pleasure in showing the technique adopted there. From time to time civilian practitioners from different districts under the Local Government Board in Ireland have availed themselves of the usefulness of the hospital, with a view, I believe, to establishing some form of dispensary treatment of venereal diseases.

ART. XVIII.—*The Treatment of Syphilis.*[a] By GEORGE E. PUGIN MELDON, B.A., M.D., B.Ch., B.A.O. Univ. Dubl.; F.R.C.S.I., Senior Surgeon Westmorland Lock Hospital, Dublin.

I SHALL very briefly give what my experience during the past fourteen years (during which I have been working at the Westmorland Lock Hospital) lead me to believe is the correct solution, as far as our present knowledge goes, of the problems that have been set before us. To save time, I shall use the term Salvarsan to include Kharsivan and Diarsol, as well as the original Salvarsan.

What plan of administration of salvarsan will give the safest, quickest, and easiest results in the treatment of early syphilis?

Though each case must be treated largely on its own merits, I would suggest the following plan as a foundation to start from :—The treatment should continue for three months, and should consist of intravenous injections of salvarsan and the administration of mercury. Three weekly injections of salvarsan, and then three at fortnightly intervals, combined with mercury during the whole period, and continued for several weeks afterwards. The Wassermann reaction should be taken before commencing treatment, if the treatment be not delayed by so doing. The serum should also be tested frequently during treatment in order to see how soon it becomes negative, and should be watched afterwards for a couple of years.

If such treatment be started before the patient has de-

[a] Read before the Section of Medicine in the Royal Academy of Medicine in Ireland on Friday, March 22, 1918.

veloped a positive Wassermann, and the Wassermann has remained negative, or (which is more frequently the case) has become positive for a short time and then returned to a negative reaction, then I believe that this course of treatment is sufficient to cure. If, on the other hand, the Wassermann reaction is already positive before treatment, the patient may require a second similar or modified course.

What conditions must be fulfilled before we may give to patients treated in this way a clean bill of health?

Granted early and efficient treatment, absence of all symptoms, and a continued negative Wassermann for well over a year, and after that, a negative Wassermann following a provocative injection of salvarsan. In some cases a Wassermann reaction and cell count should be carried out on the cerebro-spinal fluid.

What plan of treatment will give the best results in cases of patients suffering from the later stages of the disease?

This problem covers so many different conditions that it would be quite impossible to draw up any general plan, and all I can say is that treatment should be carried out by salvarsan or neo-salvarsan combined with mercury and iodide of potassium, and should be continued until the Wassermann reaction has become negative, or, at least, partially positive.

It is often hard to get a negative Wassermann in these cases. As an example, I shall mention the case of a patient whom I am treating. She has had 30 injections of salvarsan, 11 of galyl and 2 of intramine, as well as treatment by all the older anti-syphilitic drugs, and she still has a full positive Wassermann.

If a patient has shown any nervous symptoms there should be a Wassermann reaction and cell count of the cerebro-spinal fluid, but I doubt whether it would be wise to subject every case of syphilis to the discomfort and risk of lumbar puncture.

If " parasyphilitic " diseases are treated early enough—that is, before there has been actual destruction of the

nerve cells and while the disease is still confined to the vascular and intercellular tissue—then I think one may hope for nearly as good results as are got in syphilitic lesions in other parts of the body. When the nerve cells are already damaged, all one can expect is arrest of the disease. The patient should be kept under treatment and observation until the cerebro-spinal fluid becomes normal.

ART. XIX.—*Malaria Fever. Its Treatment and Complications.* By W. F. WICHT, B.A., M.B., Univ. Dubl.; Capt. South African Medical Corps.

BEFORE entering into the subject proper of this paper, I wish to pass a few general remarks on the East African campaign. The conditions of service here are absolutely unique as compared with those on any other battle front. The worst enemy is the "germ" without the "Hun." I do not think that I am exaggerating in any way whatsoever when I state that of the total number of casualties on this front over 80 per cent. are medical cases. On the contrary, I should be rather underestimating the proportion of medical as compared with surgical cases.

At the beginning of the East African campaign comparatively little was known about malaria and its treatment. Thanks, however, to the energies of the Army Medical Corps a great deal of research work has been done in this direction, with the result that not only has the treatment been practically revolutionised, but also several very important points hitherto unknown about the malady have been brought to light.

In this paper I propose not to discuss the generally well-known facts about malaria, as, for instance, the cause, the life history of the parasite, &c.; but intend to confine myself, more or less, to the new features pertaining to this disease, which have been demonstrated recently.

To begin with, malaria may be divided roughly into two