May 6th. The foot and leg were swollen and red. Erysipelas had come on: the attack turned out a very bad one, the inflammation spreading up the thigh and over the abdomen. For several days the boy was in considerable danger, and for nearly a month all local treatment had to be suspended.

June 3rd. Local treatment of the original disease was resumed. The wound had nearly closed; but it did not seem advisable to make a fresh opening. A thick pad was placed over the seat of swelling, and bound on very tightly with a bandage renewed twice a week. Under this management, the tumefaction and the discharge visibly decreased. On July 10th, he was dismissed cured.

Suppurations of tendinous sheaths about the wrist are less frequent in a pure and simple form; either because the disease spreads very easily and quickly to the neighbouring large and ramified synovial structure of the carpus, or because the small spongy bones of that part assume diseased action more readily than the larger bones of the tarsus. However this may be, I have seen fewer such instances at this joint. The generality of those I have treated offer nothing except mere locality different from the cases already quoted. One is interesting.

Case iii. Miss —— had a swelling at the back of the hand, which had been treated for eighteen months by rest, poultices, blisters, etc., without apparent benefit. On March 26th of the present year, she was brought to me. The whole back of the hand was puffed; but the chief swelling was on the outer side. The roots of all the outer fingers were swollen, but chiefly that of the index; even the outer side of the palm was a little puffy. At first sight, and without manual examination, it appeared that the whole areolar tissue of the hand was inflamed; but a more careful manipulation of the part showed that along the metacarpal bone of the index was a bag containing fluid. The position of the sac showed it to be the sheath of the index tendon; the long continuance of the disease showed that the fluid was probably pus. At a part where the skin seemed thinnest, and where was an apparent tendency to point, a fine exploratory trocar and cannula was inserted, and the contents of the sac seen to be pus. It was very important to this young lady to avoid a long scar running along the back of the hand. I determined to try the effect of pressure, passed a rather larger cannula into the sac, emptied it, and strapped a thick hard pad with resin plaister very forcibly upon the swelling.

April 20th. The pressure had been renewed every week. The swelling was much less; but the wound would not heal; it kept weeping a thin pus, showing that the walls of the sac still secreted. I injected the sac with iodine, one drachm of the tincture to three of water; and reapplied pressure.

April 30th. The discharge was less, but had not quite stopped. The injection was repeated. Only a very little could be made to enter; the lower part of the sac being apparently impervious.

May 15th. The wound had been healed for nearly a week. The back of the hand was a little clumsy and thickened, but that was daily diminishing. The wound left a small, red, but rather ugly scar, which, if it do not shortly disappear, may be excised, and a narrow linear cicatrix be substituted.

These cases are selected, as showing the success that may attend three different modes of treatment, if proper cases for each be chosen. When the inflammation is severe, as with the boy Russell, injection is too hazardous a remedy; pressure may succeed more easily in such instance; whereas, if the constitution be not greatly depraved, and if the locality render a scar of no importance, opening up the sheath is the most rapid and best mode of cure.

IS INHERITED SYPHILIS PROTECTIVE AGAINST SUBSEQUENT CONTAGION?

By C. F. Maunder, F.R.C.S., Assistant-Surgeon, London Hospital.

Of late years many successful attempts have been made to unravel the mysteries of syphilis; and the above question put by Mr. Hutchinson (to whom the profession is already indebted for the elucidation of facts connected with syphilis), in the British Medical Journal of Sept. 21st, embraces another of the interesting points in relation to syphilis, with which that incomprehensible disease is surrounded. Perhaps, of all the maladies to which flesh is heir, and which come more immediately under the eye of the surgeon, not one has been so unfathomable, and yet in its early stages is so straightforward in its course, as syphilis. In the time of Hunter, both chancres and gonorrhœa were regarded as equally liable to engender constitutional disease; but, thanks to Ricord, not only have chancres and gonorrhœa been proved to be quite independent of each other both in origin and consequences, but chancres are known under two forms, the *indurated* or *infecting*, the *soft* or *non-infecting;* each variety, with its sequelæ, pursuing a course in a sure and determinate manner. It is the knowledge of this latter fact that enables the practitioner to foretell, from the nature of the chancre before him (except under rare conditions), whether or not his patient will become the subject of constitutional and syphilitic infection.

The point at issue cannot be readily solved by positive proof—at least, in this country, where the liberty of the subject is held to be so sacred that the law will not open the door to science, and allow the practitioner, if so disposed, to trace the disease, of which his heredito-syphilitic patient is the subject, to its source, namely, the woman from whom it was contracted. Again, so long a period has now elapsed, that the practitioner who treated the parent for the original chancre may either not live to see the tainted offspring at an age when that offspring is liable to contract venereal diseases; or, should he live, the opportunity may not present itself. Also, the heredito-syphilitic patient, the subject of chancre, may fall into the hands of a practitioner who does not deem it necessary to recognise the variety of chancre which he is called upon to treat, and who, therefore, alters its character by local treatment, and probably administers mercury, which drug has the power not only of diminishing the severity of constitutional symptoms, but also of postponing their appearance often for many weeks. At this period, perhaps, the patient consults a practitioner who takes a scientific as well as a monetary interest in his case; but, after one or two visits, the local sore is healed, he loses sight of his patient, and is no longer permitted to watch the progress of disease; or, if the heredito-syphilitic subject present himself with an apparently soft chancre, which runs its course as usual, and no constitutional symptoms follow after the lapse of some months, such a case is only a proof that soft chancre is purely a local disease, but is not a proof that a patient so tainted cannot contract an indurated and infecting chancre.

Knowing, however, that, except in rare instances and after the lapse of many years (when all the original tissues of the body have probably been renewed), a person cannot contract an indurated chancre for the second time, I am quite disposed to believe that an heredito-syphilitic subject would, in like manner, be free from the danger of a second inoculation. But, to prove this point, the chancre contracted by the heredito-syphilitic subject must either be traced to its source, or to its effects produced upon a third and healthy subject. Unless one or both of these propositions be complied with, opinion can be founded on conjecture alone.