing in their violence up to the very point at which disintegration of the cerebellar structure commences. These terrible symptoms, according to the effects they exhibit on the individual economy, constitute the forms of disease understood as priapism and satyriasis, and when developed in the female, nymphomania. But although this excitement be increased to an amount almost beyond endurance, yet throughout its whole course, from the point where the stimulation has commenced to become excessive, the functional capability will have been wanting. In these instances, however, the function is probably only in abeyance, but overwhelmed as it were by the violent reaction of the cerebellum and spinal nerves, directed towards the structures of the generative apparatus, though, at the same time, true incapability for impregnating, or impotency, actually prevails. When, on the other hand, compression of the cerebellum and spinal column results from the pouring out of lymph as a consequence of inflammation, paralysis, both structural and functional, is occasioned more or less rapidly, in proportion to the degree of activity displayed in the progress of the symptoms, while at the same time the quantity and extent of the deposition will determine its completeness. The deposition of lymph may also take place from inflammation depending on other causes, and it is by no means uncommon to discover that the first symptoms of deficient generative power, have followed closely upon the concussion, resulting either from a blow or fall, either to the brain or spinal column. The endurance of this state will very much depend upon the strength of the system and the activity of the absorbent vessels in removing the morbid deposit. Both these forms of disease are amenable to a proper plan of treatment, which must consist in subduing inflammatory action, and in promoting the activity of absorption.

I see no reason for altering, in any of its essential conditions, the usual antiphlogistic system of treatment by general bleeding, by leeches and blisters to the cerebral and spinal regions, by the administration of aperients internally, and by the aid of opium, combined with calomel and tartar emetic. These three medicines will prove our main dependence in the earlier stages of the disease, and, indeed, till some progress be made towards a cure. The calomel should be pushed to such an extent as sensibly to stimulate the larger salivary glands, and this effect must be continued during nearly the whole term of the treatment. There is a point in the progress of improvement, however, at which the iodide of potassium may be made to render the most essential service, when judiciously guided. I must suggest a precaution that ought especially to be attended to, which is—by all means to avoid treating the local affections of the generative region, until the more active diseased conditions of the brain have been in some measure subdued.

The next and last stage in the progress of the disease happens as a consequence of disintegration of the structure of the cerebral centre. In recording the fact of impotency being thus caused, it is merely necessary to mention it, as one, perhaps, of the least among the fearful symptoms which follow the ravages of inflammation in the brain. Specific treatment, it need hardly be said, is quite out of the question; and as no relief can be anticipated until after a remission of the cerebral disease, it is quite unnecessary to entertain the question of treatment in the present place.

The second division of impotency leads us to the consideration of a class of maladies that take their origin either from faults in development, or as the consequence of local diseases. The varieties of the former of these states, with a few exceptions, offer very little hope of cure; but those composing the latter, often yield sufficiently under treatment as to enable Nature's purpose to be accomplished, with a certain amount of completeness. The skilful application of the knife and caustic admits of relief being afforded in many apparently hopeless cases; and it must indeed be a rare complication of deformity which precludes the chance of some good being obtained. From the circumstance of cases of imperfect development coming so entirely within the province of surgery, I do not think it necessary to enter on their detail; and even with those resulting from disease, a mere enumeration and description of a few of the most important will suffice for rendering clear the arrangement of the following table. The most usual hindrances to the capability of impregnating are connected directly with unhealthy conditions of the urethra.

Stricture of that canal opposes, in a greater or lesser degree, the force of ejection of the fertilizing fluid, and sometimes becomes so rigid as to admit only of its oozing away gradually from the passage. Occasionally, in extreme cases, the impediment is sufficient to cause a reflux of

the seminal fluid into the bladder, where it is apt to occasion much unpleasant irritation, and a tendency to inflammatory disease of its mucous membrane. It sometimes happens that inflammation of the mucous membrane of the urethra spreads chiefly around the openings of the ejaculatory ducts, and induces so large an amount of congestion as to obstruct the passage of the seminal secretions very materially. Swelling in the surrounding organs, such as the prostate gland, rectum, &c., also becomes occasionally a very active agent in increasing the impediments to which I have been referring. The devouring ulcers of syphilis are apt to occasion very serious distortions, and sometimes proceed so far as even to cause destruction of the entire organ. I have recently had a case under my care in which obliteration of some of the upper cellules of the corpora cavernosa had made a very remarkable deformity of the penis. Absorption had apparently been induced by inflammation, resulting from over-distention of the cells; and during erection the glans was projected at almost a right angle to its proper direction.

It will at once be perceived, that the treatment of conditions such as these must devolve more on surgery than medicine; and I do not, therefore, think it expedient to enter upon a relation of the plans that ought to be adopted.

For the purpose of a complete classification, it becomes necessary to consider impotency in every phase. Regarding it, therefore, in the abstract, we shall distinguish a third class of conditions, which, how far soever it may be removed from the category of disease, nevertheless must not be passed over without mention. I mean, that asthenic state or impotency following as the consequence of old age. So long as failing power depends only on the natural decay of vital activity, it should not be subjected to, neither does it admit of, any kind of treatment. With males, virility remains for a considerable longer term than with females; and, fortunately, there are usually a sufficient number of premonitory symptoms; and this state generally arrives so gradually as to diminish the anxiety that might occur on discovering, for the first time, a failure of power.

Closing this portion of my subject, I have embodied my views of the arrangements of these conditions constituting impotency in the following table:—

Impotency.

		Simple excitement.
		Irregularities of emission.
		Epilepsy.
Constitutional changes from	{	Inflammation of the brain and
disease of the brain.		spinal column.
		Compression from deposition
		of lymph.
		Disintegration of structure.
Imperfect conditions of the	{	Faults of development.
organs.		Results of disease.
Old age.....	{	Gradual cessation of vital ac-
		tivity.

Upper Charlotte-street, Fitzroy-square.

ON

PARALYSIS ARISING FROM SYPHILITIC AFFECTION OF THE BRAIN.

By HUGH THOMSON, M.D., Glasgow.

THE following case presents some points of interest, and I would crave space for it in your journal:—

On the 18th of July, 1856, I was called to R. M.—, aged thirty-two, of robust frame of body, affected with paralysis. Symptoms of paralysis first manifested themselves about three months previous, and began with a weakness of the right upper extremity, which came on so gradually that he could not say the precise time it commenced. Shortly afterwards, the right lower extremity became similarly affected; in about a month the sight of the left eye was observed to fail; and, at the end of another month, the left lower extremity began to be affected. These symptoms daily increased in intensity up to the date of his coming under my care, when his state was as follows:—Unable to raise his right hand to his head, or to hold a light object in it above a few seconds. Paralysis is fully greater in the right than in the left lower extremity, and its extent may be judged of by the fact, that he is obliged to

steady himself by resting his hand on the table whilst walking across the room. Sensation is much deadened in all the parts affected with paralysis. The sight of the left eye is much impaired, and he closes it on looking attentively at anything, as when it is open objects appear double. No inflammation of the eyes or squinting exists, but he complains of pain in the left eye and right temple. The bladder is considerably affected, the urine being voided with difficulty in small quantities and often; the hypogastrium full; the bowels constipated.

I learned from him that he had always enjoyed good health until three years before, when he had the misfortune to contract syphilis. The primary sore soon healed—almost without treatment. There or four months afterwards, a secondary eruption, of a scaly character, accompanied with sore-throat, &c., showed itself. This eruption disappeared under mercurial treatment, soon to reappear on leaving it off, as it was not persevered in beyond three or four weeks. About two years from the date of the primary sore, an eruption of a different character broke out, consisting of boils, giving rise to ill-conditioned ulcers, the cicatrices of which are to be seen on the arms, legs, and shoulders. These healed up under the use of the iodide of potassium.

From the history of the case, having no doubt as to its true nature, I immediately put him upon a course of the iodide of potassium, the efficacy of which in the advanced stages of constitutional syphilis I had often witnessed in M. Ricord's clinique at the Hôpital du Midi, as well as in my own practice. In two or three days the pains he complained of in the head were gone, and in a week a manifest improvement had taken place in all the paralytic symptoms, as also in the sight. The same treatment was continued with slight interruptions until the beginning of November, with steady amendment, the parts last affected being the first to recover. His condition then was—able to walk with scarcely any perceptible halt; urine voided as in health; sees almost as well as ever, the only defect being a tendency to turn the right side of his head forwards on looking attentively at an object; able to carry his right hand over his head, to shave, eat, write, &c., with it.

Since that date the improvement has been very trifling, and it is to be feared a certain degree of paralysis will be permanent, as in all probability, from the very long period that elapsed ere the appropriate treatment was begun, a portion of the nervous substance has been destroyed.

The case illustrates the insidious and chronic character of paralysis proceeding from syphilitic affection of the brain; the power of the iodide of potassium in curing it; and the necessity of beginning the treatment before the disease has destroyed the nervous matter, as the paralysis is then incurable.

Glasgow, March, 1857.

ON THE

COMBINED LOCAL AND CONSTITUTIONAL TREATMENT OF HOOPING-COUGH.

By RAVENHILL PEARCE, M.D.

As I consider it the duty of every medical practitioner to bear testimony to any successful method of treating any peculiar disease which may have fallen particularly under his notice, I beg to press upon the profession the plan I have adopted in that troublesome and painful-to-witness disease—Hooping-cough. In *seventy-five* cases (thirty-two boys and forty-three girls), varying in age from two to eight years, which came under my care during last autumn, in a school containing over a thousand children, I used the local treatment recommended by Dr. Eben Watson,—viz., sponging the glottis once a day with a strong solution of nitrate of silver (one scruple to one ounce of distilled water), by means of a curved probang; and in combination with this I ordered Dr. Gibb's nitric-acid mixture (dilute nitric acid, twelve drachms; compound tincture of cardamoms, three drachms; water, one ounce; simple syrup, three ounces and a half), a teaspoonful every three hours. I also from the commencement gave a teaspoonful of cod-liver oil twice a day, and at the same time kept the patients on generous diet and in warm yet well-ventilated rooms.

Now, this treatment has in my hands been invariably successful, and the little sufferers have not only escaped all those troublesome and dangerous complications which so frequently attend and follow hooping-cough, but have at the termination of their illness, in numerous cases, gained both flesh and sta-

mina. I am perfectly aware that both the nitrate-of-silver and nitric-acid plans have been used separately, but I have not heard of the two methods being combined.

I am desirous of calling particular notice to the fact of my having given cod-liver oil from the *very commencement* of the attack, instead of waiting till the period of convalescence; and to this as well as to the generous diet, I, in a great measure, attribute the satisfactory and non-debilitated state of the patients at the time of their recovery.

I would also mention that after a few applications of the solution of nitrate of silver I have found that the force of the peculiar spasmodic cough has been diminished in frequency and intensity, and the shock to the system caused by the straining and convulsive efforts of the patient consequently much lessened. If any of the numerous readers of THE LANCET have already pursued a similar plan of treatment, I should be very glad to learn the result.

Hatton-garden, March, 1857.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

LONDON HOSPITAL.

PERMANENT STRICTURE OF THE URETHRA, WITH FISTULA IN PERINEO AND A FALSE PASSAGE; SYME'S OPERATION OF EXTERNAL DIVISION; ORCHITIS, FOLLOWED BY ABSCESS; CURE.
(Under the care of Mr. CURLING.)

WE have lately seen a number of cases at the different hospitals, in which perineal section has been performed by various surgeons, amongst others by Mr. Cæsar Hawkins, Mr. Coulson, Mr. Fergusson, Mr. Birkett, Mr. Erichsen, Mr. Marshall, Mr. Stanley, Mr. Cock, and Mr. Curling. With very few exceptions, all appear to be doing very well. At the present moment there are four cases in the wards of King's College Hospital in which Mr. Fergusson has resorted to this operation, the last some three weeks ago; and although these were bad cases, they are progressing favourably. Now, we should like to insist upon a point of some importance in respect to the term of perineal section, and one that must be remembered by the surgeon: it is, that a very wide distinction must be drawn between the old operation of perineal section—which a hundred years ago excited less attention than it does now—and the one which Mr. Syme has introduced to the notice of the profession, and which goes by the name of "Syme's operation for external division of stricture," when performed in the manner recommended by him. We particularly mention this because many surgeons believe that the division of any stricture in the perinæum, whether upon the point of an instrument which passes only a certain distance, or otherwise, is Syme's operation. Now, Syme's operation consists in the actual introduction into the bladder of the staff which goes by his name, then dividing the strictured urethra upon the grooved portion of it, and then passing a catheter into the bladder. When, however, an instrument cannot be passed, from the presence of fistulous openings, false passages, tortuosities, obliteration of the canal, &c., the stricture is divided upon the end of an instrument which is ultimately got into the bladder, or upon a director in the perinæum itself, or without either, as circumstances may permit. This to be sure is perineal section, but not Syme's operation of external division. A very clear account of the operation, as performed by Mr. Syme, will be found at page 247 *et seq.* of Mr. Henry Thompson's excellent work, "On Stricture of the Urethra." Our readers would do well to read the