was firmly adherent to the pleura over most of its outer surface; base nearly airless. No evidence of tuberculosis at apices. The heart was normal.

The liver was very small and flabby; weight 24½ oz. Capsule wrinkled; greenish discoloration on part of upper surface. Cut firmly; the cut surface showed scattered areas of orange-yellow colour, and yellow mottling all over. The gall bladder contained about two drachms of thick bile-stained mucus; no stones.

The stomach contained about one ounce of black grumous material like altered blood and a good deal of tenacious mucus. There was an area of submucous petechial haemorrhages on the lesser curvature, but no evidence of corrosion of the mucous membrane.

Intestines: Haemorrhages beneath the peritoneal coat, especially in the pelvic colon. Scattered petechial haemorrhages in mucous membrane. No evidence of corrosion. Contained black semi-fluid material like altered blood. The pancreas appeared normal. One mesenteric gland was calcareous. Spleen somewhat enlarged and soft.

Both kidneys were rather large and bile stained, with yellow streaks in cortex and pyramids.

The meninges were bile stained, but the brain appeared normal, with no visible haemorrhages, either on the surface or on section.

Microscopical Examination.

Sections of the liver and kidney, kindly made for me by Mr. C. Y. Wang of the laboratory of the Royal College of Physicians of Edinburgh, were sent subsequently to Professor F. W. Andrewes, who made the following remarks upon them:

"The liver shows no sign of pre-existing disease such as cirrhosis or syphilis. The degeneration is very advanced but not quite complete everywhere. The only sign of attempted regeneration I can see is that a few of the surviving liver cells are large and fairly well stained, as if they might have been the starting point for regeneration if the patient had lived. The whole thing is typical of acute atrophy. If the kidney had been stained with Sudan III you would probably have found intense fatty changes. There is a little congestion, but no sign of a true nephritis. The epithelium of the convoluted tubules is in that state of acute toxic degeneration which is usually seen in acute yellow atrophy of the liver."

Miller and Hayes¹ have reported a case of acute yellow atrophy also associated with influenza, but in a different way.

A girl of 19 who had had a secondary syphilitic rash in November, 1907, had influenza in February, 1908. On April 11th, having completely recovered from influenza, she had slight jaundice which steadily deepened. On April 21st the urine was very dark coloured. On April 22nd she began to have uncontrollable vomiting. On the following day she suddenly became violently delirious, and, in a few minutes, semi-conscious. She never regained consciousness, and died on April 26th after an illness lasting fifteen days.

Before death the temperature, which had been subnormal, rose to 102°. *Post mortem*, the liver weighed only 25 oz. and presented the appearances usual in this disease. The lungs showed recent adhesions at bases and active tuberculosis at apices.

In this case the influenza preceded the jaundice with a clear interval between them of over a month, whereas* in mine there were abdominal symptoms for over a month before the onset of the influenza, which appears to have coincided roughly with that of the jaundice. Miller and Hayes refer to three previously recorded cases of acute yellow atrophy after influenza, and in discussing the relation between the two diseases conclude that it is impossible to say with certainty whether the influenza infection furnished the toxin which caused the acute yellow atrophy, or whether it merely acted as a disposing factor, preparing the way for a more virulent poison.

It may be pointed out that the extreme rarity of acute yellow atrophy, and the frequency of influenza, militate strongly against the view that uncomplicated influenza is prone to attack the liver so severely as to cause acute yellow atrophy; there has not been any obvious increase in the number of cases of acute yellow atrophy in connexion with the recent pandemic of influenza.

In favour of the alternative hypothesis that influenza opens the door to more virulent infections which may cause acute yellow atrophy, it may be pointed out that during the recent pandemic there were numerous cases of secondary streptococcal infection, especially empyema. It is possible, though in the absence of a blood culture there is no proof, that a secondary streptococcal, or mixed, infection occurred in my case.

REFERENCE.

¹ *Journal of Pathology and Bacteriology*, vol. xiii, 1908-9, p. 53.

THE CURATIVE EFFECTS OF KHARSIVAN AND NEO-KHARSIVAN IN DISEASES OTHER THAN SYPHILIS.

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THE wonderful improvement seen in the general health of those who have had a course of salvarsan or its compounds for syphilis being an established fact, I was led to use the remedy in other intractable and chronic disorders of the skin, such as lupus, sycosis, and constitutional eczema.

CASE I.—Tuberculous Skin Ulcers.

A commercial traveller, aged 52, suffering from tuberculous ulcers of the right arm, stated that he had always been healthy, and gave no history of tuberculosis in himself or any member of the family, nor of syphilis.

Twelve months later inflammatory growths, eight in all, circular in outline and raised from the surface, appeared on the right forearm gradually in the course of six months. They ended as irregular ragged ulcers which proved intractable to all methods of treatment.

On June 1st, 1918, the patient first applied at the Liverpool Skin Hospital. The ulcers had then assumed a chronic tuberculous appearance; they were of a violet hue, and granulomatous in character, varying in size and having a tendency to spread.

Kromayer's lamp and x rays were employed on July 2nd. Immediate improvement was noticed as the result of the reaction set up by the lamp.

In addition injections of neo-kharsivan were commenced on August 6th. After five weekly injections the improvement was nothing short of marvellous. The ulcers were healed; their sites presented an uneven appearance, with the characteristic tags seen in the healing of tuberculous scars.

The patient's arm was still very weak on September 6th, but remained sound and was steadily getting stronger.

CASE II.—Lupus; Tuberculous Glands.

A lady, over 60 years of age, with a life-long ulcerating lupus of the face and tuberculous glands and elbow, had been under my care at regular intervals for many years. She returned at the end of July for further treatment, when Kromayer's lamp effected some improvement, but the progress was very slow. Three injections of neo-kharsivan were then given and effected a speedy change, the ulcers being almost completely healed when the patient returned home after the third injection.

CASE III.—Sycosis.

A soldier came under my care in November, 1917, with severe sycosis of two years' duration. He had had much treatment without success; I transferred him to my hospital as an in-patient on April 27th, 1918. There he improved somewhat with x-ray treatment and other measures, but then relapsed, as these cases usually do. At my suggestion my colleague administered two doses of kharsivan and two of neo-kharsivan at fortnightly intervals. The patient improved to such an extent after the first dose that we continued the treatment; at its termination he was quite well and able to use his razor. He has remained well up to the present—that is, upwards of six weeks.

CASE IV.—Eczema and Blepharitis.

A woman, aged 35, with recurring eczema of the scalp from childhood and blepharitis since measles, presented such a weakly appearance that neo-kharsivan was given, since the reaction after this is not usually so severe as after kharsivan. Six weekly injections produced a complete cure of the disease and considerable increase of weight and good looks.

These cases were chosen haphazard from the outdoor department of the Liverpool Skin Hospital, and the improvement was as marvellous as that in typical syphilides, although no venereal taint was evident or suspected.

It is apparent that the medical properties of kharsivan and neo-kharsivan are not confined to its effect upon the spirochaetes, and for this reason we are continuing our experiments with this drug in dermatology.

I am much indebted to my colleague, Dr. Arkle, for his valuable assistance in giving the injections to these patients and therefore enabling me effectively to carry out this line of treatment.

THE work of the Italian Committee for the promotion of social hygiene after the war, over which Professor Durante of Rome presides, is divided among three groups. One is concerned with social prophylaxis against tuberculosis, malaria, syphilis, and various neuroses; a second with the sanitary and physical education of the people, and the hygiene of workers; the third deals with problems of a strictly hygienico-economic nature and of infancy, and with social assistance, especially in connexion with hospitals.