Evidence of fluid effusion in the pericardium presented itself on the following day, February 4th; the cardiac dulness extending completely across the sternum, and in an upward direction to the third cartilage, and at the same time the rubbing sound, though remaining distinct, became systolic only, and resembled more nearly a blowing through a "crumpling" chimney at the base. Pulse and respiration as before: the pulse very yielding and unsteady, and the action of the heart so tumultuous as to shake the whole left chest. At this time a troublesome vomiting set in, and prevented her taking wine and medicine, so that for the five succeeding days, an occasional dose of morphine, with the application of fomentations, was the only medical treatment employed.

On February 9th, she improved and began to take some solid food, though in small quantity, she also took more readily the wine which had been previously prescribed. The ammonia and buck mixture was resumed, and a morphine pill ordered each night.

Though her state did not occasion the least anxiety, she advanced very slowly. It was not till the thirty-eighth day of the pericarditis (March 11th) that she could lie on her bed even for a short time. A mild attack of pleurisy developed itself on the left side, on February 11th, and it was eighteen days before the effusion was removed from the chest.

She suffered considerable pain in the left side, both before and during the attack of pleurisy, and her posture was rendered irksome, between the soreness of the left side, and the breathlessness occasioned by any attempt to lie upon the right. A troublesome cough too, occasioned by great enlargement of the tonsils, distresscd her, and required removal of a portion of one tonsil for its relief.

The pericardial effusion began to lessen in four days after its first appearance, and was entirely removed in the course of two days: the action of the heart becoming more tranquil; but nine days afterwards, from some unexplained cause, it reappeared, even exceeding its former limits, and a week elapsed before it began again to recede.

The friction sound had not ceased to be heard when the patient left (April 4th), but on her visiting the hospital seven weeks afterwards, it could not be distinguished at all, though in a month subsequently some roughness of the first sound was noted at the base.

The sound had continued systolic, and hardly distinguishable from a bellows sound, excepting by its position (along the left edge of the sternum) and by the circumstance that at one time, a distinct diastolic sound was produced by firm pressure with the stethoscope, at a particular spot corresponding to the fourth cartilage. Adhesion of the pericardium if effected, as was probably the case, was very slow in accomplishment, and was probably never complete.

[To be continued.]

SPONTANEOUS DECOMPOSITION OF CHLORIDE OF LIME. About three years ago, Dr. Hoffman mentioned the case of a choice specimen of chloride of lime in his laboratory undergoing spontaneous decomposition, and bursting the bottle to pieces. Another instance of this decomposition occurred in Dr. Letheby's laboratory. The specimen of chloride was perfectly dry, and the bottle had not been opened since June last. In making an attempt to loosen the stopper it was projected with great violence. The residual gas was instantly secured by covering the bottle, which was not broken. It was colourless, there was no odour of chlorine, but when tested by a match with spark it was delighted several times—an experimental proof that the result of the decomposition was oxygen. (Chemical News.)
It is well that those who expect so much from the education and elevation of the soldier, should remember that the life of a soldier is altogether peculiar; e.g., he enters the army as a very young man, and is not an old one when he leaves it. During this period of life the passions are not by any means at their weakest. The life of a soldier is a non-natural one of celibacy. It would be incompatible with the nature of his occupation for the soldier to be married, even were it practicable to find sufficient barrack accommodation. Every one will perceive that such a state of things must entail a good deal of immorality.

The married soldiers, however much they may encumber a regiment upon the march, or in barracks, do not swell the list of occupants of military hospitals and prisons.

A soldier's life contrasts with that of a civilian at the very commencement. The "raw material" of our army is composed, in some part, of men unfitted for occupations requiring steady habits and perseverance—if not worse; and the discipline of the army exerts a great influence in the removal and repression of much of the crime which would otherwise be necessary. The plan of enlistment is but too often a scandal. The system of barrack life is such, that a man is contaminated by the evils around him; it almost necessarily entails a loss of modesty; and individuals obtain that kind of knowledge and sympathy from the conduct of others, to which we can find no parallel in civil life.

Abortive Treatment. Although the doctrines hitherto promulgated upon this head require some limitation, it is certainly true that the soft suppurating chancre can be destroyed by caustics.

As obviously we can have no means of diagnosing the exact nature of a sore at early dates, before the appearance of its induration, or the characteristic affection of the inguinal glands, we must not conclude (as is too commonly done) that we have, by an early destruction of the sore, prevented the occurrence of constitutional infection, because no further symptoms follow. We can, pretty certainly, arrest the progress of the soft suppurating form by caustics; and shall certainly do no harm, at least, if it prove to be of the indurating, infecting variety.

The agents which I am in the habit of using for this purpose are—the strong nitric acid, or the potassa cum calc (the latter is very convenient in the form of small sticks). If the latter is used, the pain may be very much alleviated indeed by immediately afterwards pouring a continuous stream of cold water upon the part from some spouted vessel.

Should the soft, suppurating sore not be destroyed within a few days of its appearance, the tissues surrounding it imitate and become infected with the virus; the specific ulceration will then tend to run its course, and it may be five or six weeks, or much longer, before the sore heals.

It may be well, therefore, to use various means to accelerate the healing of a suppurating sore, and such means are sometimes absolutely necessary. So long as the sore has the specific characters of ulcerating deeply, with clearly defined vertical edges, it is right to continue the use of some mild caustic, such as solution of nitrate of silver. When granulations spring up, and the base appears healthy, it matters little what applications be used, provided the part be kept scrupulously clean.

The ulcer may assume the characters and appearances of similar lesions elsewhere situated; e.g., it may be indolent, irritable, or inflamed, or, by granulating too redundantly, impede the cicatrisation. Such symptoms are to be met by the same measures as would ordinarily be used.

* The application of nitrate of silver for this purpose is useless, from its limited action and deficiency of penetration.
If the integument be thin and undermined, the action
indolent, and the skin of a dull red colour, opening the
abscess by means of a liberal application of potassa fusa
will be found to expedite considerably the subsequent
healing.

When the abscess has been laid open, it will be often
found that a large indolently inflamed gland appears
at the base of the wound. Between this gland and the
surfaces no union will generally ensue, and nothing is
more common than to be able to pass a probe around
the circumference of such gland. Matter is apt to lodge
in these intervals, inflammation and burrowing to ensue,
with the eruption of abscesses.

Nothing can be more troublesome to cure than these
hawees; and by far the shortest course is to destroy the
gland by cautery, or to put the patient under chloroform,
incise the gland, and detach it with the handle of the
knife or fingers, subsequently stuffing the wound with
lint.

As the last may appear a severe plan of treatment, it
may be well to try first the effect of repeated applications
of nitrate of silver or the red oxide of mercury, by
which the gland-tissue is gradually destroyed, and con-
traction of the walls of the abscess sometimes ensues.
Some may prefer arsenic, or any other similar agent,
if there be other causes. It is rarely that these heal by the injection of astringent and stimulating fluids. Of course, however,
the effect of these can be tried before proceeding to the
incisions.

The sinuses run perpendicularly downwards—i.e.,
at right angles to the surface of the body—it cannot be
laid open. An enlarged and inflamed gland will be
found occupying the base of the sinuses, and preventing
its healing. By applying caustic to this, and stuffing
the part with lint, it may be generally be made to heal
from below. So soon as there is a healthy granulating
foundation, the sinuses will begin to be filled up. If the
process become chronic, it is a good plan to pass a
narrow history to the bottom, and incise the walls of
the sinuses, applying pressure afterwards.

During the whole treatment, the patient should live
well, take as much air and exercise as he well can, and
steel with tonics are generally indicated.

Of the treatment of the infecting sore, I may at once
state that, do what we may, constitutional symptoms
will generally follow. I have treated cases with mercury
until not a trace of induration has remained in the elec-
tricity, and yet secondary symptoms have appeared. Look-
ing back upon the records obtained from numerous ob-
servations, I am led to conclude that mercury will remove
an induration more speedily than any other medicine;
that the interval between the appearance of the primary
and secondary phenomena is more protracted than when
mercury has not been used; that the secondary symp-
toms, when they appear, are not so marked or so severe,
but that the syphilitic cachexia and loss of health may
be as marked as if no mercurial treatment had been
pursued.

Some of the worst cases are those in which the
system becomes speedily affected with mercury, and a
rapid ulcerative action sets in about the induration of
the chancre. A rapid effect upon the system by mer-
cury seems almost invariably to act injurious-ly; whether
such result from the idiocy of the patient, or the
object of the surgeon.

In many cases, the constitutional symptoms will be
relatively slight, and the progress of the disease does not
pass the secondary stage, but, in spite of relapses, tends
to wear itself out; in others, the symptoms appear to in-
crease rather than diminish in intensity as the evolution
of the disease progresses. Delay makes the very prac-
tical division of the mild and severe, and modifies, to a
great extent, the treatment pursued, by the recogni-
tion of these two types.

In the employment of mercury for the treatment of
syphilis, I do not think that sufficient attention is given
to the following.

1. Hygiene. The patient should be warmly clad; live
upon a good but plain diet; take plenty of exercise in
the open air; use occasionally warm baths; and avoid
stimulants, unless specially indicated.

2. It is neither necessary nor desirable to depress
the nature or depress the appetite of syphilis. The disease in itself
tends directly to induce a chronic-anemic state; and it
too often happens that the sufferers from it are the
subjects of some debilitating conditions—congenital or
acquired. In all cases, it is essential to elevate the
general health of the system to a normal standard; and we should
seek no means so to modify our treatment as to meet
the exigencies of the case. As in other diseases, in indi-
vidual cases will almost always present a physiognomy
of their own. Not only is there no reason against, but
every reason for giving steel, quinine, vegetable bitters
and aloes, as circumstances require; at the same
time that we apply a specific remedy.

Believing, as I do, that there is no remedy equal to
mercury for the treatment of this disease, I cannot
avoid perceiving that in primary affections its adminis-
tration rarely, if ever, prevents the occurrence of con-
stitutional secondary complaints, for the secondary lesions,
will be found that relapses and slow recovery are the
rule, and a rapid return to health the exception.

In the treatment of the primary disease, I am guided
by two considerations—1. The history of a previous
attack of true syphilis; 2. The condition and induration
of the sores. If the sores be but slightly indurated; if
it do not prove indolent, but can be healed by local re-
medies, I do not think it right to anticipate symptoms
which after all may not occur, by a remedy of doubtful
efficacy, as a preventive to their appearance.

Almost all primary sores will heal without treatment
in time; but, when much induration exists, non-specific
remedies fail to affect this, and the constitutional symp-
toms appear, as regularly and certainly, as if no treatment
had been pursued.

For the secondary symptoms—with the exception of
the pustular, ruptile, and eczematous forms of syphi-
lide, or those accompanying cutaneous states of the sys-
tem—mercury, in some form or other, is the best
remedy.

The course I pursue is—to use the mercurial vapours,
baths, or mercurial injection; allowing the patient steel
and a good meat diet, if his strength appears impaired
by the treatment. I invariably attempt to affect this
system as slowly as possible, and to remit for a time the
use of the remedy as soon as that effect has been at-
tained.

It should be observed that mercurials should not only be
used so long as any symptoms are apparent, but that the
remedy should be continued and sustained for
long periods afterwards. With all deference to so great
an authority, I am not sure that the practice indicated
is a good one, even if patients could be found to submit

* Supposing the patient to have suffered from a constitutional
syphilis, the infecting sore will be much modified in its character.
It will rarely require mercury to heal. Unless therefore, there are
some other reasons present for its administration, it is unnecessary.
to it. I have myself tried his plan, and, I fear, to the disadvantage of the patient.

What I conceive to be preferable is, to follow up the natural course of the symptoms for which they have been given, and fairly disappeared, by a course of sulfur and other remedies. In three cases (after the use of mercury, where the health seemed impaired by the remedy, and although no fresh symptoms had appeared, the cutaneous affections could not be said to be quite cured), I have given podophyllin in small doses (1-4th gr.), with extract of belladonna, with great advantage. The complexion improved very marked under the use of this remedy.

Without having any statistical evidence whereon to ground my belief, I may say that symptoms referable to internal by primary and not very brilliant so during glandular diseases—are apt to appear when a mercurial treatment has been sustained for a long period.

What I particularly remarked also, in some cases, was a cestochic aspect, and a liability to chronic rheumatism, pains, without cutaneous manifestations of syphilis, unless mercurial plan of treatment had been too persistingly pursued. Among these rheumatoid affections, I would enumerate sciatica, and inflammations of the fibrous fascia covering tendons, bones, and cartilages.

An exhibition of mercury by the calomel vapour bath is excellent. It is not liable to affect the digestion, and it leaves room for the exhibition of any other remedies that may be required. It is, moreover, mild, slow, and equable in its action; so that it is safer than other plans, inasmuch as we have no means of telling beforehand what effect the remedy will have upon the system. Sometimes, from these very causes, it seemed to be of adequate. Every one must have remarked the seeming antagonism between the two states of system—that engendered by syphilis, and that by mercury. A patient will, perhaps, be easily affected by the mineral exhibited during one period, and very slowly so during the later stages of the disease. In cases of relapsing secondaries, the system is very tolerant of the drug, and but little amenable to its action. Hence, often, mercurial inunction will cure more speedily than the calomel vapour-bath. A very good plan is to rub some mercurial ointment into the thighs, and direct the patient to wear the same drawers for ten days or a fortnight, taking a tepid bath occasionally at night.

Should the patient's system be early affected by mercury, while the symptoms are not benefited, I give chloric potash in compound tincture of cinchona at the same time.

Of the internal preparations of mercury, I prefer the bichloride, in compound tincture of cinchona or in tincture of sesquichloride of iron; or the iodide of mercury in half-grain doses, with iodide of potassium or syrup of the iodide of iron.

Frequently, in strumous subjects, I find it useful to give the bichloride of mercury combined with cod-liver oil, which is easily done by first dissolving the bichloride in ether, before adding it to the oil. In some of the more intractable forms of syphilitic squama, a combination of iodine and arsenicals, solution of bichloride of mercury, and tincture of sesquichloride of iron, will be found very useful.

In syphilitic diseases of the skin generally, Mr. Star- tin's advice to avoid the use of soap in ablation is well worth bearing in mind. The soap appears to irritate and inflame the parts occupied by an exanthem, and to protract the cure of the disease.

For the symptoms denounced tertiary, it is well always to try the effect of iodides of potassium, iron, etc.; for it is in this stage of the disorder that these remedies appear so useful. Should they, however, prove inefficacious, recourse may be had to mercurial treatment, by means of the calomel vapour-bath.

In some of the syphilitic diseases of the interior of the cranium, giving rise to extreme pain and symptoms indicative of cerebral irritation or inflammation, iodide of potassium, in large doses, appears to act with rapid benefit; while in others it completely fails. When it does so, it is a good plan to shave some part of the head, blister the scalp, and dress the blistered surface with mercurial ointment; at the same time continuing the use of the iodide of potassium.

In the treatment of the external manifestations of syphilis, much benefit may be derived from local treatment. It often happens that a patient is cured of a cutaneous syphilide, in so far that no fresh spots appear, yet the older sores fail quite to disappear. In such cases, local treatment succeeds admirably. To indicate the symptoms and states benefited by local measures, I shall enumerate a few illustrations.

Raised papules (cutaneous and mucous) may remain indolent. The application of an ointment, composed of oxide of zinc, calomel, and simple cerate, will hasten their absorption.

The eruption such as lichen, acne and herpes, will also be much benefited by the application of ounce of zinc lotion, or ointment; and if, as often happens in soldiers who have served in warm climates, these cutaneous diseases be mixed with prurigo and urticaria, the diacetate of lead lotion will equally expedite their cure. In some of the vesicular-ulcerative looking spots will, equally, cease to reappear if the affected parts be first painted for a few days with a solution of nitrate of silver (gr. x—xx to 3), and the oxide of zinc lotion applied afterwards.

Tar ointment, or the alcoholic solution of tar, is an excellent application to most of the dry forms of cutaneous syphilide, and to chronic eczema of the extremities.

Indolent glandular swellings, in a similar way, will gradually disappear under the use of strong solutions of mercury.

The superficial form of ulceration attending the pulsates of ethyma will likewise be much benefited by the occasional use of solutions of nitrate of silver or sulphate of copper. The deeper forms of ulceration attending the appearance of ethyma as a tertiary phenomenon will hardly get well without the application of caustics and local stimulants.

The fissured condition of the palms in psoriasis palmaris will be much improved by the use of glycerine.

Whenever any of the ulcerated bases of syphilitic sores threaten sloughing, lotions of potassio-tartrate of iron will generally improve the condition.

It must not be forgotten, that a papular form of eruption may appear after the use of iodide of potassium, and be mingled with the other cutaneous affections, as I have more than once observed; this will disappear upon the discontinuance of that remedy.

In all cases of cutaneous syphilide, an occasional warm bath will have a beneficial effect.

In the secondary syphilitic sores and fissures about the lips and buccal membrane, the occasional use of nitrate of silver and lotions of carbonate of potass will prove very effectual.

Syphilitic onychia is a very troublesome affection, and, in addition to the use of mercury, will require careful local treatment. It varies much in degree and severity. The milder cases are excited by an ingrowing nail, the top of which has, probably, been torn down to its bed by the patient. The overlapping fold of skin then commences to inflame and ulcerate. The plan of treatment is, to remove the pressure by inserting some cotton wool in the interval between the fold of skin and the nail, at the same time that we harden the integument by lotions of nitrate of silver, and wait the growth of the nail beyond the bed upon which it rests. In other cases (particular in the true syphilitic onychia, where the ulcer-
ORIGINAL COMMUNICATIONS.

[ Feb. 21, 1863.]

Rheumatic with eye. In some it will be necessary to enucleate, and then to treat the ulcerated surface.

Syphilitic Iritis. In the treatment of this affection, mercury and the application of atropine are the ordinary means used.

The mercury need not be given in large doses; and there is no reason against employing such other remedies as the nature of the patient may indicate. It is well to drop the solution of atropine into the eye every six hours, or sufficiently frequently to maintain a dilated condition of the iris.

In some cases, neither mercurials, iodide of potassium, nor atropine, appear to exert any effect. The iritis, instead of yielding, appears to advance. Some cases are, probably, of complicated nature—a mixture of the rheumatic with the syphilitic form of the disease.

I have seen an iritis commence in one eye of a patient who was affected with mercury for an iritis of the other eye.

In these cases there is not only a good deal of circum- orbital pain, with photophobia and lacrimation, but the anterior chamber becomes crowded; the iris with the periphery of the cornea yield, so that the latter appears to rise abruptly out of the sclerotic, although the cornea, as a whole, is less convex than normal; and the eyelids feel a little more tense and firm than that of the healthy organ.

In addition to the synchia, and recurrence of iritis from this very cause, there is a well grounded fear that the eyesight may remain impaired. In such cases nothing answers better than a division of the ciliary muscle, and evacuation of the aqueous, by Mr. Hancock's operation.

In two cases in which I pursued this course, great and rapid improvement ensued.

The operation is so slight, and so easily performed, that there is little or nothing to fear from it in these respects. When it is considered that the ciliary muscle is the point at which the sclerotic, cornea, and iris meet, and that any effusion behind the iris must tell directly upon this, the most unyielding part of the eye, we cannot be surprised at the beneficial results ensuing from its division, and the establishment of an opening between the anterior and posterior chambers.

Now that I am upon the subject of iritis, I may remark that there is a variety of ophthalmia occasionally following gonorrhoea, allied, in its symptoms and appearances, to rheumatic iritis; indeed, it is a form of gonorrheal rheumatic inflammation. This disease is very easily mistaken for syphilitic iritis; but it differs from it in not having the minute beads or nodules of lymph deposited upon the iris, which are so common in the syphilitic disease. The sclerotic is always affected; the conjunctiva generally so; and the margin of the cornea looks dull, preventing the perfect view of the iris. The pupil is contracted, as in syphilitic disease, and yields difficulty to the action of atropine, but synchia is not a common result. The disease is more chronic, painful, and difficult of cure than the syphilitic form; photophobia and lacrimation are also more marked phenomena.

Rollet has well described this sequela of gonorrhoea. I have given the symptoms as I have observed them; and the subject has been introduced here upon account of this form of disease being very common, but erroneously, referred to a syphilitic origin.

In conclusion, I must reiterate, what I have already implied, that any treatment of syphils, particularly in its constitutional phases, will be materially assisted by a strict attention to hygiene. The patient cannot take too much air, nor live too plainly, nor can we endeavour too much to invigorate his system. In military hospitals this cannot be done, unfortunately, to anything like the required extent. Air and exercise cannot be obtained; and the patient, after a monotonous confinement within the wards of an hospital, but too frequently plunges into dissipation as soon as he leaves it.

ON UTERINE FLUXES, THEIR CAUSE AND CONSEQUENCES.


Uterine and vaginal fluxes mainly originate in conditions of local vascular fulness and activity, depending upon the anatomy of the ureter bladder, and in connection with the various physiological conditions of the womb. In this, they differ from the bowel-flux and lung-flux, the two other great classes of disorder in which discharge from the body is an essential feature, and which are more under epidemic influences. The fluxes from the utero-vaginal integuments are enumerated as:—1. Hemorrhagic discharges (excluding those of pregnancy or parturition); 2. Menstrual discharges—menorrhagia and dysmenorrhoea; and 3. Altered discharges—luecorrhea.

i. A lady was attacked with violent flooding four weeks after a miscarriage. Here the recurrence of the monthlies was the principal cause; the uterine muscular fibres not being in the same state of development as they possess four weeks after child-birth, when they have power to prevent by compression any such occurrence. But, non-completion of the requisite changes after the expulsion of the contents of the uterus, is also to be taken into account. Uterine disorder is often noticed after the birth of a dead child. A case of this sort is recorded, in which peculiar uterine conditions were present, coupled with typhoid fever. The following is somewhat similar. A lady was confined with a thirst child; after which menstruation was profuse, and of a dark colour; and in four months she was attacked with low fever, accompanied by intense hysteria. Excessive and painful menstrual flux continued for some time; but a new length was replaced by luecorrhea. Two years later, she was suffering from symptoms treated as ulceration of the cervix uteri, with the symptom and caustic, but which were in reality, merely due to relaxation of the vagina permitting the uterus to fall a little from its place. Cure was speedily effected by means restoring the tone of the vagina. This patient had suffered from hemorrhage and luecorrhea. In another case there was congestion of the uterine vessels after the birth of a dead child. In another, in regular, painful, and excessive menstruation, with uterine luecorrhea, following the birth of several dead children. Circumstances pointed to previous uterine derangement. In these cases, the death of the fetus is probably caused by previous uterine disorder, which becomes most prominent after the birth; and thus is noticed as following the birth of a dead child.

ii. In other cases, menorrhagia was associated with polythemia; with hysteria; with debility and want of vital power; with lactation; alternating with luecorrhea, uterine vagina relaxed, and the womb low down; and especially with hepatic derangement, and with habitual drunkenness. Disordered liver, however caused, is frequently found to accompany increased, difficult, or painful menstruation; the obstructed portal circulation favouring a tendency to pelvic congestion.

iii. Luecorrhea frequently alternates with, or succeeds and replaces dysmenorrhoea and menorrhagia. A lady, subject to frequent attacks of painful congestion of the liver, was also a great sufferer from dysmenorrhoea. Some years after, luecorrhea alternated with the dysmenorrhoea; and ultimately, there were symptoms of menorrhagia.