general want of expression in the face. His mental state is not markedly affected. He talks rationally and sensibly about his ailment. The tongue is protruded forcibly in the middle line, and the ophthalmoscope shows a healthy condition of the fundus oculi. There is no loss of power over the sphincters; but he is rather troubled with constipation. At present his mode of progression is very striking. He uses a stick with his left hand, and advances his left leg first, slowly and cautiously. The right leg is then brought forward with a regular hemiplegic swing, the left shoulder is protruded at the same time, and the head turns to the left. He has no appreciable loss of sensibility of either the arms or the legs. At no time has he been troubled with any numbness, tingling, cramps, or spasms of the limbs. He is fairly nourished, and there is no marked wasting of any of the muscles.

OVARITIS; TETANY.—SIMILARITY BETWEEN OVARITIS AND TYPHOID.

(Under the care of Dr. RAMSKILL.)

In the wards set apart for female venereal patients we saw a case which seemed to answer in all respects to the disease described by Trousseau as "tetany." The patient was a female twenty-four years of age. She had been admitted for gonorrhœa, and subsequently had suffered from ovaritis. In addition to the inflammation of the ovary, she had suffered from diarrhœa, and during the attacks of diarrhœa she had been subject to tonic contractions of the extremities—the hand assuming the shape (as Trousseau described it) of the accoucheur's hand, the fingers being stiffened out and the opposite edges of the palm drawn together. Trousseau described the disease as being most common in, in fact almost limited to, the female sex, and as particularly liable to occur during periods of sexual excitement. He further states that diarrhœa is a common exciting cause of the spasmodic contractions. In this case we have all the favouring conditions brought together in a marked degree.

There were in the ward several cases of ovaritis, and it was pointed out to us that occasionally there was considerable difficulty in diagnosing between this condition and typhoid fever. We saw one case, in particular, in which for twenty days there had been a temperature ranging between 99.5° and 105°. There had been considerable dulness of intellect during this period, together with marked tenderness in the right iliac region and considerable diarrhœa, the stools being very like those characteristic of typhoid.

CASE OF KELOID TREATED BY IODIDE OF POTASSIUM.

(Under the care of Dr. DAVIES.)

Our attention was also called to a man suffering from a considerable development of keloid in some old syphilitic scars with which his body was pretty freely sprinkled. The keloid was rapidly disappearing under treatment by ten-grain doses of iodide of potassium. He had, as well, a tender node upon the forehead.

CHARING-CROSS HOSPITAL.

CASE OF PARALYSIS IN A SYPHILITIC SUBJECT TREATED BY LARGE DOSES OF IODIDE OF POTASSIUM; CURE.

(Under the care of Dr. JULIUS POLLOCK.)

THE following case presents many points of interest. The paralysis, though strange and anomalous, was unusually extensive and complete, affecting, not only the limbs and the face, but the muscles of deglutition as well. The patient presented unmistakable marks of constitutional syphilis, which, there can be little doubt, was contracted eighteen years ago, and his body was covered with a number of scars which had probably resulted from the healing of rupial or ecchymatous ulcers. Further, he had a previous similar paralytic attack four years before. And, lastly, his recovery was complete and rapid, though, on admission, his appearance would have justified the gravest prognosis.

J. S.—, a bricklayer, was admitted to the hospital on November 25th. He was a fairly strongly-built man, but of a pale and cachectic aspect. The legs and part of the abdomen and back were covered with large scars. He had considerable loss of power over his legs; he could not stand

upon them; but when lying in bed he was able, with some difficulty, and very slowly, to raise his feet and to bend his knees. There was less power in the left than in the right leg. There was, he said, considerable impairment of sensation in the legs, but it was nowhere entirely absent. Tickling the soles of the feet caused no reflex movement. There was a similar condition, but infinitely less in degree, of both arms, and marked paralysis of the left facial nerve. The left orbicularis palpebrarum hung in a fold on the left upper eyelid, depressing it, and giving the appearance of ptosis; but there was no real ptosis. The left pupil was rather larger than the right; no squinting. The tongue protruded in the middle line; no paralysis of palate. Some headache, referable to no particular spot. He was unable to read for long at a time, because the lines ran together. Had considerable difficulty in swallowing, even liquids. He said: "The swallow seems to go all of one side, the same as the face, and seems to stop about the middle of the throat." A slight feeling of tightness round the chest; a dull pain in the back, and some tenderness, most marked in upper dorsal and sacral regions. About a week before admission he suffered from cramp in the calves of the legs. When he moved his legs he complained of pain up the back of the thigh, but there was no cramp of the muscles. Obstinate constipation, but no urinary affection.

There was a distinct history of syphilis, contracted probably in 1854; no history of any injury to the spine. He was in the hospital four years ago with a similar attack to this, from which he completely recovered. The present attack began a week before admission. It commenced with pins and needles in the feet, and he attributed it to his having caught cold.

This patient was treated with large doses of iodide of potassium—thirty or forty grains three times daily. He was discharged in the middle of January, after a sojourn in hospital of about two months; and at that time he could walk without difficulty about the ward, the only paraplegic symptom being a slight numbness of the legs, which was fast disappearing. The facial paralysis was slightly evident, but in all other respects the man was perfectly well.

KING'S COLLEGE HOSPITAL.

STONE IN THE BLADDER, COMPLICATED BY STRICTURE OF THE URETHRA; LITHOTOMY.

(Under the care of Mr. HENRY SMITH.)

AN unusually interesting case of stone was operated upon by Mr. Henry Smith on February 3rd. The patient was an old man who had been under Mr. Smith's care from time to time suffering with retention of urine, the result of a tight stricture of the urethra. A catheter had occasionally been passed both by Mr. Smith and the house-surgeon, but there had not been any suspicion of the presence of a stone until a recent occasion, when Mr. Smith passed a catheter and struck the foreign body. The urethra and bladder were in a most irritable condition, and the urine was loaded and alkaline. A No. 6 catheter could be passed with some difficulty. The stone did not appear to be a large one, but lithotripsy was pronounced to be out of the question, and it was decided that so soon as a further dilatation of the urethra could be effected lithotomy should be performed. During the ten days that the patient was in the hospital the symptoms increased to a great degree, and so little dilatation could be effected that a No. 8 catheter was the largest which could be introduced.

When the man was placed on the table and put under the influence of chloroform Mr. Smith was enabled to pass a No. 8 staff, and upon this he guided the knife into the bladder. On introducing the forceps, and seizing the stone, it broke to pieces under the pressure of the instrument, and it was needful to introduce it as well as the scoop several times before all the fragments of the soft phosphatic calculus could be brought away.

In some remarks Mr. Henry Smith called attention to the special features of this case. In the first place it illustrated the fact that a patient suffering with a tight and irritable stricture might have the symptoms so pronounced that the existence of a much graver malady might be overlooked until it was accidentally discovered. Then the complication of stone with stricture necessitates a modifi-