Evidence of fluid effusion in the pericardium presented itself on the following day, February 4th; the cardiac dulness extending completely across the sternum, and in an upward direction to the third cartilage, and at the same time the rubbing sound, though remaining distinct, became systolic only, and resembled more nearly a blowing sound, though retaining a "crumpling" character at the base. Pulse and respiration as before: the pulse very yielding and unsteady, and the action of the heart so tumultuous as to shake the whole left chest. At this time a troublesome vomiting set in, and prevented her taking wine and medicine, so that for the five succeeding days, an occasional dose of morphine, with the application of fomentations, was the only medical treatment employed.

On February 9th, she improved and began to take some solid food, though in small quantity, she also took more readily the wine which had been previously prescribed. The ammonia and bark mixture was resumed, and a morphine pill ordered each night.

Though her state did not occasion the least anxiety, she advanced very slowly. It was not till the thirty-eighth day of the pericarditis (March 11th) that she could leave her bed even for a short time. A mild attack of pleurisy developed itself on the left side, on February 11th, and it was eighteen days before the effusion was removed from the chest.

She suffered considerable pain in the left side, both before and during the attack of pleurisy, and her posture was rendered irksome, between the soreness of the left side, and the breathlessness occasioned by any attempt to lie upon the right. A troublesome cough too, occasioned by great enlargement of the tonsils, distressed her, and required removal of a portion of one tonsil for its relief.

The pericardial effusion began to lessen in four days after its first appearance, and was entirely removed in the course of two days: the action of the heart becoming more tranquil; but nine days afterwards, from some unexplained cause, it reappeared, even exceeding its former limits, and a week elapsed before it began again to retire.

The friction-sound had not ceased to be heard when the patient left (April 4th), but on her visiting the hospital seven weeks afterwards, it could not be distinguished at all, though in a month subsequently some roughness of the first sound was noted at the base.

The sound had continued systolic, and hardly distinguishable from a bellows-sound, excepting by its position (along the left edge of the sternum) and by the circumstance that at one time, a distinct diastolic sound was produced by firm pressure with the stethoscope, at a particular spot corresponding to the fourth cartilage. Adhesion of the pericardium if effected, as was probably the case, was very slow in accomplishment, and was probably never complete.

[*To be continued.*]

Spontaneous Decomposition of Chloride of Lime. About three years ago, Dr. Hoffman mentioned the case of a choice specimen of chloride of lime in his laboratory undergoing spontaneous decomposition, and bursting the bottle to pieces. Another instance of this decomposition occurred in Dr. Letheby's laboratory. The specimen of chloride was perfectly dry, and the bottle had not been opened since June last. In making an attempt to loosen the stopper it was projected with great violence. The residual gas was instantly secured by covering the bottle, which was not broken. It was colourless, there was no odour of chlorine, but when tested by a match with spark it was relighted several times—an experimental proof that the result of the decomposition was oxygen. (*Chemical News.*)

Original Communications.

PRACTICAL REMARKS UPON THE PREVALENCE AND TREATMENT OF SYPHILIS.

By Jeffery Marston, M.D., Royal Artillery.

So long as the public will not entertain any plan of legislative enactment with the view of controlling the spread of syphilis, it would be futile to dwell upon the importance of sanitary measures directed to the examination and removal of affected women.

In large towns, indeed, it would be difficult to carry out efficiently any measures to this end; but it is not so within the limited areas of smaller garrison towns, particularly abroad. The experience obtained in Belgium and elsewhere of the control and diminution of syphilitic disease by these measures is quite parallel with my own observations. In Malta and Gibraltar, where measures were stringently enforced, there was almost entire immunity from syphilitic disease amid the troops; and when, as in the former station, these sanitary measures were discontinued, disease became so quickly and widely prevalent as to necessitate a recurrence to them.

Looking to the immense amount of disease and want entailed by these disorders, the great expense incurred by the Government from their widely spread prevalence among troops, and the subsequent loss of health and strength, as well as the congenital or inherited diseases to be traced to these causes, it seems wonderful that so little should be done to prevent their spread, and that the desire should be so determined to ignore their existence.

The number of hospitals and means in Great Britain for the treatment of so highly a contagious disease is very small and quite inadequate.

Persons out of the army can form but little idea of the amount of disease and the modifications of health induced by syphilis.

The limits within which any suggestions can be offered are practically narrowed to such as can affect the soldier. Military hospitals—in Britain, at any rate—would be comparatively empty were it not for diseases of this kind. As at present, the liberty of the subject is carried to its furthest extent, and made to press unfairly upon the more steady soldier. In all benefit clubs, it is a recognised custom that no member shall obtain any advantages for diseases of his own producing and within his own control. In the army, it might surely be regarded as a breach of contract when a soldier escapes his duties by his own immoralities. A soldier whilst in hospital with such a disease pays no more than another suffering from one the direct result of the execution of his duties. Moreover, for every day so spent, duties are escaped, which fall upon the other and effective men, upon whom therefore, practically, the burden falls. It often happens, also, that a soldier, by means of such diseases, is enabled to escape some punishment awarded to him at a date prior to the appearance of it. These facts seem to carry with them their own remedies.

It would be Utopian to suppose that we shall be able to *eradicate* diseases of this nature by any efforts directed to the education and amusement of the soldier. No doubt the practical workers in sanitary science have done much, and much more remains to be done; but we must not forget that diseases resulting from immoralities are common enough among persons as far removed from the soldier, in these respects, as possible. If not so common, obviously, the one class possess means by which they can more easily guard against and escape these evils than can the other.

It is well that those who expect so much from the education and elevation of the soldier, should remember that the life of a soldier is altogether peculiar; *e.g.*, he enters the army as a very young man, and is not an old one when he leaves it. During this period of life the passions are not by any means at their weakest. The life of a soldier is a non-natural one of celibacy. It would be incompatible with the nature of his occupation for the soldier to be married, even were it practicable to find sufficient barrack accommodation. Every one will perceive that such a state of things must entail a good deal of immorality.

The married soldiers, however much they may encumber a regiment upon the march, or in barracks, do not swell the list of occupants of military hospitals and prisons.

A soldier's life contrasts with that of a civilian at the very commencement. The "raw material" of our army is composed, in some part, of men unfitted for occupations requiring steady habits and perseverance—if not worse; and the discipline of the army exerts a great influence in the removal and repression of much of the crime which would otherwise elsewhere occur. The plan of enlistment is but too often a scandal. The system of barrack life is such, that a man is contaminated by the evils around him; it almost necessarily entails a loss of modesty; and individuals obtain that kind of mutual support and sympathy from the conduct of others, to which we can find no parallel in civil life.

Abortive Treatment. Although the doctrines hitherto promulgated upon this head require some limitation, it is certainly true that the soft suppurating chancre can be destroyed by caustics.

As obviously we can have no means of diagnosing the exact nature of a sore at early dates, before the appearance of its induration, or the characteristic affection of the inguinal glands, we must not conclude (as is too commonly done) that we have, by an early destruction of the sore, prevented the occurrence of constitutional infection, because no further symptoms follow. We can, pretty certainly, arrest the progress of the soft suppurating form by caustics; and shall certainly do no harm, at least, if it prove to be of the indurating, infecting variety.

The agents which I am in the habit of using for this purpose are—the strong nitric acid, or the potassa cum calce (the latter is very convenient in the form of small sticks). If the former be applied, the pain may be very much alleviated indeed by immediately afterwards pouring a continuous stream of cold water upon the part from some spouted vessel.*

Should the soft, suppurating sore not be destroyed within a few days of its appearance, the tissues surrounding it imbibe and become infected with the virus; the specific ulceration will then tend to run its course, and it may be five or six weeks, or much longer, before the sore heals.

It may be well, therefore, to use various means to accelerate the healing of a suppurating sore, and such means are sometimes absolutely necessary. So long as the sore has the specific characters of ulcerating deeply, with clearly defined vertical edges, it is right to continue the use of some mild caustic, such as solution of nitrate of silver. When granulations spring up, and the base appears healthy, it matters little what applications be used, provided the part be kept scrupulously clean.

The ulcer may assume the characters and appearances of similar lesions elsewhere situated; *e.g.*, it may be indolent, irritable, or inflamed, or, by granulating too redundantly, impede the cicatrisation. Such symptoms are to be met by the same measures as would ordinarily be used.

* The application of nitrate of silver for this purpose is useless, from its limited action and deficiency of penetration.

If the chancres threaten sloughing, it is best to dry the parts and apply nitric acid; afterwards using a lotion of potassio-tartrate of iron. With a solution of that salt applied to the sore, and the administration of the same drug internally, the phagedænic action will almost always alter its character.

Sometimes a large amount of inflammation, with great pain, attends the local progress of the disease. In such cases, the administration of morphia in liquor ammoniæ acetatis is highly beneficial.

That peculiar form of destructive ulceration which gives rise to the serpiginous sore, may not only attack a chancre or bubo, but the seats of lesions of consecutive syphilis. In sores, the subject of this complication, there is a tendency to the destruction of the neighbouring tissue in the form of segments of circles. It is a molecular death of the part, and is preceded by an inflamed, glazed, shining appearance of the surface. This is often very difficult of cure. Sometimes the application of calomel vapour to the part is very beneficial; particularly if the bichloride of mercury in tincture of cinchona be given at the same time, with the soap and opium pill at bedtime. A little watching upon our parts will soon determine whether this plan is likely to prove useful. The administration of the potassio-tartrate of iron internally, and the application of a lotion of the same salt to the affected part, sometimes answers very well.

The great thing, however (as far as local measures are concerned), is to excite an artificial and more healthy inflammatory process around the periphery of such sores. The following plan is a very good one:—A thin layer of Fell's paste (chloride of zinc paste) is to be spread on the unhealthy edge, in such a way as not only to destroy the affected, but a narrow rim of the nearest healthy tissue also. Attention to cleanliness, good air, and hygiene, are of primary importance in these cases.

Of the buboes which attend and accompany these chancres, two varieties may be mentioned. The progress of the first we can hope to arrest, while that of the latter will surely go on.

First. An inflammation of the lymphatics,—such as often occurs after abrasions or wounds of other parts,—may arise. The nearest inguinal gland may enlarge, and the textures seated upon it inflame, without there being any specific material in the gland-tissue itself. If an abscess form, it is a simple abscess, and the ulcerated surface does not become a chancre, affording inoculable discharge.

Second. When lymphatic absorption occurs, there is a transmission and lodgement of a chancrous virus in the part. An abscess will then ensue, and the resulting ulcer will, ofttimes, be but a repetition of the chancrous process, and to be treated, therefore, in a similar manner to the chancre.

When we have no means of deciding to which division the symptoms in the lymphatics are to be referred, it is well to try—by a few leeches, perfect rest, hot or cold applications, pressure, and the application of vesicants—to prevent suppuration. Of the latter, the best are—the vesicant action by a strong solution of iodine, or painting the integument with a strong solution of nitrate of silver, dissolved with the aid of a little nitric acid, as suggested by Mr. Henry Thompson. As soon as the effect of these remedies has subsided, pressure may be employed if the parts are still enlarged.

Should these plans fail in discussing the tumour, it is better to allow the patient to get up and walk about in the air.

Suppuration having set in, shall we open by multiple and small incisions, or by a depending one, involving the whole length of the swelling? The former course—with or without the use of stimulating injections—has proved very uncertain in its results; a free opening is generally to be preferred. The wound may then be dressed with strips of lint, from the bottom.

If the integument be thin and undermined, the action indolent, and the skin of a dull red colour, opening the abscess by means of a liberal application of potassa fusa will be found to expedite considerably the subsequent healing.

When the abscess has been laid open, it will be often found that a large indolently inflamed gland appears at the bottom. Between this and the apposed textures no union will generally ensue, and nothing is more common than to be able to pass a probe around the circumference of such gland. Matter is apt to lodge in these intervals, inflammation and burrowing to ensue, with the formation of sinuses.

Nothing can be more troublesome to cure than these buboes; and by far the shortest course is to destroy the gland by caustics, or to put the patient under chloroform, incise the gland, and detach it with the handle of the knife or fingers, subsequently stuffing the wound with lint.

As the last may appear a severe plan of treatment, it may be well to try first the effect of repeated applications of nitrate of silver or the red oxide of mercury, by which the gland-tissue is gradually destroyed, and contraction of the walls of the abscess sometimes ensues.

Sinuses, here as elsewhere, must be laid open; for it is rarely that these heal by the injection of astringent and stimulating fluids. Of course, however, the effect of these can be tried before proceeding to the incisions.

When a sinus runs perpendicularly downwards—*i.e.*, at right angles to the surface of the body—it cannot be laid open. An enlarged and inflamed gland will be found occupying the base of the sinus, and preventing its healing. By applying caustic to this, and stuffing the part with lint, it may be generally be made to heal from below. So soon as there is a healthy granulating foundation, the sinus will begin to be filled up. If the process become chronic, it is a good plan to pass a narrow bistoury to the bottom, and incise the walls of the sinus, applying pressure afterwards.

During the whole treatment, the patient should live well, take as much air and exercise as he well can, and steel with tonics are generally indicated.

Of the treatment of the infecting sore, I may at once state that, do what we may, constitutional symptoms will generally follow. I have treated cases with mercury until not a trace of induration has remained in the cicatrix, and yet secondary symptoms have appeared. Looking back upon the records obtained from numerous observations, I am led to conclude that mercury will remove an induration more speedily than any other medicine; that the interval between the appearance of the primary and secondary phenomena is more protracted than when mercury has not been used; that the secondary symptoms, when they appear, are not so marked or so severe, but that the syphilitic cachexia and loss of health may be as marked as if no mercurial treatment had been pursued.

Some of the worst cases are those in which the system becomes speedily affected with mercury, and a rapid ulcerative action sets in about the induration of the chancre. A rapid effect upon the system by mercury seems almost invariably to act injuriously; whether such result from the idiosyncrasy of the patient, or the object of the surgeon.

In many cases, the constitutional symptoms will be relatively slight, and the progress of the disease does not pass the secondary stage, but, in spite of relapses, tends to wear itself out; in others, the symptoms appear to increase rather than diminish in intensity as the evolution of the disease progresses. Diday makes the very practical division of the mild and severe, and modifies, to a great extent, the treatment pursued, by the recognition of these two types.

In the employment of mercury for the treatment of syphilis, I do not think that sufficient attention is given to the following.

1. *Hygiene.* The patient should be warmly clad; live upon a good but plain diet; take plenty of exercise in the open air; use occasionally warm baths; and avoid stimulants, unless specially indicated.

2. It is neither necessary nor desirable to depress the system for the cure of syphilis. The disease in itself tends directly to induce a chloro-anæmic state; and it too often happens that the sufferers from it are the subjects of some debilitating conditions—congenital or acquired. In all cases, it is essential to elevate the general health to a normal standard; and we should neglect no means so to modify our treatment as to meet the exigencies of the case. As in other diseases, individual cases will almost always present a physiognomy of their own. Not only is there no reason against, but every reason for giving steel, quinine, vegetable bitters, or cod-liver oil, as circumstances require; at the same time that we apply a specific remedy.

Believing, as I do, that there is no remedy equal to mercury for the treatment of this disease, I cannot avoid perceiving that in primary affections its administration rarely, if ever, prevents the occurrence of constitutional symptoms; while, for the secondary lesions, it will be found that relapses and slow recovery are the rule, and a rapid return to health the exception.

In the treatment of the primary disease, I am guided by two considerations—1. The history of a previous attack of true syphilis; 2. The condition and indolence of the sores.* If the sore be but slightly indurated; if it do not prove indolent, but can be healed by local remedies, I do not think it right to anticipate symptoms, which after all may not occur, by a remedy of doubtful efficacy, as a preventive to their appearance.

As many of the sores are mixed, and not so typical as described in books, the diagnosis is obviously not quite certain.

Powdered calomel is one of the best local applications to the indurated sore.

When sloughing, gangrene, or rapid ulceration appear in the chancre, mercury is either not to be given, or immediately withdrawn.

With regard to the various modes of treating primary syphilis by iodide of potassium, etc., I have not been able to assure myself of their possessing any influence.

Almost all primary sores will heal without treatment in time; but, when much induration exists, non-specific remedies fail to affect this, and the constitutional symptoms appear, as regularly and certainly, as if no treatment had been pursued.

For the secondary symptoms—with the exception of the pustular, rupitic, and ecthymatous forms of syphilide, or those accompanying cachectic states of the system—mercury, in some form or other, is the best remedy.

The course I pursue is—to use the mercurial vapour bath, or mercurial inunction; allowing the patient steel and a good meat diet, if his strength appears impaired by the treatment. I invariably attempt to affect the system as slowly as possible, and to remit for a time the use of the remedy as soon as that effect has been attained.

Ricord advises that mercurials should not only be used so long as any symptoms are apparent, but that the treatment should be continued and sustained for *long periods* afterwards. With all deference to so great an authority, I am not sure that the practice indicated is a good one, even if patients could be found to submit

* Supposing the patient to have suffered from a constitutional syphilis, the infecting sore will be much modified in its characters, and will rarely require mercury to heal it. Unless, therefore, there are some other reasons present for its administration, it is unnecessary.

to it. I have myself tried his plan, and, I fear, to the disadvantage of the patient.

What I conceive to be preferable is, to follow up the mercurials, so soon as the symptoms for which they have been given have fairly disappeared, by a course of steel and other remedies. In three cases (after the use of mercury, where the health seemed impaired by the remedy, and although no fresh symptoms had appeared, the cutaneous affections could not be said to be quite cured), I have given podophyllin in small doses (1-6th gr.), with extract of belladonna, with great advantage. The complexion improved very markedly under the use of this remedy.

Without having any statistical evidence whereon to ground my belief, I may say that symptoms referable to internal syphilis—such as cerebral, osseous, and glandular diseases—are apt to appear when a mercurial treatment has been sustained for a long period.

What I particularly remarked also, in some cases, was a cachectic aspect, and a liability to chronic rheumatismal pains, without cutaneous manifestations of syphilis, where a mercurial plan of treatment had been too persistingly pursued. Among these rheumatoid affections, I would enumerate sciatica, and inflammations of the fibrous fasciæ covering tendons, bones, and cartilages.

The exhibition of mercury by the calomel vapour bath is excellent. It is not liable to affect the digestion, and it leaves room for the exhibition of any other remedies that may be required. It is, moreover, mild, slow, and equable in its action; so that it is safer than other plans, inasmuch as we have no means of telling beforehand what effect the remedy will have upon the system. Sometimes, from these very causes, it seemed to be inadequate. Every one must have remarked the seeming antagonism between the two states of system—that engendered by syphilis, and that by mercury. A patient will, perhaps, be easily affected by the mineral exhibited during the primary, and very difficultly so during the later stages of the disease. In cases of relapsing secondaries, the system is very tolerant of the drug, and but little amenable to its action. Hence, often, mercurial inunction will cure more speedily than the calomel vapour-bath. A very good plan is to rub some mercurial ointment into the thighs, and direct the patient to wear the same drawers for ten days or a fortnight, taking a tepid bath occasionally at night.

Should the patient's system be early affected by mercury, while the symptoms are not benefited, I give chlorate of potash in compound tincture of cinchona at the same time.

Of the internal preparations of mercury, I prefer the bichloride, in compound tincture of cinchona or in tincture of sesquichloride of iron; or the iodide of mercury in half-grain doses, with iodide of potassium or syrup of the iodide of iron.

Frequently, in strumous subjects, I find it useful to give the bichloride of mercury combined with cod-liver oil, which is easily done by first dissolving the bichloride in ether, before adding it to the oil. In some of the more intractable forms of syphilitic squama, a combination of liquor arsenicalis, solution of bichloride of mercury, and tincture of sesquichloride of iron, will be found very useful.

In syphilitic diseases of the skin generally, Mr. Startin's advice to avoid the use of soap in ablution is well worth bearing in mind. The soap appears to irritate and inflame the parts occupied by an exanthem, and to protract the cure of the disease.

For the symptoms denominated tertiary, it is well always to try the effect of iodides of potassium, iron, etc.; for it is in this stage of the disorder that these remedies appear so useful. Should they, however, prove inefficacious, recourse may be had to mercurial treatment, by means of the calomel vapour-bath.

In some of the syphilitic diseases of the interior of the cranium, giving rise to extreme pain and symptoms indicative of cerebral irritation or inflammation, iodide of potassium, in large doses, appears to act with rapid benefit; while in others it as completely fails. When it does so, it is a good plan to shave some part of the head, blister the scalp, and dress the blistered surface with mercurial ointment; at the same time continuing the use of the iodide of potassium.

In the treatment of the external manifestations of syphilis, much benefit may be derived from local treatment. It often happens that a patient is cured of a cutaneous syphilide, in so far that no fresh spots appear, yet the older sores fail quite to disappear. In such cases, local treatment succeeds admirably. To indicate some of the symptoms and states benefited by local measures, I shall enumerate a few illustrations.

Raised papules (cutaneous and mucous) may remain indolent. The application of an ointment, composed of oxide of zinc, calomel, and simple cerate, will hasten their absorption.

The eruptions such as lichen, acne and herpes, will also be much benefited by the application of oxide of zinc lotion, or ointment; and if, as often happens in soldiers who have served in warm climates, these cutaneous diseases be mixed with prurigo and urticaria, the diacetate of lead lotion will equally expedite their cure.

Some of the vesiculo-crustaceous looking spots will, equally, cease to reappear if the affected parts be first painted for a few days with a solution of nitrate of silver (gr. x—xx to ℥i), and the oxide of zinc lotion applied afterwards.

Tar ointment, or the alcoholic solution of tar, is an excellent application to most of the dry forms of cutaneous syphilide, and to chronic eczema of the extremities.

Indolent glandular swellings, in a similar way, will gradually disappear under the use of strong solutions of iodine.

The superficial form of ulceration attending the pustules of ecthyma will likewise be much benefited by the occasional use of solutions of nitrate of silver or sulphate of copper. The deeper forms of ulceration attending the appearance of ecthyma as a tertiary phenomenon will hardly get well without the application of caustics and local stimulants.

The fissured condition of the palms in psoriasis palmaris will be much improved by the use of glycerine.

Whenever any of the ulcerated bases of syphilitic sores threaten sloughing, lotions of potassio-tartrate of iron will generally improve their aspect.

It must not be forgotten, that a papular form of eruption may appear after the use of iodide of potassium, and be mingled with the other cutaneous affections, as I have more than once observed; this will disappear upon the discontinuance of that remedy.

In all cases of cutaneous syphilide, an occasional warm bath will have a beneficial effect.

In the secondary syphilitic sores and fissures about the lips and buccal membrane, the occasional use of nitrate of silver and lotions of chlorate of potass will prove very effective.

Syphilitic onychia is a very troublesome affection, and, in addition to the use of mercury, will require careful local treatment. It varies much in degree and severity. The milder cases are excited by an ingrowing nail, the top of which has, probably, been torn down to its bed by the patient. The overlapping fold of skin then commences to inflame and ulcerate. The plan of treatment is, to remove the pressure by inserting some cotton wool in the interval between the fold of skin and the nail, at the same time that we harden the integument by lotions of nitrate of silver, and wait the growth of the nail beyond the bed upon which it rests. In other cases (particularly in the true syphilitic onychia, where the ulcer-

ation commences as a dark spot at the root of the nail), it is best to scrape the nail as thin as possible, and repeatedly apply the solid nitrate of silver, as well as a lotion of the same salt, to the parts, by which the death of the nail is procured, and, as it rises from its bed, it can be separated. In some it will be necessary to enucleate the nail, and then to treat the ulcerated surface.

Syphilitic Iritis. In the treatment of this affection, mercury and the application of atropine are the ordinary means used.

The mercury need not be given in large doses; and there is no reason against employing such other remedies as the state of the patient may indicate. It is well to drop the solution of atropine into the eye every six hours, or sufficiently frequently to maintain a dilated condition of the iris.

In some cases, neither mercurials, iodide of potassium, nor turpentine, appear to exert any effect. The iritis, instead of yielding, appears to advance. Some cases are, probably, of complicated nature—a mixture of the rheumatic with the syphilitic form of the disease.

I have seen an iritis commence in one eye of a patient who was affected with mercury for an iritis of the other eye.

In these cases there is not only a good deal of circumorbital pain, with photophobia and lacrymation, but the anterior chamber becomes clouded; the iris with the periphery of the cornea yield, so that the latter appears to rise abruptly out of the sclerotic, although the cornea, as a whole, is less convex than normal; and the eyeball feels a trifle more tense and firm than that of the healthy organ.

In addition to the synechia, and recurrence of iritis from this very cause, there is a well grounded fear that the eyesight may remain impaired. In such cases nothing answers better than a division of the ciliary muscle and evacuation of the aqueous, by Mr. Hancock's operation.

In two cases in which I pursued this course, great and rapid improvement ensued.

The operation is so slight, and so easily performed, that there is little or nothing to fear from it in these respects. When it is considered that the ciliary muscle is the point at which the sclerotic, cornea and iris meet, and that any effusion behind the iris must tell directly upon this, the most unyielding part of the eye, we cannot be surprised at the beneficial results ensuing from its division, and the establishment of an opening between the anterior and posterior chambers.

Now that I am upon the subject of iritis, I may remark that there is a variety of ophthalmia occasionally following gonorrhœa, allied, in its symptoms and appearances, to rheumatic iritis; indeed, it is a form of gonorrhœal rheumatic inflammation. This disease is very easily mistaken for syphilitic iritis; but it differs from it in not having the minute beads or nodules of lymph deposited upon the iris, which are so common in the syphilitic disease. The sclerotic is always affected; the conjunctiva generally so; and the margin of the cornea looks dull, preventing the perfect view of the iris. The pupil is contracted, as in syphilitic disease, and yields difficultly to the action of atropine, but synechia is not a common result. The disease is more chronic, painful, and difficult of cure than the syphilitic form; photophobia and lacrymation are also more marked phenomena.

Rollet has well described this sequela of gonorrhœa. I have given the symptoms as I have observed them; and the subject has been introduced here upon account of this form of disease being very commonly, but erroneously, referred to a syphilitic origin.

In conclusion, I must reiterate, what I have already implied, that any treatment of syphilis, particularly in its constitutional phases, will be materially assisted by a strict attention to hygiene. The patient cannot take too much air, nor live too plainly, nor can we endeavour too much to invigorate his system. In military hospitals this cannot be done, unfortunately, to anything like the required extent. Air and exercise cannot be obtained; and the patient, after a monotonous confinement within the wards of an hospital, but too frequently plunges into dissipation as soon as he leaves it.

ON UTERINE FLUXES, THEIR CAUSE AND CONSEQUENCES.

By W. E. C. Nourse, F.R.C.S., Brighton.

Uterine and vaginal fluxes mainly originate in conditions of local vascular fulness and activity, dependent on the anatomy of the uterine blood-vessels, or on the vascular determinations consequent on the various physiological conditions of the womb. In this, they differ from the bowel-flux and lung-flux, the two other great classes of disorder in which discharge from the body is an essential feature, and which are more under epidemic influences. The fluxes from the utero-vaginal tract may be enumerated as:—1. Hæmorrhagic discharges (excluding those of pregnancy or parturition); 2. Menstrual discharges—menorrhagia and dysmenorrhœa; and 3. Altered discharges—leucorrhœa.

1. A lady was attacked with violent flooding four weeks after a miscarriage. Here the recurrence of the monthly determination was the principal cause; the uterine muscular fibres not being in the same state of development as they possess four weeks after child-birth, when they have power to prevent by compression any such occurrence. But, non-completion of the requisite changes after the expulsion of the contents of the uterus, is also to be taken into account. Uterine disorder is often noticed after the birth of a dead child. A case of this sort is recorded, in which peculiar uterine conditions were present, coupled with typhoid fever. The following is somewhat similar. A lady was confined with a dead child; after which menstruation was profuse, and with clots; and in four months she was attacked with low fever, accompanied by intense hysteria. Excessive and painful menstruation continued for some time; but at length was replaced by leucorrhœa. Two years later she was suffering from symptoms treated as ulceration of the os uteri, with the speculum and caustic, but which were in reality, merely due to relaxation of the vagina permitting the uterus to fall a little from its place. Cure was speedily effected by means restoring the tone of the vagina. This patient had suffered from hepatic symptoms. In another case there was congestion of the uterus after the birth of a dead child. In another, irregular, painful, and excessive menstruation, with uterine leucorrhœa, following the birth of several dead children. Circumstances pointed to previous uterine derangement. In these cases, the death of the fœtus is probably caused by previous uterine disorder, which becomes more prominent after the birth, and thus is noticed as following the birth of a dead child.

2. In other cases, menorrhagia was associated with plethora; with hysteria; with debility and want of vital power; with lactation; alternating with leucorrhœa, the vagina relaxed, and the womb low down; and especially with hepatic derangement, and with habitual drunkenness. Disordered liver, however caused, is frequently found to accompany increased, difficult, or painful menstruation; the obstructed portal circulation favouring a tendency to pelvic congestion.

3. Leucorrhœa frequently alternates with, or succeeds and replaces dysmenorrhœa and menorrhagia. A lady, subject to frequent attacks of painful congestion of the liver, was also a great sufferer from dysmenorrhœa. Some years after, leucorrhœa alternated with the dysmenorrhœa; and ultimately, there were symptoms