

The result of the post-mortem examination in this case indicates the difficulties that attend the diagnosis of abdominal tumours. Here during life the enlarged spleen was the only palpable proof of abdominal disease, and, naturally enough, was looked upon by the medical men who saw the case, as the chief cause of all the symptoms from which the patient suffered. However, I am inclined to believe that in some way or other the enlargement of this organ helped to produce the tumour found after death on the right side of the abdomen; for this latter appears to have been of more recent origin, probably dating from a short time prior to the occurrence of the attack of priapism. That this tumour too was the cause of death, I have no manner of doubt; for the numbness, pain in the groin, and subsequent collapse can obviously be traced to the inflammation and gangrene produced by its rapid growth, and consequent pressure on the nerves, bloodvessels, and muscles in its neighbourhood; while the roaring noise in the ear, and the stupor which marked the closing scene may be referred to some disturbance of the balance of the circulation, arising from a similar cause.

IX.—*On Four Cases of Syphilis, with Remarks.*

By DAVID PRIDE, M.D.

MY reasons for giving the following cases publicity, which, but for the manner of their occurrence, and the relation in which they stood the one to the other, might have been passed over without notice, are—1st, The peculiarity in the mode in which the syphilitic virus passed from the one member of the family to the other. 2nd, As showing the roundabout way in which infantile syphilis may be established. And, 3rd, Because they exemplify how a syphilitic epidemic might readily take origin.

I. D. W., aged 22, fireman, came under my notice in the spring of 1864, complaining of sore throat and sores on the inside of his mouth. He had also fissures and indurations round the margin of the anus. He also stated that at a period prior to this he had a distinct chancre on his penis, which was now, however, closed up.

II. About the same time, *i.e.*, spring of 1864, Sarah W., aged $3\frac{1}{2}$ years, sister to the above and living in the same family, had, from parental neglect, severely scalded or excoriated groins, and the mother washed and wiped these abrasions with the soft cloths used by D. W. to wash and wipe his anal sores. But nothing at this time occurred to attract the notice of the mother. Shortly after this period, however, the girl was seized of small-pox, and in July had reached the acme of her complaint. At

first, the mother declares, the pustules came out and continued to be developed well, but when subsiding, large black scabs formed and remained on the parts for a period which, to the parents, appeared much longer than usual—at least, longer considerably than in her sister, a child at the breast and ill of small-pox at the same time; and when these scabs fell off, or were knocked off, instead of healing up kindly, deep open sores remained for a long time, and continued, as the mother expressed it, “to eat in and in,” and healed up only slowly after a lapse of time. Moreover, she had large, angry-looking, and very deep sores over the trochanters, shoulders, and elbows, which no doubt, in the first place, resulted from small-pox and neglect; but it was equally certain they were vastly modified by the presence of syphilis. The child had had sore throat, but now (10th April, 1865) there was no distinct lesion of texture, though the mucous membrane of the throat and mouth was considerably altered in colour. As at present seen, the surface of the body is literally gashed and scarred with pock-marks and puckered-up, large, unseemly cicatrices. There are, alopecia, fissures and cicatrices at the angles of the mouth; fissures and induration round the margin of the anus, also on vulva; lymphatic enlargement; cervical adenopathy; skin more or less covered with dingy-coloured circinate scales, striated in appearance on the surface; eye-brows off, eye-lashes out; sniffing at the nose; skin generally wrinkled, and child very much emaciated and dingy in appearance.

III. In the middle of February, 1865, Mrs. W., aged 44, mother of D. and Sarah W., sustained an injury to her thumb, and an abscess formed which was in due time opened. With the sore on her thumb thus opened and unprotected, she was in the habit of regularly washing the child Sarah's anal and other sores with the soft cloths, as before spoken of; and about the middle of March she felt her throat beginning to get sore. Moreover, the sore on her thumb now became deeper and more extensive, and a “rash” came out upon the face. Shortly after this she also became troubled with sores around the anus, which she thought “very like those upon Sarah.” And along with this, hard “lumps” and sores (condylomata and fissures) made their appearance on the labia and anus. As seen on April 10th, there is sore throat, no ulceration, but the mucous membrane of the palate and mouth generally is much altered, being of a light coppery colour. She complains of sores in the nose, and there is sniffing, coryza, and sores on the inner canthus of the eye, and the eyes generally are very tender. Herpetic eruption on lips, glandular affection, cervical adenopathy, papular eruption on the face and scalp, and the body generally is dingy in colour, and has on its surface flat, circinate, dingy-coloured plates or scales.

IV. Neil W., aged one year and ten months, and at Mrs. W.'s breast until now, has an emaciated dusky appearance. Has a very large abdomen; lymphatic enlargement; cervical adenopathy, and the skin more or less covered by circinate, scaly, and erythematous syphilitic patches of about the size of a threepenny piece, and the hair beginning to come out.

Remarks.—It is matter of history that, at different times in different countries throughout Europe, this loathsome disease has taken on the form of an epidemic, which, after spreading its baneful influence over districts of territory, and physically deteriorating large numbers of people, has again gradually subsided, either of its own accord, or to the use of proper measures. Such were the great epidemic at the close of the fifteenth century, and the smaller though equally melancholy epidemic at Rivalta. And the important question as to the various ways in which the disease can be transmitted has been the subject of much inquiry and controversy. By *copula* is no doubt the great mode of contamination, but it is equally sure that the disease can be communicated by other and no less certain ways, as by vaccination or by contact with the articles used by those affected. Now, the cases here narrated amply illustrate the latter mode of transmission, and show how an epidemic of syphilis, even in a rural district and amongst people perfectly innocent in themselves, might readily originate.

In these melancholy cases, three things are clear:—First, that the disease was communicated from the son to his youngest sister in the manner described. Second, that the mother contracted the disease from the child; from whom again, Thirdly, the infant at the breast became affected. Thus three perfectly innocent and unsuspecting persons became contaminated in a very singular way. Now it is obvious, that by contact in this or in a similar way, the disease might spread through large numbers of people, and produce a syphilitic epidemic the true origin of which it would be very difficult to account for. In the present case, had not the sore on the mother's thumb required treatment, the probabilities are the disease would have spread considerably further before coming under the notice of any medical man.

In 1494, when the disease at Naples assumed a degree of virulence truly alarming, there was an obvious and sufficient cause for the increase, in the great and promiscuous assemblage of soldiers from various countries. At Rivalta, too, the immediate cause of the outbreak could not long remained concealed, as the disease was being conveyed from person to person at the point of the lancet. But in a family outbreak (though it has not the same importance, yet, as being a centre of propagation, is not to be despised) it becomes extremely difficult indeed to arrive at the true

commencement of it without attaching strong suspicions of guilt on persons perhaps altogether guiltless. For it must be obvious, that had D. W. not been under my care for the treatment of secondary syphilis at a much earlier period than that at which Mrs. W. presented herself, I could not so readily have traced the infection to its true source without hurting the feelings or attaching guilt to some of the other members. Now this is an all-important matter, as the well-being and happiness of a whole family may be wrecked by such an investigation in private practice. No doubt, in this instance, the fact of one of the younger children being affected at a time anterior to that of the parent, went to show that the disease had been in the family before the mother contracted it. Still the problem was not solved as to how it came there, as to how the child became affected by it.

But with the knowledge which I previously possessed, and the information elicited from the mother in detailing the respective histories, the true source of the disease became perfectly patent, and the innocence and honesty of those presently affected became thoroughly established, showing how great is the necessity for care in the investigation of such diseases. This latter feature cannot be too much insisted upon. It is a difficulty not so much felt in hospital practice. But in private practice, where the chastity of the parent, or the child, or both, is at issue; where the honesty of each is being struck at the very root—it becomes a matter of serious consideration that the inquiry be set about with caution and prudence; the more so as we see, and as these cases well exemplify, many members of a family may suffer from a shame-associated malady, and yet in themselves be entirely free of guilt. But there is still another reason. By setting about it in a rough or clumsy manner, we defeat our object, and close up, and deservedly so, the only channels by which a correct conclusion can be arrived at.

X.—*The use of the Hypophosphites of Lime, Soda, and Potash, in Remittent Fever, Tabes Mesenterica, and Gastric Irritation of children, with illustrative Cases.* By HENRY SAMUEL PURDON, M.D., L.R.C.P. Edinburgh, L.R.C.S.I., Assistant Physician to the Belfast Charitable Institution and Infirmary, Physician to the Dispensary for Diseases of the Skin.

THE hypophosphites of lime, soda, and potash were first brought under the notice of the medical profession by Dr. Francis Churchill, of New York, a few years ago, and who used them largely in phthisis; but physicians in these countries have not met with the same success by their administration in that formidable disease.