secutive cases of tertiary eruption found evidence of primary chancre absent in 20 per cent.

Henry H—, aged twenty-five, seaman, six weeks before admission fell down the hold of a ship, a distance of about fifteen feet, on to a cargo of copper ore. He alighted on both his feet, and then fell backwards on to both buttocks. He "fainted away" at the time of the accident, but soon recovered consciousness. He then found that he had injured his left knee; the joint was swollen and bruised. For this he was treated by splinting and rest in bed for four weeks. He shortly afterwards came to the Seamen's Hospital, with the joint still swollen and walking with a limp. Martin's elastic bandage was applied, and the effusion gradually subsided. The patient had a small tumour of the upper lip, which he was anxious to have removed. He stated he had had a similar one taken away four years previously. Ether was given, and the growth, which proved to be a fibroma undergoing myxomatous degeneration, was cut away. About five days after this the patient complained of pain and numbness along the back of the neck and in both arms. These symptoms were first observed about eight weeks after the accident and two weeks after his admission. He suffered also from indigestion and pain after food. There were no motor symptoms of any kind. The numbness had extended in a fortnight's time to the right side of the thorax and abdomen; otherwise there was no change in his condition; so he remained for another month, when he complained of diplopia. The right external rectus muscle was found to be paralysed; no other muscle was affected. The pupils, slightly dilated, responded to the stimulus of light. Ophthalmoscopic examination showed the fundus of the eye to be normal. Sensation in the arms, right side of thorax, and abdomen was still impaired; ankle-clonus on both sides was well marked. The reflexes were normal. He was able to walk in the dark, and could feel the ground well. His gait, however, was peculiar. Some three days later the left external rectus became paralysed, but no other ocular muscle was affected. He vehemently denied all history of syphilis, nor was there any evidence of it about him. In spite of this, he was put on iodide of potassium and perchloride of mercury. The doses were increased, and the iodide pushed until its physiological effects were well marked. Improvement under this treatment was slow, but well sustained. The right external rectus (the first affected) recovered before its fellow; the numbness of the arms and right side of the chest and abdomen gradually decreased and disappeared, except in the left little finger, and this recovered after his discharge. When he was up and about again, the ankle-clonus was soon no longer to be detected. He had been on specific treatment for three months before his final recovery. When last seen as an out-patient, he was perfectly well. He was still, under advice, continuing a mild course of specific treatment.

Remarks by Mr. TURNER.—I believe this to have been a case of syphilitic pachymeningitis, in which the posterior nerve roots were chiefly involved, and in which injury, and possibly some slight hæmorrhage, had made the parts susceptible to the syphilitic poison. The affection of the external recti alone of the ocular muscles, and the effects of anti-syphilitic treatment, make the diagnosis almost a certainty. It is lucky for the patient that his symptoms developed while he was in hospital, and he thus had the advantage of early treatment. In time, no doubt, the anterior roots, as well as the posterior and other cranial nerves than the sixth pair, would have been affected.

PERIPHLEBITIC GUMMA FOLLOWING INJURY; REMOVAL OF BLOOD-CLOT FROM FEMORAL VEIN; REMARKS.

(Under the care of Mr. G. R. TURNER.)

This is also a case in which latent syphilis formed a most important element in the production of the local condition, and in which it manifested itself by definite and characteristic ulceration after some time, other than specific treatment proving useless. It is in the experience of most surgeons that wounds, whether accidentally received or inflicted by the surgeon, occasionally change in character, and, instead of following the normal course and healing, exhibit a tendency to enlarge and spread by ulceration, which only yields to what are called anti-syphilitic remedies. Although this fact is generally recognised, we have known the want of its recognition productive of serious consequences. The removal of a blood-clot from the common femoral vein is a curiosity in surgery

Joseph L—, aged thirty-one, seaman, was admitted on Dec. 12th, 1887. Six months previously he had contracted a chancre, but this had been followed by no secondary symptoms; there was, however, a vague history of a rash some long time ago. On Dec. 1st his left thigh began to swell and become painful, and he could feel a hard cord (he called it the nerve) extending from the inner side of the knee up to the groin. He was at sea at the time, and continued at his work for two days, but then had to lie up. In June, 1887, he had met with an accident, falling down the hold of a ship on to his left hip and buttock. Had never suffered from gout.

On admission, he presented a hard mass of indurated glands in the left groin, extending below Poupart's ligament, the skin in this situation being red, tender, and swollen. There was very slight œdema of the thigh. The general appearance of the parts suggested a suppurating bubo. Beyond some glandular enlargement there was no trace of syphilis about him.

The apparent bubo burst shortly after admission, discharged unhealthy-looking pus, but showed no tendency to heal. On Feb. 29th ether was administered, and an incision made into the mass in the groin, enlarging the previous opening. A quantity of fibrinous-looking material mixed with decomposing blood-clot of varying age was removed by manipulating and tearing through the tissues with the finger. The latter at length came down on what was evidently a blood-cast of the femoral vein lying comparatively loose at the bottom of the cavity. This when fresh had all the appearance of a vessel itself filled with a decolourised fibrinous coagulum separable and distinct from the containing sheath. The latter had the thickness, size, colouring, and consistence of the common femoral artery, and might have been readily mistaken for it but that the branches did not correspond with those of that vessel. This blood-cast was removed from the situation of the femoral vein, and the pulsation of the artery to the outer side was plainly to be felt. There was no bleeding. The cavity left was plugged with an aseptic sponge and dusted with iodoform. The patient did well afterwards, and there was no constitutional disturbance. The cavity, however, was slow in filling up, and the wound, some fourteen days after the operation, was seen to be covered with a thickish diphtheritic-looking membrane. This was followed by increased swelling and suppuration about the parts, with burrowing of matter. Shortly afterwards, in the early part of April, some fresh ulceration in the neighbourhood of the wound was observed, which slowly spread. The patient was now placed on large doses of iodide of potassium and sal volatile. The effect of this increase of the dosage (for he had already been taking small doses) was almost magical. The cavity rapidly filled in, the spread of the ulceration was stayed, and the parts rapidly healed. The man was kept in the hospital for some time longer, till June 20th, taking the iodide and mercurial pills. When discharged he was quite well, with the exception of some thickening at the upper part of the thigh and some slight œdema of it and the leg. Dr. Delépine, of St. George's Hospital, was kind enough to examine the blood-clot that was removed, and reported that there was no trace of the coat of the vessel.

Remarks by Mr. TURNER.—The doubt in this case is whether syphilis or injury destroyed the coat of the femoral vein. Although from the history of the case it is not absolutely certain that the injury induced the inflammation of and consequent clotting of blood in the vein, it is almost certain that this was so, and that his syphilis attacked him in this his place of least resistance. The history of secondary symptoms was, as is so often found when gumata are present, very vague and doubtful. The appearance and spreading nature of the ulceration alone pointed to the diagnosis.

HULL ROYAL INFIRMARY.

A CASE OF DISLOCATION OF THE WRIST BACKWARDS.

(Under the care of Mr. SHERBURN.)

DISLOCATION of the hand backwards from the lower end of the radius and ulna is a very rare form of displacement, although at one time it was supposed to be rather common. It is probable that fractures of the lower end of the radius with displacement were mistaken for it, as demonstrated by Dupuytren and others. Hamilton¹ had only met with

¹ Fractures and Dislocations, p. 782.