coal poultices to the incision, and other parts which had given way, and looked unhealthy.

December 14th. The report to-day is that he is better; the discharge is free. He takes his nourishment—beef-tea and beer.

December 15th. He is not so well; the discharge is not so free. He passes his water pretty well. The minor details as to prescriptions are of no particular importance.

December 20th, and up to 25th (Christmas Day). Going on well; sloughs separated; healthy granulations springing up, etc.

January 5th. Now, as Mr. Lawrence observed, we turn over a new leaf in the history. This is the twenty-fourth or twenty-fifth day since his admission, and the report states, "He experiences symptoms of stiffness of the jaws, tetanus, and aching pains; the abdominal muscles also are rigid as a board; the bowels are constipated; the parts in the perineum are nearly healed." Mr. Lawrence ordered him, for this tetanic rigidity, a smart dose of castor oil, and oil of turpentine for the bowels, and to have a dose of morphia three times daily. Mr. Lawrence observed, as the result of his experience, that the bowels are always very much loaded in these cases; if, indeed, the *fons et origo* of the malady be not altogether seated in this state of the alimentary canal.

January 10th. The stiffness of the neck is the same; abdomen yet as hard as before; rigidity of muscles still persistent. Ordered large doses of calomel, and extract of colocynth, with two grains of disulphate of quinine, every six hours, and a full dose of morphia at bedtime; the case now being one of decided tetanus.

January 14th. He is much worse: he cannot even bear the bed clothes on him; is restless and dissatisfied.

January 16th. Not better; tetanic symptoms continue; ordered ten ounces of wine, and to increase the morphia.

January 22nd. The first signs of amendment are apparent; the rigidity of the jaw is less; the abdomen is still hard and tense; body is bent forward, what might be called emprosthotonos. He complains of aching pains in the lumbar region.

January 27th. Limbs less rigid; castor oil and turpentine to be repeated; general health improved.

February 12th. All the week, ending this day, he has been much better; the wound is healed; there is less rigidity of abdomen; and after this time he was removed from under medical care to be treated surgically for his stricture, as the tetanus was cured.

Mr. Lawrence, in commenting on this case, said it would technically come under the head of "traumatic" tetanus; but it appeared to him from the beginning as more like, both in its course and probable issue, a case of what is recognised as idiopathic. He had never any anxiety that it would not get well, as idiopathic tetanus usually does. Sir James MacGrigor, who saw a good deal of tetanus from gun-shot wounds in the Peninsula, was of opinion that after the third week tetanus was almost impossible; Mr. Lawrence said he had observed the truth of this remark; but it was later than the twenty-first day in the present instance, if we were to look on these simple clean incisions made in the hospital as the original cause of the disease.

TWO VARIETIES OF MEASLES: RUBEOLA AND MORBILLI: TWO VARIETIES OF CROUP, ETC.

The case of fibro-nucleated tumour of the abdomen, under the care of Mr. PAGET, at St. Bartholomew's, previously described in the ASSOCIATION JOURNAL, has left the hospital well. The case of bronzed skin, under Dr. BURROWS, has also improved wonderfully under the action of sarsaparilla and tonics, and is leaving the hospital much relieved. A case of malignant disease in a child, under the care of Dr. HAWKINS at the Middlesex Hospital, but presenting no feature of special novelty except its enormous growth, has proved to be medullary cancer. At Charing Cross Hospital Dr. HUGHES WILLSHIRE, who has a large experience of medical cases in the centre of London, more especially amongst children, to which he devotes the most

unwearying attention, has detected the two varieties of measles (rubeola as distinguished from morbilli) as now very prevalent in London. Dr. Willshire has also recently pointed us out two forms of croup, or rather true croup and the diphtheritic disease common in France. In the *Medico-Chirurgical Review*, July 1853, p. 112, and July 1851, p. 67, Dr. Willshire's views are developed as to these forms of croup. In the diphtheritic form, his treatment consists in sponging the throat and posterior fauces, etc., with a half drachm solution of nitrate of silver, using a linctus composed of a solution of alum in mucilage, and exhibiting, as an internal remedy, the chlorate of potash in decoction of bark, or hydrochloric acid in infusion of cascarrilla. Some cases require wine, even from an early period, to assist in dislodging the membraniform exudations. A mustard cataplasm is also sometimes advisable; this disease is very common at some seasons about the lower banks of the Thames, about Westminster. In France, we need hardly say, Bretonneau has described several epidemics of the kind about the low banks of the Loire; we should also expect to find it about the low banks of the Isis, at Oxford, in Lincolnshire, as well as on the banks of the Severn, Trent, etc. In Scotland, on the other hand, at Leith, true inflammatory croup is more commonly met with. K.

Original Communications.

ON THE USE OF CUBEBS IN THE TREATMENT OF GONORRHOEA.

By H. BUEFORD NORMAN, Esq., F.R.C.S., Consulting Surgeon to the St. Pancras Provident Dispensary, and to the St. Marylebone Charity Schools.

[Read before the North London Medical Society, April 26th, 1856.]

THERE is little reason, I think, to doubt that many really valuable medicines go out of use, and fall into a disrepute, which is not deserved. For this, there are the following causes:—Firstly. They are first introduced into practice with too high encomiums. Secondly. They are often used adulterated, or in an otherwise imperfect state. Thirdly. They are used improperly. Fourthly. From want of discrimination, failures are attributed to them, the blame of which properly attaches elsewhere. Fifthly. There is in the minds of practitioners an unwholesome love of novelty and a taste for special methods of practice.

The remedy of which I now treat, seems to me to be one of them. From all that I can gather by inquiries amongst my professional friends, I infer that it is very little used by medical men, and certainly not at all with the confidence in its powers which it deserves; and from inquiries made of dispensing chemists, I find that they rarely dispense it by the direction or prescription of professional men; but that its virtues are still highly appreciated by the public, and that they (the druggists) sell large quantities of it to men in all ranks of life who have learned its value on themselves. Further, the same persons inform me, that they give it themselves a good deal, and generally in large doses, to persons consulting them over their counters, and with good effect. One chemist, who seemed to have given the medicine very frequently, told me that he gave it generally in half-ounce doses; and that in many instances persons applied to him for a quarter or half a pound of the remedy. Another of these gentlemen told me he had often "prescribed" it, in doses of two scruples or one drachm, but that people did not generally come for it again; from which he inferred that it was not efficient.

From my own experience of its use, I have formed a very high estimate of its value. Its specific influence over the gonorrhoeal discharge, and other symptoms, has appeared to me very decisive and unmistakable; almost, indeed, as much so as that of quinine over an ague fit. It requires, however, to be rightly used; to be of good quality; and, in

some cases, is liable to produce unpleasant effects, which make certain precautions necessary in exhibiting it. Some men I have known take it time after time in successive attacks, without the slightest inconvenience, in full doses, and with most satisfactory results. On them its effects are truly marvellous; they are often sensibly felt after the first or second dose; and the result is a complete cure in a few days. With such a reputation, the medicine was first introduced into British practice in this particular disease; and this character it fully deserved then and continues to deserve now. If a higher value than this were then assigned to it, and men ran a little mad in its praise, thinking that they had found a sovereign remedy which might be relied on in every case and under all circumstances, no one will wonder, who is aware of the views generally held up to the time, of its introduction into use, concerning the nature and treatment of this loathsome disease, and how readily extremes meet. At the beginning of the present century, most persons adopted Mr. Hunter's view, that gonorrhoea was of the same nature essentially as syphilis. Mr. Whately tells us, in his Essay on the Gonorrhoea, that they must necessarily be the same disease, because it was quite inconsistent with all analogy for two different poisons to infect the system, and run their course in it, at once; and yet the complication of gonorrhoea and chancre was common. By him and others of the same period—men of ability, character, and experience—similar views were entertained; and so long as a drop of matter could be squeezed out of the urethra on first rising in the morning, so long did they consider the venereal poison unkilld, and the local use at least of mercury essential. In the treatment of gonorrhoea, mercurial inunction was generally practised, much to the same extent as for the cure of an indurated chancre. The effect of the mercury was apparently only to lessen the inflammatory action of the first stage of the disease—the *ardor urinæ* and the chordee. The subsequent treatment consisted in the use of mercurial injections. Some about this time used "vitriolated" ones; but the more careful surgeons dreaded their use until a very late period of the case, lest they should suddenly stop the discharge, which, as they supposed, was the natural way of getting rid of the venereal poison, and should throw it back upon the prostate, the testes, or the lymphatics of the groin. Copaiba was then but little used, and not with much confidence; and it alone was known to have any influence of a specific kind. Many cures were effected at this period by exciting most sudden and severe salivation by a large dose of corrosive sublimate dissolved in spirit. Mr. Hunter, whose influence was then deservedly high, had expressed a very strong opinion that no treatment had any positive control or efficacy in this disease; and he went on practising the mercurial treatment, rather to prevent the lues or secondary disease; and in the stage of gleet, used injections. There were, indeed, other views entertained and promulgated with ability by Benjamin Bell and others; but they had not thoroughly displaced the Hunterian views on gonorrhoea when, in 1818, the cubebs was brought into notice as a specific for this disease.

This was done in a short but clear communication from a Mr. Crawford, which was published in the *Edinburgh Medical and Surgical Journal* for January 1818. The author of the paper, who was a surgeon in the East India Company's Bengal Establishment, had been employed on some service on the island of Java, where he found the pepper "generally used by the European practitioners on the island with wonderful success in the cure of gonorrhoea virulenta and gleet. He had had but little experience of its use, but that had been very favourable; and we are indebted to him for the following directions for its use, and the history of its introduction into practice for the treatment of this disease in the island. "The pepper well pounded is given in a little water five or six times a day in the quantity of a dessertspoonful, or about three drachms. It is unnecessary to remark that abstinence from wine and all heating aliment is proper. The *ardor urinæ* ceases; the discharge grows ropy, commonly in forty-eight hours,

and frequently in less; and the disease ceases soon after. These, of course, are the most successful effects of the medicine. In some cases the cure is slower; in a few it has been said to produce swelled testicle; and in a still smaller number it has been found altogether ineffectual. . . . An officer of the Indian army sailing up the Ganges contracted an inveterate gonorrhoea, and had recourse to the usual applications without effect. One of his Indian servants proposed the cubebs, and it was used with success. He communicated the fact to the surgeon of his corps in Java, where the disease was very frequent, and by him it was used with the same advantage, and the practice disseminated throughout the island. It was at first confined to the English practitioners, but was taken up in time by the old Dutch surgeons, and pretty generally by those who attended the expedition which took possession of the island in 1816."

In the August following Mr. Crawford's paper, Mr. Adams, of Rathmines, in a paper in the same journal, gave ample testimony to the virtues of the cubebs. This gentleman had been surgeon of a Ceylon regiment; but obtained his knowledge of the remedy from a friend in Dublin, who informed him that for three years it had been introduced into the hospitals as a specific for gonorrhoea by order of the Medical Board at Bengal. The mode of giving the medicine, recommended to Mr. Adams, was, "a dessertspoonful of the powdered cubebs to be taken in water an hour before breakfast, a second at six hours, and a third when going to bed"; and the result promised was, that "in case of violent and recent infection, where the discharge is considerable and the inflammation and scalding great, the painful symptoms will be removed in two days, and the discharge generally terminate in the third or fourth day. The antiphlogistic treatment was to be attended to, and great care taken in selecting cubebs, to see that there was a stalk attached, as the berry was often mixed with black pepper. The medicine was also to be continued a few days after the discharge ceased.

Mr. Adams reported one case, as confirming this recommendation. "The pepper," says Mr. Adams, "had come direct from Java, and was finely powdered. The patient was 23 years of age, had had the disease five days, and had used no remedy. He took two drachms of the powder three times a day for five days." All the symptoms had disappeared on the third day. This case was cited as "one only of a number in which the author had directed the cubebs with almost equal success." And the only patients who did not derive any benefit from the cubebs, were those "who had previously used other remedies for the space of eight or ten days; in whom the inflammatory symptoms had in a great measure subsided, and the disease had so established itself, as not to be under the control of so simple a remedy."

In the year following, the fame of cubebs had risen so high as to obtain the following notice from the editor of the *London Medical Repository* (vol. xii, p. 51):—"Before concluding the article of surgery, we shall just take notice that cubebs has been lately lauded in the inflammatory or active state of gonorrhoea as a most valuable remedy; its beneficial effects are said to be often so speedily displayed, that some persons (we hope the charge is unfounded) have been reluctant to its employment from the very consciousness of its efficacy. At any rate, we assure our readers that the recommendation of this medicine is from such high and indisputable authority as almost to render it imperative on every practitioner of surgery to make individual trial of its virtues." Induced by these favourable notices, Mr. Jefferys, then assistant-surgeon to the Lock Hospital, etc., made trial of the cubebs, and in 1821 published a short memoir on the subject. Of twenty-seven cases detailed more or less fully in this work, eighteen were cured in periods of time varying from two to eighteen days, or, on an average, in about eight days from the commencement of the treatment. Six were greatly relieved, and the cure otherwise completed. Three were reputed failures; but, in truth, were no failures at all; for one was a gleet

of two months, and, according to the author's experience, in which I quite coincide, on that account not a fair case. In the next, the patient took the medicine but one day, because he suffered some degree of nausea, etc. In the third, the remedy was tried three days only by a young man mixing freely in gay, fashionable society, who could not be induced to take any care of himself. Of any other disease we should not expect to effect a cure, use what means we might, if our patients, by their mode of life, ran counter to any suggestion of reason and sense; we should rather expect failure, as the just retribution of our patient's obstinacy and folly.

Sir A. Cooper, about this time, added his testimony to the value of cubebs in the treatment of gonorrhœa, and thenceforward it came into pretty general use. For my own part, admitting that it is not an infallible remedy for gonorrhœa, especially if the attack be of long standing, and thinking that it requires discrimination and attention to many details, as to the time, dose, and manner of giving it, etc., which have not been sufficiently indicated by authors, I have no doubt that it is the best single remedy which we possess for this troublesome disease, and that by its means, aided by appropriate diet, regimen, and general medical treatment, every recent clap may be benefited, and be brought into a state in which other means will complete the cure more speedily, and with less of drawbacks, than if the cubebs had not been given at first, some other plan of treatment having been preferred. But this is not all. In very many cases it is capable of itself, unaided by any other medicine, of quickly, safely, and pleasantly, getting rid of all those symptoms which form an attack of gonorrhœa, of the most acute and severe type, thus fulfilling the beau-ideal of a remedy, in acting, *Tutò, citò, et jucundè*. I would, therefore, not detract at all from the high character with which the cubebs was introduced into practice, but confirm it, by stating, as clearly as I can, in what cases its fullest benefits may be expected without other help; in what other cases this result must not be looked for; and, finally, what are the objections to its use and the precautions by which these may be obviated.

It is not a matter of slight importance in any sense to be able to treat the gonorrhœa effectively, and to cure it quickly. Indeed, there is every motive that could be imagined to prompt us to it. The disease is loathsome, contagious, painful, liable to severe complications, and to very formidable consequences; and the more protracted its existence, the greater the liability to these consequences seems, from the united testimony of experienced observers, to be. It is, therefore, quite worth while to give to everything which concerns it our most earnest attention. The fullest benefits of the cubebs, unaided by other remedies, are obtained almost with certainty in recent cases of gonorrhœa, attacking persons of a tolerably hardy constitution, whose generative organs are well developed, whose digestive powers are good, and whose nervous system is endowed with but moderate sensibility. The more decidedly these characteristics are found in any patient suffering from a clap, the more boldly may the remedy be pushed, the less is any inconvenience to be feared, and with the greater prospect of speedy success may we prognosticate a cure. In such persons there is nothing to do but to give the powder very freely, say in doses of three or four drachms from three to four times a-day, if the patient himself will so far aid our efforts as to abstain from exciting himself by over-exercise, liquor, or continued venery. In some cases, an occasional purgative may be required, and if the inflammatory symptoms, scalding of the water, frequent desire to micturate, and chordœ, be severely felt, sitting over the steam of hot water, abundant use of warm diluents, and the exhibition of Dover's powder and camphor at night, will lessen suffering, and shorten the attack; but, in the majority of such cases, no such aids are required, and many such patients learn to treat themselves without any professional advice, simply by taking the powder in the free manner which I have described. I have known such a person think no more of a clap than of a slight cold; but when he found

the disease coming on, he at once purchased a quarter of a pound of cubebs, and began taking them freely, with the full conviction that if that didn't cure him a second quantity would, and such, indeed, was the case. He pursued at the same time his ordinary calling, which was very laborious. In these cases, which are the most favourable, but in city life not the most common, the disease subsides very quickly, and the remedy really acts as a specific. But when we come to some other classes of patients, these effects can only be obtained by great care, and the further the subject of the attack recedes from the standard of health and constitution I have just depicted, the more of caution need we employ in the use of the remedy. According to my experience, the most troublesome cases, to say nothing of a first attack being generally the worst, occur in the persons of lads in whom puberty is barely established, whose growth is still proceeding, whose configuration is slight, in whom the penis is small, and the urethra consequently narrow. If to this physical condition there be added the fear of detection by parents or masters, a dread of imaginary consequences as the inevitable effect of the disease, and a sense of shame, regret, and compunction, at being the authors of such mischief to themselves, then we have to do with the most unfavourable cases for any treatment, and in which every resource of the physician, of the mind and body, is called into exercise. Between these extremes there are others, of course, presenting various shades of character and constitution, which will, in a corresponding degree, influence the method and results of treatment.

[To be continued.]

CASE OF POISONING BY STRYCHNINE.

By F. RYLAND, Esq., Birmingham.

THE following instance of death from the taking of strychnine may perhaps be interesting. It occurred twenty-five years ago, and is very imperfectly reported; but I prefer to send it as I find it, rather than to dress it up for public exhibition. The remarkable circumstances in the history of the case, as bearing upon that of Cook, are, the length of time intervening between the taking of the strychnine and the beginning of its poisonous effects, and the rigidity of the muscles continuing undiminished after death had occurred.

The account was written in my note-book on the day on which the autopsy was made; I believe, therefore, that the statements may be relied on.

CASE. 18th April, 1831. I was present to-day at the inspection of the body of a stout man, aged 46 years, who had died in the hospital five hours after taking a grain and a half of strychnine. He was under the care of Dr. —, for paralysis of the left side of some standing. About six or seven weeks before his death, he had had a stroke. During a short residence in the hospital, the man had been treated by strychnine—half a grain at first, a grain at one dose each day for a week, and the morning of his death the dose had been increased to a grain and a half. Three hours after taking it, convulsions supervened: I should imagine, from the description, tetanus. The convulsive motions affected both upper and lower extremities, and were much stronger in the sound side than in the paralysed one; and after death, we remarked that while the muscles of the left or paralysed side were in the ordinary state of *post mortem* contraction, those of the right arm were, while the body was still warm and afterwards, excessively rigid, hard as boards, and the fingers of that side were clenched and immovable. Towards the last, the man became comatose; and immediately before death took place, the body became rigid, and probably he died from this rigidity putting a stop to respiration.

On taking off the vertex, three or four ounces of fluid blood escaped from the interior of the skull, but its exact source could not be made out. The inner membranes were very vascular; the arachnoid thickened and milky. The ven-