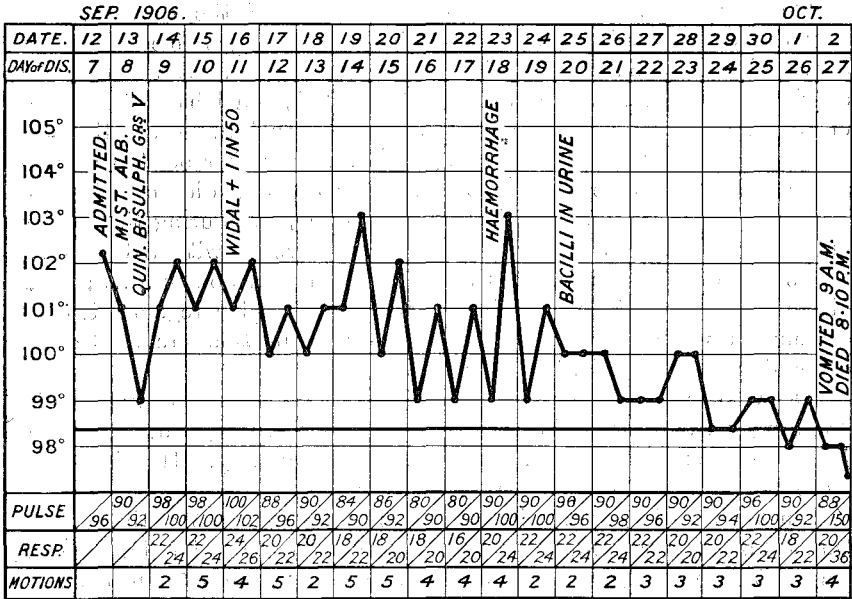


soft. A culture of typhoid bacilli was obtained from the spleen. Typhoid bacilli were also cultivated from the urine, withdrawn by catheter under aseptic precautions on September 25th. Cultures from the urine made previous to this date were sterile.



This case serves to show how typical enteric fever can be in a native of India. It is also interesting as being only the second admission for enteric to this hospital since January, 1900. The total admissions during this period have been 7,238, of which 4,922 have been cases of malarial fever.

### CASE OF GUNSHOT WOUND CAUSED BY A BLANK CARTRIDGE.

By MAJOR I. MACCARTHY.  
*Royal Army Medical Corps.*

The following case is not one of any special surgical interest, and my only reason for submitting an account of it is to show what amount of injury may be inflicted by a blank cartridge.

Bombardier J., 71st Battery, R.F.A., at manoeuvres on May 31st, 1906, was fired at by one of the "enemy," the muzzle of the rifle being, he stated, in direct contact with him. A clean, circular hole, about a third of an inch in diameter, was made in his service-dress jacket, his

shirt and his under-vest, and a wound about one and a half inches in depth in the fleshy part of his left shoulder. His clothes at the site of the hole must have been burnt up, as there were no fragments of clothing in the wound, which was dressed daily and was healed in thirty days. It is obvious what serious injury might have been inflicted if the rifle had been fired over a more important region, such as the face.

#### TREATMENT OF SYPHILIS BY INTRAVENOUS INJECTION.

BY MAJOR S. MACDONALD.

*Royal Army Medical Corps.*

THE incidence, prophylaxis, and treatment of venereal disease possesses a perennial interest for all Army medical officers. When we consider that a few years ago the admission rate in India reached the appalling figure of over 500 per 1,000, and that it is still enormously high, it is no exaggeration to say that anything which may even in small measure tend to diminish this inefficiency is of the highest importance. From time to time efforts have been made to remedy matters, often in face of adverse influences, apathy, scepticism, and the like, and of late years a general awakening, a "revival," so to speak, has been in evidence, a determination to stamp out, or at any rate greatly diminish, this scourge, which is at once a disgrace to our Army, a slur upon the professional capacity of its medical officers, and a danger to the country at large. I venture to think, therefore, that the following notes of personal experience of the treatment of syphilis by the intravenous injection of mercury, done some time ago in India, may not only prove of interest to readers of the Journal, but encourage others to give a further and more extended trial to this method.

Bacelli, in Italy, in 1893, was the first to describe this treatment, and subsequently, in 1896, Mr. Ernest Lane read a paper on the subject before the International Congress of Dermatology in London. He wrote so favourably on the method that I determined to try it on the first opportunity. The *modus operandi* was that recommended by Mr. Ernest Lane, and is as follows:—

A 1 per cent. solution of cyanide of mercury is used, and 10 to 40 minims, according to the severity of the case, is injected into one of the superficial veins at the bend of the elbow, usually the median basilic, the vein being rendered prominent by a bandage applied round the arm. Strict antiseptic precautions are, of course, essential; the syringe should be thoroughly sterilised, the needles must be very fine and sharp, and air rigidly excluded. The syringe having been filled with the solution, the needle is entered obliquely into the distended vein, the bandage removed, and the contents slowly injected. If the needles are fine and skilfully introduced there is little or no pain, but if the vein is missed and the