

on auscultation a loud churning sound was heard, ending in a short, sharp, clicking sound; this churning sound was presystolic; the second sharp sound was the first sound altered. The second sound was not heard at the apex; at the base both sounds were heard, the second reduplicated. The right side of the heart was dilated and hypertrophied. The pulse was irregular, at times intermittent. He complained much of palpitation. An impulse was seen at times in the third interspace, antecedent to the apex-beat, and coincident with the presystolic sound. Before admission he had had slight hæmoptysis. The diagnosis was pure mitral stenosis, without regurgitation and without alteration of the left ventricle, hypertrophy of the left auricle, chronic congestion of the lungs, causing the hæmoptysis and the breathlessness, and marked hypertrophy of the right ventricle. He left the hospital improved, and returned last year in a worse state, with signs of tricuspid regurgitation and œdema of the lower extremities. There was now no expectoration of blood, but cough and breathlessness were constant. He died during the recent fog, which doubtless hastened his death. At the autopsy the mitral orifice was found greatly narrowed, with one or two little warty beads on its edges, but the valves were competent. The left auricle and the right ventricle were enormously hypertrophied, and the tricuspid orifice widely dilated. The right auricle was large. The lung-tissue was hard and had undergone brown induration. The liver was large, hard, and "nutmeg." The spleen and the kidneys were enlarged. The condition of the mitral orifice was probably congenital. The small warty bodies were probably deposited in one of the attacks of rheumatism he had suffered from.

Dr. DOUGLAS POWELL asked if the mother of the boy had had acute rheumatism. In many similar cases he had seen, no history of rheumatism in the patient could be obtained. They presented the signs of early chest disease—the sternum prominent and the sides of the thorax compressed, the result of early attacks of bronchitis from the impeded flow of blood through the lungs.

The PRESIDENT said there was great difficulty in discovering the presence of rheumatism in children; as often the signs were no more than slight tenderness of the hands or ankles. He related two cases in illustration.

Dr. POWELL said he had been unable to get any history of rheumatism in the cases he had referred to. He was aware of the facts to which the President had called attention. At the post-mortem examination the valve was thin, and presented little evidence of the ordinary change from rheumatism. In rheumatic cases the valves are thickened and stretched tightly across the orifice, with a mere slit in the centre.

The PRESIDENT thought the occurrence of a funnel-shaped or of a button-shaped mitral opening depended upon the condition of the chordæ tendinæ, whether they were shortened or not.

Mr. BUTLIN exhibited a specimen of Recurrent Sarcoma of the Thigh. The patient, a woman, had her thigh amputated in the middle third by Mr. Savory, at St. Bartholomew's, for malignant disease. The tumour involved the lower end of the thigh, and presented the appearance of fungus hæmatodes; but on examination it was made up of spindle-shaped sarcomatous cells. The patient left the hospital two months after apparently cured, but was readmitted three months after with a thickening of the stump connected with the bone. The limb was removed at the hip. A cancerous mass was found at the outer side, and not connected with the bone. It presented the same microscopical characters as the primary tumour. He drew attention to these two points—first, the original seat of the disease, which was probably periosteal, not osseous; and, secondly, the fact that the enlargement of the glands of the groin present before the operation had subsided since.

Mr. ARNOTT said that all the specimens resembling fungus hæmatodes which he had examined during the last few years had proved to be sarcomatous, and most of the spindle-celled variety. With regard to the enlargement of the inguinal glands and their subsidence after operation, Mr. Arnott pointed out the importance of knowing that this enlargement was only due to irritation from the growth in sarcomatous tumours, but in more malignant tumours the enlargement was due to direct implication of the glands.

Mr. MORRANT BAKER showed a specimen of Abscess of the Tibia. A man began to complain of pain and enlarge-

ment of the upper part of the leg fifteen years ago; then abscesses formed and sinuses. Six months before admission an abscess formed in the ham, and the pus was let out. The tibia was enlarged at its upper part, and the leg thickened, and a number of sinuses were opened in the upper part. The leg was amputated at the knee. The joint was healthy. The upper part of the tibia was the seat of a large abscess, and the holes were seen by which it had burrowed into the surrounding parts. The specimen was interesting from the long duration of the disease and for not having involved the knee-joint.

Dr. COUPLAND showed Muscles Affected with Trichinæ. A man, aged thirty-three, died in Middlesex Hospital with chronic phthisis and recent acute bronchitis. The muscles were extremely wasted, and he suffered from extreme orthopnoea. At the post-mortem all the voluntary muscles contained calcified trichinæ, also the diaphragm and intercostal muscles, and one muscle of the internal ear, the tensor tympani. The heart was not affected. He calculated that about seventy-five millions of trichinæ were present in the muscles. In one cyst there were found two trichinæ. It was probable that the patient caught the disease nine years ago, when in New York, where he suffered from a severe attack of what was called "enteric fever."

Dr. COBBOLD said he had only once before seen a case where the trichinæ were more numerous than in the muscles shown. With regard to the mode of the migration of these parasites, it seemed to him that at one stage of their life they were hæmatozoa. The symptoms of trichiniasis are not the same in every subject.

Mr. THOMAS SMITH asked if the cysts were calcified, and if experiments had been made to reproduce them.

Dr. COUPLAND said the cysts were calcified, and experiments had been made on animals, but as yet no bad effects had been seen.

Dr. GREENHOW said it was a very rare case. He had been struck with the extreme emaciation of the muscles of the chest and the deficient expansion of the thorax; he thought the patient died as those do who suffer from muscular atrophy. The bronchial disease was slight, but he had little power of expectorating.

Dr. COUPLAND showed a specimen of Suppurating Lymphatic Gland which opened into the Trachea. A delicate, precocious boy, aged four, was admitted into the Middlesex Hospital in August last suffering from dyspnoea and cough. He had spasmodic attacks of dyspnoea at night; he went out after six weeks, and was readmitted in November. The attack of dyspnoea continued, and tracheotomy was performed. This gave no relief, and the child died. The cervical and mediastinal glands were found enlarged, and the trachea was almost surrounded by them. The largest of these formed a mass the size of a walnut, adherent on the one side to the apex of the left lung, and pressing against the trachea on the inner side. At the lower part it had ulcerated through the trachea just above the left bronchus. Through this opening a cheesy plug passed into the trachea. On the inner side of the upper lobe of the left lung there was a cavity, apparently from the pressure of the enlarged gland.

Mr. LENNOX BROWNE asked if there was any narrowing of the trachea. He believed any constriction, however slight, will cause dyspnoea; usually the constriction is low down, and so tracheotomy is of little use.

## HUNTERIAN SOCIETY.

THURSDAY, JANUARY 8TH, 1874.

MR. T. BRYANT, PRESIDENT, IN THE CHAIR.

THE following discussion took place at the conclusion of the reading of Mr. Hutchinson's paper on "When and How Mercury should be used in Syphilis," which will be found on another page.

Mr. DE BERDT HOVELL thought that mercury was the true remedy for syphilis. It was a mistake to produce ptyalism. The dose should be proportioned to the state of the patient. He had treated an old gentleman, aged seventy, for a Hunterian chancre by five grains of blue-pill every night. At the end of six weeks the chancre was healed. The mercury was continued for a few weeks longer. No symptoms whatever followed.

Mr. KISCH asked how long the mercury should be continued.

Dr. DRYSDALE said that he had not used mercury in any case of syphilis for some years. He mentioned the case of a man and his wife who were both affected with primary and secondary syphilis, and whom he had treated with iodide of potassium. They got quite well, and remained so now, after the lapse of more than a year. He referred to the use of mercury in the treatment of infantile syphilis, and stated that it was quite well known that cases of this kind usually ended fatally, whether it was given or withheld. He had, however, seen cases do very well without it. He expressed his fears that Mr. Hutchinson's advocacy would do something to restore the reputation of mercury, and increase its use, but said that he trusted it was too late in the day for him to accomplish this to any large extent. He alluded to Dr. Fournier's statistics of the treatment of syphilis in Paris by mercury. He thought it necessary to continue its administration for as long a period as two years. He also referred to the statistics published in detail by Professor Boeck, of Christiania, which afforded, he thought, strong testimony against the use of mercury.

Dr. ZIEMSEN (of Aix-la-Chapelle) expressed a strong belief in the efficacy of mercury in the treatment of syphilis. No one in Aix-la-Chapelle trusted to the sulphur baths alone. Mercury was invariably given. It was necessary to avoid giving too large doses. Very bad cases, which had been treated by large doses of mercury, were sent from Russia and Sweden; nevertheless they always improved with careful mercurial treatment. He mentioned the case of a lady who had aborted six times. She had loss of voice and ulceration of the larynx; she was in the fifth month of pregnancy. Under treatment she gave birth to a healthy child, and both went on quite well afterwards, and remain well at the present time. He also mentioned another somewhat similar case. He thought that the iodide of potassium was not of the least use in the early stages of syphilis. A gentleman who had extensive ulceration of the nose and other parts, and was in a truly horrible condition, and had taken eighteen pounds of iodide of potassium in a series of successive doses without any intermission, was quickly cured by a cautious mercurial treatment.

Mr. DE MÉRIC passed a high eulogy on the author's paper, and said that it was one of the boldest he had heard of late. It dealt with the subject in an uncompromising manner, and staunchly supported an excellent and practically useful view of the subject. Those who believe in the power and safety of mercury in syphilis might congratulate themselves on being so ably supported. Mr. Hutchinson, with his kindly disposition and well-known good taste, had stated that he gave his opponents credit for the best intentions; but he (Mr. de Méric) could not help saying that he thought those gentlemen did infinite harm. By their constant outcry against mercury they had terrified the community, so much so that, when mercury was proposed, patients, in some instances, expressed much apprehension, and sometimes positively refused to make use of the drug. This was much to be regretted. It had become the fashion to trade upon these fears, and, in advertising various wares, say a powder for cleaning plate, stress was laid upon the powder not containing mercury. The title of the paper was, "How and When to give Mercury in Syphilis." Mr. de Méric would suggest that it might have been worded thus:—"When, How, and How Long;" for some surgeons held that we should wait for administering it until the secondary symptoms had appeared. He (Mr. de Méric) thought that the primary indurated sore should at once be attacked with the drug, simply as it is the earliest sign that syphilis has invaded the system. Carried away by his deep convictions, Mr. Hutchinson had expressed the belief that mercury is an antidote to syphilis. This was going perhaps a little too far, as the direct action was not sufficiently explained. We were as yet too much in the dark as to the nature of the virus to speak of an actual antidote. That mercury was extremely useful in all stages of syphilis was not for a moment doubted by those who for many years had used it. Mr. de Méric had found, like Mr. Hutchinson, that, even where the disease became patent by ulcerations, the latter were wonderfully controlled by appropriate doses of mercury, where iodide of potassium had failed. The case related by the author of the paper, where he was called in consultation for a patient at Dalston in a

deplorable condition from tertiary ulcerations, was an excellent illustration of the fact. Even in phagedena, where the health was not too much broken down, mercury may be useful. But, of course, in all cases it must be handled with prudence, keeping in view, as Mr. Hutchinson had said, the undesirableness of salivation. The paper just read was a theme upon which those who had long practised this specialty might dilate largely, were not the time allowed for remarks justly limited. The conclusions placed at the end of the paper might usefully be discussed *seriatim*, as several of them gave occasion to a little controversy; but he (Mr. de Méric) could not conclude without giving due praise to the soundness of the opinions expressed in the paper, and the honest and fearless manner in which the author had stated his views.

Mr. BERKELEY HILL said that he was a firm believer in the efficacy of mercury in syphilis, but that he could not say that he had hitherto regarded it as an antidote. The disease was often arrested, it might be altogether, but was perhaps not cured. In reference to the question as to how long mercury should be continued, he quite agreed with Fournier that two years was not at all too long a period, at any rate in many cases. He thought that difficult tertiary cases showed as a rule that the primary and secondary stages had been neglected. He objected to Prof. Boeck's statements as any evidence against the employment of mercury. The administration of the drug was imperfectly carried out, and under very bad hygienic conditions.

Mr. LUCAS said he thought that mercury attacked only the effects of the syphilitic virus, and therefore ought not to be considered as an antidote in the strict sense of the term.

Mr. HUTCHINSON, in reply, said that he claimed the character of an antidote for mercury because he held that it did really prevent the evolution of syphilis. If this were proved there could be no hesitation about the appropriateness of the term. In reference to the precise length of time during which it was advisable to prolong the antidotal course, experience was as yet very defective. His own plan had usually been to continue it for one or two months after the complete disappearance of every symptom. He thought it very probable, however, that future experience might show that the risk of relapses was much diminished by yet more prolonged administration. As regards dose, he held that it must be small enough to avoid any risk of ptyalism. Thus it would vary much with the individual. He usually gave from one to three grains of the grey powder three times a day. In allusion to the cases quoted by Dr. Drysdale he said that they proved nothing more than that the primary and secondary stages of syphilis would pass away spontaneously—a fact which everyone admitted. The real question at issue was—Is the patient's system better rid of the virus when this stage is shortened by means of mercury, or when it is left to nature? For himself, he held it was far better to abridge it. He thanked Mr. de Méric, Mr. Berkeley Hill, and Dr. Ziemssen, for the support which they had given to the main argument of his paper.

#### SUCCESSFUL USE OF ELECTRICITY IN CHILBLAINS.

—Dr. Santopadre has been very successful in his treatment of chilblains by electricity. He was led to the employment of this powerful means by the excellent results which Dr. Alberto Riva had obtained in transitory algid paralysis of vaso-motor nerves. He makes use of Griffe's electro-magnetic apparatus, and employs a current of medium intensity. The positive pole is placed in the neighbourhood and a little above the diseased spot, whilst the negative pole is moved over or applied to the inflamed part itself. The "sitting" lasts only ten or fifteen minutes, and may be renewed, if necessary, the following day. Four cases were related by Dr. Santopadre in the *Gaz. Med. Italiana Prov. Venete*. 1. Chilblains on great toe of both feet; intense pain and burning; failure of numerous medicaments; patient able to walk after first application of electricity; completely recovered after third sitting. 2. Young girl subject every year to chilblains; failure of previous means; pain, &c., in great-toe; completely cured after fourth sitting. 3. Chilblain on middle finger of right hand; application during six minutes (the exciting cylinder being put in the patient's right hand, whilst the end of the "olivary" excitor was applied to the diseased spot); complete recovery. 4. Chilblain on a toe; recovery after six minutes.