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COURSE OF LECTURES

ON

VENEREAL AFFECTIONS,

DELIVERED

AT THE HOPITAL DU MIDI, PARIS.

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LECTURE XX.

July 29, 1843.

Papular eruptions—Mucous pustule; its symptoms and termination—Lichenoid eruptions—Scaly papule—Psoriasis and lepra—Suppurating syphilitic eruptions—Tubercle of the skin—Diagnosis of venereal eruptions—Treatment—Syphilitic iritis.

GENTLEMEN,—Two, three, or four weeks after roseola, sometimes at such a short interval as to warrant our considering the second eruption as a continuation of the first, do syphilitic papulæ appear. A papula is essentially a circumscribed inflammation of a cutaneous follicle, the cellular tissue being quite free from disease, and not even the whole depth of the skin being affected.

The prototype of papular syphilis—that which falls under our every-day observation, and which we consider as incontrovertible evidence of constitutional infection—is the symptom commonly called “*tubercule*,” or “*pustule muqueuse*,” *pustule plate*,* *condyloma*, *rhagades*—unmeaning or erroneous names, in place of which I propose that of “*plaque*,” or “*papule muqueuse*.”

This form of disease begins by a papula formed on one of those portions of skin where the texture of the skin is thinner, more vascular, and more abundantly furnished with sebaceous follicles, also where habitual friction has modified more or less the tissue, so as to render it analogous to mucous membrane; such are the anus, groin, fold between the penis and scrotum, the umbilicus in fat people, the meatus auditorius externus, the axilla, the inner surface of the ear in infants, &c.

The mucous papula very frequently succeeds to chancre “in situ,” and has in consequence been considered, by inattentive observers, to be identical with it—an error completely disproved by inoculation. Mucous papulæ are not contagious; the contrary opinion has been supported by authors, who allege in proof the well-known fact that this disease is communicated from one part of the skin to another, *in habitual contact* with it. The explanation is readily given: the patient who presents mucous papulæ is constantly under the influence of constitutional infection, and any stimulus whatever acting on the por-

* Many are anything but flat, and none are pustular.

tions of the skin above mentioned, becomes the *accidental* cause of the development of a syphilitic symptom, which, in such regions, is the *plaque muqueuse*.

Besides, in order to demonstrate the contagious properties of the disease, it would be necessary to bring forward well-observed cases, wherein a patient affected with mucous papula, having had connexion or contact with a healthy person, the latter has become affected three or four days, or a week afterwards, with the same symptom. Such cases *do not* exist; on the contrary, mucous papula is never observed to appear before five or six weeks, or even a longer time, has elapsed since sexual intercourse—a time fully sufficient to admit of the previous existence of a chancre.

The mucous papula is of a dark red or purple color; a remarkable degree of symmetry is observable in its development on both sides of the body, even where contact does not exist. In those who do not pay a proper degree of attention to cleanliness, it ulcerates, and gives rise to a most offensive muco-purulent discharge.

It may terminate by resolution, or, by throwing out granulations, may become the origin of very obstinate vegetations.

From prurigo, eczema, or hæmorrhoids, a very slight degree of attention will suffice to distinguish it. Besides, the pre-existence of primary syphilis will materially assist the diagnosis.

Lichen.

Lichenoid eruptions may be irregularly disseminated over the body, or be assembled in crescentic or circular groups. Lichen is characterised by small, elevated papulæ, from the size of a pin's head to that of a pea. Their color is darker than that of the healthy skin, earthy, and uneven. Each papula is well circumscribed; the older the eruption the darker its hue; it may even assume a copperish tinge, or, to speak more exactly, a shade analogous to that of boiled ham, to which it is so aptly compared by Fallopius.

Exfoliation of the epidermis is not a necessary consequence of lichen; it is, however, frequently observed. No trace of the disease remains if its duration has been short; but, should it have extended beyond a few weeks, deeply affected the dermis, or modified the progress of epidermic secretion, depressed maculæ remain, which it may not, perhaps, be erroneous to attribute to capillary phlebitis. Under such circumstances, their color acquires a dark brownish hue, and may lead the practitioner into the error of instituting a mercurial treatment for a malady which is cured.

In scaly papulæ, the desquamating cuticle is greyish and thin. Around the papula is frequently, though not constantly, observed a white and slightly elevated ridge, distinctly pointing out the margin of desquama-

tion. This edging, to which Bielt attributed, in my opinion, an undue degree of importance in the diagnosis of syphilitic psoriasis, may be absent when the papulæ are small, in which case the cuticle desquamates in farinaceous-looking particles, instead of in scales.

With this form I class the granulations of the alæ nasi; here the hypersecretion of the modified epidermis is considerable, and it being often divided by deep indentations, seems to imply a division of the dermis, which does not really exist.

It is, again, to the papular, rather than the pustular, variety of syphilis, that we must refer the scaly eruptions of the scalp, one of the earliest and most common manifestations of secondary disease. The enlargement of the cervical glands generally accompanies them in no inconsiderable degree. But we must observe that the intensity of the eruption bears no direct ratio to the number of glands affected, so that, in many cases of slight disorder of the scalp, the cervical glands will be found very considerably enlarged, whereas they are frequently difficult to detect in most abundant impetigo of the head.

Psoriasis.

A slow progress, less elevation of the papulæ than in lichen, considerable breadth of each macula, amounting sometimes to three lines in diameter, characterise this form, and separate it from the foregoing variety. Here a great tendency to the circular shape becomes manifest, and the "ham" color is more perfect. Psoriasis is observed on every part of the body, where mucous or muco-purulent secretions do not prevent the formation of scales.

A full lenticular papula, a ring, a crescent, such are its usual forms; and of the two latter, the "lepra nigricans," so frequently observed on the forehead or temples, affords a striking example.

On the scrotum, the annular shape, and on the soles of the feet or palm of the hands, the full papula, with thick, horny scales, are commonly met with.

Syphilitic eruptions, when seated on the forehead, bear the name of "*corona veneris*," and papulæ frequently break out in that seat, forming the weightiest of constitutional crowns.

All these eruptions have a remarkable tendency to relapse.

The color and form of pityriasis, eczema, and even herpes, have often caused them to be mistaken for the manifestations of constitutional syphilis; but the habitual use of a linen suspensory bandage, and frictions, with an ointment composed of one part of turbith mineral to ten of lard, or the white precipitate ointment, cure them in a short time, and thus would serve as a means of diagnosis from the more obstinate syphilitic eruptions.

Suppurating Syphilitic Eruptions.

With these we shall class the "vesicular forms," separated from them only by a narrow line of demarcation.

Syphilitic vesicles are comparatively rare, either in the herpetic or eczematous forms. The previous existence of indurated chancre, the darker color of the vesicular areola, the persistency of the disease, the frequency of relapse, the absence of itching, and the remarkable sanatory influence of mercurial treatment, constitute the chief differences which distin-

guish them from simple, non-specific eruptions of the same nature.

True pustules may present the well-known aspect of "*acne*," and differ in such cases, from the simple disease known under that name, by not being confined to the back, shoulders, or face, and also by their darker tinge.

Ecthyma is by far the most common form of pustular syphilis, and is more frequently seated on the lower than the upper extremity. The crusts are large, conical, and surrounded by a circular, inflamed margin. The ulcers concealed under the crusts may spontaneously heal, or yield only to mercurial treatment. Scrofulous, impoverished constitutions, are very subject to ecthyma, as also to "*rupia*," the large stratified crusts of which, with their superficial sores, are so characteristic as to need no further description.

Tubercles of the Skin.

Placed at the further extremity of the chain of secondary symptoms, tubercles occupy the whole depth of the dermis, and usually succeed to one of the preceding forms. They are generally accompanied by pustules on other parts of the body, and are sometimes also covered with pustules, so as to give rise to a compound eruption, well deserving the name of "*syphilide tuberculo-crustacée*," given to them by French authors; and being sometimes attended with an alteration of epidermic secretion, they constitute another compound form, "the tubercular and scaly."

The tendency to the circular form is here most evident; the alæ of the nose, the lips, cheeks, neck, body, or limbs, may be occupied, and, from its first origin, the hardness and inflammation may creep on to the neighbouring parts, thus forming the serpiginous variety. If not modified by appropriate treatment, their usual termination is an obstinate corroding ulcer. Occasionally, however, they are absorbed without ulceration; but, nevertheless, deep characteristic scars remain, and mark their place.

Syphilitic *onychias* varies in aspect according to the period of infection at which it is observed—erythematous and superficial, if a short time after chancre; deep, pustular, or even tubercular, if at a later period.

Whatever may have been said to the contrary, falling of the hair is, most decidedly, an early symptom, generally concomitant with roseola, or the first papulæ; when it does not occur *then*, it generally does not occur at all. It is easily distinguished from the natural obliteration of capillary follicles by the hair falling away from every part of the head indiscriminately, whereas the synciput is invariably the first part where natural baldness begins.

General Diagnosis of Syphilitic Eruptions.

The first inquiry to be made of a patient presenting suspicious symptoms refers to the primary diseases he may have had. The most important of all in this respect are the indurated chancre and the indurated gangrenous sore. Its value as a means of diagnosis, however, diminishes materially if the eruption is superficial, and if a great number of years has intervened, particularly if mercury has been exhibited for the treatment of the primary affections, long experience having taught us that after indurated chancre,

not treated by mercury, *six months do not elapse* without some secondary manifestation.

The nature of the buboes which accompanied the chancre must be carefully examined into, "suppurating bubo not being in general followed by constitutional syphilis."

The absence or the denial of previous chancres is not an absolute proof that existing symptoms are not syphilitic; but in a doubtful case, the absence of any scar, and the denials of the patient, if he has no positive interest in concealing the truth, may be taken into account.

If the only antecedent symptom has been gonorrhœa, it must not be forgotten that the discharge may have been symptomatic of urethral chancre.

After all histories of syphilis communicated by nurses, or by children at the breast, place several notes of interrogation, and remain in philosophic doubt.

After the history of the primary symptom, the first elements of diagnosis of an eruption are derived from the physical characters of the disease.

The color, darker than usual in the same form of simple eruptions—the circular or crescentic grouping of the disease—the enlargement of the posterior cervical glands in superficial forms—the absence of pruritus or fever—the chronic and tedious progress of the case—form altogether an amount of evidence which, combined with rheumatic or cephalic neuralgia before the eruptions, gives an almost complete certainty of the nature of the disorder. When, however, one alone of the above signs is present, it is impossible to ground upon it a positive diagnosis.

In tubercular forms, should any doubt remain, the tendency to serpiginous ulceration, or the depth of the circular sores, with elevated edges, purple areola, greyish fundus, &c., must be considered as denoting a syphilitic nature. Here, however, we must observe, that the physical aspect of such ulcers is so exactly that of "primary chancre," that nothing but inoculation can give the positive assurance that they are not, in many instances, the result of "more or less recent" contagious infection.

The cicatrices of syphilitic ulcers (constitutional) are usually areolar and depressed; they are dark at first, but soon become of a dead white color, and their circular form might induce the belief of their having resulted from gun-shot wounds, if their existence on a great many parts of the body at the same time did not render such a supposition improbable.

Syphilitic scales are frequently surrounded by a "white margin," a result of desquamation.

Crusts, generally conical, seldom cupped, are usually in this malady environed by a red, inflamed line; the crust is stratified, and formed of layers, broader as they are more deep, and consequently terminating in a point on their free surface. They are frequently of a dark brown or greenish color, particularly when they acquire any degree of thickness; they remain yellow, on the contrary, when thin.

Should the mercurial treatment be applied, if the eruptions, hitherto rebellious to all other means, readily yield from the time the gums begin to swell, the diagnosis will have acquired the last proof, and the disease may with confidence be asserted to have resulted from the venereal poison.

The best treatment for the secondary symptoms already enumerated is undoubtedly the mercurial treatment. I have sufficiently, in a former lecture, spoken of the mode of exhibiting this mineral, and need, therefore, detain you no longer on that point.

Sudorifics, particularly the decoction of the so-called sudorific woods, *i. e.*, sarsaparilla, sassafras, guaiacum, &c., have been considered as highly advantageous in the treatment of secondary syphilis. Some have even gone so far as to consider these substances as exclusively sufficient for the treatment of any given case of constitutional disease. In my opinion they act like any other sudorifics, and may be replaced by them. As diaphoretics, they may assist more or less in the treatment of syphilis, but alone they are not only unable to cure constitutional symptoms, but are even inadequate to prevent them after indurated chancre. The import duty is very high indeed on sarsaparilla, and this circumstance makes me reject this root as much as I can in the treatment, particularly with poor people, who can find a far better use for their money than the purchase of an inert drug. Popular prejudice is, however, very strong in favor of sarsaparilla; and you will find yourselves reluctantly obliged to use it with patients who would not fancy themselves properly cured unless they had taken a certain quantity of it.

Tepid baths I strongly recommend in the treatment of the various eruptions; laxatives in most cases, and even blood-letting in plethoric individuals, are good preparation for the treatment, and will increase and give full play to the absorbing powers of the patient.

Cinabar fumigations (two drachms in each) are excellent assistants of the mercurial treatment. When a rapid local cure is desirable—in eruptions of the face, for instance—the plaster of Vigo cum mercurio causes the symptoms to vanish in a short time. These local means I have, for ten years, been in the habit of using, and, by some unaccountable mistake, of the printer's devil I suppose, M. Emery (of Hop. St. Louis) published last year some cases of success of the Vigo plaster, as something altogether new.

In the suppurating forms of syphilis, these applications are not so beneficial. Nay, they may even be attended with some peril; but mucilaginous lotions, vapor baths, dressing the ulcers with calomel ointment (from one drachm to an ounce), answers all purposes. For the ulcerated mucous papula I have derived much advantage from a lotion composed of a solution of one part of chloride of soda in four of distilled water. This should be used thrice daily; and after each application of it the parts are to be carefully dried, and plentifully powdered with calomel. A local cure is thus frequently obtained in a few days.

In late syphilitic eruptions, such as ulcerated tubercle of the skin, the following I have found a most powerful dressing:—

Tincture of iodine, one drachm;
Hydriodate of potash, six grains;
Distilled water, eight ounces. Mix.

In patients whose constitutions have become debilitated from various causes, I derive much benefit from the exhibition of the "tisane de Feltz (sarsa-

parilla and sulphuret of antimony); or the tisane de Pollini (the same with the addition of squine, &c.);" or, again, as habitual drink, the tisane called "des demoiselles de l'Opéra."

Zittman's solution (sarsaparilla, calomel, alum, cinabar, &c.), much praised in tertiary affections, is altogether superseded by iodine, and can seldom be of any use.

Gold and its preparations, much vaunted by the faculty of Montpellier, have been tried by Cullerier (senior), myself, and others. I have not found them by any means equal to the exaggerated praise they received at one time, and repose but slight confidence in them as medicines. In opposition to the Montpellier doctors, I hold that it is from the patient to the doctor, not from the physician to the patient, that gold is most properly circulated. The same observations apply to silver.

Opium, it is needless to say, is not a specific against syphilis, but a most useful adjuvant. Nitric and other mineral acids have acquired some fame in foreign parts. Alone they do not cure syphilis; but nitric acid, in particularly, is chiefly useful in cases where mercury has been dealt out with an unsparing hand.

The "cura famis" method, as an absolute and general rule, may truly be termed absurd. Rigid abstinence, in *all* cases, is an unreasonable and indeed a dangerous basis for the treatment of chronic disorders.

Recollect, Gentlemen, that some patients, particularly in hospitals, *must* be fed, driven, as they are, to an asylum by many causes of misery which shorten the life of the poorer classes of a metropolis. Feed and feed well those whose disease is probably aggravated by want; prescribe abstinence to the rich.

Secondary Disease of Mucous Membranes.

Between the secondary diseases of mucous membranes and those of the skin the greatest analogy may be said to exist. Indeed, complete similitude is prevented only by the differences of anatomical texture; and when these are taken into account, no more difficulty will be found to assign a precise date to any given symptom than in the eruptions of the cutaneous surface.

Thus, when the dermis is affected with roseola, *erythema* appears on the mucous membranes if they chance to become diseased.

Thus, at a later period of infection, should the external and internal integument become simultaneously the seat of morbid manifestations, whilst papular eruptions, psoriasis, for instance, are observed on the one, mucous papula breaks out on the other.

If pustules or tubercles of the skin exist, and, at the same time, a specific irritation of mucous membranes, it is under the shape of ulcers, more or less deep, that the disease will appear, it being impossible for crusts to be formed on mucous surfaces.

Scales are, as well as crusts, not met with on the inner membranes, the humidity of the secretions precluding their formation. Something analogous to scales may, however, be sometimes observed—a kind of humid scale, "a pultaceous grey deposit" intermediate between the dry desiccation of the epidermis, and the total absence of any desquamation.

The mouth may be diseased in any of its parts.

The most common seat of secondary sores is, however, undoubtedly the tonsils and crura palati. Nothing is more rare than to meet with secondary affections on the pharynx.

The tonsil may be merely enlarged and erythematous, with stains of roseola on their surface; the voice becomes rough and hoarse, and the patient frequently complains at the same time of inconvenient "*tinnitus aurium*."

A more characteristic alteration, the *most* characteristic indeed, is the eruption analogous to mucous papula. The diseased spot is circular or oval, slightly prominent, perfectly circumscribed, and seems to be distinguished through a greyish opaline transparency—a color aptly compared by Dr. Lagneau to the results of the superficial action of lunar caustic on mucous membrane.

Pain may be absent, and is so in some cases; mostly, however, the patient experiences more or less inconvenience during the deglutition of solid food. The enlargement of submaxillary or cervical lymphatics is rare.

The diagnosis of secondary sore throat is not unattended with difficulty; it will be found, however, to differ from

1. Simple amygdalitis, by the more acute local inflammation of the latter, the febrile excitement which accompanies it, and the fact that the duration of simple phlogosis is limited to two or three weeks.

2. Diphtheritic angina, by the more frequent occurrence of this disease in children; the acute progress, the fever, premonitory symptoms, and frequently the fatal termination of pseudo-membranous angina, will also assist in the discrimination.

Secondary *ulcers* may form on the tonsils after a local affection, analogous to the ecchymatous eruptions, or those similar to rupia. These ulcerations are not easily distinguished from simple inflammatory sores. The following general rules may, perhaps, be found practically useful:—

Simple ulcerous tonsillitis is very common; the acuteness of the symptoms, the coincidence of fever, the absence of any concomitant syphilitic manifestation, a proper investigation of the antecedent history of the patient, the sanatory influence of common antiphlogistic treatment, when taken into consideration, will, in my opinion, considerably diminish the difficulties of the diagnosis.

A moment's attention will be sufficient to prevent confusion with follicular or aphthous tonsillitis. As to scarlatinous or variolous angina, I will not waste your time by enumerating their many characteristic features.

The lips, frenum linguæ, gums, the inner surface of the cheek, the palate, may also present secondary symptoms.

The dorsal aspect, edges, inferior surface, or apex of the tongue, and its basis, are very commonly affected with obstinate mucous papulæ. In these various parts, isolated papulæ frequently resemble the eruptions of thrush (muguet); hence the name I have given them, "*papules mugué formes*."

Aphthæ, simple superficial ulcers, may be confounded with them, but their duration is much shorter. Cancerous spots, with their hard base, lancinating pains, and spreading ulcers, occurring besides

in elderly subjects, can hardly give rise to an error.

Syphilitic hypochondriacs, the worst variety of "malades imaginaires," occasionally derive great uneasiness from discovering, to their great dismay, the orifice of Steno's duct, the fungiform papillæ of the tongue, or again, the fimbriated aspect of its edges. The surgeon must be well acquainted with the anatomical characters of these parts, in order to dispel the fancies of a self-investigating hypochondriac.

We must distinguish, with the greatest care, mercurial ptialism from syphilitic affections of the mouth, their treatment being in direct contradiction. It will, therefore, not be altogether useless to enumerate their differences.

In *ptyalism*, mercury has been recently exhibited; the inflammation is not limited to one spot; superficial greyish ulcers are met with on the inside of the cheek, on which the patient rests at night, and the gum of the wisdom tooth is frequently ulcerated deeply. The disease is acute; the teeth are loose, and seem to the patient to have increased in length, so as to meet sooner than usual on closing the mouth. The sores are not circular, but oblong, and parallel to the free edge of the teeth; the gums are soft, and bleed freely; the breath is characterised by its fœtor; saliva is secreted in greater abundance; the patient is feverish. Mercury aggravates the symptoms, and the disorder will generally cease spontaneously by the mere suppression of mercurials.

In *syphilitic affections of the mouth*, the sores are circular, surrounded in their immediate vicinity by healthy mucous membrane. They are more commonly seated on the tonsils or velum pendulum than elsewhere; their progress is chronic; the teeth are firm; no increase of the salivary secretion can be detected, and mercury improves the condition of the mouth, which, left to itself, would not be cured spontaneously.

In doubtful cases, suspension of mercurials will in a short time clear up all difficulty. In stomatitis, I find the best treatment consists in cauterisation of the ulcers with pure muriatic acid, and in the use of a gargle containing twenty drops of the same acid to eight ounces of barley water. I use also a medicine composed of a drachm of sulphur to an ounce of honey, of which the patient takes one drachm daily. Vegetations may form in the mouth, but are not common in that place. At the base of the tongue, however, mucous papulæ occasionally throw out granulations.

Throat.—The pillars of the soft palate are limits seldom passed by mucous papulæ. These troublesome symptoms sometimes settle on the larynx, and their presence is marked by dysphonia, or even complete aphonia, pain during deglutition and on pressure, laryngeal cough, and slight expectoration, without any precursive fever, or any febrile concomitant manifestation. The general health remains unimpaired—an important fact to notice, as it assists the diagnosis between this form and phthisis laryngea.

The same alteration may likewise be observed on the Schneiderian membrane. The mucous papulæ and their discharge, occasionally taken for nasal blenorrhagia, are found in general on both sides at

once. Their duration is long, and they are usually accompanied by other secondary symptoms.

The fœtor of ozæna is much more offensive than that of mucous papulæ of the nose. Herpetic eruptions differ from the effects of constitutional syphilis in the same place, chiefly by the antecedent history of the patient, the concomitant symptoms, and the curative influence of mercury. Deep, suppurative eruptions of the mucous membranes, occasion denudation of the bones and caries, or exfoliation. Late forms of syphilis—tubercle of the septum, for example—cause its destruction, and occasion a sinking of the extremity of the organ, which communicates to the countenance a particular expression, aptly termed by Dupuytren *sheep's nose* (*nez de mouton*).

Urethra.—Secondary gonorrhœa, from mucous papulæ on the lining coat of the duct, is far from being uncommon. Indeed, they may be conceived to occasion a certain degree of stricture, a disease positively produced in many cases by indurated chancre.

Vagina.—Here, as also on the os uteri, mucous tubercle appears. The syphilitic history of the uterus elucidates, in my opinion, in many instances, the nature of some affections, for which the words "malignant disease," "scirrhus," &c., are perhaps too lightly pronounced.

The same observations apply fully to the lower part of the rectum, where the same train of morbid phenomena is not unfrequently met with.

Treatment.—Mercury is decidedly the most powerful remedy which can be opposed to secondary syphilis. For the cure of this class of symptoms, I find hydriodate of potass cannot, by any means, compete with mercurials; after these it holds, however, a prominent rank amongst therapeutic agents.

Independently, therefore, of internal treatment by mercury, I use the following local applications in the various symptoms of constitutional disorder on mucous surfaces:—

For the mouth and throat, the following gargle answers better than most others:—

Decoction of conium, eight ounces;
Bichloride of mercury, two grains. To be used thrice daily.

Cauterisation of ulcers with the protonitrate of mercury (acid) assists much their cure. Muriatic acid has little or no influence on symptoms, which the above local treatment promptly dispels; and the difference of effect of these agents may even, in doubtful cases, throw much light upon the diagnosis.

For the nose, vagina, rectum, anus, &c., I recommend lotions, or injections with the diluted chloride of soda (*liqueur de Labarraque*), and the use of calomel as a dry application over the diseased surfaces.

Into the urethra bougies may be introduced, covered with an ointment made of one part of calomel to eight of opiate ointment.

Syphilitic Iritis.

The iris is particularly liable to become affected by secondary syphilis. "Venereal ophthalmia" is a bad name for the disorder which at present claims our attention; that denomination specifies nothing, and is equally applicable to scleritis or conjunctivitis as to the inflammation of the iris.

In the anatomical alterations of iritis, we observe

the closest analogy with the cutaneous manifestations of constitutional syphilis.

The deeper the concomitant eruption on the skin, the deeper also will the iris be affected by special inflammation. Thus, with *roseola*, the membrane of Desemet, or even the uvea, inflame; with deep pustules or tubercles of the skin, little conical pustules are seen on the iris; floating vegetations of the pupil frequently result from specific disease. The condylomata described by Beer, the coxcomb excrescences of Müller, and the tufty aspect of the small circle of the iris, are all three degrees of the same morbid alteration.

Syphilitic iritis is very seldom observed either before the third month from infection, or after the fourth year. It accompanies very seldom tertiary syphilis, and may therefore with propriety be classed with secondary affections.

It is frequently preceded by headache, but begins sometimes without any premonitory signs.

The color of the iris becomes darker, and occasionally assumes a slight copperish tinge, best marked around its small circle.

In deeper forms of disease, the change in the color is not the only objective sign. The iris is really thickened; the circumference of the pupil becomes jagged and tomentous, the anterior chamber apparently diminishes in size, and the iris performs slowly and irregularly its movements of dilatation or contraction under the stimulus of light. The shape of the pupil is altered, from the circumstance of inflammatory adhesions formed between the iris and surrounding parts; these adhesions not being subject to any fixed rule, it is likewise impossible that the deformities consequent upon them are constant in their shape. I cannot, therefore, admit by any means, with Dr. Sichel, that the diagnosis of syphilitic iritis can in any instance be formed simply upon the peculiar obliquity of the deformed pupil.

The disease being in general very chronic in its progress, photophobia and epiphora are not often met with. The same observation applies to photopsia (vision of flashes of light), a symptom depending altogether on excitement of the retina or optic nerve.

The large meandering vessels are injected, and, at the same time, it is common to see underneath the mucous coat, in the depth of the sclerotica, very fine, straight vessels, radiating towards the cornea, and separated from it by a grey circle, distinctly visible in most cases.

Should the disease proceed any length of time without treatment, plastic exudation may form in the eye, or permanent contracture of the pupil, and even sometimes opacity of the crystalline lens, with in most cases complete and hopeless blindness.

Treatment.—No treatment will be found so advantageous in syphilitic iritis as the exhibition of mercury. On account of the special functions of the iris, and of the importance of preventing closure of the pupil, I add to each mercurial pill one-fifth of a grain of extract of belladonna.

The internal treatment must be conducted according to the rules previously laid down for the treatment of secondary syphilis. It must be persevered in for a long time, iritis being a most obstinate form of the disease.

The internal treatment does not exclude local applications, such as leeches, frictions with a mixture of equal parts of mercurial ointment and extract of belladonna, blisters, &c.; it will be often found necessary to bleed from the arm, and in all cases strict attention to the state of the digestive functions will be an indispensable condition of success.

CASES OF TYPHOID FEVER IN CHILDREN.

By P. HENNIS GREEN, M.B.

CASE I.

Continued fever without local symptoms—Alternations of diarrhœa and costiveness—Fever spots on the sixth day—Meteorismus, diarrhœa, and involuntary stools—Death on the eighteenth day.

Reine Dugelet, a girl, fourteen years of age, was admitted into the Children's Hospital, Paris, on the 25th of November, 1834. The child had been ill for ten days previously; during the first six she complained of loss of appetite, heaviness about the head, and general uneasiness; her bowels were much relaxed for the first week. In a few days she began to complain of muscular weakness, singing in the ears with some deafness, loss of sleep, thirst, and fever. She was now compelled to keep her bed.

Nov. 26. On admission into the hospital the following symptoms were noted:—Face pale, but slightly colored over the malar bones; sense of weight in the head; ringing in the ears, with deafness; sight weak whenever the child attempts to sit up; slight tremor of the arms and tongue; the latter organ is moist and clean, but the lips are a little crusted; loss of appetite complete; no nausea, vomiting, or diarrhœa; abdomen somewhat tense, and sonorous on percussion, but not in the least degree painful; no dulness of sound over the region of the spleen; the mental faculties are not disturbed. Over the front of the abdomen, and at the base of the chest, are six or eight lenticular spots, of a rose color; skin dry and hot; pulse 120; some cough, without expectoration; mucous râle on both sides of the chest; in the evening the fever was higher, but without delirium. The patient was merely ordered some decoction of mallows, a gum julep, and milk and water.

27. Little change in the symptoms; no pain in the abdomen; no gurgling sound over the region of the cœcum; has passed only one stool; pulse 124; respiration 32; the tremor, already noticed, continues.

28. The child merely complains of excessive weakness; no pain in the head, chest, or abdomen; tongue foul; typhoid spots more numerous; heat of skin considerable; pulse 120; respiration 36.

29. No change; skin slightly moist; pulse 124; coughs a good deal.

30. Lips encrusted, and dark fur forming on the tongue; excessive thirst; no vomiting or nausea; one fluid stool; some pain is now felt on pressing firmly over the right iliac region; the rose spots are fading away; some sudamina on the neck; pulse 132; respiration 36; less sense of weight in the head, and no ringing in the ears, but the deafness continues. Lemonade for drink, and three glasses of Seidlitz water as a purgative.