position—has really nothing to recommend it to the surgeon, since it necessarily puts upon the stretch muscles and fasciæ which should be relaxed, and at the same time removes from the point of constriction the whole weight of the intestines, thereby neutralising one of its antagonising elements. When chloroform is employed, the position of the patient is not a matter of so much importance to the surgeon, although the same general principles apply, and should be appealed to, under all circumstances.

Of the auxiliary measures by which taxis is facilitated, the most important is, of course, chloroform. Of the value of this agent it is unnecessary to speak, since the whole profession is a unit on the subject. The man, in fact, who would presume to rely upon other remedies to the exclusion of this most potent drug but proves himself a fossil of that period when brains had no creation. And yet I am not one of those who believe that chloroform should be instantly and indiscriminately administered in cases of hernia. While freely appreciating the inestimable blessings of anæsthetic agents generally, and with perhaps as large an experience in their employment as most men, I freely confess to a most sensitive apprehension of them. For this reason I am in the habit of testing the efficacy of opium and of cold, the subcutaneous injection of morphia, and the application of cold water, ice, or ether spray, before invoking the aid of more potent, but less innocent, agencies.

I have repeatedly reduced hernial tumours in this wise: Having unloaded the lower bowel by means of enemata composed of water and soap, and injected morphia under the skin in the immediate neighbourhood of the constriction, I then, without permitting the patient to be informed of my purpose, have directed a stream of cold water upon the parts, and, at the moment of shock, pushed the gut into the abdominal cavity. The morphia alone has sometimes proved a sufficient auxiliary, and secured the success of the manipulation. I have but little faith in warm baths, and a holy horror of tobacco enemata, as I have known the latter to prove fatal in one instance, and to jeopardise the life of a minister in another. If there be not a prompt and proper response to the measures of relief thus appealed to, I then invoke the aid of chloroform, with some apprehension, it may be, for the safety of the patient, but in the confident assurance, as a general rule, of reducing the hernia. I have had no experience with the aspirator, but have no doubt of its value in some cases.

Cairo.

A CLINICAL NOTE

ON

THE TREATMENT OF SYPHILIS.

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EVERY reader of THE LANCET must feel indebted to Mr. Hutchinson for his late contribution to the therapeutics of syphilis. The principles which he enforces are gradually winning the assent of the vast majority of the profession. It has been long felt that some veteran in the art of treating syphilis ought to tell us, in plain authoritative words, what mercury can do for syphilitic disease, and when and how it should be given. The subject has been made the battle-field of rival schools, and the distraction of party cries has caused ordinary practitioners to be puzzled as to where the truth of this matter is to be found. We ask for some clear unmistakable landmarks, and that these shall be established by those who are entitled to speak from unbiased observation and practical knowledge.

In two papers contributed to THE LANCET in 1869, I submitted some results which I had obtained from my experience in the treatment of syphilis. During a long tenure of honorary office (1855-72) at the Eastern Dispensary of Bath, a vast quantity of syphilitic disease fell under my care; a large proportion consisted of the intermediary squamous syphilides, and various tertiary ulcerations. I had time and opportunity for trying all sorts of therapeutic plans, and the general conclusions at which I arrived are closely identical with those so ably enunciated by Mr. Hutchinson.

Nevertheless these conclusions differ in a few particulars which I propose now to specify.

1. In the second or exanthematous stage of syphilis, I have found it almost always useful to administer mercury and iodide of potassium simultaneously. The iodide should be prescribed in a dose of about ten grains three times a day, and may be usefully combined with aromatic spirits of ammonia, or with bicarbonate of potash and other reputed diuretics. The mercury may be given as a nightly dose of four or five grains of grey powder or blue pill; or, if it be thought expedient, about a grain and a half may be given as a pill with each dose of the iodide of potassium. No toxic action of the mercury need be developed beyond slight fetor of breath and sponginess of gums; and even these inconveniences may be prevented or mitigated by washing out the mouth several times a day, and by taking regularly a little lemon-juice. Further, it may be desirable to combine quinine with the blue pill, or to add a little opium to obviate purging.

2. The "intermediary squamous syphilides" are best treated with perchloride of mercury. Perhaps the most interesting and convincing parts of Mr. Hutchinson's papers are his observations on the curative power of this medicine over ulcerating forms of secondary rash, especially when they assume a pyogenic character. This is a fine bold practice, and I venture to claim for perchloride of mercury equal merits in controlling many other erratic syphilitic phenomena. Usually the drug should be given in compound tincture of chinchona bark.

3. The early tertiary symptoms of syphilis are often strikingly relieved by the soluble iodide of mercury, or rather by that double compound of iodine and mercury which is formed by adding iodide of potassium to a solution of perchloride of mercury. It is impossible to praise too highly the therapeutic qualities of this medicine. More than ten years ago I became indebted to the late Dr. H. W. Fuller for a knowledge of its value, and it is a pleasure to testify to the victories which I have won by its means over the syphilodermata and syphilitic ulceration. Nor is it less valuable in syphilitic inflammation of joints, the characteristic marks of which have been accurately portrayed by Lancereaux. In this disease the constant pain, increasing towards night, is a certain sign of coming disorganisation of structure; and there is no pathological lesion which demands a more energetic treatment.

It is unnecessary to add to what Mr. Hutchinson has said on the efficacy of large doses of iodide of potassium. There are some useful therapeutic hints in Dr. Broadbent's recent lectures on Syphilitic Diseases of the Nervous System.

If we can imagine a case of syphilis going on from stage to stage without the intervention of any medicinal agency, we should see certain phenomena mostly developed in regular order. Now it is maintained by a host of competent persons that this order can be changed or even arrested by two potent medicines, prescribed in specific quantities. What do we gain by admitting the one and denying the other? I may repeat what I said in 1869, that "those who are hostile to mercurial treatment raise up a kind of ugly spectre and call it mercury. But if they have not the ability to use a potent drug with discretion, they should abstain from the art of medicine altogether, for all potent drugs—substances, I mean, which cure disease and bring health to man—can do harm if badly used. I say deliberately that if, like ignorant children, we throw away a weapon because we do not know how to handle it, we criminally divest ourselves of one of the gifts of healing, and so far starve our therapeutic resources."

Bath.

REACTION OF SWEAT. — The contrast in the reaction of the urine in carnivorous and herbivorous animals is suggestive that some similar reaction may exist in the characters of the perspiration; and a series of researches has recently been undertaken by Dr. Moriggia (Moleschott's *Untersuchungen*, ix. 179) to determine this point. He has satisfied himself that the sweat of herbivorous animals is usually alkaline; that of carnivorous, usually acid. Both in animals and in man the urine becomes acid on prolonged fasting or on a purely animal diet, whilst it is alkaline on purely vegetable diet; the sweat, however, does not vary under these conditions, retaining its peculiarities in each case.