even very young children. I have recently, on two occasions, in consultation with Dr. Arthur Farre, examined without difficulty and with complete success the larynx of an infant five months old.

EPILEPTIFORM NEURALGIA DURING THE PUERPERAL PERIOD: EPILEPTIC SEIZURES: PHLEGMASIA DOLENS.

By C. J. EVANS, Esq., Northampton.

C. V., aged 22, married, a thin, pale, delicate woman, was delivered by me of her second child on December 21st, 1866; the labour being natural and quick. She went on well up to the 29th, when she was seized with most severe neuralgia of the left side of the face and head, the pain being of an excruciating character.

I ordered two grains of disulphate of quinine in a pill three times a day. The neuralgic pains continued, though the severity of them gradually abated; and, about the beginning of the first week in January, I was summoned to her in the night, the messenger saying she was in a fit. I went at once; and, although the fit was over when I reached the house, froth still issued from the mouth, and she had not wholly recovered consciousness. Cold was ordered to be applied to the head, and a mustard poultice to the back of the neck; the quinine to be continued.

She was reported to have had two more fits during the same night, but was quite conscious and sensible next morning, and they did not afterwards recur.

A new phase in the case now made its appearance. On Jan. 8th, 1867, there was noticed much feverishness, with tenderness of the right leg and thigh in the course of the saphena vein. She was ordered an ammoniated saline draught every four hours, with a grain of opium at night, and poppy-head fomentation (covered with oiled silk) to the limb.

At the end of two days, the whole limb, from the foot to the groin, was enormously swollen, and very painful to the touch. The pain in the head at this time was much less than it had been before. A blister, two inches wide and six long, was directed to be applied to the inner side of the calf, and a second similar one along the inner side of the thigh. The quinine and opium were ordered to be continued, the latter in double doses.

January 24th. The pain and swelling of the limb were greatly diminished; but the neuralgic pain in the head was again more severe.

By February 3rd, she was able to come down stairs, all pain, both in head and limb, having ceased; and the swelling of the latter gradually and entirely disappeared.

As far as my experience goes, neuralgia is a disease which is much on the increase, or is becoming more widely spread among the community. Very numerous cases of it, chiefly cranial or facial, have presented themselves to my notice during the last twelve months; but only in the case above detailed have I met with it in association with epileptic seizures—an association which gives a formidable appearance to the disease, and renders the prognosis more unfavourable.

The patient in this case was weak and delicate, and the severity of the pain she endured brought her extremely low; and she was, unfortunately, further reduced by the attack of phlegmasia dolens, from which, however, she made a good recovery.

It is worthy of note that, when the pain in the inflamed limb was at its height, that in the head was at a minimum, and *vice versa*. The one seemed, as it were, vicarious of the other. The patient had, a year before, suffered from a similar attack of neuralgia, which speedily yielded to quinine, and was not then associated with epileptic seizures or any other bad symptom.

In the BRITISH MEDICAL JOURNAL for January 5th, 1867, p. 9, is related an interesting case of "epileptiform neuralgia—epileptic seizures", under the care of Dr. Ramskill, with especial reference to the treatment by large and increasing doses of morphia, as recommended by Trousseau. In the present case, no special treatment was adopted for the epileptic seizures, the quinine being continued alone. It is possible, however, that the opium, which was subsequently administered for the relief of the pain in the leg, may also have relieved the neuralgic pain; yet, if so, it is difficult to understand how the one increased when the other diminished. If this or another similar case were to present itself, I should certainly feel strongly disposed to adopt the morphia treatment, and would have done so in the present instance, had the disease continued longer.

The idea that this form of the disease may be only a modification of genuine neuralgia, seems to be confirmed by a case related by Dr. Handfield Jones in the BRITISH MEDICAL JOURNAL for March 9th, 1867,

where, after stating that he regards "the alternation of prurigo (a hyperæsthesia of cutaneous nerves) with melancholia as an occurrence of the same kind as the shifting of a neuralgia from one part to another, the only difference being that a nervous centre is substituted for a nerve-tract," he sums up with the following pertinent remarks. "It seems to be of importance to have a clear conception of the possibility of nervous centres suffering in a quite analogous way to nerves, as the mind is thereby taken off from perpetually recurring, in all cases of cerebral disorder, to the notions of congestion and effusion, as it is so prone to do."

ON THE REPORT OF THE VENEREAL COMMISSION.

By HOLMES COOTE, Esq., F.R.C.S.,
Surgeon to St. Bartholomew's Hospital.

Too much publicity cannot be given to the following statement (in which I fully concur) made in the Report of the Venereal Commission: "Hard sores do not necessarily contaminate the constitution; while, on the other hand, constitutional symptoms occasionally follow the presence of a sore, which might have been regarded as a simple local sore by a practised observer." (P. ix.) It follows, then, that, for all practical purposes, the greater part of that which has been written about simple and syphilitic ulcers, about the pathological differences between indurated or infecting and soft or non-infecting ulcers, etc., is nearly useless, and in many points likely to mislead. As stated in the above Report, "too much caution cannot be exercised in giving an opinion as to the future safety of the patient." In short, an ulcer following impure connexion must always be regarded with suspicion by the surgeon; and I could not with certainty and at once name the time when the individual might regard himself as sound, however slight the primary symptom, even though it have been but a so-called excoriation.

The Report proceeds to say (page ix) that "the constitutional manifestations of syphilis follow the primary sore at an uncertain interval of time, ranging from four to ten weeks, the average being about six weeks." But I presume it will not be denied that such manifestations often appear much earlier. I have at the present time under treatment a man who dates the primary sore, the bubo, and the cutaneous eruption, as simultaneous; I think that the average is less than six weeks, and is very often influenced by the habits of the patient and by his general health.

The sense of chilliness, followed by heat of skin, accelerated pulse, and general lassitude, which commonly precede the constitutional manifestations of syphilis, are often overlooked among hospital patients. Such persons are not always sensitive to symptoms. But, in private practice, it is noticed often enough. I have seen some of the best marked cases at the time when the poison was being carried along the line of the absorbents, and through the absorbent glands into the system. Mr. H. Lee inclines to the opinion that "neither experiment nor observation affords any proof that the virus is conveyed unchanged through these glands. All the evidence which we have on this subject," he says, "tends to an opposite conclusion." Hunter himself says: "We never find the lymphatic vessels or glands that are second in order affected. When the disease has been contracted by a sore or cut upon the finger, I have seen the bubo come in a little above the bend of the arm, upon the inside of the biceps muscle; and, in such, where the bubo has come in that part, none have formed in the armpit, which is the most common place for the glands to be affected by absorption." (Holmes's *Surgery*, vol. i, p. 392.)

I must be pardoned expressing my dissent from the above in the strongest terms; and will mention, in illustration, the following case. A surgeon contracted an ulcer on the forefinger of the left hand. No one could for a time pronounce upon its nature. However, the syphilitic nature at last became apparent. It was quite superficial, circular in form, and without a trace of induration. It secreted a small amount of pus. In the course of three to four weeks, the sore being still open and spreading, chilliness and lassitude were felt by the patient. He lost his appetite, looked careworn, and the glands above the elbow on the inner side of the biceps were so tender that he could scarcely bear the pressure of the coat-sleeve. Two days after this, the axillary absorbent glands became swollen, the general symptoms of chilliness being much more severe; and, almost immediately afterwards, but without any symptoms referable to the skin itself, he became covered from head to foot with the marks of syphilitic lepra. So tender were the axillary glands, that he wore the arm in a sling for a period of some weeks.

I cannot say that particular sores are followed by any one special form