ness of the broadest part, 14 inches; that of the root, six inches; and the antero-posterior diameter, one foot. The skin covering this mass presented a diversified appearance. On both sides it was of a blue-red; anteriorly greyish; fluctuation could be nowhere felt. It was also impossible to distinguish the penis or testicles. The skin covering the under and broad part of the tumour was excessively thick, cracked, and covered with the scaly incrustations seen in elephantiasis. The diagnosis of the disease was not difficult. It could only be considered as "sarcoma scroti et preputia," or, rather, "elephantiasis" of the same parts.

The patient having consented to an operation, and being placed in a convenient posture, an incision was made with a large convex bistoury, extending four inches on the left side, from the abdominal ring downwards. This enabled the surgeon to expose and separate the left testicle. The right one was exposed in a similar manner. Both testicles were easily found, but the hæmorrhage was very profuse, and several vessels were tied. The two incisions just mentioned were now united with a transverse one, in order to save a flap for the penis. The latter part was separated from the surrounding substance, and the operation terminated by two curved incisions, which, commencing from the lower end of the perpendicular incisions, met one another posteriorly, and thus formed an artificial scrotum. The operation was frequently interrupted by the necessity of tying the large venous and arterial trunks which were opened, but at length a proper flap was shaped out for the penis, and the edges united with several points of suture and strips of sticking-plaster. The dressings, composed of compresses, bandages, &c., were now applied, and the whole operation terminated in forty minutes. The patient bore it well, and was carried to bed in excellent spirits. The tumour, even after the discharge of an immense quantity of serous fluid, weighed 27 pounds; the integument covering it very was thick, and similar to that in elephantiasis. The cellular tissue under the skin was one inch deep, contained a yellowish-white serum, and was crowded with blood-vessels.

A few hours after the operation, the man found himself sufficiently well, and was able to pass water freely. The febrile symptoms were not very severe, and disappeared on the fifth day after the operation.

The dressings were changed on the third day; the pain was slight, the discharge of pus moderate, and several of the stitches came away on the seventh day. The patient slept and ate well up to the tenth day; however, he was much teased with frequent cough, for which he took *extract. hyosciam.* in *aqua amygd. amar.* and, afterwards, the *sulphur. silicat. aurant.*, with extract of hyosciamus. On the 19th day, the different

points of suture had come away, and the cough then disappeared.

Several days now passed over without any accident, when he was seized with very profuse debilitating sweats, which, however, were subdued in about eight days, by the mineral acids. Cicatrization of the wound was nearly complete, when, without any appreciable cause, the patient fell into a most unfavourable state of mental depression, and lost both appetite and sleep. This state, however, yielded to a general blood-letting, and he was able to leave the hospital, fully cured, 35 days after the operation.

CASE OF PERIOSTITIS.—ABUSE OF MERCURY.

To the Editor of THE LANCET.

SIR:—If the following case of periostitis, showing also the abuse of mercury, be worthy of a place in your journal, I shall be gratified by its insertion. I am, Sir, your obedient servant,

WILLIAM WATTS, Surgeon.

Nottingham, September, 1836.

Elizabeth Thompson, ætat 29, states, that when about sixteen years of age she contracted the venereal disease, and began to take mercury without any regular medical advice, which practice she continued for three years, during which period she was constantly exposed to the vicissitudes of the weather. When 19 years of age, while residing in the country, she was caught in a heavy shower of rain, and in consequence of her occupation she was unable to change her wet clothes, which were allowed to dry upon her. On the following morning she could scarcely walk, in consequence of a violent, deep-seated pain, accompanied by a swelling in the front of the right tibia, which, increasing, confined her to bed for a fortnight, at the same time preventing her from obtaining rest at night. She then came to Nottingham, and was admitted an out-patient of the *General Hospital*. She was first put under a severe course of mercury, and was salivated for nine weeks, when, in consequence of not being able to leave her bed, she allowed her name to be erased from the books. No benefit accrued to her from this treatment, as the leg still continued to get worse. She next applied to *Saint Mary's Dispensary*, and became an out-patient, and was again salivated for three months without the slightest good effect.

She afterwards became an in-patient of the *General Hospital*, when pytalism was produced, which continued for eight weeks, and 190 leeches were applied to her leg, followed by five successive blisters, and at last she was discharged without relief. A physician was next applied to, and salivation was kept up for three weeks without the leg becoming at all improved. The *Nottingham Dispensary* next received her as an out-patient. Leeches were then applied to her shin, and the infallible mercury exerted its full action upon her for three months. Sarsaparilla was also administered, but still the obdurate leg would get worse, and she was dismissed incurable. For a second time she became an out-patient of *Saint Mary's Dispensary*, and was mercurialized for three weeks without success. She then applied to the *Nottingham Dispensary*, and was admitted an out-patient under a different surgeon, who prescribed mercury and *decoct. sarsæ*. for five weeks, but the pain in the leg continued to be so dreadfully acute that she was unable to obtain any sleep whatever at night, and, at last, finding that not the slightest benefit was derived from her attendance at the Dispensary, she voluntarily withdrew. Another physician then took charge of her, salivated her for a month, blistered the limb repeatedly, and at last recommended her to try, for a third time, the *General Hospital*, telling her, at the same time, that he did not know what to do with her. In the Infirmary she continued for eleven weeks. Severe pytalism was kept up, and the limb was cauterized 33 times during that period; she was then discharged without relief.

I ought to state, that for five years antecedent to this time she was a confirmed opium-eater, never being able to obtain sleep before six in the morning, oftentimes later.

In November last she applied to me. I found her extremely emaciated, the right leg very much swollen, tense, and inflamed, and with a surface so bright as to reflect distinctly any object held above it. The pain was intense and continued. I immediately cut down upon the bone, dividing the periosteum to the extent of eight inches from the tubercle of the tibia downwards. The pain instantly left her, and for the first time for five years, she enjoyed a comfortable night's repose. Her regimen was changed from slops to broiled mutton, and a pint of ale daily. In a month the wound was perfectly healed, and since that time she has never had the slightest uneasiness from it. Pains in the head alone remain, but these are rapidly decreasing under the use of the bichloride of mercury, given in the dose of one-twentyfourth of a grain thrice daily. Her general health is good, and her frame has recovered itself entirely.

CASES ILLUSTRATIVE

OF THE EFFECTS OF THE

SALINE TREATMENT IN MORBID CONDITIONS OF THE BLOOD.

By C. R. BREE, Esq., M.R.C.S., *Stowmarket*.

THE following cases, selected from several others in my case-book, may not be uninteresting to the practical physician, proving the efficacy of Dr. Stevens' method of treatment in diseases of the circulating fluid.

CASE 1.—*Typhus Gravior. Petechiæ.*

W. B., æt. 60, of a spare cachectic habit of body, has been afflicted with epileptic fits almost every day for the last twenty years; having been subjected to the infection of typhus fever, of which his son (who died) and several others, had been previously affected in the same house, he caught the disease, and applied for my advice while labouring under the following symptoms:—

September 30th, 1834. I found him lying in bed, in a state of apathy and indifference to external objects, from which condition he could be with difficulty aroused. He had been attacked with a severe rigor on the previous day, after which the disease quickly developed itself. He complains of much pain in the head; his skin is hot and dry; the tongue dry, and covered in the centre with a brown fur, the edges being of a deep red, and having a shrivelled appearance; bowels confined; pulse quick and hard; he has muttering delirium, and the expression of his countenance is wild and vacant.

I bled him to the amount of twelve ounces; after which I gave him an active dose of calomel and jalap, and directed it to be followed up by saline aperients, with antimony.

October 1. He is in much the same state as yesterday; the bowels have been freely opened; symptoms of cerebral oppression continue; pulse softer; skin still hot and dry.

Roso capitis applicatur lotio frigid.

Admoveatur nuch. empl. canthar.

Habeat hydrarg. submur. gr. iij, cum pulv. ant. feb; gr. ij 4tis horis.

Ant. mist. salin. sine magnes. sulph.

2. Much the same. *Cont. remedia.*

6. He has continued the mercury and antimony, but the symptoms have gradually become worse; no pytalism has been induced; the body is now covered with spots and petechiæ, some of which are lenticular and rose-coloured, while others are round and purple; they are observed more particularly on the breast and shoulders, while there are very few on the inferior extremities; the tongue is covered with a dark brown fur, and is fissured and tremulous; stools bloody and passed involun-