that whatever doubts there may be concerning the statements made about the duration of illness of patients admitted with diphtheria from outside the hospitals, for the reason I have just mentioned there can be no doubt on that score with respect to these cases of post-scarlatinal diphtheria.

EFFECTS OBSERVED CLINICALLY.

So far I have dealt almost entirely with the statistical proofs of the value of antitoxin, though the clinical fact of its action in arresting the local affection has also been demonstrated. I must very briefly state the effects of antitoxin as exhibited in individual cases. A much larger experience has confirmed the opinions expressed in a paper read by Dr. Washbourn, Mr. Card, and myself before the Clinical Society in December, 1894,³⁰ when we recorded the results of the treatment in the first series of cases treated in this country. Not only is the extension of existing and the formation of fresh exudation stopped, but also that which is present clears off more rapidly than in cases where no antitoxin is used. When the nasal passages are affected, the foul discharge from the anterior nares that nearly always exists very quickly ceases, greatly to the comfort of the patient and those in attendance upon him. In many of the fatal cases the fauces and nose are absolutely clean before the termination of the case. The lessening of the faucial inflammation enables the patient to breathe and take nourishment without discomfort. The enlargement of the cervical glands disappears and the inflammation of the cellular tissue of the neck subsides. The visible improvement in the general condition of the patient reflects the changes that have taken place in the local lesions. Pulse-rate and temperature fall, appetite returns, and the patient is soon convalescent. Even in cases which end fatally, when antitoxin has been given at too late a period to save life, the patient's last moments are made easeful, and the death-bed is robbed of all the loathsomeness we were accustomed to associate with fatal diphtheria.

The list of drugs in our *Pharmacopœia* is long. For all it is claimed that they are of value in the treatment of one and the other of the ills to which our flesh is heir. Yet I do not think I exaggerate when I say that few of even the most useful have been subjected to the same fierce criticism as has the antitoxin of diphtheria, and still fewer have borne the ordeal as triumphantly.

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- ⁵ Quoted by Welch in paper entitled the Treatment of Diphtheria by Antitoxin, *Trans. Assoc. Amer. Physicians*, vol. x, 1895. ⁶ Report of Antitoxin Committee of Clinical Society, 1898, p. 12. These cases were treated at University College, Guy's, St. Thomas's, Middlesex, London, and St. Bartholomew's Hospitals for ten years preceding the antitoxin treatment.
- ⁷ Met. Asyl. Board Statistical Committee's Reports for years mentioned. The cases are reported in some of the reports of the medical superintendents of the Fever Hospitals. ⁸ Ditto, Report for 1895, p. 131.
- ⁹ BRITISH MEDICAL JOURNAL, October 23rd, 1897. ¹⁰ *Gaz. des Hôp.*, 1864, p. 99. Quoted by Sanné, *loc. supra cit.*, p. 469. ¹¹ *Transactions of Eighth International Congress of Hygiene*, vol. ii, p. 192. ¹² Cadet de Gassicourt, *Traité Clinique des Maladies de l'Enfance*, 2nd ed., vol. iii, p. 250. ¹³ Roux, *Trans. Cong. Hygiène*, vol. ii, p. 192. ¹⁴ Welch, *loc. cit.* ¹⁵ Henoch, *loc. cit.*, p. 309.
- ¹⁶ Trousseau, *Clin. Med.*, Syd. Soc. Trans., vol. ii, p. 595. ¹⁷ Amer. Pediatric Society's Report on Antitoxin, See BRIT. MED. JOURN., May 29th, 1897.
- ¹⁸ Reports on Antitoxin Treatment, Stat. Com. Rep., 1895-97. ¹⁹ Belin, *Minch. med. Woch.*, October, 10th, 1897; and EPITOME, BRITISH MEDICAL JOURNAL, December, 11th, 1897. ²⁰ Roux, *loc. supra cit.*
- ²¹ Zuppinger, *Lancet*, April 3rd, 1897. ²² Sidney Martin and Bertram Hunt, BRITISH MEDICAL JOURNAL, September 3rd, 1898. ²³ Cuno, *Deut. med. Woch.*, December 24th, 1896, and BRITISH MEDICAL JOURNAL EPITOME, January 23rd, 1897. ²⁴ See a paper by Sims Woodhead on Post-Diphtherial Paralysis, BRITISH MEDICAL JOURNAL, September 3rd, 1898. ²⁵ BRITISH MEDICAL JOURNAL, September 8th, 1898, p. 595. ²⁶ MacCombie, M.A.B. Stat. Com. Rep., 1897, p. 63. ²⁷ Hume, M.A.B. Stat. Com. Rep., 1895, p. 78. ²⁸ Reports on Post-scarlatinal Diphtheria, M.A.B. Stat. Com. Rep., 1896 and 1897. ²⁹ See a paper on this subject in the Epidemiological Society's *Transactions*, vol. xv, p. 68. ³⁰ Washbourn, Goodall, and Card, Clinical Society's *Transactions*, vol. xxviii.

INDIAN EXCHANGE COMPENSATION.—It has been ruled that medical officers appointed by the Secretary of State for plague duty are not entitled to draw exchange compensation allowance.

Dr. N. H. CHOKSEY, medical officer in charge of the Arthur Road Hospital, Bombay, has by the order of King Humbert been invested with the Order of the Crown of Italy in recognition of services rendered to Italian savants during the prevalence of plague in 1897.

PERIPHERAL NEURITIS FOLLOWING THE SOFT SORE (? SYPHILIS).

By C. B. MAITLAND, M.R.C.P.E., Etc.,
Major, Indian Medical Service, Poona.

I HAVE lately read in the BRITISH MEDICAL JOURNAL a statement to the effect that syphilis can give rise to the so-called tertiary symptoms years after the initial sore, without there having been any intermediate symptoms whatever. More recently I read in the JOURNAL a question by Dr. Buzzard in speech at the Annual Meeting, asking whether it is right to assert that the bacterium of the soft sore can have no part in producing fine changes in sensory neurons, and whether such effect must be due to syphilis. The idea embodied in Dr. Buzzard's question struck me first in 1888, when, during a campaign, I attended a young English officer for a phagedænic venereal sore on the penis. There was no history of previous syphilis, and the sore recovered under local treatment only, but in three months he was a helpless cripple from multiple peripheral neuritis. I have a vivid recollection of how the poor fellow had to be lifted on to his orderly's back, and how his feet flapped helplessly about with the swing of the man's walk. No symptoms of syphilis ever appeared, and in time he recovered completely without treatment. When I say completely, I mean sufficiently to be still in the army. Whether his strength is exactly as it was before, or his knee-jerks returned, I am unable to say.

In 1895 I admitted eight young native cavalrymen into hospital for what was then called "ulcer of the penis." Whether these sores were due to one woman I cannot say, but they all were followed by "rheumatic" pains and weakness of limbs, especially of legs, that kept the patients in hospital many weeks after the sores were healed. None of these men showed any signs whatever of syphilis, or had any specific history. Four were treated with full doses of mercury and potassium iodide without any apparent benefit. They all recovered in course of time.

On December 16th, 1896, a native cavalryman had connection, and came to me on March 25th, 1897, with a large collar sore on the inside of the prepuce, painful and slightly phagedænic. There was no history of syphilis, so the only mercury he took was a 5-gr. blue pill daily for thirteen days. The sore healed on April 25th. By May 11th multiple peripheral neuritis was well marked. Mercury and iodide were then pushed, but seemed to do no good. Strychnine pleased both the patient and myself most.

On August 11th, 1897, he was able to be sent on sick leave, and returned on December 8th, as he said, quite well; but the right hand, which had all along been more affected than the left, was still a little weak, and the knee-jerks were absent. He did duty till June, 1898, when he was admitted with a large venereal sore and suppurating bubo. These soon healed, but he has remained in hospital with what I can only call general paresis, the sole symptoms being increasing weakness of the limbs without loss of size or, as far as I can judge with the machine at my disposal, of electrical excitability of muscles, and some pain in joints of limbs. His grasp is like that of a small child, and his legs are just strong enough to let him creep along with the help of a stick. There are no sensory troubles except the pain mentioned. The man is not shamming, as he only wants a year to complete his pension service. No treatment has done any good.

Another native cavalryman acquired a venereal sore about the middle of January, 1897, and came for treatment on March 30th, 1897, with the whole foreskin in a phimotic and ulcerating condition. This was removed and a sore found on the glans. Amongst other treatment he had a 5-grain blue pill daily for twenty-eight days. There were no symptoms of syphilis. By May he was a good example of a severe case of multiple peripheral neuritis. He was treated chiefly with strychnine, and on September 26th was able to go on sick leave. He returned to duty on March 25th, 1898; the knee-jerks were still absent, and slight weakness of the right leg remained. This latter symptom has by now quite gone.

Of these eleven cases I saw nine from the first appearance of the sores and two after the sores had been in existence three months. None of the men had any previous history of

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.,
District Medical Officer, Benin City, Niger Coast Protectorate.

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