which was closed without drainage. The wound healed per primam, and the vein, after discharging for three days, became completely obliterated five days after the operation. From the date of the jugular operation the patient had neither circulatory nor thermic disturbance, and seemed quite comfortable. On October 15th he complained of his sight being dim and of being unable to read his papers. His eyes were examined for the first time by us and by Mr. Wilfrid Lawson, ophthalmic surgeon to the hospital. He had intense double optic neuritis. We decided to relieve his pressure by lumbar puncture. At the first tapping his cerebro-spinal fluid pressure was 13 in. by Eve's instrument; 3iv were removed, and the pressure reduced to 1 in. He was thus tapped successively on November 2nd, 5th, and 10th, removing on each occasion 3vi, 3iv, and 3viii respectively, and leaving the pressure at 1 in. every time. The improvement after each aspiration was marked but transient, and so we decided to submit him to a subtemporal decompressive operation. On removing the disc of bone, the dura bulged out of the opening, but no pulsations were discernible. The dura was slit open by a crucial incision. A large amount of cerebro-spinal fluid escaped. On inspection the following were the striking features: There was an interval of about half an inch or more between the brain and the skull. The pial veins were prominent and distended. Even towards the close of the operation there was no tendency on the part of the brain to herniate or even to approach the skull. The tips of the four dural flaps were brought together, leaving four minute slits for drainage. The wound was closed in the usual way. Convalescence was uneventful. The patient's sight rapidly improved, and the papilloedema had entirely subsided on December 12th.

Peculiarly enough, we had the opportunity of watching another case presenting similar features, but involving the left mastoid, and, though the antrum, sinus, and jugular procedures were carried out, there was no optic neuritis.

With regard to the advisability of performing a decompressive operation in these cases Barr and Rowan disagree with Sir Victor Horsley. They state that, in their experience in these otitic cases, the optic neuritis clears up without operative interference. Their attitude is right in a sense, as compensatory venous return does get established in most instances by canalization of the clot or otherwise; but in severe types of papilloedema delay may cause irremediable damage to vision, while a decompressive operation—a minute opening is sufficient in these cases—is a precautionary measure the delay of which entails greater danger than its performance. In this connexion the words of a renowned surgeon (!), Oliver Cromwell,¹¹ are worth bearing in mind:

But as in quinsy or pleurisy where the humour fixeth in one part, give it scope; all diseases will gather to that place to the hazarding of the whole, and it is natural to do so till it destroy life in that person on whomsoever this befalls. So will these diseases take accidental causes of aggravation of their distemper, if a timely remedy were not applied.

We are indebted to Sir Victor Horsley for his kindness in reading our contribution, for the encouragement he has given us, and for drawing our attention to Schieck's work.

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THE CURATIVE EFFECT OF SALVARSAN SERUM IN A CASE OF SYPHILIS.

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HAVING read the interesting article of Dr. Henry Alston in the issue of the BRITISH MEDICAL JOURNAL for February 18th, we applied this treatment to a patient suffering from syphilis in the Lock Hospital, Harrow Road.

It will be remembered that Dr. Alston produced a blister on patients who were suffering from framboesia and were under the influence of salvarsan. He then injected the serum obtained into other patients suffering from framboesia, with excellent results.

5

The history of the case in which we adopted the same method is as follows:

X. Y., aged 19 years, was admitted into hospital on February 8th, 1911, suffering from syphilis.

1. *Genitalia*.—The vulva and anal regions were covered with large vegetating condylomata and mucous tubercles discharging a watery fluid.

2. *Skin*.—Universal areas of raised papular, somewhat scaly, syphilide, the face being also involved; syphilitic alopecia was present.

3. *Glands* of groin and neck discrete, soft, moderately large.

4. *Mouth and Throat*.—Fauces normal; general stomatitis; tongue normal.

The patient was also suffering from scabies.

Date of infection about July, 1910.

Weight 6 st. 2½ lb.

Wassermann + +.

February 14th. The patient's general condition being very feeble she was ordered sulphur baths and inunction of mercury. Three baths and one inunction only were administered.

February 19th. The patient weighed 5st. 8 lb., having lost 8½ lb. The scabies was better but the syphilitic signs were worse. The patient was injected with 10 c.cm. of a serum obtained from a cantharides blister on the abdomen of another syphilitic patient who four days previously had had an intravenous injection of 0.4 gram of salvarsan.

February 24th. Genitalia better, condylomata and mucous tubercles drier. Rash clearing up. Mouth practically well.

February 25th. 15 c.cm. of similar serum were given. After the third bath a good deal of sulphur irritation was noticed; baths were therefore discontinued. Mucous tubercles were now present on the tongue. Weight 5 st. 11½ lb.

March 3rd. 18 c.cm. of a similar serum were administered. Genitalia much better, condylomata flatter and drier. The patient was feeling much better in health.

March 8th. 25 c.cm. of a similar injection from a patient seven days after an injection of salvarsan. Weight 5st. 13 lb.

March 12th. 10 c.cm. of a similar injection.

March 13th. Genitalia much drier, condylomata much flatter, mucous tubercles gone. Rash fading fast, being flat and showing no hyperaemia. Mouth, fauces, and tongue quite well. Glands as before. Weight 6 st. 1½ lb.

Wassermann + ± March 7th.

REMARKS.

The noteworthy features of this case are:

1. The marked improvement in general health and increase in weight as soon as the serum treatment was begun. Previously the patient had lost 8½ lb. during the eleven days she was in hospital in spite of being carefully nursed and tended.

2. The effect on the Wassermann reaction is most striking; a deviation of 15 per cent. (+ +) of complement is reduced to a partial deviation of 15 per cent. of complement (+ ±) in sixteen days; this compares very favourably with any known treatment.

3. In our experience of some 30 or 40 cases of intravenous injection of salvarsan the results of the serum treatment are found as good as those of the drug, while the treatment produces no signs of illness.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

POST-ANAESTHETIC ACID INTOXICATION.

WITH reference to the two cases of post-anaesthetic acid intoxication reported by Dr. Gilbert Brown, I should like to point out that the administration of sodium bicarbonate in large doses, although ideal theoretically, practically never appears to have the slightest effect, or, if any, in the wrong direction.

There is, however, a remedy, tincture of iodine, which appears to quiet the stomach, and, as I have thought, to lessen also the smell of acetone in the breath. I believe that, if it had not been for its use, I should have lost a little patient who had been operated upon for tuberculous glands, and who vomited for four days, gradually getting worse, but who rapidly improved after the administration of single drop doses of tincture of iodine in a tablespoonful of water. I can well remember the smell of acetone in his breath.

Whilst resident in different hospitals I saw several mild cases, but owing to the early administration of this simple remedy I never saw any severe symptoms follow the prolonged administration of anaesthetics.

Not very long ago a rather stout virgin, from whom I removed some caruncles, suffered from severe vomiting, acid breath, etc., on the third day. The first administration