

publishers might take a hint from this publication. It is a small, handy volume, easily carried in the coat pocket, and its character is sufficiently indicated in its title. Information on a variety of subjects connected with medicine and surgery has been culled from Italian, French, German, British, and other publications. The selection and arrangement of material are good, and those acquainted with Italian may consult it with the object of refreshing their knowledge of that language, and keeping themselves *au courant* with the progress of medical and surgical science during the past year.

The Popular Science Review. Nos. 47 and 48 (April and July). Edited by HENRY LAWSON, M.D. London: Robert Hardwicke.—The last two numbers of this Review contain, in addition to several other papers of more or less interest, an article, in two parts, by Mr. St. George Mivart, F.R.S., on "Man and Apes," in which this very vexed subject is discussed with much care and minuteness from various points of view. Mr. Mivart concludes that, "however near to apes may be the body of man, whatever may be the kind or number of resemblances between them, it should always be borne in mind that it is to no one kind of ape that man has any special or exclusive affinities." Let the preponderance of resemblance be in which it may, there can be no question that it is "not presented by the much vaunted gorilla, which is no less a brute and no more a man than is the humblest member of the family to which it belongs." Dr. Leith Adams's paper on the Mental Powers of Birds in the July number of the same Review will be read with interest.

ABSTRACT OF A

Lecture

ON

TERTIARY SYPHILIS AND SYPHILITIC CACHEXIA.

Delivered at St. Mary's Hospital, July 23rd, 1873,

BY S. A. LANE, F.R.C.S.,

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MR. LANE commenced his lecture by stating that both in consultation with other surgeons and at the College examinations he was much struck with the unsettled state of opinion in the diagnosis and treatment of tertiary syphilis. The principal difficulty seemed to be in deciding whether any particular case under notice should be classed with the secondary or tertiary group of symptoms, and, again, whether iodine or mercury should be the remedy to be relied upon. Some, he found, considered it immaterial which of these remedies were administered, while others would prescribe them in combination, or in alternation with each other. He considered it so essential that clear and distinct notions should be held upon these points that he had placed before them two tables in which the tertiary and secondary affections were respectively grouped, and their appropriate remedies mentioned. Each group was also illustrated by numerous drawings taken from patients in the Lock Hospital.

Morbid changes observed in secondary syphilis.

Affections of skin { Erythematous—Roseola.
Papular—Lichen.
Tubercular—Tubercles that may desquamate, ulcerate, or encrust.
Scaly—Psoriasis, lepra.
Pustular—Ecthyma.

Affections of mucous and semi-mucous membranes. { Superficial white aphthous-looking ulcers on the tonsils, soft palate, and fauces
—Superficial ulcers on the sides of the tongue and angles of the mouth
—Mucous tubercle on condylomata on semi-mucous surfaces—Deep excavated ulcers of tonsil.

Iritis—Muscular pains—Arthritic pains—Pains in bones—Periostitis—Nodes.

The above table contains the principal affections of constitutional syphilis termed secondary, in which the venereal poison still exists, and may, therefore, be communicated by cohabitation, and transmitted to the offspring, and in which mercury is beneficial, and iodine of but little or no service.

In tertiary syphilis, syphilitic cachexia, or sequelæ of syphilis, the following pathological conditions are found:—

Inflammation of fibrous membranes. { Periostitis—Resulting in nodes.
Caries and necrosis of bone.
Affecting fibrous tissues of joints—Arthritis.
Affecting fibrous tissues of testicle—Orchitis.
Affecting fibrous tissues of globe of eye—Scleritis.

Affections of skin and mucous membranes. { Rupia—Cachectic ulcers of skin.
Rapid ulceration and sloughing of the soft palate, fauces, pharynx and larynx; of the rectum, vagina, nymphæ, and labia.

Deposits of fibro-plastic lymph imperfectly organised. { In the areolar tissue (subcutaneous or submucous tubercles).
In muscular tissue: more frequently met with in the tongue, and occasionally in other muscles; also met with as post-mortem appearances in the liver, spleen, kidneys, lungs, and other viscera.

Lardaceous and waxy deposits. { Occasionally found in the post-mortem examination of the bodies of persons of dissipated habits.

In the above table are classed the pathological changes which occasionally present themselves in patients who have passed through the primary and secondary stages of syphilis, but in whom the venereal poison no longer exists, and cannot therefore be transmitted. The remedies required in these affections are especially iodine and sarsaparilla, and mercury is injurious.

There might be, he said, a few exceptions to the strict line drawn in these tables, but the exceptions could be readily understood, and rather tended to prove the rule—for instance, periostitis and nodes would be found in both tables: when of early appearance and associated with secondary affections, mercury should be given; when of late date and co-existing with tertiary affections, then iodine should be the remedy. Tubercular and ecthymatous eruptions would occasionally be found to run into rapid destructive ulceration, and this, again, indicated the super-vention of syphilitic cachexia. Again, iritis would be sometimes met with in tertiary syphilis; it would be found, however, that the affection commenced in the sclerotic or fibrous coat, and had extended to the iris. In all these cases the predominant co-existing symptoms would always indicate the constitutional condition of the patient, and the treatment required. The lecturer attributed the unsettled state of opinion of which he complained to the variety of views taken by different authors on syphilitic affections. Some pathologists objected altogether to the division of the symptoms into secondary and tertiary, and held that, as they all were consequent upon the primary infecting chancre, the term secondary should include both groups. Dr. Wilks also objected to this division, and preferred to include all primary and secondary affections under the term of syphilis, and all the tertiary of other authors, with the exception of the fibro-plastic deposits, under the title of sequelæ of syphilis. Many practitioners who did admit the classification of the symptoms into secondary and tertiary had, he observed, not made up their minds to which group some of them properly belonged. He thought, however, good practical grounds existed for the divisions explained in the tables, and by the accompanying drawings.

With respect to the true nature of syphilitic cachexia, the lecturer confessed that we were still in ignorance. He himself was in favour of considering it a dyscrasia of the blood, and would venture to advance a theory founded upon the well-known views of Liebig with respect to the mode of action of animal poisons on the blood. He compared it to the formation of yeast by fermentation in a saccharine solution to which gluten had been added. So long as any gluten remained, yeast could be formed, but its formation ceased when the gluten was exhausted, and could be renewed only by the addition of more gluten. Syphilitation had taught us that the venereal poison, like that of variola and vaccinia, could not be produced in any individual to an indefinite extent, and that the power of generating it became sooner or later exhausted, when he was said to be syphilitised. Applying these data, Mr. Lane explained his theory to be that the act of generating the venereal poison in its primary and secondary states had completely exhausted the blood of one or more of its normal constituents not readily reproduced, and that this deteriorated blood constituted the syphilitic cachexia or tertiary syphilis, the morbid condition under consideration. He also suggested that mercury might possibly prey upon the same unknown constituents of the blood, and thus prove beneficial by taking from the venereal poison that upon which it depended for its formation. This view of the action of mercury would support the very general opinion that tertiary syphilis was the result of the joint action of syphilis and mercury on the system, and would also satisfactorily explain why mercury should not only cease to be beneficial, but should prove to be injurious. Mr. Lane thought that this theory, however imperfect, might serve to account for many of the phenomena observed in tertiary syphilis, such as the inability of patients suffering from this malady to transfer the poison of syphilis to others, also the extreme difficulty of inoculating such persons with the primary venereal poison; and, again, why restorative remedies—iodine, sarsaparilla, steel, and quinine—combined with good living and other stimulants, should be found more beneficial than mercury in the treatment of these cases.

Having explained that his theory would lead him to attribute the debilitated and asthenic condition of the sufferers from tertiary syphilis to the absence of certain unknown constituents of the blood, he proceeded to observe that the principle upon which the treatment should be conducted was to restore these constituents, and that, consequently, all evacnants, and especially preparations of mercury, all debilitating influences, all wear and tear of system, all over-exertion of mind or body in pleasure or business, should be avoided; and that, on the contrary, tonic, stimulant, and restorative measures, combined with good generous diet and judicious hygienic regulations, were the remedies to be depended upon. The medicines which were found of most service were iodine and sarsaparilla; their *modus operandi* was not understood, but they were of far more value than the ordinary tonics—steel, bark, and the various other bitter and astringent remedies. With regard to the salts of iodine, the lecturer's experience led him to say that they were powerfully stimulant, and had even a tendency to produce inflammation. He related a case in proof of this where the iodide of potassium, given in three-grain doses, was followed three successive times by an inflammatory attack, and was obliged to be relinquished in consequence. In reference to the large doses in which this medicine was sometimes given in the present day, he remarked that twenty-five years ago, having heard that some French surgeons administered this remedy in two-drachm doses, he had given it in that quantity thrice daily to one patient in the Lock Hospital for three weeks in succession without noticing any more marked effects, beneficial or otherwise, than from the ordinary five- or ten-grain doses. He was convinced, however, that some degree of caution was necessary in administering this remedy in large doses. He had seen one case where a gentleman of his own accord took as much as ninety grains thrice daily for years, and usually with impunity, but in whom the poisonous effects showed themselves from time to time by attacks of hyperæsthesia, and ultimately of temporary paralysis of the lower extremities. Sarsaparilla, he observed, was, in his opinion, greatly undervalued by many surgeons as a remedy in tertiary syphilis. He was old enough to remember, before iodine was introduced, when surgeons were obliged to depend upon this

drug alone in the treatment of these cases, and he was glad of this opportunity of expressing his decided opinion of its value. Before the introduction of iodine he had fully tested the powers of sarsaparilla as compared with those of steel, bark, and other tonics, by treating cases in the Lock Hospital, under the same hygienic conditions, alternately by the latter remedies and by sarsaparilla, with the result of convincing him that they possessed little or no efficacy, and that sarsaparilla was the most powerful remedy then known in the treatment of tertiary syphilis.

Mr. Lane, having made these general observations on the subject of treatment, and having laid down the principle upon which it should be conducted, gave the details of the plan he had found most generally useful. It consisted of administering the iodide of potassium in doses of from three to ten grains, taken in the third of a pint of the simple or compound decoction of sarsaparilla as a vehicle, three times daily, alternating with a pill of two grains of quinine and three grains of confection of opium, also taken thrice daily. He had found opium of service not only in allaying pain and irritability, but also in moderating the secretions, and thus preventing unnecessary waste. Exceptional cases might require the iodide to be increased to fifteen- or twenty-grain doses. Diarrhœa, which is not unfrequent, must be met by larger doses of opium and the ordinary astringent remedies. The local treatment he considered of secondary importance, and did not feel warranted in occupying their time with it; the general principles of surgery would sufficiently guide them.

After referring to some remarkable cases of disease, Mr. Lane concluded by observing that the task he had set himself was to make clear to his hearers in what class any given case of constitutional syphilis should be grouped, and how it should be treated. If he had at all succeeded in his endeavour, he would have the satisfaction of feeling that their time and his had not been altogether thrown away.

REPORT
OF
The Analytical Sanitary Commission
ON
DISINFECTANTS.

No. I.

THE possibility of another cholera epidemic renders it our duty once more to invite our readers' attention to the subject of disinfection. In doing so we are not anxious to state new views, or to discuss the subject fully from the point of view of pure science. We merely aim at supplying practical hints for practical purposes, and therefore do not hesitate to place before our readers much that is already familiar to them.

In pursuance of this aim we have collected and examined some of the more important of the disinfecting agents now in use, and propose to point out as briefly as possible the advantages and disadvantages peculiar to each. Before doing so, however, it is necessary to advert to the present state of our knowledge in regard to the action of disinfectants generally, and to the conditions under which they are required. The state of our ignorance would, unfortunately, have been the more accurate phrase, in spite of the great amount of really good work that has been done in the last few years.

The term "disinfectant" is somewhat loosely applied to substances possessing respectively three distinct properties. These substances may be more accurately classified as follows:—

1. *Deodorisers*.—Substances which remove noxious smells without necessarily destroying the true noxious matters which accompany those smells.
2. *Disinfectants proper*.—Substances which destroy the noxious matters arising from fermentation, putrefaction, or the infection of disease, by some direct chemical process