spondent. As to the barometer, we find that from the 25th August to the end of September, it stood obstinately at 30, more or less—that is, fair.

The disease this year seems to have been of a peculiarly fatal description. In the Dobrukscha (*Daily News*, Oct. 2), it came on like a storm; no sooner had the rain passed than our men (i.e. the French) were seized in all directions. It struck them as a ball; and they threw themselves struggling on the ground, tearing their hair and clothes for two or three minutes in moaning agonies, succeeded by convulsive trembling, which left them in the distorted rigidity of death. We lost three hundred men in six hours. The appearance of the dead was horrible; their eyes were sunken, their mouths open, and a slight mucosity upon their teeth gave them the appearance of mother of pearl.

It appears to me that a specific form of indigestion has been co-existent with the epidemic throughout the entire population. I have heard many complain of the same uneasy sensations in almost the selfsame words. There is a precordial pain, together with heat, extending to the back and down the thighs, and some headache, a slight giddiness, and nausea. It is probable that this is the preliminary stage of cholera, beyond which many do not pass; and that frequently it goes off by diarrhoea, and occasionally ends in the hopeless blue stage. By early medical treatment, it may be cured. Warm aperients, the carminatives, and dilute nitric acid, seem to be the most useful remedies; conjoined with a generous diet, and a small quantity of brandy. Is it not subacute gastritis? and does it not exhibit the symptoms of poison, inhaled through the air we breathe, or swallowed with the food we eat? Be this as it may, atony is the prominent characteristic of disease at present. Dr. Babington has already described this form of indigestion; and I readily bear witness to the truth of every word he has written concerning it.

Brighton, Nov. 1, 1854.

REMARKABLE CASE OF INCONTINENCE OF URINE.

By JOHN Z. LAURENCE, Surgeon to the Farringdon Dispensary.

An old man applied to me at the dispensary in a state of great distress, from having for the last six weeks on waking in the morning, found himself drenched in urine which had escaped involuntarily from him during his sleep. This had gone on to such an extent that he was actually attacked with severe rheumatic pains down the whole of the side on which he was in the habit of lying in bed. He generally passed his water twice a day, once before retiring to rest, when he often felt a desire to micturate more than he was able. His stream of urine had always been a full one, but he had experienced latterly some pain in the small of the back whilst micturating, and his water had been rather turbid from a reddish sediment. No enlargement of the prostate could be felt by the rectum. What the incontinence depended on in this case was not very clear to me. Viewing it as being due to some loss of tonic contractility of the muscular fibres at the neck of the bladder I prescribed the following mixture.

R. Tinct. ferri sesquichloridi ℥ii,
Balsami copaibæ ℥i,
Strychniæ gr. i,
Infusi quassiaæ ℥xii. M.

Fiat mistura, cujus sumatur ℥i ter die.

To my surprise, the next time I saw the man he informed me that after taking two doses of the medicine the same day, he had no incontinence that night, and had not been troubled since. I certainly expected some effect from the remedies, but a cure so sudden and so permanent was as remarkable as it was gratifying.

30, Devonshire Street, Portland Place, Nov. 1854.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, NOVEMBER 4TH, 1854.

EDWARD HEADLAND, Esq., President, in the Chair.

SYPHILITIC DISEASE OF THE PLACENTA.

BY F. W. MACKENZIE, M.D.

Dr. MACKENZIE exhibited a placenta which had undergone remarkable morbid changes as the result of syphilis. It was below the average size, felt firmer and denser than natural, and had generally a dingy red or coppery appearance. The fetal surface, immediately below the membranes, was extensively covered with a thick deposit of a white fatty-looking substance, which, upon careful examination, was found to consist almost entirely of fibrin. The villi were not affected with fatty degeneration; but the membranes had a somewhat opaque fatty appearance in places, which was dependent upon an accumulation of loose epithelial scales, closely resembling those of the epidermis, and derived from one of the membranes, most probably the chorion. The umbilical cord had a mottled appearance, and the darker portions had a copperish hue. The dependence of this morbid condition of the placenta upon syphilis was proved by the fact that the infant was born unmistakably syphilitic. Its skin had a copperish tint; the integuments of the neck were scurfy; several small pustules were seated upon the scalp; a muco-purulent discharge issued from the vagina; and its body generally was attenuated and shrivelled. It moreover appeared that the mother had three times contracted syphilis within the last eleven years, and, during that time, had frequently aborted and given birth to syphilitic children. During the six weeks she had been under observation before labour, she had no appearance of having syphilis, but, on the other hand, looked clean, healthy, and strong; and, with the exception of a sore throat three years previously, had had no sign or symptom of constitutional syphilis. The facts of this case appeared to Dr. Mackenzie to warrant the following conclusions: 1. That extensive fibroid disease of the placenta is proved to be not merely the result of a normal degeneration of portions of the organ whose functional activity has ceased to be required, but is in some cases, at least, specifically dependent upon an abnormal action. 2. That these morbid conditions of the placenta sometimes arise from certain constitutional taints or causes, of which syphilis was undoubtedly one. 3. Looking to the copper-coloured tint of portions of the placenta and cord, we might almost assume that this peculiar characteristic of syphilitic eruptions depends less upon any specific inflammatory action of the vessels of the skin than upon an altered condition of the colouring constituents of the blood. 4. That the uterine organs separately and specifically suffer from the constitutional action of syphilis upon the female economy—a doctrine which he (Dr. Mackenzie) had endeavoured to establish, in a paper submitted to the Royal Medical and Chirurgical Society during the last session. The author was convinced that the further prosecution of this subject would conclusively show that a numerous class of uterine ailments had their origin in this cause—one which, although often latent, was yet very widely spread in its operation.

EPILEPSY AND DELIRIUM TREMENS IN THE SAME PERSON.

BY G. D. GIBB, M.D.

On September 5th, Dr. GIBB was called to see a young man, who had had an epileptic fit on the previous day. On the 10th, delirium tremens set in; and the patient died on Sept. 13th. He had altogether seven fits from the time of being attacked; but none on the last three days of his life. He had been employed in the cellar of a publican, but was not addicted to drinking, only taking some porter occasionally. His father had been epileptic; and Dr. Gibb thought it probable that the fumes to which he was exposed had determined the attack. Dr. Gibb had seen only one other case in which these diseases were combined; but thought that their coincidence was perhaps not so rare as is usually imagined.

PIECE OF TOBACCO-PIPE REMOVED FROM A CHILD.

BY HENRY SMITH, ESQ.

A child, eight years old, was brought by his mother to Mr. SMITH, with a swelling of the size of an egg behind the ramus of the lower jaw, regarding which the following history was ascertained:—Two years and a half ago, the child fell down with a pipe, and broke it in his mouth; but it was imagined that he had spat out all the fragments. He remained appa-