

London Hospital for clinical teaching during the war "for students who have passed their examination in anatomy and physiology."

Would you be good enough to send me the names of the two students who are acting as dressers?—Yours faithfully,

FRANK HAYDON,
N. Bishop Harman, Esq., M.B., F.R.C.S., Secretary.
West London Hospital, W.

Examination Hall,
8-11, Queen Square, Bloomsbury, London, W.C.,
24th June, 1915.

Sir,—I have submitted your letter of the 19th inst. to the Committee of Management of this Board, and I am desired to inform you that they do not see their way to comply with your request.—I am, dear Sir, yours faithfully,

F. G. HALLETT,
N. Bishop Harman, Esq., F.R.C.S. Secretary.

University of London,
South Kensington, London, S.W.,
15th July, 1915.

Dear Sir,—I regret to inform you that, after consideration of your letter of June 19th last making application for the temporary recognition of the West London Hospital for clinical study for the purposes of the M.B., B.S. Examination, and of reports thereon from the relevant committees of the Senate, it was resolved by the Senate, at their meeting on 14th July, 1915, that the application be not acceded to.—I am, dear Sir, yours faithfully,

P. J. HARTOG,
Academic Registrar.

The Vice-Dean, Post-Graduate College,
West London Hospital, Hammersmith, W.

ARE CASES OF CONGENITAL SYPHILIS BECOMING RARER?

SIR,—The annotation in the *JOURNAL* of July 17th on the exceedingly interesting report to the Local Government Board by Dr. Paul Fildes from the bacteriological laboratory of the London Hospital is worthy of wide attention. This report seems to give striking corroboration to the impression that many experienced clinicians have of the lessened frequency of congenital syphilis in London, as evidenced by observation in the wards and out-patient departments of hospitals set apart for children and babies.

I had occasion some time ago to inquire whether any notable diminution of this disease had been observed by my colleagues on the staff of the East London Hospital for Children where, during the twenty-four years from 1874 to 1898, such cases of unquestionable character may have been said almost to swarm both in the wards and among the out-patients. There was no limit of age for treatment or admission, and there were often many cases among the newborn in both departments. I was, last year, informed by Dr. Gossage, in answer to my inquiry, that the number of cases of congenital syphilis had diminished very remarkably; and that it was by no means easy to find marked cases for the purpose of illustration. Similar replies were given me by other observers elsewhere.

Dr. Paul Fildes suggests, as a general conclusion from his extensive observations, that the ravages caused by this disease among infants are sometimes exaggerated.

It is surely to be hoped, as you, Sir, have remarked, that further investigations on the lines of Dr. Fildes's work, and further clinical inquiries, may throw more light on the question of whether the frequency of congenital syphilis is actually diminishing.

For the purpose of duly comparing the present frequency with the past—for instance, with the period of twenty-four years that I have just mentioned—it must be remembered that neither the Wassermann test nor the specific spirochaete was known at the earlier time; and that the observed diminution of frequency to which I refer concerns especially such cases as are easily detectible without any test. It seems that the solution of this question will not be materially affected by any change or modification of treatment that may possibly have prevailed during the last seventeen years.—I am, etc.,

H. BRYAN DONKIN.
London, W., July 24th.

TARTAR EMETIC IN KALA-AZAR.

SIR,—The translation of the article of Dr. G. Di Cristana and G. Caronia in the May 15th number of the *Journal of Tropical Medicine*, reporting the successful treatment of the Mediterranean form of kala-azar by means of tartar

emetic intravenously, has just reached India. I therefore write to place on record the fact that I had previously commenced precisely similar treatment of the India form of kala-azar with most promising results. As a matter of fact, I had arranged to try this plan of treatment as far back as October last (1914), quite independently of any other worker, and even before I was aware of the success of Gaspar Vianna in the case of cutaneous leishmaniasis in Brazil, basing my hopes that it would very possibly prove to be a cure for kala-azar on the success of antimony treatment in some cases of the closely-allied sleeping sickness. Unfortunately at that time I was unable to obtain any suitable opportunity of trying it, and for over six months I actually carried about sterile solutions of tartar emetic put up in glass capsules ready for intravenous injection before I was able to use it.

I have, however, already treated ten cases, verified by spleen puncture, and have noted in several of them very marked and rapid decline of the temperature, together with some gain in weight, diminution in the size of the spleen, increase in the number of the leucocytes, and decrease in the number of the parasites found on spleen puncture—all most promising signs, although it is still too early to speak of any cure having been effected.

I may therefore claim to have originated the intravenous use of tartar emetic in kala-azar quite independently of any other worker, and to have obtained a considerable degree of success with it before any others' results came to my knowledge.—I am, etc.,

LEONARD ROGERS,
Lieutenant-Colonel, I.M.S.
Calcutta, June 28th.

THE SULPHUR MINES OF SICILY AND THE PHARMACOLOGY OF SULPHUR.

SIR,—I was much interested in your reviewer's excellent notice of Dr. Alfonso Giordano's work on the physio-pathology and hygiene of (sulphur) miners in Sicily, particularly as your reviewer has himself visited the mines in Sicily.

I had heard a good deal about the mines from an aged military patient who visited them in the old brigandage days, and for a considerable time I have wished further information with respect to what has been alleged about the multifarious properties of sulphur in therapeutics and which might be cleared up by studying the case of the sulphur miners.

Recently the discussion as to the effects of sulphur in rheumatism, etc., has cropped up again, and Sir Lauder Brunton¹ cited the case of a lady patient with rheumatism who achieved a "cure" by wearing sulphur in her stockings in bed.

Your reviewer might kindly say if Sicilian sulphur miners suffer from "rheumatism" in any or all of its forms.

It will be noticed that he states that the mine water frequently contains SH₂—Harrogate and Strathpeffer on a large scale—and that the air inhaled contains discrete sulphur particles, while, further, there must be abundance of SO₂ from oxidation. Another noticeable point is the presence of malaria, tubercle, and ankylostomiasis, in spite of the powerful parasiticide in the shape of the sulphur fumes and solution of sulphides present in the mines.

Such a method of studying therapeutics on the big scale may be fallacious from the possibility of a given disease being developed from or in spite of more than one cause or condition present, but may at times be useful. Thus, a number of years ago, Dr. Murrell of the Westminster Hospital, if I am not mistaken, pointed out that the creosote workers at Silvertown were wonderfully free or immune in respect of bronchial affections; while a couple of years ago, when lime water for rheumatoid arthritis was under discussion, I asked if it were possible for persons habitually using hard water to contract the malady, or whether, if so contracted under that or other conditions, they would not be cured if lime were a "cure"! Last year I saw a case of an elderly lady wheeled in a chair from effects of rheumatoid arthritis, living in a low damp neighbourhood, but where the water was extremely "hard." I merely cite this to show that one must take a number of factors into account in such questions. Still I think your reviewer and Dr. Giordano may be able to

¹ *Lancet*, February 6th, 1915, p. 208.