be beneficial, for it is probable (Ziegler and Abolonski, Alexander) that the therapeutic and the toxic effects of arsenic differ only in degree, and the increase of cell activity which has been shown to occur, for certain organs at least, seems to go on side by side with cell destruction.

A CASE OF SYPHILITIC ENDOCARDITIS WITH REMARKS.¹

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THE importance of syphilis as an etiological factor in cardiac disease, has attracted very little attention until lately. A brief report of a case in which endocarditis manifested itself during the secondary stage of syphilis, may therefore be of interest.

The patient, M. F., was a young, unmarried woman, aged twenty-three, a photograph retoucher by occupation. The family history was good. At the age of eighteen years she had typhoid fever, and one year ago *la grippe*. Otherwise her health had always been good, and she had never suffered from rheumatism. Her habits had not been virtuous. Two years ago she gave birth to a healthy child at full term. Has never had a miscarriage.

I saw her first in August, 1890. She was well developed and nourished, and not anæmic. She had been confined to bed for several days with pain in the pelvic region and profuse flowing. Her menstruation previously had been normal. She was somewhat feverish, and there was considerable tenderness just above the pubes. These symptoms subsided during the next week, but she then began to complain of constant headache and considerable pain in the back and limbs. She was moderately feverish, but had no tenderness or swelling of the joints. Careful examination showed absence of murmurs or other evidence of cardiac disease.

Two days later a profuse eruption of pustules of the size of a split pea and smaller, appeared on the forehead, and soon after and in smaller numbers pustules appeared in the scalp, over the back, on the arms, and in the palms of both hands. There was a mild pharyngitis. Enlarged glands were found in the groins and about the neck. She complained of soreness under the sternum. A faint but distinct systolic murmur was now heard for the first time at the right of the sternum, over the aortic valve. The heart was otherwise normal and there was no venous murmur in the neck. She was given one-sixth of a grain of protiodide of mercury three times a day, and mercurial ointment to apply to the face. In less than two weeks the eruption had disappeared from the face but persisted in a milder form in the scalp and over other parts of the body. A number of large, reddish papules were also seen on the back and chest. The murmur over the aortic valve was decidedly louder. Her general condition was very much improved and she did not consult me again until January, 1891, nearly three months later. The pustular eruption had disappeared in October, and she had not taken her medicine for about two months. She was now complaining of headache, sore throat, loss of hair, general weakness and poor appetite. She was somewhat anæmic. There was a mucous patch on the right

cheek, opposite the molar teeth, and a small ulcer in the corner of the mouth. A considerable number of dark reddish papules were seen scattered over the trunk and extremities, and here and there were a few pustules. There was considerable œdema about the ankles, so that at times she could not put on her shoes. The area of cardiac dulness was not increased. A distinct, rather loud, systolic murmur was heard, the maximum intensity of which was in the second intercostal space at the right border of the sternum. It was also heard over the carotid arteries. There was no venous murmur in the neck. The second pulmonic sound was decidedly louder than the aortic. The pulse was regular but rather weak, and 90 in a minute. She now began to take four doses daily of one-sixth of a grain of the protiodide of mercury. During the next four weeks the eruption almost disappeared, and the general condition improved. The cardiac condition, however, remained unchanged.

We have then a case in which cardiac symptoms were developed in a severe case of syphilis during the secondary stage. The reasons for thinking that the cardiac murmur was of organic rather than of anæmic or functional origin, were: It was constant and limited to the region of the aortic valve and carotid arteries; there was no murmur in the region of the pulmonary valve or veins of the neck, such as is commonly heard in anæmia; the second pulmonic sound was accentuated; lastly, the appearance of œdema of the ankles.

We conclude therefore, that there was acute endocarditis of syphilitic origin. The fact that the murmur did not disappear under antisyphilitic treatment, does not prove that the lesion was not syphilitic any more than the failure of salicylic acid to remove the evidence of endocarditis occurring in an attack of rheumatism, proves that the lesion in the latter case is not rheumatic. The infrequency with which endocarditis is discovered in syphilitic cases may, perhaps, be explained in part by the rarity with which examinations of the heart are made in such cases.

Dr. Alfred Buchwald,² of Breslau, presents a statement of his large experience in cases of cardiac syphilis. He is convinced by a large number of cases which he has treated during the last six years, and a part of which he has kept under observation, that syphilitic disease of the heart, especially myocarditis, is a far more frequent disease than is supposed; that the peculiarities of the disease are sufficient to permit of a diagnosis being made; that through antisyphilitic treatment, not only improvement but even cure can be brought about. He can count up more than twenty cases of his own of which the syphilitic origin is certain. They are mostly of men of the better class. Among laborers a diagnosis is much more difficult because excessive exertion and abuse of alcohol cannot be excluded as etiological factors. The patients were all in the prime of life, from twenty to forty years of age. The length of time which intervened between the syphilitic infection and the development of the heart lesion was, in the majority of cases, from six to ten years. Some of them still had affections of the skin and glands; in some there was emaciation, anæmia and cachexia. In three cases, without the intervention of rheumatism, there was developed evident valvular disease — aortic and mitral insufficiency. In all the cases every other etiological element — as abuse of alcohol and tobacco, and rheumatism — was

¹ Read before the Section for Clinical Medicine, Pathology and Hygiene, of the Suffolk District Medical Society, April 22, 1891.

² *Deutsche. Med. Wochenschrift*, December 26, 1889.

certainly excluded. Not only was syphilis unmistakably indicated by the symptoms, but its existence was demonstrated by cure being brought about by anti-syphilitic treatment consisting of mercury or iodide of potash.

The symptoms in the majority of cases were: headache, dizziness, flashes of light, loss of strength, palpitation, dyspnoea, feverishness, sore-throat. In some cases there were symptoms of angina pectoris, and neuralgic pains like those of aneurism. In all cases there was irregularity of the heart, more or less hypertrophy, and what is especially noteworthy, alterations in the peripheral vessels such as are commonly ascribed only to old age. The arteries were hard and tortuous, more especially the temporal arteries, and, to a less extent, the radials. The course of the disease was also characteristic. The cases in which the heart insufficiency could no longer be influenced favorably quickly ran down hill, developing marked anæmia and consecutive kidney disease and sometimes repeated pulmonary infarction, with hæmoptysis. The majority of cases showed a great and rapid improvement under purely anti-syphilitic treatment. One case that developed aortic insufficiency while under observation was so much improved that no trace of this lesion was recognizable. Another, whose heart lesion was cured, developed sudden aphasia and cerebral disease, but recovered from this also under large doses of iodide of potash. In other cases the peripheral arteries recovered from their hard and tortuous condition. The author has no doubt that a great number of syphilitic persons will, sooner or later, develop syphilitic myocarditis, with or without vascular disease. The importance of early diagnosis and of anti-syphilitic treatment is obvious.

CASES OF RENAL COLIC.¹

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THE following cases were of interest to me on account of the suddenness, severity and short duration of the symptoms. I have used the term renal colic advisedly, not caring to commit myself to a diagnosis between nephralgia and the passage of renal calculus.

CASE I. The patient, a man seventy-two years old, got up on the morning of July 4, 1889, feeling as well as usual, and he was a strong, healthy man for his age. An hour or two after breakfast he was suddenly seized with a very violent pain in the back and right side. I saw him soon afterwards, and found him in great agony and distress from the intensity of the pain, which was situated in the region of the right kidney, and from this point extended around into the right groin. The right testicle was drawn up. Morphine was given subcutaneously in repeated doses until the pain was relieved, and I then left him in a state of comparative comfort. I called on him late in the afternoon, and was surprised to find him sitting up down stairs, apparently as well as ever. He has remained well up to this time, having had no symptoms except transient, darting pains in the right groin, which are rather frequent, but which he has been subject to for many years; he attributes them to a blow he received in the right groin thirty years

ago. He is certain that he never passed a stone by the urethra.

CASE II. A physician, about thirty-five years old, was in perfect health on the evening of June 5, 1890. He had never before had any renal or urinary symptoms. About 11 o'clock he urinated, preparatory to going to bed. A few minutes later he began to have a severe bearing-down pain over the bladder, then an intense, lancinating pain in the region of the right kidney, with retraction of the right testicle. Micturition, at intervals of five minutes or less, was only possible in the knee-elbow position; a few drops only passed at a time, after waiting and straining. Chills and nausea. I saw him the next morning, and found that he had taken a good deal of morphia, and was comparatively free from actual pain. The urinary symptoms, however, had continued unabated all night, and had wholly prevented sleep. During my stay there was constant tenesmus, and he was forced to get out of bed every two or three minutes, when, after straining on his hands and knees for some seconds, he would pass a very few drops of urine. There was not enough in all to furnish a specimen for examination, but it looked perfectly normal; it contained no blood then or afterwards. There was tenderness on pressure over the right kidney. I advised hot sitz-baths, counter-irritation, diuretics, and morphia and belladonna suppositories. In the evening he was much more comfortable. He had had no more pain; the tenderness over the kidney had disappeared; and the urinary symptoms had gradually subsided. There had been nausea and vomiting in the afternoon. He had used only one suppository, but seemed dull, confused and drowsy. The next day he was very weak, and had slight, darting pains in the perineum which lasted a few days; then all symptoms disappeared. He convalesced rapidly, passed nothing per urethram to account for the attack, although the urine was carefully examined for two weeks, and has not had the slightest renal nor urinary symptom up to this time.

CASE III. The patient, a man forty-five years old, was seen August 5, 1890; and I take from my records the following notes:

Has had similar attacks to the following before, the most severe two years ago, which was promptly relieved by morphia. Five days ago he began to have pain in the right loin, but it has not been severe until a few hours ago. It is now (11 p. m.) very severe and constant. The pain begins in the right back and side, below the kidney, and passes down in a line parallel with Poupart's ligament into the scrotum, the right testicle being retracted. There is no nausea nor any other symptom except a slightly increased frequency of micturition with a sense of irritation at the neck of the bladder. The treatment was counter-irritation and morphia of which one and a half grains were given in divided doses before relief from pain, and sleep were obtained. He awoke the next morning free from pain and feeling nearly as well as ever. He has since remained entirely free from symptoms of this nature, and has never passed a stone by the urethra.

I have not made extensive researches into the literature of this subject, but apparently most authorities assume the presence of renal calculus in cases of this sort. When the stone is not found, it may have been passed through the urethra without attracting the patient's attention, or have become dissolved in the

¹ Read before the Section for Clinical Medicine, Pathology and Hygiene of the Suffolk District Medical Society, April 22, 1891.