lividly blue, the eyeballs turned upward, and to all appearance the man was moribund. We ripped his shirt open all the way down, and told ourselves off for duty; viz., two at the patient's arms for Silvester's method of artificial respiration (relieving guard); one at the feet (affording counter-resistance); one to admit fresh air; one to turn the face on the left side, hold the tongue forward, and wipe the mouth; one to spank the face and walls of the chest with a cold wet towel. Artificial respiration was kept up at the rate of twenty-six per minute. In five minutes he drew a natural inspiration and opened his eyes, and half a minute afterwards he laughed at the joke of a student labelling his hat "Poison"; i.e., "not to be taken". He had inhaled chloroform in the New York Infirmary in 1870. There was no cardiac lesion.

REMARKS.—1. This is a trifling operation, it may be said, for an operating theatre: yet our being able to readily fall in at work was conducive to success, and economised the distress of fellow-sufferers. 2. The recovery from the effects of chloroform-inhalation was rapid. We worked the pump-handles sharply, that fresh air might quickly replace the vapour of chloroform in the respiratory area. Our time-table records that chloroform-inhalation began at 12 o'clock; the operation began at 12.5 P.M.; it was completed, the man was moribund, and artificial respiration was commenced at 12.8 P.M.; artificial respiration stopped and natural commenced at 12.13 P.M.; consciousness was complete at 12.15 P.M. 3. We are all glad that due exertion has prevented the death of a fine young fellow inhaling chloroform for a slight operation, and are inclined to prefer six reliable assistants to any number of galvanic machines.

MODIFIED SYPHILIS.

By W. S. OLIVER, M.D., F.R.C.S.I., Surgeon-Major, 60th Rifles.

I HAVE seen, in the JOURNAL of March 7th, a short account of a most interesting discussion on syphilis, at a meeting of the Medical Society of London on February 9th, at which Mr. Morgan (Dublin) brought under notice a remarkable series of facts in connection with this disease. The results of his researches help so forcibly to corroborate opinions I have entertained for some years past, that I cannot resist offering them for what they are worth.

After more than sixteen years' experience, I entirely concur with Mr. Morgan in his views as to the "modification of syphilis by descent"; I desire further to assert that it is syphilis in this "modified" form that the Army Medical Officer has to deal with in 70 per cent. of the cases of so-called "primary syphilis" which come under his notice. Or, to express myself in plainer terms, judging from the source of contamination in those cases, the appearances and characters of the sores themselves, and the nature of the secondary symptoms ensuing on what is generally considered "primary" syphilis in the army (at least), I am most firmly convinced that not more than 30 per cent. of those cases, if so many, can be considered true primary syphilitic chancre at all, but are merely the primary local evidences of the transmission of secondary syphilis from one person so infected to another not previously contaminated.

The history of those cases is usually as follows. A soldier, who, according to his own statement, and of course in accordance with the entries in his "medical history sheet", never before had syphilis, cohabits with the usual "soldier's prostitute", who, as a rule, has had time to descend very low in the grade of her calling. Within a week or ten days after connection, or even as early as the third day, should the poison be virulent (phagædemic), one or two, or even three, papules, or abrasions, or an excoriation, perhaps, appear and run rapidly into ulceration, and, in the course of from two to five days, come under the notice of the medical officer as either sloughing unhealthy ulcers, or grey non-granular superficial, or, perhaps, elevated, circumscribed sores with a tenacious muco-purulent discharge on the surface, and resembling in some measure secondary syphilitic ulcers elsewhere. Induration is not usually present in those cases, especially at this period, but it may afterwards appear to a limited extent, especially when the sore or sores are situated on the corona glandis, and are long in healing; but, when present, it is never so early in showing itself, nor so well marked and defined as is the case in a real primary chancre. And, though the presence of induration indicates, I think, an early contamination of the system with secondary syphilis, its absence from the sore altogether is never an authentic sign that the sore is non-infecting. Enlargement of the glands in one groin, and in a line with Poupert's ligament, is an usual accompaniment of the disease, appearing early, with inflammation, if the sore or sores have been concealed, or the parts irritated; or late without inflammation, if the local disease have been treated early, but is slow in disappearing. Enlargement of the glands of the neck

and axilla is not an usual concomitant of this stage of the disease. Constitutional secondary symptoms, however, generally soon appear, sometimes showing themselves even before the sore has healed where this process is protracted; generally as a mild erythema of the fauces, or a maculated or papular eruption, or roseola without any accompanying febrile attack. They are easily dispelled, as a rule, by mercurial fumigations and large doses of iodide of potassium and seldom terminate in syphilitic cachexia, unless complicated with anæmia or struma. Rheumatism is often a late result from this form of syphilis, but cachexia seldom ensues unless under the circumstances I mention.

This, I consider, is the most usual species of syphilis met with in the army, and it is in my opinion generated, not from a true primary chancre, but from secondary, or what Mr. Morgan would term modified syphilis in the female. If this view of the subject were more generally accepted, I feel sure there would be less difference of opinion as to the proper treatment (mercurial or non-mercurial) of the disease than exists at present. The treatment for true primary syphilis and its sequelæ, in their early stages, is undoubtedly mercury, with few exceptions; but, for the "modified disease", my belief is, that a modified treatment will be all-sufficient and least injurious to the constitution.

I know that many will be opposed to my statements, and will, doubtless, assert that the sores I have described were not those of infecting syphilis, and did not induce the secondary symptoms which followed, but that those symptoms and sores were preceded by a true and concealed chancre in every instance. To this, I reply that, for such to be a fact, 70 per cent. at least of the men I have treated must not only have concealed this sore, but have denied all knowledge of it when they have subsequently presented themselves voluntarily to me for treatment of the sores I have described.

The more simple and rational explanation of the matter undoubtedly is, that the prostitutes with whom the soldier cohabits are generally of the lowest grade, and cannot possibly impart to him what they have not themselves; that is, true primary syphilis, having previously been sufferers from the secondary affection for months, if not for years.

CASE IN DENTAL PRACTICE.

By ADAMS PARKER, Esq., Birmingham.

THE following case occurred in my practice some time ago; and, as the issue was of such a successful nature, I forward it for insertion in the JOURNAL.

Martha Morley, aged 14, stated that, six weeks previously to my seeing her, she had fearful pain in the first upper molar on the left side, which was followed by an offensive flavour in the mouth. Afterwards, her cheek up to the eye became very hard and lumpy; and next came a bright inflammation over the whole surface, as in erysipelas. This afterwards softened in the centre, when a great quantity of pus formed, which next effected an opening in the skin and discharged itself in great quantities, with an offensive odour. At first, the case was attended to by a druggist, until the pain and the extent of the inflammation and swelling, invading the eye, alarmed the family of her employer, and Dr. Nelson was consulted. He advised fomentations, poulticing, and a cooling aperient. This, with other treatment, was carried on until the swelling and other local symptoms had subsided; and, upon her first visit to me, I recommended the immediate removal of the tooth. This was more than two years ago, and there have been no further symptoms.

Had the tooth in the first instance been removed, the patient would have been spared a long period of suffering, and at the same time what I am afraid will remain a permanent scar in the cheek from the fistulous opening. I quote this case, not as being one of an unusual character, but to show how necessary it is in all such cases that a careful examination of the teeth should be made when symptoms so distressing present themselves.

OBSTETRIC MEMORANDA.

THE TREATMENT OF POST PARTUM HÆMORRHIAGE.

XX.

I ONLY intended to be a learner in the discussion on *post partum hæmorrhage*, until I read in the *Dublin Journal of Medical Science* that Dr. Atthill is stated to have said that the first occasion in which perchloride of iron was used in Ireland for the arrest of *post partum hæmorrhage* was, on July 11th, 1869, by Dr. Kidd. I think it right to correct this statement. I, for one, have been using it since 1862, carrying the salt in my bag, and, when occasion required (though not very particular as to quantity), dissolving about two table-spoonfuls in a washing-