night, unguentum simplex. Internally, he took chlorate of potash, quinine, and Dover's powder. In October 1868, he was in good health. In March 1871, he was in excellent health. In 1878, he was in good health, and still in the service.

CASE VI.—F. G., aged 26, was twenty-six days in hospital for primary sore, with inflamed glands, which did not suppurate. He had a papular eruption over the whole body, and ulceration of the tonsils. He lost all the hair on his head and face. He was treated in September 1868. In May 1869, there was no trace whatever of the disease. He was in good health when discharged the service in 1871; his hair had all grown again. Chlorate of potash and Dover's powder were the remedies employed.

CASE VII.—G. C., aged 20, had Hunterian chancre, with indurated glands on both sides, and roseolar and papular rash. He was treated, in August 1868, for phimosis, complicated to such an extent that circumcision was necessitated. Alum and carbolic acid were used locally, and iodide of potassium and Dover's powder internally. In December 1868, his health was good. In June 1869, he had not a trace of the disease about him. In March 1871, he was in excellent health. There was a very fine white cicatricial line on the prepuce.

CASE VIII.—H. C., aged 26, was treated in November 1869. He was in good health in Jamaica in 1871. In 1878, I was informed that he was married and the father of two healthy children.

CASE IX.—I. J., aged 22, was treated in December 1869. In January 1871, his health was fair. In May 1871, his health was good. In 1878, he was in good health, and the father of two healthy children.

CASE X.—J. R., aged 19, was treated in January 1869. In January 1870, his health was good. In March 1871, he was in good health, and was so when discharged the service.

The above are examples of cases treated without any mercury. Many others of a similar character passed through my hands; but it is my desire that not only such, but examples of a number in which mercury was locally applied, should be given; because my position is sustained not only by several individual cases such as those narrated, but by the very satisfactory eventual results of all the cases treated by me between 1865 and 1876; and, in order that I may be justified in bringing forward this *tout ensemble* of my practice as a proof of the curability of syphilis without mercury, I am bound to give examples of those cases in which the mineral was locally applied.

CASE XI.—N. G., aged 26, had extensive ulceration in, and surrounded by, cartilaginous induration. The inguinal glands were enlarged. He had roseola and pharyngeal ulceration. Lotio nigra was used in this case. He was treated in October 1868. In March 1869, he was in good health. In April 1870, he had remittent fever, but was discharged in good health in May. In March 1871, he was in excellent health; and in 1877 was still in the service and in good health.

CASE XII.—O. C., aged 23, had a circular solitary indurated ulcer, enlarged inguinal glands, roseolar and papular rash over the whole body, and mucous tubercles on the inside of the thighs; the scrotum was covered by an eruption of papules. On several parts of the body, small gangrenous ulcers appeared; and he had pharyngeal ulceration. The only mercurial preparation used was lotio nigra, and that only for a period not exceeding seven days. He was treated in October 1867. In March 1868, he was in fair health. In May 1868, he looked well and felt so. Not a trace of disease was manifest, excepting some slight coppery patches on the inside of the thighs. In May 1871, he was in excellent health, and was in good health when discharged in 1874.

CASE XIII.—P. M., aged 25, had indurated sores, indurated glands in the right groin, and roseola. Lotio nigra was used for a few days, and the only other drug employed was spirit of nitrous ether in camphor mixture. He was treated in February 1866. In May 1866, he had scarcely a trace of disease about him. He was in good health when he deserted in 1869.

CASE XIV.—Q. L., aged 26, had an excavated hard chancre, four enlarged glands in the left groin, a roseolar and papular eruption, and condylomata of the nates. Lotio nigra was used for a few days, when water-dressing was substituted. He was treated in April 1868, and made a rapid recovery. In June 1869, he was in vigorous health, with no evidence whatever of disease about him. In March 1871, he was in excellent health. In 1878, he was in the service and in good health.

CASE XV.—R. F., aged 23, had a chancre in great cartilaginous induration; the inguinal glands on both sides were enlarged and hard. He had an eruption over the whole body of a roseolar, papular, and squamous character; and tonsillar ulceration. Lotio nigra was used for a few days. He was treated in February 1870. In June 1870, he was in good health. In September 1871, he was in very good health. He was in good health when discharged the service in 1876.

CASE XVI.—S. N., aged 22, had a circular hard sore, indurated glands, and macular rash. Lotio nigra was used. He was treated in

October 1871. In 1876, he was in good health, married, and a father of one healthy child.

CASE XVII.—T. J., aged 21, had solitary sore, enlarged glands, roseola, pharyngeal ulceration, and condylomata of the nates, scrotum, and thighs. The only mercurial preparation used was the milder ointment of nitrate of mercury occasionally at night. He was treated in January 1868. In May 1868, he was much improved in health. In August 1868, he had not a trace of disease about him. In March 1871, he was in excellent health. In 1877, he had no trace of disease; his health was good.

Such local applications as black wash, calomel, red precipitate, or citrine ointment do not in the least degree, in my opinion, diminish the value of the cases in establishing the fact that syphilis can be cured without the specific action of mercury. In my cases, the actual amount of mercury imbibed by the system must have been very small indeed; the remedies were not at all pushed, quite the contrary; and any one who could attribute to their use the good results which followed must be a believer in the Hahnemannian doctrine of infinitesimal doses. It must be remembered that advocates of mercury contend that, without approaching the direful effects of salivation, a cure can only be effected by introducing a considerable quantity of the mercury into the system, and by protracting its use over a long period.

Those cases of syphilis in which I have used mercurial preparations locally have, with great complacency, been quoted against me, as mere illustrations of cases cured by diaphoretics, alteratives, and small doses of mercury. I admit nothing of the kind. When I reflect on the composition of these local applications, and on the quantity likely to have been absorbed into the system, I say it is a perversion of the facts to attribute the recoveries in such cases to small doses of mercury. I have, however, treated too many cases of syphilis without any mercurial preparation whatever to doubt that the disease may be cured without them. My sheet-anchor has in all cases been the frequent employment of hot-water baths; the patients being a good deal confined to bed, the most scrupulous attention being paid to personal and surrounding cleanliness, full hospital diet always allowed, and, with some exceptions, a pint bottle of the best ale daily. Iodide of potassium took second place in the treatment, and other salts of the same alkali were freely used at times.

The majority of the patients were young men, and when they contracted the disease were in good health.

During their treatment, they were the subjects of rigorous discipline.

For the purpose of illustration, I have chosen from the hundreds of cases of venereal disease which I have treated only examples of those in which characteristic secondary manifestations followed indurated chancres without suppurating buboes. I thus silence those who might contend that perhaps my cases were not cases of syphilis at all.

I would beg of those who hold that the specific action of mercury is absolutely necessary for the eradication of syphilis from the organism to consult the works of Hughes Bennett, Lancereaux, etc., for a list of observers, committees, or councils that have declared in favour of the simple treatment of syphilis.

My experience as an army medical officer of fifteen years' service, ten of which were passed with one regiment, compels me to believe that syphilis is as curable without mercury as is small-pox or typhoid fever. And until I have some better proof than a mere *ipse dixit* that all the patients that I have treated without mercury are still under the influence of the syphilitic poison, I certainly cannot admit it. To the logic, however, of well sustained facts, I am quite vulnerable.

A PATIENT'S HISTORY OF STRAIN OF THE VALVES OF HIS HEART.

By JAMES RUSSELL, M.D., F.R.C.P.,
Physician to the General Hospital, Birmingham.

THE following particulars, gathered from the patient's account of himself, apply with equal force to a large number of cases of valvular disease in the aortic system. They are not often, however, so clearly conceived by the patient. It will be observed that the tissues exposed to strain were also the subject of any impairment that syphilis and ale-drinking were capable of inflicting upon them.

P. B., aged 45, a powerfully built, magnificently developed Irish labourer, has been in the habit of carrying his hod of bricks, often nearly a hundred weight, up buildings four storeys in height. From the strength of his muscles, he was often picked out when any extra exertion was called for. In the recklessness of energy, it was his practice to run up the ladder rapidly, deposit his load at the top, and drop down again,

doing all in as short a time as possible, that he "might get a few minutes' smoke" at the ladder-foot before his next journey up. More than once, too, he has foolishly tried with how heavy a weight he could climb, and has been "brought to" before getting to the top. Then his master also vends beer, and again the patient's physical power has been called in to deliver eighteen-gallon casks at five o'clock in the morning: a supplement to his other labour which brought with it the added danger of an unlimited allowance of beer. This has been his employment for many years; but for six or seven years, and more particularly for the last two or three, he has noticed that his breath was apt to fail him a little occasionally. After climbing the ladder, he felt a want of breath sometimes; he "used to get a touch of it now and again when he got to the top", and had to rest his hod for a few minutes before depositing his load. Sometimes he has been taken with giddiness on reaching the scaffold; he thought little of it, and used "to take hold of something and hold it till his head got right, telling his mates what was the matter". Again, when getting to the bottom of the ladder, he became liable to feel a lightness in his head, and to lose his eyesight for a few minutes, as if he were "going to take a fit". The trouble would pass away in five or six minutes, and he would mount again. That he put much strain upon his muscles, was evidenced by their aching at night. He took no note of these warnings, but continued his work, and prides himself on never having lost a single day.

After making fifty-nine hours last week (five of them overtime), he went to bed on Saturday considering himself in good health, but at four in the morning was suddenly awakened by a severe attack of what proved to be cardiac dyspnoea, for which he was admitted into the Birmingham General Hospital on the following day (June 14th). Several paroxysms of considerable severity have followed. He presents a very loud regurgitant aortic *bruit*, with almost complete loss of the aortic second sound. He has, besides, a systolic *bruit* at the apex. The apex of the heart beats in the mammary line.

The patient has only once had some rheumatic pain in his hip, which did not disable him. Twenty years ago, he had some venereal affection two or three times; and at present his legs present several cicatrices of a very regular circular or oval shape, and much enlargement of the upper half of one tibia.

A CASE OF AMAUROSIS FUGAX.

By CHARLES EDWARD GLASCOTT, M.D.,
Surgeon to the Royal Eye Hospital, Manchester.

THE following case derives much of its interest from the circumstance that we have here a man in perfect health, and engaged in his daily avocation, suddenly plunged into the most utter darkness, and gradually restored to perfect vision in the course of a fortnight. This occurred without the slightest morbid change observable in the eyes, and was not referable to any known cause; nor was it possible to suggest the cause of the blindness.

Thomas C., a miner, aged 24, was brought to me suffering from sudden blindness. The previous history fails to throw any light upon the etiology of the case. There was no kidney or heart-mischief, no evidence of syphilis, no history of fits, giddiness, or other nervous symptom. He never had had any disease, but a fit of colic four years ago, and had worked as a collier for the last fourteen years without losing a day's work from sickness; and the only accident he ever had was a small scalp-wound on the occiput eighteen months ago. He had been a teetotaler for five years, and only smoked one ounce of tobacco per week.

I first saw him on January 27th, 1877. He stated his case as follows. On going to work at 6 A.M. that morning, his sight was perfectly good, and he worked at getting coal till 8.30, when he noticed suddenly that he was in darkness, and called out to his mate that his lamp had gone out, referring to his Davy lamp which hung at a distance of four feet. He was told that it was burning brightly; but this he refused to believe until the lamp was handed to him, and he found it to be hot; he was then brought to the pit-mouth, but he could not tell when he reached the daylight.

I saw him that afternoon, and found that, with his right eye, there was no perception of light from an argand burner, an inch and a quarter in diameter, at the distance of one foot; with the left eye, he had the very faintest perception of light. The pupils were only moderately dilated; so I instilled some atropia, and made a careful examination of the whole fundus with the ophthalmoscope. The media were clear, the retinal vessels normal in calibre; the disc rose-pink, and retina transparent; the region of the yellow spot was slightly more defined than in the normal eye; and the fovea centralis was a little redder

in the right than the left eye. Next morning, the quantitative perception of light had gone from the left eye, leaving him totally without perception of light. Both my colleagues kindly examined the eyes independently, and corroborated my observations as to the apparent healthiness of the fundus. On the 29th, I ordered one drachm of unguentum hydrargyri fortius to be well rubbed into each arm, and a couple of drachms to be worn in the axillæ, spread on lint. The patient remained in the same condition until February 5th, when he first complained of a metallic taste in his mouth. Next day, his gums were distinctly spongy, and he said he could see the other beds in the ward indistinctly. On the 8th, he was allowed to get up, and could see well enough to find his way about the hospital. Daily ophthalmoscopic examination found the appearance of his fundus unchanged. At his own request, on February 10th, he was discharged, and at once resumed his work; his vision at that date was the same with both eyes—viz., $V = 1\frac{3}{4} c + 24 = 1\frac{3}{4}$. The field of vision in each eye was perfectly normal.

I need hardly say that the use of mercurial inunction in this case was purely empirical; and though we have the coincidence of symptoms of mercurialism and commencing restoration of vision, I do not consider that the cure was due to mercury. Somewhat similar cases of transient amaurosis have been treated by means of strychnia and blood-letting, and with an equally happy effect. I have waited for two years and a half (seeing the patient at intervals during that time), hoping that some circumstance might arise which would point to the cause of the affection; but the eyes at present, as they always have done, present a perfectly normal appearance to the ophthalmoscope, and have a refraction of $+ \frac{1}{4}$. Should any of my ophthalmic *confrères* have observed a similar case, I would be much obliged for any suggestion as to the cause of the amaurosis and its rapid recovery.

CEREBRAL MENINGITIS: SUDDEN DEATH FROM CARDIAC THROMBOSIS.

By H. E. SPENCER, L.R.C.P.Ed.,
Resident Medical Officer to York Dispensary.

ON the morning of June 11th, I visited an anæmic, but well-grown and previously healthy girl, aged 15. She sought relief on account of an inflamed ankle, which she believed had been "twisted" by a slip ten days previously. I found the girl rather feverish and inclined to be sick; her foot and the lower third of the leg were hot and cedematous; but, as no symptom of any gravity was noticed, I did not very minutely examine the general state. The suspicion of a septic element in the case did occur to me, as the girl had been for two months acting as occasional nurse to another of my patients—a woman in whose legs some cellulitis had been set up. The next afternoon, an urgent summons to the case was sent during my absence; but, on visiting the case at the end of my rounds, I was much astonished to find that the patient was lying dead on the sofa, having expired about 4.30 P.M.

The friends stated that, during the preceding evening, the girl had begun to wander in her talk, and had continued more or less delirious during the night. In the morning, however, she was calmer, and persuaded her friends to let her be dressed and brought downstairs. The delirium came on, with intervals, during the day; and about half-past four, without previous dyspnoea or other warning, she "fainted", and in a few minutes was dead. There had been constant vomiting for about twenty hours. [The girl, who had the appearance of being eighteen or nineteen years of age, had menstruated regularly for eighteen months, the last time a fortnight before.]

Necropsy, twenty-four hours after death.—The body was well-nourished and muscular; rigor mortis was not well-marked; the lungs were normal; the heart was muscular and of normal size; the right auricle contained a firm fibrinous clot, evidently *ante mortem*, which sent a prolongation through a patent foramen ovale into the left auricle. [There had been no cyanosis.] The left auricle contained a large recent coagulum, which extended through the mitral orifice. The right ventricle was empty; the valves were healthy. The spleen was remarkably pale; the liver was also pale. The pia mater was everywhere hyperæmic; there were patches of lymph on its upper surface. The larger veins were markedly opaline. The convolutions were flattened; the adjacent sides of the Sylvian and other fissures were adherent. The brain generally was injected, except at the base; the ventricles were empty. No embola were found in the vessels. I was assisted in the examination by my colleague Mr. J. O. Horden.

I regret that the history is in so many respects incomplete; but, so far as an opinion can be based on the facts, it would appear that the cause of death was cardiac thrombosis, determined by the general anæmia.