the operation except in cases where the tumour is more or less free, and pendulous from a sort of root; that is to say, when the hypertrophy depends rather on the glandular tissue than on the other elements of the breast, or when the integuments are pretty loose, and sufficiently sound to allow of our preserving so much of them as may be necessary to bring together the edges of the wound."—(*"Diseases of the Breast,"* p. 184, Sydenham Society's Translation.)

ART. XVIII.—*Clinical Review of Cases under Treatment at the Westmoreland Lock Hospital, during the past Six Months.* By Mr. MORGAN, F.R.C.S.I.; Surgeon to the Hospital; Professor of Surgical and Descriptive Anatomy, R.C.S.I.; and Surgeon to Mercer's Hospital.

IN the following *resumé* of cases, I have endeavoured to put together such clinical facts as came under my observation, with the utmost attention to accuracy; and, for this purpose, I have separated into groups the various classes of patients, and the chief characteristics of their diseases. I also give the results of some carefully conducted inoculations on specially selected cases, which tend to show that (though the sore is inoculable), in the female at all events, constitutional manifestations not unusually follow, as exemplified by the fact that, out of fifty-six cases admitted as diseased for the *first time*, but four escaped constitutional infection so far.

On referring to the Tables, it will be seen that many of these suffered when very young, and in the early part of their career, showing the great extent just now of the disease. The admissions to the hospital also prove the spread of the contagion, as five-and-a-quarter more patients per day have been under treatment than for the corresponding period of last year. Without entering into the question of inoculability being a test of a non-infecting sore, or the formation of a suppurating bubo—its usual accompaniment—the statistics prove that the sores, whether inoculable or otherwise, were almost invariably followed by constitutional signs—and, therefore, were of the infecting type. This is the important question for the Government and the public, and illustrates, practically and forcibly, the great benefit such hospitals afford by treating those cases and arresting the spread of so much disease in its early and virulent stage. The fact of twenty-nine children being treated in the hospital during the past six months is also of great importance, as proving the

infection-power of the disease, and the advantages afforded by proper treatment.

The occurrence of the chronic sore is of interest. It resembles somewhat in appearance an immense chancre, with the edges extremely dense. It is often accompanied by late constitutional signs, as gummata, &c. ; such sores exist for years, and if they are capable of propagation, the mischief caused by one must be incalculable.

The need of some proper means of compelling patients to remain in hospital till thoroughly cured, is experienced every day, as they constantly leave with the disease on them uncured, from want of proper authority or means of constraint.

The effect of this state of things on the civil population cannot, of course, be so appreciable as amongst the military, where the cases are regularly tabulated. Thus, on March 26th, 1869, with a garrison here of 4,967 men, there were in hospital, from various causes, 303 patients; and of these 156, or one-half, were suffering from venereal affections, 98 from primary sores—laying thus, in many instances, the basis for future deterioration of health, long confinement to hospital, and final inability for service. These ninety-eight cases probably contracted the disease in Dublin; and it may fairly be anticipated that the after-consequences will be tedious. While on the other hand, as proof of the beneficial effect of more active means for repression of the disease being adopted, the return lately referred to in the *British Medical Journal* is most conclusive, showing that, at Aldershot, where the Contagious Diseases Act is in operation, “in a strength of about 15,000 men, the admissions from this class of disease, for the week ending March 12th, were only twenty-two; whereas, in Dublin, during the same period, among 5,000 men, the admissions from the same causes amounted to forty-nine.”

The following Tables have been put together with a view to give a general outline of the history, treatment, and result of each case, which is referred to by a number corresponding to the Hospital Book.

First Admission Cases.—Diseased for the First Time.

These patients were young women under twenty years of age very frequently—some of them only a few months from the country, and otherwise in rude health, not having as yet suffered from the deteriorating influences of their mode of life, late

hours, alcohol, irregular sustenance, and residence in some of the worst positions in the city—not a few stating positively that they were persuaded to leave home and sink directly into vice; others, that, home being unpleasant,^a they made up their minds to leave, and too often were incited to do so by a female companion already vicious.^b Although the veracity of the history may, in some instances, possibly be doubted—yet, when the accumulative evidence of a number is taken, some questions of interest present themselves for consideration, as to the produce of a poison sown, scientifically speaking, in a virgin soil, and, as a general rule, in a class of patients otherwise in good health.

I have taken particular pains in gleaning a correct antecedent history, the inoculations I have made myself, and, as far as possible, I have kept the patient under observation from the first receipt of the infection till the development of constitutional signs.

On referring to the accompanying tabulations, it will be seen that, as a rule, all sores, whether soft or hard, were followed by constitutional signs. That bubo was, as usual in the female, comparatively rare. That, whether the sore was inoculable or otherwise, constitutional signs followed in about equal proportions.

Thus of eleven cases selected as the most certainly not previously diseased, and who resisted auto-inoculation both after irritation of the sore and previously, only one failed to show constitutional signs, and in that instance the sore was of a phagedenic nature.

Again, in eleven cases, similarly selected, where, on the other hand, auto-inoculation was successfully performed on one or more occasions, not one escaped the after-effects of the disease; and a reference to the tables will show that the forms of development in both were much the same—the papular eruption predominated, accompanied by the formation of mucous patches; occasionally roseola, and osteoscopic pains.

In two cases I succeeded in producing an inoculable pustule from mucous patches—once, in a patient aged nineteen, affected only with mucous patches, I produced five inoculations; in another, a child aged two years, with inherited syphilis and patches at the anus, a reinoculable pustule was produced on the side and reproduced on the opposite side after five days.

Suppurating bubo occurred but once in these twenty-two cases—

^a Frequently from being under the rule of a stepmother.

^b No less than five of these patients attributed their final step to the influence of a young girl of eighteen, who has since been in the hospital suffering from disease.

five were affected with acute bubo, in which suppuration was imminent.

Case No. 60 illustrates some of the difficulties and subtleties of the disease;—either the discharge was of a specific nature, or the orifice of the sinus, though not larger than a crow-quill, was the seat of a sore.

Case No. 11 illustrates a remarkable form of secondary ulcer, which occurs at the upper part of the cleft of the nates. The ulcer is of a phagedenic character, very painful, and proceeds with great rapidity, producing a thin sanious discharge, and assuming the characteristic semicircular form. Though inoculation from the genital sore could easily be produced, from this ulcer it was impossible, affording a still further proof of its secondary character.

No. 5 and No. 14, though suffering from inoculable sores, illustrate severe forms of constitutional infection, the one being affected by jaundice and the other by epilepsy, at the period of development of the infection symptoms.

In a class of patients averaging eighteen years of age, of various temperaments (the lymphatic predominating) the treatment demands consideration. While some are robust and only a short time in town, others have suffered while pursuing their course of life, and are affected often by an extensive and irritable sore.

The hospital affording the hygienic advantages of cleanliness, ventilation, regular diet, and rest, in themselves important elements of treatment, I selected from these two sections, cases I considered the most favourable for an anti-zymotic treatment, where the constitutional signs were in an early stage of development. Creasote I found to answer well, the most convenient form being—

Creasoti, 3ss.

Mucilaginis, ʒi. tere et adde,

Tinct. Opii, 3ss.

Aquæ Menthæ P. ʒvii.

M. Sumat. ʒss. 4ter in die.

At the same time the use of a warm bath every second night with ʒii. vel ʒiii. acidi carbolici, added to the bath, the patient remaining in half an hour, if possible. The earlier the stage of eruption or other manifestation, the more favourable will it be for this mode of treatment. In some instances of roseola the effect was very rapid and decisive.

TABLE I.

Cases Diseased for the First Time.—Tested by Inoculation.

No.	Age	Present Form of Disease	IF WITH UREO			How long Diseased or Communicat- ing	If Inocu- lated	What Signs followed	Treatment	What previous Disease	When previously it occurred	How long uninjured	OBSERVATIONS
			Slough	Double	Suppurating								
<i>Group A.—Inoculation Unsuccessful.</i>													
23	17	Sore on nymphs, rather hard	-	1	-	2 weeks or more	resisted twice	papules	mercurial	1 fortnight be- fore a sore on the thigh	none	-	the glands were very slightly en- larged.
140	20	Sore on nymphs, rather hard	1	-	-	2 weeks	resisted once	papules, pains	non-mercurial	none	none	-	very stout and healthy subject.
146	20	Several soft sores of vulva	-	-	-	3 weeks	resisted once	severe papules and patches of mouth	non-mercurial	none	none	-	healthy otherwise.
45	19	Irritated partly, phagedenic sore of nymphs	-	-	1	1 week	resisted twice	none	-	none	none	-	has never returned.
72	18	Patches of throat and chan- crous erosion of vulva	-	-	-	3 weeks	resisted once	papules	-	sore 2 months	2 months	-	has never returned.
3	16	Several soft sores of vulva	-	-	-	3 weeks	do.	roseola and pains	non-mercurial	none	none	-	of lymphatic temperament, healthy.
100	20	Soft sore at vagina	-	-	-	2 months	do.	iritis, copious papules, and pains	mercurial	none	none	1½ years	has been re-admitted, suffering relapse.
136	20	Soft sore at fouchette	-	-	-	1 month	do.	copious patches and roseola	creasote and car- bolic baths	none	none	3 years	-
174	26	Painful soft sore of labium	-	1	-	2 weeks	do.	iritis, maculae, and myr- ingitis	mild mercurial	none	none	5 months	had previously a healthy child.
179	19	Soft sore and incipient patches	-	-	-	2 weeks	resisted twice	patches of throat, pa- pules, and pains	creasote and car- bolic baths	none	none	3 months	strumous, nuchal glands dense
180	19	Indurated sore of nymphs	-	-	-	2 weeks	resisted once	pains and papules	creasote and car- bolic baths	none	none	3 months	glands of neck suppurating from struma.

Group B.—Inoculation Successful.

5	20	Discharge only	1	—	—	1 month	no	none	local	none	not before	—	—
—	—	Soft sore, erythema of throat	—	—	—	1 fortnight	yes	jaundice, pustules of scalp, papules	non-mercurial	discharge	7 weeks	—	is about 8 months pregnant; produced a dead child at 8 months.
—	—	Pains, cachexia	—	—	—	—	—	pains, cachexia	—	soft sores	6 months	—	—
11	18	Soft sore at vaginal orifice	—	—	—	1 month	yes	ulcer of back	non-mercurial	none	not before	—	ulcer of back was phagedenic.
—	—	Ulcer of back	—	—	—	—	no	pains, cachexia, ulcer of back	non-mercurial	incurable sore	4 months	—	ulcer of back re-opened; is greatly broken down; has nuchal adenitis and alopecia.
60	22	Abscess labium gland of Bartholin, and sinus 1 inch long with ulcerated orifice	—	—	1	1 month	yes	papules and pains	—	none	not	—	—
—	—	—	—	—	—	2 weeks	no	elevated patches of vulva and tongue, papules	partly mercurial	incurable discharge	2 months	—	greatly broken down from syphilitic cachexia.
46	26	Several soft sores of labia	—	—	—	3 weeks	yes, twice	papulo-squamous, patches, and pains	non-mercurial	none	not before	—	has had previously a healthy child, now alive.
154	16	Ragged soft sore at vagina	—	1	—	2 weeks	yes, twice	roseola and severe pains	non-mercurial	none	—	—	—
14	17	Large soft sore of nympha	—	1	—	3 weeks	yes, twice	roseola and severe pains, epilepsy	mercurial	none	—	—	—
65	17	Large soft sore at vagina	—	1	—	2 weeks	yes	roseola	non-mercurial	none	not before	—	removed from hospital as the eruption was developing
115	19	Large soft sore at vagina	—	—	—	2 weeks	yes, 4 times	vegetations and papules	non-mercurial	none	none	6 months	very robust. Very slight eruption.
176	26	Three large soft sores at vagina and labium	—	—	—	2 months	yes	copious, papules, and roseola	creasote	none	none	6 months	not on town. Infected at fifth month. Child born in hospital healthy and well nourished.
186	17	Soft sore at vagina	—	—	—	3 weeks	yes	cachexia and pains	creasote and carbolic baths	none	none	5 months	—
200	17	Indurated sore of labium	—	—	—	2 weeks	yes, twice	copious roseola, pains, and cachexia	creasote and carbolic baths	none	none	3 months	—

Inoculation from Mucous Patches.

19	Several elevated patches of vulva, cachexia, and pains	—	1	—	—	1 month	yes, 5 times	pains, cachexia; no rash as yet	non-mercurial	not known	had a sore about 1 month ago	1 year	extreme cachexia and threatened phthisis.
2	Ulcerated oval patches at anus	—	—	—	—	—	yes, twice	lichen	partly mercurial	inherited	—	—	had mucous patch at lip, which communicated disease to grandmother.

Cases Admitted for the First Time to Hospital.

In the accompanying table of cases, affected for the first time, and not tested by inoculation, the number with primary sores uncomplicated by other local affection of the genitals, was considerable. I did not use inoculation in these instances, being satisfied that I would, as a rule, have succeeded. The sores were irregular—often multiple—and secreted pus freely. In two cases the sores were phagedenic—one not followed by any constitutional manifestations—the other by papules.

No. 77 and 101 are good illustrations of the form of secondary ulceration at the nates, referred to (case No. 11 of preceding table). No. 101, particularly, was one of great severity, the patient barely escaping death, though not having taken mercury, or there being any special influence but the infection, in existence.

No. 185 illustrates a case of supposed specific ulcer of the uterus. The surface was red and tolerably extensive, occupying a space equalling a florin; there was never any external sore or primary disease of the genitals, though the constitutional signs were copious.

No. 111 exemplifies a peculiarity with regard to the constitutional affection, that when it concentrates itself on the genitals, no other evidences show themselves on the skin, &c. Thus, the hypertrophy was very great, and the formation of patches most copious and profuse, while the integument bones and throat were perfectly free. In a case referred to (p. 518, No. 36) the disease has lasted for very many months, yet there have been no other manifestations whatever. In both these instances the hypertrophy has been so great as to necessitate amputation—local treatment was of no avail.

The creasote treatment was used, with the best results, for the early manifestations, and in cases where mercury was contra-indicated.

The caustic I found most suitable for such phagedenic sores (as case 111) was the crystalized carbolic acid; it acts efficaciously and rapidly.

This table gives sixteen cases of genital sores occurring for the first time, constitutional signs following almost without exception. In four cases suppurating bubo occurred, and in three the bubo was acute but not suppurating; in two cases single and dense, and in two cases double and dense.

TABLE II.
1st Admission Cases.—Not Tested by Inoculation, and Not Previously Diseased.

No.	Age	What present Disease	IF WITH BURO			How long diseased	If inoculated	What constitutional signs followed	What Treatment	What disease occurred previously	At what date	How long uninvited	Observations
			DENSE	Suppurating									
				Single	Double								
4	20	Extensive patches and pains	-	-	-	-	no	pains and patches	non-mercurial	was not aware	not known	7 months	had been in an asylum 2 months.
6	20	Patches and pains	-	-	1	1 month	no	patches and pains	non-mercurial	sore and bubo	6 months	4 years	3½ years on town
-	-	-	-	-	-	2 weeks	no	-	-	-	7 months	-	-
7	21	Extensive patches of vulva and throat	-	-	-	1 month	no	Extensive patches of genitals and throat	non-mercurial	sore	2 months	8 months	has not returned.
12	23	Several soft sores	-	-	-	-	no	erythema of throat	non-mercurial	several sores	3 months	18 months	has been in an asylum 3 months.
-	-	Erythema of throat and cachexia	-	-	-	-	no	cachexia and pains	mild mercurial	-	-	-	suffered severely; had facial erysipelas, very copious.
17	22	papular eruption	1	-	-	-	no	papules, pains	mercurial	slight sore	4 months	9 months	iritis treated with turpentine.
-	-	Iritis and severe papular	-	-	-	-	-	iritis	iron	-	-	-	7 months suffering from repeated outbreaks.
-	-	Iritis and papules and pains	-	-	-	-	-	patches of throat, iritis, alopecia	tonics, iodid potassium	-	-	-	-
92	22	Several soft sores	-	-	-	-	no	patch of throat and vulva, no rash, but pains	non-mercurial	none other	never	18 months	-
-	-	Patches of vulva, cachexia, and pains	-	-	-	-	no	patches and pains	non-mercurial	soft sores	5 months	-	not severe, but is cachectic.
-	-	Patches of vulva and mouth	-	-	-	-	no	patches and pains	non-mercurial	sore?	10 months	-	cured by iodid of potass, in large doses.
105	30	Phagedenic sore of nympha	-	-	-	2 weeks	no	none	non-mercurial	never	2 weeks	3 years	freely cauterized; no bubos.
77	22	Sinuous bubo	-	-	1	-	no	none	-	was not aware	not aware	9 months	opened up freely.
-	-	Soft sore of labium	-	-	-	2 weeks	no	severe secondary ulcer of nates	-	-	-	-	cauterized, opium freely given
114	30	Soft sore and patches of vulva	1	-	-	married	no	papulo pustular	chloride of gold	not before	not before	married	treated by chloride of gold.
-	-	papular and erythema of lip	-	-	-	-	-	papular	-	-	6 months	-	treated by chloride of gold.
145	68	Patch of lips and throat and papular and iritis	-	-	-	married	no	papular, iritis	mercurial	-	not before	married	contaminated by grand-child
207	22	Patch of lip and throat and vulva	-	-	-	married	no	patches	non-mercurial	through pregnancy	-	married	contaminated by pregnancy.
208	2	Ulcerated patch at anus and lichen	-	-	-	-	yes	patch and lichen	mercurial (mild)	inherited	-	-	inoculated on side from patch, and repeated on other side.

The brackets show the various admissions of the same patient.

TABLE II.—1st Admission Cases.—Not Tested by Inoculation, and Not Previously Diseased.—Continued.

No.	Age	What present Disease	If WITH BUBO			How long diseased	If inoculated	What constitutional signs followed	What Treatment	What disease occurred previously	At what date	How long unvirtuous	Observations
			DENSE	Double	Single								
157	19	Several soft sores and papules	-	1	-	5 weeks	no	papules	non-mercurial	soft sores	6 weeks	1 year	is thin, of lymphatic temperament.
183	21	Irritated soft sore at office	-	-	-	3 weeks	no	none	non-mercurial	not before	not before	6 months	has not returned.
111	21	Hypertrophy of labia and patches	-	-	-	-	no	local patches only	local	same affection	2½ years	3 years	labia removed.
158	25	Sores of labium	-	tender	-	3 months	no	papules and pains	creasote and carbolic baths	primary	3 months	2 years	has been 1 month in fever hospital.
26	24	Soft sores	-	-	-	1 week	no	papules and patches	non-mercurial	none	none	1 year	followed by cachexia and pains.
86	30	Soft sores	-	-	-	2 months	no	copious patches and sore throat	none	none	none	3 years	produced a dead child in hospital.
101	21	Extensive and acute phagedenic ulcer left of nates	-	-	-	3 weeks	no	none others	cauterized, tonic, &c.	none	none	1½ year	most rapid and severe ulceration
105	23	Phagedenic sore of nympha	-	-	-	6 weeks	no	pains and a few papules	-	none	none	3 years	cauterized with carbolic acid
106	8	Extensive patches of mouth and genitals—pains	-	-	-	10 months before	no	patches, &c.	-	sore at vagina	10 months	-	states that she was violated.
120	22	Irritated sore at vagina	-	-	-	3 months	no	none	local	none	none	2 years	probably not specific
143	27	Pains only	-	-	-	6 months	no	pains	non-mercurial	sore	6 months	2 years	had in arms a child of 2 months, which died of infection.
173	17	Soft sore of labium and abscess	-	-	-	1 week	no	-	local, non-mercurial	none	none	5 months	abscess opened; sore possibly not specific but from injury.
194	32	Extensive patches and inflamed labia	-	-	-	2 weeks	no	patches	local	sore	12 months	1 year	-
185	25	Ulcer uteri, patches, and roseola	-	-	-	3 weeks	no	patches and roseola	creasote and baths	none	none	6 years	has had two children not diseased.
190	27	Not diseased now	-	-	-	-	-	no evidences	-	states positively not	-	9 years	with syphilitic child which died with gummata on the liver.
144	20	Papules and cachexia	-	-	-	8 weeks	no	-	tonic and creasote	genital sore	6 months	7 years	has phthisis.
198	23	Pustular eruption and pains	-	-	-	3 weeks	no	pustulae, cachectic	tonic and creasote	not known	-	3 years	with syphilitic child living, and infected by child-bearing; child cured.
199	18	Sore just healed	-	-	-	-	-	patches, extensive rash	-	sore and bubo	6 months	1 year	-
-	-	Extensive patches, papules, and sore of fouchette	-	-	-	3 weeks	resisted	do.	tonic, creasote, and carbolic baths	do.	do.	do.	-

No. 165 is a remarkably instructive case as to communicability of mucous patches, where a grandmother, a married respectable woman, became infected by patches from the grandchild's mouth—the initial point in her case being also a patch on the lip. She subsequently got double iritis, papular eruption, pains, and debility. The father of the child had been affected by primary five years before, and the mother had constitutional signs only.

From a total of fifty-four cases it will thus be seen that four only were not followed by constitutional signs—two being phagedenic ulcers; one did return; one was not thought specific.

TABLE III.
Cases which have been more than once affected with Genital Sores.

No. of Case	Age	Present form of Disease	IF WITH BUBO			How long diseased or communicating	If inoculated	What signs followed	Treatment	What previous disease	When previously to this date it occurred	How long untroublesome	OBSERVATIONS
			DENSE	SUPPURATING									
				Single	Double								
32	24	—	—	—	—	1 month	—	—	—	discharge	4 years	4 years	—
—	—	—	—	—	—	—	—	rash?	local	no sore known	3½ years	—	—
—	—	—	—	—	—	—	—	pains	mercurial	severe rash	3 years & 8 months	—	—
—	—	Several non-indurated sores	—	—	—	1 month	resisted once	do.	local	do.	do.	—	—
34	28	—	—	—	—	1 month	—	—	non-mercurial	sore and bubo	6 years	7 years	—
—	—	—	—	—	—	2 weeks	—	do.	—	severe pains and sores only	2 years	—	cachectic
—	—	Large ragged sore of vagina,	—	—	—	1 week	—	do.	mild mercurial	—	6 years	—	has epileptic fits (not specific)
21	21	—	—	—	—	1 month	0	pains cachexia	do.	sore and vegetations	16 months	3 years	produced subsequently a dead child
—	—	Superficial sore, discharge	—	—	—	2 months	0	—	local	—	—	—	—
29	24	—	—	—	—	—	0	none recognized	local	sore only	1 year	4 years	—
—	—	Vaginitis and soft sore	—	—	—	1 week	resisted	none in 4 weeks	local	do.	do.	—	bubos, probably from vaginitis
44	25	—	—	—	—	1 month	0	papular	non-mercurial	sore and rash	1 year	5 years	—
—	—	Soft sore at fourchette	—	—	—	½ month	0	do.	do.	do.	do.	—	operated on for fistula and
56	25	—	—	—	—	1 month	0	—	local	sore and bubo	4 years	7 years	—
—	—	—	—	—	—	5 weeks	—	rash?	mild mercurial	severe rash	2 years	—	—
—	—	—	—	—	—	2 weeks	resisted once	copious papules	mercurial	do.	do.	—	—
75	40	Non-indurated sore of nympha	1	—	—	—	0	none stated	said to be mercurial	sore and bubo	about 10 years	30 years	—
—	—	—	—	—	—	—	0	papules	non-mercurial	uncertain	1 month	—	in broken down health
70	22	Large non-indurated sores, pains and papules	—	—	—	2 months	0	papulo-squamous, pains and syphilitic child	local	primary sore	about 2 years	—	—
—	—	—	—	—	—	—	0	do.	mercurial	do.	do.	—	has a syphilitic child 1 month old
176	28	Indurated sore of nympha	1	—	—	1 fortnight	0	—	mercurial	genital sore	about 1 year	7 years	removed from hospital uncured
178	35	Extensive genital ulcers, non-indurated	—	—	—	1 week	0	uncertain	local	—	—	—	—
125	23	Extensive soft sore of labium	—	—	—	3 weeks	—	pains and papules	non-mercurial	general sores	several times, uncertain	8 years	died of weak heart

TABLE III.—*Patients who have been affected on more than one occasion with Genital Sores.*

It will be seen that several of these cases have previously had primary sores, and had suffered from various constitutional developments. From these ten cases four had suppurating bubos, and in a fifth it was scarcely averted. No. 32, 34, 56 and 75 had sores and suppurating bubo, *followed by* constitutional signs, but now again were affected by genital sores, which, as a rule, resisted inoculation, and did not present any evidence as to induration or otherwise. No. 170 is remarkable as one where a syphilitic child was produced, yet the patient was affected by another sore (one month after delivery), which is indurated, and situated on the nymphæ, there being an indurated gland on one side; here it would appear the patient was the recipient of a second fresh infecting sore directly after the birth of a syphilitic child, which was cured by treatment.

THE CHRONIC SORE.

Table IV., page 518, shows the comparative frequency of a form of sore, the general characters of which are, great density of the surrounding edges, which are elevated, welt-like, and firm; smoothness of surface, and great insensibility, little or no secretion is furnished by the sore, and when healing it "skins" over leaving a cup-like and depressed cicatrix. The sore endures for years consecutively—in case No. 159 for 3 years; No. 85 for 4 years; No. 36 for 2 years—and very frequently it does not cause any concern to the patient owing to its want of sensibility. No bubo or enlarged inguinal glands have been noticed, and but few constitutional signs show themselves, and these of the later kind. The remedy which seems to me most to influence them is arsenic, fully and carefully administered, and also applied locally in the form of lotions—2 or 3 drops of Fowler's solution to the oz. of water. Whether these sores are capable of communicating the disease may perhaps be doubted—they are certainly not auto-inoculable. I have only once seen them exist in company with another form of sore. Whether they are sores *sui generis*, or the transition from syphilitic to lupoid ulcer is undetermined. In case No. 85 the ulceration was most extensive, and resembled epithelioma most remarkably; it occupied the entire opposed surfaces of the labia, was very slightly secreting, and became unbearable finally, from its extent more than its sensibility.

TABLE IV.—Cases of Chronic Sore, characterized by indurated and elevated edges, insensible surface, very scanty secretion, on granulations healing by a "skinning" over process, and existing from three months to four years.

Initial	Age	Present form of Disease	Bubo			If incom- plicated	What signs followed	Treatment	What previous disease	When previously it occurred	How long unwholesome	OBSERVATIONS
			Single	Double	Acute							
39	47	—	—	—	—	0	Iritis and rash	uncertain	genital sore	12 years	0	almost blind from old iritis, inflammation, and cataract
—	—	Severe pains and chronic sore	—	—	—	0	do.	do.	do.	2 years	—	—
40	40	Chronic sore	—	—	—	0	none	local	same genital sore	18 months	16 years	—
22	26	Chronic sore	—	—	—	0	none	local	chronic sore	3 years	6 years	states positively that the sore has existed 3 years
—	—	Chronic sore, with dense edges	—	—	—	0	none	do.	do. very large	do.	—	—
33	23	—	—	—	—	0	—	—	discharge only	2½ years	3 years	—
—	—	Ulcerated throat, and sore	—	—	—	0	—	arsenical	chronic sore	1 year	—	has had a most extensive chronic sore
109	29	—	—	—	—	0	—	uncertain	primary	5 years	9 years	died
—	—	Chronic sore—syphilitic phthisis	—	—	—	0	none but pains	palliative	do.	do.	—	large cavities in the lungs
19	30	—	—	—	—	0	severe pains	local	genital sore	5 years	6 years	has prolapse vaginal wall—pregnant, and since produced a dead child at 7 months
"	"	Chronic genital sore	—	—	—	0	do.	do.	do.	do.	—	health completely broken
69	30	Chronic sore—recto-vaginal fistula	—	—	—	0	alopecia, cachexia, chronic sore	tonics, &c.	chronic sore	about 2 years	7 years	edges very dense—nymphæ destroyed
36	40	Immense chronic sore	—	—	—	0	pains only	local & arsenical	same sore	2 years	26 years	—
159	26	—	—	—	—	0	hypertrophy of labia	arsenical & local	same sore	3 years	5 years	—
"	"	Chronic sore of labium and rectum	—	—	—	0	do.	do. and tonic	do.	do.	do.	died of diseased liver, debility, and a few gummata
18	35	—	—	—	—	0	—	—	sore of labium	2 years	15 years	has existed two years continuously
—	—	Large chronic sore	—	—	—	0	do.	do.	do.	2½ years	—	—
85	32	Extensive chronic sore of labia	—	—	—	resisted twice	none, but ulcer of lip very severe	arsenical and stimulating	same chronic sore	4 years	18 years	sore extremely like epithelioma, and most extensive—cured completely

SYPHILIS IN CHILDREN.

The number of children who die, so far as the history can be obtained, of hereditary disease, and where treatment is neglected, is remarkable, and will be seen by the observation columns of the tables. The state of health of the mother bears little or no relation to the condition of the child, one mother dying of ulceration of the laryngeal cartilages, while having at the breast a remarkably healthy child several months old. Another mother covered with eruption produces a remarkably plump and clean child. Another mother, five years after receiving the last sore, and herself since then perfectly healthy, produces a very badly diseased child; all were nursing their children.

The Parliamentary Report, 1868, sums up the testimony of sixty witnesses as follows:—"They testify to the prevalence of disease in children amongst all classes of society, its insidious nature, the frequent failure of all but men of great experience to recognize it, and, moreover, to the most important fact that the poisoned fetus in utero is no unfrequent cause of miscarriage in women."

Instances confirming these remarks are of constant occurrence in the hospital, as twenty-nine children have been under treatment during the past six months. So long, however, as the affection is confined to the surface, and that there is no internal deposit, the cases yield to mercurial treatment, and without any ill effects whatever. I have used chlorate of potash, and creasote internally. Chlorate of potash has succeeded in no case—creasote in some; but mercury gently used, acts almost as a specific.

The following exemplify some of the most acute cases:—

No. 4 proves the fact (referred to p. xv. of Parliamentary Commission, 1868) that mucous patches, the produce of inherited syphilis, are capable of conveying the disease in a most virulent form, and shows at the same time the undefined period after the occurrence of the sore that a man can be counted safe to marry. The father of this child I examined, and he stated positively that it was five years before marriage he contracted the sore, and that it was followed by a papular eruption two years afterwards.

SYPHILITIC CHILDREN BORN IN THE HOSPITAL OR ADMITTED
WITH THE MOTHERS.

1. Child of No. 20.—Mother in hospital, with patches, cachexia, and pains. Child born 4th January, rather “puny;” showed rash, and commencing patches on 11th (seven days after birth); cured with mercurial swathe.

2. Child of No. 31.—Mother had a sore and suppurating bubo five years since, followed in one year by pains; now has in arms her child, one month old, with snuffles and copious rash, and large patchy ulcerations at the nates. Cured by the constant application of lotio nigra to the extensive patchy surface.

3. Child of No. 78.—Diseased by husband while pregnant about four months. Child now in arms, two months old, puny and hoarse, with snuffles, eruption and patches. Treated with mercurial swathe. Mother had papular eruption over the body, and has still some on the palms, and also had a sore nipple.

4. E. S., No. 208, aged eighteen months.—Child of No. 207, in good condition, but suffering from mucous patches at the anus, and slightly at the mouth. Scattered lichen over the body—the produce of a mother infected by being pregnant of this child, and now suffering from mucous patches, some papules and patches of throat, and of a father who received a sore five years since, and showed papules, eruptions and pains. The child infected the grandmother by her fondling it while having the mucous patches at its mouth. She subsequently got double iritis and papular eruption and pains, and these at sixty-eight years of age. From the mucous patch at the anus of the child I produced an inoculable sore on the side. The child was cured with difficulty by mercurial treatment.

5. Child of No. 170.—Born eight weeks ago; since then the mother has got a hard sore on the nympha, and has copious papulo squamous rash, and alopecia. She had a sore also previous to being pregnant. The child showed mucous patches and rash over the body, and was treated by drop doses of creosote three times a day—the mother by mercurial inunctions. She is again pregnant.

6. Child of No. 143.—The mother has had three children; the last died at sixteen months old, and not of syphilis. About four months ago, when pregnant, she got a copious eruption, but has now no evidence of any taint whatever. The child has well-marked syphilis, and died at six weeks old, notwithstanding all treatment, mercurial stimulants, &c. On *post mortem* examination a well-marked gummatous elevation of the left lobe of the liver was found. There was considerable emaciation, but no other lesion. A cast taken of the liver shows the form of the gumma.

7. Child of No. 151.—The mother, apparently a very strong, healthy woman, had a sore six years, and again about five years since suffered from severe pains and alopecia, but did not observe any rash. The child, now three months old, is a specimen of infantile syphilis, while the mother is and has been in perfect health, and is nursing the infant. It is covered with eruption, and has snuffles, patches, and severe periostitis of the right tibia. I thought this a good case to test non-mercurial treatment. Chlorate of potash was freely administered, but without the least effect. Creasote I gave also for a few days, but the periostitis becoming very severe, I put the child under mercurial treatment by means of the swathe: it was completely cured in a few weeks.

TABLE V.—*Patients suffering from Constitutional Signs only.*

Out of forty of these cases, the occurrence of mucous patches in eight, proves how frequently these constitutional manifestations show themselves unaccompanied by any others. In three cases they were associated with severe nocturnal pains. In five cases, pains of a severe character alone were present on admission to hospital; the probability being that a roseolous or other eruption had occurred, unnoticed by the patient. Gummata severely affected three cases, in one of them occurring in clusters of four or five together; specific ulcerations, generally of a gummatus origin, formed in four cases occurring on the chest, legs, nates, and once in the mamma.

The general result gives—

Form of Constitutional Signs.		Form of Constitutional Signs.	
	Cases.		Cases.
Patches only,	- 8	Periostitis,	- - 1
Patches and pains,	- 3	Nodes (acute),	- - 5
Papular eruption,	- 4	Gummata,	- - 3
Specific ulcerations,	- 4	Ulcerated throat,	- - 3
Iritis,	- - 2	Tubercles of tongue,	- 1
Synovitis,	- - 1	Ulcer, uteri,	- - 1
Pains (severe),	- - 5	Chronic laryngitis,	- 1
Rupia,	- - 2		

On careful inquiry into the history and concomitants of the primary sore, no less than fourteen cases had suffered from suppurating bubo. Some of these I had no opportunity of seeing, but the cicatrices are sufficiently evident; thus, following a sore with suppurating bubo, are found—

Patches,	- - - - -	2
Iritis and papules,	- - - - -	1
Patchy vegetations and pains,	- - - - -	1
Pains, &c.,	- - - - -	5
Papules,	- - - - -	1
Ulcerated nose,	- - - - -	1
Rash,	- - - - -	1
Ulcerated throat,	- - - - -	1
Ulcerated mouth,	- - - - -	1

—
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Some of these instances are specially remarkable. Thus, No. 63 though not a strumous subject, had no less than five suppurating bubos. No. 47, almost a child—unquestionably under fifteen years of age—got a sore and suppurating bubo, for which she was in hospital, and discharged cured, but returned in a few days with

papular eruption and pains; double and very severe iritis soon followed, and directly afterwards nodes and periostitis of both tibias, gummata, and great cachexia, the later or tertiary symptoms coexisting with secondary or earlier. 'This young girl has been practically under observation from the first occurrence of the sore; it is possible, but exceedingly improbable, at her age, that she had another disease. No. 165 is remarkable as illustrating the latent nature of the disease; thus, the patient, eight years since, was the subject of a sore and suppurating bubo, and shortly afterwards she produced a child, which died "puny" at the twelfth day. This patient has been more than three years a wardmaid in the hospital, and states positively that she never had any other disease (which she has no object in concealing), yet never had any symptoms till now, as shown by a well-marked serpiginous and deep ulceration of the soft palate. No. 108 also shows a similar latency; for one year after the receipt of the sore no symptoms whatever show themselves till the sudden occurrence of a severe attack of iritis, accompanied directly by some pains and cachexia.

In so varied a series of constitutional phenomena, the treatment required many modifications. The adaptation of a mild and well directed mercurial treatment to the more obstinate affections, the use of iodide of potassium, tonics and baths in other cases, combined with the hygienic advantages of the hospital, as a rule succeeded; but not without exceptions, and very trying ones.

Several cases of iritis have been under my treatment during the past six months, in general associated with papular eruption. For this, as widely admitted, mercury is all efficient; three grains of blue pill three times or twice a day being quite sufficient; very seldom, but occasionally, the application of one or two leeches being required. For papular eruption, specially in the isolated and semi-squamous form, mercury also is most powerful, the use of carbolic acid or creasote baths being highly advantageous— $\frac{1}{2}$ oz. of carbolic acid added to a warm bath. I have used it in some instances in vapour, but find it is more manageable and efficient as a water bath. In case No. 66, with large papules having an ulcerative tendency, and in some similar cases, I found the chloride of gold, in doses of of one-twelfth to one-sixteenth of a grain, most satisfactory. In all cases rest, cleanliness, and regular diet have the most beneficial effect; but nocturnal pains rather seem to increase in intensity for the first few nights in hospital. For these, warm baths give great relief, and procure sleep.

TABLE V.

Patients suffering from Constitutional Signs only.

No. of Case	Age	Present Form of Disease	IF WITH BUBO			How long Diseased	If inoculated	What Constitutional Signs followed	Treatment	What previous Disease	When previously it occurred	How long unobtrusive	OBSERVATIONS
			Single	Double	Acute								
57	20	—	—	—	—	2 weeks	related	copious papules; patches, and alopecia do.	local	sore of labium	3 months	1 year	has had a healthy living child.
"	"	Severe pains and patches	—	—	—	2 weeks	—	do.	mercurial	do.	do.	—	—
61	23	Patches and papules	—	—	—	3 weeks	—	Patches and papules	non-mercurial	—	—	—	sore just healed before admission.
1	—	Iritis and papules	—	—	—	1 month	—	Patches and papules	mercurial	—	—	—	married; had a syphilitic child in arms, eight months old.
62	27	—	—	—	—	uncertain	0	pains and alopecia	non-mercurial	sore of genital	about 2 years	8 years	—
"	"	Ulceration of nares and cachexia	—	—	—	do.	—	do.	local	do.	do.	—	seems to have been diseased, on several occasions.
63	23	Patches of throat, tongue, and genitals	—	—	—	—	0	patches of mouth and arms, papules do.	non-mercurial	sore of vagina	2 years	3 years	—
"	"	—	—	—	—	—	0	several genital sores	non-mercurial	do.	1 year	—	had five suppurating bubos, but no indurations.
64	29	—	—	—	—	3 weeks	0	patches, &c.	non-mercurial	none	1 year	2 years	—
"	"	Jaundice, patches, and cachexia and papules	—	—	—	1 week	0	secondary and ulcers of legs	mild mercurial	several sores	about 6 months	—	coincident with the eruptions, &c., had very acute jaundice.
66	35	—	—	—	—	—	0	eruption	local	genital sore	8 months	—	married; diseased by husband.
"	"	Papulo pustular eruption of arms	—	—	—	1 month	—	do.	chloride of gold	do.	do.	—	has a healthy child four years old.
88	24	—	—	—	—	1 month	0	iritis, papules, pains, laryngeal thickening do.	non-mercurial	primary sores of genitals	11 months	1 year	—
"	"	Iritis, papules, and pains	—	—	—	1 week	0	do.	iodide of mercury	do.	do.	—	otherwise strong and robust.
90	35	Sub-acute synovitis of knee-joint	—	—	—	—	0	rupia, pains, cachexia, synovitis	various	do., sores	uncertain	16 years	health broken down.

TABLE V.—Continued.

No. of Case	Age	Present Form of Disease	IF WITH BUBO			How long Diseased	If inoculated	What Constitutional Signs followed	Treatment	What previous Disease	When previously it occurred	How long uninvolved	OBSERVATIONS
			Single	Double	Acute	Suppurating							
50	26	—	—	—	—	1	0	pains and patches	non-mercurial	genital sore	1 year	—	—
"	"	Vegetations of thigh and genitals	—	—	—	1 month	0	—	do.	do.	do.	2 years	has since got cachectic, suffering severe pains.
38	22	—	—	—	—	—	—	—	non-mercurial	bubo only	1 year	—	—
"	"	Extensive patches of genitals	—	—	—	1 month	—	patches	do.	do.	do.	—	—
70	18	Patches of genitals, mouth, and throat	—	—	—	about 6 months	0	alopecia and patches	mild mercurial	sore ?	about 8 months	2 years	had been inoculated from bubo, subsequently had a sore, and since produced a well-marked syphilitic child.
73	20	Severe patches	—	—	—	about 8 months	0	cachexia and patches	do.	sore ?	10 months	2 years	had since primary, a dead eight-months' child.
24	26	—	—	—	—	—	0	—	—	sore	4 years	6 years	—
"	"	—	—	—	—	—	0	rash, pains, &c.	mercurial	copious rash	3 years	—	produced two children, which died.
"	"	Severe gummata of legs	—	—	—	1 month	0	do., gummata	tonic and local	—	—	—	much broken down, and cachectic.
20	20	—	—	—	—	1 month	0	—	local	sore	16 months	2 years	—
"	"	Patches and pains	—	—	—	1 month	—	patches, pains, cachexia	do.	non-indurated patches and pains	14 months	—	—
108	27	—	—	—	—	—	0	iritis, some pains	non-mercurial	primary sore	1 year	1½ years	—
"	"	Severe iritis only	—	—	—	1 week	—	—	mercurial	do.	do.	—	cachectic.
122	29	Mucous patches	—	—	—	—	0	pains, cachexia	tonic and iodide of potassium	primary sore	4 years	9 years	from asylum.
119	22	—	—	—	—	—	0	specific ulcers	non-mercurial	primary and bubo	3 years since	5 years	—
"	"	Severe ulceration of leg	—	—	—	2 weeks	—	—	do. and local	do.	do.	—	—

[illegible]

GONORRHEA.

The cases of gonorrhœa admitted were, as a rule, of an acute character, associated with abscess of the labium in five cases—and with sores in five—with acute bubo in six cases, and in one with suppurating bubo.

The use of strong solution of tannin as an injection, water ablu-tion by means of a flexible hose, rest, and cleanliness soon obtained a cure in most instances.

In all acute cases, aphthous ulcerations existed even towards the surface of the nymphæ.

TABLE VI.—Cases of Gonorrhœa.

No. of Case	Age	Present form of Disease	IF WITH BUBO			How long diseased	If inoculated	What signs followed	Treatment	How long uncurious	OBSERVATIONS
			Stable	Double	Acute						
10	19	—	—	—	—	uncertain	—	cachexia pains	non-mercurial	3 years	2½ years since had sore and suppurating bubo and produced a syphilitic pregnant child; abscess opened in 8 months pregnant; abscess opened has considerable ovarian irritation has been diseased before
—	—	Sub-acute and abscess	—	—	—	—	—	—	local	1 month	—
107	21	Sub-acute and abscess	—	—	—	1 week	—	none	local	9 months	—
121	27	Sub-acute	—	—	—	1 month	—	none	local	3 months	—
188	22	Acute and soft sores	—	—	—	2 weeks	—	abundant mucous patches	local and general	3 years	—
229	25	Acute	—	—	—	5 weeks	—	—	local	—	—
167	26	Sub-acute and superficial ulcers	—	—	—	2 months	—	—	local and general	—	ulcers are superficial and extensive about vagina
150	38	Sub-acute and pains	—	—	—	2 weeks	—	none	local	—	had a sore and suppurating bubo 8 years ago, and has had since 3 dead children
154	23	Sub-acute	—	—	—	3 weeks	—	none	local	2 years	—
166	16	Acute and rent-like sore	—	—	—	2 weeks	—	none	local	1 month	sore probably not specific
2	38	Acute	—	—	—	2 weeks	—	none	local	16 years	never had any sore; protracted urethritis on several occasions; has had 3 children not diseased
15	33	Sub-acute	—	—	1	3 weeks	—	—	local	15 years	never had any sore; has been about 7 years in asylums
23	25	Do.	—	—	—	3 weeks	—	—	local	6 years	had sores 2 years and 3 years since; has had patches and pains
26	35	Chronic	—	—	—	1 month	—	—	local	20 years	was sore 8 years since; never had constitutional signs of any kind
27	28	Sub-acute	—	—	—	1 month	—	—	local	3 years	has irritated papilla at meatus urinarius
30	19	Acute and abscess	—	—	1	1 week	—	—	local	2½ years	abscess of labium; pregnant 6 months
43	15	Acute and abscess	—	—	1	1 week	—	—	local	5 months	abscess of labium
49	34	Acute and large sore	—	—	1	2 weeks	—	papulo-squamous and patches	local and mild mercurial	3 years	had very extensive patches; never before diseased
67	24	Acute	—	—	1	2 weeks	—	none	local	unmarried	never diseased; mother of 4 children
68	25	Sub-acute	—	—	1	2 weeks	—	—	local	8 years	has copious vegetations of vagina
76	19	Acute and abscess	—	—	—	2 weeks	—	—	local	3 months	abscess labium
84	22	Sub-acute and superficial sore	—	—	—	1 week	—	—	local	2 months	first time diseased
87	19	Acute and abscess	—	—	—	3 weeks	—	—	local	6 months	had a sore 3 months ago
94	27	Acute and hypertrophied nymphæ	—	—	—	3 weeks	—	—	local and operation	5 years	nymphæ removed