and yet what is our position in regard to this matter even at the present moment? Whatever may yet be elucidated by that at first sight alarming and repulsive process, syphilisation, it certainly is in evidence that inveterate cases of syphilis get well under it, after the failure of the ordinary metallic treatment; and that patients who have been effectually syphilised are less liable to relapses and to syphilitic affections of the brain, the liver, and other internal organs, than those treated in the ordinary manner. The effect of the process would appear to lie in producing a series of ulcers on the surface of the body, in which the receptivity of an individual exhausts itself; while the internal nutrition can be carried on in the most perfect manner, so as to support the cutaneous process. Patients who undergo this method, far from succumbing and resembling patients suffering under metallic influence, appear fresher, plumper, and more vigorous, in spite of the increased local disorder that is intentionally generated. Whether eventually we may find another and more perfect means of neutralising the syphilitic poison, our preconceived notions have certainly received a shock by the carefully performed experiments on repeated inoculation recently made by Professor Boeck at the Lock Hospital. The inoculations, far from lighting up and increasing the constitutional taint, appear to rouse a power of resistance from within, which, after a time, throws off the poison more effectually and persistently than the measures upon which we have hitherto relied as our best allies. As, however, this matter is still *sub judice*, I will not lay much stress upon it; but, having seen and watched the progress of many cases, I could not resist adverting what to me appears a remarkable fact in confirmation of my argument.

I prefer, however, to rely rather upon those general views with regard to the treatment of disease which appear to me to prevail among the teachers of clinical medicine of our country, and upon which more or less we are all acting.

[To be continued.]

THE CHOLERA ON BOARD THE ENGLAND. Letters from Halifax state that cholera broke out among the German emigrants on board this vessel during her passage from Liverpool. She left the Mersey on the 28th of March, and Queenstown on the 29th, and she had then over 1,000 passengers, of whom 400 were Germans, on board. On the fifth day after leaving Queenstown, cholera appeared among the steerage passengers, and raged with great virulence despite the efforts of two doctors, who were fortunately on board. By the time the England put into Halifax the deaths were 46; and in two days after her arrival they had increased to 140. On the 11th of April, when letters left, there were twenty-five deaths per day. The whole of the deaths were among the steerage passengers and the crew; among the latter there were five deaths. The authorities at Halifax took prompt measures to alleviate the condition of the sufferers, and at the same time to prevent the spread of the disease. The Admiral sent down the hulk *Pyramus* as hospital ship, and the governor eighty tents, in which the healthy survivors were encamped on Macnab's Island. The *England* has been placed in the care of Messrs. Cunard, of Halifax, and they are fumigating her as rapidly as possible. It is supposed that the outbreak of the disease is due to the dirty habits of the Germans and their great consumption of sauerkraut.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

MANCHESTER EYE HOSPITAL.

EXTRACTION OF SOFT CATARACT BY SUCTION.

By R. H. M'KEAND, Esq., Surgeon to the Hospital.

SOME few weeks past, I had the pleasure of meeting at the house of a mutual friend (Dr. Crompton of this city) Mr. Teale, jun., of Leeds, and had some conversation with him upon the subject of his recent publication *On Extraction of Soft Cataract by Suction*. He had with him his suction-curette, and accompanied his remarks with a request that I would give the little instrument a trial. Having an opportunity afforded within a brief period of operating upon four subjects, as detailed below, out of compliment to him, I thus early publish the result of each. No inflammatory or objective symptoms of any kind occurred to mar the operation, and the little patients discarded entirely upon the third day the isinglass-plaster, applied after the operation to prevent movement of the eyelids.

Mr. Teale's instrument was procured from Messrs. Weiss; but, after using it the first time, I thought the curette might with advantage be made smaller, which was done by Messrs. Hunt and Roskell, jewellers, and I found the reduction advantageous in the three other cases.

I think the profession much indebted to the revival of this operation through the hands of Mr. Teale. The result in these four, my first trial cases, has so much delighted me, that in my individuality I beg to thank him.

CASE I. Ada W., aged 5, was admitted a patient of the Eye Hospital, on March 7th, 1866, with cataract in the left eye—the result of a blow two or three years ago. The cataract was quite soft, and the pupil could be fully dilated with atropine.

March 10th. *Operation*. The patient having been put under the influence of chloroform, a broad needle was introduced through the cornea at the outer part opposite the margin of the dilated pupil. The capsule of the lens was then freely ruptured, and Teale's suction-curette introduced, and the whole of the cataract withdrawn without the slightest difficulty, leaving a perfectly clear pupil. The eye was then closed with tissue-plaster, and a compress-bandage applied.

March 12th. There was hardly any irritation in the eye; and the pupil was quite clear, except close to the inner margin of the iris, where a very small portion of capsule was seen. Two days afterwards, the eye was free from all irritation. As the patient had never been taught to read, the amount of vision could not be accurately ascertained; but, with the aid of a convex glass, she was able to distinguish very small objects, such as pins, etc.

CASE II. Elizabeth E., aged 7, was operated upon on March 14th, 1866, for soft cataract in her right eye. In this case also, Teale's suction-instrument was used, and the whole of the lens removed without accident.

March 16th. The eye was entirely free from inflammation. The pupil was moderately clear; but one long band of capsule passed across it, and consequently interfered with vision, so that the patient could distinguish only large letters.

CASE III. James P., aged 12, was operated upon on March 14th, 1866, for soft cataract in the right eye, the result of an accident six weeks previously. There was a considerable opacity of the cornea close to its inner margin, to which the iris was adherent. The pupil, however, dilated moderately well under atropine. The cataract was successfully removed by means of the suction-curette, the patient being under the influence of chloroform. No irritation whatever followed; and a week after the operation, the patient was able to read the finest print (No. 1 Jaeger's test types), using a convex glass.

CASE IV. Thomas B., aged 8, was struck with a fork on the forehead, on February 10th, 1866. A fortnight afterwards, his parents observed something white in the pupil of his left eye. On admission (March 14th), the lens was entirely opaque, and a single iritic adhesion was seen at the upper part of the pupil; the latter, however, dilated pretty well under atropine. Extraction was performed, under chloroform, in a similar manner to the other three cases, and was followed by the same excellent result. The boy had never been taught to read, but could readily discern very small objects.

FARRINGDON GENERAL DISPENSARY.

A CASE OF SYPHILIS TREATED BY SYPHILISATION.

Under the care of R. WILLIAM DUNN, Esq.

Mrs. J., aged 44, had been ill for some weeks, suffering from pain in passing urine, and a swelling in her right groin. This swelling she expected to burst; it did not do so, but nearly disappeared one night; and the morning following, when at the water-closet, she passed a large quantity of stinking matter. She had never had any rash upon her skin. She had been examined by a medical man, but no disease had been detected.

I first saw her on June 20th, 1865. She was then suffering from ulcerated tonsil, the ulcer being circular in shape with elevated edges. She still complained of pain when she passed urine; felt very weak; pulse 120. She would not allow an examination to be made. I suspected that this was a case of syphilis, from the fact of having attended her husband some little time previously for an infecting sore. I ordered her a grain of quinine three times daily, and a chlorate of potash gargle.

June 23rd. She was no better. A patch of rupia had appeared upon her head; and she had an ulceration on her right thigh of the size of a crown. She was ordered to take five grains of iodide of potassium in decoction of cinchona three times a day; and to use nitric acid gargle.

July 7th. The patch of rupia on the scalp had ulcerated, but the ulcerations had not spread. The throat was very much better. She was going into the country. The medicine was continued.

July 29th. I heard to-day about her. She had been staying with a medical man. The ulceration had increased very much; on the scalp it was so deep that the bone was exposed. The throat was quite well. She was still taking the iodide of potassium, and dressed the ulcers with nitric acid lotion.

Aug. 14th. I heard to-day that she was at Eastbourne. The ulcers were healing. She was still taking the iodide of potassium.

Sept. 22nd. She had returned to town, much worse, having patches of rupia all over her body, but principally on the back. The ulceration on the scalp and thigh had healed; but she had large sloughing ulcers on the calf and ham of the left leg. She had lost flesh, felt very ill, could not sleep at night, and had lost appetite; pulse 150. I ordered her to have

five grains of citrate of quinine and iron every four hours; a grain of powdered opium at bed-time; and good diet, with wine, beer, and brandy.

Sept. 28th. The ulcers were still sloughing. I applied the arsenical paste of the Skin Hospital *Pharmacopœia* to them. She cried a great deal; did not sleep at night; pulse 130. The remedies were continued.

Sept. 30th. The ulcers were clearing; she felt a little better. I ordered nitric acid lotion to be applied to the ulcers, and the remedies to be continued.

Oct. 10th. She had a sloughing ulcer on the chin, both insteps, and the right ham. Pulse 160. She felt very ill; vomited her food. I ordered her ten grains of bismuth every four hours; and ice and brandy.

Oct. 20th. The ulcerations were increasing. I applied the arsenical paste to them. She felt very ill, and cried all the day; had no appetite; and did not sleep; pulse 160. She was ordered to continue the bismuth.

Oct. 25th. She was no better, and felt very ill. Pulse 160.

Oct. 27th. Professor Boeck kindly saw her to-day with me. He thought that, although a very bad case, she would receive benefit by syphilisation. He commenced with three inoculations on each side of the chest. She was at this time in a very weak state; so ill that I did not think she would live. She vomited her food; and had sloughing sores on her legs, feet, and face, and patches of rupia scattered more or less over the whole body. The pulse was 180.

Oct. 30th. The inoculations have taken. Six more were made on the chest; and the same was done on Nov. 2nd.

Nov. 5th. The last inoculations had not taken; and Professor Boeck inoculated from the previous ones.

Nov. 8th. New matter was used, and six inoculations were made. The same number were also made on the 11th, and again on the 14th.

Nov. 16th. The last inoculations had not taken. Twelve inoculations were made with new matter; six on the chest and three on each arm. Twelve inoculations were made on the 19th, and again on the 23rd and 26th.

Nov. 29th. Eighteen inoculations were made; six on the chest, six on the arms, and three on each leg. There was decided improvement in her health; the pulse was slower; the ulcers were healing; and she had gained flesh.

Dec. 2nd. Eighteen inoculations were made; and the same number was repeated on each of the following days: December 6th, 9th, 13th, and 17th.

Dec. 20th. I commenced to inoculate. The ulcers were nearly all healed. Her appetite was much better; she had gained flesh; pulse 96. She felt much better and stronger.

Dec. 23rd. Eighteen inoculations were made; and the same number on the 26th.

Dec. 30th. The inoculations on the chest had not taken. New matter was applied to the chest in six places; old matter to the arms and legs.

Jan. 2nd, 1866. The inoculations on the chest had not taken; those in the arms and legs had. Twelve inoculations were made.

Jan. 5th. New matter was applied to the chest; old matter to the arms and legs.

Jan. 8th. The chest had not taken; the arms and legs had.

Jan. 11th. New matter was applied to the chest; old matter to the arms and legs.

Jan. 14th. She was not so well. Twelve inoculations were made.

Jan. 17th. She felt very poorly, vomited her food again, and had no appetite; pulse 160. She had an