agree with another. In some cases he had found the man-
ganate of potash of use, and he had observed great benefit
from the employment of the maphosphite of soda, given on
the theory that there was a deficiency of phosphates in the
blood.

Dr. Garrod observed that the paper was silent as to the
quantity of sugar in the urine, and as to whether, as the specific
grade of the sugar, there had decreased. Currant was not
in proportion. He did not mean to assert that it was uni-
versally the case; but it so occurred that out of sixteen cases
of diabetes which had fallen under his care, sugar had always
been present in abnormal amount, and in every instance the
quantity of that fluid had become small, and a cure might
be supposed to have been effected. With respect to treat-
ment, his own experience led him to place his chief reliance on
drugs. Opium controlled excitability, but was only a
palliative.

Dr. SchuIloff inquired the relative proportion of cases in
the countries in which the diet consisted mainly of vege-
tables to those in which animal diet was chiefly used.

Dr. Basham agreed in many points with Dr. Garrod. He
had used the permanganate of potash in two cases; in one,
without any appreciable increase in the quantity of the
sugar, but, in another, with decided increase. He differed with
Dr. Garrod, however, respecting the non-disappearance of the
sugar in said cases of diabetes; and said he had observed two
families, one of which had been under his observation during the last
few years, that were now convalescent, and in which there was
not the slightest trace of sugar to be discovered in the urine—
shewing, at all events, that if the disease were not cured, it
was intermitting. It was probable, however, that these
patients might in the end be diabetic. With regard to reme-
dies he had had, at one time, the same views with respect to
alkalies as had Dr. Garrod; but a more careful mode of ad-
ministering them, and greater attention as to the time they were
given, had convinced him of their utility. They should be
taken immediately after meals, and never on an empty sto-
mach. They would thus thin the blood and diminish the
quantity of alcohol and whisky; this diminished as the dose of medicine was diminished.

In fine, judicious diet would bring down the urine and sugar to the
minimum. When the disease was accompanied by irrita-
bility, small doses of opium were of service.

Dr. Schuloff remarked, that in thinking upon the theory
that their escape or subsidence allowed the corneæ to collapse;
quite turgid with dark blood, forming a complete and appa-
rant closure to the body; eyes sunk in orbits, and corneas puckered,
and walls sunken, and the pupils dilated. The blood seemed even
then gravitating rapidly towards the back and sides, and from
carbonization of a dark-brown colour. No saliva about the
mouth.

Autopsy, eighty-five hours after death.—No appearance of in-
jury about the body; eyes sunk in orbits, and cornea puckered.
The hands and feet, at the time of death, had been cold, so that
their escape or subsidence allowed the corneæ to collapse;
pupils still dilated; face placid; discoloration on the back
considerable, as well as on the sides, and part of the front
of abdomen, but in the latter part only, the coloration had
acquired a rose or pink colour. This he attributed to the deoxidized
blood in the capillaries absorbing oxygen from the atmosphere after
death. While removing the scalp, some points of semi-fluid
blood escaped from the cut vessels. The vessels were strong and
thickly supplied with the calvarium. The vessels of the meninges were
quite turgid with dark blood, forming a complete and appa-
rent closure to the body; eyes sunk in orbits, and corneas puckered,
and walls sunken, and the pupils dilated. The blood seemed even
then gravitating rapidly towards the back and sides, and from
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mouth.

The disease attacks males more than females, the proportion of deaths
being about two of the former to one of the latter; whilst the total mortality
throughout England and Wales, amounted to nearly 600 annually, of which
the northern counties exhibited 300, and the southern counties 300. The
most fatal age group was from the twenty-fifth to thirty-fifth year; whereas
the age ranged from thirty to forty-five in the other sex; very few males
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MEDICAL SOCIETY OF LONDON: ON SYphilis.

Dr. Felix Richardson believed that when the system was once affected by syphilis, the poison was never eradicated. The manifestations might occasionally disappear, but the malady, if the organ of syphilis, never disappeared. He thought this proved by its transmission to the offspring of persons supposed to be cured, and in other ways; and threw out a suggestion, that cancer, heart-disease, and the like, might, in some cases, owe their origin to the poison of syphilis.

Mr. Milton said he could fully confirm many of the author's views. No doubt the severity of the systemic infection was often in an inverse ratio to the extent of the primary sore. One element of error might, however, enter into the calculation, for sores were apt to form on the penis, which strongly resembled phagedena, from which no systemic infection resulted. He was glad to hear the author of the paper state that one of the first consequences of syphilis is the appearance of gangrene, through all their stages, and believed they resulted from boils caused by the gonorrhceal discharge of the...
tion of matter from a primary sore, there was little chance of the system becoming affected; when the glands were most impressed, there was least chance of the system being involved in the disease. The author objected to the artificial inoculation of syphilis, but this objection was overruled by his (the author's) own theory, which contended for the systemic effect of the syphilitic poison. No mercury had been given in this case. In a case of long-standing serpiginous sore in a man, he inoculated him in several places on repeated occasions. The places became smaller and smaller every time. The sore had been treated with mercury, but he would not agree with the author respecting the use of mercury, which he (Mr. Lee) regarded almost as a specific. Even in cases where patients were much emaciated, his careful administration was followed by benefit. No mercury had been given in this case.

Mr. Rogers Harrison eulogized the use of mercury, administered with care and to a proper extent in cases of primary sores, and also in the secondary effects of the disease, when the facts brought forward both by their forefathers and contemporaries had a powerfully derivative effect. Before giving reasons for dissenting from the author of the paper upon some points, he (Mr. de Meric) expressed his regret that surgeons were, in general, apt to shape their course, as regards the therapeutics of syphilis, according to their own personal experience. He thought that, although thinking for one's self has some advantages, it would perhaps be wiser for professional men to adopt the maxims of the great masters and contemporaries, and choose a line of conduct by comparing the experience of others with their own. He (Mr. de Meric) did not think that mercury had made as much havoc as some speakers had stated; he did not believe that, in our days, the metal is ever given recklessly; and he would ask whether mercury had made as much havoc as some speakers had stated. He thought he had seen secondary suppurating surfaces, artificially produced, might reproduce the disease. No mercury had been given in this case. In a case of long-standing serpiginous sore in a man, he inoculated him in several places on repeated occasions. The places became smaller and smaller every time. The sore had been treated with mercury, but he would not agree with the author respecting the use of mercury, which he (Mr. Lee) regarded almost as a specific. Even in cases where patients were much emaciated, his careful administration was followed by benefit. No mercury had been given in this case.

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