This recalled to my mind an impression which had existed previously, of the close connection that exists between certain classes of epitheliomata and injuries induced by burns. Cancer of the lips was well known to be connected with chronic irritation of the lips caused by a hot clay pipe. "Chimney sweep's" cancer was often the result of constant irritation of the scrotum from hot ashes, when chimney sweeps carried the bag close to the legs. In Kashmir the inhabitants all wear one big garment reaching to the ankles, and in the cold weather they keep themselves warm by placing an earthenware vessel (kangri) filled with glowing charcoal under the gown. They often fall asleep with the kangri still alight, and the vessel often gets upset from involuntary movements during sleep. The result is that most of the inhabitants of Kashmir are the subjects of more or less extensive burns, and epithelioma is very common in the cicatrices. Of course, the connection I refer to may be merely that the vitality or resisting power of the cicatricial tissue is lowered, thus rendering it an easier prey to the cancer microbe (if any). But considering the difficulty that has so far been found in cultivating a microbe, may it not be that, perchance, the microbe, if it exist, may require the application of long-continued high temperature for its development? It would be interesting to know if there are any statistics showing the proportion of cases of cancer of the os or cervix uteri which have occurred subsequent to cauterisation of those parts.

UNUSUAL SEQUELA OF CHRONIC EAR DISEASE.

By Lieutenant-Colonel F. J. JENCKEN.
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PRIVATE _______ was admitted to the Station Hospital, Deolali, March 6th, 1907, with fever. As he had been admitted before with ague due to the malignant tertian parasite, it was thought that his temperature was due to malaria, but no parasite was found in his blood. A few days after his admission he began to complain of pain and stiffness in the back and right side of the neck, and the chain of glands appeared enlarged. The right side of the neck then appeared to become swollen. On enquiry, the fact was elicited that he had had a discharge from the right ear since childhood, following upon scarlet fever. After this the swelling became more pronounced and, thinking there must be suppuration in connection with the mastoid cells, on March 16th I made a long incision behind the ear, exposing the mastoid process, but failed to reach pus. His condition became worse, and the swelling of the neck increased, spreading even over the chest and to the other side of the neck. I therefore incised the swelling over the right side of the chest, which had rapidly increased in size, and let out several pints of stinking pus. The abscess cavity, which extended right across the chest, was irrigated, and
when the pressure in the cavity rose, pus was seen welling out of the external meatus of the ear, so that the pus must have worked its way along the vessels beneath the deep fascia to below the clavicle. His condition at the time of the second operation was very critical, and a day or two afterwards a counter-opening had to be made on the left side of the chest; but after this he gradually improved, the discharge diminished and became less foul, his appetite improved, and he gradually made a good recovery.

Reprints.

THE PRESENT-DAY TREATMENT OF SYPHILIS IN ENGLAND.

By COLONEL F. J. LAMBKIN.
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During the last twenty years the treatment of syphilis has made much progress on the Continent of Europe and in the British Army both at home and abroad. Does this apply equally among the civil population of the United Kingdom? This will be the subject for consideration in the following paper:

It is convenient to divide the subject of the treatment of syphilis into three parts: (1) Hygiene (including the important question of the increase and maintenance of tissue metabolism); (2) the administration of the specific, mercury; (3) the employment of auxiliary measures, such as iodide of potash, &c.

The consideration of all these elements opens up a very large question, too large for the scope of this paper, hence it is proposed to limit discussion to the second—i.e., the modes of administration of mercury. Before discussing this, it will be necessary to inquire what the teaching is in England to-day as to the actual practical treatment of the disease. This can best be studied at the out-patient department of any of our large hospitals, as it is seldom that patients suffering from syphilis, plain and simple, are admitted as in-patients to any of these institutions. We are taught there to treat the symptoms and lesions of it which may be present, but too often, on the disappearance of these, the patient ceases to come to hospital, consequently treatment is suspended, and is not resumed until fresh manifestations render it necessary. Should these latter be so mild as to cause little inconvenience or disfigurement, the patient probably receives no further treatment, as he may not present himself until he is affected with something more serious in the shape of, say, cerebral or

1 Reprinted, by kind permission, from The Hospital, June 29th, 1907.