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IS MERCURY AN ANTIDOTE TO SYPHILIS?*

BY W. FRANK GLENN, M.D.,

Professor of Venereal Diseases in the Medical Department of the University of Tennessee—Nashville Medical College.

While it has never been discovered and cultivated, yet there is no doubt that syphilis depends upon the introduction into the system of a special germ, and all of the many varied and peculiar manifestations of the disease are due to the action of this specific virus or its ptomaines. If the medical world knew of a perfect antidote for this poison then syphilis could be speedily eradicated; but, unfortunately, such an antidote has never been discovered. Not discovered, as I believe, because the special virus has not yet been isolated and sufficiently experi-

*A paper read before the Nashville Academy of Medicine.

mented upon. Yet I believe the day is not far distant when the germs of syphilis will be fully understood and a perfect antidote found. Then will the rapid cure of syphilis be a matter more easily accomplished than the breaking up of chills and fever with quinine.

While we have no direct antidote to syphilitic poison, if we possess a remedy that is a partial antidote, and will at the same time build up the system by vitalizing the blood, thereby very materially limiting the ravages of the disease while it runs its course, may the system not finally eliminate the poison and the patient be as absolutely cured as of any known disease?

Now, the question comes, have we such a remedy?

I believe that we have a remedy that, when properly administered, is a very decided antidote to the syphilitic poison, holding its manifestations almost wholly in check, and at the same time has on the blood exactly the opposite influence to the syphilitic virus; and, if it is continued for a sufficient period of time, will in ninety-five per cent. as absolutely and completely cure as any other disease is cured. That remedy is mercury.

Let us for a moment compare the action of mercury on the system with the action of the syphilitic poison. The effect of syphilis on the blood is to lessen the number of red-blood corpuscles, thereby devitalizing every tissue in the body. In addition to this general debilitating influence, it has manifestly all of the special lesions peculiar to itself. Mercury, in the proper doses, has exactly the opposite influence. It, by its direct antidotal properties, prevents to a very great degree the special lesions of syphilis from making their appearances, and it also actually increases the number of red-blood globules. It, therefore, holds the poison in check and at the same time constantly fortifies the system by vitalizing the blood, thereby enabling it to so successfully cope with the enemy as to finally banish it entirely from the system, leaving the patient to all intents and purposes well. I say administered in the proper doses, from the fact that mercury is a double-edged weapon. If the dose be too large, approaching ptyalism, then the effect is to lessen the number of red-blood globules, thereby assisting syphilis in pulling down the system. The dose of mercury must, therefore, be established for each individual, and only the dose given which will antidot

the poison and at the same time be tonic to the system. Years ago, by a misunderstanding of its action and a wrong application of the remedy, many crimes were laid at the door of mercury of which it was not guilty.

Under an erroneous impression, mercury was blamed for hurting the bones, and for certain pains called mercurial rheumatism. For neither of which is it responsible. But these bone pains, and so-called mercurial rheumatism, are clearly and undoubtedly due to syphilis, and they are the result of the want of the proper course of mercury, instead of the result of its use.

Now, then, an important question presents itself. Can a man who has had syphilis be cured so that he might become a proper subject for matrimony, without giving any risk to his wife or offspring? This is an all important question and one often presented by the patient to the physician. The grave responsibility resting upon us in giving an answer to this question should make us look at it from the standpoint of scientific medicine alone. No other influences should in the least weigh with us or bias our judgment. The influences of friendship should not incline us to favor our patient if his disease is not curable, neither should an unjust prejudice control against the established teachings of science. This question is, therefore, to be decided by the physician for the man contemplating matrimony, and he must fully appreciate the gravity of the situation.

What can we contemplate with more horror than a young and beautiful bride receiving syphilis as a bridal gift from her husband? Or, again, what on earth could be sadder than syphilis in the cradle? Instead of the bright, bouncing babe, so anxiously looked for by all the relatives, a miserable scrawny scabby wretch, an object of disgust and pity, which soon whines its life away. Then, fully appreciating the gravity of the question, I answer that after a proper course of medicine, assisted by the observance of hygienic rules, a man may marry with perfect impunity and render no risk either to his wife or his offspring.

Then, understanding the effects of mercury on the syphilitic virus, and on the red corpuscles, we draw the following conclusions:

1. That mercury is a strong yet partial antidote to syphilitic poison.

2. That mercury given in the proper doses and continued for a sufficient time will, in the greater number of instances, cure syphilis.

3. That mercury is the only medicine possessing in any degree the power of eradicating syphilis.

4. That mercury does not cause bone pains and rheumatism in the days that follow its administration.

5. That, thanks to the therapeutic effects of mercury, a man who has been so unfortunate as to have had his system poisoned by this peculiar virus is not to be debarred from the hapdy pleasures of the matrimonial state, and may surround himself with that climax of human desire, home and family.

THE DIAGNOSIS AND TREATMENT OF INGUINAL HERNIA.*

BY J. W. HANDLEY, M. D.,

Lecturer on Genito-Urinary Diseases and Demonstrator of Anatomy, Medical Department, University of Tennessee.

The diagnosis between inguinal hernia and the various other enlargements so ofted found in the scrotum is at times quite difficult to make. In your works on surgery you will find formulated tables giving the differential diagnosis between hernia and hydrocele, varicocele, hæmatocele, suppurating adenitis, etc., a thorough knowledge of which will aid greatly in arriving at a conclusion as to what condition exists.

Possibly the greatest difficulty in the diagnosis of scrotal tumors is in congenital hernia and congenital hydrocele, in which latter condition there has been only a partial obliteration of the peritoneal prolongation at the abdominal ring and inguinal canal, thereby allowing the fluid to gravitate into the tunica vaginalis. Congenital hydrocele appears soon after birth, giving a tumor filling up the entire one side of the scrotum, continuous along the inguinal canal, more or less rapidly reducible according to the size of the opening at the neck of the tumor. The testicle

*A paper read before the Nashville Academy of Medicine.

is entirely obscured while the fluid is in the sac, but reappears on reducing the tumor; it is translucent, and gives more or less flatness on percussion.

In *hernia*—whether congenital or not—there is found a tumor, doughy in character, filling up the inguinal canal and extending down into the scrotum, usually resonant on percussion, and showing little or no fluctuation; when the tumor is reduced, which may be difficult at times to accomplish, it rushes back with a gurgling and a jerk. Now, with the finger in the canal, and the patient being requested to cough, or, it being a child, made to cry by pinching or pricking with a pin, a distinct protrusion or impulse can be felt. Its shape is often irregular and elongated, while the shape of the hydrocele is oval or pyriform, and smooth and regular, unless a multi-locular cyst exists. The testicle can always be felt in an uncomplicated congenital hernia, unless there is present a case of undescended testicle, which condition must always be taken into consideration. If a hydrocele of the hernia sac, or a multi-locular cyst, or any form of cystic tumor exists, and there is doubt in the mind of the surgeon as to the condition present, nothing will afford us more aid in diagnosis, than a small, clean hypodermic needle attached to an aspirator or syringe, with which the fluid can be withdrawn, if present, without the slightest harm to the patient. Note—Only a short time since I had occasion to see a case of double hydrocele complicated with double indirect inguinal hernia, in which the diagnosis was quite obscure until the hydrocele sac had been evacuated, when the diagnosis became clear and could be easily made. The differential diagnosis between incarcerated inguinal hernia and hydrocele of the cord is at times a point of considerable interest to the surgeon, and one often attended with difficulty before a clear conception of the pathological condition existing can be determined upon; especially is this true when the sac contains a dark colored, gelatinous fluid, and the sac walls are markedly thickened, or there exists an hæmatocele.

An epiplocele, characterized as a soft, uneven mass, giving flatness on percussion, and devoid of that peculiar gurgling of inguinal enterocele so frequently noticed during taxis, might be mistaken for an exagerated varicocele with enlargement of the cord through hypertrophic changes, especially if the hernia has

become incarcerated. An acute inguinal adenitis, with disintegration of the glands, together with infiltration of the perilymphatic tissues, has been mistaken for direct inguinal hernia, the scalpel plunged carelessly into it, and severe after effects experienced. In such a case, if the intestine has passed back into the abdominal cavity, as it naturally will do after its contents have been evacuated, a laparotomy and closure of the incision into the intestine will be necessary for the complete restoration of the patient. Such a mistake is unpardonable on the part of a reputable M. D., since in the former condition there is found pain, heat, redness and probably a less circumscribed swelling, than in hernia, unless it has become strangulated, at which time colicky intestinal pains, general disturbance of the nervous system, nausea, and frequently vomiting, will be noticed.

Syphilitic orchitis, accompanied with hydrocele of the cord, may simulate incarcerated hernia closely, but the hardness of the testicle, its nodular form, extreme weight and previous syphilitic history, ought to be sufficient to make a diagnosis clear. When a case of inguinal or scrotal trouble presents itself, the first step in diagnosis is to find the testicle, which cannot always clearly be made out.

Now, at length, having determined by the various means and symptoms previously spoken of in this paper, that we have an inguinal hernia, the age, occupation, habits etc., must be taken into consideration before a definite plan of treatment can be employed. The treatment of inguinal hernia may be either palliative or radical, but the palliative measures may become radical at times, while what is regarded radical treatment may be only palliative. The former is applicable to all forms of hernia, except incarcerated hernia, while the latter is only justifiable where the former measure fails to cure or control the trouble. The form of truss for palliative treatment has elicited more discussion among medical men than the treatment of any other form of trouble. While a truss is regarded usually as a palliative measure, yet some authorities (Prof. Cheyne) strongly insists that a properly fitting and a properly worn truss ought to be a radical cure. If the bowel is prevented from ever again passing down, by sufficient pressure and properly directed efforts, nature will do the rest. The canal has a natural tendency to contract and close,

and it is only the occasional passage of the gut that prevents it, as the steel sound introduced at intervals prevents the closure of a stricture of the urethra. Especially is this the case in children, and all that is wanted is to maintain sufficient pressure over the internal ring to allow the neck of the sac to close. Pressure over the external ring merely prevents the descent of the intestine into the scrotum. Now, as to the best forms of trusses to be employed: For infants I most heartily indorse the "hank or woolen truss," first suggested by William Coates in the *London Med. Gazette* in 1848, and described in Pye's Surgical Handicraft, 1st American edition, from 5th London, p. 112, which I now take pleasure in presenting to you. It is made of woolen threads, thirty or forty in number, wound into a hank of sufficient length to pass around the body, loop over the inguinal canal, and descend beneath the perineum, to be tied to the first horizontal band. By looping or tying the hank over the abdominal ring, firm pressure is afforded the entire canal, and is in every respect comfortable to the little child. I dare say those of you who have not used this truss, after doing so once, will throw aside that stiff, ill-fitting, inelastic band heretofore employed, which so often produces excoriation of the tender, soft parts, atrophy of the tendinous supports, and frequently abcesses. Should the parts become excoriated from the use of this truss, which is rarely the case, the dry sub-iodide of bismuth will speedily cure them. The advantages of this truss are its easy application by the mother, its safety in holding up the hernia, its cheapness, and the comfort afforded the patient. Usually the continued wearing of this truss for six months is sufficient to permanently cure the majority of cases. For older children, say 18 months or two years of age, I prefer the elastic belt truss, with a hard rubber or polished wooden pad and a single perineal band. Should this be used for two years or more and a cure not be effected, a radical operation should be done, although this procedure is not contra-indicated in the beginning of the treatment. The mother should be instructed that the truss should always be taken on and off with the patient in the recumbent position, and the child should from time to time be cautioned not to jump, climb or exert himself, and at first feeling of discomfort in the region of the hernia, go immediately to its mother for relief.