obscurus. "Rheumatism" is an indefinite word, often loosely applied, and has, in fact, no precise scientific meaning. Apart from rheumatic fever (due to a specific microbe) and gonorrhœal synovitis (due to the gonococcus), the term "rheumatic" is used vaguely by the surgeon as connoting two special attributes: (a) pain and (b) relapse. With regard to rheumatic fever itself I have never known a case to be complicated by iritis and neither have I met with anyone who has. In children rheumatic fever is very common though iritis is very rare.

There is a lack of scientific evidence of any real etiological connexion between iritis and gonorrhœal synovitis, and I have never seen an instance in which their conjunction has been unequivocal. Certainly one occasionally comes across a case of iritis associated with what has been wittily phrased as that "one touch of rheumatism which makes the whole world kin." The pathology of this ordinary chronic rheumatism is obscure: physicians tell us that it is often incipient or mild rheumatoid arthritis, due no doubt to the action of some toxin which has a predilection for the joint structures. But as this kind of rheumatism is exceedingly common its causal connexion with iritis is open to the objection of the *post hoc ergo propter hoc* fallacy. Adopting the thesis that all disease is the direct result of the action of toxins, in elucidating the causes of iritis our inquiry must be directed as to the "port of entry."

At the last meeting of the British Medical Association Dr. William Hunter further elaborated his well-known views with regard to oral sepsis as a cause of disease. In his very luminous exposition of the subject Dr. Hunter enumerates several diseases which he refers to this cause. He omits, however, all mention of iritis. Since the publication of the paper in question I have seen three cases of iritis in which there was an absolutely negative history of either syphilis or rheumatism in any shape or form. In all the three there was marked evidence of oral sepsis; the alveolar margins along the whole line of teeth were red and inflamed, the gums bled easily, on pressure small beads of pus welled up (pyorrhœa alveolaris), and the breath had a sour smell. They all had the dirty sallow complexions suggestive of septic anæmia. The treatment adopted was the following: the teeth were scaled, stopped, or extracted, suppurating pockets were purified, and the mouth was rendered as pure as possible. This, combined with the use of mydriatics and tonics, cured all the three cases rapidly.

In conclusion, I would therefore urge that the constitutional treatment of iritis should be directed to the removal of oral sepsis, for though about 50 per cent. of cases of iritis are undoubtedly due to syphilis yet even here we must admit the possibility of a mixed infection. In the words of Professor J. Miller: "Their custom—i.e., physicians'—to disregard dental diseases altogether as a factor in pathology is as unjust to their patients as it is discreditable to their profession."

Wimpole-street, W.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

29 YEARS OF CATHETER LIFE.

BY R. HINGSTON FOX, M.D. BRUX., M.R.C.P. LOND.

THE patient was a man of massive frame, 6 feet 2 inches in height. He had been accustomed all his life to outdoor pursuits, was very regular in his habits, and had been an abstainer from alcohol and tobacco for many years. When aged about 60 years he began to have difficulty in passing urine and it used to dribble away from him. Later he was examined by Mr. Buxton Shillitoe who found the prostate gland enlarged but passed a catheter without difficulty. The patient soon learned to use a soft gum-elastic catheter for himself and from this time to the end of his life (29 years) he never passed without its aid any urine beyond a few drops. He passed a catheter several times a day and took little or no precautions against sepsis.

About 15 years ago when using the catheter in a hurry he made a false passage, bled freely, and could not relieve himself. As his local medical attendant was unable to pass the

catheter Mr. Shillitoe was summoned and succeeded in doing so, relieving him of much clot. After this there was no further difficulty for many years. He retained considerable activity of body and engaged in public duties as an alderman of his county and otherwise until he was about 90 years old. He fell and fractured a fibula at the age of 80 years and fractured the femur of the other leg ten years later, recovering sufficiently to walk in his garden with two sticks.

The patient received the careful attention of Dr. Edmund E. Goodbody in his later years who reports that he took cold some weeks before his death, causing inflammation of the bladder and prostate. For the last eight or ten days there was free hæmorrhage after the use of the catheter and this weakened him much. Attacks of pain at the neck of the bladder occurred and in one of these he died suddenly on Dec. 10th last. He was aged 91 years and four months and had depended on the daily use of the catheter for 29 years. There was no examination of the body.

Weymouth-street, W.

A CASE OF MYXŒDEMA WITHOUT LOSS OF HAIR.

BY CHARLES W. CHAPMAN, M.D. DURH.,
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THE patient, a woman, aged 48 years, the mother of three children, came under my care in October, 1904. She complained of increasing inability for exertion of mind and body, unsteadiness of gait, great impairment of memory, tendency to fall asleep in the chair at any time of the day, severe lumbar pains, neuralgic pains followed by numbness down both arms, especially the right, loss of appetite, menorrhagia, and general puffiness. Her general health had been very good up to five years previously, when the menstrual loss became excessive and the periods recurred with increasing frequency until the patient was never more than from eight to ten days free. The flow was so profuse as to necessitate complete rest in bed for the first three days. A gynæcologist was consulted who, finding no growth or other abnormal condition of the uterus, attributed the symptom to the change of life and prescribed an ergot mixture to be taken during the periods.

On examination there were general puffiness with large supraclavicular pads, large tongue, flushed cheeks, and the external canthi were sloppy-looking from mucin (a sign of myxœdema to which I called attention some years ago)—in fact, the whole appearance was typical of myxœdema with the exception that there was no loss of hair. On the contrary, the patient had an exceptionally fine head of hair.

The improvement under the usual treatment was soon evident, one of the first signs of which was the marked diminution in the menorrhagia without the assistance of special drugs. The patient is at the present time in a normal state of health and appearance, she can walk for miles, the lumbar pains have gone, and the neuralgia in the arms is fast subsiding.

It is interesting to note that two weeks after the thyroid had been taken the hair combed out more freely than ordinarily for a few days and then this ceased. This circumstance suggests that had treatment been much longer delayed the hair would have suffered. Thinning of the hair is generally one of the early signs of myxœdema. I have seen a fair number of cases of this disease but never one presenting all the usual features of the disease in which the hair was unaffected. This case illustrates how a correct diagnosis may be missed through the absence of one only of the classical signs of a particular disease and, as a consequence, the beneficial effects of appropriate treatment may be needlessly delayed.

Weymouth-street, W.

A CASE OF CUT-THROAT.

BY JOHN M. BRYAN, L.R.C.P. LOND., M.R.C.S. ENG.

ON Saturday night, May 6th, at about 9.45 o'clock, a sharp pull at my door bell was followed by the entrance of a policeman requesting me to go at once to a case of cut-throat in a house about a quarter of a mile away. Hastily picking up a pocket case and bandages I hurried after him.