

of this new journal. We cannot speak too highly of the talent displayed in the new candidate for public favour. The name of J. Z. Laurence, alone, in connection with its editorship, being sufficient to commend it to all ophthalmoscopists who love the profession, and desire to keep pace with current literature on this subject. We notice Dr. Laurence's name, in particular, as it is so well known on this side of the Atlantic: with his partner, Dr. Windsor, of Manchester, we are not so familiar; but judging from the valuable articles contributed by him with his excellent and well digested retrospects of European journals, he must necessarily at no distant period, be equally popular with American readers. May neither of them want for encouragement and support in this, their arduous undertaking.

**ESSAYS OF THE SANITARY COMMISSION.**—In our remarks on this work we omitted the following, for this number:—

Dr. Bumstead, in his article on venereal diseases, remarks that, in gonorrhoea, medication, both external and internal, should be continued for ten days after all discharge has ceased.

The abortive treatment of gonorrhoea is adapted only to the commencement of the disease, before acute symptoms have set in. The best formula for its administration is a weak solution of nitrate of silver (half a grain to the ounce of water), injected every two hours until the discharge becomes thin and watery (which is generally within twenty-four hours), and then omitted. Copaiva may be given simultaneously.

Chordee may be prevented by drachm doses of the tincture of camphor mixed with syrup, and afterwards diluted with water.

He treats orchitis by means of small doses of Epsom salts and tartarized antimony, given frequently, and in sufficient quantity to keep the bowels loose and maintain slight nausea. And applies leeches to the groin, or bleeds from the scrotal veins whilst the patient is standing. Ordering hot fomentations likewise to be kept constantly to the testicle.

Suppuration in a bubo affords a probability, although not an absolute certainty, that the accompanying chancre is of the simple non-infecting species; since it is a general but not an invariable rule that syphilis does not follow an open bubo.

Syphilis contracted from a secondary lesion pursues the same course as when contracted from a primary lesion, commencing in both cases with a chancre.

The value of iron and quinine in the treatment of syphilis cannot be over-rated, for nothing so obstructs the successful treatment or conduces to a relapse, after an apparent cure, as a low condition of the general system. It should be given with the mercury.

Salivation is prejudicial to the success of treatment, and should be carefully avoided. Should it occur the mercurial must be omitted, the bowels freely opened, astringent gargles be employed, and the patient put upon ten grain doses of chlorate of potash every two hours.

Mercury, by inunction, rarely salivates, never disturbs the bowels, nor impairs the appetite; and hence this mode is particularly applicable in cases of debility or extreme sensibility to this mineral. A drachm of the strong ointment may be rubbed into the axilla and inner surface of the thighs every night, applying it alternately to these parts, and

washing it off the following morning with warm water and soap.

**VACCINE AND VARIOLA.**—Two instances are given in the American Medical Times where persons previously exposed to small-pox infection were vaccinated, and in whom both diseases became fully developed. The lymph from the vaccine vesicles of these patients was employed to vaccinate healthy persons, and from these again was transferred to others without producing anything but the ordinary kine pox. And the writer, after forty years' attention to this subject, gives it as his opinion that vaccine lymph is never the medium by which constitutional affections are transferred from one person to another.

In the Journal de Médecine, Moynier, in speaking of the time required by vaccine to afford protection to the system against variola, states that a child was vaccinated on the 19th of the month, and re-vaccinated with its own lymph respectively on the 22nd, 23rd, and 24th, all of which succeeded; but after the 24th (the 5th day) the system seemed saturated, and no effect was produced at the points of insertion of fresh lymph. He assumes from these observations that if vaccination be performed during an epidemic of variola the result will vary according as the vaccine matter has had time to modify the system or not; and gives it as his opinion that if the system be under variolous infection already, the vaccine vesicle will not develop; if otherwise, the vaccine will of course afford protection. And when the system receives both infections simultaneously, the eruptions will be developed together.

We had a remarkable instance of this latter in our own practice a short time since. Called to a case of confluent small-pox in its vesicular stage, we immediately vaccinated an infant living in the house, and having failed to produce a vesicle repeated the trial a few days afterwards, when both vaccine and variola appeared simultaneously, the pustules of the latter being, however, but few in number, and never becoming properly matured.—E.

**VACCINE AND SYPHILIS.**—Dr. Viennois, in the Archives de Médecine for June, 1860, has adduced satisfactory evidence to shew that vaccination with pure vaccine matter is sometimes the exciting cause of the appearance of a syphilitic eruption in infants already under the syphilitic diathesis; in the same manner that it gives rise to non-specific eruptions in strumous subjects.

That syphilis cannot be transmitted to a healthy person by the inoculation of vaccine matter unless the lancet at the same time be charged with blood of the syphilitic patient, in which case an infecting chancre is produced.

**ERUPTIONS OF SYPHILIS.**—Devergie remarks, on the local distribution of syphilitic eruptions, as follows:—"Their seats of election in the order of frequency are the parts around the ale of the nose and the angles of the mouth; the roots of the hair at the forehead and back of the neck; the inner angle of the eyes; the centre of the breast; the inner side of the limbs; the neighbourhood of the axillar and of the groins. While all parts of the body may be invaded, the eruptions will be found, in eighty cases out of a hundred, limited to those here indicated; and among all these the face is most apt to bear the marks of syphilis.—*Maladies de la Peau.*"