(2) much pain to the patient, and the waste of valuable and irredeemable time.

In popular language, the cancer is still where it was originally, but grown bigger; and "the roots" extend from the growth under the armpit right up to the neck.

In my opinion, the "cure" is worse than a farce, and one may ask how is suffering humanity to be saved from the tragedy of self-destruction by faith in these direful "miracles."

SYPHILIS COMMUNICATED BY INDUSTRIAL IMPLEMENTS.

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On looking over some old notebooks I find the following case, which illustrates very well the ease with which syphilis can be passed from one to another by the use of industrial implements.

Some years ago a patient consulted me for cycloplegia, and inquiry brought to light the following interesting history.

Seven years before consulting me he had worked as a glass-blower. He had to use the same tube as two other men. He developed what appears to have been a chancre at the back of the throat (tonsil). This was followed by a rash on the chest, and his hair fell off. At this time working with the patient was a man suspected by his mates of having syphilis. The man in question denied that it was syphilis, asserting that it was *only* the "clap." The manager told my patient that he would take no harm, but he said, as a preventive he washed out his mouth with water. In addition to this patient, two men working at the same place were infected, both having the chancre in the throat. The infector then left these works, and entered others in a neighbouring town. It was stated to me that he had infected other men there also. In consequence of these infections the trade was notified by circular, and the man was prevented from working. My patient infected his wife, and thus we have an instance of more than four innocent persons infected by one case originally venereal.

Neisser has stated that the danger of inoculation by infected instruments must be small because the virus dies very soon after removal from the body. This applies to most of the supposed dangerous sources of non-venereal syphilis, but the case of glass-blowers is a particularly dangerous one in this respect. The blow-pipe is passed from mouth to mouth without any precautions whatever. As I write this a glass-blower informs me that the same blow-pipe is used at the present time by three men on the day shift and three on the night, namely, the gatherer, the glass-blower, and the wetter-off.

The liability to syphilitic infection from the passage of the blow-pipe from mouth to mouth has not escaped the attention of Schmidt¹ who refers to it in his article on glass-blowers' diseases. He moreover quotes Eysell,² who has described a series of 12 infections from 1 case, and in 6 of these the chancre was inside the mouth and in 6 only on the lips. Schmidt remarks that syphilis contracted in this way must be looked upon as an industrial accident, and would therefore be liable to compensation.

REFERENCES.

¹ C. F. Schmidt: Weyl's *Handbuch der Arbeiter-krankheiten*.
² Eysell: *Extragenitale Syphilisinfectionen* (Inaugural Dissertation).
Göttingen.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

BEE STINGS AND RHEUMATISM.

SINCE my note on the above in the BRITISH MEDICAL JOURNAL of October 31st, I have applied 100 bees to myself, with the result that there has been no return of the sciatica; the arthritis of the right hip causes only a little inconvenience at the end of a four-mile walk, and the rheumatic pains of both shoulders, which have troubled me greatly for well over twenty years, have completely disappeared. Still I intend continuing the stinging till complete immunization ensues.

I have had the opportunity of testing the cure to some extent in four cases:

CASE I.

A man, aged 76, with arthritis of ten years' duration in both hips. He could only shuffle short distances in fine weather with the aid of two sticks. After 18 bees had been applied I saw him on November 17th. He was in great trouble because "the pain had left the hips and gone down into the thighs." I told him to continue the bees, which he is most unwillingly doing.

CASE II.

A woman, aged 63, since August 13th last has suffered acutely from intercostal neuritis following herpes zoster. Having tried the whole gamut of reputed remedies without avail, I persuaded her to try the bees. After ten stings I saw her also on November 17th, when she told me she would have no more as they were doing her no good. On closer questioning she admitted that the attacks were less frequent and less intense. When asked about her sleep, her daughter, about 30, replied for her, "Oh! she sleeps all through the night now." Before the stinging she had not had three consecutive hours' sleep any night since her attack commenced. She is a typical representative of a class who "enjoy" bad health, and who never admit an improvement except after cautious cross-examination.

CASE III.

A gentleman, aged 63, from North Britain, has had sciatica for three years, and during that time has paid repeated visits to Droitwich, with very little, if any, benefit. I applied seven bees to his right hip on November 16th, and on November 19th I received a letter asking me to see him at my house on November 21st and apply some more bees. He told me that two hours after the first application he, quite unthinkingly, turned over on his right side, and was surprised that for the first time for a very long period it gave him no pain. On November 23rd he wrote: "I think I can report a distinct improvement in my leg, and last night had better rest." This gentleman had spent the last five weeks at Droitwich, and had thirty-two baths, hot and douche, before I saw him.

CASE IV.

A domestic servant, who ten years ago was in a workhouse infirmary with rheumatic fever. After several months' residence there she was discharged with the left knee-joint stiff. For the past twelve months on rising from a sitting posture she experienced great pain, and wore an anguished look. After six stings with three bees each time her pain disappeared, and her countenance tells a tale of relief. I suggested bending the joint under an anaesthetic on a future occasion, to which the patient has agreed.

As I have had numerous applications from members of the profession as to where bees can be obtained and how applied, may I say that during hibernation they can only be had from those beekeepers who have box hives. They must be carried in a properly ventilated box in the pocket, and kept not longer than three days till required in a warm place during cold weather. A small quantity of barely moistened castor sugar should occupy part of one end of the box. The lid of the box is fastened by a screw in the middle of one end; a slip of glass of the same size as the lid may be placed in a line with one side and pushed back, following closely on the lid. I have devised a modification of the spring forceps to seize the insects.

The legs of the forceps each end in a semicircle which when closed and covered with indiarubber valve tubing—the bees resent cold steel—make a circle measuring something less than $\frac{1}{4}$ in., or a trifle less than the shoulders of the bee. This must be inserted with care between the glass and the box, as a little nervousness may allow the escape of one or more bees to the terror of a nervous patient. When the bee is seized the forceps is secured by the automatic lock, and it should be seen that the bees in the box are equally secure, by either lid or glass, before the next move. The bee is then held close to the required spot, and very little pressure is needed to make her sting. The annexed woodcut shows the forceps made for me by Messrs. Phillip Harris and Co., Birmingham.

As to where the bees may be had, I can only advise sending a stamped and addressed reply envelope to the editor either of the *British Bee Journal* or of the *Bee-keeper's Record*, who, I think, will be able to give the address of the nearest beekeeper to the inquirer's resi-