unless I had the ill fortune to strike the distended auricle; for I could not doubt that a light hand would so easily recognize the touch of the ventricle that any chance of its penetration was remote; and, having succeeded in withdrawing the fluid, and in obtaining decided relief to the laboring heart, I was content.

In Professor Trousseau's case, on the other hand, a very different plan was adopted. A free incision along the intercostal space was followed by a studied exposure of the bag of the pericardium; the pericardium itself was next laid freely open and evacuated; and finally, in the hope, I presume, of insuring its after adhesion to the walls of the heart, it was washed out with an iodized solution. I feel that had I, in the present instance, adopted this more heroic plan, my patient would undoubtedly have died before I could have completed the operation.

I attribute my success, then, to the simplicity of the means adopted; and I think that the case proves that, when all other means have failed, a distended pericardium may be tapped with safety, and with a fair prospect of rescuing a patient from the jaws of immediate death.—*Med. News and Lib.*

Cases of Syphilis Treated Without Mercury.

Dr. Charles R. Drysdale and Mr. Robert W. Dunn, M.R.C.S., read at the Harveian Society, London, on March 18, 1869, the folowing cases:

Case 1.—Charlotte D., aged 16, seen by Dr. Drysdale, August 2nd, 1863, with roseola, alopecia, and enlarged posterior cervical glands. Had felt a small sore on the vulva a month or so before, which healed of itself. Patient complained of pains in the head. To take the following mixture of chlorate of potash:

℞ Potassæ chloratis.....gr. v.
Acidi hydrochlorici dil.....gtt. v.
Aquæ ..... ℥.
Ft. haustus ter diessumendus.

Under this treatment the disease progressed favorably. She had slight angina, which was treated by a chlorate of potash gargle. By the month of October, 1863, the roseola had disappeared, and she was in very good health. The patient was pregnant at the time.

Case 2.—T. P., a young man, aged 20, father of Charlotte D.'s child, and subsequently her husband, came soon after the appearance of Charlotte. He was suffering from gonorrhœa and a scaly syphilitic eruption, sore throat, enlarged posterior cervical glands and inguinal glands. Treated by the chlorate of potash mixture, he lost all of his symptoms in about two months. The child with which Charlotte D. was pregnant was born at full time, but only lived seven weeks. It was said to have died of convulsions. Charlotte D., in the year 1865, then in excellent health, brought her second child to be seen by Dr. Drysdale, then five months old. No trace of syphilis was seen on this child, and although it, as well as both of its parents, have been under observation since that date, no further traces of the disease have been marked in any of them. Such cases are, of course, of themselves sufficient to demonstrate that, contrary to the doctrine of John Hunter and his school, syphilis tends to wear itself out in many constitutions in about a year and a half or two years.

Case 3.—Mary B., aged 13, came under the care of Mr. R. W. Dunn, July 10th, 1865. When first seen she complained of painful micturition, discharge, and pain in the labia majora, which on inspection, were observed to be much swollen and enlarged. Aug. 17. She had a discharging bubo in the left groin; labia much swollen, and painful micturition continued; appetite bad; pulse 110; poultices to bubo; ammonia and bark fomentations to labia. August 24th. Groin still discharging; roseola over the body; bark and nitric acid; poultices to groin. August 31st. Angina and roseola; gargarissma potassæ; riss medicinam. Sep. 7th. Rash paler; throat better. 14th. Psoriasis syphilitica on face, legs and arms; repeat same medicine. 21st. Cervical glands greatly enlarged.

℞ Tinct. ferri perchlorid., gtt. v.
Aquæ,..... ℥ij. t. d.

26th. Complsined of pain in right arm and elbow-joint; glands in the neck enlarged and painful; rash fading; repeat. Nov. 10th. Skin hot and dry; pulse 120; pains in the limbs.

℞ Liq. ammoniæ acetatis, ℥iij.
Ammon. sesqui-carb.... gr. xij.
Ætheris chloric,..... ℥ij.
Aquæ,..... ℥vj.
℥j. t. d. s.

Nov. 30th. Much better; only a few spots on face; cervical glandular enlargements nearly gone; to take cod liver oil and vinum ferri. Jan. 5th, 1866. Complained of pains in limbs; a few spots still seen on the face; to have change of air, and live well. April, 1866, looked quite well—indeed, the picture of health—and said she had not felt so well for years; a few cervical glands still enlarged. In 1867, she was quite well, with no relapse; and in 1868, continued quite well, without any relapse. In this case the space of one year was sufficient to remove all symptoms in what at first seemed a severe case, and apparently without any probability of a relapsing taking place.

Case 4. Emma P., aged 24, was seen at first by Dr. Drysdale, February 10th, 1864, with ulcers and mucous tubercles on the soft palate, and roseola on the trunk and limbs. This was a very slight case. She was treated by means of gargles of chlorate of potash, and a mixture containing the same ingredients, until the month of April, 1864, when, all symptoms having left her, she came no more for a time. She has repeatedly been seen since that time, but without any symptoms of specific nature being remarked. In January, 1866, she attended with toothache, and at that time was free from all symptoms of syphilis. This patient had been married for some years, but had no children, nor had had any miscarriages.

Case 5. Catherine C., aged 24. April 25th, 1864, with stains of *café-au-lait* color on face and breast, and spots of psoriasis on thighs. Was under treatment for these symptoms for the space of four and a half months. The treatment consisted of gargle and mixture of chlorate of potash. The eruption, though far more tedious than that of Case 4, gradually disappeared. The patient was seen in 1866, in excellent health, by Dr. Drysdale, no relapse having occurred.