then passed into the temporo-sphenoidal lobe. Pus was at once located deep in the brain. The brain was then opened with a long, sharp-pointed bistoury, a medium-sized drainage tube was inserted and brought out through the centre of the flap. The pus shot out with considerable force, probably about 1½ oz. in quantity. The flap was replaced. A vessel in the dura mater gave considerable trouble, but was finally secured with pressure forceps. The drainage tube passed in nearly four inches. Dressed with double cyanide gauze. After the operation, patient’s condition improved rapidly. He slept well during the night and the pulse rate increased gradually to 76-80. He became quite conscious by next day. Temperature 99°F. A second drainage tube was passed from the posterior angle of the wound up as far as the trephine hole. All symptoms of pressure appeared to have ceased. For the few days following the operation the discharge from the wound was profuse, about six drachms daily, and considerable bulging of the flap was noticed. The wound was dressed daily.

November 29th, 1904.—Tube taken out, but replaced without difficulty. Patient’s condition excellent. Tube in brain shortened. Flap appears to have healed. From this time patient made an uninterrupted recovery, and the drainage tubes, after having been gradually shortened, were finally removed on December 21st. He was allowed up on December 29th, and when last seen by me on January 4th, 1905, was marked “up, bed down,” and he appeared to have quite recovered. Unfortunately, the discharge from the ear still continued, but without causing him much inconvenience.

Remarks.—In this case, the diagnosis of abscess of the brain following otitis media, was made principally on account of the pain in the side of the head, just above the ear, the coma coming on quickly and increasing daily, the subnormal pulse rate and temperature, and the sudden vomiting. There were no rigors or localising symptoms throughout. The eyes were not examined. In the after treatment the drainage tube, probably owing to the large size of the abscess, had to be retained for an unusually long period. Irrigation of the abscess cavity was not employed.

A PLEA FOR THE MORE CAREFUL DIAGNOSIS AND TREATMENT OF SYPHILIS IN THE SOLDIER.

By Major F. J. W. Porter, D.S.O.

Royal Army Medical Corps.

There can be no doubt of the soundness of the existing measures which are now taken to ensure the continuous treatment, for a considerable period, of all men who have contracted syphilis. The number of cases of secondary syphilis requiring admission to hospital is very small, when
compared with what one was accustomed to see a few years ago. If the
regulations, which have been drafted for the guidance of medical officers,
are faithfully observed, the results should vastly improve in the future.
In connection with this subject there are one or two points which I
should like to bring to notice. The first is the question of diagnosis.

It is well-known that it is practically impossible to be certain of the
diagnosis from the appearance of the initial sore. In reading the Case
Sheets of some venereal patients who have lately been handed over to
me, I have noticed that, in a few instances, men have been subjected to
treatment by mercury in some form or other, extending perhaps over a
period of eighteen months, although there is from the records absolutely
no proof that the men have ever suffered from syphilis. The diagnosis
has been made from the appearance of the primary sore, and in the
Notes one finds "no symptoms" repeatedly recorded. Of course, it may
be said that owing to the exhibition of mercury very early in these cases,
no secondary manifestations of the disease have occurred. This may
possibly be so in a few cases, but at the same time there must, in these
cases, always be considerable doubt as to whether the patient had really
contracted syphilis or not. It seems to me that it is much better practice
merely to treat the sore locally and to abstain from the internal exhibition
of mercury until the appearance of a roseola or other well-known mani­
festation of secondary syphilis. By adopting this plan, one is in a position
to demonstrate infallibly to the patient that he has contracted this disease,
and he is naturally more inclined to listen to the advice given him and
to carry out the necessary treatment. If, on the other hand, he has been
taking mercury for a month or two and has seen no eruption, he is very
apt to think that a mistake has been made in the diagnosis, and either
accepts treatment unwillingly, or, in the case of mercury given in the
form of pill or powder, does not take it at all. In addition to this, some
authorities assert that the appearance of the disease is altered by com­
mencing treatment before the outbreak of secondary symptoms, and that,
as the result of such treatment, the course of the secondary period
becomes characterised by frequent and early relapses. This waiting prac­
tice is adopted by most of the Aix-la-Chapelle practitioners. It is
extremely doubtful whether any real harm results from the delay of a
few weeks in the exhibition of mercury, but if the primary affection were
of excessive size or showed signs of gangrene, immediate general treat­
ment would be advisable.

Another point to which I should like to refer is, the form in which the
drug is given. I have noticed that in the case of many officers who do
not use intramuscular injections of mercury, a very favourite prescription
is the combination of the solution of the perchloride and iodide of
potassium, and I have seen it given in the very earliest stages of the
disease. From enquiries I have made of leading authorities this does not
appear sound treatment. All the practical knowledge of modern times
Clinical and other Notes

tends to prove that in mercury alone we possess the only real specific for eradicating the virus of this disease. In neglected cases of late secondary or tertian there is no doubt of the value of the above combination, but in these the object is to secure an absorbent effect on syphilitic neoplasms, nodes, gummata, &c., and for this purpose the exhibition of iodides is useful. They should not be considered as actual antisyphilitic remedies.

RUPTURE OF THE LIVER.

By CAPTAIN F. E. GUNTER.

Royal Army Medical Corps.

PRIVATE H. was brought into hospital, Peking, this afternoon (June 7th, 1904) in a semi-conscious condition, having received a kick in the abdomen from a horse. There seemed to be some tenderness in the right hypochondriac region, but beyond this there were no definite signs. Patient had been progressing favourably up to date (June 14th, 1904), with the exception that his temperature was a little raised, and that he had some pain and tenderness in the right hypochondriac region. Last night, however, about 1 a.m., I was sent for, and was told that the man had fallen out of bed and was in a condition of collapse. I found him with a temperature of 95° F., a very feeble pulse, and in a precarious condition. He rallied somewhat under treatment, but it was evident that he would not recover unless some active measures were adopted. Accordingly, this afternoon, assisted by Lieutenant Hansell, Assistant-Surgeon, United States Army, to whose kindness I am greatly indebted, I performed laparotomy. As it appeared probable that the liver was ruptured, I made an incision in the right hypochondriac region, parallel to the linear alba. About one quart of blackish blood escaped. There were no signs of peritonitis. There was a large tear of the anterior surface of the liver, from which blood was oozing. The gall bladder appeared to be intact. No attempt was made to stitch up the rent in the liver, but the cavity was packed with gauze and the parietal wound partially closed. He was given a saline injection and a hypodermic of strychnine.

June 15th, 1904.—Rather a bad night, with a good deal of pain. Some blood on the dressing this morning. Pulse a little stronger. Vomits all food, so was ordered a nutrient enemata of eggs and peptonised milk, also saline injections per rectum.

June 18th, 1904.—Has been progressing well. This morning his temperature is a little raised, and he says the dressings are uncomfortable, so they were changed. Wound healthy.

June 20th, 1904.—Has been complaining of pain in the wound, so the plug of gauze was removed under an anaesthetic.