

surface as black almost as my hat, in which mercury was employed with marked success. Some of them we shall at a future period review.

Now, it is a point of great importance in practice to distinguish these sores, which, for their proper treatment, require mercury, from venereal sores, attacked by common gangrene, or mortification, in which mercury acts as poison. It is fortunate that the task of diagnosis is easy. The simple fact of the existence of induration in the one, and its absence in the other, not to say any thing of numerous other differences, would, of itself, distinguish them. You all know this. I am sure the youngest among you could not now mistake the one for the other. Yet I know that this might be done. There are persons incapable of conceiving that any two dark-coloured sores could be of dissimilar natures,—colour making on such minds a stronger impression than any other character. I am not speaking hypothetically.

That I might the better contrast, in my work on the Venereal Disease, the distinguishing characters of those very different sores, I printed in separate and opposed columns, the diagnostic symptoms of each. The characters given in that work to the form of disease we are now considering, and over which mercury exercises so beneficial an influence, are, 1st, attended by little or no inflammation; 2d, attended by great induration; 3d, attended by little tumefaction, or oedema; 4th, sloughs, principally by the surface; 5th, slough of a brownish-black colour; 6th, slow in its progress; 7th, not attended by great pain. And the characters given in the same work to the common gangrenous sore, in which mercury acts as a poison are, 1st, attended by great inflammation; 2d, attended by little induration; 3d, attended by great tumefaction, or oedema; 4th, sloughs as much at the margin or edge as on the surface; 5th, sloughs of a deep-black colour; 6th, rapid in its progress; 7th, often attended by great pain. Yet, with this tabular view before him, a writer in the *London Medico-Chirurgical Review*, commonly called "Johnson's Review," among other blunders made by him in gutting my work on Syphilis, or rather, in his attempts to do so, has represented that it is my practice to give mercury in venereal sores attended by common mortification. The words of his elegant composition are,—“This is so totally foreign to our experience, that we merely record Mr. Wallace's opinions, and pass on. We will merely add, that we would not, for a good round sum, treat this sore, attended with black slough, *in other words, mortification*, by mercury. We do not quarrel with Mr. Wallace's practice, but we would not follow it on any condition.” It is evident that the person who so writes could have never seen this

sore, or else he was unable to conceive that it differed from a common gangrenous sore; and, what is equally calculated to excite our ridicule, he must have been ignorant of the remarks of other practical writers respecting this form of venereal disease, otherwise its treatment with mercury would not have appeared to him so original.

Let me take this opportunity, for I think it my duty to do so, to warn you against the destructive system of forming your opinions on medical subjects from the crude and dishonest compilations often contained in the productions called “reviews.” The authors of these anonymous publications are seldom competent persons. They too often are juveniles, or hirelings who have no other mode of support, and are compelled by the Editor to pander to the taste of the party among whom he hopes to sell his publication; or else they are bound to obey the bookseller by whom they are employed. When persons competent by their talents and acquirements for the difficult task of critical analysis, do condescend to the drudgery, they are unfortunately, it is to be feared, not unfrequently influenced by motives which form an insurmountable barrier to their giving an impartial view of their author. The rapid circulation of knowledge which the weekly press now affords, has given a blow to such publications as will no doubt lead either to their annihilation or their reformation. There is one of them, I understand, already labouring under symptoms of marasmus. I need not name it,—I hold it in my hand; and its life is not likely to be saved, unless it be able to obtain a radical cure from the nutriment it purloins from the weekly press, and which now constitutes a large portion of its food, its supplies from other quarters being nearly cut off. Like all parasites, it is, nevertheless, ungrateful, for its efforts are incessant to destroy, not only the trunk upon which it feeds so luxuriously, but the succours which supply that trunk with nutriment. Its attempts are, however, as vain and ridiculous as those of the dog barking at the moon.

## CALOMEL IN SCALDED GLOTTIS.

*To the Editor of THE LANCET.*

SIR:—If the following case, showing the efficacy of the treatment introduced by Dr. Wallace of Dublin, in scalded glottis, be worthy of a place in your valuable Journal, you will oblige me by its insertion. I am, Sir, your obedient servant,

GEORGE FAYRER, Surgeon.

Barking, Essex, Jan. 30, 1837.

CASE.—A child, ætat. seven, was found by his mother, who had been absent a short

time, crying violently, and complaining of his throat, saying that a bone was sticking there, and afterwards, that his brother had struck him, fear of punishment preventing him from telling the real cause. I was sent for late in the evening of the 17th of December, and found the child very ill; pulse upwards of 130, difficulty of breathing, the uvula and adjacent parts much inflamed and tumefied; I could see a very little way down the throat, owing to the great secretion and gurgling of mucus. Not being able to satisfy myself as to the correct nature of the complaint, I ordered leeches to the throat, and a mixture, containing tartrate of antimony. On visiting him on the following morning, the mother met me at the door, saying, that the brother had just told her (and, indeed, it was then evident from the vesications on the lips and chin) that the boy had drunk, or had attempted to drink, from the spout of a tea-kettle which contained water boiling, or nearly at the boiling point. He had passed a restless night; pulse 140, respiration loud and laboured, skin hot, secretion of mucus from the throat very abundant. I ordered two grains of calomel to be given every hour, and two minims of the tincture of opium with every other powder, leaving directions, that if the breathing became worse, or suffocation was likely to happen, to send for me immediately, when I would have recourse to bronchotomy.

One P.M. Much the same.

Eight P.M. Had slept frequently during the day; respiration still loud; pulse a little slower. Continue the remedies.

19. Had slept in the night; respiration not so laboured; secretion of mucus less; pulse 130; countenance pale; eyes sunken. The calomel had been regularly administered.

Seven P.M. Much the same; restless during the day. Continue the remedies.

20. Passed a tolerable night; the mouth a little affected with the calomel; pulse 120; respiration much better; countenance improved. Omit the tincture of opium. The calomel to be taken every third hour.

21. Much improved; slept well; respiration nearly natural; pulse 120. Omit the calomel.

R *Comp. tinct. bark*, a drachm and a half;  
*Tinct. of hyosciamus*, one drachm;  
*Camphor mixture*, one ounce;  
*Water*, two ounces. Two small spoonfuls to be taken every third hour.

22. Recovering fast.

26. The child has quite recovered, to the astonishment of his friends as well as myself. On the morning of the 18th I considered the case to be hopeless, and but for the steady administration of the calomel, I believe that he must have died.

NEW METHOD TO OBLVIATE  
 WOUNDING OF THE PERITONEUM,  
 IN THE OPERATION FOR  
 STRANGULATED HERNIA.

To the Editor of THE LANCET.

SIR:—I beg leave to forward to you the following observations on a new method of operating for the relief of strangulated hernia, for insertion in your valuable Journal. I am, Sir, your most obedient servant,

MALCOLM W. HILLES,  
 Lecturer on Anatomy and Physiology in the  
 Westminster School of Medicine.

2, Upper Charles-street, Westminster,  
 31st Jan., 1837.

The numerous instances in which the operation for the relief of strangulated hernia has proved fatal, call loudly for an improvement in this branch of surgical practice. Indeed, I believe that this may be considered the most unsuccessful of modern operations, as, perhaps, not more than one out of three or four cases is followed by a favourable result. It is not necessary that I should enter into the consideration of the different causes which lead to so unfavourable a termination. All, or, at least, most of these are amply treated of in the systematic works on the subject; one, alone, shall occupy my attention, namely, the wounding of the peritoneum, or hernial sac.

Although many may question the fact of wounds of this serous membrane being so serious as is generally conceived, none, I should think, will hesitate to acknowledge that its division is the most formidable part of the operation for the relief of strangulated hernia, as, independent of this, there is no structure engaged in its performance, when properly executed, the wounding of which can tend to induce a fatal termination, except by causing a certain degree of constitutional shock, which will occur in every case where the knife is employed; nay, I would go even further than this, and at once assert that it is the division of the peritoneum which most frequently produces the fatal result. To prove this I shall not enter upon the discussion of various effects of wounds of this membrane, in some of which violent inflammation has resulted, whilst in others no bad symptom has ever made its appearance. I will simply content myself with contrasting the result of two cases of strangulated hernia, precisely similar in the acuteness of their symptoms and other circumstances, but in one of which the operation has been performed, whilst in the other the hernia has been reduced by the taxis. In the first instance, the most formidable, if not fatal, symptoms in general supervene; whilst in the second, from the moment of the reduction of the tumour the symptoms gradually