

Mr. Barwell excised the protruding mass, pared the edges of the surrounding skin, and brought them together with silver-wire sutures. Union is taking place, partly by adhesion, partly by suppuration; and a cure is anticipated. From the history of the case and the nature of the tumour, the evidence would seem to point to myositis in the first instance as the result of the blow.

METROPOLITAN FREE HOSPITAL.

INJECTIONS OF LIQUOR HYDRARGYRI PERNITRATIS IN THE TREATMENT OF GONORRHOEA.

THE following report has been furnished us by Dr. John Warner, resident medical officer:—

The effects of the above remedy, employed by Mr. G. Borlase Childs in the treatment of gonorrhœa, have been watched with much interest. In laying his experience of this remedy before the profession, Mr. Childs observes: "Gonorrhœa is a disease so common in large cities, and so well understood by medical men generally, that any further observations on the subject may be regarded as not only unnecessary, but altogether unacceptable and tedious. There is no disease, perhaps, which affords so wide a field for fancy treatment, and there are few practitioners who are not wedded to some peculiar treatment of their own. Whilst some rigidly pursue the antiphlogistic treatment, others discard it altogether, and strive to arrest the disease by the immediate exhibition of those remedies which are generally regarded as exercising a specific control over it. In both cases the unfortunate patient is dosed *usque ad nauseam*. The functions of the stomach become impaired, the general health suffers, and, though the acute character of the symptoms is subdued, the patient is frequently left with a troublesome gleet, aggravated and prolonged by the continued use of copaiba and cubebs. Such cases are of common occurrence, and the result of my experience leads me to the opinion that chronic discharges from the urethra are oftener the result of injudicious treatment than of the disease itself. With some practitioners there appears to be a deep-rooted prejudice against any other than a constitutional treatment, and the pertinacity with which they adhere to it is something marvellous. Local treatment is the exception and not the rule; and whilst in most other local diseases local remedies are employed, in the early stages of this they are rarely entertained. Surely the facility for applying local remedies to the urethra is not less than to any other inlet or outlet of the body. The specific inflammation, as described by Hunter, does not extend beyond four inches from the meatus, and therefore can be easily reached. It cannot be from any obstacle of this kind that local remedies are so frequently neglected; we must look for some other cause, and I think it will be found in the groundless fear entertained that injections either induce orchitis or lead the way to stricture. Now this I am prepared to deny, and my experience leads me to the conclusion that a judicious and well-timed employment of injections cannot fail to lessen the risk of such complications. Orchitis in the earlier stages of gonorrhœa is rarely met with—not until a week or ten days have elapsed, and when the inflammation has crept surreptitiously along the passage—when, in fact, it has passed beyond its specific boundary. The same reasoning applies to stricture, with this exception, that the former is the result of acute, the latter of chronic, inflammation. Inflammatory stricture I have never seen induced by injections. Such being granted, it is not unreasonable to infer that the sooner the specific inflammation is subdued the better, and that by so doing the chances of such occurrences are lessened."

For many years, both in hospital and private practice, Mr. Childs has acted on this principle, and his experience at the Metropolitan Free Hospital has afforded him ample opportunity of estimating the relative value of the two treatments. With some few exceptions, he has trusted *entirely* to injections, and has rarely known them to fail. Chloride of zinc, perchloride of iron, and the liquor hydrargyri pernitratiss have been employed with the best results. Of this latter Mr. Childs remarks he can speak with the most unqualified praise. For the last six months he has employed it with the happiest results. In some instances six injections have been sufficient to effect a cure, whilst in other cases the treatment has rarely exceeded ten days. In no case has copaiba or cubebs been administered; and, with the exception of a saline aperient at first, reliance has been placed solely on the liquor hydrargyri

pernitratiss. It would be easy to support this by corroborative testimony in the shape of cases from notes made at the time, but the character of sameness about them would destroy their interest. Suffice it to say that notes have been made, and the results are so satisfactory that Mr. Childs has been induced to draw the attention of the profession to this valuable agent in the treatment of ordinary cases of gonorrhœa. It may be well to state that the strength of the injection employed is half a minim of the solution of pernitrate of mercury to an ounce of water; to be used three times a day.

Provincial Hospital Reports.

MANCHESTER ROYAL INFIRMARY.

CANCER OF THE LOWER LIP, AT THE CENTRAL PART OF ITS INNER SURFACE; EXCISION.

(Under the care of Mr. WM. SMITH.)

THE greater frequency with which cancer occurs in the lower than in the upper lip is supposed to be due, as Professor Pirrie observes, to the former "being much more exposed to irritation on account of its situation and mobility." Though the presence of a rugged tooth, or the use of an unglazed clay pipe, often gives rise to cancer of the lip, yet the disease may originate spontaneously. Sometimes the affection presents itself in the centre of the lip, and is very liable, if not early removed, to enlarge and spread laterally. The usual situation of the origin of the disease, however, is on either side of the lip.

We had the opportunity recently of seeing, in the Manchester Royal Infirmary, a case of what appeared to be scirrhus cancer affecting the centre of the inner surface of the lower lip, in a man over sixty years of age. Nothing was to be observed externally beyond a little prominence of the part mentioned. It was removed by Mr. Smith on the 13th ult., without chloroform, by means of the ordinary V-shaped incision, the edges of the wound being brought together afterwards by hare-lip pins, and collodion brushed over the anterior part of the wound when closed—a proceeding we have seen Mr. Fergusson adopt in operations upon children for hare-lip. As the general health of Mr. Smith's patient seemed to be otherwise good, we have no doubt that union has occurred by adhesion.

On the same occasion Mr. Smith removed the left arm, at the seat of a compound fracture at its upper third, of a lad who had shortly before been brought into the infirmary. The amputation was circular, and after the arm was detached, Mr. Smith sawed off the sharp end of the fractured bone.

From the number of accidents constantly occurring in a great manufacturing town like Manchester, the surgical wards of the infirmary are almost always filled with examples of fracture and other injuries. On the morning of Sept. 13th, as we were informed by the house-surgeon, five cases of injury had been brought in before eleven o'clock.

MANCHESTER HOSPITAL FOR SICK CHILDREN.

ACCIDENTAL ICHTHYOSIS; NECROSIS OF THE ILIUM AND SACRUM; TUMOUR OF THE LEG OF AN INFANT; AND OTHER CASES.

(Under the care of Dr. BORCHARDT.)

ONE of the most useful institutions in Manchester is the Children's Hospital and Dispensary, in Bridge-street. It contains 25 beds, constantly filled with the more urgent cases of disease. During the year 1860, 236 children were in-patients, selected from the worst of 4636 out-patients. Amongst the former, besides the usual diseases incident to children, there were 28 cases of affections of the joints, 16 of cutaneous maladies, and 16 of accidents and injuries.

Through the kindness of Mr. William Lomas, the house-surgeon, we had the opportunity recently of observing various cases of interest in the wards, and amongst these was an example of idiopathic or accidental ichthyosis in a boy aged thirteen, who was then convalescent. The eruption, usually

so intractable to treatment, had for the present disappeared under the use of good diet, cod-liver oil, and steel wine. The boy was otherwise of a strumous constitution, and besides the fish-skin disease, he had been the subject of small cutaneous abscesses in different parts of the body, most of which had healed. A considerable swelling of the left knee-joint was present, partly from enlargement of the articular ends of the bones, and partly from effusion at the side of the joint, possibly purulent. Yet the joint itself was intact, for motion was good, and there was freedom from pain and other inconvenience.

A little girl, aged eight years, admitted March 21st, was the subject of necrosis of the posterior part of the left ilium, subsequently extending to the sacrum. Several small fragments of the latter had been removed, and there was a tendency towards healing. The disease of the bone was strumous.

Some weeks back the thigh of an infant was amputated for a medullary tumour, of the size of an orange, in the calf of the leg. It appeared to spring from the back part of the tibia, and had involved that bone.

We were also shown a remarkable case of ossification of the muscles, to which we shall probably have occasion to refer at some future time.

SUMMARY OF CASES TREATED AT THE CHINESE HOSPITAL AT TIEN TSIN,

ESTABLISHED AND SUPPORTED BY THE ARMY OF OCCUPATION, AND UNDER THE CHARGE OF J. LAMPREY, M.B., SURGEON 67TH REGIMENT.

THIS hospital was opened in the month of January last, and has been up to the present time in operation for six months.

Surgical.—Eye diseases: Entropion, 240; cataract, 46; glaucoma, 8; pterygium and opacity of the cornea, innumerable. Excision of elbow-joint, 1; partial excision, 1. Amputations: above the elbow, 1; above the knee, 1; thumb, 1; big toe, 1; first toe and metatarsal bone, 1. Removal of diseased bone from tibia, 4; from femur, 1; from humerus, 4; from upper maxilla, 2; portion of carpal and metacarpal bone, 1; portion of frontal bone, 1. Tumours: fatty, 6; steatomatous, 4; fibrocartilaginous, from the hand, 1; from the face, 1: some of these were remarkable for their size. Lithotomy, 1; rupture of urethra in perineo, radical cure for hydrocele, 3; imperforate prepuce, 4; fistula in ano, 25; hare-lip, 1; onychia, phlegmon, anthrax, &c., and all the minor operations of surgery innumerable.

Medical.—Paralysis of all forms; pneumonia, bronchitis, hæmoptysis, and whooping-cough; abscess and congestion of liver, and icterus; anasarca and ascites; diarrhoea and dysentery; constipation; fevers, remittent, and scarlatina; rheumatism, scrofula, cancer; skin diseases innumerable (of these scabies and a form of lupus were very prevalent).

The patients now come from all parts of the north of China, and place themselves under treatment with every confidence. It is the first institution of the kind established in the north of China, and has, during the short time it has been in operation, been the means of doing an incalculable amount of good amongst the native inhabitants of Tien Tsin and vicinity.

The weather during the present month (July) has been excessively hot, though not oppressive. The thermometer in the shade has been as follows since the 15th:—

	Maximum.	Minimum.
15th	93	76
16th	105	75
17th	95	73·5
18th	104	77
19th	105	80
20th	108	82
21st	107	83
22nd	108	82
23rd	105	81·5
24th	96	81·5
25th	94	74

Several cases of sun-stroke occurred amongst the troops and native population: also some cases of sporadic cholera. The Chinese appeared to be quite familiar with both these diseases, and attributed them to the excessively hot weather, which, however, is not always experienced at this time of the year. Douching with cold water has been found most efficacious in the treatment of sun-stroke; and the other day an incident occurred which is worthy of notice. A Chinaman of one of the merchant class was seen to stagger and fall while walking

in the street. An English soldier, who happened to see him at the time, stopped a coolie who was passing by with his buckets full of water, and immediately douched the Chinaman, and thus saved his life. It was the talk amongst the Chinese all through the town, and will be remembered as one of the historical incidents of the occupation of the place by the barbarians.

Rebels and Notices of Books.

The Human Foot and the Human Hand. By G. H. HUMPHRY, M.D., F.R.S., Lecturer on Anatomy and Physiology in the University of Cambridge. pp. 215. Cambridge: Macmillan and Co.

ORIGINALLY in the form of popular lectures, these pages have been elaborated by the author into a goodly volume, amply illustrated by excellent woodcuts. Dr. Humphry has aimed at imparting some information on two of their most important members to the public, who are, as a rule, so wofully ignorant of the structure and mechanism of their own bodies. The points of similarity and distinction between the two limbs are plainly and tersely put; and the author is careful to show how admirably the mechanism of each is exactly fitted to the work which it has to perform. Comparative anatomy is made to contribute illustrations of the modifications which both hand and foot undergo in the animal series; and the author seems to have taken the opportunity of reassuring some nervous members of his audience (perhaps rendered uncomfortable by a perusal of "Darwin") by pointing out the unmistakable differences between man and the monkey as respects their upper and lower extremities.

Interspersed amongst the more strictly anatomical details are many remarks of both interest and value to the public. Thus Dr. Humphry launches an arrow against "the small bone of the shoulder," &c., which are so commonly spoken of by quacks and their dupes; gives a word of advice as to the form of shoe, and the cause of in-growing toe-nail; and investigates such interesting questions as why the wedding-ring is put on the *third* finger of the *left* hand; and why we turn a cork-screw from left to right.

We cordially recommend the book to the public and the profession; the former cannot but be benefited by it; and the members of the latter, even though accomplished anatomists, will be both interested and amused by the novel way in which many of its points are brought forward.

On the Sounds caused by the Circulation of the Blood. Being a Thesis read in the University of Dublin for the Degree of M.D. at the Winter Commencement, 1860. By ARTHUR LEARED, B.A., M.D., &c.

WE have always bestowed the palm upon the "nature of inflammation," as being the question *par excellence* by which medical writers might be most effectually set at loggerheads. But the "cause of the sounds of the heart" certainly merits the next place; and we suspect, if the latter question had been as old as the former one, the "nature of inflammation" would have had a very hard struggle to maintain its quarrelsome place. Here is Dr. Leared with another protest *quoad* the heart, and in support of which we must admit that he argues very ingeniously, if not upon all points very satisfactorily. His main propositions are as follows:—

"All sounds formed in connexion with the circulation are produced by and in the blood itself, and their mechanism is virtually the same."—p. 31.

"The first sound coincides with the ventricular systole, and is caused as follows: Blood having been forcibly driven from the ventricles into the aorta and pulmonary artery, comes into forcible contact with blood in these vessels, which, supported by the semilunar valves, had attained a state of momentary repose. The impact between this fluid in motion and that in a state of rest gives rise to the sound."—p. 9.

"The second sound occurs during diastole, and in its mecha-