degree must necessarily have reacted upon the lungs, the auricle not possessing sufficient power to cope with the difficulty; though the author already quoted details (p. 148) a very interesting case which proves that *regurgitant* disease of the mitral valve is not inconsistent with uninterrupted health, and with habits of great bodily activity.

Cases such as these read the important lesson "that some valvular diseases, at all events, are either not progressive, or that they advance with such extreme slowness as to constitute a class of cases very different from the more common examples of these affections." They afford a very striking example of that wonderful system of compensation whereby the heart is enabled by increased growth so completely to adapt itself to altered circumstances as to be, for all useful purposes, a healthy organ. The microscope demonstrated, in my two cases, the conditions on which such compensating power is dependent; namely, healthy nutrition of the heart's fibre. In both the hearts described above, the muscular fasciæ had undergone partial fatty degeneration; and the history of the patient, or the *post mortem* examination, afforded an explanation of the failure of nutrition thus indicated, in the want of the necessities of life in one case, and in partial occlusion of the mouths of the coronary arteries in the other. Before these influences came into operation, the circumstances of the patients were favourable to healthy nutrition of the body in general, and therefore of the heart in particular. Both were temperate men, and of very active habits and sound constitutions; and both had been free from rheumatism, the recurring attacks of which have often so large a share in increasing valvular disorganisation.

When circumstances influencing nutrition are of a favourable character, it often happens that patients, although less fortunate than those who have formed the subjects of these remarks, are nevertheless able to date to a long anterior period the commencement of those symptoms which first taught them that they were otherwise than sound men. I have just witnessed the close of such a case in the person of a young man whom I first saw in 1844. He was then eight years of age, and had already established disease of the aortic valves, resulting from acute rheumatism. He even then presented evidence of the injurious effect of the disease upon the circulation. He has thus lived at least eighteen years, his disease undergoing a steady increase; and, although at times suffering from rheumatic attacks which distressed him far more than his cardiac disease, he grew to be a remarkably fine, well-made young man. Urgent symptoms of unsoundness of the heart did not set in until within two months of his death.

Last year I saw a gentleman, aged 47, who presented physical signs of a heart of unusual magnitude. Its impulse, and the dullness occasioned by its presence, extended from the front of the left chest into the lateral space, near to the posterior boundary of that space, and as high as a line drawn round the chest from the lower edge of the left costal cartilage. The action of the heart was too feeble and irregular to develop reliable auscultatory sounds; but a feeble systolic *bruit* was audible in the left lateral space. The pulse was very small and unsteady, and presented remarkable discrepancy with the beats of the heart; a difference of from twenty-eight to fifty-two pulsations existing between the heart and the radial artery. His breathing was very laboured and stridulous, and the ribs were raised with much effort. His face was pale; his conjunctivæ turgid. There was no fullness of the jugulars. I learnt from a very intelligent friend that the patient's symptoms dated back for a period of twenty years, but that he had never been incapacitated until the twelve months preceding his visit, though he had expectorated blood on several occasions. Three years previous to the time when I saw him, he had made a tour in Wales, and had

ascended Snowdon in great part on foot. He was a man of very active habits. During the last year, dyspnoea had established itself, and was at times aggravated by severe paroxysms; and anasarca followed, and increased rapidly. When I saw him, he was unable to lie down, and sometimes could not even take food without great increase of dyspnoea. He also suffered much from extreme nervous irritability, as well as from apprehension. I heard of his death soon after his visit to me.

One other lesson, ably dwelt on by Dr. Stokes, is afforded by such cases as these—a cautious use of the information the stethoscope affords us, lest by alarming our patient, by presenting habitually to his mind the dreadful idea of heart-disease, with all the fears vulgarly associated with that idea, by causing a mischievous change of habits and an equally baneful habit of watching symptoms, we depress nervous and bodily energy, and thus induce prematurely the very evil most to be dreaded, and "run to seek what we would most avoid".

ROYAL LONDON OPHTHALMIC HOSPITAL.

RESTORATION OF SIGHT IN AN EYE SUPPOSED TO
BE BLIND FOR NEARLY SIXTY YEARS.

By J. C. WORDSWORTH, Esq., F.R.C.S., Surgeon to the Hospital.

—, aged 62, applied at the Royal London Ophthalmic Hospital for advice on account of her grandchild, who was suffering from an ordinary ophthalmia; and, as she was about to leave the hospital, inquired whether anything could be done for her own right eye, the sight of which was gradually decreasing. She stated that she had lost the use of the left from an accident when she was about two years old; that it had been operated on in Charterhouse Square; and that the surgeon had stated that the cataract had been disposed of, but that, in his opinion, sight would never be recovered. Acting on this opinion, her friends had always considered the sight lost, and consequently taken no further steps to recover it.

On examination, I observed that she had slight perception of light; the pupil being small, pear-shaped, and drawn upwards by a slight prolapse of the iris, probably resulting from the needle-operation for solution. To enable me to explore the eye satisfactorily by the aid of oblique illumination, and by the use of the ophthalmoscope, a drop of the atropine solution was applied to the conjunctiva, and in a few minutes had produced full dilatation of the pupil. Its area appeared to my unassisted vision quite free, black, and patent for the admission of light; but when examined by concentrating the flame of the gas-burner with a convex lens, and so directed as to allow the light to fall obliquely on the eye, the apparently open pupil was at once seen to be occupied by a deeply pigmented membrane, filling its whole area so as almost entirely to exclude light from the retina. The layer of pigment was so dense as to appear almost black; but with the ophthalmoscope I observed that the pigment was partially deposited on one small portion of the membrane, through which light passed, and afforded her a vivid sensation of its presence, and was so reflected as to produce a dull-red, undefined image on my retina. This partially available space would not be opposite the pupil in its ordinary state; hence she had never become aware of her ability to see light by that eye until the pupil was artificially dilated with atropine. No defined view of the optic nerve or other structures or the fundus of the eye could be gained by the ophthalmoscope; but I was so satisfied of the integrity of the retina, that I ventured to promise her some recovery of vision as the result of an operation, to which she was induced to submit at once.

Two needles were introduced through the cornea, as the membrane was expected to be very tough and elastic,

and consequently difficult to tear. By these means the necessary laceration was made, without producing much strain on the ciliary attachments of the membrane; a good clear space became available for vision; and by the aid of a convex lens she was at once enabled to recognise the features of those around her.

In making a few comments on this case, I shall confine myself to a passing notice of its great physiological interest, its practical illustration of the value of modern means of investigating this class of diseases, and of the consequent precision with which they may be treated.

1. As the operation was performed while the hospital was in Charterhouse Square, now half a century ago, it affords the most remarkable instance with which I am acquainted of recovery of sight after so long an abeyance of the function; and it is not a little singular that the complicated nervous apparatus essential to vision should so long have maintained its integrity under circumstances so unfavourable.

2. It would be difficult to furnish a more pleasing illustration of the advantages that the ophthalmoscope has given us in arriving at a correct diagnosis, than this. Our predecessors (to their lasting honour, be it said), by their genius and industry placed ophthalmology on a par with other cognate departments of medicine; but, lacking the more exact means of physical diagnosis of our time, necessarily were obliged to speculate more or less on the hidden conditions of the eyeball, and, thus deducing their conclusions from inferential data, were without those landmarks that now may be observed in the progress or recession of disease. No longer left to speculate on subjective signs, we are enabled by the ophthalmoscope, etc., to seek for the physical conditions displayed by the interior of the eyeball. Nay, more improved means of research have made it incumbent on us to scrutinise with a precision not attained in any other branch of our science all functional diseases of the eye. Ten or twelve years have not sufficed to limit exactly or to daunt our hopes in the cure of blindness; on the contrary, we have learned not to despair of vanquishing our foe till, at any rate, we have seen him, or, if invisible, till we have at least learned his *habitat*, and such other of his circumstances as may be within our ken; or, failing all these, till we have, *per exclusionem*, little doubt as to his power or our own inability to overcome him.

No doubt we have much to learn, much to see, much that, though seen, we are not yet able to interpret; still we have learned so much, seen so much, and interpreted so much, in the last decade, that we are daily becoming more tenacious, more hopeful, more ambitious, more daring. It certainly is true that we often obtain a glimpse of an enemy that makes us feel discretion to be the better part of valour. We have then, at least, the satisfaction of escaping the stigma of exhausting ourselves on a hopeless contest. But, on the other hand, how often might the motto, "*Ex fumo dare lucem*", be our due; and, guided by the light of ophthalmoscopic exploration, we are enabled to desecrate the veil that shuts off light from an eye that, when unveiled, can see.

THE RICHMOND LUNATIC ASYLUM. The Dublin Corporation have this year rejected the presentment made for the sum of £10,251 for the Richmond Lunatic Asylum, on the ground that a number of lunatics from all parts of Ireland are there supplied at the expense of the Dublin citizens. They had sought in vain for a remedy, though the Government admitted the justice of their complaints. The tax for this object had increased £7,000 in the course of eleven years. The effect of the vote, however, is that the matter will go to the Court of Queen's Bench, which will issue its mandate for the collection of the £10,000. Relief must be sought from the legislature to enable Boards of Guardians to send pauper lunatics to the districts in which they had resided a certain length of time.

Original Communications.

FOREIGN OPINIONS OF THE NATURE OF SYPHILIS.

Collected by M. BERKELEY HILL, F.R.C.S., M.B.Lond.

III.—ROLLET OF LYONS.

M. ROLLET is one of the earliest propounders of the theory of double contagion of venereal ulcers. This theory explains the apparently anomalous results and consequences of venereal infection, by referring their origin to two distinct contagious principles; the one, producing soft chancres, is a contagious pus, causing, by its irritating quality, ulcers where it is absorbed; the other is a true virus, which, like that of small-pox and of other diseases, affects the system generally, to the infection of which all the local symptoms are subordinate. To this virus alone are all the phenomena of constitutional syphilis referrible. In a pamphlet of seventy-eight pages, entitled *De la Pluralité des Maladies Vénériennes*, he has published his conviction of the distinct nature of the two ulcers in the year 1860; and from this the following extracts are made.

He first runs through the order of their appearance in history. Gonorrhœa is the oldest, being described by Moses, and by the Greeks, Arabs, and Romans.

The contagious ulcer of the genital organs, and its consequence, the inoculable bubo of the groin, appeared later. It is described as being widely spread and well known by the surgeons of the thirteenth and fourteenth centuries.

The syphilitic chancre was first observed at the end of the fifteenth century, when its appearance caused a terrible panic among the nations it invaded.

Hence, the doctrine of the plurality of venereal diseases is old; and its present introduction to notice is simply a revival of a belief which was firmly held when syphilis was a new disease. Syphilis was well described until the two diseases were confounded together by Nicolas Massa in 1532; since which time others have followed his misleading, till M. Bassereau, in his treatise on *Diseases of the Skin Symptomatic of Syphilis* (Paris, 1852), rediscovered the distinct natures of venereal sores.

The points these diseases have in common are simply these. They are contagious; affect most frequently the genital organs; are usually transmitted by sexual intercourse. They often coexist in, and are often derived from the same sore. But all these latter characters are consequent on the first; namely, that they are contagious.

The sexual organs are the parts which fall into closest communication of all the parts of the body during the commonest mode of contact between individuals; viz., coitus. Rollet thinks it remarkable, not that these diseases have the sexual organs as a common seat, but that all contagious diseases do not select the genitals as the favourite locality. He believes that, if the *acarus scabiei* could exist in the vagina, it would be found there more often than anywhere else. Having discussed this question at some length, he passes on to arrange the points of difference of the two ulcers in five series.

First Series. Inoculation on the Patient Himself. (Auto-inoculability.) The contagious ulcer is almost indefinitely inoculable on its bearer. This experiment has been tried some thousands of times on the same individual, with never-failing success. For example, M. Lindmann inoculated himself 2200 times with soft chancreous pus without once failing. (See Ricord's *Leçons sur le Chancre*, page 335.) It is inoculable on syphilised