which were flagellated organisms, and could be seen on one of the photomicrographs distinctly. Sandflies bit and raised a papule, which, through a small incision with a slight area of surrounding inflammation around. The person bitten scratched it unconsciously, and the excoriated surface turned to an ulcer with little, if any, discharge; circular, and spreading along the edges; single sometimes, multiple at others; and in some instances likely to be mistaken for "specific sores" by novices in tropical ulcers, since they left an unsightly scarring around the inner ankle, which was a favourite site for bites, and there was a copper stain on healing.

Mr. James Cantlie said that amongst the skin affections referred to by the several speakers he had heard no reference made to a patchy pigmentation of the skin of the face, neck, and hands frequently met with in this country, and no doubt elsewhere, especially amongst women. He had given the affection the name of the "tropical mask," which was a simple pigmentation not due to any parasitic infection, but resembled closely the pigmentation seen in the skin of various parts of the body in pregnant women. Mr. Cantlie mentioned a case in which the "tropical mask" had caused a medical man practising in Britain to regard a patient with this affection to be the subject of Addison's disease. Mr. Cantlie stated that he had seen small sores in different parts of the body resembling Oriental sores in an officer recently returned from Tibet; in these sores, however, no Leishman bodies were found.

LEPROSY IN ICELAND.

Dr. Karl Grossmann (Liverpool) gave a lantern demonstration of coloured photographs he had taken of lepers in Iceland.

ON THE PRESENCE OF SPIROCHAETES IN TWO CASES OF ULCERATED PARANGI (YAWS).

By Aldo Castellani, M.D.,
Colombo, Ceylon.

In February last, examining some films from the secretion of the ulcers in a case of parangi and stained by the Leishman-Romanowsky method, I noticed several extremely minute and almost invisible spirochaete-like bodies. I did not attach much importance to this discovery at the time, as the spirochaetes were found together with huge numbers of bacteria and were so faintly stained that their proper study could not be carried out.

A month ago Professor Schaudinn very kindly sent me a reprint of his preliminary note on the finding of spirochaetes in syphilis. Remembering the strict relation which, according to some authors, exists between parangi and syphilis, I began at once some investigations to ascertain if in yaws also identical or similar spirochaetes could be found. Unfortunately all the 4 cases were parangi, not parangi in the sense of the General Hospital of Colombo, but 2 other cases—beggars off the streets—was able to secure and examine. Only these 4 cases have been examined. Of these 2 had dry lesions—the well-known yaws—while the other 2 cases, in addition to a few dry lesions, presented some red fungoid, slightly secretory, ulcerated excrescences, such as are generally seen antecedent to the dry-yaws stage. The investigation of the two cases of dry yaws was completely negative as regards spirochaetes. In the other two cases spirochaetes were found, though mixed with various bacteria. Of these two cases, one I examined only once, as he returned to come again. The other is a patient in the General Hospital under the care of Dr. Paul, and I have examined him many times. He is a Singhalese laborer; he has never been out of Ceylon, and has had no other disease. There are no signs of acquired or congenital syphilis. He is in the second stage of the disease. The skin of his hands and arms presents several patches of fungoid excrescence; the ends of the fingers and the soles of the feet show several fungoid, roundish, elevated, slightly secreting formations. The patient is undergoing mercurial treatment, and is improving. Practically all the experiments have been carried on with this case; the other, as already stated, refused to come again.

The Spirochaetes.—The spirochaetes found were generally mixed with numbers of bacteria. In the preparations taken from the surface of the lesions the number of bacteria was prodigious, but by scraping away the superficial layers till blood exuded and then making preparations the bacteria were fewer, whilst the numbers of spirochaetes were not sensibly diminished. The spirochaetes are extremely thin; they stain very faintly, and in fact are sometimes scarcely visible.

If the Leishman alcoholic solution is, however, allowed to act for five minutes and then the mixture with distilled water for fifteen minutes, the spirochaetes are fairly well stained, generally taking on a purplish, occasionally a bluish tint. The organisms are generally long, 14 to 20 μ, though short forms, 7 to 10 μ, are also met with. They are often pointed at both ends and present a variable number of waves. Two types might, perhaps, be distinguished—one much more delicate, with very small uniform waves, the other with fewer, longer and more graceful wavy forms. In the stained preparations, a few shorter, thicker and more deeply-stained spirillum-like bodies, presenting one or two chromatin points in their substance, are seen together with bacilli of various shapes and cocci. In the few lesions of the same case which had not yet ulcerated spirochaetes of the more delicate type were found.

In fresh preparations (hanging-drop), the spirochaetes, though extremely thin, could be distinguished from the many motile bacteria by their peculiar movements so well described by Schaudinn. The usual laboratory culture-media were inoculated with the secretion taken from the lesions; colonies of various bacilli and cocci developed, but, as was to be expected, no spirochaetes.

In conclusion, I wish to state that in publishing these observations, I desire not to commit myself in any way as regards the etiology of parangi.

REFERENCE.

1 Veröffentlichung Bericht über das Vorkommen von Spirochaetem in syphilisähnlichen Krankheitsbildern und bei Pulpillem.

INNOLVEMENT OF THE SCALP IN LEPROSY.

By Georges Ferret, M.B.C.S., L.R.C.P.,
Assistant, Skin Department, University College Hospital; late Pathologist, Hospital for Diseases of the Skin, Blackfriars, London.

In general, it is generally stated that the hairy scalp escapes in leprosy. As I have now seen two exceptions to this rule in this country the following short details may be of some interest:

The first case was in a male native of Bombay, aged 30, who was seen by me in August, 1896, whilst in charge of patients at University College Hospital. The patient had consulted an ophthalmic surgeon about his eyes, the condition of which had led to the idea of syphilitic keratitis, but the general condition of the man being mentioned to me I came to the conclusion that the case was probably one of leprosy. When I had an opportunity of seeing the patient myself,
to be expected in the fourth week of the disease. For this reason his diet was not improved, and he was sedulously watched.

A sharp but short relapse occurred, at the end of which the urine passed increased from 30 to 40 oz. to 80, 90, and even 110 oz., and an uninterrupted convalescence took place.

In which polyuria has noted have known perforation to occur, and in no case has haemorrhage of any moment ever occurred after polyuria has been established, and, furthermore, the occurrence of relapse is of the most extreme rarity ever noted has ceased.

If these observations are correct and can be substantiated by others, it seems certain that we have in polyuria a valuable aid to the hopes of obtaining the best of the experience of others who have the opportunity of seeing many cases of typhoid, I have ventured to publish an opinion which has been to me a great help and safeguard in estimating the chances of recovery of my patients.

A NOTE ON THE PRODUCTION OF DIARRHOEA
BY THE BACILLUS PRODIGIOSUS.

By Louis C. Parkes, M.D., D.P.H.,
Medical Officer for Health for the Borough of Chelsea, and Consulting Sanitary Adviser to H.M. Office of Works.

At the end of April, 1893, I was asked to investigate the cause of an outbreak of diarrhoea in a large country mansion. About three weeks prior to the date of my visit the first attacks commenced, and had been more or less continuous ever since, nearly the entire of the eighteen members of the household having suffered, and some having had more than one relapse. The attacks appear to have been of a mild nature, like ordinary summer diarrhoeas of a mild type. The only child living in the house escaped attack.

An examination of the premises showed that the drainage and sanitary arrangements were quite modern and in very good order. The water was the same as that supplied to the neighboring town, where there has been no unusual diarrhoea, and the milk from the farm had been examined and found good. The little girl was the chief milk consumer of the household, and she had escaped attack.

About the time that the illness commenced some alterations had been effected with a view to improving the ventilation of the larder, more openings being made to secure ventilation from an adjoining yard enclosed by a high garden wall. The steam escape pipe of a new hot-water cylinder had also been made to discharge into this yard close to the larder door. Since these alterations had been carried out it had been noticed that the family had not used so much meat, and sometimes pudding, kept in the larder were affected with a superficial pinkish growth. This had been sent to London for examination, and was pronounced to be a growth of Bacillus prodigiosus, and harmless.

At which the larder door and the chief supply of air showed that there had been a continually recurring ejection of hot water from the steam escape pipe on the roof of the yard from which the larder was encircled. The water which was allowed to be escaped and distempered before being taken again into use.

The family left the house for the summer holidays two or three days after my visit, and I now learn, by the courtesy of the sanitary inspector, that the yard water system was found in every particular, and that since the return of the family there has been no recurrence either of the pink bacillus or of any diarrhoea.

I am not aware of any hitherto recorded instance of illness due to the growth of Bacillus prodigiosus on food. It is evident that the growth must have been favored by the atmospheric conditions prevailing in the adjoining yard; and possibly the bacillus was originally present in the soil of the yard, and was mechanically raised by the action of the steam escape pipe, which was situated at a height of 7 or 8 ft. above the yard surface from the steam escape pipe.

Although the facts above mentioned are highly suggestive of the Bacillus prodigiosus being the cause of the diarrhoea, the chain of evidence is not complete; and I am informed by the medical practitioner who attended the cases that the attacks commenced when he had not been able to believe that the patients had partaken of food contaminated by the bacillus. The occurrence, however, seems of sufficient importance to be recorded with a view to further investigation into the alleged harmlessness of the bacillus.

FURTHER OBSERVATIONS ON PARANGI (YAWS).

By A. C. C. M. D.,

On June 17th, 1905, I read a paper before the Ceylon Branch of the British Medical Association on the presence of spirochaetes in cases of parangi. 1 A few days before I had sent a note on the first two cases to Sir Patrick Manson, who kindly communicated it to the meeting of the British Medical Association held at Leic estimator on July 27th. At the meeting of the Ceylon Branch I was able to communicate that I had found spirochaetes in three cases out of six that in two of the cases two varieties of spirochaetes could be seen, one thicker and with large waves, one thinner, extremely delicate, identical with or resembling the Spirochaeta pallida of Schaudinn. In the third case, in which the lesions had not yet ulcerated, there were only spirochaetes of a very delicate variety. Besides the spirochaetes, in several preparations a few rare, peculiar, small, rod-shaped organisms resembling granules of chromatin could be seen. In the meantime I had sent a specimen taken from the first case to Professor Schaudinn. Professor Schaudinn has been kind enough to examine the preparation, and has written me a letter, dated Bombay, August 8th, 1905, in which he states that in the preparation I sent he has observed three varieties of spirochaetes, one of which, very delicate, resembled closely Spirochaeta pallida.

As in the last two months I have had the opportunity of studying some more cases, and as I have recently had the good fortune of Dr. Daniel passing through Colombo and giving me his advice in the interpretation of several preparations, I think it may be desirable to publish the latest results of the investigation.

Technique.

1. Films are made in the usual way from scrapings of the eruptions. It is advisable to select lesions in which a secondary pyogenic infection has not yet taken place. Examine the skin, which I have found the most readily accessible, on a variety of slides. The following results: Leishman’s method, however, gives also good results if the staining is done according to the instructions:

1. Let the alcoholic solution of Leishman act for five minutes without fixing the films previously.

2. Mix the stain with equal or double amount of distilled water, and let it act for half an hour to several hours.

3. Wash with distilled water, and leave a few drops of it on the films as usual for half to one minute.

4. Blot and examine with very high power.

Description of the Spirochaetes Found.

In the preparations taken from ulcerated lesions, according to Schaudinn and myself, various spirochaetes were observed. One form is rather thick and takes up easily the stain; it is morphologically identical with the S. refringens of Schaudinn. One form is thin, delicate, with waves varying in size and number, and with blunt extremities; I proposed for this variety the name of S. refringens pallida. A third form is also thin and delicate, but is tapering at both ends; I named it S. refringens obtusa. In non-ulcerated lesions there may be found a spirochaete which I believe to be identical with the S. pallida. The organism is extremely delicate, thin, and generally tapering at both ends. The body of the bacillus varies from a few microns to 18 and 20 microns. The number of waves varies also, but they are generally numerous, uniform, and of small dimensions. Sometimes two spirochaetes may be seen attached together, or apparently twisted one to the other. Two organisms close together and nearly parallel, but united at one end, as described in Spirochaeta pallida by Schaudinn and McWeney, have been seen. With the microscopes at my disposition the
minute structure of the parasite cannot be studied satisfactorily.

Frequently the patients presenting spirochaetes do not show them constantly, but only at long intervals. Weeks may pass before a single spirochaete is found; according to my experience, no spirochaetes are observed in lesions which are healing.

Description of some Peculiar Bodies found in Cases of Parangi.

In several preparations taken from patients presenting spirochaetes and also from patients suffering from parangi in whom the spirochaete could not be found, I have observed some peculiar bodies, which are represented in Fig. 2. These bodies are generally oval or roundish, 5 to 8 microns in length and 4 to 6 in breadth, sometimes they may have smaller or much larger dimensions.

Fig. 1.—Spirochaetes found in parangi.

In preparations stained by Leishman's method these bodies are stained slightly purplish or bluish and contain chromatin. The chromatin may be collected at one point near one of the extremities, or may be scattered at several points. There is no pigment. What these bodies really are, and whether they have anything to do with a developmental stage of the spirochaetes, I cannot yet say. I have shown them to Dr. Daniel, who is of opinion that they must be the developmental stage of a protozoan, and that the scattering of the chromatin would point to the parasite being in a stage of preparation for division.

Cases.

Case I.—Singhalese boy, General Hospital, Colombo. Typical ulcerated ganglionic lesions on the lower limbs and feet. Scarcity of the ulcers show numerous spirochaetes, some of which are very delicate.

Case II.—Singhalese beggar. Ulcerations healing. No spirochaetes present.

Case III.—Singhalese beggar. Ulcerated lesions. Spirochaetes of various appearance present.

Case IV.—Singhalese woman, General Hospital, Colombo. Typical lesions in the yaws stage. No spirochaetes present. An enlarged gland situated from the neck and slims made. No spirochaetes found so far.

Case V.—Child, Singhalese, General Hospital, Colombo. Spirochaetes absent.

Case VI.—Singhalese woman, General Hospital, Colombo. Scarcity are made from a fresh eruption not yet ulcerated. Extremely delicate spirochaetes present; also a few oval bodies present. Chromatin, as already described. No bacteria present.

Case VII.—Singhalese woman, General Hospital. Numerous ulcerated lesions; spirochaetes found, together with numerous bacteria. Scraping the ulcers deep till blood only exudes, spirochaetes only and a few oval bodies are found.

Case VIII.—Singhalese child, General Hospital. Spirochaetes absent, some extremely rare oval bodies present.

Case IX.—Singhalese girl, Hospital for Tropical Diseases. Ulcerated fusiform lesions; spirochaetes, some of which were of a delicate variety, were found for several weeks, then they disappeared, and for the past month no spirochaetes have been found.

Case X.—Singhalese girl, Hospital for Tropical Diseases. Spirochaetes absent.

Case XI.—Singhalese woman, Hospital for Tropical Diseases. This is a very typical case. In fresh eruptions spirochaetes of an extremely thin variety only and no bacteria are found. Oval bodies are also present, though very rare.

Summary.

1. In 7 out of 11 cases of parangi spirochaetes have been found. Of these spirochaetes there is an extremely delicate variety which in my opinion is absolutely identical with the Spirochaedia pallida of Schaudinn. If my hypothesis should be proved to be wrong a proper name for the organism might be S. pallida.

2. Peculiar oval, chromatin-containing bodies—represented in Fig. 2.—have been observed in 4 cases. 3 among those presenting spirochaetes and 1 which did not show any spirochaetes.

I wish to express again my greatest thanks to Professor Schaudinn for his kindness and for the most valuable help and advice he has given me.

REFERENCE.

1 Journal of the Ceylon Branch of the British Medical Association, July, 1905.

A NEW SANATORIUM FOR NEW YORK.—New York City is about to expend £400,000 on the erection of a city sanatorium for consumptives. The site is on Staten Island. The spot is said to be the highest on the Atlantic Coast between Maine and the Gulf of Mexico. The ward buildings will be in the form of an arc; all the windows are to extend to the floor and open on verandas. The roof is to be treated as a roof garden, one portion being enclosed in glass. Two buildings are to be devoted exclusively to advanced cases, which will be treated in separate rooms. Patients in all stages of the disease will be admitted. The sum already allocated for the purpose of the new will, it is estimated, suffice to provide accommodation for at least 100 patients.

REQUESTS TO MEDICAL CHARITIES.—Under the will of the late Mr. William Keeling, of Nottingham, which has now been proved, the following institutions, all in Nottingham, are to receive the income of a sum of about £20,000: The General Hospital, the General Dispensary, the Midland Institution for the Blind, the Children's Hospital, the Women's Hospital, and the Nottingham and Midland Eye Infirmary. At the end of 21 years the capital sum is to be divided between them. The same institutions are also given a contingent reversionary interest in a further sum of some £20,000.
media, and for neither of them are resistant germs known which might enable them to pass from external sources unscathed through the varying media they would find in the mouth, nose, and small intestines; yet such germs are now well known to be found very commonly in the rectum and other parts of the large intestine, apart from any indications of disease. Even where they are abundantly present in association with diarrhoea, all attempts at infection, according to Castellani (p. 1286), by introducing swarms of them into the rectum of healthy animals, have been attended by negative results. Removal may be taken as another indication of their frailty, and it supports the view that they are mere concomitant, though perhaps harmful, products, rather than causes, when they are found existing in abundance in association with diarrhoea or dysentery. Sir William Broadbent says in a letter in this week's Journal, in the case of diphtheria the Klebs-Loeffler bacilli are often found in perfectly healthy throats without doing harm, but let a cætorium supervene and they find their opportunity.

Much the same may be said concerning the flagellates and the amœbae so often present in the large intestine. But what we want to know is how these latter organisms come to be present in such a locality. — I am, etc.,

H. CHARLESTON BASTIAN.

CHLOROFORM SYNECOPE AND DIRECT MANIPULATION OF THE HEART.

Sr.—May I venture to suggest that the case of "Chloroform Syncope and Direct Manipulation of the Heart," reported by Messrs. Smith and Daglish in the issue of the British Medical Journal, November 6th, p. 1340, is one of the very interesting examples of overdosage with chloroform, in which the patient's life was saved by vagus inhibition of the heart?

Messrs. Smith and Daglish cannot surely ignore the fact that chloroform has no direct action upon the heart, and that consequently there is no such condition as chloroform syncope, in any case, unless the life of the face which they mention, consistent with it, is that brought about by the respiration, which entirely precludes the idea of syncope of any kind. "As the surgeon's hand had recently been in the rectum and had been cleaned in the most perfidious manner," Messrs. Smith and Daglish may consider themselves fortunate that the victim of their unsafe method of chloroformization did not succumb to the operation of manipulating the heart. An examination of the rectum does not usually demand more than a partial dose of chloroform. Whether this is so, or if for any reason complete anaesthesia is deemed necessary, is not the surgeon of the present day bound to employ my method of giving the anaesthetic, since it alone is free from the possibility and risk of overdosage? If instead this method is neglected, and such a totally-unnecessary operation as kissing the heart is to be done under the protection of the reservations of chloroform anaesthesia must become ruinously optional. It will obviously be difficult to persuade sensible people to take chloroform at all if, in addition to the dangers of overdosage, they are to be exposed to those of opening the abdomen in a hurry and direct manipulation of the heart.

— I am, etc.,

London, Nov. 16th.

EDWARD LAWRIE.

SANITARY OFFICIALISM.

Sr.—In your Manchester correspondent's letter of Saturday, November 4th, I observe the Parliamentary subcommittee recommending a council of the Corporation to seek powers in their 1906 Corporation Bill for securing correct information from occupiers in respect of infectious diseases. It would be interesting to know through whom this information is to be conveyed. Already the profession here sorely complains of the mischievous interference of the sanitary inspector, who not infrequently makes his diagnosis of the case in hand, and has been sent to inspect, and communicates his opinion to the parent. Indeed, in a case of scarlet fever in a child under my care he assured the parent the doctor was quite right, but the child would soon be well, as it was but a mild case! The child was removed to hospital, detained fourteen weeks, and when she had been before a fortnight another case broke out in the house. A very practical illustration of the uselessness of isolation. The fact is, in practical removal to hospital is a distinct disadvantage to the community.

This question has been again and again before some of the Divisions of the Lancashire and Cheshire Branch, and it is hoped some practical proposals will be made and some method adopted to prevent the unwarrantable meddling of unskilled officials. Imagine the proposal of one medical officer of health that the sanitary inspector should supervise midwives.

— I am, etc.,

Old Trafford, Nov. 21st.

J. BRASSEY BRICKLEY.

SPIROCHAETES IN YAWS.

Sr.—In my paper on Parangi, published in the British Medical Journal of November 19th, Case iv is given as negative: further study of the films, however, from the excised gland, as well as from the eruption, has revealed the presence of a few spirochaetes of the delicate variety which I call B. pallida of Schaudinn. Before leaving Colombo I examined three more cases, all of which presented the same organism. I have shown preparations to Dr. Barratt, of the Infant Institute, and he agrees with me that the parasite cannot be distinguished from the B. pallida. Professor Schaudinn also informs me that the spirochaetes present in the films from non-eroded lesions I have sent him lately are morphologically identical with the B. pallida. — I am, etc.,

ALDO CASTELLANI.

THE ASSOCIATION OF MEDICAL DIPLOMATS OF SCOTLAND.

Sr.—Permit me space in your valuable Journal to call the attention of those holding the qualifications of the Royal Colleges of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow to the good work being done by the present organization: it is a comparatively young Society, and up to the present has achieved a great success in the following ways:

1. Opening up of opportunities to those holding the qualifications in question: the securing of a uniform academic costume; and, again, this week a deputation is to attend the Royal College of Surgeons of Edinburgh to present a petition for the alteration of the title of "Licensiate" to that of "Member." If not this a good record of work done?

Let me urge upon all who take an interest in these affairs to join us so as to strengthen our hands and encourage us in our endeavours to promote the welfare of our colleagues. Our Honorary Secretary, Dr. David Walsh, SA, Hanover Street, W., will gladly forward conditions of membership.

— I am, etc.,

CLAUDE ST. AUDRY-FARNER.

President,

London, W., Nov. 20th.

LIFE ASSURANCE WITHOUT MEDICAL EXAMINATION.

Sr.—I should like to know whether other medical men have had the same experience as I have lately. In four cases within the last six weeks for which I have signed the death certificates I have been informed by the insurance companies asking for the duration of the illness, and in all four cases I had to leave the duration of the illness blank. In three the patients were suffering from heart disease, and it was obviously impossible for any medical man to say how long the patient had been suffering from it; he could only say what was the matter when he was called in to attend. The same remarks apply to a case of cancer of the uterus, and also the last one chronic bronchitis and heart failure. The fact is, these insurance companies will allow any one to insure another person's life without any medical examination. For instance, Brown can insure Jones without Jones knowing anything about it; but, if Jones dies, the insurance company want a certificate from the medical attendant to say how long Jones was suffering from his complaint before he died; and, if the certificate says he was suffering from that complaint before the policy was taken out, they refuse to pay, although quite obviously neither knew that the one insured was otherwise than healthy.

The insurance companies take the premiums without any final examination being required, and then, when the person insured dies, and they are called upon to pay, they try to get out of it by pleading what they could have found out for themselves if they had had the proposer properly examined. In these cases the doctors have just come across a typical case, a man with nitrous disease, with a bad murmur, who has had four attacks of rheumatic fever, has just been accepted by one of these companies. I have already refused to put him three times.

Apologizing for the length of this letter — I am, etc.,

Tunton, Nov. 17th.

W. FRATON FISHER.