T. rhodesiense in their blood, it is incredible that they do not constitute in nature a reservoir of the virus. The fact that a large proportion of the antelope do actually harbour a trypanosome indistinguishable from *T. rhodesiense* is very suggestive. To assume that the game is infected with two different trypanosomes, alike in every respect with the single exception that one variety is fatal to man whilst the other is innocuous, would be, in our opinion, excessive theorizing.

Summary.

In favour, then, of game being the reservoir of human trypanosomiasis in South Central Africa we have the following facts:

1. Human beings and game are known to be infected with trypanosomes identical as regards morphology, pathogenicity in laboratory animals, and their development in *G. morsitans*.

2. The human trypanosome can be successfully inoculated into game.

3. The peculiar sporadic occurrence of the disease in human beings suggests that they were infected from a widely spread reservoir of the infection (the game) rather than from one another.

In conclusion, we submit that the hypothesis that man enjoys marked natural immunity and is in consequence to a great extent resistant to infection with this parasite affords a satisfactory explanation of the distribution of the disease, of its comparative rarity, and of the fact that Taute's attempt to infect himself failed.

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ELECTRARGOL IN SMALL-POX AND PLAGUE.

BY

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I AM now able to carry out the promise in my letter of August 22nd last, published in the JOURNAL for October 11th, p. 906, to send more definite figures concerning the results obtained by the treatment of small-pox with electrargol.

We had altogether 1,914 cases and 196 deaths, giving a mortality of 10.24 per cent. for the whole epidemic. Of these, 1,309 were treated in one central small-pox hospital and 124 of them died, giving a hospital mortality-rate of 9.46 per cent.

The majority of cases were of a mild type and only required segregation and recovered practically without treatment, but we had 259 cases of the confluent and haemorrhagic types, and of them we lost 99. I have divided these types from one another, and in the following table will be seen the difference between the death-rate among those treated with electrargol and those who were not. At the beginning and before we were certain of the value of the treatment patients were allowed to choose whether they would accept the treatment or not, and I think I am right in saying that it was owing to this unfortunate fact that our death-rate was so high. Later on, when we had established the value of the treatment, it was made compulsory, and every patient who was suffering

TABLE I.

Nature of Case.	Treatment.	Number.	Cured.	Died.	Mortality.
Confluent	Simple	94	29	65	69.1%
	With electrargol	136	115	21	11.4%
Haemorrhagic	Simple	9	1	8	88.8%
	With electrargol	20	15	5	25.0%

from the severer forms of the disease had to submit to injection. As I said in my letter of August 22nd, the injections were all intravenous, and we afterwards increased the dose—in one case going up to 50 c.cm. every twenty-four hours for three days—the patient, an apparently hopeless case, delirious, with a confluent rash and passing bloody stools and urine, recovered.

The figures show that patients treated with electrargol had a much better chance of recovery than those who were not. Cases were not picked out for treatment, but they were taken as they came, and I can confidently recommend this mode of treatment to any one who may find himself in charge of a small-pox lazaret during a severe epidemic with many confluent and haemorrhagic cases to look after.

The drug is absolutely stable and reliable and may be kept in stock for an unlimited time. The mode of administration is simple and can be carried out by a well-trained hospital attendant. It consists of the injection into a vein of the required amount of the drug with the usual precautions, and if its use in 259 cases of small-pox and 48 of plague without accident means anything, it is perfectly safe.

With regard to its use in plague, I have had only a very limited number of cases to treat this year, the whole plague season giving 313 cases and 261 deaths, with a mortality of 83.4 per cent. nearly. Only 48 of these cases came under treatment at the lazaret, and we managed to save 19 of them, reducing the mortality to 60.4 per cent.

The following table shows very well that early treatment is the main thing, as out of 20 cases treated within forty-eight hours of the commencement of the disease only 5 died, whereas of the 21 treated for the first time on the third and fourth days 18 died.

TABLE II.

Day of Disease.	No. of Cases.	Cured.	Died.	Death-rate.
1st	10	8	2	25.00%
2nd	10	7	3	42.85%
3rd	10	1	9	90.00%
4th	11	2	9	81.00%
5th	5	0	5	—
6th	2	1	1	—

So far, I am sorry to say that we have found treatment of any kind hopeless in cases of abubonic or pneumonic plague, all these patients having died, no matter what treatment they received.

These types were very common during this epidemic, and we had nine abubonic and one pneumonic case in our lazaret. If we deduct these cases from the total we have 38 cases and 19 deaths left, reducing our mortality to 50 per cent. for the simple bubonic type. This result suggests the necessity for continuing the experiment when an opportunity occurs, and if we are unfortunate enough to have an epidemic in the next plague season I mean to continue it here. If any one in charge of a plague lazaret wishes to do the same let me advise him to begin his treatment as soon after his diagnosis is made as possible, to give his injections intravenously every twenty-four hours, not to be afraid of large doses, and always to carry on his treatment to the end of the fifth day, no matter what the temperature and the pulse are doing. In plague we have gone as far as 60 c.cm. without any ill results in cases of multiple bubo.

Further information will be found in my reports on plague and small-pox, and in my Annual Medical Report for 1913.

THE foundation stone of the new hospital and nurses' home for the Chelsea Hospital for Women will be laid by Earl and Countess Cadogan on Tuesday next at 3.30 p.m.

GENERAL LYAUTY has forbidden the sale of absinthe in Morocco, where the use of that beverage has caused an immense amount of evil. On the other hand, one of the last acts of the late Chamber of Deputies was to reject a proposal to increase the tax on absinthe. The French colonies are thus better protected from this particular poison than France itself.