erythematæ. Rayer gives one case, indeed, of these in which sanguineous extravasation occurred, and which was consequently almost identical with purpura. It seems quite established that it does not depend on any uniform cause, but rather on a peculiar state of system, of which "debility of the nervous powers" (Eras. Wilson) and fragility of the capillaries must be considered as the chief characteristics. In one form, there is decided fever, and what is called high arterial action, which of course means cardiac excitement with relaxation of the arteries—a condition which paresis of the vagi and vaso-motor nerves would certainly induce. In the other, there is an absence of pyrexia; and the spots appear without tumefaction or congestion, or with but little. Treatment in many instances by tonics or astringents is very effectual (the severest case I ever saw was cured by matico); but in some cholagogue purgatives are essential. In these, the symptoms are either the result of morbid matter in the blood, or of accumulations in the liver affecting its nerves depressingly. In the other, the nervous and vascular disorder is primary. This is no unfrequent occurrence in pathology, that the same or very similar results are produced by very different causes. I have seen more than once subconjunctival effusion of blood as the result of malarious disorder; and mental depression and nostalgia alone have produced the allied disorder, scurvy.

CASE I. J. M., aged 12, was admitted April 5th, having been ill one week. He had numerous and largish livid spots of purpura on the legs, mostly on the right. He did not feel ill. Skin cool; pulse weak. He had not been without potatoes. The tongue was a little coated. He was ordered to take seven grains of citrate of quinine and iron, and seven grains of citric acid in an ounce of water three times a day. In fourteen days the eruption had quite disappeared, but he required tonics some time longer.

CASE II. J. W., aged 42, was admitted August 3rd. He had been ill four days, but had gonorrhœa a fortnight previously, for which he had taken copaiba. There was now a copious eruption of urticaria on all parts of the body. The right forearm was much swollen; the left was covered with red spots, which faded on pressure; but the thighs were thickly set with red livid patches like purpura. Pulse 87, of tolerable force; tongue rather white in the middle; bowels open. He attributed his disorder to getting wet when very hot, and drinking cold beer. He was ordered to have a scruple of ipecacuanha immediately, four grains of calomel at bedtime, and an ounce of white mixture three times a day.

Aug. 5th. There was much itching still; the patches on the legs were fading; the arm was less swollen; no fresh spots had appeared. He was relieved by the emetic. The bowels were not much purged. He was ordered to take two grains of calomel every alternate night, and a dose of white mixture on the following mornings; and to have six ounces of lime-juice daily. He was discharged well on the 24th.

[To be continued.]

ST. GEORGE'S HOSPITAL.

SERO-CYSTIC TUMOUR IN THE NEIGHBOURHOOD OF THE ANKLE-JOINT: REMOVAL.

Under the care of PRESCOTT G. HEWETT, Esq.

JOSEPH W., aged 50, a labourer, was admitted into Winchester Ward, under Mr. Hewett, on May 21st, 1862. He stated that about eight months ago, he noticed a small lump on the left ankle. He could assign no cause for it; he had never worn tight boots, or been subjected to pressure of any kind in this part. The tumour had gone on steadily increasing since its first appearance.

On admission, there was found to be a small tumour of about the size of a walnut over the inner malleolus;

it was circumscribed, firm and hard, but not osseous; it was quite moveable under the skin, and in no way connected with the bone. It was not painful; but caused great inconvenience in walking.

May 29th. Mr. Hewett made a longitudinal incision over the tumour, and dissected it out. It was adherent to the periosteum in one part; but it was carefully removed without injury to this membrane.

On examining the tumour, it was found to be composed of a number of small cysts collected together, and freely communicating with each other. The cysts contained a thick cheesy matter, and had little bodies growing within them, being evidently of the tubero-cystic variety. The man made a quick recovery; and left the hospital on June 14th.

Original Communications.

REMARKS ON LARYNGOSCOPY.

By EDWARD H. SIEVEKING, M.D., Physician to St. Mary's Hospital.

At a time when laryngoscopy is in its infancy among ourselves, it may be useful to multiply evidence of its practical utility; as the *cui bono* objection is already raised, and may diminish the confidence of the student of medicine in a method of examination, which, to those who have familiarised themselves with it, offers the most palpable evidence of its being a manifest advance in the diagnosis and treatment of laryngeal disease.

Having recently enjoyed the advantage of employing the laryngoscope under Professor Czermak's kind superintendence, I invited two patients suffering under hoarseness of doubtful pathology to submit to an examination by the Professor. The one offering symptoms of subclavian aneurism, appeared, both to Professor Czermak and myself, to be so peculiarly illustrative of the value of this new method of diagnosis, that I venture to submit it to the readers of this JOURNAL.

The following are briefly the leading features of the case:—

No. 39, June 21st, 1862. S. J., aged 40, of a spare habit, the father of a numerous family, has, for sixteen or seventeen years, been subject to frequent attacks of sore throat, but unaccompanied by hoarseness. In other respects, he has enjoyed good health till the commencement of his present illness, about a year and nine months ago. The first symptom was an attack of rigors, attributed to a damp bed used on a journey, followed, three days after, by hoarseness, which had continued ever since, with some dyspnoea; the latter feature has diminished during the last six weeks. He has had no pain in the throat; but has all along had a sensation of there being something in his throat. Ever since the commencement of the hoarseness, he has had a husky cough. For two months past, he has had a pain at the upper right thorax. The cough has not been worse since this pain has come on. He has never spat blood; but of a morning there is copious yellow expectoration. There is no dyspnoea at present; and position makes no difference in regard to respiration. There is a circumscribed dulness at the middle of the right clavicle, with a well marked systolic murmur, not heard over the heart, and extending feebly into the axillary and carotid arteries. The pulse of the right radial is feebler than that of the left.

On subjecting the patient to laryngoscopic examination, which he bore remarkably well, it became at once apparent that the hoarseness was due to the projection into the laryngeal cavity, from the anterior junction of

the vocal cords, of two growths of a polypoid character. The upper one (*p*) being attached to or springing from the left upper vocal cord or upper thyro-arytenoid ligament; the lower one (*p'*) from the true vocal cord on the right. The latter occasionally became partially concealed

- t. Base of tongue.
 e. Epiglottis with its projecting internal cushion.
 l. a. Arytenoid cartilage and cornicula laryngis.
 p. Polypoid growth on the left upper or false vocal cord; the other, *p'*, arising from the inner surface of the right true vocal cord, in the angle between the true vocal cords.
 t.v.c. True vocal cords.
 v. Ventricle of the larynx.

in the ventricle of the larynx. The Professor is of opinion that the growth is an epithelioma, and that it is particularly well adapted for operative procedure; and which, in this case, may be attempted without any preliminary process for accustoming the patient to the introduction of instruments, as he happens to be remarkably easy of examination, and presents little sensitiveness of the faucial region.

The adjoining woodcut, with the appended explanations, will better illustrate the state of the parts than any further remarks of mine.

Without the laryngoscope, we should have been satisfied with a false explanation of the hoarseness, and have remained entirely in the dark as to the real nature of the lesion. I need scarcely remind the readers of the JOURNAL that we are, in reality, only too uniformly in the same position with regard to all affections of the larynx. An instrument which, skilfully guided, becomes a means of withdrawing so important a class of affections as those of the larynx from the dreamland of hypothesis, and transferring them to the domain of positive science, is deserving of our most serious attention.

I venture only to add one caution. To use the instrument properly, and to prevent disappointment, the observer must train himself patiently; but with moderate perseverance, he will soon satisfy himself that it is eminently useful, both in regard to diagnosis and to treatment.

SUICIDE OF A SURGEON. On the 19th inst., Mr. John Adams, surgeon, Uttoxeter, committed suicide by hanging himself in a building adjoining his residence, where he was discovered quite dead. The deceased, who had come into possession of a considerable fortune some years ago, had since that time indulged in habits of intemperance. Some months back he married a young woman named Wigley, but the union proved an unhappy one, and a separation took place. Mrs. Adams afterwards went to live at Birmingham. At the beginning of the present week she returned to Uttoxeter for the purpose of removing some luggage, and was requested by her husband to stay and live with him again. This she refused to do, and it is supposed that this refusal preyed upon his mind and led to the commission of suicide.

British Medical Journal.

SATURDAY, JUNE 28TH, 1862.

THERAPEUTICS: THE ACTION OF REMEDIES.

It is somewhat suprising to note the sort of feverish energy with which medical men in France, England, and America are searching out and investigating the nature of new remedies. Would not the time and energy of those of our brethren thus engaged be far better employed in the attempt at elucidating the mode of action and the exact effects of those well-accredited remedies of which we already possess so goodly a number? Our ignorance, indeed, of the physiological action of remedial agents on the body is something very surprising; and we may safely affirm that there is no department of experimental medicine which offers so wide an opening for the labours of the pathological physiologist, none which offers so goodly a prospect of novel facts and results. The real truth is, that we know absolutely nothing of the mode of action of even those remedies whose effects are most clearly manifest.

Dr. Handfield Jones some time since called the attention of the College of Physicians of London to the unsatisfactory state of our therapeutical knowledge, and the thanks of the profession are due to him for having done so. Truly enough he argued: Is it not the duty of the leading body of the profession in medicine to make some effort to arrive at serious and settled opinions respecting the usefulness of the various methods of treating diseases, about which so much discordance of opinion exists amongst us?

The position of our knowledge of the effects of remedies on the body is indeed most unfortunate. What know we of the particular actions exerted on nerves, vessels, and organs, by our remedies? It is really humiliating to think that, even in the instance of the most familiar remedies, we know scarcely anything of their mode of action in the body. Clearly, our therapeutics are profoundly empirical. Is such a state of things, Dr. Jones asked, worthy of our high position? Ought we to be the only *opifices* in the world who have no intimate acquaintance with the tools we use? The information sought for is no mere speculative knowledge; it is eminently practical, and such as we cannot well do without, if we are to treat disease as men of science.

Let us look to some instances. It had long been a familiar fact that colchicum cured gout, at least the articular gouty paroxysm. It was also pretty certain that lithic acid was the *materies morbi* of the