

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 multifarious 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.

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DR. GIERSING has lately published at Copenhagen<sup>1</sup> 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 years<sup>2</sup> 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,<sup>3</sup> 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.

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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 I.—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.

<sup>1</sup> Statistik over Veneriske Sygdomme i Danmark.

<sup>2</sup> From 1871 to 1880 inclusive.

<sup>3</sup> Report, p. 57.