

Clinical and other Notes.

REPORT ON THE CLINICAL VALUE OF BURRI'S METHOD OF DETECTING THE *TREPONEMA PALLIDUM*.

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DURING the last two years experiments on Burri's Indian ink method of showing micro-organisms have been tried, with the idea of finding out if a rapid diagnosis of syphilis could be made practicable.

The variety of ink which gives the best results is the commercial waterproof Indian ink prepared by Gunter and Wagner, known as "Pelican" brand. This is rendered more homogeneous in the texture of the dark field by the addition of tincture of iodine, in the proportion of one part of iodine to six hundred parts of the ink.

During the last twelve months records of the number of times this method was employed have been kept, and during the last nine months both the Indian ink method and dark ground illumination have been done simultaneously so as to compare the methods.

(1) One hundred and sixty-five examinations have been made of all venereal chancres, irrespective of either appearance or history. Fifty-nine positive results were obtained. In forty-five cases of primary syphilis, thirty-eight gave positive results. The seven negative cases were accounted for as follows: Two were phagedænic, two were suffering from gonorrhœa and had permanganate of potassium applied to the sores during irrigation, the three remaining cases had used a mercurial preparation, usually "lotio nigra." With reference to the application of mercurials locally to chancres, two points were noted. One is that in most chancres *Treponema pallidum* may be demonstrated, even though mercurials are used, if a week is allowed to elapse between the last application, and only hot water bathing of the sore is prescribed. This procedure has been successful in at least six chancres.

The second point, though hardly relevant, has an important bearing on the question of syphilis prevention, and the cure of syphilis in the primary stage. Men provide themselves with 30 per cent calomel cream for the prevention of venereal disease. In addition to using this ointment at the time of running the risk of infection, they apply it to the developed chancre—some only rub in the cream at this, too late, stage—and in consequence their treatment sometimes has to be delayed for at least a week, or in some cases until either the blood becomes positive to the Wassermann reaction or secondary signs supervene.

(2) In one hundred and twenty-four examinations of serum from

venereal sores, both the Indian ink method and dark ground illumination were employed in each case to compare the methods. Sunlight was the means of illumination employed with the dark ground condenser, and, although one had to watch for the appearance of the sun on a dull day, few days occurred in which the sun could not be utilized for a short time. The conclusion arrived at is that little difference exists between the two methods. The dark ground illumination gave a positive result on two occasions, in which the ink gave a negative one. And on one occasion the ink method was positive when the "dark ground" failed to show any *Treponemata*. The time taken to find the organism varied from at once in most cases to twenty minutes, the longest time to obtain a positive result. The average time has been one minute in diagnosing the last thirty syphilitic sera.

(3) The success of Burri's method depends on the even distribution and the requisite thickness of the film (consisting of two parts of Indian ink to one of serum from the chancre), and the absolute freedom of the slide from grease.

Lastly, it has been noted recently that when both *Spirochæte balinitidis* and *T. pallidum* are mounted on the same slide with ink that there is much more distortion of *S. balinitidis* than of the *T. pallidum*, probably owing to the greater resiliency of the curves of the latter organism. This point requires further investigation, for if it is true it enhances the value of Burri's Indian ink method of diagnosis in syphilis.

BIER'S HYPERÆMIC TREATMENT: A PLEA FOR ITS MORE EXTENDED USE.

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PROFESSOR BIER introduced his hyperæmic treatment in 1892. It is surprising that its progress in public esteem has not been more rapid.

The writer has used it for the last eight years—his first patient being himself with a poisoned finger when he was a house surgeon. The treatment consists of three different systems: (a) elastic compression proximal to the lesion; (b) suction by vacuum-glasses; and (c) hot-air appliances. Of these the first is by far the simplest, and, on account of the cost of the apparatus required for the other two, elastic compression is practically the only method of producing hyperæmia that the military surgeon can consider at present. In any case he will probably have to buy the elastic for himself; but the satisfactory results will amply repay him for the small outlay.

It is not proposed here to give any detailed description of the treat-