invariable in the adult corpse, although with children it does not hold good.) If an attempt, however, be made to pass the fluid upwards from the rectum, it will be found that the universally accepted action of the ileo-cæcal valve does not occur, and that with a moderate pressure the fluid can be expelled from the mouth, having in its passage washed out the entire tract. The capacity of the intestinal canal, as I shall shortly show by the researches into the subject that I propose to publish, varies greatly in individuals, but for a full-grown man the average is as follows: the large intestine will hold three litres, the small intestine about the same quantity, and the stomach and œsophagus about two litres, making the average total capacity about eight or nine litres; so that when nine litres of fluid have been admitted to the rectum through the irrigator the fluid begins to run out at the mouth. This process, which I propose to term "diaclysmos" (*διακλύσιν*), can be accomplished upon the living subject with care, and without any great difficulty or danger, and the question that I wish to bring forward is how far treatment in this manner of maladies depending upon the presence of a poison in the intestine may be feasible. Irrespective of the view which may be taken with regard to the true origin of cholera, it is pretty generally admitted that the poison enters the system by the intestinal canal and is diffused thence; and there is no doubt that the *materies peccans* has not as yet been favourably influenced by any remedy introduced by the mouth. Under these circumstances it has seemed to me that it would be a proper proceeding to try the effect of complete irrigation of the intestinal canal from below upwards in certain cases of cholera, and the few experiments which I have made, in conjunction with Drs. Meizner, jun., and Erdödi, and M. Urbanetz, at the local fever hospitals have yielded good results. I say certain cases, for in the selection of the proper cases care will have to be displayed. Although no force is used, the remedy is an unpleasant one and not unattended by shock, so that it is not suitable for advanced cases or for the subjects of cardiac or pulmonary disease or arterial degeneration. Manifestly, also, the victims of obstructive growths or malignant or tuberculous stricture cannot be treated in this manner. In the cases alluded to, a solution of from 1 to 2 per cent. of tannin water at from 37° to 38° C. was gently driven into the rectum, the anus being held tightly round the tube of the irrigator. As the abdomen became swollen and tense, and also on account of the extreme discomfort of the patient, it became necessary now and again to cease injecting, but when six or seven litres had been taken in, vomiting occurred with much relief of the abdominal discomfort, and in this way as much as ten litres would be passed from the anus to the mouth. On the removal of the tube the fluid flowed out at the lower end, but about two or three litres remained in the intestines. No remedy that I have tried has resulted in such marked apparent improvement; for the patient, cold and collapsed before the operation, grows warmer during the injection and is left with a stronger pulse and all the general appearance of being better. The process may be repeated twice, thrice or more often. I do not lay any particular stress upon the use of a solution of tannin, and am of opinion that any non-poisonous saline solution would possibly yield as good results, but tannin is undoubtedly a harmless agent and both antiseptic and styptic.

I do not claim for this treatment that it will prevent mortality from cholera, particularly as it is clear that in many instances there will be circumstances precluding its use; but I believe that in many cases, both of cholera and of other forms of intestinal poisoning, the process may prove to be of service, and I hope that those of my colleagues who are in a position to make more extensive experiments will consider that irrigation is worthy of trial.

THE WATER OF SUBURBAN WELLS.—A case was heard at the South-Western Police-court on Wednesday, Oct. 4th, in which the owner of a well at Lillie-road, Clapham-common, was summoned to show cause why it should not be permanently closed. The summons was supported by a representative of the Board of Works for the Wandsworth district. Mr. Haden Corser having asked that proof of the complaint might be forthcoming, Dr. Muter, the public analyst, and Dr. Field, the medical officer of health, gave evidence to show that organic matter was present in the water of the well, and was, therefore, on that and other accounts, unfit for human consumption. The magistrate accordingly gave an order for the closing of the well.

Clinical Notes : MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

SYPHILITIC REINFECTION.

BY CAMPBELL WILLIAMS, F.R.C.S. ENG.

NUMEROUS writers have drawn attention to the phenomenon of syphilitic reinfection. In some of the recorded cases the evidence of the first attack rests on the statement of the patient, as in the case of C—, who described most graphically an attack which he experienced fifteen years before in South America. He was seen by myself and Dr. C. Couper Cripps, and had an indurated sore and the usual sequelæ. He went to America and was lost sight of. Some of the examples cited are simply consequences of the old disease—namely, gumma of the penis. My case is briefly as follows:—

The patient contracted syphilis in November, 1884, and was sent to me by Dr. F. Sherman Toogood in January, 1885. He had a well-marked indurated chancre of the penis situated on the inner surface of the prepuce and to the right. The glands in both inguinal regions were indurated. He had a very slight roseolar eruption on the abdomen. His chief trouble was in his throat; he had mucous patches on the fauces and his tonsils were ulcerated, but the attack was mild. I treated him with mercurial pills for fifteen months. He soon improved under this treatment, all his symptoms disappearing quickly. At the end of 1886, as a prophylactic measure, he took pills intermittently for two months. He remained well until Aug. 11th, 1892, when he noticed a sore on his penis. His last coitus was on July 17th—i.e., incubation was twenty-five days. On Aug. 21st he consulted me and I found a well-marked indurated chancre situated on the upper surface of the furrow behind the glans towards the left side and on the reflected prepuce. The glands in the groins were very slightly enlarged and the dorsal lymphatics of the penis seemed to be normal in size. He was placed on tannate of mercury pills (one grain and a half three times a day) and the sore was dressed with lead lotion. He again quickly improved under treatment and the chancre was healed by Sept. 16th, leaving a large cartilaginous scar. No rash was noticed about the body, but in October he had mucous patches upon the tongue and the pillars of his fauces. In March, 1893, the tonsils were ulcerated and a mucous patch appeared on the lower lip. In May the scar of the sore had become quite supple and he had no visible signs of syphilis. He is still under treatment.

It will be noticed in this case that the period from the commencement of the first attack to the second one was seven years and three-quarters. All induration has disappeared from the site of the first lesion and nothing can be felt. The point of inoculation differed in the two infections. His first attack was mild. Nothing untoward has happened so far in the second. There has been no eluding of the secondary stage with direct advance to the later form of the disease. He remains amenable to treatment. Cases¹ of this nature serve to refute the doctrine that syphilis is incurable. I see no reason why syphilis should not occur a second time, seeing that second attacks of acute specific diseases are common. Hutchinson relates an instance of a patient having syphilis twice in three years and two attacks of variola in four years. Gascoyne enumerates no less than seven cases of reinfection, which he treated on both occasions. Berkeley Hill had two cases to my own knowledge in which he treated the patient for a second attack. To further examples the writings of Lee, Hutchinson, Coulson, Didny, Rodet, Caspary and numerous others bear testimony.

Welbeck-street, W.

IMPACTION OF GALL-STONE IN THE SMALL INTESTINE.

BY MALCOLM L. MARGRAVE, L.R.C.P. LOND.,
M.R.C.S. ENG.

A WOMAN aged sixty had had for two years increasing difficulty in obtaining relief from the bowels. Six months previously she had had an attack of jaundice, which was

¹ Gowers' Lettsomian Lectures, 1889.