The ages of the children treated at South Mimms were 4, 4, 5, and 8; three were unvaccinated, and one of these died.

It will be seen that no young infants were sent to South Mimms, while there were no less than five at Enfield, all unvaccinated, and that four of these died. If these almost hopeless cases are put on one side, it will be noted that there was but one death in 44 cases. That case was one of confluent small-pox in a man aged 47, of intemperate habits and not vaccinated since infancy.

This favourable mortality seems to me to lend some ground to the belief that the special treatment adopted had some beneficial influence. This is further suggested by the fact that among the 35 adults under treatment there were no less than seven of a very severe confluent type, or with some special cause of danger.

CASE I.—C. C., female, aged 37, vaccinated in infancy, was confined on third day of illness at term; admitted next day, second of rash, which was completely confluent on face, head, and extremities, and very thick on the trunk. Temperature on admission 102.6°, but fell next day to 100.2°, and on the third morning to 99°. It rose on the tenth day to 101.6°, but fell next day to 100°, and she made a good recovery without delirium or any special symptom. The way in which the pustules withered and dried up, apparently after maturing, was remarkable.

CASE II.—A. L., female, aged 13, vaccinated in infancy. Rash very thick, and semi-confluent on face, legs, and arms; had had severe hæmorrhage from the mouth before admission, and slight on next day. Evening temperature 103.4°, next day 100°, and continued from 98° to 100° for a week; after that subnormal. Good recovery.

CASE III.—A. L., female, aged 25, vaccinated in infancy. Pregnant five months; did not abort. Confluent on face and hands, thick elsewhere. Temperature only once above 100°, namely, on tenth day (100.6°), next day 99.6°: afterwards subnormal.

CASE IV.—E. C., female, aged 27, vaccinated in infancy. In third pregnancy; confined on fifth day of eruption, at eight months; normal labour. Eruption thick all over, but discrete. Temperature 100.6° on evening of admission, after that never above 100°, and after third day of confinement only 99° on three days. Recovered. The infant was vaccinated on day of birth, and three days later, but both failed to take. Later, he had a few modified spots, but was never really ill.

CASE V.—E. J., female, aged 57; vaccinated in infancy. Confluent on face, arms, and legs, thick elsewhere. No special symptoms except slight rigors on the ninth, eleventh, and twelfth day of disease, and slight delirium on the twelfth day. Good recovery. Temperature on tenth, eleventh, and twelfth days 101°, and on fourteenth 101.6°, then fluctuated for three days under 100°, and after that was normal.

CASE VI.—T. R. S., male, aged 43, navy; vaccinated in infancy. Confluent on face, arms, and legs in great blisters. On the ninth day of disease most of the pustules on the legs, arms, and trunk were hæmorrhagic, but no delirium. On the fifteenth day the note is, "Scabs have formed on face, but are already coming away, leaving no ulcers; skin of arms likewise coming away in large flakes, leaving raised, flat, red, glazed patches without pus." Temperature, which had been from 101° to 102.6°, began to fall on the twelfth day, and by the fifteenth was normal, and so continued. Good recovery.

CASE VII.—A. J. W., male, aged 47, a free drinker; vaccinated in infancy. Admitted on fifth day. Confluent on head and limbs, semi-confluent on trunk. Delirious after seventh day, and died on eleventh.

In all the cases that recovered the secondary fever was either entirely absent or very slight indeed. I was much struck with the remarkable way in which, in most cases the vesicles, even in the confluent cases, either dried up without maturing, or, if they matured, produced comparatively little discharge. Although I had had a large experience of small-pox in the epidemic of 1870, I had never seen confluent cases behave in this way. The hæmorrhagic case—No. 6—was most surprising.

I attribute the favourable course of these cases chiefly to the use of guaiacol dissolved in olive oil—1 part to 80. The whole surface was anointed with this with a swab of cotton wool at least every four hours. The patients were most eager for it as it allayed the irritation, and after a few applications almost abolished it. It seemed also to reduce the temperature and prevent consequent delirium. It appeared to check the maturation, and cause the pustules to dry up, and I send these notes in the hope that some others may be able to give it an extended trial. The medicine given was a hydrochloric acid mixture. The diet was a simple milk and broth diet till convalescence set in, and no alcohol was given in any form or during residence; this, no doubt, contributed to the favourable result. I may add that a collateral advantage of the guaiacol treatment was the almost entire abolition of the loathsome odour from the eruption, so that the wards were as sweet as those for the treatment of general disease.

MEDICAL MAGISTRATE.—Dr. Clement Palmer, of Barton-under-Needwood, has been appointed a Justice of the Peace for the county of Staffordshire.

A MERCURIAL INJECTION FOR USE IN THE INTRAMUSCULAR TREATMENT OF SYPHILIS.

By LIEUTENANT-COLONEL F. J. LAMBKIN, R.A.M.C., [1]
Hong Kong.

FOURTEEN years' experience of dealing with syphilis by the above method, during which time I have given all forms of mercury—namely, perchloride, sal alembroth, sozoiodol, and metallic mercury, extended trials convince me that the metal itself is far the most efficacious. I have retried the soluble salts, but have had to revert to the metal in the form of a cream consisting of mercury, lanolin, and ol. carbol.

The advantages which this cream possessed over all other forms of mercurial injections are two very important ones:

1. It is much less painful.
2. Its effects on the symptoms and the ultimate cure of syphilis are far more marked than those following the use of other forms of mercurial injections.

That it possesses these two important advantages is strongly my opinion, the reason for No. 2 being, perhaps, that it is more slowly absorbed. At the same time the cream had some disadvantages, one being that in cold weather it became semi-solid, rendering it impossible of injection, and to obviate this and to bring it back to a proper consistence for injection heat and manipulation were required. These took time and trouble and brought the cream into disrepute.

For years I have been on the look-out for some means to correct this, and at last have succeeded. I now use the following prescription: B Hydrag. 3ij; lanolin anhydrosis 3ij (by weight). Both these to be well rubbed up until the mercury disappears, and then add: Paroleine (Burroughs and Wellcome) 3iv; carbol 2 per cent. (by measure); 5 to 10 minims once a week as an intramuscular injection.

From this it will be seen that I substitute carbolized paroleine for the carbolic oil as hitherto. The latter becomes semi-solid in fairly low temperature, whereas paroleine does not change its consistence in cold. I have kept it for two hours in an ice chest, and was able to draw it into my syringe immediately on taking it out.

A great difficulty, then, has been removed, and the above prescription suits admirably, and ought to prove a great boon, especially in the United Kingdom and other cool climates in carrying out the intramuscular treatment of syphilis.

MEMORANDA:

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

CASE OF APPENDICITIS IN A WOMAN AGED 78: OPERATION: RECOVERY.

Miss S., aged 78, has suffered from constipation for many years. She is of rheumatic habit, and has had sciatica. The heart's action is feeble and somewhat irregular, and from time to time there is oedema of the legs and feet, but not to any marked extent. There is a slight trace of albumen in the urine.

On March 12th she was seen by Dr. J. Walters, and found to be suffering from pain in the abdomen and constipation. She had not been feeling well for a fortnight, but previously she had no special symptoms. A mild aperient was prescribed.

On March 13th the temperature was 102°, and the pulse 120. There was vomiting, and she was still constipated, with pain and swelling and tenderness in the right iliac fossa. On March 14th the pain and swelling had increased. She was still sick, and there had only been slight action of the bowels. The temperature was 100.3° and the pulse 104. In the afternoon there was marked increase of the swelling in the right iliac fossa and general tympanites, with a great deal of pain.

Operation was decided on after consultation with Dr. Holman, and performed by Mr. A. R. Walters assisted by Dr. Holman and Dr. J. Walters. The usual incision having been made and the peritoneum opened, there was a gush of turbid serum; the caecum was found to be covered with lymph. The appendix was adherent to the wall of the pelvis; it was swollen, bent on itself, and filled with mucus; there was considerable difficulty in separating and removing it. The stump was invaginated into the caecum, and secured by a