

Symptomatic Manifestations of the Degree of Severity of the Disease. The disease will be obstinate and invade the tissues deeply—1. If it resist specific treatment; 2. If there exist an indurated chancre in both subjects—the transmitter, and the one on whom the contagion has alighted; 3. If the incubation period be short; 4. If the earliest eruption be pustular or scaly, or repeatedly returning at short intervals, or have a confluent tendency; 5. If the constitution be subject to any other diathesis, as tubercles, Bright's disease, etc., or if there be much chlorosis, accompanied (or caused?) by great ganglionic enlargement.

The disease will probably be light and disappear quickly—1. If the source of contagion be a secondary sore or chancreiform erosion; 2. If the primary sore be a chancreiform erosion; 3. If the period between the primary and secondary eruption be long; 4. If the earliest secondary eruption be roseolous or papular; 5. If the intervals between the appearance of each series of symptoms be long.

Treatment. The general effect of mercury is to retard the appearance of secondary symptoms when not present, and to hasten their departure, and with that to shorten the period of action of the poison; hence it accelerates the cure, but it does not absolutely prevent relapses.

Diday has recorded fifty-seven cases where mercury was given regularly and thoroughly for long periods. The result was various; some cases had a mild course, others a severe one.

Mercury is an exciting cause of phagedæna, stomatitis, and other complications of mercurial poisoning.

Those cases which are treated without mercury recover in the great majority, and these recoveries have lasted many of them several years. Severe cases are essentially relieved by mercury, and the following are the cases for its administration. Mercury should be given when the chancre is of woody hardness, when there is iritis, aphonia, or much glandular induration, with early chlorosis. It is seldom necessary, if the primary lesion is chancreiform, or if the other signs of a light case be present. Iron, quinine, etc., are generally sufficient. Mercury, when given, must be thoroughly applied, and often coupled with iodide of potassium.

[To be continued.]

RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[Continued from page 299.]

CASE XVII. *Twins: Convulsions: Mania: Recovery.* Mrs. B. was confined with twins on Thursday morning, September 19th, 1861. She had had two children before, both labours being difficult, on account of narrow pelvis; but her general health had been good. During the latter part of this, her third pregnancy, she felt very unwell, the uterus being much distended and its sympathetic effects severe. The uterus was of a peculiar shape, being most distended longitudinally from cervix to fundus; and she suffered much from dropsy of the lower half of the body, the urine being albuminous, and the œdema greater in amount than usually arises from pressure only. In this labour, the first child presented naturally, but its passage through the pelvis was, as usual with her, difficult; before the second was born, a sufficient amount of hæmorrhage occurred to make it desirable to complete delivery as soon as possible; it was a shoulder presentation and delivery was accomplished by turning, the child having been dead apparently some time, as the cuticle was separated in several places. The placenta soon followed, and the uterus contracted quite firmly. There was no more hæmorrhage, nor had the loss been either severe or lasting.

It was observed, when the membranes of the first child (born alive) ruptured, that the liquor amnii, of which there was a great quantity, had a very peculiar urinous smell. All went on well until the afternoon, when a frightful convulsion occurred, lasting some time, but at length giving way to mustard poultices to the feet, cold to the head, etc. She had also a five-grain dose of calomel. From this attack she seemed to rally, and was apparently going on well all Friday and Saturday; but on Sunday, without any visible cause, convulsions came on again, and continued almost without intermission for several hours, so as to leave scarcely any hope of recovery. I should mention that after the first convulsion, on the day of her confinement, she discovered that her sight was very indistinct; and this blindness, as well as a certain degree of bewilderment, remained more or less until the convulsions returned on Sunday. On Monday, the 23rd, I was summoned a distance of forty miles to see her, and remained with her from 2:30 until 6 p.m. During this time she had no convulsion, but looked wild, was only semi-conscious, with her sight imperfect, but pupils not dilated. She kept moving about in her bed slowly and deliberately, looked pale and ghastly, had very little sleep in the night; the pulse was very feeble, not exceeding 90; and there was a great disposition to become cold on the least exposure. There had been no sickness, nor any real convulsion since the night before; neither had there been relief from the bowels since taking ten grains of calomel on Sunday. She was quite willing to take nourishment, eating and drinking greedily whatever was put to her lips. The lochia were scanty but healthy, and there seemed nothing the matter with the uterus, but she said she had great pain in her back. It was difficult to get her to answer questions, and she had almost a demented look. I thought her in great danger from exhaustion, and gave her some brandy and milk, no stimulant having been hitherto given. We then agreed to administer an emulsion of turpentine and castor oil in gruel, which soon produced a good relief from the bowels, some of it being lumbric. She had passed water very freely the day before, and the œdema of the lower half of the body was almost gone. The disturbance of having the bowels relieved, and the bed-clothes and linen changed, produced a good deal of exhaustion; but her pulse rallied after more nourishment, and we gave her twenty minims of tincture of opium in brandy and water, intending to repeat the dose in two hours if she got no sleep. She had no convulsion up to the time of my leaving, and I hoped if she took nourishment, and her nervous system were kept quiet by opiate, there might yet be a chance of her life being spared.

I did not see the patient again, but received from time to time the following reports:—

September 25th. "Our patient has had no return of convulsions up to the present moment. The first dose of opiate had very little effect; the second, given in two hours, made her rather wild and confused for some time; after which she had a little unsatisfactory sleep for about half an hour. She had two more doses of tincture of opium (mxx and mxxx) yesterday, and has had some sleep, but not calm rest. I was afraid at one time last night we should have a case of mania, as she shrieked very violently, and was rambling and delirious. However, the violence has passed off since 2 A.M. to-day. She takes nourishment, beef-tea, etc., about every two hours; but during her delirium last night, she refused everything, saying it was useless, as she was sure to die."

September 27th. "Mrs. — was better yesterday. Last night at 7 p.m., she took forty-five minims of tincture of opium, and slept four or five hours. She appeared to be quite herself to-day, only suffering a little confusion as if from the effects of the opiate; takes her food remarkably well, and talks very reasonably and quietly."

September 29th. "Our patient has we hope been steadily improving, although she is still in a weak state; mentally she is much better, and our fears of mania have

ceased. To-day, she has a quick pulse, and complained of a slight shivering, and the discharge is a little offensive. This has made us apprehensive of puerperal mischief, but there is nothing very marked at present."

October 1st. "Many thanks for your kind advice. We think Mrs. — much improved since I last wrote; there is no especial fetor of the discharges, and no abdominal tenderness. There is generally a rapid pulse, a very perspiring skin, and a peculiar wax-candle kind of look in the hands and arms, but which I think is not quite so marked as it was. Her mind is much improved, but any effort to think soon fatigues her, and there is still a simplicity of manner which is not natural. We are obliged to continue the opiates."

October 4th. "You will be sorry to find that our case is not yet well out of the wood. Up to yesterday morning, she appeared to be doing well, and yesterday ate two mutton chops for her dinner with keen relish; but in the evening she suddenly became very desponding, and then wildly maniacal, in which state she continued all night. When I saw her at 7 A.M., she was in a perfect state of religious frenzy, took me for the devil, and required two or three people to keep her in bed. Some opium and four grains of morphia had been given during the night; but failed in procuring sleep, or the slightest remission of the violent ravings. Finding things in this state, I forthwith caused her to inhale a drachm of chloroform, and succeeded in sending her into a most tranquil sleep, and left her sleeping peacefully at 8:30 A.M."

October 7th. "Mrs. — has been very quiet since the night before last, although she has not had very much sound sleep. We trust she is doing well, although she still has delusions. I am much obliged for your suggestions with regard to treatment, but hope the stage of violence is past. We give a full opiate at bedtime to get sleep at night if possible, support her with good nutritious diet, attend to the state of the bowels, and endeavour to remove every cause of excitement."

October 11th. "Since I last wrote, our patient has been progressing very favourably. She now talks rationally, and I think I may say that all her odd ideas have disappeared. She has a good appetite and begins to look quite herself again. She can, however, bear but very little talking. Thinking still fatigues her, and her memory is deficient."

October 16th. "I am happy to say Mrs. — is much improved since I last wrote. We fully appreciate your remarks about keeping her mind quiet, although this is now the most difficult advice to carry out; as she is so extremely anxious to get well, and forms so many odd theories in her mind respecting the cause and nature of her ailments, sometimes frightening herself and making herself worse than she would otherwise be. Nevertheless, I can confidently say she appears better to-day than I have seen her yet."

October 21st. "I am glad to say that Mrs. — is now going on exceedingly well; she has been down stairs the last two days, and is rapidly gaining strength."

I had an opportunity of seeing this lady in the middle of last June (1862.) She was then in perfect health, and not suffering any ill consequences from the illness above described.

[To be continued.]

DEATH OF A SURGEON IN THE FEDERAL ARMY. Surgeon-General's Office, Washington, September 20, 1862. Orders:—It is with feelings of profound grief that the Surgeon-General announces to the Medical Department the untimely death of Surgeon W. J. H. White, U.S. Army, who was killed at the battle of Antietam, on Wednesday, the 17th inst. As a tribute of respect to his memory, the usual badge of mourning will be worn by the officers of the Medical Department for thirty days. William A. Hammond, Surgeon-General.

Transactions of Branches.

EAST ANGLIAN BRANCH.

CASE OF RECURRING FIBROID TUMOUR.

By WILLIAM CADGE, Esq., F.R.C.S., Norwich.

[Read June 27th, 1862.]

THE case and few remarks I wish now to make, concern and illustrate well a class of tumour which has only of late years come into fashion, if I may use such a term. Three or four years ago, when the annual meeting of this Branch of our Association was held in Norwich, I have some recollection of briefly reporting this very case, as it then stood, and exhibiting the tumour then just removed. It so happens that the patient is at this time under my care in the Norfolk and Norwich Hospital; and I might, had it been thought of at the time, have now exhibited a tumour, which I have recently removed, so exactly resembling that which I shewed before (which is preserved in the Norwich museum), that those members who remember the former one might be excused for thinking that I was reproducing old wares.

The class to which this case belongs, is that described by Mr. Paget as the "Recurring Fibroid Tumour". The name is very apposite, for it indicates their two most marked and prominent features; viz., an appearance very nearly resembling the ordinary fibrous tumour, and the great proneness to recur after removal.

The present case illustrates well both these points; and I will just sketch out the history before describing it. The man is a healthy, ruddy looking, well conditioned peasant, about the age of 50 at this time. About eighteen years ago, the tumour begun as a hard swelling near the umbilicus; it grew, and in four years time had reached a considerable size, and was removed by Mr. Johnson in the Norfolk and Norwich Hospital. It soon recurred in the same spot; and six years afterwards it was a second time removed by a surgeon then in Norwich, Mr. Webber. Again it returned, and in four years he was again an in-patient of our hospital, this time under my care. The tumour had reached an enormous size; it implicated a very large portion of the abdominal wall. The operation for its removal was a formidable one; incisions extending nearly half round the body were required; and the tumour weighed nearly two pounds. He left the hospital well; but in a year or so a recurrence took place, and I removed a similar but much smaller tumour from the same situation in 1858. A fifth time the disease returned; and this brings us to the present date. The man presented himself to me about a month or six weeks ago, in the best possible state of health, and, with as much cheerfulness and alacrity as a man of the most stolid indifference to all things could muster, requested me remove it again. The tumour had precisely the same appearance as formerly, but was not quite so large as when I first operated. It consisted of a cluster of fibrous tumours projecting from the abdominal wall around the umbilicus; this was evidently its point of origin, but it had spread in all directions not a little. These fibrous growths were of various sizes, some as large as an orange, some as small as a marble; some were connected together intimately, others distinct; some—most, I may say—sprang from the old cicatrix, a few were quite distinct from it in healthy skin; some were only skin-deep, others extended through the abdominal muscles quite down to the peritoneum. The integument covering all was more or less affected; on the smaller knobs, it was so confused with the growth that you could not separate the two; on the larger ones, it had ulcerated, and they were covered with a surface of weak granulations, which secreted a thin sero-puru-