

was painful and swollen. An iritis of two years' standing existed. There was complaint of nocturnal bone-pains and of headache. The woman gave a good family history, and had herself only suffered with measles. At the age of thirty she had had a sore mouth, followed a year later by pustules that left cicatrices. For several years after this her health was poor, but subsequently her condition improved. At this time she presented symptoms of bronchial catarrh, together with hæmoptysis, and also renewed symptoms of syphilis, despite active anti-syphilitic medication. In a discussion of the differential diagnosis, it was pointed out that against the existence of tuberculous process was the long duration of the case, the absence of expectoration (excluding a search for tubercle bacilli), of râles, and of concomitant symptoms. Although syphilis usually attacks the lower portion of the lungs, cases have been reported in which the apex has been invaded. It was further noted that syphilis and tuberculosis of the lung may occur in association, and also that tuberculosis may develop in a lung previously syphilitic. Indurating pneumonia was to be excluded by the absence of a history of an attack of acute pneumonia. It was thus probable that the pulmonary changes were syphilitic. In the absence of other etiologic factors, such as the infectious diseases and arterio-sclerosis, the same origin had also by exclusion to be ascribed to the endocardial changes. The attack of measles was not thought an adequate cause. Finally, it was noted that marked improvement followed the administration of anti-syphilitic treatment, including mercury and potassium iodide.—*American Journal of the Medical Sciences.*

DRY MOUTH, OR XEROSTOMIA.

Dr. Thomas Harris showed a woman, æt. 30, who had good health until three or four years ago, when the affection began. The mouth was absolutely dry, and there was a complete arrest of secretion of all the salivary and buccal glands. There was also a decided enlargement of the parotid glands. The woman was anæmic, but all the organs appeared healthy. There was no disease of the pelvic viscera. Dr. Harris referred to the very few cases of the malady which had been recorded, and especially to two cases recorded by Mr. Jonathan Hutchinson of relapsing parotitis, one of which was associated with a certain amount of dry mouth. Dr. Harris regarded xerostomia as a functional nervous affection, and thought that, probably, the parotid enlargement had a similar cause, and he referred to Mr. Stephen Paget's communication on the relation of parotitis to injuries and diseases of the abdominal and pelvic viscera.—Manchester Clinical Society, *British Medical Journal.*