

Contraction of the pupils is one of the early symptoms of *tabes dorsalis*. It is met with also at the beginning of meningitis, in opium poisoning, and in the first stage of chloral poisoning.

Deformation of the pupil, particularly after the injection of atropine, indicates an old iritis, in nine cases out of ten, of syphilitic origin, if not depending on some disease of the neighboring parts.

Cataract in subjects under say forty or fifty, is frequently of diabetic origin, and constitutes soft cataract.

Finally, the ophthalmoscope enables us to recognize the retinitis of albuminuria in Bright's disease, of simple polyuria, and sometimes in the case of women during pregnancy. Retinal hemorrhages, cedema of the retina, and embolism of its central artery, are sometimes met with in organic affections of the heart. Optic neuritis and perineuritis and atrophy of the disc are symptoms of syphilis, or of tumors in the neighborhood of the cerebellum or the *corpora quadrigemina*.—*Phil. Med. & Surg. Reporter*.

ON HERPES FACIALIS.

The following extract is from a lecture by Dr. J. M. Finny, published in the *Medical Press and Circular* :—

Herpes facialis—a better name than *herpes labialis*—is met with most usually on the lips, at the muco-cutaneous juncture; but it occurs also on cheeks, ears, and nose. Though an accompaniment of an ordinary cold or dyspeptic attack, *herpes facialis* is present in pneumonia, cerebro-spinal, intermittent, and scarlet fevers. During the present session you have seen it in both scarlet fever and pneumonia, and you will recollect the different significance which may be attributed to it in these two diseases. In the latter, so usually do the patients who present it recover that some authorities consider it a most favorable prognostic; while in scarlet fever it is an omen of a severe type, in which nasal discharges, arthritic complications, and a prolonged fever may be expected. The late Dr. Stokes used to lay down, as a maxim worthy of note, that a vesi-

cular complication of fever was ever one of serious import.

The most extensive case of facial herpes I ever met with occurred in a patient, aged sixty-six, who was admitted to this hospital in 1879, for pneumonia, as the whole of his right cheek, extending from the zygomatic arch to the nose was one mass of herpetic clusters, which became confluent. He made a rapid and good recovery. Notwithstanding the frequency of the favorable issue of pneumonia attended by herpes, I would not have you lay too much stress upon the value attaching to this symptomatic rash, inasmuch as most cases of sthenic pneumonia have a tendency to recovery, and many cases in which herpetic rashes are absent do equally well.

The ordinary cases of facial herpes present no difficulties of diagnosis, but you should remember it may attack the mucous membrane of the mouth and palate. Should it be confined to these places, you may find some difficulty in recognizing the disease.

Within the last couple of months I came across a rather puzzling case of herpes, in consultation with Dr. Wm. Lane, in the person of a well-known clergyman of this city. The whole soft palate, uvula, and arches of the palate were studded with vesicles standing on a reddened base. At first sight scarlatina or diphtheritic inflammation passed through my mind; but the absence of the characteristics of those diseases, and the presence of a most copious vesicular eruption on the *alæ* and *dorsum nasi*, the upper lip, and the adjoining surfaces of the cheeks and chin, made the diagnosis easy.—*Phil. Med. & Surg. Reporter*.

DR. WARBURTON BEGBIE'S prescription for troublesome cough, with copious expectoration in Phthisis :—

R Liq. Morphine Hydrochlor.

Acid. Hydrocyanic. dil. $\bar{a}\bar{a}$ m xvijj.

Spts. Chloroform.

Acid. Nitric. dil. $\bar{a}\bar{a}$ 3j.

Glycerine. 3ij.

M Infus. Quassie 3ij.

A sixth part to be taken three or four times a day.

In this mixture, Dr. Lauder Brunton says in-