in each case. Eight remained well for over a year, and the remaining four for periods varying from over six months to a year, all having passed the period at which a recurrence was due.

CONCLUSION.

In conclusion, it should be noted that the foregoing remarks are not put forward in any sense as a critical study, but merely represent a brief record of individual experience concerning a certain line of treatment, with its results.

TREATMENT OF ORIENTAL SORE BY PHOSPHORATED OIL.

BY

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The treatment of oriental sore (dermal leishmaniasis) which I devised some time ago and have used in three cases during the last six months consists in injections of recently prepared phosphorated oil into the nodule and around it.

Method.—A sterile 20 minims all-glass hypodermic syringe is used; 5 minims of the oil are drawn in and injected into and around the lesion by inserting the syringe in two or three places into the nodule itself and under the skin around the periphery; if the lesion is ulcerated two or three drops of the oil, in addition, are dabbed on the fundus of the ulcer after removing the crust. The injections are given once or twice a week.

The result in all three cases has been very satisfactory, evidence of incipient healing appearing almost immediately after the second or third injection, and an apparently complete cure being obtained within three weeks to two months.

CASE I.

A demobilized army officer, aged 26, contracted oriental sore six months ago in Persia—one large non-ulcerated nodule and a partially ulcerated one, both on the left forearm. Microscopical examination of both lesions showed the presence of *Leishmania tropica* Wright. The patient had had severe malaria and had been treated with large doses of quinine. He had had no treatment of any kind for the sore. I gave him altogether seven injections (5 minims each) of phosphorated oil at rather irregular intervals, as he could not come to see me very regularly. The actual injections were painless; after a few hours there was a slight local reaction, the lesions becoming somewhat oedematous and the surrounding skin slightly reddened. Symptoms of rather severe general reaction occurred once; after the third injection the patient had fever (102°) and felt chilly and unwell, with rheumatoid pains all over the body. The symptoms may have been due in reality to his old malaria, as the temperature fell to normal with sweating within twenty-four hours; I could, however, find no malarial parasites in the blood. The open sore healed very quickly within two weeks, a smooth white scar being left; the non-ulcerated nodule took six weeks to disappear.

CASE II.

A young married woman (British), aged 24, presented on the left wrist a small smooth nodule with a few scales at the apex and no sign of ulceration. Microscopical examination showed it to be an oriental sore, contracted apparently two months earlier in India; the first sign of it appeared during the voyage home. Six injections of phosphorated oil (two a week) were followed by complete disappearance of the lesion within three weeks. The injections were never painful, the local reaction was very slight, and there was never any sign of general reaction.

CASE III.

An Englishman, aged 22, had contracted oriental sore seven months earlier in Iraq. There was one very large nodule on the left forearm ulcerated at the top and covered with a thick crust. Microscopical examination was positive. The patient said that the condition had been treated with intravenous injections of tartar emetic without any benefit; it had also been considered to be of syphilitic origin and treated with salvarsan unsuccessfully. He was given an injection of phosphorated oil (5 minims) twice a week into the nodules and at several places under the skin and around it. The lesion took two months to heal completely.

The method seems to have been successful in these three cases, which are all I have treated. The following points should be kept in mind: First of all, it is essential that the phosphorated oil should be of recent preparation; old phosphorated oil is inert. The phosphorated oil I have used is the oleum phosphoratum B.P. The injections are practically painless, but after a few hours there may be some local reaction, the lesions becoming slightly swollen and the skin around them somewhat reddened; apparently severe general reaction is rare; a reaction lasting twenty-four hours occurred after the third injection in Case I, but the patient was an old malarial subject, and the condition—though I did

not find any malarial parasites—may have been malaria, especially as it terminated in sweating.

Phosphorus is a powerful poison, and its delayed action on the liver should especially be kept in mind; it should therefore be given with care, and every precaution taken. I may say, however, that though I have used injections of phosphorated oil in only three cases of oriental sore, I have used this therapeutic method without any ill effects in several other conditions, since I found, some years ago, that phosphorated oil given by subcutaneous injection was almost painless: I have used it, for instance, without any untoward effect in cases of rickets and of osteomalacia, and in certain cases of very chronic malarial cachexia as an adjuvant to quinine and arsenic.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TRAUMA AND APPENDICITIS.

The two following cases, in which appendicitis appeared to be the result of trauma, came under my care early this year; the injury in each instance occurred on January 2nd.

CASE I.

A young woman, aged 19, a field worker, was walking on the outskirts of a wood when she tripped on a stub and fell flat on the ground, but not upon any projecting object. On raising herself she felt sick and faint, but improved as the day advanced, took her evening meal, and slept well. The next day she felt pain just above the right groin, and could not take her food well. The father, thinking his daughter had received some injury from the fall, asked me to call on the following day.

I saw her at 3.45 on January 5th. She had abdominal facies, anorexia, and complained of pain in the right lower quadrant; temperature 103°, pulse 140. There was scarcely any movement of the abdomen, a resisting area in the right iliac region per rectum, and some tenderness on palpation high up.

From the history, I wrote a note to King's College Hospital (to which the patient was admitted) expressing the opinion that she was suffering either from a large haematoma commencing to suppurate or an acute appendix abscess.

Operation was performed the same evening, and the following note, from Mr. St. J. D. Buxton, assistant surgeon to the hospital, describes what was found: "She had a localized appendix abscess; it was shut off from the general peritoneal cavity with very firm adhesions, but the abscess was very offensive. I took the appendix away and drained the cavity. I took some trouble to avoid opening the general peritoneal cavity, and hope that will be rewarded, so I do not know if there was any free fluid in that. Your note regarding the fall was very interesting."

CASE II.

A farm labourer, aged 59, while standing astride a wooden pole slipped and fell, his whole weight coming on the lower part of the abdomen. He felt sick and faint, and went home. He resumed work the next day, and continued to work daily until January 8th. On this day the district nurse was called in; she decided that it was necessary the patient should see a doctor without delay. He was seen by Major S. H. Smith, who ordered enemata to relieve constipation, and a mixture for what was diagnosed as a reflex asthma. That night the nurse reported no result from the enemata, and proposed giving a high one. This was agreed to, and a request was made that a report on the state of the patient should be submitted early the following morning. No report came, and the patient was not visited again until January 12th. He had commenced to vomit the previous night (mucus and bile), complained of pain in the right inguinal region, and had had no action of the bowels since the high enema on January 8th. The abdomen was immobile and distended.

The patient was removed to Gravesend Hospital on the afternoon of January 12th, and operated on in the evening. A report from Mr. G. R. M. Cordiner states that "his abdominal cavity was found to be full of foul-smelling pus. On search being made, a gangrenous perforated appendix was found."

Farningham.

T. F. HUGH SMITH.

FOREIGN BODY REMOVED FROM THE ORBIT.

Mr. W. was taking an inebriated friend home, a misplaced kindness, which resulted in a severe blow causing a wound below the left eye. Next morning he consulted the local medical man, who stitched the wound, which healed by first intention. Four weeks later Mr. W. was sent to me, and was admitted to the Salisbury Hospital, Southern Rhodesia. There was a scar below the left lower eyelid, and external and superior strabismus on the left side, the eye being displaced outwards and upwards. There was also extensive herniation of the bulbar conjunctiva, which protruded between the lids and hung over the malar region. The pupillary reaction and tension were normal. There was