theory of family tendency to gout. It is an observation as old as the days of Heberden, and confirmed I am sure by daily experience, that the children of the gouty are more liable than others to attacks of rheumatic fever. In this we see another proof of the inheritance of structural proclivities, rather, I think, than of blood disorder or tendency to it.

Conclusion.—And now, gentlemen, as my last word, I do not know whether I have to defend myself in the eyes of any of you from the charge of “seeing gout in everything.” I am well aware that this diagnosis is a very easy one, and seductively ready at hand for the idle prescriber. I submit, however, that it has not been exactly in that temper that I have brought before you the statements which I have made this evening. My desire has been to state the issues explicitly, and to keep close to facts. Where statistics were admissible and obtainable I have had recourse to them. I may assert that I have said nothing but what has been based not only upon clinical observation, but upon clinical note-taking, and the subsequent collation of cases. Nor, I contend, have I made any very sweeping statements. So far from my having exceeded the truth, my conviction is that when our clinical pathology shall be more advanced, and diseases more minutely classified, we shall in all probability recognise as gouty yet other maladies, and perhaps not a few beyond what I have claimed. It is a subject upon which scepticism is as irrational as credulity. That the gouty constitution exists, and is very common in our English population, that it is potent in the production of disease, and that it is remarkably hereditary, are facts which no one will doubt. In relation to the multiform diseases of the eye it must have a domain, and that an important one. To discover some of the extensions and limits of that domain has been the object of my best endeavours to-night.

SYPHILIS IN DENMARK.

BY HENRY LEE, F.R.C.S.,
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DR. GIERSING has lately published at Copenhagen¹ a most elaborate and exhaustive statistical account of venereal diseases in Denmark. The tables and figures which he has given are taken from the reports to the Royal College of Health which all the medical men in private practice as well as those holding official appointments are obliged to furnish. During the last fifty years Copenhagen has been under very strict police regulation, and since 1854 laws which correspond with our late Contagious Diseases Acts have been rigidly enforced. During the ten years² comprising a record of 55,923 cases, there was an increase of blennorrhagia of 37 per cent., a diminution of the local venereal sore of 28 per cent., and an increase of syphilis of 1 per cent. In Copenhagen the number of women known to be diseased had increased from 1358 in the year 1881 to 2352 in the year 1883. In thirteen years, while the population had increased 43 per cent., venereal diseases had increased nearly 100 per cent. The system of police supervision has therefore failed in Copenhagen. In six other towns under police regulation (protected), the results are much more satisfactory. All these with one exception were seaport towns with garrisons. During the same ten years in them blennorrhagia had scarcely increased, the local venereal sore had diminished 51 per cent., and syphilis 60 per cent. Great fluctuations, however, occurred during this period. In three of these towns police regulation has been withdrawn since 1880, probably for the following reasons: In the towns not protected, containing 197,000 inhabitants, blennorrhagia had very slightly increased, the local venereal sore had decreased 43 per cent., and syphilis 35 per cent. during the same time. In proportion to the population the cases of syphilis were 11 per thousand in the protected and 9 per thousand in the unprotected towns, so that, although the diminution of disease in the protected garrison towns is very satisfactory, yet the amount of disease in them is still considerably greater than in the unprotected towns. In the country, out of a population of 1,141,000, there were 11,154 cases of venereal disease during the ten years ending 1880. At this time blennorrhagia had decreased 26 per cent., the local venereal sore 42 per cent., and syphilis

59 per cent. With the exception of the year 1872, there was a gradual decrease of venereal disease during the whole of this period. Altogether there was a decrease of 49 per cent. In the year 1871 there was an increase of syphilis, but since that time it had progressively diminished in nine years 62 per cent. This was without any police supervision. In Copenhagen, during the eight years 1874-81 inclusive, syphilis had increased in the navy 163 per cent., and in the army 36 per cent.

It may be very interesting to compare these statistics with the returns given by our medical officers in the army as set forth in the minutes of evidence taken before the Select Committee of the House of Commons on the Contagious Diseases Acts printed in 1881. Unfortunately, no accurate account either in Denmark or with regard to the English army can be obtained of the relative number of infecting and non-infecting sores. In fact this is not attempted in the army returns. The only way in which any definite conclusions can be arrived at with regard to this subject is to take the number of cases of secondary syphilis which are easily recognised in any particular districts, or under any particular regulations, and to compare them with others. The number of cases of secondary syphilis, treatment and other circumstances being the same, will then give the comparative numbers of cases of primary syphilis.

Now, on comparing the figures submitted to the Select Committee for the year 1866 (before the late Contagious Diseases Act was passed) with those for 1878, secondary affections appear to have increased by 2 per 1000 in the Home Army,³ and therefore we must conclude that primary syphilis had also increased during that period. From the year 1859 to 1866 inclusive, secondary syphilis diminished in the army from 35.86 to 24.77 per 1000 men. From 1867, when the Contagious Diseases Acts came into operation, to the year 1876, the ratio had increased to 27.4 per 1000. Thus the figures, both with regard to the general population in Denmark and to the army in England, tend to show, as far as they go, that the unprotected districts are rather better off than the protected, as far as true syphilis is concerned.

Savile-row, W.

ON CHOREA IN THE AGED.

BY ROBT. SAUNDBY, M.D. EDIN., M.R.C.P.,
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ALTHOUGH the occurrence of chorea in the aged was noticed by Graves, we are indebted to Professor Charcot for awakening general attention to the subject. During the last six years I have met with three cases, two of them hospital out-patients, the other was seen in consultation with Mr. J. W. Taylor of Camp-hill.

CASE 1.—This was a man of intemperate habits, about fifty years of age, suffering from advanced disease of the aortic valves. The chorea affected the left side, and chiefly the left upper extremity. The movements were not without intermission, and were to some extent under voluntary control. They consisted of rapid flexion and rotation of the left arm, which was slipped behind his back. This movement was so constant that he was wearing a smooth patch on his coat over the left scapular region where his hand rubbed each time. There was not the slightest appearance of dementia, though there was marked impairment of general health.

Dr. F. Leslie Phillips, who has succeeded Mr. J. W. Taylor, has kindly furnished me with the following account of the present condition of this patient.

Mr. W—, aged sixty-six, has never had acute rheumatism; he does not attribute his illness to any emotional cause, but he had had worry in his business for the previous twelve months. At the present time he feels weak, but can walk half a mile; he has occasional gouty pains in his joints and in the muscles of his legs. The choreiform movements of the left side have much abated, but there still remain some nervous hasty involuntary movements, especially of the hand and wrist. The grasp of the left hand is distinctly weak, but he has no recollection of anything like a stroke. He has a double aortic murmur, and “a mitral systolic murmur also; there is no sign of cardiac dilatation,” and no albuminuria.

¹ Statistik over Veneriske Sygdomme i Danmark.

² From 1871 to 1880 inclusive.

³ Report, p. 57.

CASE 2.—Dr. Russell¹ has published a short account of a case formerly under my care. This patient was a man aged sixty-eight, who had been ill for eighteen months. He had no cardiac disease, and there was no history of rheumatism. He could assign no cause for his illness. His urine contained a trace of albumen with granular and blood casts, blood-corpuscles, and epithelium. He presented no signs of dementia.

CASE 3.—My third case is that of an old man aged eighty-seven. He is fairly well nourished but anæmic. He has enjoyed good health, and the only illness he can call to mind is an attack of congestion of the lungs four years ago, since which he has been liable to bronchitis, for which he applied for advice. There is no obvious dementia, he answers questions rationally and correctly, but is a little deaf. The tongue is protruded perfectly well. There is no cardiac murmur. The choreic movements are not constant, and chiefly affect the arms, though the head and legs are not free. The muscles which appear to act most violently are those connecting the trunk with the upper extremity, especially the scapular muscles, which jerk his arms till his back aches. The muscular movements are so violent as to throw him about in his chair, if he is standing to make it difficult for him to remain erect, and when sleeping to awaken him. At the present time (June 25th, 1884) the disease has lasted about five weeks. His urine contains a trace of albumen; he has never had acute rheumatism, and has no evidence of valvular disease of the heart, though there is probably some dilatation with atheromatous degeneration of the arteries. He has an enlargement of the head of the first and second metacarpal bones of the right hand, and has suffered from "rheumatism" in all his joints, but never was laid up with it. He attributes his illness to getting wet, which he was very liable to in his work as a gardener. On inquiry, he does not admit that he has had any trouble, and seems of a cheerful disposition. He has never had anything like a fit, or been paralysed. He says he has always been temperate, and I have no reason to doubt his statement. The twitching first came on in his right shoulder. He can pick up a pin fairly well, and says he has no difficulty in buttoning his clothes.

CASE 4.—Dr. Russell² has also related the case of a lady, aged seventy-seven, who recovered after an illness of about three months. In this patient the chorea was mainly left-sided. There was no dementia; the heart was normal, and she had never suffered from rheumatism or previously from chorea. The treatment employed was the sulphate of zinc.

CASE 5.—Mr. C. J. Devis³ has reported a case in a man, aged seventy-nine. The chorea was confined to the left upper extremity and the left side of the face. The patient was demented. There was no cardiac murmur or history of rheumatism. There was a trace of albumen in the urine. He died while under observation after the chorea had lasted a month, but no autopsy was made.

CASES 6 and 7.—Dr. Wharton Sinkler⁴ believes this disease is rare, but is mistaken for senile trembling or paralysis agitans. He gives two well-marked cases in a male and female aged eighty-six and eighty-two respectively. One recovered in a few months, the other remained in the same state after two years and a half. Organic heart disease was present in both. There was no dementia in either case.

CASE 8.—Dr. M. Bacon⁵ has published a case of chorea in a female suffering from chronic mania and the inmate of an asylum. The disease lasted four years—that is, until her death at the age of sixty-one.

CASES 9 and 10.—Dr. Graves⁶ mentions two cases: one an apothecary in Dublin, aged seventy; and another which had been communicated to him by Dr. Patton of Tanderagee. Of the former case he gives no details, except that "it was very severe and lasted many months." Of the second, he tells us that it had continued three years at the time of his report; that the patient was a woman aged fifty, who had had family troubles; that the attacks were intermittent, but, when present, did not leave her, even during sleep. Fatigue, anxiety, and the "changing of the moon" were said to aggravate her attacks.

CASES 11 and 12.—Charcot,⁷ in his well-known lecture,

points out that this condition differs essentially from the senile trembling to which the name "senile chorea" is sometimes improperly given. In the latter the movements are simply oscillatory, and have none of the gesticulatory character of choreic movements; usually, too, the trembling is limited to the head. Both his patients were more or less demented. He regards the chorea as due to emotional causes, and not associated with rheumatism or heart disease. He thinks it is incurable, but does not usually endanger life. Of his two cases one had existed twelve and the other eleven years, both patients being the same age, seventy-one.

To some extent Professor Charcot's views are open to modification in the light of our more extended knowledge of the subject. For example, we must abandon the belief that this disease is always associated with dementia. It is also very dubious if we can attach any high degree of importance to emotional causes in the origin of this affection, while the recovery of Dr. Russell's patient and the great improvement which has taken place in my first case make the prognosis much less absolutely unfavourable than Charcot taught. Its association with heart disease in both of Dr. Sinkler's cases, and in one of mine, must also be allowed to qualify Charcot's statement that no such relation appears to exist, though it may well be that the association has no special significance. Yet from what I have seen of this disease, and from the extreme probability that advanced degeneration of the vascular system was present in all my cases, I am inclined to believe that the pathology of this affection will be found to be some actual structural change, such as small hæmorrhages in the corpus striatum, and that it is not merely a functional derangement. In the absence of any post-mortem evidence whatever, such an opinion is of course wholly speculative.

The diagnosis presents no difficulty to anyone who is aware of the existence of this form of chorea; the character of the movements is quite typical, and if it is ever confounded with senile trembling, it must be from ignorance of the fact that chorea does occur in advanced life, and consequent unwillingness to accept a view which is thought to be unsupported by authority. My third patient suffered so intermittingly that at his first visit I observed nothing, and was told nothing to direct my attention to anything but the state of the chest, but on his next appearance the movements at once attracted my attention. In Mr. Taylor's patient I noticed a similar indifference on the part of the patient to the movements, which he appeared to regard rather as an awkward habit than as anything for which he needed medical advice.

I regard the disease as rare. The cases seen by Dr. Russell and myself are all I have heard of in this town, and from inquiries I have lately made there is no case at our workhouse infirmary where chronic nervous affections of all kinds are to be found. With respect to treatment, I have not much to say that is of value. I have found the bromide of potassium of some use, and in Dr. Russell's case, which recovered, sulphate of zinc was used. In all of my cases the general health has been very bad. For such feeble old people cod-liver oil is one of the best remedies.

Birmingham.

TREATMENT OF PERFORATING ULCER OF THE FOOT.

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THE so-called perforating ulcer of the foot, when it appears in association with locomotor ataxy, or the conditions somewhat vaguely known as sclerosis or tabes, is the outcome of certain purely local causes acting upon a part whose condition has been injuriously influenced by a central nerve disturbance. There are reasons for believing that the nutrition of certain parts becomes obscurely perverted in the course of the nerve malady, and that the foot affords one example of such perversion. Moreover, the sensation in the integument of the sole commonly becomes dulled; and if to these conditions be added the effects of pressure upon the skin, it would appear that the chief factors in the production of perforating ulcer are present. Of these the disturbance of nutrition is probably the most important; for the pecu-

¹ A Case of Senile Choreia, *Med. Times and Gaz.*, 1878, vol. ii., p. 627.

² Note on a Case of Choreia in an Aged Person, followed by Recovery, *Med. Times and Gaz.*, 1878, vol. i., p. 459.

³ Case of Choreia in the Aged, *Med. Times and Gaz.*, 1879, vol. ii., p. 447.

⁴ Choreia in the Aged, *Journal of Nervous and Mental Diseases*, July, 1881.

⁵ Choreia at an Advanced Period of Life, *Journal of Mental Science*, July, 1880.

⁶ Clinical Lectures on the Practice of Medicine, 2nd edit., vol. i., p. 537.

⁷ On Choreia in Old People, *Med. Times and Gaz.*, 1878, vol. i., p. 245.