affected, and had been merely treated with salines and aperients. It strikes me, that in the above case the disordered state of the blood was the cause of the deranged functions of the brain, and that the bleeding, in place of inducing dangerous debility, made room for an equal quantity of wine and water, or some other fluid. It is much to be wished that some lecturer would take the trouble to concentrate the observations and experiments of M. Magendie, Dr. M. Hall, and others, upon the subject of the state of the blood in various diseases, the effects of blood-letting, of medicines (wine included), and of the absorption of deranged secretions from the liver, kidneys, &c. &c., upon the blood. There can be no doubt but that the system of bleeding, largely accompanied by evacuating and antiphlogistic remedies, has been carried too far; so, also, has the stimulating plan; and very often natural strength of constitution has contributed more towards cure than the treatment adopted by either party. The advocates for reserving the vital fluid, forget there must be a great difference in the quality of blood in a state of health and a state of disease—that what is vital in the one might be vicious, nay, even poisonous, in the other, as has been observed by Dr. Hall and others, in cases of jaundice and suppression of urine. If this be correct, the blood in place of supporting the strength may be doing harm, by causing functional derangements in the brain, lungs, liver, &c., and thereby keeping up the very state which you want to alter. I consider the deficiency caused by the loss of a pint of blood would not be badly made up for, in such cases, by giving as much barley-water, or toast in water, as the patient chose to take, and, if necessary, occasionally a cupful of mutton-broth or beef-tea. I am also fully persuaded, that what Dr. Hall calls trial-bleedings might often be very usefully adopted. In the above remarks I did not consider it necessary to say any thing about the general treatment, diet, &c., as all are aware of the necessity of removing morbid secretions as soon as they are formed. My object is merely to draw attention to the subject, and not to claim any originality of thought or observation, as I know many practitioners who entertain the same views.

I hope the importance of the subject will be a sufficient excuse for the length of this letter. I remain, Sir, your most obedient servant,

WILLIAM SIMPSON.

110, Guildford-street, April 8, 1840.

STIMULANT INJECTIONS IN THE EARLY STAGES OF GONORRHOEA.

To the Editor of THE LANCET.

SIR:—I unfortunately mislaid the following communication, which I prepared for THE LANCET a few weeks ago. As, however, the principal subject is one of no fleeting and temporary interest, you may, perhaps, be willing to insert it in your columns, notwithstanding its tardy appearance. I am, Sir, your obedient servant,

HENRY COLES.

Cheltenham, April 9, 1840.

SIR:—In a late number of your periodical appeared an interesting paper on the utility of weak and very frequent injections of sulphate of zinc in gonorrhoea. The efficacy of weak sulphate of zinc injections in the early stages of that disease, has been frequently taught by practitioners of acknowledged experience and ability; but the frequency with which they are to be repeated, is, I think, a novel recommendation. If a practitioner had himself for a patient, and had plenty of leisure, nothing could surpass the excellence of the plan recommended; but I fear, in the majority of instances, it would be found less practicable than other modes, which, involving the same principle, vary in the details.

On several grounds it is objectionable to trust to patients to give themselves injections, which, in almost all instances, must be a necessary part of the plan proposed by your correspondent. There is a prevailing prejudice against them, which often induces a patient, who may leave you with the fairest promises, to neglect them entirely, or use them very inefficiently. Besides which, my experience has taught me that a patient must have great natural adroitness, or be a veteran in claps, to enable him to inject the urethra so effectually as to derive the full benefit from the practice. My experience has also taught me, that a practitioner has it in his power to arrest gonorrhoea in its early stage, by thoroughly injecting the urethra with a weak solution of sulphate of zinc two or three times a day; but to effect this, many syringefuls of solution should be employed each time. Since the repeated introduction of the ill-adapted nozzle of the syringe, within the inflamed urethral orifice is both painful and inconvenient, I contrived an instrument to obviate this evil, the construction of which I will endeavour to describe.

Cut off four or five inches from the end of a moderate-sized male flexible catheter, whose calibre will accurately admit about half the length of the nozzle of your syringe. Insert the nozzle of the syringe, and

fill up the space between the top of the catheter and the shoulder of the syringe with sealing-wax. The sealing-wax will incorporate itself with the material of the catheter, and adhere inseparably, while it will form an exact cast of the nozzle and shoulder of the syringe, and, consequently, fit it accurately. The advantages of this instrument are obvious; it can be inserted, with the least possible irritation, to any distance along the urethra (to suit the theory of the operator as to the principal seat of the disease), and there held steadily. The lips of the urethra can be compressed on it so as to retain the injection much more effectually than on the nozzle of the syringe, and with much less irritation. A dozen syringefuls of the injection can be employed with as little inconvenience as one, since the pipe of the syringe is inserted each time in the tube, which remains all the while motionless in the urethra. As the syringe and tube fit so nicely, when the piston is depressed, the urethra becomes distended with the fluid, and not a drop escapes until the nozzle be withdrawn, when the elasticity of the urethra forces the injection back through the tube.

I generally have two bottles of injection in use, one containing only distilled water, the other containing two grains of sulphate of zinc to the ounce. I commence by pouring equal parts into a gallipot, and apportion the quantities afterwards according to the irritability of the urethra. I find the proper strength usually to lie between one and two grains, which I can best hit by adopting this plan of two bottles, and if I require it stronger, I avail myself of a third bottle, containing four grains to the ounce, which I employ in the same manner.

I have also frequently used a similar tube as a female catheter, and can confidently affirm, that for all the circumstances in which such an instrument is required, I know of none so manageable and universally applicable as this. The tube should be held between the thumb and middle finger, while the fore finger covers the orifice at the bulbous extremity, and presses it onwards, by means of which it is passed gently and firmly, and the bed-clothes escape the least soil, since the stream of urine is completely under the controul of the operator. That I may not be behindhand in that solemn medical trifling so prevalent now-a-days, I have designated this instrument the *Gynandric Tube*, thereby intending to intimate that its utility extends to either sex.

MEZEREON, AND ITS SUBSTITUTES.

To the Editor of THE LANCET.

SIR:—I observe a very curious assertion in a paper by Dr. Sigmond, in the last published part of the "Transactions of the

Royal Medico-Botanical Society," which is calculated to lead the student in materia medica into error. The passage is in an article on the bark of the *ulmus campestris*, and is as follows:—

"If we should be enabled to find in our islands substitutes for mezereon, for sarsaparilla, and for cinchona bark, we shall be conferring on our fellow countrymen a benefit which will be appreciated by all those who are capable of judging of the importance of the objects we have in view."

This conditional preposition certainly implies that the *Daphne mezereum* is not indigenous, and that we have no indigenous substitute for it. Now, it does appear in the works of Smith, Hooker, Lindley, and many others, that the *D. mezereum* is indigenous, and even if it were not so we have the *D. laureola*, whose sensible properties are very similar, and whose medicinal virtues have long been considered to be nearly, if not quite, equal to its congener. I have repeatedly employed the root of the *D. mezereum*, grown in gardens in this country, and gathered by myself. I am very much inclined to believe, that a considerable proportion of what is sold in the market as mezereon is the *Daphne laureola*.

Had the remark which occasioned this paper issued from a less important source, I might not have thought it worth while to notice it, but coming from the Professor of a "Royal Society," and under the sanction of the learned and scientific council of the society, it did appear to me to demand attention, especially as it is acknowledged that such information as I have now given is a public benefit. I am only surprised that such obvious truths should at this day require to be stated in a periodical medical publication. I am, Sir, yours respectfully,

JOSEPH HOULTON.

London, May 27, 1840.

AMPUTATION OF FINGERS.

To the Editor of THE LANCET.

SIR:—In amputating a finger, or part thereof, in cases of accident, it seems to be a matter of little import to many surgeons whether the operation be performed at a joint, whether the articulating extremity be removed, or whether the ablation be made in the continuity of a bone; while others contend that the removal should always take place at a joint, because a round articular surface is thus presented to the parts left for its covering, instead of the sharp edges of a bone produced by amputation in its continuity. Before coming to a conclusion upon this subject, let us first glance at the anatomical structure of the fingers, and then direct our attention to the practical results derivable from each plan.