above that which produced it: the shadow is more thought of than the substance. This danger seems to attach more to the occurrence of tubercles in the lungs than elsewhere; for a cure of the ulceration in their substance, if it can be effected, is looked upon as tantamount to a cure altogether; while no one who simply cures a strumous abscess, a diseased bone, a swelled gland, and the like, thinks he is eradicating struma. The fact that scrofulous manifestations may be arrested, cured, and prevented, while yet the diathesis remains, is sufficiently clear to every one; but there are many who consider that when the manifestations in the lungs are counteracted, a total cure must follow. Patients are supposed to die, not from the disease which produces the ulceration of the lungs, but from the ulceration itself. That this is not the case, the above instances sufficiently prove.

Another case under my care at present illustrates still further the position, that if the disease in the system be strong, the place where it manifests itself is of secondary importance.

CASE. James Fisher, aged 21, a sailor, took much mercury two years ago. Six months ago he was much exposed to cold, and found that the cervical glands on both sides began to swell. Since that time, his health and strength had diminished steadily. He lost flesh, and perspired copiously. On admission, he was suffering from rheumatic pains in the limbs, and general debility. There was an enormous swelling of the cervical glands on both sides, extending from the ears to the upper edge of the scapula. The pulse was feeble, 120. The appetite was bad, and his sleep was disturbed; debility was extreme; the nails were clubbed; and there was considerable emaciation. In fine, he looked like a man far gone in phthisis. A variety of plans were adopted to improve his condition, but none of the ordinary tonics made any impression. The cod oil was rejected by the stomach. He continued gradually to diminish in strength; although under the local use of iodine, a diminution took place in the cervical swellings. For a few days, a cough and mucous râles led us to fear the extension of the disease to the lungs. Liqueur potassæ was at last resorted to; and at the end of ten days a decided improvement was apparent. This was shown first in the general symptoms, the local ones remaining the same. As the man is still under treatment, I cannot give the sequel.* That it may be a favourable one, I may infer from another case in which the manifestation of the disease was equally decided, though located in the lungs.

CASE. Nicolas Salary, aged 37, an interpreter, had just been operated on for fistula in ano, and then transferred to the medical wards. I found that he had had well marked symptoms of phthisis for three months. There was complete solidification of the apex of the left lung. The cough was severe, and the expectoration somewhat scanty. The respirations were 36, and the pulse 120; debility was considerable, and emaciation moderate. Under the use of creasote inhalation, cod oil, and steel, the general symptoms began steadily to improve; and at the end of six weeks he went out, apparently perfectly cured. No alteration, however, was detected in the condition of the lung. The disease being arrested, it is to be expected that time and natural processes will bring about an ultimate cure of the remaining local complaint.

These cases sufficiently indicate that in consumption we have not simply to contend against a particular condition of one organ, but a general disease of the system. They afford corroborative evidence, if such is at this time wanted, that the desideratum required is a medicine or plan of treatment which shall give vigour to the constitution generally,—rather than a specific remedy which shall cure the condition of the lungs.

Liverpool, March 8, 1854.

* The man has, since the above was written, been dismissed from the hospital at his own request, feeling quite well, and with the cervical glands materially diminished in size.

TREATMENT OF HÆMORRHOIDS BY THE GALVANIC CAUTERY.

By RICHARD STEEL, Esq.

HAVING observed that in the recent discussion at the Medical Society on the subject of hæmorrhoids and the several modes of treatment thereof by excision, ligature, nitric acid, etc., no mention was made of the galvanic cautery, I am induced to communicate the fact that the latter method has been most successfully applied by myself and also by a friend at my suggestion. His case is a peculiarly interesting one, having been previously treated by concentrated nitric acid, and subsequently by the galvanic cautery. It exhibits the great superiority of the latter in several important particulars, and in a more striking manner than any number of cases in which one method only has been employed.*

The apparatus which we have used for igniting the coil of platinum wire has been made by myself, and consists of a modification of Wollaston's battery of a dozen pairs, so contrived as to admit of being conveyed from place to place with the certainty of not deranging it; and it is set in action with ease and readiness when required. I had previously used a Grove's battery, which I had by me, but felt it desirable to arrange a battery better suited to be sent to a distance from home, and then found immediately ready for use.

The idea of using this plan of treatment for hæmorrhoids was suggested to my mind on learning the satisfactory results of the galvanic cautery, as used by Mr. Marshall, of University College Hospital, for the destruction of morbid growths, also for producing artificial contraction of mucous membrane, especially of that lining the vagina for the cure of prolapsus uteri. Having repeatedly employed the method so suggested for removing erectile tumours and semi-malignant growths, I was struck with the comparative painlessness of the application, and at once conceived the idea of applying it to the treatment of hæmorrhoids. I was confirmed in the idea on examining a case requiring an operation, and which presented so large a mass of redundant matter, that I was anxious to avoid, if possible, inflicting the severe pain involved in the repeated use of the acid on the one hand, and the danger of hæmorrhage following excision on the other. Here was a diseased mass to be destroyed, and relaxed mucous membrane producing prolapsus to be contracted; the loss of substance caused by the actual destruction of diseased tissue primarily, and subsequently by the separation of sloughs, secured the first indication; the contraction of the cicatrices secured the second. The ignited platinum coil being applied more or less deeply, or over a greater or less surface, will produce any amount of destruction of parts or of contraction that may be necessary. The smaller amount of pain and of danger to the patient is such, that I shall in future use it in the treatment of this disease, in preference to any other method with which I am at present acquainted.

Blaenavon Iron Works, near Abergavenny, Feb. 25th, 1854.

CASE OF HÆMORRHOIDAL TUMOURS TREATED BY THE GALVANIC CAUTERY.

By ELMES Y. STEEL, Esq.

I WAS consulted about three months ago by a gentleman under the following circumstances. For thirteen years he had been suffering from hæmorrhoids with prolapsus, in so severe a degree as to be compelled to leave the army, which he did about seven years ago, when he placed himself under treatment in London, without obtaining relief. The malady subsequently became aggravated to the extent of incapacitating him for physical exertion of any kind, such being

* The case referred to is published by Mr. Elmes Y. Steel, in the present number of the Journal.

invariably followed by protrusion attended by extreme suffering and profuse hæmorrhage. Deeming his case to be incurable, he had of late taken no other precautionary measures than those dictated by his own experience, for the purpose of alleviating in some degree the extreme suffering whereby too often his life was made a burden to him.

On examination, I found a mass, fully of the size of a cricket ball, consisting of hæmorrhoidal tumours, varying in intensity of colour and in degree of hardness, but all exquisitely tender to the touch. Having found by experience that the operation by ligature, however modified, was often followed by intense suffering, inducing irritative fever, whereas the application of concentrated nitric acid was always safe, certainly less painful, and frequently quite as successful, I determined upon using the latter method in the first instance.

Accordingly, on the 29th of last November, I applied the acid freely to the more prominent parts of the internal mass, avoiding the outer ring, which I had smeared with oil in the usual way. The pain thus occasioned was severe at the time, and continued for some hours, not altogether subsiding for several days, although not such as to require confinement to bed.

On December 4th, I found the hæmorrhoidal mass somewhat lessened. A second and third application, at intervals of ten days, were followed by similar results; the hæmorrhoidal tumours having sensibly yielded to the treatment, but still presenting a formidable appearance.

At this time, the suggestion of the galvanic cautery having been made to me by my cousin, Mr. Richard Steel, and he having supplied me with a battery of his own contrivance for the purpose, I determined upon resorting to it for the further treatment of the case.

On Jan. 18th, I proceeded to touch the more prominent of the remaining tumours with the ignited coil. The pain was comparatively so trifling, as to be thought insignificant; and immediately after the return of the gut, my patient walked about the house as if nothing had been done.

On February 8th, the parts which had been touched by the cautery were found to have sloughed away, leaving sulci, which will, I doubt not, on cicatrisation becoming complete, have effectually promoted the contraction of all redundant mucous membrane. The cautery was a second time applied with similar results, and so effectually, that the patient can no longer protrude the hæmorrhoids sufficiently to admit of external examination. He can now use any exertion, such as lifting heavy weights without inconvenience; and for the first time during many years he has relief from his bowels without pain or hæmorrhage. He says that the galvanic cautery is painless in comparison with the nitric acid application; and I can vouch for the fact of its efficacy, as well as for the ease with which it can be applied to any extent that may be required. In a word, I feel assured that it is on every account a most valuable, safe, and convenient application for the removal of hæmorrhoidal tumours.

Abergavenny, March 4th, 1854.

[This communication was furnished to us upon application made in consequence of a remark made in the paper by Mr. Richard Steel.—EDITOR.]

BIBLIOGRAPHICAL NOTICES.

DISEASES OF THE HEART AND THE AORTA. By WILLIAM STOKES, M.D., Regius Professor of Physic in the University of Dublin, etc., etc. Dublin: 1854.

WHEN we read the announcement of a new work on some class of diseases, bearing the name of Dr. STOKES as its author, we at once expect that its subject matter will be found of an essentially practical character; knowing, as we do, that it proceeds from the pen of a close and diligent bedside observer. And thus, in the opening paragraph of

the preface, our author states that the following work seeks to embody the results of his clinical observations, continued, almost unremittingly, for upwards of a quarter of a century. And he very justly contends that a work so based must always possess a certain value, if the observer's experience have been sufficiently large—we would say, a very great value.

We shall now endeavour, in the following brief remarks, to give our readers an idea of the general scope of the work, and how far the author's observations have led him to what he considers sound general conclusions; and whilst we may sometimes differ somewhat from the author on a few points, we would have it understood that we express our objections with the diffidence which we feel that Dr. Stokes' high reputation demands.

The treatise commences with the subject of Pericarditis, to which the author devotes considerable space. As regards the diagnosis between this affection and some forms of endocarditis, Dr. Stokes thinks that with care it may nearly always be correctly made, and no doubt where all or the greater part of the signs which he enumerates are present it is so; but how often does it happen that we have but few of these distinguishing marks! Where, for instance, the friction sound is single and accompanying the systole, as it unquestionably often is, and when this, moreover, is situated about the centre of the præcordial region, when no rubbing sensation is communicated to the hand, or, at any rate, one not distinguishable from the tremor caused by valvular disease, the diagnosis can never be certain, until the gradual cessation of the sound informs us that either the pericardium has, on the one hand, become adherent, or, on the other, has had its layers separated by fluid. When, however, the double rubbing sound is heard, provided that such sound be situated below and to the left of the nipple, we believe that we have the most important diagnostic sign, taken singly, of pericardial inflammation.

Dr. Stokes notices increase of pressure over the heart as giving us a louder sound when pericarditis exists; this we certainly think a very useful and simple diagnostic mark between it and mitral disease. With a celebrated teacher in London, it has long been a habit, when in doubt between these two affections, to apply alternately the naked ear and the stethoscope over the heart; as he says, if pericarditis exist, he hears an increased sound with the stethoscope, obviously from the increased pressure bringing the roughened surface into closer contact. In considering the vital symptoms of pericarditis, the author, in common with all systematic writers we have met with, lays some stress on *pain*, and says that when absent it may be stated generally to be in complicated cases. Now, on the contrary, whilst we admit præcordial distress of a very agonising character frequently to attend on this disease, we cannot consider *pain*, properly so called, to belong to uncomplicated pericarditis at all; that it coexists with it in many cases we know, but in truth, in the complicated cases, viz., those in which pleurisy is conjoined, not only does observation bear us out in this conclusion, but it is what *à priori* we might expect, when we regard the different nervous supply of the two membranes.

On the *questio vexata* as to the ultimate effects on the heart of an adherent pericardium, the observations of Dr. Stokes lead him to the same conclusion as that at which Drs. Barlow and Chevers arrived at some years since, viz., that, contrary to the opinion of Hope, it more often induces atrophy of the heart than hypertrophy; but that, perhaps, in most cases where an adherent pericardium follows an attack of acute pericarditis, provided that the internal lining membrane of the heart and the valves have escaped damage, no perceptible change is induced in the walls of the organ, at any rate, no change detectable during life, and none necessarily shortening the patient's existence.

Under the head of treatment, Dr. Stokes, referring to those cases not unfrequently occurring in broken down constitutions, or where a heart has been previously affected with fatty degeneration, warns us against being frightened by the name of a disease into the infliction of hurtful depletion, and the neglect even of stimulants; where, in short,