

dication, in the discoloration of the albuginea, and the state of the dejections, I have never seen so obstinate a case of jaundice associated with erysipelas, upon which a long perseverance in the use of mercurials and purgatives did not seem to produce any very decided effect. The association of erysipelas, and other exanthemata, with rheumatism, has been noticed by Dr. Todd, and some other modern writers, and of which I have met a few of these complications. Two other cases of erysipelas and rheumatism occurred in the hospital, about the time the above case was under treatment. The other eruptive diseases which I have seen associated with rheumatism were scarlatina, roseola, and erythema nodosum. Dr. Todd is of opinion that rheumatism, as well as these exanthemata, depend on some morbid alteration of the blood. His views appear to be favoured by some more recent investigations, and may probably eventually be generally adopted. This association (although, in some cases, it materially complicates and aggravates the case) does not interfere with the appropriate treatment of each. When, however, the three affections become combined, the case then becomes of a very serious nature; and when abortion and puerperal fever become superadded, the prognosis is extremely unfavourable.

There was a further peculiarity in this case, namely, the rare formation of matter, as a consequence of rheumatism; its absorption, I think, may fairly be attributed to the effects of the iodine. A question suggests itself, did the abortion arise from the rheumatism seizing on the uterus? I think we may fairly admit this to be the case, as no other satisfactory cause offers in explanation. She had not been taking any drastic medicine, nor was there any particular aggravation of her complaints at the time.

It is to be regretted that a *post mortem* inspection was not made, as much pathological information might be expected to result therefrom.

Montreal, Sept. 16, 1846.

PRACTICE OF MEDICINE AND PATHOLOGY.

ON SYPHILITIC INFLAMMATION OF THE EYE.

(Continued.)

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In addition to, or in combination with mercury, the remedies, and treatment already alluded to as resources in cases of simple uncomplicated inflammation of the eye must be employed in syphilitic iritis, or in certain cases must be substituted for mercury. Iritis will, it is well known, sometimes make its appearance while the system is under the influence of mercury administered for the cure of secondary symptoms of venereal, or it will become station-

ary and untractable while the mouth is still sore from mercury given for its cure. In such case the treatment to be adopted becomes a question of importance and often of difficulty. To bloodletting, local or general, and other means of depletion, we are frequently unable to resort, because they have either already been employed, or they are inadmissible in consequence of the debilitated state of the patient. We are therefore called upon to adopt some other plan or remedy, and to select from those usually employed in other complicated forms of inflammation that best suited to the particular circumstances of the patient. Mr. Hugh Carmichael points out such cases as examples of disease likely to be benefited by the spirit of turpentine, and it is obvious, that as it affords a fair prospect of advantage, it should have a fair trial; guarding, as far as possible, against nausea or strangury. Should this fail, or should it be ineligible, the iodide of potassium may be resorted to either alone or in combination with bark or sarsaparilla. Mr. Carmichael, in his lectures on Venereal Diseases, published in the *Medical Press*, bears the following testimony to the value of iodine in the treatment of the secondary forms of syphilis:—"For the cure of the different constitutional symptoms of this form of venereal, there is no remedy so much to be relied on, in conjunction with sarsaparilla, as iodine; which latter medicine, and its combinations, I consider as a remedy of the utmost value in the treatment of this as well as of the phagedenic form of venereal disease, which includes the most formidable and hitherto most unmanageable cases met with in practice. I began to use it very soon, in cases of venereal nodes, after Dr. Coindet of Geneva, had made known its utility for goitre; on the principle, that a medicine, capable of inducing the dispersion of a tumour so obstinate, might be equally efficacious in removing affections, however different, of a similar obstinacy in the bones, in cases where I had reason, from the accompanying symptoms, to dread the injurious effects of mercury; I therefore exhibited iodine or hydriodate of potash in this hospital many years since for secondary symptoms of these forms of venereal disease, with the most flattering success, long before there were any published accounts of its utility in venereal complaints. At present I believe it is used extensively, but without much discrimination or selection of symptoms. I began with giving iodine to the extent of a grain, with six or eight grains of the hydriodate, dissolved in a pint of distilled water, directing the patient to take a third of this quantity morning, noon, and night. At present the hydriodate of potash is usually preferred, and given to the extent of from fifteen to thirty grains, with a pint of decoction of sarsaparilla, during the day. I am not certain that the one mode has any advantage over the other; but in both ways as a remedy, iodine has exceeded, in the two forms of disease alluded to, my most sanguine expectations."

This evidence in favour of iodine in the treatment of secondary symptoms of venereal in general would justify our employing it in syphilitic inflammation of the eye even if experience had not proved its beneficial operation. Mr. Lawrence also bears testimony to its value. "In some cases (he observes) where mercury has disagreed, or where after a fair trial the affection of the eye has either not improved or got worse, I have lately employed with excellent effect the iodide of potassium, giving three or four grains in two or three ounces of the compound decoction of sarsaparilla three times a day. The beneficial operation of the change seems analogous to what we observe from the same succession of remedies in certain cases of venereal disease." I have myself used iodine freely and extensively in inflammations of the eye, and have frequently employed it in cases of syphilitic iritis in which mercury was not eligible. Although it cannot be relied on as a means of arresting inflammation or as an antidote to venereal disease, equal in power to mercury, it may I believe be looked