

other errors in the reproductive functions have occurred,—when also it is known that the husband had some time antecedently suffered from primary symptoms—when under these circumstances, such uterine derangement resists rational and well directed measures of treatment, and moreover becomes complicated with affections of the throat, skin, or periosteum, similar to those met with in persons suffering from constitutional syphilis—then it appears to me that we are bound to take the question into our most serious consideration; and if doubt or suspicion exists, to give the patient the benefit of such doubt or suspicion, by submitting her to that course of treatment which can alone eradicate the morbid taint under which she may be presumed to be labouring, and upon which her uterine ailments may be assumed to depend.

XII. THE RESULTS OF TREATMENT.

Under this head I am only anxious to direct attention to the extreme difficulty of eradicating uterine derangements consequent upon syphilitic infection, unless their true nature be properly recognised. I have recorded cases in which such derangements had continued for periods of six, nine, ten, and thirteen years; and I have met with others in which they had existed for very lengthened periods. I have moreover observed that they have a tendency to recur after intervals of apparent cure. The practical inferences which I would venture to deduce from these facts are the importance, on the one hand, of investigating the functional and physical condition of the uterine organs in every case of syphilis before deciding upon its ultimate cure; and, on the other, the necessity of persevering in the employment of constitutional remedies so long as any evidence of any uterine derangement exists. I venture to urge these considerations with the greater freedom, because I have reason to believe that but little attention is commonly paid to the functional and organic condition of the uterine organs in the treatment of syphilis, and because I have met with cases in which marked uterine derangement had continued after the disappearance of all other traces of syphilitic disease.

The sketch thus imperfectly attempted of the several uterine lesions which follow upon syphilitic infection, will be further elucidated by a reference to the tabular analysis of cases which accompanies this paper.* In that analysis I have arranged in a tabular form all the principal incidents connected with the syphilitic affection,—the condition of the uterine functions before and after infection respectively,—the physical appearances of the cervix uteri,—and the reaction of any uterine derangement upon the general health in each of the cases whose history I have taken. To it, therefore, I would refer for any further details connected with the subject of this inquiry which the limits of the paper have obliged me to omit: I would also add, for the correction of any errors which may have been committed in its compilation; for it is scarcely possible to avoid committing some errors in an inquiry like the present. For such errors, and it may be for many accidental omissions, I would plead in extenuation the inherent difficulty of the subject on the one hand, and the precariousness of the materials I had to work with on the other. There are few subjects in the whole range of medical inquiry so recondite or inexplicable as the operations of the syphilitic poison in the production of morbid actions, and there is none in regard to which it is so difficult to obtain accurate data. Impressed with this conviction, I began this inquiry rather as a pathological study than with any view to its ultimate publication; and I trust I may not be deemed unconscious of its many imperfections in finally submitting it to the notice of the profession.

Chester Place, Hyde Park Gardens.

* This analysis was presented to the Medical and Chirurgical Society with the present paper.

FURTHER REPORT OF A CASE OF INTESTINAL OBSTRUCTION AFTER STRANGULATED HERNIA.

By GEORGE MALLETT, Esq.

[The following addendum to Mr. Mallett's paper, published in the last number of the JOURNAL, arrived a few hours too late for insertion last week.]

Thus far had I written with a view to publication; but the further progress of the case proved that I was in error, and had prematurely come to the conclusion that it had terminated.

On the 6th November, I was again requested to visit the patient, and found that two days previously he had complained of pain in the wound, which had not quite cicatrised. Mr. Bancroft examined, and found that a small abscess had formed by the side of the hernia. In the evening the abscess burst, discharging purulent matter. On the following day, gas and feculent matter were expelled in very considerable quantities.

On the 6th November, he was weaker than when I saw him on the 29th October; but there was no symptom sufficiently severe to produce alarm as to the result. The bowels had been regularly moved every day, the appetite moderately good, and there had been no sensations indicating severe indisposition.

From the 6th November to the present time, the case has been diligently attended to and skilfully treated by Mr. Bancroft; and the patient is again quite convalescent. The bowels are moved every day *per vias naturales*; and the feculent discharge from the wound has almost entirely ceased. In all probability, the wound will in a few days be completely closed.

REMARKS. I now think it pretty certain that the continued obstruction of the bowels, so long after the operation, was caused by the inflammation of the knuckle of intestine, which had been strangulated, causing adhesion to the inferior surface of the omentum; and that subsequently the pressure and irritation produced by the retained hardened feces, had brought on ulceration of the bowels and abscess, which was lastly discharged through the wound.

Bolton-le-Moors, Nov. 17, 1854.

PERISCOPIC REVIEW.

TOXICOLOGY.

REPORT ON TOXICOLOGY.

By HENRY D. LITTLEJOHN, M.D., Fellow of the Royal College of Surgeons, Edinburgh.

ARSENIC.

PRESENCE OF ARSENIC IN MINERAL WATERS.

WHEN a superficial examination has shown that mineral waters contain innocuous combinations, such as marine salt, sulphate of soda, etc., we should not stop short in our investigation, and rest satisfied with these results, as a recent communication of Baron THENARD to the Academy of Sciences tends well to show. The celebrated dean of the chemists having passed last year at the waters of Mont Dore, felt convinced that the effects produced by their use could neither be explained by the iron or the carbonic acid (whether free or combined with soda) which they contained; and he determined to employ the time of his sojourn there in finding out the active principle of the waters. Already had Dr. Bertrand, Professor of Chemistry at Clermont, detected a certain quantity of arsenic in the ferruginous deposits left by the waters, which rendered it probable that a certain proportion existed in solution in the water furnished to the bathers. Not only does arsenic enter into the composition of these waters, but M. Thenard has shown in what condition and in what proportion it is to be met with. To demonstrate the presence of arsenic, we have but to reduce the water by evaporation to one-fortieth, and to treat the residue with Marsh's apparatus. It is found combined with soda, most probably as an arseniate; and M. Thenard estimates the amount of arseniate of soda as one-sixtieth of a grain to a quart of the water. We cannot