

is a palpable opening one-eighth of an inch wide; left eye diverges down and out; feet and hands warm again. Put him back on iodide of potash.

Oct. 18.—Much improved in ability to swallow and talk; moves his tongue fairly well; can close his eyes.

Nov. 2.—For several days has been unable to swallow in the evening.

It may be of interest to consider the cause of this particular case. We can exclude diphtheria and lead poisoning, as his single dose of lead passed quickly through him; exposure to cold, and also syphilis, so far as can be ascertained.

It has been suggested that a toxic influence, producing acute trouble but with no action on the nerve elements, may leave behind it some effect, possibly some chemical product, which fixes itself on the nerve elements, in consequence of which these nerve elements at some future time undergo degeneration.

Thus in syphilis we have an early toxic blood state, followed by tabes, a late degenerative process. So also superior nuclear paralysis, the degeneration of the nuclei for the motor nerves for the eyeball, is a late sequel of syphilis apart from tabes. This relation has not been traced for bulbar paralysis. Here is a patient who suffers from the double affection (certainly the condition of the eyes is strongly suggestive of syphilis), but may not his whole trouble be due to the early toxic influence of either malaria or typhoid fever, or possibly both combined.

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### CHRONIC STOMACH AFFECTIONS.\*

WITH, perhaps, the exception of diseases of the respiratory organs, no class of ailments causes so much annoyance to patients and taxes the physician's skill and tact more than do chronic affections of the stomach. The subjective manifestations of these disorders are many and varied. Headache, lassitude, a sense of fulness after eating, a feeling of tenderness or

\*Read before Kingston Medical and Surgical Society