Correspondence

daughter of the Rev. Charles Ingham, Rector of Kilmesson, Co. Meath. Sir James was a remarkable man, and as he was an Irishman and a Meath man I think the country and county should have the credit of his origin. I am his nephew.

I am, &c.,

The Vicarage, Newry,
June 29th, 1908.

S. Smartt
(Vicar of Newry).

THE TREATMENT OF SYPHILIS BY INTRAMUSCULAR INJECTIONS.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

SIR,—The attack on Colonel Lambkin in the July number of the Journal with reference to the above subject is much to be regretted. I think it will generally be admitted (at any rate by those of us who have several years’ service) that the continuous out-patient treatment of soldiers who are suffering from syphilis is mainly due to the introduction of the method of intramuscular injections by Colonel Lambkin. The Army and the civil population owe him a very deep debt of gratitude.

The treatment by inunction, and also by the mouth, has been well known for a very long time, but these methods are quite inadmissible in Army out-patient practice.

If we had not been taught by Lambkin the advantages of intramuscular injections, I do not think it would have been possible to have issued Army Order 158, of 1903, an order which has resulted in a large number of men leaving the Army cured, which has enormously reduced the amount of invaliding from syphilis, and which must have greatly diminished the spread of the disease amongst the civil population. The number of cases of salivation which attend the use of insoluble preparations are (in proportion to the vast number of injections which are annually given) very small, and can most probably be traced to some carelessness in the method of administration. There is very little doubt that probably owing to over-heating of the grey oil, aided by insufficient stirring of the mixture during dispensing, a large proportion of the metallic mercury may find its way into the lower layers in the bottle. In this way the recipients of the upper part get a smaller dose than is intended, with the probable result that they develop symptoms which one does not expect to see after eight or ten 1 grain injections, and in the latter case salivation occurs after a few injections.

In spite, however, of the very slight risk of such accidents, and of the
opinions of the civil surgeons quoted by Major French, the number of Army surgeons who use it to the exclusion of all other methods is vastly in excess of those who treat the disease by inunction or by the mouth. I hope that what Major French has written, coming as it does from a specialist and a teacher of young officers who are posted to one of our largest hospitals, will not have the effect of deterring our younger brethren from the use of intramuscular injections, and, as inunctions are obviously impossible in out-patient military practice (which point is conceded by Major French), induce them to fall back on pills and powder, which in the great majority of cases will never be taken.

As regards the loss of weight under mercurial injections, our experience at this hospital has not been the same as Major French's. I have looked up my records during the past three years that I have been responsible for the treatment of syphilis at this station, the disease having been treated solely by injections of Lambkin's cream.

The total number of new cases (to end of May, 1908) has been 246, and as no treatment is ever given before the appearance of the initial rash, they are all genuine. Out of this number, 220 men gained an average of 2 to 4 lbs. by the end of their fourth injection.

9 men were up to their original weight at the end of the 10th injection.
14 " " " " 8th " 
5 " " " " 9th " 
4 " " " " 5th " 
8 men left the station under weight.

The following figures may prove interesting:

<table>
<thead>
<tr>
<th>Year</th>
<th>1908</th>
<th>1909</th>
<th>1910</th>
<th>1911</th>
<th>1912</th>
<th>1913 to end of May</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average strength of garrison</td>
<td>3,300</td>
<td>3,178</td>
<td>3,252</td>
<td>3,578</td>
<td>3,154</td>
<td>3,409</td>
</tr>
<tr>
<td>Number of cases treated in hospital</td>
<td>198</td>
<td>129</td>
<td>156</td>
<td>119</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Number of cases placed on Syphilis Register</td>
<td>..</td>
<td>..</td>
<td>139</td>
<td>168</td>
<td>76</td>
<td>15</td>
</tr>
</tbody>
</table>

The above shows the reduction in the number of men who require to be readmitted for recurrent symptoms, and also the greatly reduced period for which they require to be kept in hospital.

As regards the statement by Messrs. Gibbs and Ward, I can only say that severe relapses are practically never seen at this hospital; that I have not had a single case of syphilitic iritis to treat in the last three years, and our experience here has been that men hardly ever show any further signs of the disease after the completion of the third course of
injections. By this time they have had twelve 1 grain and ten \( \frac{1}{2} \) grain doses, spread over a period of forty-two weeks. The treatment is most popular with the men, and the comparative emptiness of the twenty-four-bedded ward which is appropriated to the treatment of venereal sores and syphilis is a constant source of surprise to those who know the strength of the garrison, and the average of about seventy weekly out-patients.

Colchester,

July 14th, 1908.

F. J. W. Porter,

Major, R.A.M.C.