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## CLINICAL LECTURES,

IN COURSE OF DELIVERY DURING THE PRESENT SESSION  
AT GUY'S HOSPITAL,

BY BRANSBY B. COOPER, ESQ. F.R.S.

(Published with Permission of the Lecturer.)

MONDAY, JAN. 18, 1841.

LECT. IX.—On Ulcers—Hydrocele.

GENTLEMEN,—The first subject to which I shall direct your attention to-day is not without its interest, though at first sight it might appear trivial and common-place; I allude to the subject of Ulcers. There are several cases in my wards at present, and I have the notes of some of them before me; and I refer to them to-day in order that you may not be led to pass them over in favour of more rare cases, as is too commonly done, to the neglect of such diseases that you will daily meet with in future practice, and by the successful treatment of which the degree of your professional knowledge will very frequently be tested.

The first case is in the bed No. 24, in Mary's ward; a woman, aged 22, admitted on the 6th of January last. Her occupation is that of a servant; she is a delicate-looking young woman, and says she has never enjoyed robust health. Eighteen months ago she had an attack of inflammation of the liver, for which she took mercury, but her mouth was not affected by it. Soon after her recovery from this illness, she perceived a small pimple in her right groin, which being very irritable, she scratched it, and thereby caused a small ulcer. She did not at first make use of any local application; but after some time, by the advice of her friends, she applied a hemlock poultice, and a variety of ointments. These produced no good effects. The sore healed at one place, but extended in another; and finding that it was getting worse, she went into the Canterbury Hospital, about seven months since; and after remaining there two months, she left, the ulcer then not being larger than a sixpence. She states that, while in that hospital, she was placed under the influence of mercury, and that her mouth became very sore. Immediately after coming out, the ulcer began to extend towards both the inner and outer part of the thigh, and has continued to do so ever since, healing at one extremity but spreading at the other. On her admission into this hospital, the ulcer presented the following appearances:—A very extensive superficial sore, situated at the upper and anterior part of the thigh, about an inch below Poupart's ligament; the circumference exceedingly irregular; in some places the surface imperfectly cicatrized, in others covered with a thick yellowish discharge. She complains of very great pain when pressure is made around the edges. The ulceration seems almost entirely confined

to the skin. She has never had syphilis. Her catamenia have been extremely irregular, sometimes appearing two or three times in a month, at others two months intervening between each period; pulse feeble; no appetite; very restless at night, from the painful state of the ulcer. She was ordered a quarter of a grain of acetate of morphia every night, and two table spoonfuls of a mixture three times a day, composed as follows:—Iodide of potassium, two scruples; tincture of bark, half an ounce; and decoction of bark, eight ounces; under which treatment she has gradually improved.

Now, before I make any remarks on this case, I will say a few words on the subject of ulcers in general, and some of their varieties, of which there are specimens in the wards. It appears a very simple thing to say what an ulcer is; and yet there is scarcely a single definition given, which is not open to objection. Sir Astley Cooper's is one of the best—"a granulating sore discharging pus;" but that only defines one kind of ulcer, the kind we always wish to see, for very often there is no discharge of pus. Then we have—"a solution of continuity in the soft parts, discharging matter;" but this will apply also to a wound, and, as I said before, there may be no discharge. I would say, therefore, a solution of continuity produced by some constitutional cause, or modification of vital action; thus distinguishing an ulcer from a wound depending on external injury. The surface of the ulcer will differ according to the character of the cause producing it, the peculiar constitution of the party, and the texture implicated. We have now in Samaritan ward a superficial sore, healing at one end and spreading at another, on the penis of a man, and it has a very similar appearance to that on the leg of the woman of whom I have just been speaking. The one is evidently syphilitic, but we have no reason to suppose that the other is so. You can very rarely be certain as to the cause of an ulcer from its appearance, for the same poison will produce very different sores in different persons, according to the peculiarity of their constitution. We have no occasion to enter on the question as to the existence of one or many syphilitic poisons to prove this, for it is a common thing for two men to be exposed to the same influence and present sores of a very different appearance, while it is evident that the cause has been the same. With these causes of variety, it is not surprising that we should have so many kinds of ulcers; and this diversity has led to different systems of classification, in order to simplify the directions of treatment. One mode of classification has been based on the condition of the ulcer; another on the structures affected; another on the state of the edges; and another again on the constitution of the patient. I think that of Sir Everard Home is the best, and is that I shall