on the legs he found that it was by no means sufficient to use an occlusive dressing, which was only removed or touched by an attendant. The patients circumvented this difficulty by obtaining a hypodermic syringe and injecting croton oil through the bandage. He found it necessary to use what he calls an "invulnerable dressing." This consisted of a very thin zinc plate interposed between the bandage and the ulcer. This prevented the injection of croton oil on to the ulcer, and in some cases the mark of the needle was found on the zinc when an attempt had been made. In other cases fresh lesions appeared round the edge of the plate. Another ingenious method employed to produce lesions under a bandage was the introduction of a rough iron wire or a twig between the bandage and the skin. The most difficult cases to deal with were those of croton oil sycosis, because these could not be completely covered up all day, and hence were always occasionally accessible to the malingerer.

Under ordinary circumstances artefacts, as is well known, are rare amongst men, but the temptations which led to their production in military life are to some extent continued among pensioners. The inducement to obtain a pension of several shillings a week by the cultivation of a few not very painful ulcers on the shins is in some cases too great for the moral strength, and there are a fair number of such individuals scattered over the United Kingdom. Two of them have recently come under my own care, and I have seen others. My own two cases greatly resembled one another. Each said he had suffered from ulcers on the legs since 1915. In both they had succeeded a shrapnel wound of the calf which, of course, had become septic. They both gave a history of treatment in many hospitals, sometimes getting better for a time but always breaking out afresh. Both had had the advantage of the most elaborate pathological investigations and many vaccines, and much electro-therapy. In both the lesions were situated on the shins, in one case exclusively upon the right side and on the outer side of the leg; in the other case they were principally on the right, but there were also a few on the left. In appearance, when the patients were first seen, there was nothing to distinguish the lesions from ordinary simple ulcers doing their best to heal.

It is the habit of such patients to flatter in turn each new hospital which they attend by allowing the ulcers nearly to get well during the first few weeks of the treatment, and in one case I ventured to prophesy to the students that such would be the course of events in this case—and so it was; but after about three weeks the patient arrived announcing that the ulcers had suddenly got much worse again, which was indeed the case. They were much deeper, more inflamed, and (a very important point) the edges presented a white and sodden appearance. The significance of this appearance was of course that it strongly suggested that carbolic acid, probably applied with a match, had been used to produce the lesions. Both my patients were engaged in clerical occupations, in which a few ulcers on the shins would scarcely at all detract from their earning powers, and it can easily be understood that such a position for the ulcers would be far more convenient than the left forearm or hand (usually the site of election for dermatitis artefacta) where they would seriously interfere with their work.

TREATMENT OF GONORRHOEA IN WOMEN.

BY

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THE multiplicity of solutions recommended for local application both in acute and chronic cases of gonorrhoea in women is a proof that we have not yet found an ideal formula. The comparative failure of most reagents is due to the inaccessibility of the gonococcus.

The majority of cases seen in the clinic have reached the chronic stage; in nearly 50 per cent. of the cases the cervix uteri is the only part involved. The cervical canal is lined by ciliated columnar epithelium richly supplied with glands of the compound racemose type; in these glands

the gonococcus finds its ideal nidus, and is untouched by the ordinary methods of irrigation with antiseptic agents.

Though it is difficult if not impossible to ensure the penetration of an antiseptic, it seems rational to suppose that a greatly increased secretion from the glands will produce a flushing out which will bring the gonococcus within reach of the antiseptic. Glycerin acting on a mucous surface produces a large secretion, varying directly with the concentration. It is possible to use it pure, but a high concentration tends to produce discomfort, which in some patients amounts to actual pain. I found that 25 per cent. glycerin was the most satisfactory strength. As a bactericidal agent I chose methylene blue, partly for its great affinity for the gonococcus and partly because the anilins are absorbed by mucous membranes and even by squamous epithelium:

Methylene blue	...	...	...	1 gram.
Glycerin	...	...	...	25 c.cm.
Aq.	...	...	...	ad 100 c.cm.

In acute and chronic cases it was applied as follows: The cervix was exposed with a Fergusson's speculum and swabbed with a saturated solution of sodium bicarbonate in order to remove mucus and discharge. A gauze plug 12 in. by 2 in. was dipped for half its length in the solution; this end was packed tightly against the cervix, the rest lightly in the vagina. The speculum was then withdrawn. The plug was removed after twenty-four hours. This was carried out for five days and then for two days dry plugs were used. This rotation was continued as long as the discharge occurred.

There are two contraindications for the use of this method:—(1) Pregnancy. Plugging the vagina is inadvisable owing to the increased liability to abortion in these patients, in whom the endometrium is generally diseased. (2) The puerperal state. The vascular engorgement of the uterus persists for some weeks *post partum*; the glycerin acts so powerfully that an undesirable amount of secretion is produced attended by severe pain.

General treatment is carried out on the usual lines. Urinary antiseptics and gonococcal vaccine are given as indicated. In addition to cases of true arthritis a large number of patients complain of indefinite wandering pains (arthralgia). These are benefited by a graduated course of vaccine—a course of six injections given weekly, commencing at 5 million and working up to 150 million.

At present it is impossible to give a satisfactory standard of cure in women. It is on the clinical symptoms alone that we can judge. When the general symptoms have gone and the discharge has remained absent when treatment is suspended, then we can hope that a cure has been effected. Smears and cultures from the cervix have proved deceptive and generally useless, and complement fixation, recommended by Gilbert Smith, has so far proved disappointing.

The advantages of the solution are:

1. Erosions of the cervix respond very rapidly to the treatment, and healing occurs with a disappearance of oedema and a return to normal size.
2. An acute, and especially a chronic, discharge is stopped in a short time.
3. It is a painless and effective method of dealing with the deep-seated gonococcus.

I am indebted to the courtesy of Dr. T. Anwyl Davies for permission to give full trial to the treatment in the department.

THE scheme for the supply of ambulances for civil work in the United Kingdom, which was brought into force by the Home Service Ambulance Committee of the British Red Cross Society and the Order of St. John, continues to make progress. At the end of last year 238 ambulances were in use; the number has since risen to 252, and 54 others will be supplied as soon as the Ford chassis ordered last autumn can be obtained. The total number of cases carried since the inception of the service last summer is 5,227, and the mileage run is over 68,000 miles. The rise in the cost of petrol has caused anxiety to local committees, and the central committee has supported the petition to the Prime Minister against the increased charges for petrol.