

and there has been no recurrence of any kind ; the scar is smooth, level with the surrounding skin, soft and supple, and, except that it is whiter than the rest of the nose, is almost imperceptible.

CASE II. Male aged 50. Growth in the skin over the mastoid bone behind the lobule of the right ear. The first trouble was noticed a year ago, when a small pimple or wart appeared which used to catch the razor in shaving. Now, January, 1902, there is a thickened patch in the skin five-eighths of an inch long by half an inch in breadth. The patch seems to be about one-eighth of an inch thick, is slightly raised above the surrounding skin, and feels semicartilaginous not unlike the base of a hard sore. Down the centre of the patch there is a small scab ; on removing this a narrow bleeding surface is left. It is not possible to say whether this condition should be classed as a rodent ulcer or as an epithelioma ; it presented an appearance almost exactly similar to a case I saw some years ago, which after being excised several times finally infected the glands of the neck, after a total duration of over six years. Treatment by exposure to the x rays was commenced at once, and in all eleven exposures were given between January 10th and February 19th. The conditions were the same as in the last case, the focus tube being placed as close as possible, and the head and neck protected by a sheet of thin lead. As in Case I the first effect was to produce ulceration of the whole of the thickened patch, there was fairly free suppuration, and the raw surface became level with the skin, while the thickening beneath disappeared. A considerable amount of irritation was also produced in the surrounding skin, and also over the shoulder below the edge of the protecting metal sheet, which had been thought to be sufficiently out of the direct line of the rays to escape injury. The x-ray burn over the shoulder took place through the clothes, consisting of coat, shirt, and singlet. The appearances produced were exactly like what is seen when uncovered parts of the skin are burned by prolonged exposure to the sun ; the skin became inflamed and felt sore, and finally desquamated. The further treatment by the x rays was stopped because of the irritation produced, and as soon as this had subsided healing began, and fourteen days later the ulcer had entirely closed, leaving a smooth soft scar scarcely distinguishable from the surrounding skin. Now, fourteen months later, the patient remains well : there has been no recurrence, the skin is smooth and soft, and, except that it is quite white in colour, would not be noticeable.

CASE III.—Male, aged 46. Ulcer on ring finger of left hand. The sore is situate at the base of the finger close to the palm at the junction of the anterior and ulnar surfaces. The history is as follows. Some three years ago he began wearing a diamond ring ; the diamond, a single one, was set in an open setting and the lower point projected somewhat below the setting and so came in contact with the skin ; the ring being somewhat large used to slip round, and so the point of contact of the point of the diamond was usually in the situation where the sore afterwards formed. The ulcer first appeared two years ago and remained open for two months, and healed up under a dressing of sulphate of zinc lotion. Some time later he began to wear the same ring again, and after doing so for three months an ulcer appeared again and has remained open ever since,—that is for a period of nearly twelve months. At first it was somewhat larger than it is now, but some slight healing took place under treatment, but although various means were used no further healing occurred. Now there is an ulcer about the size of a threepenny piece at the base of the ring finger between the anterior and lateral surface ; the edges are slightly thickened, the surface of the sore is nearly level with the skin and covered with red dryish looking granulations. If the sore is allowed to get dry he feels some pricking pain in it, but if it is kept soft with either a wet dressing or some ointment, no pain or other inconvenience is felt. In view of the fact that most kinds of treatment available seemed to have been tried before the patient came under my care I determined to treat the sore by exposure to the x rays. The ulcer was exposed to the rays twelve times between January 2nd and 31st, at somewhat irregular intervals, as he was not always able to attend when required, the rest of the hand being protected as far as possible with lead foil, but, owing to the situation of the ulcer, this was somewhat difficult to accomplish. The exposures were for ten minutes at a time, and the focus tube was placed as near as possible to the hand. At the end of the month the sore had slightly closed in round the edges, but no very marked improvement had occurred : no burning or irritation was produced in the surrounding exposed skin. At this date he was obliged to go away for a time, and so further treatment with the x rays had to be stopped ; however from this time healing steadily progressed, so that when he next came to see me, three weeks later, the sore was entirely closed, the scar being soft and smooth and hardly perceptible. At the date of writing, three months since healing took place, the scar remains sound and the disease appears to be entirely cured.

REMARKS.

The first two cases of this series were no doubt rodent ulcers, and cure was obtained by exposure to the x rays, leaving an almost imperceptible scar ; and since in each case over a year has elapsed since they healed up, and there has been no sign of recurrence, it seems probable that the cure will be a permanent one. The third case of the series is more difficult to classify ; the ulcer was no doubt caused by the irritation of the projecting point of the diamond in the ring, but after the wearing of the ring was discontinued it showed no tendency to heal, and had remained open for twelve months ; on the other hand, it did not extend any further, and did not present the excavated appearance or the thickened rolled-out edges characteristic of a rodent ulcer.

DURATION OF MEDITERRANEAN FEVER.

By P. W. BASSETT-SMITH,
Fleet Surgeon, R.N., Haslar Hospital.

DR. HARTIGAN, of Hong Kong, in the *BRITISH MEDICAL JOURNAL* of November 14th, 1903, quotes a case of 95 days' duration, and states that the question is often asked by the patient "why the fever lasts so long." From experience at the Royal Naval Hospital, Haslar, 3 months is generally the minimum of a case, although sometimes in the Mediterranean the whole disease may be over in 1 to 2 months, but in the majority of all cases relapses are likely to occur for 4, 5, or 6 months ; in certain cases the patient again and again comes into hospital with slight attacks of fever and rheumatic pains for years, during which he had been for some time at duty, but rarely feeling quite well, and often only able to do light duty, these cases generally being finally invalidated out of the service with a severe and pronounced cachexia ; several I could quote having slight though almost continuous fever for 2 years, with a see-saw temperature which nothing seems to break, also an instance of an officer who after 3 years still has irregular attacks, though continuing at duty, who has not left England during this period, and whose blood reacts with well-marked agglutination in a dilution of 1 in 40 and over.

Thus the indefinite duration is very well demonstrated, and the prognosis as to time must therefore be very guarded. As to the causation of this very prolonged course, we have this positive fact to go on, that for a long period the micrococcus melitensis is present in the blood.

In the experimental research work carried out lately by Staff Surgeon A. E. Shaw, and Surgeon Gilmour, R.N., at Malta, and myself at Haslar, we have been able to isolate the micrococcus melitensis from the peripheral blood in cases actually suffering from the fever ; not restricted as was expected to the early stages of the disease, but from my own personal observation found as late as the 58th, 84th, and 142nd day during relapses of the fever.

If therefore the organism can remain more or less latent in the spleen for long periods to be again and again let loose in the general circulation, causing an exacerbation of the fever, from any causes which decreases the "phagocytic" power of the leucocytes, which are, as I have already shown, feebly active and deficient in number in such cases, and as also the bactericidal action of the serum is also slight, then an explanation of the prolonged course of the disease is explicable ; and, what is more important, the marked failure of drug treatment. This leads one to believe more and more that the only rational and effective curative agent will be found in the preparation of, and introduction into the body of an anti-germicidal serum which will attack the organism in vivo.

It is noticeable that from the point of drug treatment the most satisfactory—which are, however, very uncertain—results have been obtained from preparations of free chlorine (Burney Yeo's mixture) and other disinfectants, as salol, resorcin, and creolin, the latter of which, in Dr. Hartigan's hands, acted once so successfully.

REFERENCE.

¹ *BRITISH MEDICAL JOURNAL*, September 20th, 1902.

MEMORANDA :

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

HYOSCINE AS A SPECIFIC IN PARALYSIS AGITANS.
THIS disease is generally put down in most textbooks as one that the physician can do little for by way of relief or cure. I wish in this communication to show that the symptoms can be much relieved and life prolonged by the alleviation of same.

One does not come across many cases of Parkinson's disease in general practice, and as I have had under my care for over three years a most typical one I should like to give my experience of that most potent drug hyoscine as an alleviative agent, if not a curative one, in that disease.

The patient, a woman, is now 69 years of age. Five years ago she became aware that her writing—usually a good hand—was getting shaky, and her right hand at times tremulous. She did not pay much attention to it until about a year afterwards, when the other hand began to quiver, and both arms became much fatigued on the least exertion. She