

conspicuous that the bacilli lay mostly near the edge of the cover-glass, and it was conjectured that these did not originate in the blood. The proof of this was manifest, since in one place, the remains of sputum containing bacilli were found. Also, in several other preparations places were found later, which were absolutely unmistakable as the remains of secretion. The statement was confirmed by Herren P. Guttman, Ehrlich and Kitasato. Probably through an unfortunate accident, cover-glasses were used which had served before for sputum examinations, and which were not sufficiently cleaned. Herr Liebmann, to whom this report was communicated, insisted that he had found bacilli in new preparations which were made upon absolutely clean cover-glasses. In the City Hospital Moabit, nine cases further were examined with precise following of the methods of Herr Liebmann, with uniformly negative results."

Comment upon this communication is hardly necessary, the more especially as no other observer has reported any results at all to confirm Liebmann's assertions.

Similar examinations were, however, made of the blood of sixteen of the cases I have had under observation, and, after a very varying length of treatment, with absolutely negative results. All the examinations were made the day after an injection and in the following cases: No. 1, seven weeks after the beginning of treatment; No. 2, six weeks after; No. 3, the same; No. 4, the same; No. 8, five weeks after; No. 8, four weeks after; No. 12, three examinations, one week, four weeks and five weeks after; No. 22, four weeks after; No. 32, four weeks after; No. 25, seven weeks after; No. 30, five weeks after; No. 49, one week after; a case of Dr. Beach's, seven weeks after, and one other.

The results of such examinations seems to make it fairly certain that such an accident as that under consideration, has at any rate, never yet been actually traced.

This exceedingly brief consideration of the dangers of the method brings us at once to the consideration of the cases I have to report. I wish to state as distinctly as possible at the very outset, that the conclusions presented are but preliminary, as they must be at the best; and that I should feel at perfect liberty, cause being given, to change my opinion of any individual case tomorrow. I can only give the results as based upon the condition of the patient at the last time that he was seen.

The classification of the cases is also imperfect. I give them as cases treated with tuberculin; and the diagnosis of tuberculosis I do not consider settled in any of them in which the bacilli of that disease have not been demonstrated. This, of course, may at times bring up a conflict of opinion from the clinical point of view; but one of the lessons that we must learn from the sort of investigation of which this is a part, is a closer and more exact diagnosis, as based upon modern methods.

(To be continued.)

A TELEGRAM from Simla contains an announcement which points to a distinct advance in the bacteriology of leprosy, due to the researches of the members of the Leprosy Commission. It is to the effect that Drs. Rake and Buckmaster have succeeded in cultivating the leprosy bacillus in serum.

## TWO CASES OF SYPHILIS.<sup>1</sup>

BY W. F. TEMPLE, M.D.

KATE M., age twenty-four, single. Family history good. Of her previous history could learn nothing with the exception of diseases of childhood. At the time of first consultation complained of dysmenorrhœa, from which she had never suffered before last period.

On March 11, 1885, was summoned to her house, when the following symptoms were noted: Considerable prostration, pain in back, headache, difficulty of deglutition. These she had been suffering from for three or four days previously. On examination the tongue was found to be coated, and the whole pharynx red and swollen; externally the tonsils were noticed as much enlarged. Heart and lungs normal. Temperature 101°, pulse 90.

March 18th. For past week has been growing steadily worse. Tonsils very much swollen. Two cold-sores, size of little finger-nail, have been noticed for the past two days; one on upper lip to right of median line, the other on the lower lip to the left of median line. To-day, for the first time, left sub-maxillary gland enlarged. Cold-sores more carefully examined. The one on the upper lip had the appearance of an ordinary herpes labialis. That on the lower lip had more of the characteristics of a small tumor; the base was not indurated; edges thin and irregular; the size that of a silver five-cent-piece; covered with a thin pus. Just anterior and to the left of soft patch was a sharply defined ulcer, size of little finger-nail. Probe passed a quarter of an inch and came down upon denuded bone. (Iodoform and cleanliness.)

March 20th. Much the same condition as at time of last visit. Anæmia increasing; sub-maxillary gland more swollen (tonics). Temperature ranged from 99° to 101°, and pulse from 90 to 95, during past ten days.

March 23d. Crust over both cold-sores. Ulcer of same character as that recorded on the 18th, noticed to right and anterior to soft palate, though not so deep. Throat very much swollen; mucous membrane dark red in color; tonsils projecting markedly. Left sub-maxillary gland much enlarged, tense, reddened, indistinct fluctuation. (Cleanliness and iodoform.)

March 26th. Condition unchanged with exception of sub-maxillary gland, which has become more swollen; distinct fluctuation. Etherized and gland opened, discharging about one-half teaspoonful of thick pus. (Poulticed.)

March 27th. Very uncomfortable, restless night. Throat less red; ulcers on hard palate healing. Gland opened yesterday discharged somewhat freely during night.

April 1st. Throat better; complains of headache; cold-sores almost well; more appetite. (Tonics.)

April 4th. Throat still improving. Temperature and pulse normal. Continued to improve for four or five days, but on April 12th the combination recorded is languor; muscular pain in back, arms, legs and thighs; cold-sore on lower lip healed, the one on upper lip still present, indurated; throat still red.

April 15th. Decidedly worse. Temperature 102°, pulse 110. Complains of severe headache.

April 18th. Occipital glands still enlarged. Few scattered papules over entire body, most numerous

<sup>1</sup> Read before the Boston Society for Medical Observation, March, 1891.

over back. General condition unimproved. Corrosive sublimate, one-thirtieth of a grain every four hours.

April 21st. Still much headache. Febrile condition continues. Dr. Post saw the case in consultation, and advised pushing treatment.

April 23d. Saw case for last time to-day. Family dissatisfied. From the physician who superseded me, learned that the case under treatment gradually improved.

My diagnosis was chancreoids of lips and throat. Bubo of sub-maxillary gland and primary syphilis.

The ethical questions arising from a case of syphilis may be very perplexing, in this case the mother forming an opinion, the family eagerly supporting her, the patient wholly unconscious of her dreadful malady; their conclusion is formed at once as soon as the disease is made known to them, for the young lady is engaged, the only possible way for them to look at the case is that the disease is a gift of a lover's kiss, they reject the possible chance of its being due to an entirely different source, and should you accuse or allow him to be accused by the family unjustly, nothing could atone for such a step. The plan was, when sure of the diagnosis, to have quietly told the patient, to have questioned the lover, and helped them keep their secret. My successor at once announced the source of the trouble and its probable cause to the family, thus gaining their esteem and possibly doing one man a great wrong. Review of our cases is always a useful study; in this, my course was such as to cause no regret.

From a medical point of view the case is instructive from the fact that the true initial lesion occurred on the same base as the chancreoid, also that the eruption, which was papular, was not of the character which usually ushers in the syphilides; both of these conditions though occurring, are by no means common. The primary lesion showing itself in the location that it did in this case, made the diagnosis more cautious and difficult to make.

One point in the treatment: we are not justified, according to my way of thinking, in beginning specific treatment until secondary symptoms appear: this we were taught, and mature consideration leads me to give perfect assent to the teaching. Keep the chancre clean and defer other than tonic treatment until perfectly sure of the diagnosis.

CASE II. M. E., age thirty-five, grass widow. Family history good. Previous history good. Has been sick for four or five weeks with what was called slow fever. At time of this visit, November 23, 1885, the following record was made: Morning and evening temperature the same, 100°, pulse 94; dull aching pain in back and thighs.

November 25th. Both knees and ankles red, swollen and painful. (Five grains of salicylate of soda every hour.) Temperature 102°, pulse 96.

November 26th. Pain not so severe; otherwise record same as yesterday.

December 1st. Joints not quite so painful; right eye painful; photophobia; slight conjunctivitis; pain also in supra-orbital and infra-orbital regions. A prominent oculist saw the case with me, and advised pushing the salicylate of soda (ten grains every hour), solution of atropia (1-100), and dark room.

December 3d. Very little change; pain in joints still continues; eye symptoms somewhat relieved. (Five grains of salicylate every hour.)

December 11th. For past week has been at times more comfortable, though pain has still continued in joints. Last night very restless; severe pain, lancinating in character, in back, thighs, and back of head; urine normal. Salicylate discontinued. Treatment expectant.

December 14th. Throat somewhat sore; other symptoms not much improved. Delirious during the night; has strange fancies this morning, though is not violent as she is said to have been during the night. Eye in much the same condition as a week ago, with exception of conjunctiva, which is much inflamed. Atropia has been continued. Pupil large, evenly dilated. Few small papules (rose-colored) noticed on face, hands and back. (One thirty-second of a grain of corrosive sublimate every two hours, ten grains of iodide of potassium t. i. d.)

December 15th. Much worse; has been wholly without reason for the past twenty-four hours. Requires to be constantly watched to keep her in bed; has strange fancies; hears voices; continual muttering.

December 18th. Papules increasing in number and size. Condition of eye somewhat improved. Has been delirious for most of the time for past three days, occasionally wildly so, oftener of a dull, muttering character, at times seems to know when spoken to, but imagines that she is away from home.

December 20th. Somewhat improved; severe headache at nights noticed when conscious; eye much improved; delirious most of the time, but not wildly so. Dr. George H. Tilden saw the case in consultation, and by his advice inunctions of mercurial ointment were given. Iodide of potassium rapidly pushed up to one and a half drachms t. i. d.

December 24th. Very much improved; free from headache for past twelve hours; complains of sense of fulness in ear; tinnitus aurium; right drum dull red color (no bulging); course of vessels could be plainly seen; gums red and tender. (Chlorate of potash mouth wash, omitted mercury.)

December 29th. Continues to improve. Has been about the house for past two days. Eye very much improved; can stand the light; has been comparatively free from headache.

I would say, in closing the history of the case, that she was under my observation for three years; that when last seen she had been entirely free from any symptoms for six months, though she fully understood the value of iodide of potassium, and always kept it as a possible need in the house.

Syphilis may simulate almost any disease so perfectly as to mislead the most careful clinical observer.

Dr. Duncan Bulkley, in an article read before the New York State Medical Society, reports observations on four hundred and fifty cases, with the following results: Neuralgia was noted as a special symptom in nineteen cases; sciatica, apparently due to syphilis, in five cases; headache caused by syphilis in twenty cases; in one very striking case dementia was caused by this disease, which yielded very rapidly and perfectly to anti-syphilitic treatment. Rheumatism was recorded as occurring thirty times; bursitis in five cases. There were twenty-three cases of eye lesions due to syphilis, mostly iritis. Epilepsy is once recorded. In twenty-nine cases alopecia formed a striking feature. Six deaths are recorded as due to syphilis.

In our case the symptoms were in the onset such as to justify one in making a diagnosis of acute rheumatism.

During the past few years much attention has been paid to cerebral syphilis; for myself and the happy result in this case, the aid given by Dr. F. B. Greenough is cheerfully acknowledged, as it was the help received from an article of his, published in the *Boston Medical and Surgical Journal*, June 11-18, 1885, that the case was made clear. He reports five cases of cerebral symptoms, with early syphilis. In these five cases headache was a prominent premonitory symptom, and moreover, headache having certain well-marked and definite characteristics, such as a decided tendency to exacerbations towards evening, its severity, and its very quick yielding to the administration of iodide of potash. Dr. Greenough says: "I have seen many cases that I am convinced would have resulted in cerebral trouble had they not been recognized and treated." This would have been the result in the case reported.

The rarity of cerebral symptoms with the early manifestation of syphilis is acknowledged by writers on this subject. In this respect our case is interesting, as well as from the fact that the severe headache with nocturnal exacerbations, together with the marked delirium, antedated the appearance of the eruption; and when the papules began to show themselves, in fact, throughout the course of the disease, they were very few in number, and might have been overlooked as syphilitic, had it not been for the severe cerebral symptoms. In this fact of being the indicator of syphilitic trouble, rather than indicated as of syphilitic origin by the eruption, the case is peculiar.

Dr. Denslow reports, in the *North-western Lancet* for May 1, 1885, four cases of persistent headache in early syphilis, in all of which the phenomena were observed within six months from the appearance of the primary lesion. Of course, the diagnosis is very much easier in those cases where the symptoms of constitutional infection are present, or so shortly afterward that the fact of the patient's having recently had syphilis cannot be ignored. One interesting point in Dr. Denslow's paper was the fact that in one case where treatment had been neglected complete hemiplegia, with aphasia, came on, which freely yielded to anti-syphilitic treatment.

One word only on treatment. The advice of Sturgis is very true. He says, in giving both mercury and iodide of potash, "Watch your patient well, to obviate the occurrence of toxic symptoms, and do not hesitate to use either one or both remedies in sufficient amount to dispel the symptoms, no matter what the requisite dose may be." This is especially true in regard to the use of iodide in those cases with cerebral symptoms, where the small doses fail wholly, when by pushing the dose to sixty, to eighty or one hundred grains, happy results are obtained.

**INFLUENZA IN LONDON.**—There seems to be a marked decline in the fatality of influenza in London. The deaths directly referred to this disease, which had been 319, 310, and 303 in the preceding three weeks, further declined to 249 during the week ending June 13th. In addition to these 249 deaths, there were 49 cases in which influenza was certified to have occurred in the course of other diseases.

## CLINICAL ASPECTS OF INFLUENZA FROM A COMPARATIVE STANDPOINT.

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IN presenting this brief sketch the writer trusts that he is not trespassing upon the already tried patience of a long-suffering and much-enduring medical profession. The only excuse is the comparative point of view.

A survey of the field as exhibited by the manifestations of *la grippe* in the lower animals, more especially the horse, may throw some side-lights on the general clinical picture of this disease.

Influenza is one of the common disorders to which the horse is subject, perhaps the most frequent, more particularly in the cities. The reason for this great prevalence is that influenza in horses is both enzootic and epizootic.

**Etiology.**—The causation of the malady is as vague and uncertain as it is in man. Moreover, it is still unsettled as to whether the disease is contagious or infectious or both. On the one hand, cases have developed on shipboard where a sufficient time had elapsed to apparently preclude the possibility of contagion; on the other hand, it is a most patent fact that the germs of the affection hang about and infest certain localities, so much so, that when a young animal is introduced into such places, an invasion is well-nigh inevitable. It may be added that inoculation and transfusion of blood from the diseased animal to the healthy have thus far failed in reproducing influenza.

Poorly ventilated and crowded city stables, where the disease has long had a foothold, are the favorite resorts in which horses most readily develop the disorder. This is, indeed, so well recognized that many city dealers have an out-of-town establishment in connection with their business in which they place green horses, that is, young animals brought from the country.

The constitutional disturbances which horses suffer on being transferred from one part of the country to another, and more especially from the vicinity in which they are bred to the city, known as acclimatization, is usually nothing but influenza, that is, where the trouble amounts to anything more than a slight cold. The period of incubation appears to be from five days to a week.

It will, therefore, be seen that influenza in horses differs from that in human kind in being always with us. It is, however, particularly common during spring and autumn, and more often occurs in the unfavorable surroundings alluded to above, rather than in the better hygienic circumstances of well-ventilated quarters and in the purer air of the country.

Young animals are the most frequent sufferers. Whether this is because they are the most susceptible, which seems probable, or because they are then for the first time made liable to the disease, through transportation for sale and subjection to the prejudicial conditions heretofore noted, cannot be fully determined. But it is generally conceded that the older the animal the less likely is the disease to become contracted, not only because an earlier attack has perhaps secured a certain degree of immunity, but because the more aged become the less susceptible. In general the weak, overfed and overfat are rendered more sensitive to the disease.

Influenza likewise occurs in the lower animals, as