syphilis, and none have shown any of the usual symptoms since. Of course the two last cases may possibly have had eruptions, etc., during the three months, but knowing the ways of the native soldier as thoroughly as I do, it seems to me very improbable. But even if these two cases are syphilitic there are the other nine cases to be accounted for, and the curious parietic condition of the man admitted for sore and bubo last June, in which the brain or nerves above the trophic centres are implicated—a marked contrast to the condition of the nerves following his first sore. If this man was now to be treated by any medical man who was not acquainted with all the details of his case the diagnosis would be easy—he had a venereal sore, cannot remember any skin or throat affections, etc., but took mercury; what can be plainer? I have read many descriptions of cases so diagnosed, and they have always reminded me of the method of a celebrated London physician I clerked for when he came across old soldiers in the hospital wards: “Gentlemen, this patient has been a soldier, therefore he has had syphilis; he has been in India, therefore he has had ague.”

It is noteworthy that the nerve symptoms in all my cases appeared within a few months of the appearance of the sores, none later than five months.

I write this in the hope that others will record any experiences they have on the subject.

THE TREATMENT OF DYSENTERY: OBSERVATIONS OF SIXTY CASES.

By J. J. DAY, M.R.C.S., L.R.C.P. LOND.,
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DURING the six months May to November, 1898, I have had under my care 60 cases of dysentery. Owing to circumstances 25 of these cases had to be treated with ipecacuanha, while the remaining 35 were treated with magnesium sulphate. I used Burroughs and Wellcome's gr.v tabloids of ipecacuanha *sine* emetin, giving two tabloids every two hours, with opium gr.j twice daily. The results of the two treatments were markedly contrasted.

Of 15 cases treated in May by ipecacuanha and opium 6 died. Four of the first 8 cases died, and I then supplemented my treatment by a mixture containing liquor hydrarg. perchlor. $\mathfrak{m}\mathfrak{x}\mathfrak{v}$ every four hours. The next 7 cases resulted in 2 deaths. In June I had 13 cases, the first 10 of which I treated as above, and 2 deaths resulted. Of the remaining 3 cases, the first for three days was treated as above, and showed no signs of improvement. I then changed the treatment, and administered drachm doses of magnesium sulphate every hour. On the morning of the fourth day the character of the stools had much improved. In the evening the patient had a relapse, which I found to be due to his having eaten a quantity of unripe pawpaw. He sank steadily, and died forty-eight hours later. The remaining two cases made a complete and rapid recovery.

In July there were 12 cases, all treated with magnesium sulphate, and all made rapid recoveries; in August 12 cases and 1 death, the patient suddenly collapsing; in September 7 cases and no deaths; in October 1 case and no death.

In no case were there any hepatic symptoms. Under the ipecacuanha and opium treatment the death-rate was 32 per cent. Under the magnesium sulphate treatment (disregarding the pawpaw case) the death-rate was 2.9 per cent.

The recoveries under the ipecacuanha and opium treatment were slow, and frequent relapses occurred. Under magnesium sulphate the recoveries were complete and rapid, but I found it advisable to continue giving magnesium sulphate $\mathfrak{z}\mathfrak{j}$ thrice a day for a couple of days after the stools had ceased to be dysenteric.

The patients were all natives. All the deaths occurred among the prisoners, the majority of whom were Benis. The remainder of the cases were native employees and native troops.

It is difficult to persuade a native that death is not the inevitable result of a serious illness, and when he makes up his mind to die he usually does so despite all care and attention. This may account for the high mortality in these cases.

Month.	Number of Cases.	Treatment.	Result.		Average Duration of Attack.
			Re-covered.	Died.	
May	15	8 ipecac. and opium 7 ipecac., opium and liq. hydrarg. perchlor.	4 5	4 2	14 days.
June	13	10 ipecac., opium and liq. hydrarg. perchlor. 1 ipecac., opium and liq. hydrarg. perchlor., and later, magnes. sulph.	8 —	2 1	7 days.
July	12	2 magnes. sulph.	2	—	8 days.
August	12	" "	12	—	"
Sept.	7	" "	11	1	"
Oct.	1	" "	7	—	"
	1	" "	1	—	"

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

COCAINE IN PLACENTA PRÆVIA.

E. H., aged 27, a multipara, summoned me on December 22nd, 1898, at 11.50 A.M., to see her, as she was “flooding.” She was seven months pregnant with her second child.

On vaginal examination the edge of the placenta could be reached through the os (the latter about the size of half a crown); the head could be felt above. The membranes were intact. The labour pains were very feeble owing to the severity of the hæmorrhage. I decided to empty the uterus without delay. I painted the os with a 10 per cent. solution of hydrochlorate of cocaine, and plugged the cervix. The plugging, however, being ineffectual, digital compression was tried on as much of the bleeding area as the finger could reach. In forty minutes Champetier de Ribes's bag could be introduced and inflated, and regular traction made upon it. From the time of its introduction until the delivery of the placenta not half an ounce of blood escaped. Ten grains of sulphate of quinine in hot tea assisted the strength of the pains, which were very feeble, and on the expulsion of the bag to draw down the advancing head after rupturing the membranes was a simple, rapid, and easy termination of the case. The placenta was expelled at the same time as the child—a boy, at present alive.

In 1893, when Resident Assistant Medical Officer at Fulham Workhouse, I used suppositories of cocaine upon upwards of 300 pregnant women admitted to the lying-in wards of that institution, and I was much struck with its action, but have never seen greater benefit accrue from its use than in the present case.

COLLINGWOOD FENWICK, M.R.C.S., L.R.C.P., L.S.A.

Clapham, S.W.

COBRA BITE: RECOVERY WITHOUT AMPUTATION.

On October 21st, 1898, a Bhistu, aged 27, who carries on a trade in snake charming, was bitten by a cobra in a field at 6 P.M. He immediately incised the bitten finger and applied some native medicine to it. He did not intend to go to hospital. At 6.30, however, he was brought to see me by a crowd. The snake he held in the bitten hand. When told to come and have his hand seen to he, refusing to kill the snake, put it on the ground in the middle of the assembled crowd. The beast at once sat up and began striking all round, and some delay followed in killing it.

When at length the snake was killed, at 6.45 P.M., the man was found to have two deep punctured wounds on his right index finger; a small scratch led away from each hole. In the pulp of finger the self-inflicted wound was to be seen. Amputation at such a late period being hopeless, bandages were tightly applied above the wrist and elbow-joints. Deep incisions were made over the site of the bite, and the whole hand dipped in hot potassium permanganate solution to promote bleeding. The wound was then forcibly sucked for