anus in a radiated manner, and with a scissors curved upon its flat side, he excises several of these folds as far as the margin of the anus, or even two or three lines further; if the prolapsus be considerable, and of long standing, it will be necessary to extend the excision an inch within the anus; the sphincter ani must not be touched, as the operation concerns only the external tissues."

M. Dupuytren has never seen any hemorrhage or unpleasant circumstance accompany this. The pain of the operation instantly occasions a strong contraction of the sphincter ani, and the inflammation extends for a slight way to the neighbouring tissues. Usually there is no stool for the first few days after the operation. About the eighth day the inflammation begins to subside, but the excretion of fecal matter continues to produce pain and violent contraction of the sphincter ani. M. Dupuytren has never seen the prolapsus reoccur after the operation.

At the conclusion of the lecture, the Baron proceeded to operate in the manner he had described, upon a young child of three years and six months old. The gut projected about three inches beyond the margin of the anus, and came down every time the boy went to stool. M. Dupuytren having returned the projecting bowel, nipped off with the scissors four or five bridles of skin round the margin of the anus. The little patient lay perfectly quiet, and seemed to suffer so little pain, that immediately on getting up he offered to the Baron an orange, which he had received to keep him quiet, and pronounced his "adieu" with an undisturbed voice.

4. The boy lively, and seeming to suffer little or no pain. A plug has been placed on the anus, and supported by a bandage. No stool since the operation.

5. The little patient seems to suffer some pain to-day when he moves, but is otherwise quite well; has passed two stools since the last visit. The gut has not descended, or even approached the margin of the anus.

7. No descent of the gut; goes to stool regularly, but seems to suffer some pain.

11. The uneasiness has gradually diminished; no accident of any kind has occurred, and the boy was dismissed to-day apparently perfectly cured.

29. To-day the boy was brought by his mother to be examined at the hospital. There had been no return of the prolapsus, or appearance of the internal membrane at the anus, although for the last few days the child had been affected by a diarrhoea, which compelled him to go frequently to stool, and occasioned much straining.

ON THE USE OF A STRONG SOLUTION OF NITRATE OF SILVER,

AS AN

INJECTION IN GONORRHOEA.

By PHILIP BURNETT LUCAS, Esq., *Licentiate of the Royal College of Surgeons, Ireland.*

THE only writer with whom I am acquainted who has made mention of nitrate of silver as an injection in gonorrhœa, is Mr. Carmichael, in his valuable treatise on venereal diseases. His brief condemnation of this remedy is as follows:—

"I have been informed by several surgeons, that during the first stage of gonorrhœa, they have succeeded in curing it almost instantaneously, by injecting into the urethra a strong solution of nitrate of silver; for instance, ten or twelve grains to an ounce of distilled water; that this injection caused at the moment great pain, but that no discharge afterwards followed its use, and the further progress of the disease was thus summarily stopped.

"Now although this information came to me through so many respectable channels that I cannot doubt the fact, yet the practice is attended with such risk of exciting severe inflammation of the entire urethra and bladder, and all the immediate as well as secondary train of evils attendant upon this calamity, that I have no hesitation in saying, that it is a practice that cannot be too strongly deprecated."—*Carmichael on Venereal Diseases*, 1825.

Having witnessed, during my studies in Dublin, a case in which it proved eminently successful, without being followed by any of those dreadful evils which Mr. Carmichael anticipates, I was induced to give it a fair trial in private practice; and not having had occasion to regret my so doing, I feel the less hesitation in laying before the profession the results of my experience as to its efficacy, convinced that if it be used with a cautious hand, and at a proper time, no bad effects will result, and that this hitherto-almost-intractable disease will be brought still more under the control of surgical skill.

Looking upon gonorrhœa as a disease produced by a specific virus, confined in its first stage to what has been called, by Hunter, "its specific distance," and incapable of affecting the constitution with any of those secondary symptoms which follow the venereal virus, a surgeon will

have little hesitation in making use of any remedy which will put a sudden stop to the disease, provided that remedy will not, or is not likely to, produce worse consequences than the disease itself. When a sore on the genitals is destroyed by caustic, and the part it occupied speedily heals, the patient by such treatment is not secured from secondary effects; but the matter is far different as regards gonorrhœa. If it be cured by such a proceeding, no constitutional symptoms need be feared to follow. That this doctrine is not universally admitted I am aware, and some surgeons are inclined to the opinion that secondary symptoms may follow; but I am borne out in stating, that the majority of practitioners are on the opposite side; and even Mr. Carmichael, who places gonorrhœa under the head of papular venereal disease, admits that "constitutional symptoms after a gonorrhœa is a *very rare* occurrence."

That I do not arrogate to myself originality in the use of nitrate of silver is clear; with whom the practice commenced is of little moment; my object is to direct the attention of the profession to its value, by a recital of a few cases out of many in which I have used it, and to state the symptoms and results attendant upon the practice.

CASE 1.—Mr. A. B., aged 30, five days after a suspicious connexion, observed a discharge on his linen of a light-greenish colour, and also one or two stains of a yellow hue. He felt an itching at the orifice of the urethra, and, upon making water, an uneasy sensation not amounting to pain. Upon examination, the lips of the urethra were slightly swollen, and redder than natural. The peculiarity of his situation requiring a speedy cure, he felt no hesitation in submitting to any treatment likely to effect so desirable an object. I accordingly injected the following:—

R. *Argent. nitrat. gr. x*
Aq. rose ʒi. M.

The first application produced a good deal of pain at the moment, which gradually subsided in [about twenty minutes. Upon his next making water, he experienced great soreness as far as the injection had reached, which lasted only a few minutes. At bed-time (ten hours after the first injection) I again repeated it, with similar effects. Upon his making water the following morning, a *thick drop of purulent matter* appeared on pressing the lips of the urethra; the soreness was less severe on micturition; no further discharge, and in twenty-four hours all symptoms

had disappeared. I have been in daily intercourse with this patient since he first consulted me, and no bad symptoms of any kind have followed.

In all the other cases a similar cure was effected, when the disease was treated within the first forty-eight hours. It would, therefore, be only a useless repetition to occupy your pages with the particulars of them. The following, however, is of some interest as regards *the effect* to be produced by *the injection* on the *seat* of the disease, before a salutary result is to be hoped for. The patient being a member of the medical profession, drew up the particulars; I give the case in his own words:—

CASE 2.—Two days after connexion, an unusual sensation at the orifice of the urethra directed my attention to the part, and I perceived a slight discharge. Twenty-four hours after, it increased, but supposing the person I had connexion with would not have deceived me, I hesitated to use a remedy. The day following, the discharge was so great, of a yellowish colour, accompanied with scalding, as to place beyond all doubt the existence of the disease. The nitrate-of-silver injection was used at two o'clock p.m., and at twelve o'clock that night. The following morning the discharge ceased, but there was no appearance of the purulent drop you led me to anticipate. At the end of two days, when the irritation caused by the injection had ceased, the gonorrhœal discharge returned. The injection was used again for two turns, as before, and at the same hours. The morning following, on pressing the urethra, I forced out a thick drop of purulent matter; no further discharge followed, and the pain gradually subsided.

Failure of the Injection in Gleet.

I was desirous to ascertain if the strong solution would prove as successful in gleet, and used it in the following cases for that purpose.

CASE 3.—Mr. —, aged 26, contracted a gonorrhœa three months before I saw him, which, after the usual routine of treatment, terminated in gleet. I used the solution four times in two days, without producing effect on the disease. It was satisfactory that no bad symptoms of any kind were produced, although the patient at the time indulged freely, both at dinner and after.

CASE 4.—This was a similar case, in the person of a poor man, in which the injection also failed, but did not produce any bad consequences.

Remarks.

It is only, then, in the first stages of gonorrhœa that this injection will be of benefit; in gleet it failed altogether; and in the inflammatory stage of the disease, when severe scalding, chordee, &c., are present, I would not be hardy enough to make use of it, but would join Mr. Carmichael in saying, "it is a practice that cannot be too strongly deprecated."

The manner in which nitrate of silver acts so effectually in the cure of gonorrhœa in its first stage, must be by destroying the specific virus, and substituting in its place a simple inflammatory action, which gradually subsides, leaving the urethra in its natural healthy state. To effect, therefore, this object, it is necessary that the injection fully reach the seat of the disease, and that it be well applied to the portion of the urethra between this part and the orifice. I can readily conceive a case where the injection only reached half an inch from the orifice, or was only partially applied, leaving the virus still in operation—the parts not only having to contend against its action, but also against the inflammation produced by the injection. Such is likely to be the case if the surgeon commits the syringe to the hands of his patient, and such actually occurred in one case, where from an imperfect application great pain followed, extending along the urethra to the prostate gland, accompanied by all the symptoms of the second stage of the disease in an aggravated form; which symptoms could not have been much relieved by the patient having taken internally a mixture of balsam copaiba, cubebs, and camphor mixture.

I therefore always apply the injection myself in the following manner:—Having filled the syringe, I compress the urethra with my left-hand, about two and a half inches from the orifice, to prevent its reaching further, and taking the syringe in my right-hand, I inject the solution; satisfying myself that it is well applied to all the intermediate portions of the canal. It is, perhaps, unnecessary to remark, that the syringe should be made of bone or ivory, a black deposite of nitrate of lead immediately taking place when the common syringes are used.

Its failure in gleet I did not at first anticipate, but considering that gleet is probably produced by a weakened state of the parts, or, in the words of Hunter, "that the parts have contracted a habit of action," and that its continuance is so much connected with the constitution of the patient, it is not to be wondered at that local applications will be of but little benefit, and that dependence should rather

be placed in internal remedies and cold baths.

In conclusion, I would again impress the danger of using the remedy in the second stage of gonorrhœa. The success amounts almost to a certainty of its curing it in its first stage. Also its failure in gleet.

Cork, April 20, 1833.

TREATMENT OF GLANDERS BY FUMIGATION

WITH CARBONIC ACID GAS.

MR. STORRY, of Pickering, makes the following remarks in the April Number of the *Veterinarian*:—It seems to be the opinion of some of the most eminent men, that there has not yet been found a *certain* cure for the glanders. Mr. Youatt remarks in his lectures, on the difficulty, if not the impossibility, of reaching the seat of the disorder by any means hitherto used. I consider the difficulty not so great, but then the object must be effected by means different from any yet attempted, excepting by myself, as far as I am aware. I proceed to record the treatment of a case of most confirmed glanders in a mare, belonging to Mr. John Barry Smith, of Edston, near Kirby-moorside. On examining her, I found the pituitary membrane in a state of ulceration, and nearly destroyed: there was a discharge of mucopurulent matter, of a most fetid and offensive kind, of a greenish yellow colour, and streaked with blood; the submaxillary glands were somewhat enlarged, and there were other symptoms which left no doubt on my mind that the disease was glanders. There was, besides, an oozing from one of the fore legs, which indicated farcy. I bled, and gave a calomel and aloë purgball. I inserted a rowel under the jaw, and dressed it with blister ointment for a few days. I then began to fumigate the nasal cavity, by pouring a sufficient quantity of sulphuric acid upon prepared chalk mixed with water. I also gave, occasionally, black sulphuret of antimony, combined with vegetable tonics, white hellebore, &c. The fumigation, I scruple not to say, reached the seat of the disorder, and, together with the other treatment, effected a *complete cure*. It is nine years since this cure was performed; and I saw the mare repeatedly for five years afterwards, and not the least symptom of the disorder appeared during that period, and I have not heard of the mare since.

I am subjecting another glandered horse to the same treatment, and have considerable hope of effecting a cure, as the case is going on in a very favourable way.