

the subject in detail in a way in which it is not my intention to do at present; but I refer you to that article as being well worthy of perusal.

Wherever you can, in the treatment of syphilis, make the patient take mercury in the form of unction if possible. It is the best plan to pursue in all cases, although it is not necessary in all cases; but where the symptoms are severe, and a long course is required, it is the safest mode of proceeding.

I will avail myself of this opportunity of stating the class of cases in which you may employ mercurial inunction with the greatest advantage. Children, when born, sometimes labour under syphilis, the father or mother having been affected with it—perhaps the father and not the mother. The child at birth looks thin, and is of small size, and instead of thriving it becomes still thinner. At the end of three weeks it is covered by a nasty scaly eruption; there is a sort of aphthæ in the mouth, and chaps about the lips and anus. I have tried different ways of treating such cases. I have given the child gray powder internally, and given mercury to the wet-nurse. But mercury exhibited to a child by the mouth generally gripes and purges, seldom doing any good; and given to the wet-nurse it does not answer very well, and certainly is a very cruel practice. The mode in which I have treated such cases for some years past has been this,—I have spread mercurial ointment, made in the proportion of a drachm to an ounce, over a flannel roller, and bound it round the child once a day. The child kicks about, and the cuticle being thin the mercury is absorbed. It does not either gripe or purge, nor does it make the gums sore, but it cures the disease. I have adopted this practice in a great many cases with the most signal success. Very few children recover in whom mercury is given internally, but I have not seen a case where this method of treatment has failed.

Mercurial inunction may be used in certain cases in which, were mercury taken internally, it would do absolute harm. For example, a gentleman had a nasty phagedenic sore upon the penis; it could not be said that he was in ill health before, and therefore there was some reason to believe that the disease was spreading from the intensity of the venereal poison. He had taken calomel and opium until the gums were sore, and he was decidedly worse under it. The disease destroyed a great part of the glans, and evinced no disposition whatever to stop. It resisted all modes of treatment until he was put on a course of mercurial inunction; its progress was then arrested directly, and the sore healed with great rapidity. I have seen several instances of the same character.

Another mode of administering mercury is by fumigation, and this may be applied either locally to a part, or generally to the whole body. The patient is to sit in an apparatus like that used for sulphur-baths, but instead of sulphur being thrown on a hot iron, black oxide of mercury is to be used. The patient may be affected very speedily by allowing him to hold his head inside the bath for two or three minutes, so that he may imbibe the mercurial vapour. I have employed this with success in several cases where it was my object to affect the system as quickly as possible, but I have found that Mr.

Pearson's objection to it is well founded, namely, that it is difficult to regulate the action of the mercury. You may affect the system too much or too little, and you may be taken by surprise by the patient's gums becoming all at once excessively sore. With reference to the effect of mercury on the system generally, I believe it is always better that the gums should be made a little sore, and that there should be some degree of salivation. You cannot depend upon it when employed in syphilis unless these effects are produced.

But, as I have already said, there may be cases in which mercury may not be proper at all, and in which there are reasons for doing without it if you can. In some individuals in private practice, as well as among soldiers, the affection will be thrown off by the patient's own constitution. In a great many instances slight symptoms will disappear merely by the improvement of the general health. A gentleman had a well-marked venereal eruption. He was in London, and was about to take mercury. He was called to go into the country, and I ordered him to let the mercury alone for the present. He had not been in the country air long before all the symptoms left him. Cases like these are recorded in Mr. Abernethy's book, and they led him to say that they were not cases of syphilis. After a patient has passed through a mercurial course it is not sufficient to tell him that his disease is at an end. It is very important that he should be kept in good health. If, after the disease appears to be eradicated, the health is broken down, the disease may return at a considerable distance of time. After a mercurial course it is well to put the patient through a course of sarsaparilla, to remove the debilitating effects of the mercury itself from the constitution. I will mention a case to show how much depends on the state of the general health. A gentleman had secondary symptoms, and I put him through a course of mercurial inunction for ten weeks. He was confined to the house and most carefully attended to, and took mercury for some weeks after the eruption had disappeared. He seemed to be quite well, and went abroad and continued so; but at the end of a year, being in Lisbon, he went out, got his clothes wet, and took cold. This was followed by a severe attack of erysipelas, and a Portuguese doctor very indiscreetly bled him to a large extent, and an enormous abscess formed. His health became completely broken down, and he had now a return of the venereal disease, the symptoms being worse than they were before. When his health had improved a surgeon in Lisbon put him under another course of mercury, and cured him.

In cases where the symptoms are aggravated by the use of mercury they may be removed by sarsaparilla; in other instances they will subside under the use of iodide of potassium. It is now very much the custom to administer the latter in cases of syphilis. No doubt it is an excellent remedy in some cases, and it comes in to your aid extremely well where you have reasons for not giving mercury; but if you ask me whether you can rely upon iodide of potassium as well as upon mercury, I say, No. You may remove slight symptoms by giving it for a time, and severe symptoms by

exhibiting larger doses; but in the latter case, so far as I have seen, it does not make a permanent cure, for the symptoms return again. As a prophylactic it is not to be compared with mercury.

I have spoken of the necessity of administering mercury, not only till the symptoms are relieved, but for a considerable time afterwards. You may inquire whether a long course of mercury will not injure the constitution more than a short one. Undoubtedly it will, but that is the very reason why you should give a long course at first. I will explain myself. If you exhibit a short course the disease is sure to return; you administer a second course, and the disease returns again, and thus you have repeated courses. Not only is the system weakened by the disease, but whenever it returns it assumes a more formidable character. But if you put the patient through a long course in the first instance, the frequent recurrence to the use of mercury will be unnecessary. A patient who takes mercury for a month will probably never require it again; but if he takes it only for a fortnight he has secondary symptoms, and then he will require to take it for four weeks, so that that which is a short course at first becomes a long one in the end.

## LECTURE XXVII.

### LOCAL NERVOUS AFFECTIONS.

A MIDDLE-AGED lady, who had been exposed during a considerable period of time to the operation of causes of great mental anxiety, complained of a constant and severe pain, which she referred to a spot, about three or four inches in diameter, in the situation of the false ribs of the left side. Besides this she was subject to fits, apparently connected with hysteria, and was otherwise in a very impaired state of health. Under these circumstances she died; and on examining the body after death, particular attention was paid to the side to which the pain had been referred. No morbid appearances could be detected in it; there was neither inflammation, nor thickening, nor adhesion, nor any morbid change of structure, nor the slightest deviation of any kind from the natural condition of the part.

Now such a case as this is by no means uncommon. It is only one of many which might be adduced in proof of this proposition, namely, that the natural sensations of a part may be increased, diminished, or otherwise perverted, although no disease exists in it which our senses are able to detect either before or after death.

There are other cases which may be regarded as corresponding to those to which I have just alluded, except that the nerves of motion are affected instead of those of sensation. Here there is an involuntary contraction or spasm of a particular set of muscles, or certain muscles lose their power of action altogether, and become paralytic;

and yet, if an opportunity occurs of examining the parts after death, the most minute dissection can demonstrate nothing in them different from what there would have been if the spasm or paralysis never had existed.

Nor are these facts difficult of explanation. Every part, to which a nervous filament can be traced, may be said to have its corresponding point in the brain or spinal marrow, and an impression made either at its origin, or anywhere in the course of the trunk of a nerve, will produce effects which are rendered manifest where the nerve terminates, at that extremity of it which is most distant from the brain.

These local nervous affections are of very frequent occurrence. In one shape or another you will meet with them at every turn of your future practice, and a knowledge of them is of the greatest importance, both to the physician and surgeon. Without it, you will be continually mistaking the real seat of a disease: your attention will be directed to a wrong object, and, following the symptoms, you will be in danger of overlooking the cause on which they depend. The investigation, however, is not unattended with difficulty, and it will often require all your professional sagacity and skill to trace the phenomena, which occur in these cases, to their true origin.

If you accidentally strike the inside of your elbow against a projecting body, the corner of a table for example, you feel a peculiar tingling sensation, not where the blow is inflicted, but where the ulnar nerve, which has been struck, terminates on the inside of the hand, and especially in the little finger. In like manner, an accidental pressure made for a few minutes on the popliteal or sciatic nerve, will cause that peculiar tingling sensation in the foot which is commonly described by saying that the foot is asleep, and which continues for some time after the pressure has been taken away. Guided by the light of these facts, and of others analogous to them, the first question which you will ask yourselves when you are consulted in these cases, will be, whether there is any cause of irritation affecting the trunk of the nerve above, sufficient to account for the symptoms which are met with in the part to which its ultimate fibres are distributed?

A man was admitted into St. George's Hospital in the year 1808, complaining of a severe pain in the inside of his knee. The joint was carefully examined, but no marks of disease could be detected in it. In the thigh, however, there was an aneurism of the femoral artery, of the size of a small orange. This last disease had scarcely attracted the patient's notice. He said that he should be very well if it were not for the pain in the knee, and it was not until some trouble had been taken to explain to him the nature of his case, that he could be made to understand that the tumour was of any importance. Soon after the man's admission, Sir Everard Home (then Mr. Home) applied a ligature round the femoral artery, in the upper part of the thigh. On the instant of the artery being secured the tumour ceased to pulsate, and the pain in the knee ceased also. Some untoward circumstances occurred, and the patient died about four or five days