

ever much the local irritation existing at present was dependent upon the former; and he had little faith that the ordinary moral treatment relied upon in insane asylums for female patients would do this woman any good. He had not as yet iced the spine, and was about inserting a seton in the nucha. He was loth to throw the case aside, if there were any reasonable ground of treatment remaining to be tried. He therefore appealed to the society for aid.

Dr. Wheeler, of Chelsea, after carefully examining the case, remarked that it certainly was a very unusual and interesting one. He had no doubt in his own mind that in very many instances of insanity in woman a cure was possible, and could only be obtained by local treatment. In such a case as that now presented, this must necessarily be often empirical; yet, under the circumstances, such was both justifiable and advisable, and should be long persisted in.

Drs. Warner, Bixby, and Dutton had each seen the case with Dr. Storer, and had studied many details of the treatment.

Dr. Field, of Newton Corners, said that here we had an instance of the conflict so often observed by physicians between what is demanded by deference to public morality and what seems required for a patient's health. If this woman could go masked as she is at present to a house of prostitution, and spend every night for a fortnight at sexual hard labor, it might prove her salvation. Such a course, however, the physician cannot advise. And so with masturbation. In a case like the present, its indulgence may be a means of getting temporary relief from a local fret, whose influence upon the mind, if not thus relieved, might prove more disastrous.

Dr. Sharp suggested the employment of galvanism, especially by faradization, and of an appeal, in succession, to the various regions of the spinal cord. These had not as yet been resorted to; it was possible their use might solve the problem.

The society then adjourned.—*American Journal of Obstetrics.*—*Chicago Med. Examiner.*

Hospital Reports.

CLINIC OF PROF. J. AITKEN MEIGS.

Reported by Dr. Napheys, Pennsylvania Hospital.

SPECIFIC SKIN DISEASE.

This old man has an eruption occupying the front of his shoulder on either side. It is remarkably symmetrical in character; could not have been more so if it had been marked out by an artist. The centre of the space described by the annular shaped eruption is now quite clear. It was the seat of vesicular and subsequently pustular disease. The border or margin is irregular in outline, and presents a broad tract of vesicular disease. Upon the limbs, the abdomen and genitals the eruption is also present. It is of a vague form between pemphigus and rupia. Upon the large limbs there are some blotches which have some of the characters of rupia when it first appears. Symmetry of character is a remarkable feature of secondary syphilitic

eruptive trouble. In the tertiary period or stage of the disease this symmetry disappears, and the eruption takes place irregularly over the body, not conforming to any system whatever. The man denies emphatically anything like a syphilitic history. This is just one of those cases in which the physician should prefer to trust to his own eyes rather than to the statements of the patient. The symmetrical character of this affection would point to its being a secondary manifestation; but there is one peculiarity which inclines to the opinion that it is a tertiary symptom, and that is the character of the margin of the eruptive patches upon the front of the chest and shoulders. The centre is clear. It gives a good idea of what is called the serpiginous eruption of the tertiary form of the disease, in which ulceration takes place in one portion of the skin, and then heals up and breaks out again in a line around the original ulcer, thus spreading itself in larger and larger ulcers as it goes further from the centre. In secondary disease of the skin the cuticle alone is affected; in the tertiary form the eruption becomes deeper.

In cases of skin disease of doubtful origin it is best for the practitioner to give himself the benefit of the doubt by instituting a constitutional specific treatment. This man has been placed on the treatment for constitutional syphilis. He has improved a great deal. When he came to the hospital he was in a very wretched condition.

HEREDITARY SYPHILIS.

This little girl came into the hospital with a broken down, emaciated state of the system. From her whole history and condition there is no doubt that the case is one of hereditary syphilitic taint. There has been complete disappearance of the uvula, phagadenic ulceration has extended up the posterior nares, and the ala of the nose on the left side has been destroyed.

Hereditary syphilis attacking a child soon after its birth will show itself by some inflammation of the mucous membrane of the mouth, constituting syphilitic stomatitis, which passes back into the throat, affecting the fauces; a roseolous rash appears upon the skin, and the child has a peculiar snuffling symptom due to swelling of the schneiderian membrane. The disease will run through stages just as in acquired syphilis.

The patient has been placed under the usual specific constitutional treatment, and subsequently cod-liver oil and iron added. She is rapidly improving.

CONSOLIDATION FOLLOWING PNEUMONIA.

This man came into the hospital a short time ago suffering from pleuropneumonia. Complete dullness yet remains in the left side of the chest; the respiratory murmur is exceedingly enfeebled on that side; and he is troubled with an irritative cough. The vesicular murmur is clear and distinct on the right side.

This is one of the results of acute pneumonia, when resolution stops short at the stage of consolidation. This condition of the lung often continues for a long time. Slow and gradual absorption may take place of the effused lymph, and the patient recover. But if there be any hereditary tendency to phthisis, under such circumstances, the interference with the aeration of the blood and the consequent impairment of nutrition will gradually pave