The first case was in the spring of 1870, when a woman, aged 37, was taken ill with every symptom of acute rheumatism, from which she had suffered twice before. She was at once given a mixture of two drachms of tincture of perchloride of iron in eight ounces of water, of which to take a sixth part every four hours, and an opiate pill for that night. The sheets were removed from the bed, the diet regulated, but nothing else suggested or done. On the following morning, she expressed herself as being more comfortable; the next, still better; and, on the third day, as being quite free from all pain, and able to move freely. Her constitutional symptoms were correspondingly improved, and without question or solicitation from me she expressed surprise at her rapid recovery, and the marked effect of the medicine. I only attended her on this occasion ten days.

A strumous, delicate young woman, aged 20, had an attack of rheumatic fever when a child, which confined her to the bed and house for five weeks. In January 1875, I was sent for to her, and found that she had acute rheumatism fully established. She was in so much pain that I gave her five grains of Dover's powder, with ten of nitrate of potash, every four hours; but, on the next and the following days, there was no improvement in any of the symptoms; this treatment was therefore discontinued, and the tincture of perchloride of iron in twenty-drop doses every four hours substituted. Within two days there was a marked change in the symptom; by the end of a week all sign of acute rheumatism was gone, and in a fortnight she was fairly well, but continued to take iron as a tonic for some time longer.

A young woman came to the surgery in the spring of 1875 with commencing symptoms of acute rheumatism, from which she had suffered severely three years before. She had a loud aortic systolic bellows-sound, the result of that illness. She was sent to her lodgings, and, feeling somewhat better, the next day she resumed her work, but very shortly had to lie up altogether. My brother attended her, and gave her tincture of perchloride of iron as the only medicine. She made a rapid and complete recovery, although the symptoms, from the day she first returned to work in the commencement of the illness, were very marked and severe.

A lady, aged 67, had had two severe attacks of rheumatic fever in former years. She has a seriously damaged heart from aortic obstruction, dilated cavities, and mitral insufficiency, and, during the last five years, has had occasional attacks of dyspnoea, passive congestion of lungs or liver, oedema of feet and ankles, peritoneal effusion, and so on, necessitating treatment with pilula hydrargyri, compound squill and digitalis pill, compound jalap powder, and mixtures of iron and digitalis. On February 23rd, 1875, she sent for me, complaining of severe abdominal and lumbar pains greatly increased on any movement of the body, deep inspiration, or cough. There was not any fever, no quickness of pulse nor heat of skin; the urine was neither scanty nor high coloured. She had been sitting a day or two before in a draught between an open door and window. As I considered it was simply muscular rheumatism, I advised her to completely cover the painful parts with wadding and flannel, and gave her a mixture containing small doses of aconite, chlorodyne, and chloric ether. She did not get any relief, and, by the 26th, it was evident that a severe attack of acute rheumatism had set in. Temperature 102; pulse 130, irregular and unequal, as it always has been since I have known her. The urine was very scanty and high-coloured; there was abundant sour smelling perspiration; the elbows, knees, wrists, and ankles, were much swollen, very red and painful. Matters were so alarming, that absent members of the family were telegraphed for, and the patient was most desponding. Treatment by tincture of perchloride of iron (fifteen drops every four hours) was now commenced and steadily persisted in. On the 28th (fifth day of illness, and second of more marked symptoms of rheumatic fever), matters were still very unfavourable; the joints were, as before, much swollen and exquisitely tender. On March 1st, all symptoms were less severe, and, on each succeeding day, there was marked improvement, so that, by the end of a week, the patient was considered convalescent, although from her naturally feeble frame it was some time before strength was established, or the weather of the past spring would justify our letting her out. She has not had the slightest return of rheumatism, but the dropsical effusion has twice recurred, and each time has been relieved by the accustomed remedies. This patient is a woman of good intelligence, and as she was recovering from the acute rheumatism, she asked, "What is that wonderful medicine I am taking? Each dose seems to do me good, and I never recovered so quickly in either of my former attacks."

The next case to which I would allude will not appear so favourable as the four of which I have been speaking, inasmuch as it was obstinate at first, attended by two severe relapses, and followed by a prolonged debility before thorough and complete recovery was established. It was that of a youth, aged 19, having in-door employment,

but having an exposed walk to and from his work by the river and fields, and living near the water's edge. He, too, had suffered from a former attack of acute rheumatism. On this occasion, he was first taken ill on May 22nd last, and continued much in the same state for a week, but the first week in June he became much worse; temperature 103; pulse 130. He had great pain in the cardiac region, and mitral systolic *bruit*; scanty high coloured urine, depositing dark red sediment in great abundance; profuse acid perspiration, but not much pain in the joints. A blister was applied over the heart, and twenty drops of tincture of perchloride of iron given every four hours. The next day, June 14th, he was in much the same condition as to temperature and pulse, and general symptoms, but after this he began to improve, and rapidly became, to all appearance, convalescent; but he was not free of the predisposing rheumatic poison, for, on July 3rd, I was sent for to him, and found him as bad as ever, with high fever; temperature 104; pulse 130; pain at the heart, anxious expression, and pains at the shoulders, knees, and ankles. A blister was again applied, and the iron mixture given as before. In the two following days the state of this patient was much the same, and, on the 6th, the third day of relapse, I went to Swanage and left him under the care of my brother; on this day the temperature was above 104; pulse 130; and all the acute rheumatic symptoms very severe. On July 8th, the fifth day of the accession of illness, I came home for two hours and saw this patient. He was wonderfully better, sitting up in bed, with cheerful countenance; all symptoms of fever were gone; and rheumatic pains had also left.

One other case has occurred since this, having the same conditions I set down at the commencement of this communication, as rendering it worthy of record by its bearing upon the question; viz., high temperature, quick pulse, inflammation, and swelling of larger joints in a person who had previously suffered from a similar illness.

A delicate lad, aged 17, was taken ill with all the symptoms of acute rheumatism. I removed the sheets, placed him between the blankets, and at once commenced the treatment with perchloride of iron. On the fourth day of treatment, he was quite free from pain as well as from fever, and made a rapid recovery.

Although the fifth case, taken as a whole, was not so satisfactory as one would wish to have recorded, on account of the relapse which followed premature exposure to damp air, the wonderfully marked improvement from very acute symptoms between the 6th and the 8th of July was most gratifying, and I never saw such good result in any other case of acute rheumatism, nor from any other kind of treatment. I think it tells immensely in favour of the plan recommended by Dr. Russell Reynolds, a plan of treatment which must be ranked with those which are said to characterise the present age; that of trying, or adopting, a special remedy for special disease, rather than its treatment upon general principles. To some extent this may be the case, but we shall generally find that, even while adopting a special remedy, we are at the same time acting upon sound general principles. Dr. Reynolds tells us that he was first induced to give this medicine in acute rheumatism from its well-known value and efficacy in rapidly spreading inflammations, of the skin in erysipelas, and of the mucous membrane in throat-affections.

In conclusion, I have only to add, that the result of a fair trial of this plan of treatment in my own practice, of which the foregoing are but half-a-dozen, selected from many other cases, has been so satisfactory, that I should most decidedly adopt it in every case, unless the patient should happen to be hyperemic and plethoric, when I should go back to the treatment of former years, that by large doses of nitrate of potash, from a recollection of its efficacy.

A CONTRIBUTION TO THE HISTORY OF HEREDITARY SYPHILIS.

By A. S. MYRTLE, M.D., Harrogate.

As bearing on the late discussion on syphilis, the following case may prove of sufficient interest to merit insertion. In March 1862, I visited a child, aged four months, covered with a very copious syphilitic eruption and inflammation of the mucous membrane of the nose and mouth. It was supposed the child had contracted the disease from its wet-nurse, and the father was threatening to take legal measures against her. Meanwhile she had been dismissed, and I never saw her. On questioning the father, I found he had syphilis a year and a-half before his marriage; that he had been properly treated for it under Sir William Fergusson, and, having shown no signs for twelve months, was permitted to marry, since which event he had never suffered from any form of disease as far as he knew. His first child was born dead at

the seventh month; his second died shortly after birth, from erysipelas (?). The one I saw was born a fine healthy well developed infant; but between five and six weeks after birth, became affected with inflammation at the nates, and this spread in the form of watery blotches, until it nearly covered the lower half of the body and thighs, when I saw it. On stripping the father, I found a few patches of syphilitic psoriasis on his chest and back; these were not symmetrical. I at once told him the nature of the case, adding that unless he were cured, succeeding children would be born to suffer in the same way as this one. He said, "How about my wife?" At my next visit I examined her, and, except that she was pale and easily tired, I could not detect any disease about her. She had never suckled. The infant soon recovered on bichloride of mercury, followed with iodide of potassium.

When two years old, the child was brought to me with a curious vascular growth behind the left ear. The tumour was round like a cherry, and attached by a broad base to the skin. It grew rapidly; and a fortnight after I saw it, I sent the patient to Mr. Samuel Hey, who removed it. On microscopic examination, it was found to contain a number of spindle-shaped cells, granular matter, with fatty debris. It was pronounced to be cancerous encephaloid. The child made a rapid recovery: the wound healed, leaving a firm healthy cicatrix. Since then, she has grown into a tall handsome girl, showing no signs of any form of disease.

In March 1862, I placed the father under a course of anti-syphilitic treatment for six months. The rash disappeared. In 1864, a healthy child was born; in 1867, another equally so. The mother continued anæmic, and suffering from various forms of neuralgia. In January 1870, she was confined of a girl, and shortly (four days) afterwards died of puerperal fever. The infant appeared strong and hearty. When six weeks old, she suffered from cold in the head (?). I was sent for, and found that it presented the same features as its sister did in 1862; but the rash was very much worse, extending to the flexures of the joints, face, hairy scalp, and hands and feet. The same remedies were employed, with the best results, but they required to be continued a much longer time. These four children are now well and healthy, and present no trace of syphilis. In 1872, the father died from an acute attack of pneumonia.

The points of interest are—the trifling signs of syphilis presented by the father, the total absence of any positive symptom in the mother, and the freedom of the children born in 1864 and 1867 from the blood-taint which was so marked in those born in 1862 and 1870. Of this I am certain, there was no fresh attack of syphilis in the father, and the eruption for which I treated him in 1862 never returned. All the time he took strong exercise, was exposed to every variety of weather, as he was a keen sportsman, and his death was the result of fatigue, arising from violent exercise during inclement weather.

CLINICAL MEMORANDA.

IRREGULAR MATURATION OF THE VACCINE VESICLE.

As the following case is somewhat erratic, so far as my own observation and knowledge extend, I beg to bring it under the notice of my fellow-practitioners.

A. E. B., aged 6 months, was brought to me on July 5th to be vaccinated. His mother had some little doubt as to whether I should vaccinate him then; but, having been served with a written request by the registrar, she felt compelled to submit. When he was about a month old, he was brought under my care, suffering from congenital or infantile syphilis; the chief symptoms then being snuffles, hoarseness, and copper-coloured petechiæ. After about three weeks' treatment, the foregoing symptoms had gone, and the mother, thinking the child better, ceased further treatment. When she brought him again to see if I would vaccinate him, he appeared to be very much improved both in the specific disease and also in his general health; so much so that I decided to vaccinate him with the healthiest lymph I had, hoping thereby to improve his health still further, protect him from a various invasion, and also his parents from further trouble with the registrar. He was accordingly vaccinated on the *right* arm on January 5th. The usual precautions as to taking care of the arm were given to the mother, and he was brought to see me again on the 12th. On this occasion, the mother at once told me that it had not taken effect; and, upon making an examination, I found that it was so, there not being the slightest appearance of inoculation. With her permission, I revaccinated him, but this time upon the *left* arm, and with lymph taken from another child (I may here remark that on each occasion

the different lymphs had been preserved upon ivory points for a few days); and on the eighth day he was again brought for my inspection, when I was somewhat surprised to find that the *second* vaccination (on the left arm) had not taken effect, but that the *first* (on the right arm, and done a fortnight previously) had. The mother said that she noticed the first vaccination beginning to take effect on the second day after I had vaccinated him the second time, and that it matured gradually and healthily; and certainly, so far as development and success, the vesicles were as perfect as any I had ever seen. I need scarcely say that I did not deem it judicious to use or preserve lymph from such a case. As to theory, cause, or explanation, my professional brethren may possibly differ; therefore I leave each one to form his own.

JOHN BROOM, M.D., Sheffield.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN.

LONDON HOSPITAL.

INCOMPLETE PARAPLEGIA FROM A FALL ON THE FEET.

(Under the care of Mr. HUTCHINSON.)

AMONGST the more interesting of the cases lately in Mr. Hutchinson's ward, was the following instance of partial paraplegia following a peculiar injury to the spine. The patient, a middle-aged man, fell from a considerable height straight down, alighting on his heels on a hard road. He was not aware that his back was struck in any way. The consequence was, however, inability to stand and very imperfect power of motion of the lower extremities whilst in bed. He had also for several weeks incontinence of urine and troublesome constipation. After a long confinement to bed, he became able to walk feebly, and regained control over his sphincters. Eighteen months after the accident, he could just manage to walk about in a feeble tottering manner. The muscles of his legs were much wasted; and, although he could bend the knees vigorously, he could scarcely move the ankles. The gluteus maximus on the right side was quite atrophied. No material defect in sensation could be demonstrated. The man could in an usual way hold his urine, but he could not resist the desire to let it escape for more than a few minutes. There was a decided projection of the spinous process of the last dorsal vertebra.

In commenting on this case, Mr. Hutchinson remarked that he felt little doubt that there had been a fracture of the vertebra, with definite injury to the contents of the spinal canal. He did not believe that mere concussion of the spine could produce definite local symptoms of the kind here displayed. It was, indeed, not easy to conceive of mere concussion of the spine causing anything more than mere functional disturbance. In this instance, the severity of the symptoms at first, and their gradual disappearance afterwards, coincided with what is often observed in cases of proved displacement; yet the accident had not been one likely to cause a fracture of the spine. He remarked further that, in attempting to decide the question as to whether the spinal cord has been really crushed by a displacement of the bones constituting its case, or concussion only has occurred, it is necessary to remember that contusions of the cord may vary very much in degree. In some instances, the cord may be almost crushed through, or, at any rate, completely softened, by the temporary pressure to which it has been subjected; whilst in others it may have received only the slightest and most transient squeeze. The presence or absence of paralysis of the bladder is always a very valuable guide. If the bladder be really paralysed, both as regards its detrusor and sphincter, the suspicion becomes very strong, even in the absence of other symptoms, that something more than mere concussion has occurred. In reference to this point, he instanced the case of an old gentleman whom he had seen in private a few days before. In this case, he had been consulted on account of total paralysis of the bladder, which had followed a severe fall head foremost into an area ten days ago. In the absence of paralysis of the limbs, it had been supposed that the condition of the bladder was due to the severe contusion of the loins which had occurred. In support, however, of the opinion that the patient had sustained in reality a dislocation in the cervical region, with a slight temporary crush of the cord, were some important items of evidence. The patient stated that, when he first became conscious after the fall, all his limbs were numb and tingling; and that, although he