part of the intestine, five lumbrici were turned out. They were not of full length nor size. Nothing else was found here. The mucous lining of the *Ileum*, near the commencement, was covered with a chocolate coloured grumous fluid, to the extent of about sixteen inches; this was supposed to be an exhalation of blood. The remaining portion presented nothing unusual, excepting that a full sized lumbricus was found about twenty inches from the termination in the cæcum. The *Cæcum* was large, and inflated with gas. Nothing unusual was observed; it was empty. The entire length of the *Colon* was largely distended with air. At different parts of the transverse and descending colon, a large quantity of hardened feces was found, enough to fill a breakfast cup. We thought it would weigh about eight ounces. Nothing further was found in the colon or rectum. The passage of the anus was perfectly free, as tested by the finger. During the dissection, the *Æsophagus* was lost sight of, but a portion attached to the lower part of the trachea was examined, *i.e.*, about two inches. It was quite natural; on being cut open, it looked healthy and was of normal calibre, readily distensible. The finger was passed through from the mouth, and felt under the chin after the removal of the trachea. The *Tongue* looked pale, covered with a slight slimy secretion. The *Teeth* were white and perfect, rather small. There was no contraction found anywhere, from the mouth to the anus. The *Spleen* was firm, of usual size, and of deep bluish-black colour. The *Kidneys* were of natural size, of a bright reddish-brown colour; they were healthy. The *Bladder* was perfectly empty, and closely contracted behind the pubic arch. The uterus was not removed from the pelvis, but was seen to be of normal size; its fundus was of a bluish colour along its margin, from congestion of the subjacent small vessels.

This completes the account I had written of the case immediately after the *post mortem* examination; and, for the present, I abstain from making any comments on it.

CASES OF SYPHILITIC AFFECTION OF THE THIRD NERVE PRODUCING MYDRIASIS, WITH AND WITHOUT PTOSIS.*

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I CONSIDER that surgeons engaged in special practice do good service in placing upon record cases of this kind, especially when the latter present peculiar features; but even in the absence of such, it is our duty to swell the number of well-ascertained facts. These, of course, are the sure basis upon which our knowledge of syphilitic affections of the nervous system should mainly rest.

CASE I.—*Syphilitic Mydriasis on the Left Side; no Ptoxis or other Ocular Paralysis.*—A gentleman from abroad, engaged in mercantile pursuits, and about 30 years of age, first consulted me, Jan. 19th, 1868. He had very slight blennorrhœa. On the nape of the neck and forehead were small copper-coloured papules. He was of ordinary size, well built, but rather pale. His functions were in a tolerably healthy condition.

Five years before the present visit, he had had a chancre on the glans, followed, in a few weeks, by a general eruption. Mercurial treatment, though not well borne, was kept up in London, after having been begun abroad. The patient was subsequently put upon iodide of potassium and sarsaparilla, with which he persevered for some months, and had not perceived, since that period, any syphilitic symptoms.

For the urethral discharge, a tannin injection was used; and iodide of potassium was given in small doses, in view of the syphilitic taint which might keep up the discharge. The patient then went on a journey to the south of Europe, and returned to London in May, after having consulted abroad several medical men both as to the blennorrhœa and the former syphilis. The symptoms of the latter consisted merely in a few scattered papules on the face and nape of the neck. The blennorrhœa was persistent. We now tried bismuth injection, and continued the iodide of potassium. A few days after this, the patient mentioned a confused state of vision, and I perceived a marked dilatation of the pupil on the left side; he had the usual amblyopia when attempting to read with both eyes, but no diplopia. There was perfect vision with the right eye alone. He had no ptoxis, nor paralysis of any of the recti or oblique muscles. There was no pain in the head, nor derangement of general health. Five grains of iodide of potassium were ordered to be taken three times a day, a blister to be applied behind the ear, and a compress with lead-lotion

over the eye. As no improvement was obtained, and the pupil, against a strong light, was, in the left eye, almost three times the size of the pupil of the right or sound eye, I introduced a little disk, prepared with extract of the Calabar bean, under the lower lid of the left eye, increased the dose of the iodide, and desired a fresh disk to be used every morning. The pupil contracted energetically with the Calabar bean, but the paralysis of the circular fibres usually returned in the evening, with all the amblyopic symptoms. I was now anxious to examine the fundus of the eye, and obtained the able assistance of my friend Mr. Wordsworth. The retina was sound; there was slight congestion of the choroid. He had no amblyopia through a small perforation. There was imperfect vision of the left eye, depending on paralysis of accommodation. He was ordered to continue the Calabar bean and the iodide of potassium, and to avoid straining the eyes.

This treatment was steadily continued up to August; viz., for three months; the iris then began to act a little better, when, for a trial, the Calabar bean disk was not used. The dose of the iodide had been carried to sixty grains daily. At last, in November, six months after the mydriatic attack, the pupils acted equally on both sides, and the iodide was replaced by steel and quinine. At this period, a large tubercle appeared on the nose; and I judged that a permanent blister on the left arm would be of use. This was kept up for some time, and finally allowed to heal up.

It may then be said that the treatment lasted six months. I saw the patient about a year after the first onset of the mydriasis; he remained well, but stated that, after reading for some time at night, the letters became indistinct. There was no reappearance of any syphilitic symptom.

CASE II.—*Syphilitic Mydriasis of the Left Eye: Ptoxis: no other Ocular Paralysis.*—A French gentleman, about 32 years of age, engaged in the City, brought a young lady to my consulting-room in October 1867. He wished me to give her some advice touching an eruption in her face. This consisted in several rings of psoriasis of a copper colour. I immediately had my suspicions, and found, when alone with the patient, that the vulva and thighs were thickly set with mucous tubercles. I was, of course, obliged to give an account of this state of things; and the consequence was that I sent the patient to the Royal Free Hospital, where all the symptoms took more and more development. The treatment lasted over four months, during which time she had a miscarriage. The mucous tubercles, which had grown into large vegetations, had to be removed with the knife, and the patient left in good condition.

Before concluding this rapid account of her case, I should add that I saw the patient about a year after she had left the hospital, as she sought my advice for epileptic symptoms, which I could not help connecting with her former syphilis.

I return to the gentleman, whose case offers interesting features, and on whom our attention is to be principally fixed. Up to the time when he brought the lady to me, he had not perceived any morbid symptoms upon himself; but he came the next day to show me a very slight psoriasis palmaris on both hands. None but a practised eye could have detected it. On the mucous reflexion of the prepuce was a still slighter, scarcely perceptible, scaly redness. A few inguinal glands were somewhat enlarged; but they were always so, according to the patient's statement. The occipital glands were very distinct; and one gland, of the size of a pea, could be felt near the left elbow. The patient was extremely careful of himself, scrupulously clean, and maintained that he had never perceived the slightest primary symptom about the parts of generation or elsewhere. He was ordered to take one grain of iodide of mercury every night, and to apply mercurial ointment to the hands. The treatment was carried out for three months, during which time the hands quite recovered; but papules appeared on the hairy scalp, and the tonsils enlarged considerably. A few very slight relapses had to be combated for a few months afterwards; but the patient soon recovered his usual health.

In January 1869, seventeen months after he had first been attacked with syphilis, the patient came to complain about the sight of the left eye. I perceived some epiphora and a slight dilatation of the pupil. He stated that vision was perfect on the right side, but indistinct on the left. There was much confusion when both eyes were used, but no actual diplopia nor ptoxis. A blister was applied behind the left ear, and spirit-lotion to the eyes. As the ptoxis some days afterwards had increased, I judged, considering the history, that a course of mercury was advisable: this was at once begun, and the blister repeated. In a few days the ptoxis was more decided, but the movements of the globe were free; there was no strabismus. I now commenced the use of the Calabar bean disks; and, with the kind assistance of Mr. Wordsworth, we ascertained the state of the deeper portions of the eye on February 3rd, about three weeks after the eye was first affected. The deep struc-

* Read in the Surgical Section before the Annual Meeting of the British Medical Association in Leeds, July 1869

tures of the eyes were quite sound; there was no paralysis of the recti or oblique muscles. The levator palpebre was feeble. There was confused vision for want of power of accommodation. The left eye could distinguish objects well through a perforation on a card. The use of the Calabar bean produced some myopia. A favourable prognosis was given; and it was decided to persevere in the use of the Calabar bean, increase the doses of the iodide of potassium, and keep open the blister; to try spectacles with ground glass on the affected side; and eventually to use the electric current on the face and brow. This treatment, save the use of the spectacles, was regularly carried out, the patient introducing the disks himself with great ease, thereby obtaining a pupillary contraction which allowed him for several hours to attend to his mercantile books. I applied the current myself two and three times a week, with the simple rotatory machine, the patient holding one pole, and the operator touching various portions of the orbit with the other. No current was applied to the globe itself. As the improvement was very slow, and as the psoriasis palmaris re-appeared, I substituted iodide of mercury for the iodide of potassium. The effect was very satisfactory; the metal was well borne, and the ptosis became less and less marked. The disks were now intermitted; and on the days when they were not used, the circular fibres of the iris were seen to regain some energy. The treatment was thus continued to the end of May, the electricity being applied by the patient himself; and, about five months after the first onset of the eye-affection, the two pupils were of the same size, or thereabouts, and they acted with equal energy. Still the patient, at that period, experienced some fatigue after reading for a couple of hours. All evident symptoms of syphilis had disappeared.

CASE III.—Tertiary Syphilis: Necrosis of Bone in the Orbit: Mydriasis: Immobility of the Eye-ball: no Ptosis.—This patient was a German baker, about 34 years of age, who had passed through very distressing symptoms of syphilis, and suffered, in the last place, from the consequences of paralysis of almost all the branches of the third nerve on the right side. The man was admitted into the ward set apart for venereal complaints in the German Hospital, in July 1868. The evident ravages of syphilis (which began five years before admission) then were: a deep depression on the forehead from loss of bone; falling in of the nose from necrosis of the vomer; a large perforation over the hard palate towards its posterior part, and almost complete loss of the velum palati. The disease had begun by an indurated chancre on the glans, and the patient had several times been under treatment at the German and Royal Free Hospitals. At one time, his condition was very precarious; but his general health was restored by means of good diet, tonics, and iodide of potassium.

On admission, there was considerable swelling of the soft parts around the right eye, with a fluctuating tumour towards the inner canthus. He had severe pain; vision was confused; the pupil and the movements of the globe were normal. On the bursting of the abscess, extensive caries was detected within a radius of an inch of the inner canthus, and several pieces of bone were gradually cast off, coming from the ascending process of the superior maxilla and the os unguis. As this elimination was going on, the movements of the globe became imperfect, the pupil gradually dilated and became insensible, and finally the eye was perfectly fixed, though the upper lid did not fall. Movements of the globe upwards were impossible, but the levator palpebre retained its free action, as the lid could be raised when, by the orbicular muscle, both lids had been brought together. The treatment consisted principally, ever since the patient had been admitted, in large doses of iodide of potassium with bark, generous diet, and detergent lotions to the mouth and eye. When the affection of the pupil had become evident, the Calabar bean extract, in solution, was freely used, and always had the effect of contracting the pupil for several hours. But the paralysis of the recti and obliqui was not in any degree influenced by the treatment, the eye remaining fixed, and vision extremely imperfect. The appearance of such an immovable mydriatic eye is extremely unpleasant. The ophthalmoscope was, on several occasions, used with the assistance of Dr. Burger, then house-physician, and well practised in the use of the instrument. No very marked pathological change was observed in the deeper structures of the affected eye. The patient was kept in hospital between three and four months, and derived much benefit as to his general health; but (as might be expected in so inveterate a case) the different losses of substance remained unaltered, and the eye fixed and mydriatic. He was recommended to apply to Mr. Ramsay, of Queen Anne Street, who kindly furnished him, gratuitously, with a plate to cover the gap in the hard and soft palate. On leaving the Hospital, the following memorandum of the state of the patient was drawn up by Dr. Burger.

"The right orbit is larger than the left, the enlargement referring to the inner half, and being caused by the loss of the lacrymal bone and

portion of the ascending process of the superior maxilla. The globe on the right side sinks, in the vertical direction, two lines behind the left, and is fixed in the orbit; the only slight movement possible is upwards, and also very feebly downwards. The pupil is dilated to the maximum, is not influenced by light, but contracts energetically by the use of the extract of Calabar bean, the action of the extract stretching over about forty-eight hours, and then ceasing. The transparent media of the eye are clear; the point of emergence of the optic nerve is of a whitish grey, and the sides less marked. The central vein and its retinic branches are, in the right eye, thicker than in the left, and assume a serpentine course. The field of vision is not much impeded, and the patient sees fingers at fifteen and twenty feet distance. With the affected eye, when the pupil has been made to contract by Calabar bean, he can read Jäger No. 20."

[To be concluded.]

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

TYPICAL FORMS OF DISEASE.

It is of great use to get clear ideas of typical forms of disease—to know, for instance, what is meant by "common psoriasis", "glaucoma", "interstitial keratitis", and the like. The next necessity is, however, to recognise the fact that many examples of disease will be met with in which the type is modified and the characters only half marked. To unravel a complicated web of causation, and recognise the different elements which combine to produce the mixed result, is the problem before us in a full half of the cases which come under our care. The physician's classification of "regular gout" and "irregular gout" might be conveniently employed in respect to almost all other diseases which, like gout, present well marked types.

TOXIC ACTION OF QUININE.

By ROBERT LIGHTFOOT, M.D. Edin.

IN my professional note-book, under the date January 20th, 1868, I find the following brief history entered, which is corroborative of the experience of Messrs. Garraway and Hemming. I looked up various text-books, and wrote to different medical friends at the time, but, like Mr. Hemming, could obtain no information on the point. Mrs. W., aged 46, of a nervous, irritable temperament, had for some time been taking five grains of ammonio-citrate of iron thrice daily. On the morning of the above date, by mistake a mixture was sent her, containing citrate of quinine and iron, instead of her usual medicine. Within half-an-hour after she had taken the first dose, containing but half a grain of citrate of quinine, and two grains of the combined salts (Howard and Son's preparation, one part quinine to three of iron), I was sent for, and, on arriving, found the patient covered from head to foot with a bright papular rash, accompanied by intolerable itching. In a few minutes the rash became diffused and erythematous. The itching preceded the eruption; and it was so violent that my patient had torn her night-dress in numerous places so as to get more freely at her skin, which she scratched so vigorously as to make it bleed profusely. She was in a state of great anxiety, and complained of sinking about the heart, headache, burring in the ears, and great thirst. Her face was very puffy, more especially about the eye-lids and the upper lip. Her pulse was 105, and wiry. She said at once that "she knew she had taken quinine", mentioning having suffered in a similar way when it was given on a former occasion. As she was very excited, I gave her a draught containing twenty-five minims of tincture of henbane, also directing her to take an occasional sip of soda-water, and to sponge the body with a weak alkaline lotion. The eruption soon began to disappear, and in three hours was gone; it was followed by slight desquamation on the succeeding two or three days. The other symptoms lasted with gradually diminishing intensity until the ensuing morning, patient then feeling quite free from all annoyance.

The symptoms in this instance both came on more quickly, and after a much smaller dose of quinine, than they did in either of the two cases which have recently appeared in the JOURNAL. It is to be noticed, too, that they disappeared more speedily.