

been tested by me, and I have found by observation that secondary symptoms do not so frequently follow a judicious course of mercury as when mere alternatives have been administered, neither are they increased in severity on appearing after a mercurial treatment. I am aware this statement has often been made, but it is not in accordance with my results, for these circumstances I should attribute either to an abuse, or to a neglect, of the necessary precautions whilst the patient is under its influence. A well-marked case, treated by me on the non-mercurial system, a short time ago came under my care, and as it bears well upon that subject, I shall select it out of many others. A gentleman, an artist by profession, married, consulted me for a chancre on the prepuce, which, according to his statement, he had contracted from a woman who had sat for one of a group of nymphs; being overcome by her charms in a state of nudity, he was induced to overstep the path of rectitude, and, in the course of ten days after, discovered, much to his chagrin, this legacy of his amour. Being very desirous of avoiding suspicion in the mind of his wife, he particularly requested the iodide of potassium to be prescribed, fearing the mercurial odour might betray him. I accordingly conceded to his wish on his own responsibility; aided by a zinc lotion, the chancre speedily cicatrized. In the course of two months afterwards I was summoned to attend him for a deep excavated ulcer on the right tonsil, with copper-colored scaly blotches over his body, arms, and face. Considering himself to be free from any chance of suspicion, he readily adopted whatever was recommended; accordingly, I put him under a gentle pyalism, with rigid restrictions as to diet, and exposure to cold or damp. In a few weeks he was quite recovered, and attached much blame to his own folly. With reference to this subject, I consider the remarks made by Mr. B. Bell to be very just: he says that "a chancre might frequently be cured with external applications alone, and as we know from experience that the virus is not always absorbed, the cure would in a few instances prove permanent; but as we can never with certainty know whether this would happen or not, while in a great proportion of cases there would be reason to think that absorption would take place, we ought not in any case to trust to it." The reports which have issued from the army surgeons on the non-mercurial treatment of syphilis are undoubtedly most interesting, but daily experience convinces me that all ulcers appearing on the genitals are not of a syphilitic character, consequently not liable to be followed by any secondary symptoms; excoriations, herpetic eruptions, and even small ulcers, are frequently witnessed on these parts, often difficult to be distinguished from a true venereal sore; but these readily yield to a simple treatment, being merely the result of a depraved secretion.—*London Lancet*.

**Sugar of Lead in Strangulated Hernia.**—The use of sugar of lead enemata for reduction of strangulated hernia, was first recommended by Neuber and Seitzl: it has recently been tried by Drs. Neuhold and Hasserbrone. Dr. N. affirms that operations would become very rare were this agent more extensively used: he states that in his experience of its effects, he has always met with success, and that he has given four to six enemata, each containing ten grains of the acetate of lead, without bad results. In a case of a very large scrotal hernia, which had resisted the taxis and all other means for twenty-eight hours, and the patient refusing to consent to an operation, ten grains of the acetate of lead dissolved in six ounces of tepid water were given as an enema, and this was to be repeated every two hours. The pulse, which was small and contracted, gradually became more developed, the general condition hourly improved, and the hernia spontaneously returned while the man was asleep. In another case of inguinal hernia, Dr. N. was not called till strangulation had lasted three days, and had given rise to the worst symptoms. The patient's condition improved much after the use of the enema, and the hernia readily yielded to the taxis.

Dr. Hasserbrone has tried it, and with complete success; the following are the circumstances of the case:—In the month of September, 1848, Dr. H. was called to visit Mi-

chael T—, a basket-maker, about sixty years old, to reduce a large inguinal hernia of the right side. The patient had already made several ineffectual attempts to reduce it, but he only rendered the tumor more painful. Constipation was present, hiccup, and strong agitation. Dr. H. tried the taxis, emollient enemata, cold applications to the tumor, and other usual means, without success; the strangulation had already lasted thirty-six hours. He was going to request a consultation for the purpose of advising an operation; before doing so, however, he determined to try sugar of lead enemata, forty grains to twenty-four ounces of warm water for four enemata; two every two hours; at the same time he ordered cold applications of strong sugar of lead to the tumor: after the third enema Dr. H. again tried the taxis, and was able to reduce the hernia. He ordered immediately an ounce and a half of castor-oil; the patient had several stools during the night without suffering any bad effects; two days after he resumed his usual business. Though not altogether sharing in M. Neuhold's hopes, Dr. H. believes this remedy will play an important part in the treatment of strangulated hernia, and that it will advantageously supplant tobacco enemata, which are not free from danger.—*L'Un. Méd., and Monthly Jour. of Med. Sci.*

**The advantages of Chloride of Gold as a Caustic;** by M. Chavannes.—MM. Récamier and Légrand signalized the advantages of the chloride of gold as a caustic many years ago—and our author confirms their statements from observations made chiefly in the treatment of lupus and syphilitic tubercles and ulcers. M. Chavannes maintains that the chloride of gold destroys less than the other caustics, and, when the crust separates, cicatrization is found in a forward state of advancement. The cicatrix, which remains after the use of this chloride, is said to be less marked than when other caustics are employed. It is prepared thus: gold leaf one part, hydrochloric acid three parts, nitric acid one part.—*Monthly Retros., from Gaz. Méd. de Paris.*

**Collodion and Asbestos for Toothache.**—Mr. Robinson, a distinguished dentist of London, says that he has frequently applied collodion in severe cases of toothache arising from exposure of the nerve. The method he adopts, is to make the patient first wash out his mouth in warm water, in which a few grains of bicarbonate of soda has been dissolved. He then removes from the cavity any foreign substance likely to cause irritation. After drying the cavity, he drops from a point the collodion, to which has been added a few grains of morphia; after which he fills the cavity with asbestos, and saturates with collodion. Lastly, over this he places a pledget of bibulous paper. In a few seconds the whole becomes solidified, and forms an excellent non-conductor of heat and cold to the exposed nerve. By occasionally renewing this, he has been enabled to effect a more durable stopping than with gold.—*Med. Times.*

**Calomel as a Local Application to Chancres.**—Dr. Hartshorne dresses obstinate chancres and ulcerated buboes in this manner. After sprinkling calomel freely upon them he covers them with lint dipped in a solution of chloride of soda.—*American Journal of Medical Science, January, 1849.*

**Aneurism of the Coronary Artery.**—Dr. Bevil Peacock reports a case of this rare lesion, premising it with the account of the only two cases he is able to find; one published in the *Bibliothèque Méd.*, 1812; the other in the *Archiv. Gén. de Méd.*, 1843.

A man, aged 51, a butcher, admitted into the Royal Free Hospital, in December, 1847, laboring under influenza, for-