of the lower part of the vertebral column backwards on the upper part. He was in great agony with pain in the body at and below the level of the fracture.

He had no paralysis of motion or sensation. He was given morphia for the pain, and kept in whatever position afforded him most ease. At first he lay on one or other side. He passed urine normally. During the day a large semi-fluctuating swelling developed on either side of the fracture.

September 5, 1910. Bowels have been constipated. The swelling of the back is somewhat less. He can now lie on his back. He is encouraged to do so. The curvature is slightly less than it was at first.

September 6, 1910. Considerable wasting of the muscles of the pelvis and thighs was noticed to-day.

September 10, 1910. Patient can now sit up in bed, by pulling on a rope from the ceiling with his hands. The curvature of the spine has been steadily diminishing since the third day after the accident.

September 16, 1910. Pain in abdomen and loins still present, especially on turning movements of the trunk.

September 23, 1910. Curvature now consists of a slight prominence of the twelfth dorsal, first and second lumbar spinous processes. Patient started to walk to-day, with the aid of a stick in each hand. Muscles of the pelvis and thighs have recovered their normal size.

October 2, 1910. Walked a couple of steps without sticks. Can walk comfortably with a stick in each hand. He still has pain on turning movements of the trunk.

October 18, 1910. Patient to-day proceeds on six months' leave.

The remarkable features of this case are (1) Amount of displacement at the site of fracture, without any paralysis; (2) The practically complete reduction of the fracture by postural treatment only. No active measures were taken to reduce the fracture.

NOTES ON A CASE OF SYPHILIS TREATED WITH "606."

By Captain J. A. TURNBULL.

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I have read of so many cases of syphilis treated successfully with "606" that I thought the following case might be of interest, as the "606" on both occasions evidently became encapsulated and syphilitic eye symptoms developed.

Private Y. was admitted into hospital on September 5, 1910, with the following symptoms of syphilis. Some pharyngitis; roseolar rash over body; glands shotty; hair falling; several mucous patches on lips and tongue.
Clinical and other Notes

He had contracted the sore about July 20, 1910. He received two injections of mercurial cream (1 gr. each). On September 19, 1910, he was given 0.4 grm. "606." Ten days later there was no rash or pharyngitis, but the hair was still falling. He was discharged hospital on October 7, 1910. Three weeks later he was readmitted into hospital, with a large painful swelling at the site of injection—interscapular region, right side. There were no signs of suppuration. He was discharged hospital after three weeks, his condition being much improved. After thirty-seven days he was readmitted into hospital suffering from severe general conjunctivitis in both eyes with ciliary injection; some general irido-choroiditis.

On examination, the "606" was found to be encapsulated and practically none of it absorbed. A consultation was held with Dr. McKenzie, Glasgow, and it was decided that the eye symptoms were due to syphilis, and that the arsenic had remained practically in situ.

On December 15, 1910, he was therefore given another injection of 0.45 grm. "606." On December 25, 1910, the conjunctivitis was much improved, only slight iritis, and dimness of vision due to opacities in vitreous being present. On January 5, 1911, there was still some iritis. On January 25, 1911, he was discharged hospital. Twenty days later he developed a large fluctuating swelling at the site of the injection, viz., the right buttock. The swelling showed no signs of suppurating, and had a well-defined margin. It is most probable that this injection was also encapsulated.

From this date his eye-sight has gradually become worse, and is now as follows:

Left eye: Vision—Hand movement.
Large vitreous opacity, with fine dust-like opacities: only a glimpse of the fundus obtainable.

Right eye: Vision 6/60. Vitreous opacity not so large as in left eye.
Some of the subjective symptoms of retinal detachment, but no detachment can be seen. There are dots on the lens.

In this case it would appear that the two injections have become encapsulated, and that the "606" has not affected the case at all.

SOME FURTHER OBSERVATIONS ON SALVARSAN OR "606"

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The following table shows the results of the Wassermann reaction in seven cases treated by mercurial injection in the usual way and six others treated by intra-muscular injections of salvarsan. The cases were taken indiscriminately as they came in.