special disease of these tissues or organs.” The symptoms I have described were, I believe, those of a disease belonging to the beri-beri group, not due to any of the accepted causes but to some toxin introduced not improbably in the beer, or produced by some fermentation in the alimentary tract caused by the beer. With very few exceptions all the men in the regiment drank beer, but it was evident that only those suffered who drank it to excess, a considerable quantity apparently having to be regularly consumed before neuritis appeared. Though some of the cases were true alcoholic multiple neuritis, which Daniels states is the disease most likely to be mistaken for beri-beri when the cause is present, as it certainly was in these cases, its occurrence as an epidemic at one period of the outbreak upsets the opinion that it was purely an alcoholic neuritis. It can only then be attributed to a beri-beri infection, not, however, originating from the commonly accepted causes but undoubtedly predisposed to, if not excited by, the excessive consumption of beer.

Treatment.—All the cases were kept apart as much as possible, and those whose symptoms required it were kept in bed—men with marked cardiac symptoms being most carefully watched. Soda sulphate 1 drachm was given daily, whilst the more severe cases were given a mixture of digitalis and strychnine. The diet was light and digestible. All the cases recovered and returned to duty after one to three months’ treatment and rest, excepting one who died and two who were invalided. The fatal case was treated with digitalin, strychnine, amyl nitrite, trinitrin, and venesection. When the troops went into camp the barrack rooms were cleaned and whitewashed, but these precautions were really not necessary as there was no possibility of any place infection.

NOTES FROM KORDOFAN ON TWO CASES OF FEVER ASSOCIATED WITH SPIROCHÆTES IN THE BLOOD.

By Captain A. B. Cummins.
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On November 5th, 1909, a large draft of men arrived in El Obeid, Kordofan Province, Anglo-Egyptian Sudan, from furlough in Egypt. These men belonged to the 3rd Battalion, which is at present stationed at El Obeid.

On November 11th two of these men reported sick with fever. The blood of both men was on the same day submitted to the routine examination for malarial parasites, and in both cases with negative results. On this occasion no spirochætes were noted in the blood of either of the men.
CASE 1.—Private S. Z., 3rd Battalion.

November 11th, 1909.—Temperature ranged from 103° to 104° F. Great prostration was present, and he resented being disturbed. The spleen and liver were not enlarged or tender. Some pain was complained of in the chest, but auscultation revealed nothing that could in any way account for the symptoms. Vomiting did not occur; headache was a marked symptom, and caused the patient great distress.

November 12th.—The temperature in the morning fell to 100.5° F., and was in the evening 101° F. There was, however, no abatement of the symptoms, and the case continued until the morning of November 15th practically unchanged. A second blood film was taken on this day and stained with Leishman’s stain. On examination spirochetes in great numbers were found. On the evening of the same day crisis occurred, and the temperature fell to 95° F.

The next morning the patient, although weak, was quite comfortable.

CASE 2.—Private M. A., 3rd Battalion. This man, who was admitted to hospital on the same date as Case 1, presented practically the same symptoms. Spirochetes were found in the blood on the same day as in Case 1, but the crisis occurred about twenty-four hours later.

Remarks.—These two cases were undoubtedly examples of what is known in Egypt as relapsing fever, and are of interest inasmuch as this disease, although common in Egypt, and, according to Sandwith, to a less extent in the Sudan, has up to the present never been recorded as occurring among Egyptian troops in the latter country. Stained films of blood were forwarded to Dr. Balfour, the Director of the Gordon College Research Laboratories, and he is of the opinion that the spirochetes are probably those of African tick fever, the Spirocheta duttoni. As far as I am aware, the spirochete seen in Egyptian relapsing fever has not been identified, and it is quite possible that it is S. duttoni, and not the spirillum of Obermeier.

In conclusion, it is probable that these two cases among the soldiers of the 3rd Battalion were infected in Egypt while the men were on furlough, as, in spite of the large number of blood examinations that are carried on in the Egyptian Army, no cases of fever due to spirochetes have, up to the present, been recorded.

TWO CASES OF KALA-AZAR TREATED BY THE ARYLARSONATES.

By MAJOR W. S. HARRISON and CAPTAIN C. C. CUMMING.
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It is often suggested that it would be more instructive if people published their failures as well as their successes in medicine, and the following two cases are reported from that point of view, since they were both failures.