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.

Dec. 1. Since yesterday the child has passed five fluid stools, and experienced pain in the bowels with each; abdomen now free from pain on pressure; skin extremely hot and dry; pulse 132; no disturbance of the head. The purgative continued.

2. No change; only one fluid stool. Continue the Seidlitz water. In the evening she became violently delirious, and continued so throughout the night, in the morning falling off into a state of stupor.

3. Lies in a stupid state; answers slowly when spoken to; is more deaf; tongue dry and foul; abdomen more swollen and sonorous; subsultus tendinum; has not passed any stool since yesterday; pulse 120, feeble. To have an ounce and a half of castor oil in a purgative draught. The child was highly delirious at night.

4. The draught produced numerous fluid stools; abdomen painful on pressure; is more stupid than she has been; extreme prostration of strength. To resume the Seidlitz water.

5. No change worthy of notice.

6. Abdomen very painful over the region of the cæcum; the subsultus tendinum continues, hardly answers when spoken to. To have castor oil, as before.

7. Has passed several fluid stools, some of them involuntarily; the countenance is greatly altered for the worse; is very deaf; tongue exceedingly foul and dark; general pain over the abdomen; pulse 132; the skin over the sacrum is now beginning to slough.

8. The child is now delirious during the day; voice nearly gone; evacuations passed involuntarily; pulse not to be felt. Continue the Seidlitz water, and to have two blisters on the legs. The child sunk gradually during the day, and died at night.

Body Examined Thirty-two Hours after Death.

Head.—Dura mater healthy; the glandulæ Pachioni are very large; arachnoid moist and transparent; veins of the pia mater injected; cerebral substance firm, and without injection; no serous effusion in the ventricles, or at the base of the brain.

Chest.—The mucous lining of the larynx is injected, and there are two ulcerated points on the superior chordæ vocales; the mucous membrane of the trachea and bronchi is also injected; the bronchial glands are of a large size, and soft.

The right lung adheres to the pleura; the posterior portion of the inferior lobe is congested; the lower lobe on the left side is congested and softened. Heart large, but healthy.

Abdomen.—Peritoneum healthy; the mesenteric glands, especially those near the lower part of the ileum, are red, tumid, and soft; the spleen is not enlarged, but it is very soft; liver large and friable. The mucous membrane of the stomach is of a reddish grey color; not softer than natural; that lining the duodenum and ileum is in contact with a yellow, viscid fluid; it is injected, but not softened; here and there are several spots of deeper injection, extending to several inches; in the lower third of the ileum are eleven patches of the glandulæ agminatæ, which are of a reddish brown color, and considerably raised above the surface; the two first are free from ulceration, but the nine which lie nearest to the cæcum present ulcers which, in many points, have

totally destroyed the mucous tissue. In the intervals between these ulcerated patches the mucous membrane is of a deep red color, and softened; there are also numerous lenticular ulcers in the cæcum and upper portion of the colon, which are injected and rather soft.

REMARKS.

The three alterations of the mesenteric glands, spleen, and follicular apparatus of the intestines, which Andral, Chomel, and Louis regard as the anatomical characteristics of typhoid fever, were found to exist in the case just related. Eleven of Peyer's glands were considerably hypertrophied and injected, and nine were either totally or partially destroyed by ulceration. The glandulæ segregatæ presented analogous lesions. The mucous tissue of the stomach and upper part of the small intestines was healthy, but towards the end of the ileum we find it much softened and injected. Finally, numerous small ulcers existed in the cæcum and upper portion of the colon. The mesenteric glands, and those especially which adjoined the ileum, were red and augmented in volume. The spleen, it is true, was not enlarged, but it was so soft as to yield under the slightest pressure. The injection and ulceration of the mucous membrane of the larynx is worthy of notice; these lesions, which some writers consider peculiar to phthisis, are occasionally observed in the typhoid fever of children.

In estimating the value of the symptoms, I may remark that the continued fever which manifested itself from the outset of the disease could not have been accounted for by any serious lesion in the head, chest, or abdomen. There were no local symptoms to explain it, and hence the presumption that it must have been of a typhoid nature. The case, however, was soon cleared up by the manifestation of other signs, which are not to be mistaken—the alternations of diarrhœa and constipation—the loss of appetite and muscular power—the meteorismus—the stupor and peculiar slowness in the child's answers. The trembling of the hands and tongue at an early stage of the complaint is also a symptom well worthy of notice. The same kind of tremor may occur in hydrocephalus, but never at so early a period.

CASE II.

Low typhoid symptoms—Death during convalescence from pleurisy—Cicatrisation of the ulcerated patches—Mucous membrane of the intestinal canal healthy.

Julia Steiner, a girl, eleven years of age, was admitted into the Children's Hospital on the 7th of March, 1834. The child's health has been generally good, but for the last month she has been much indisposed. During the first eighteen days she complained of general lassitude and loss of appetite; had repeated but irregular accessions of fever, and frequently lost a small quantity of blood from the nose; for the last twelve days the fever has been high and continued, with evening exacerbations, delirium at night, and loss of sleep; diarrhœa for the last four days, and involuntary stools.

March 7. The patient's face is of a dull, leaden color; expression stupid; answers slowly, but correctly; she falls off, however, into a state of low delirium

whenever the attention is not strongly roused; some headache; vision weak; articulation impeded; deep prostration of strength; subsultus tendinum; the lips and tongue are dry, and covered with a dark fur; thirst excessive; abdomen tympanitic, but slightly painful on pressure; passes numerous stools involuntarily; pulse small, regular, 120; respiration 40; skin moderately warm and dry; no rose spots or sudamina observable; but very slight cough, without expectoration; some sibilant râle on both sides of the chest, which sounds well on percussion. To have an emollient draught and a bottle of Seidlitz water.

During the next four days the state of the patient did not present anything worthy of notice; the stools were passed involuntarily; she was completely deaf and violently delirious each night; the pulse varied from 120 to 132.

12. The diarrhœa has abated; the stools are now slightly tinged with bile; the delirium at night is extremely violent; abdomen tympanitic and painful; pulse 132. To continue the Seidlitz water, and have some soup.

From this period to the 20th the symptoms gradually diminished; the stools were less frequent, but still passed involuntarily; the tongue had become clean and moist. To continue the soup and have some wine and water; omit the purgative.

23. The patient is now convalescent; she has not had any diarrhœa for the last two days; abdomen free from pain, and no longer tympanitic; sense of hearing restored; for the last two days a discharge has taken place from the ears; skin less warm; pulse 110; numerous sudamina on the neck and chest.

This state of improvement continued up to the 30th, when the patient caught cold from exposure near an open window. In the night she was seized with violent pain in the right side of the chest, preceded by rigors; in the morning the pain continued unabated, with excessive dyspnœa and dry cough; she was unable to recline on the right side; pulse 130; respiration 44. The patient was now placed on strict diet; a blister was applied over the side, and other means employed to arrest the pleuritic inflammation, but without avail; she died on the 4th of April.

Post-mortem Appearances.

On examination after death, the brain and its membranes were found to be perfectly healthy. The right pleura contained about a pint of turbid serum, mixed with flocculent lymph; the lung on this side was pushed back against the spine, and condensed in tissue; at the lower part were several very small cavities filled with pus; a few miliary tubercles at the summit of this lung. The left lung was healthy.

Abdomen.—The mucous membrane of the stomach was pale and healthy; nothing worthy of notice in the duodenum and jejunum; at the lower portion of the ileum were several patches of Peyer's gland, of a dotted black appearance, but not prominent; in one of them were two very small ulcers. Just above the ileo-cæcal valve were three depressions of the mucous membrane, of an oval shape, and apparently the remnant of ulcers which had healed, and were lined with a thin membrane. The same appearance of cicatrised ulcers was seen in three points of the colon. The mucous membrane was healthy in the

intervals between the patches and cicatrised ulcers just noticed.

REMARKS.

This case is interesting as an example of the condition of the intestinal canal during recovery from a very severe form of typhoid fever. There can be little doubt that the depressions noticed were patches of glands in which the process of reparation was very far advanced, and it is worthy of remark that the purgative treatment, continued during the whole course of the disease, did not seem to exercise any pernicious influence on the healing of the ulcers. It is not easy to account for the small purulent deposits found in the right lung; they did not resemble tubercular matter in a softened state, but were exactly like those metastatic abscesses which often accompany phlebitis. They probably existed previously to the pleuritic inflammation, and had some share in exciting it.

GUY'S HOSPITAL REPORTS.

CASES

SELECTED FROM THE

PRACTICE OF BRANSBY B. COOPER, ESQ.

MALIGNANT DISEASE OF THE BREAST.

CASE I.—Elizabeth Bennison, aged fifty-three, was admitted into Dorcas Ward, Guy's Hospital, Dec. 27, 1843, under Mr. Cooper.

She is of a light sallow complexion, small features, spare habit of body, and nervous temperament; is unmarried; the catamenia disappeared three years ago; her general health is very good.

About six months ago she first perceived a small hard swelling on the outer side of the nipple of the right mamma, about the size of a nut, but not attended with any pain. It continued to increase in size very rapidly, but she never experienced the slightest inconvenience from it till about five weeks prior to her admission, since when she has had considerable pain in the breast, shooting down the right arm, and occasioning great disturbance in her rest at night.

Dec. 28. The tumor is now about the size of an orange; the integument over it greatly discolored; the nipple retracted; the swelling is hard, not very painful on handling, not adherent to the thoracic parietes; axillary glands not affected; her health is good, but affected by great apprehension on her part of an unfavorable issue; she has no cough; appetite impaired; complains of sickness and slight gastric irritation; bowels regular. Six leeches were ordered to be applied to the breast, to be followed by a poultice moistened with lead lotion.

January 2, 1844, half past one, p.m. Mr. Cooper removed the breast, taking away all the diseased skin; but little hæmorrhage occurred at the time of operation; two vessels only were secured. During the subsequent three hours several other vessels required ligatures.

At five o'clock the wound was dressed with dry lint, and twenty-five drops of tincture of opium were given.

On the 7th the lint was removed; the wound was