

The question of surface remained, to know if an extensive ulceration exposes more to a general infection than an ulceration of small size. Well, here again observation has shown that a more or less extent of primitive ulceration has no influence upon the production of consecutive accidents. A very small chancre exposes just as much to a general infection as a very extensive one ; and, *vice versa*, a large ulceration exposes neither more nor less than a small one. In fine, the question of the seat of the ulceration remained, of the place of election for experimental inoculations. It had been said by Boerhaave, among others, that venereal accidents contracted in other ways than by the genital organs, presented a very great gravity ; but clinical observation proved to me, and it has shown me since, that this opinion was erroneous. I well know that upon this point a great noise has been made of diseases contracted by physicians, by midwives, in consequence of examinations, of wounds, &c. There are very good reasons, but I do not wish to point them out here, why these accidents should give rise to a great commotion. What I can say without injuring any rules of propriety, is, that the men of art to whom these accidents happen, have no motive to conceal them, while common people attacked by syphilis have always strong motives to keep quiet.

I rested, then, convinced that the seat of the ulceration could have no unfavorable influence upon the production of consecutive accidents, but even that it could diminish or annihilate certain grave consequences, such as the production of buboes. Thus observation had already proved that the primary chancres of the thigh were almost never followed by enlarged glands, and in fact in my numerous experiments, I have never seen enlarged glands follow from the punctures of inoculation upon the thigh.

Thus, my dear friend, by history, by clinical observation of all times, by experimenters who had preceded me, by the testimony of my own conscience strictly interrogated, I arrived at this encouraging conclusion. In experimenting upon the patient himself I did not communicate another disease. I did not increase the gravity of the accident by which he was already attacked. I did not expose him more to the chances of a consecutive infection.

These first and capital conditions being ascertained, it was necessary to search out those which offered to science and art all the guarantees to be desired. An explanation upon this point will be the subject of my second letter.

Yours, &c. RICORD.

## CHRONIC ARTHRITICUS.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is a species of chronic rheumatism, not consequent upon an acute and well-marked fibrous attack ; of long duration and extremely harassing from its frequent recurrence and the pain and distortion it entails. Not unfrequently wandering neuric pains (*rheumatismus spurius nervosus*) are mistaken for arthriticus and myositis. In the chro-

nic form referred to, the disorder commences perhaps by painful sensations in the limbs, often first perceived on becoming warm in bed. For some time these vague pains are not severe enough to produce much uneasiness of long continuance. Gradually, perhaps not until the next cold season, the discomfort returns in sufficient severity to require alleviative treatment. The pain is augmented by pressure, though friction sometimes palliates it. External warmth rather aggravates than relieves. An inconsiderable degree of pyrexia is present, indicating the relationship with the acute form of rheumatism, though the fever is often so slightly marked as to escape observation, or is attributed to other causes. Rest, low diet and an aperient or ptisane are sufficient for recovery, and the individual is relieved from the disorder for a time.

The attack in this form is charged, perhaps, to a cold or other light derangement. Subsequently the disorder re-appears in a sharper seizure, and after the lapse of a considerable period, often years, expends itself upon the smaller joints, usually the articulations of the fingers. A dull and tensive pain, not easily relieved, commences about the metacarpophalangeal arthroses. The jointache never becomes as poignant as in acute rheumatism, but Dr. Warren's prescription of "six weeks" fails to remove it. There is slight superficial redness without fever, and though the pain is remitting there is no complete abatement for many days. Then the *dolor mordax* intermits, and slight desquamation ensues. One hand is first seized, and after a varying interval the other participates in the disorder.

Ultimately distortion ensues; the phalanges are inflected laterally, and towards the ulnar side of the hand; so much so that the point of the index finger is directed towards the last metacarpal bone when closed. The fingers are not all affected at once, but successively and by gradual extension and intensity. The obliquity can be removed without pain, but is immediately resumed when the resistance is withdrawn. There is no power to restore the rectitude of the digits by their own muscles. The *doigts du pied* do not escape, though the distortion is not so obvious from their less length and the not infrequent cramped condition of the toes when undisturbed by disease. But the pain and difficulty of motion show plainly that they are implicated. Probably there is little tendency to arthritic pericarditis in the malady, and it may be said "*affert minus periculi quam doloris.*" The principal topical lesions are distortion and ganglionic nodes, apparently not deep seated and periosteal, but in the fibrous structures.

It is a rational hypothesis that there is some esoteric dynamic poison, exercising an elective affinity and seeking out and alighting upon its own congenial locality, which in its final position is made apparent by the articular derangement. The conclusion depends upon a rational adoption of humorism. The blood affording a vehicle for the transmission of the virus, it is attracted to the place of deposit in a manner analogous to the deposition of the nutritious particles destined for the construction or the instauration of the constituent cells of the various tissues. The morbid material of gout has its accustomed rendezvous, and the palsy produced by lead elects the extensor muscles of the fore-

arm. The invasion of symmetrical portions of the body favors this view. The virus, after saturating the affinity found in its first lodgement, passes to the corresponding member and counter part position and expends its excess.

The treatment, which is mostly palliative, consists in iatroleptic applications, stimulant, emollient or anodyne. E. SANFORD.

*July 10th, 1852.*

### EXPULSION OF TAPE-WORM BY PUMPKIN SEEDS.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING recently had an opportunity to administer the remedy for tape-worm recommended in the Journal for October, 8, 1851, I take the liberty to send you a brief account of its operation.

The patient, an adult, had taken several weeks since, by direction of a physician, some extract of male fern followed by castor oil, which expelled about four feet of worm, together with a number of fragments. The remedy was repeated, but no further benefit was obtained.

There being sufficient evidence, however, that the difficulty was not overcome, I determined, as the case fell under my charge, to try the pumpkin seed orgeat, which was prepared and administered as follows: Six ounces of common pumpkin seeds were thoroughly bruised in a mortar, without removing the outer shells, and a sufficient quantity of water was added to afford by straining and expression one pint of liquid. At 6 o'clock, A.M., the patient took one half of the liquid, or orgeat, and in two hours after half an ounce of castor oil. A slight movement of the bowels followed, with a few fragments of the worm. At 10 o'clock, half an ounce more of oil was given, the abdomen was rubbed with sulph. ether and cold water was directed to be used freely. No food to be taken until after the operation. At 12 o'clock the bowels were evacuated, and an entire worm discharged, eight feet and seven inches in length.

Although the patient is quite feeble from the effects of pulmonary and hepatic disease, no inconvenience has resulted from the remedy.

*Rochester, N. Y., July 13, 1852.*

W. W. ELY.

### A CASE OF INFANTILE ERYSIPELAS.

BY J. KELLY, M.D., ESPERANCE, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

A SON of R. K., of Rotterdam, Schenectady Co., 4 months old, had from birth some degree of inflammation at the navel; or, as we might call it, a sore, probably made worse by irritating applications.

May 12.—Dr. S. was called. He found the child's skin and cellular membrane of the abdomen much inflamed; the inflammation extending from the umbilicus to the side, rather descending; the appear-