tion four more lesions were discovered. First, on the middle line of the prepuce, close to the furrow, was a round shallow ulcer about the size of a hemp seed, and with a clearly indurated base, and near to it were two other sores similar to the first, except that neither was perceptibly indurated. Further away was a fourth similar ulcer, also without induration. The inguinal glands were enlarged, multiple and indolent on both sides, and a diagnosis of syphilis was made and mercury prescribed. On October 1st the two herpetic spots had disappeared. The two ulcers nearest the first were now also indurated, but the one further away remained unindurated. On October 10th all were healed except the first. The patient was not seen again until November 1st, when all had healed, but the three indurations remained. Roseola was present on the skin, and other signs of syphilis followed in due course.

The following points may be found useful to keep in mind in any doubtful case in which sores are present on or near the genital organs: (1) The chances of irregular herpes should always be considered; (2) the lesion or lesions, and also the inguinal glands, should be closely and repeatedly examined until the diagnosis becomes clear; in the meantime (3) do not apply irritants, and (4) do not give mercury.

A CASE OF SUPPURATION IN THE MASTOID WITH OPTIC NEURITIS ON THE SAME SIDE: OPERATION: RECOVERY.

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THE presence of optic neuritis in the complications which occasionally follow middle-ear inflammation is generally, and rightly so, taken as indicative of serious intracranial trouble. And although cases have been reported in which this sign has cleared up without manifest intracranial disease having declared itself, yet these are sufficiently rare to warrant the publication of the following case:—

L., a Chinese girl, aged 17, was an inmate of one of the mission schools at Changpoo. At the time of her illness she was in fairly good general condition and had never suffered from any serious illness. A month before I saw her she had suffered from a sharp attack of otitis media, probably induced by the careless use of the ear instruments common in a Chinese barber's set of implements. This attack had evidently been acute at first and had never thoroughly cleared up.

Temperature chart. After October 5th the temperature was normal. A, no optic neuritis; B, optic neuritis marked on the left at 9.30 A.M.; C, optic neuritis disappeared.

I was called to see her on September 20th, 1899. She was suffering from an afternoon fever which had been thought to be a quotidian ague, and complained of pain in the left temporal region. A little foul-smelling pus was coming from the meatus and there was a small perforation of the tympanic membrane in front and below. There was slight tenderness over the mastoid processes but no oedema. Regular washing out of the ear with a solution of carbolic acid was at once undertaken and the eyes were examined. Both fundi were perfectly normal.

On September 22nd the pain in the head was much worse, and was con-

fined to the temporal region, and there was slight oedema over the mastoid. The pupils were dilated with atropine, and the fundus in each eye was found perfectly normal. A message was at once sent off to her parents asking for permission to operate, but no reply was received till September 25th, as they lived a day and a half's journey away. During these two days she became rapidly worse, the pain in the head being continuous and severe, sometimes causing her to cry out, and wrecking her night's rest. The swelling over the mastoid also increased, and some swelling appeared in front of the ear in the temporal fossa. The temperature was now continuously raised, and the pulse generally ranged from 120 to 130. At no time during the illness was there anything like a cerebral pulse. The headache was entirely confined to the left temporal region. On the evening of September 24th I again examined the eyes, and found optic neuritis commencing in the left eye, the disc being swollen, its edges blurred, and the veins full. The patient herself spontaneously complained of the vision of this eye being dim. The fundus of the right eye was normal, and its vision natural.

On September 25th, permission having been obtained, I made the usual vertical incision behind the ear, prolonging it upwards and slightly forwards for about an inch. Having turned the ear forwards, a small abscess was opened at the upper margin of the external auditory meatus beneath the periosteum. Using a chisel and mallet, the antrum was opened, the chisel passing through apparently healthy bone. Immediately it was opened, pus welled up from the mastoid cells. The opening into the middle ear, the edges of which were bare and rough, was enlarged, and the contents of the middle ear—namely, the malleus, incus, and some granulation tissue—were removed with a small Volkmann's spoon. The stapes was not seen. A chain of six silk threads (No. 4) was then passed round, entering at the wound in the mastoid and passing out at the external ear. The parts were irrigated and dressed, iodoform being freely used, and the wound behind the ear packed with gauze. During the next six days the wound was dressed twice a day and thoroughly irrigated with 1 in 2,000 biniodide of mercury lotion. In forty-eight hours the temperature had fallen to normal, and the pain, which persisted for an hour or two after the operation, had entirely disappeared. The optic neuritis quickly subsided, and at the close of a week after the operation had entirely disappeared, the dimness of vision having disappeared within forty-eight hours of the surgical treatment. At the close of ten days the discharge rapidly diminished, and the irrigating lotion commenced to pass into the pharynx, to the great annoyance of the patient. On the twelfth day after operation the silk threads were removed, and the posterior wound rapidly closed. At the end of six weeks the discharge had entirely ceased and the patient was allowed to cease treatment. The middle ear showed no signs of unhealed granulation tissue, and its walls appeared to be covered with scar tissue. A watch was audible on this side at a distance of 1 inch from the external auditory meatus.

As to the surgical procedure, it was simple, the silk thread drain acting admirably. The optic neuritis was quite clear, but as to its cause I am unable to form an opinion. At no time were there signs indicating the presence of an abscess within the cranium, nor, on the other hand, was there any sign of ocular paralysis or irritation of the nerve centres governing the muscular movements. The interest and importance of the case lies, to my mind, in the rapid recovery after free drainage, and the comparatively rapid and complete disappearance of the signs in the left fundus oculi.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

A CASE OF SEPTIC THROMBO-PHLEBITIS TREATED BY INJECTIONS OF STREPTOCOCCUS ANTITOXIN.

In the case which I now report there seems no reason to doubt the good resulting from injections of the antitoxin of streptococcus pyogenes.

Mrs. M., aged 26, a primipara, was confined on November 21st, 1899. No doctor was present. Three days after the confinement the right leg became swollen, pain in the knee preceding the swelling. She got up on November 28th, and moved about the house in a more or less crippled state for some days, but had to take to bed at last. After rest and poultices she recovered somewhat, and got up for some time every day until December 24th, when a painful swelling rather suddenly formed at the saphenous opening of the right thigh. She became very ill, and had to remain in bed. I saw her for the first time on December 28th. She had been having for some days repeated rigors and profuse sweats. Her colour was deadly pale, her eyes sunken, and her hair wet with perspiration. Her temperature was 104° F., and her pulse very rapid and weak. The upper third of the right thigh was greatly swollen, the skin red, the surface temperature raised, and there was great tenderness on movement or pressure. Pain and great tenderness, with some degree of swelling, also existed in the right iliac and hypo-