of cutaneous eruption; the scaly eruption appears to be that most common in a person of otherwise healthy constitution.

The Report admits, without, I think, sufficient proof, a long list of symptoms, indicating, in the severest cases, a persistence and a virulence which might well appal the most stoical of governments. Indeed, those well intentioned persons who oppose the introduction of sanitary measures on this subject, on the ground that those who commit the sin of fornication merit a sharp punishment, would find their most sanguine wishes gratified by the perusal of pages x and xi of this Report. We there learn that its characteristic effects are exhibited in the deeper seated tissues for an indefinite time. Fibro-plastic material is deposited in the various tissues of the body; the liver is more frequently the seat of disease; the brain and its membranes are liable to be affected, giving rise to mania, epilepsy, paralysis, and *many other serious and fatal diseases*. The lungs are frequently affected; and, finally, "an universal fatty or lardaceous decay of the organs pervades the entire body."

A committee of inquiry is clearly needed to determine the real extent which the effects of constitutional syphilis may attain. Were all that we read true, some well marked deterioration of the race, considering the general prevalence of syphilis, especially in this country, might be fairly expected. The Committee seem to me to have accepted much that should have been referred to further investigation; and this becomes a serious matter when issuing before the profession in the form of an official answer to a Government inquiry.

The same may be said of some of the remarks on hereditary syphilis. Doubtless, it is true, as mentioned in the Report, that "the poison may be latent after the first twelve months, and again exhibit its virulence in growing youth." But I have seen cases of "intestinal keratitis" pronounced syphilitic without one particle of evidence, and so also of other symptoms. Some years ago, the comparatively short stature of the French infantry was referred to hereditary syphilis! also the ingrowing of the finger-nails! Indeed, were the human mind allowed unlicensed freedom in its speculations on these points, it would lead us a pretty dance over the wide field of pathology.

CASE OF UNUSUALLY RAPID ACTION OF THE HEART: DEATH.

Under the care of JOHN DAN BROWN, M.D., Rochester.

[Reported by F. J. BROWN, M.D.]

I BEG to furnish the following case as a pendant to those communicated by Dr. Cotton, Sir Thomas Watson, etc., in the JOURNAL, so that a series of cases may be considered at the present time. I entered the affection in my notes as dichronous action of the heart; and I considered it to be due to faulty innervation, either defective inhibition by the vagus or excitation of the sympathetic (lower cervical ganglion, according to recent researches).

Mr. Graves, aged 41, a married gentleman, an official at the Rochester Gas Works, was seen by me on January 13th, 1865. He had suffered from mental anxiety in connection with his duties, but had otherwise enjoyed good health. His residence at the Gas Works was marshy.

His first heart-seizure occurred on December 19th, 1864. My brother saw him at that time, and found the pulse 160, with short respirations. During the first week, the seizures came on at intervals (I do not remember whether daily or not), and lasted half an hour.

There appeared to be a congestive or inflammatory condition of the heart, for which my brother leeches and blistered, and gave calomel and opium, aconite, iodide of potassium, and salines, with satisfactory results as respects congestion. When I saw the patient, he was seated in a chair, breathing shortly, but not like a man under orthopnea. The pulsations of the heart were 192, distinct and moderately forcible. There was no murmur.

Whilst I was in the house, the paroxysm abated almost suddenly, and the patient walked about the room well. He told me that he felt quite well when at rest, but that exertion caused the seizures to recur.

He was recommended to give up his situation and to try change of air as soon as might be possible. He was unable to leave the Gas Works, and continued to suffer from the heart-seizures. Liquor ammoniæ acetatis was employed as palliative treatment. He died suddenly on the 15th April, 1865. No *post mortem* examination was obtained, although requested.

REMARKS. Emotional disorder (anxiety) was the first link in the chain of causation in this case. Next came the nervous disorder.

I have seen several cases of cardiac running-away action, reminding me of the running away of a horse, but only once before a case similar to the present; viz., runaway action of the interrupted form. I do not recollect the details of the first case, so I cannot relate it.

I know no means of arresting the runaway action; but I have lately tried the horizontal posture, *pur et simple*, as recommended for internal aneurism, and with encouraging results.

Runaway action sometimes occurs unaccompanied by organic lesion, so far as I can ascertain by examination during life. At other times, it co-exists with fibrinous patches or with inflammatory conditions of the pericardium. I do not recollect whether I have noticed it in co-existence with murmur or with disease of the apertures. From what I have observed, runaway action occurs under two forms: (a) the continuous, and (b) the periodic or interrupted. No one can confound runaway action with palpitation; they are unlike in every way.

I regard runaway action as due to deficient inhibitive power of the vagus, and palpitation as due to excitation of the sympathetic. The benefit derived from the use of digitalis in Dr. Cotton's case renders this view of runaway action probable, for digitalis entones the heart.

REPORTS OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

KING'S COLLEGE HOSPITAL.

CASE OF HÆMORRHAGIC DIATHESIS.

(Under the care of Dr. GARROD.)

CASES of hæmorrhagic diathesis—the *Blutkrankheit* of the Germans, and *hémophilie* of the French—are of very uncommon occurrence. From researches made by Grandidier (*Die Hémophilie oder Blutkrankheit*, Leipzig, 1855), who has collected 484 instances of this curious affection, it would appear to affect males in a considerably larger proportion than females, and to show itself at an early period of life, in infancy, and in early adult age; very rarely indeed has it been met with after 22. It is characterised, as our readers are well aware, by profuse hæmorrhage from the mucous membrane, and more curiously still, in some cases, from the unbroken skin. The hæmorrhage may occur spontaneously, or may be the consequence of some trifling injury, a mere bruise, a slight blow, or the extraction of a tooth.

In a case reported by Magnus Huss (*Archives Générales de Médecine*, August 1857), the colour of the blood was arterial, and it coagulated readily. The blood exuded freely from the roots of the hair on the scalp, and from the eyelashes of the upper and lower eyelids. When examined with a magnifying glass, the surface of the scalp presented no abrasion, no solution of continuity to account for the hæmorrhage; and, on pulling out some of the hairs, their roots looked perfectly healthy. Under the microscope, the blood-corpuscles looked normal. As hæmophilia, however, frequently occurs in individuals suffering from leucocythæmia, or from some organic affection of the spleen, the blood has in some cases been found to contain an abnormal preponderance of white globules.

The most frequent seat of the hæmorrhage in such cases is unquestionably the mucous membrane of the nose, and next to it the lining membrane of the mouth and the intestines. In the following case, for the particulars of which we are indebted to Mr. Smith, house-physician to the hospital, it will be seen that frequent, copious, and oft-recurring epistaxis was the symptom which alarmed the child's mother. The hereditary character of the affection, or at least the unfortunate predisposition to it which runs in certain families, is also well-marked in this case. Although isolated instances of this curious complaint are sometimes met with, it is as a rule a family affection; and in Germany, where it seems to occur more frequently than elsewhere, Dr. Lange, of Potsdam, (*Statistische Untersuchungen über die Bluterkrankheit*, Oppenheim's Journal, No. 45, Hamburg, 1850) states that 130 individuals, belonging to 53 families, were affected with it, thus showing the tendency of *Hæmophilie* to run in families. Although in some respects allied to purpura hæmorrhagica, this affection seems to be on the whole distinct from it, and differs from purpura in being never attended with any febrile reaction. From scurvy, it is easily distinguished by the absence of sponginess of the gums and pain in the calves, and other nervous symptoms.

W. Bilton, aged 6, one of twelve children, of whom only three are living, is a pale, ill-nourished child, although his mother declares that he has always been fed pretty well, and had a fair allowance of meat and vegetables. He had the small-pox when two years old. He was never vaccinated, the medical officer refusing to do it, on account of the mother's statement that seven of her children died from exhaustion induced by frequent hæmorrhages from the nose and mouth.