

ST. VINCENT'S HOSPITAL, DUBLIN.

MORBUS COXÆ SUCCESSFULLY TREATED WITH MERCURY.*

The following case of disease of the hip-joint, arrested in its early stage, by the exhibition of mercury, upon the plan first introduced and successfully put in practice by Dr. O'Beirne of this city, possesses some features of novelty, and presents some points of difference from those which have been already published.

In the first place, it goes far to prove that mercury, carried to the extent of salivation, with rest in the horizontal posture, is quite adequate to effect the cure of morbus coxæ in its first stage, without local bleeding in any form, or counter-irritation in any shape. The patient, previous to the present attack, had laboured under hip-joint disease upon the opposite side, which had gone through its several stages, and had ended in permanent shortening and deformity of the limb. But few cases of cure, are, I believe, upon record.

O'BRYEN BELLINGHAM, M.D., one of the Surgeons of the Hospital.

James Tight, aged 10, a scrofulous-looking boy, with red hair and blue eyes, admitted into St. Vincent's Hospital, March 19, 1840. His mother states, that six years ago he laboured under hip-disease upon the left side, which ended in a shortening of the limb to the extent of three inches; the leg and thigh are, in addition, wasted; and the knee is permanently semiflexed. Within the last six weeks, he has suffered from weakness of the right limb; a fortnight ago his crutch slipped from under him, and he fell upon the ground. Since then he has complained much of pain in the right hip, which is more severe at night than in the day, and he cannot bear his weight upon the limb. On one day only he says he suffered from pain in the knee. He complains of pain when the articular cartilages are pressed against each other, or when pressure

* This case was accompanied by the following note:—

To the Editor of THE LANCET.

SIR:—The present communication exhibits an instance (which I believe to be very rare) of morbus coxæ, attacking, in succession, both joints of the same person. It places the new in strong and favourable contrast with the old mode of treating the disease, and it defends me against an unfounded charge. I trust, therefore, that you will give it insertion in your valuable Journal. I have the honour to be, Sir, your obedient humble servant,

JAMES O'BEIRNE, M.D.,
Surgeon Extraordinary to the Queen, &c.

is made upon the great trochanter, or in the groin. He has lost flesh and appetite, the buttock is flattened, but no comparison can be made with the opposite side, on account of the condition of the limb. His mother says, that for the last fortnight he has moaned constantly during the night, and that the symptoms are similar to those with which the disease set in upon the opposite side.

He was directed to remain in bed, and take a pill containing calomel, gr. ij., and opium half a grain, night and morning.

March 20. Slept better last night than he had for the last fortnight.

21. Bowels moved once by the medicine; had no pain last night.

23. He told me that he got up yesterday, and was able to walk with the assistance of his crutch. He suffers no pain now when pressure is made in the groin, or when the head of the femur is pressed pretty firmly against the acetabulum.

25. His mouth is sore; says he can walk as well as ever; has no pain at all at night, and rests well. His mouth to be gargled with a solution of alum, and let him take but one pill in the day.

26. Mouth better. To take a pill twice a-day.

28. Bears strong pressure of the head of femur against the acetabulum; also strong pressure over the trochanter major, and in the groin, without complaining.

April 2. Says he is quite well; mouth sorer. Discontinue the pills.

6. Says he can walk now without his crutch; suffers no pain of any kind; mouth nearly well; appetite good. To remain still in bed.

9. No pain felt on any motion of the joint; a small gland in the groin has enlarged and become painful, within the last day or two. Let two leeches be applied to the right groin.

11. The surface, for about a hand-breadth around the leech-bites, has an erysipelatous blush, and is painful to the touch. Let him take a teaspoonful of the following mixture every hour:—

Tartarised antimony, grs. ij;
Distilled water, ℥iv.

14. The erysipelas has altogether disappeared. Discontinue the solution of tartarised antimony.

18. He has remained in bed since; is quite well, and is able to go about without his crutch.

Dismissed, with the recommendation not to exercise the limb much for at least another fortnight.

One of the early numbers of the "Dublin Medical Press" for the present year, contains a case of morbus coxæ, successfully treated by mercury, upon Dr. O'Beirne's plan, which I communicated to the Surgical Society of Ireland. In the debate which

followed the reading of that paper, an attempt was made not to disprove or to deny the value, the safety, or the utility of the practice, but to detract from the merits of the discoverer, and to deprive Dr. O'Beirne of some of his well-earned laurels, by insinuating that mercury had been exhibited in similar cases by former practitioners. The attempt, however, failed; but if any doubts should still linger in the minds of the profession, as to whom the credit of the discovery really belongs, the following quotation from Dr. Graves's writings is calculated to dispel them. * * In his clinical lectures, delivered at the Meath Hospital, he says:—

“An extensive experience, and deep reflection, first led Dr. O'Beirne to think that the acute stage of scrofulous inflammation of the hip and knee-joint might be made amenable to active and energetic treatment; in other words, that inflammatory affections of the joints which terminate in some of the worst and most fatal forms of disease, namely, *morbus coxae* and *white swelling*, might be checked, *in limine*, and before the stage of hopeless ulceration was established. He therefore proceeded, boldly, and at once, to try whether the disease might not be arrested in the commencement, by rapid mercurialisation. Observe, this idea was *completely new*; it had never occurred to any other person, and was diametrically opposed to the theories of the day. The prevailing opinion on this subject was, that mercury was inadmissible, and could only produce mischief in persons of the scrofulous diathesis. Every one said, *do not give mercury* in such a case, *it exacerbates scrofula*, it even *brings on scrofula*, in many instances where there had been no appearance of it previously; you can do no good with it, and may do infinite mischief. Dr. O'Beirne, however, knew the difference between the *proper* and the *improper* exhibition of mercury—between mercurialising the patient at once, and fully, and then stopping; and the pernicious custom of giving long and irregular courses of mercury. He tried the remedy and succeeded, and the surgeons of Europe have justly appreciated the value and importance of *his discovery*.”

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING AT SOUTH-AMPTON.—JULY, 1840.

THE following report is a faithful abstract from the very copious account of the proceedings, published on the spot by the “Hampshire Independent,” of July 25th. The report occupies six closely-printed columns in the newspaper; but from our abstract there is not omitted a single remark or circumstance that is essential to a correct understanding of the whole contents. The local press has always done ample justice

to the proceedings of the Provincial Association in the way of *reporting*.

The eighth anniversary meeting of the Provincial Medical and Surgical Association was held at Southampton last week, at the Audit House. About one hundred members assembled. The proceedings were commenced by an address from

Dr. JEFFREYS, of Liverpool, who said that the position which the Association had assumed in eight years, placed it high in the scale of importance. It is not my province, he observed, to occupy much of your time by details of the last year, still there are some points which I feel bound to notice. The successful impression the Association has made from one extremity of the kingdom to the other, has led me to believe that the reception we shall have by our southern brethren will keep pace with the temperature of their atmosphere; and I venture to hope, that before long we shall also visit the eastern district over which our usefulness extends. Sir Benjamin Brodie told us in his address, at the anniversary meeting of the Medical and Chirurgical Society, held February 5th, 1840 (LANCET, March 7, 1840), that—“Whatever brings a number of men of our profession into friendly intercourse, will excite emulation, exercise intellect, and add to their knowledge; maintain the zeal of the zealous, impart emulation to those previously without it, remove that disgustful feeling so liable to be engendered by professional men, not personally acquainted, give us a better knowledge of ourselves, and teach us humility with respect to our own attainments, and a respect for the opinions of others.” These sentiments cannot be too often repeated. Immediately after our separation in Liverpool, the petitions to Parliament upon vaccination were signed by myself, Dr. Baron as chairman, and Dr. W. Conolly as secretary, of that section; and from the manner in which the subject has been taken up, and the invaluable experiments of Mr. Ceely, I think we may claim a conspicuous share in forwarding Jenner's discovery. The report read at Liverpool by Dr. Baron, and afterwards published in a pamphlet, is now translating into German. In August last the petition on the long-looked-for subject of medical reform was sent up to Parliament, and presented in the Lords by the Marquis of Lansdowne, and in the Commons by Lord John Russell. On no topic, perhaps, is there a greater discrepancy of opinion amongst the members of the Association than upon this all-absorbing subject. Each extreme is supported with an earnestness not for me to dilate on. It is, however, only by deliberating calmly on the question that we are likely to arrive at just and profitable conclusions. There are very few practitioners who will not admit that some