That itchiness should occasionally be a fairly marked symptom in syphilitic affections of the mucous membrane is the more remarkable, since, with the exception of small papular syphilides, specific cutaneous eruptions seldom itch much, often indeed not at all.

WHOOPIING-COUGH CURED BY IRRIGATION OF THE NARES.

By ED. MARTEN PAYNE, M.B., C.M. ABERD.,
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It is admitted by all authorities that the mortality due to pertussis is very great, while it is at the same time confessed that "the treatment of whooping-cough is one of the opprobria of medicine," and that, "notwithstanding the claims of many to the contrary, it remains a fact that we possess no means of cutting it short" (Tyson).

In view of the above facts, having been consulted with reference to a boy, aged 9, who was suffering from a very severe attack of the disease, and having in vain had recourse to the usual remedies, I determined to work on the theory that the disease was due to the irritation of the Schneiderian membrane by a specific organism. What the specific organism was, whether it was the larva of an insect according to Linnæus or the bacillus of Koplik did not much matter as far as treatment was concerned. Acting on this hypothesis, 10 to 20 ounces of carbolic lotion (1 in 40) were injected by a syringe through the nostrils, being allowed to go up one and down the other, the operation being repeated three times a day. At first the irrigation caused a good deal of sneezing and coughing, and a considerable amount of gelatinous mucus, some of which was of a greenish colour, was ejected. After a few times the operation caused less discomfort, and the patient, who was at first rather refractory, at last began to look forward to it as a relief to his sufferings. The cure was complete in about a week, but the treatment was continued a few days more to prevent recurrence. The following diary shows the progress made from day to day.

March 4th. The child was kept away from school, and rapidly developed all the symptoms of whooping-cough, which were at first treated by various domestic remedies.

March 12th. I commenced treatment on the ordinary lines with belladonna, the bromides, cannabis indica, etc., but with no satisfactory results, the paroxysms becoming more numerous and distressing.

March 26th. I determined to institute a systematic and thorough irrigation of the nares. I myself on this day commenced the treatment as described above, and instructed the mother to repeat it at noon and at night.

March 27th. The report was that there had been fourteen paroxysms, but the mother thought that they had been not so severe in character. On the following days during which the treatment was continued the progress of the improvement is shown below:

March 28th, 7 paroxysms; March 29th, 5 paroxysms; March 30th, 5 paroxysms, but character not so severe; March 31st, 5 whoops, no paroxysms; April 1st, 5 whoops; April 2nd, 3 coughs, no whoops; April 3rd, 3 coughs, no whoops; April 4th, 3 coughs, no whoops; April 5th, 3 coughs, no whoops; April 6th, 4 coughs, no whoops.

Although carbolic lotion was used in this case, doubtless any other antiseptic would have done equally as well.

I consider that it is essential to the success of the treatment that the irrigations should be thorough, and for that reason they should be carried out by the medical man himself at least once a day.

No doubt the reason why the insufflations and sprays which have been in times past tried in whooping-cough have met with so little success, is that the nares cannot thus be cleansed of the micro-organisms which swarm in the complicated cavities of the nose, and are thus effectually covered against such modes of attack. On the other hand, by the irrigating they are overwhelmed by the deluge of antiseptic fluid and all perish. Although insufflations and sprays have before this been recommended for whooping-cough, I believe the method of thorough irrigation of the nares is original, and it was in the above case attended by such marked success that I have ventured to place it before the medical world, in the hope that it may be tested by others, and be of some service in arresting the rather serious epidemic now in progress.

The first woman medical graduate of Peru is said by the *Cronica Medica*, of Lima, to be Señorita Laura Rodriguez, who graduated in 1900.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

VELD SORE.

My experience of nearly eighteen months in South Africa differs somewhat from that of Mr. Pridmore as recorded in the *BRITISH MEDICAL JOURNAL* of January 26th:

1. It is prevalent all the year round.
2. I have treated many cases in Johannesburg 5,880 feet, and at Koomati Poort 2,000 feet, above sea level.

3. The horse or ox tick only indirectly helps in its formation, acting as an exciting cause.

4. It has been quite as noticeable among officers as among men, and in this battalion (1st Scots Guards) we have never been entirely free from this complaint.

5. An abraded surface appears to be a necessity for its production, whether it be due to a sun blister, the bite of an insect and subsequent scratching, or an abrasion consequent on "fatigues," such as digging etc.

6. Of its specific bacterial origin there is no doubt. The micro-organism, I believe, to be present in water, and washing secures its entrance. The fact of its presence on the hands, and next in frequency the face and feet, tends to this view. It is autoinoculable.

7. The ulcer usually commences as a blister with serous contents; this becomes pustular almost immediately, and at the same time the superficial layers of skin covering the ulcer become flattened, then burst, leaving a red, irritable-looking, depressed surface, which extends marginally until treatment stays its progress.

8. I have seen no cases amongst natives of South Africa. Boers, most of whom have some "black blood" in their veins, are exempt. Dark-complexioned Europeans rarely contract the "sore," the fair coming in for more than their share; in fact, these ulcers are seldom absent from those who are auburn or red-haired. If neglected scabs form over the ulcer as it extends at its periphery, and the lymphatics extending to the nearest glands become affected. Pigmentation often is an after-result.

In persons with a history of constitutional syphilis the "sores" may "take on" the characters of that disease. Calomel dusted on the ulcer and mercury internally is the only treatment. The treatment most useful is a primary application of strong carbolic acid, followed by the application of a wet dressing of lotio hydrarg. perchlor., 1 in 3,000, to be applied twice daily. Lotio rubra hastens the healing once the margins of the ulcer have ceased to extend.

S. GUISE-MOORES,

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FORMALIN IN THE TREATMENT OF LUPUS.

MUCH has recently been written concerning the treatment of lupus by means of chemical rays, hot air, steam, etc. I should like to call attention to the use of formalin in this disease. I have just had under my care a case of lupus on the nose of from four to five years' standing, in which the local application of formalin caused marked improvement, if not cure.

The patient objected to scraping, and seemed inclined to allow the disease to run its course until about eighteen months since. An attack of bronchitis at this time caused the lupus to spread so rapidly that the increasing disfigurement caused an increased desire to try something to stop the trouble. Accordingly, after carefully removing all crusts by means of poultices and fomentations, I painted the parts with a solution of formalin (formic aldehyde 40 per cent.) and glycerine in equal parts, having previously dusted the parts with orthoform to lessen the pain.

I must confess that I did not place much confidence in this treatment, but thought that perhaps the antiseptic qualities of the solution might lessen the energy of the bacilli, and thus to some extent stop the spread of the disease until the patient could submit to more radical treatment. At the end of a fortnight I was much surprised to find that the ulcers had