

ing, frightful. The eye lay motionless on the cheek; the pendulous lid was red and livid; the cornea infiltrated and opaque; blindness complete. There were pulsatory noises in the head, and the finger, when pressed back at the upper border of the orbit, felt an elastic aneurismal tumour thrusting forward the eye. Compression of the carotid very soon produced faintness, and Gioppi employed the method of Valsalva, fearing to use ligature. It failed. Digital compression was then employed for a minute or two at a time, suspending it when faintness threatened. This compression was effected with the finger by the patient herself, and some of the convalescents and others in the ward. The effect was of the happiest kind. On the following day there was already a diminution in the force of the pulsations; and at the end of the fourth day all pulsation had ceased. From that time all went well. Finally, the eye retreated within the orbit and sight returned, the patient remaining only somewhat myopic and with a dilated pupil.



Catharina B—, of Verona, a washerwoman, aged forty-nine, small and weakly, was admitted into the eye ward of the civil hospital of Verona on April 4th, 1853. She was weak in health, and subject to palpitation. A few days previously, after a violent access of fever, she felt an acute pain in the left orbit and ear; something seemed to give way in the orbit; the eye became enlarged, and the patient could not distinguish light from darkness. On her admission, the left eye projected entirely beyond the orbit; the lids did not cover the ball; the eye red; the cornea dull. The patient could hardly discern the light. There was pulsation and thrill over the orbit and left temple. She was the subject of dilatation of the heart and of the arch of the aorta. Digital compression of the carotid was therefore employed here very cautiously, for not more than five minutes at a time. Summing up briefly the carefully recorded details of the case, it may be said that during the eighteen days that the treatment lasted, the total space of time during which compression was used amounted only to seven hours and twenty minutes. The eye had then entirely entered the orbit, and pulsation had ceased. The cure was complete.

These cases are instances of brilliant success in a truly conservative surgical procedure. I have been induced to bring them under the notice of the profession, in connexion with my case, because they seem to constitute a veritable progress; and I was the more induced to do so because, in the last monograph on the subject,—that of Mr. Nunneley, in his paper in the “Medico-Chirurgical Transactions,”—no mention is made either of these cases or of the remarkable method by which their cure was effected.

Wimpole-street, March, 1862.

## REFLECTIONS UPON SYPHILIS.

By JEFFERY A. MARSTON, M.D.,  
ASSISTANT-SURGEON, ROYAL ARTILLERY.

MY attention having been necessarily directed to the subject of venereal disease for some years, as the disease *par excellence* for the army surgeon, I think it may not prove altogether uninteresting if I attempt to sketch succinctly the impressions I have received. That many of the views here advanced are no longer new ones will be obvious to anyone conversant with

modern continental inquiries upon the subject. I have no doubt, however, that some of the medical officers with whom I have had the pleasure of being stationed will recognise in them the expression of tenets which have been long growing and forcing themselves upon my mind, and that they are not the result of that facile process of copying and following a leader, however eminent. Educated in Ricord's views, which seemed to have been based upon a wide experience and careful induction, my opinions were long fettered with that exclusive adhesion to an authority with which a weaker intellect is too apt to be influenced, by an authoritative teacher possessing far less originality and talent than Ricord. As it was after the publication of Hunter's work upon Syphilis that the subject appeared to have been exhausted by his wondrous sagacity and acumen, so, after the revolutionary reaction of Ricord's doctrines, the current of men's opinions was a placid stream, with no revolutionary ripple to disturb it.

From a suspension of judgment to scepticism, and thence to heterodoxy, are easy stages.

Although a series of propositions may appear dogmatical, I disclaim all intention of the kind, this form of expression being adopted for the sake of precision in stating the principles of one's creed. I would remark that the details of cases upon which such have been grounded have been slowly accumulating in my possession, and, during the last few months particularly, have been rapidly losing any newness that they may ever have possessed.\*

If by a syphilitic sore is meant that kind of sore which infects the system, it is better to define it simply as the initial lesion to constitutional syphilis, induced by the action of a virus upon the part to which it is applied.

That, putting aside all questions of the objective signs by which an infecting can be differentiated from a non-infecting sore, there can be no doubt that not all chancres are followed by constitutional symptoms.

That, after the masterly series of observations and experiments by Bassereau more particularly, we must accept that in neither age, sex, constitution, nor tissue really lies the cause of the differences between the infecting and non infecting sores, irrespective of a specific cause or virus, to differences in which we must look for this duality in the diseases.

That there are two different varieties, or species more properly, of sore, is proved by daily observation and experience, and has been more positively established by the experimental proof obtained by confrontation and syphilization; the easily inoculable, soft, suppurating sore not having been followed by constitutional diseases in persons suffering from Norwegian leprosy and inoculated by Danielssen, with one exception, and that was from the use of a virus obtained from an indurated chancre; Danielssen himself being a believer in the specific unicity of the virus of both sores.

That I accept as proved that the inoculation of virus from an indurated chancre does not produce its like, but a soft sore, (if the inoculation succeed,) upon the same subject. That the virus from such soft sore, however, may induce the hard in a person not previously infected, is nearly proved.

That a model case of infecting sore will have a long period of incubation—will be very indolent, non purulent, indurated and cup-shaped, and followed speedily by symmetrically enlarged inguinal glands; and the virus, as a rule, will *not* be followed by any reaction, as the result of auto-inoculation.

That, however true this may be, the majority of sores which are followed by secondaries are not of this typical character, and that the true Hunterian chancre is not by any means the only or most frequent primary lesion in such.

That it is far easier to say what *is* than what *is not* an infecting sore.

That although it is quite true that a suppurating bubo accompanies the non-infecting variety of sore, yet that suppurating buboes are often followed by secondaries, as seen in the army. Under two heads—1st, from the regular infecting sore giving rise to the characteristic glands (multiple, symmetrically placed, and indurated), the tissues superimposed upon which inflame and suppurate occasionally in lymphatic and strumous subjects; conditions of constitution; and from accidental causes of irritation, such as marches, exposure to wet, and stiff, ill-fitting trousers, &c. 2ndly, from the subject of the disease having a hybrid affection—e. g., sores of different characters, and followed by the different products.

That the induration of a chancre varies in degree, amount, duration, and date of appearance, is allowed on all hands.

That a sore upon the sheath of the penis, having all the appearance of a soft sore, and capable of producing its like by

\* It is my intention to arrange and publish these, when I have more leisure.

auto inoculation, may be followed by constitutional infection, I am positive.

That the result of inoculation (as *ordinarily* pursued, by destroying the resulting pustule as soon as it appears) is not a perfectly trustworthy index to the "specificity" of the virus. I state this because I have witnessed (exceptionally it is true) upon some lymphatic and strumous subjects, a pustule and ulcer produced by inoculation with non-specific pus, simulating so much a soft chancre as to have been mistaken by a surgeon, when its true nature and origin were purposely concealed from him.\*

That the physiological properties of tissue affect considerably the character of sores: by inflammatory engorgement and surrounding parenchymatous hyperplasia, giving rise to hardness of the base and periphery of a venereal sore, is also allowed by all—e. g., the same sore affecting the prepuce and glans; the hardness being often strictly limited to the former, the softness and suppuration to the latter.—(H. Lee's "Phlegmonoid Suppurating Sore.")

That if the induration proper to the specific morbid process be seated, and runs its course in the hardness belonging to the seat of the sore (conditions proper to the tissue), or in the hardness depending upon the state of the sore as regards irritation and vascular reaction, following caustic, &c., (accidental conditions affecting the state and progress of the disease,) we may have a primary infecting sore impossible to diagnose, and about which we should form a very guarded prognosis.

That although this hardness differs from induration in its absence of precision of limit and deficient closeness of texture, and although local depletion, rest, and soothing applications will generally remove it, allowing the induration proper to appear, yet it may not always be so.

That the guides as to the longer period of incubation, inoculation-test, symmetrical affection of multiple indurated glands, non-suppurating of sore or bubo, and the condition of cicatrix as regards induration, are not singly trustworthy guides; but they must all be had in consideration in forming a diagnosis.

1st. As to period of incubation, this manifestly must be often inapplicable.

2nd. A patient may be the subject of double infection—the soft and indurated chancres in different places or upon the same identical spot. That, so, a suppurating bubo may affect one groin, and the virus be inoculable to any extent. Nay, more: an infecting sore may give rise to a soft sore by auto-inoculation, and such soft sore be preceded by a *pustule* (contrary to Mr. H. Lee's observations).

3rd. That sores occupying the sheath of the penis (almost invariably infecting, as I have seen them) do not always give rise to indurated inguinal glands, but an indurated or even suppurating bubo at the root of the penis, and yet be infecting sores.

4th. An infecting sore may give rise to true pus globule—from accidental irritation, from being a hybrid of the two local affections, or from the physiological reaction of the part: e. g., a sore which proved to be infecting, occupying the prepuce and glans, differing in this respect. Nevertheless, it is undoubtedly true that suppuration is not an ordinary pathological product of true primary syphilis.

That sores upon the penis, as a secondary and not a primary lesion, are not so uncommon. The commencement of an attack of syphilitic exanthem is often preceded by a recrudescence in the cicatrix of the primary sore.

That these (secondary lesions) ordinarily commence as a circumscribed patch of purple or bluish redness, very slightly raised, from which the epithelium is shed; the surface becoming abraded, cracked, or covered with its formed and degenerating epithelium: or this purplish-red spot, after becoming raised and losing its epithelium, takes on a chronic ulceration similar to that of the scooped-out syphilitic ulcers seen upon the tonsils.

The first variety corresponds to and often accompanies a squamous or erythematous exanthem of the skin; the latter appears identical with the syphilitic tubercle, the ulceration of which plays so important a part in the history of the evolution of the syphilitic virus in some subjects.

That syphilis in all stages may give rise to that disease in another not so affected is certain from my own observations: 1st, by inheritance; 2nd, by inoculation of the recipient with the fluid products of a secondary lesion.

That when disease follows such, a mucous papule is the initial symptom usually; sometimes a bubon d'emblée.

That it has been assumed by continental inquirers (Bassereau, Vidal, and Rollet,) that acquired syphilis, the product of virus from primary or secondary lesions, always enters the system through one pathological portal—a chancre. If by this be meant, the initial lesion to constitutional infection induced in a part upon which such virus falls, it is true: if, however, by chancre be meant a localized sore of special and essential characters, the doctrine does not seem yet proven.

That certain cases of constitutional syphilis have arisen in officers and others (well acquainted with the literature and symptoms of syphilis as they often are) in which neither they nor the medical attendants have been able to trace any primary lesion, properly so called.

That with regard to a prolonged incubation, I have been told by men and officers (of whose veracity I could have no doubt whatever) of periods varying from one month to fifty-six days, before any local lesion followed the last connexion.

That the superficial sores affecting but a part of the skin or mucous membrane—(excoriations, erosions),—attended with slight vascular reaction, tending to indolence, with exuviation of the epidermis or epithelium, and not necessarily ulcerating at all, or but superficially, are a very frequent class of infecting sores, as seen in the army.

That such a condition of prepuce may give rise to indurated preputial tissue, balanitis, and phimosis, and be a true infecting syphilis.

That although gonorrhœa and syphilis are unquestionably two essentially distinct and different diseases, yet there can be no doubt that a urethral discharge *clinically* identical with gonorrhœa may be the forerunner of constitutional syphilis.

That such syphilitic infection, after an apparent gonorrhœa, may occur in three ways I have not much doubt.

1. Urethral chancre. (If by this be meant an ulcer low down and concealed, it is difficult to be accounted for physiologically, considering that the urethra is a potential cavity, closed, and the act an excretive one, during coitus.) Relatively more rare than imagined. Inoculation proves nothing of course positively, because though the infecting chancre is not auto-inoculable, it may be followed by a soft sore; and if the soft, so-called non-infecting chancre, be present in the urethra, it is inoculable.

2. By a diffused mucous inflammation of the urethral tissues, (like that affecting the preputial tissue,) from which a copious discharge may ensue—muco-purulent or purulent. If the observations and teaching of Virchow be truthful, that there are marked differences between the reactions of mucous and parenchymatous tissue in pathological conditions, we have a theory capable of explaining some of the contrarieties of syphilitic disease. A rapid cell-growth, deviating more and more from the normal cell, in direct ratio to the activity of its generation and the duration of the morbid influence, with transudation of fluid, may as well embrace the pathological process of syphilitic inflammation within the urethra, as a localized induration and exuviation of epithelium, with or without molecular disintegration, can external to it. The different physiological states, too, of the part, as regards its function, and the irritation of the urine passing over an inflamed surface, may account for the copious excretions from the urethral mucous membrane, as well as the fact that a syphilitic virus affects an abrasion or excoriation generally on the penis; while in the urethra it can only act through the mucous membrane, or be lodged in a lacuna, and hence the longer period of incubation of cases of urethral chancre, as well as the more diffused inflammation.

3. By a true gonorrhœal virus, obtained from a prostitute constitutionally affected with syphilis, who gives both diseases by virtue of the same vaginal excretion.

That the infecting sore is a local expression of an infected blood, as well as the effect of a virus upon the part, and that no abortive treatment will *guarantee* against the occurrence of constitutional symptoms. My scepticism upon the use of caustics for this end dates nearly three years ago, and now amounts to positive conviction, from my experience of the results of canterizing sores in the earliest stages, as well as the destruction of the spot into which vaccine matter has been introduced not certainly preventing the constitutional infection.

That secondaries have not followed sores canterized at an early stage is no proof whatever that the constitution could ever have been affected at all if the local disease had been left alone.

That after the occurrence of an infecting sore the period of incubation is most variable, as seen in the army, where primaries are variously treated. No constitutional symptoms may appear for many years after; or the syphilitic disease may

\* Vide Dr. Pining's Observations upon the Artificial Production of Purulent Conjunctivitis from Non-specific Pus; as well as Simon's remarks thereon in his Essay upon Inflammation in Holmes' System of Surgery, vol. i.

even remain latent in the father, and yet be inherited by the offspring, in very rare cases.

That in civil life patients are lost sight of, and their medical history cannot be traced. Were it otherwise, constitutional affections consecutive to sores, which surgeons and experts have assured their patients were *not* infecting, would be found to follow. I know positively that constitutional syphilis has followed a trifling sore after years of good health, without any new infection, and that children have inherited syphilis from a parent, in whom the primary affection existed three or four years before, without any mark of syphilitic disease being present.

That a whole family (wife and three children of different ages) have been constitutionally affected with syphilis in different stages and degrees, the father being free; and not *all* of these could have had chancres in the ordinary way, but some must have been infected by the mother.

That it is untrue that the evolution of syphilis is in all cases regular where treatment has been applied (one virus, chancre, secondaries, tertiaries). A few men have had infecting chancres and affections of the periosteum at the same time; others have had primaries and tertiaries long afterwards, without the intermediate stage.

That the evolution of syphilis as seen in the army is often after this fashion: infecting chancre as a recruit (no reliable history of the kind of treatment); a period of apparently good health; the occurrence of some disease,—fever, pulmonary, or a fresh inoculation of any kind of venereal,—followed by protracted convalescence, chloro-anæmia, and then symptoms of syphilitic disease. Hence the efficient cause was the primary disease; the disturbing, say the treatment; and the exciting cause, the last occurring disease, its treatment, or confinement to hospital air, &c.

That the syphilitic disease occasionally runs its course in a manner so mild as to give rise to little, if any, impairment of the health, and only a few, though specific, affections of the skin, &c.

That there are no means beforehand for telling accurately which will be a severe and which will be a mild case of constitutional syphilis from the character of the primaries.

That there is a tendency for all cases to improve, and get well *in time*, irrespective of treatment, although there are marked differences of degree in this respect.

That the influences exerted by climate, change of residence, and mode of life, regimen, &c., have not yet been sufficiently examined. My friend Mr. Nesbitt, Surgeon to the Wolverhampton Infirmary, has suggested inquiries into this subject by his observations upon the infrequency of syphilitic affections amongst the convicts at Gibraltar—a class of persons in whom primary syphilis must have been common enough.

That cases of constitutional syphilis appear to stand a Mediterranean climate very badly, and that syphilis as a disease is with difficulty treated there, is, I fancy, the impression of most military surgeons who have been stationed there.

That I have seen some cases at least of active phthisis apparently checked during the evolution of syphilitic disease, and hence it is probable that the hospital air and confinement have something to do with the appearance of tuberculous disease in strumous persons attacked with syphilis, as well as the chloro-anæmia induced by that disease, rather than any direct influence which the syphilitic virus (*per se*) exerts in exciting tuberculosis.

That mercury in some form or other is *the* remedy for all secondaries, and for many tertiaries, with iodides of potassium, &c.; but that I disbelieve that mercury exhibited for primary disease prevents constitutional infection, or does anything more than cause the primary lesion to heal more rapidly, and *protracts* the date of the occurrence of constitutional symptoms.

That in giving mercury, it is better to use the mercurial vapour-bath than anything else, because the patient can then live well and take iron, and is less likely to suffer from dyspeptic attacks.

That a slow course of mercury seems to act far better than a rapid one.

That attention to hygiene—warm clothing, good plain diet, regular hours, exercise in the open air—in almost all cases of syphilis is highly beneficial, if not essential.

That the sloughing process may affect any variety of sore—more frequently the soft suppurating honeycombed than the indurated; and if the latter, the sloughing is frequently limited to the surrounding induration. That mercury is most injurious, and the exhibition and application of potassio-tartrate of iron almost specific, in such cases.

That protracted convalescence from various diseases is a frequent product of the syphilitic taint.

That internal syphilis, of the muscular, glandular, osseous, and cerebral organs, is more frequent than generally supposed. Cases tabulated as ulcer, epilepsy, paralysis, icterus, rheumatism, &c., are not unfrequently products of constitutional syphilis.

That in this country we have no effectual means of controlling the spread of venereal affections. My experience and observation are conclusive to my own mind, that only supervision and inspection of the women are adequate to grapple with the spread of these diseases.

That in Gibraltar and Malta measures applied to this end have answered admirably, the disease having been either eradicated from the garrisons or reduced to a minimum; to appear and rise again to a maximum by a discontinuance of such inspections.

That, by recent army medical statistics, venereal disease appears upon the increase. In 1859, of every 1000 men serving in the United Kingdom, 422 passed through hospital for some form of venereal disease; and taking the fact that the average duration in each case was twenty-three days, the loss of services from this cause alone, for the whole year, was nearly equal to three entire regiments out of a force estimated at 90,000.

Portsmouth, March, 1862.

## A Mirror

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

Nulla est alia pro certe 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.

#### KING'S COLLEGE HOSPITAL.

#### IMMINENT SUFFOCATION FROM CROUP; TRACHEOTOMY; RECOVERY.

(Under the care of Dr. JOHNSON and Mr. FERGUSON.)

RECOVERY in croup after the operation of tracheotomy may be said with justice to be exceptional, for if we take the experience of the London hospitals as our guide, the great majority of the cases prove fatal. The following case, from notes taken by Mr. Pringley, clinical clerk, is a fortunate instance of recovery, for the little patient was admitted in the last stage of suffocation from croup, and tracheotomy was at once performed, effecting instantaneous relief, with an immediate improvement in all the symptoms. By the end of the fifth week the patient was discharged quite well, with complete spontaneous closure of the external wound. Chloroform was given in this instance, apparently without inconvenience; it is, however, a dangerous proceeding, and is better dispensed with in the dyspnoea arising from any affection of the air-passages. We have seen instances wherein the fatal result was attributed to the operation, when in reality it was due to the chloroform.

Joseph H—, aged five years, was admitted Dec. 4th, 1861, about two o'clock P.M., in almost the last stage of suffocation from croup, having been ill two days previously. His breathing was short and spasmodic, lips and alæ of nose blue, and he appeared a great deal exhausted. Dr. Johnson saw him at once, and also Mr. Fergusson, both of whom agreed that tracheotomy was necessary, and which was at once performed by Mr. Fergusson, chloroform being previously administered. The chloroform did not appear to affect the symptoms. There was considerable hæmorrhage from the thyroid veins, and blood rushed into the trachea, but was at once coughed out. Some difficulty was experienced in introducing the tube, but as soon as this was effected the relief to the symptoms was instantaneous; the breathing became slower and more tranquil, and the face assumed its natural expression. He was conveyed to bed, and surrounded with an awning of blankets, and the steam of water diffused. He slept very much during the night, breathing tranquilly; and he took a good deal of nourishment. Pulse 160.