axilla. The swelling extended about three inches above the elbow. Dimness of vision was still complained of, with diplopia on directing the eyes to any object. The left pupil was slightly smaller than the right, though both reacted to light and accommodation. Urine passed at 2 P.M. was very dark brown in colour, resembling porter, and exhibited a cloudy deposit on standing. There was a decided blood reaction with guaiacum and a considerable amount of albumin, but very few corpuscles were present in the deposit (hæmoglobinuria). Pupil and knee reflexes were present. Heat, cold, and touch sensations were normal. Half an ounce of brandy was given every four hours, and 10 oz. of saline enemata every six hours. The arm was immersed in creolin 3i. to the pint for four hours and subsequently painted with ichthyol for an hour. Calomel gr. ii. and a saline purge were administered, and a pillow was placed in the small of the back to relieve aching.

On the 28th the urine retained the same characters, there was less œdema of the eyelids, and the swelling of the arm was subsiding. Vision was still affected so that the patient could not read. The urine 48 hours after admission was pale and clear with only a trace of albumin and no blood.

On the 29th the vision was normal. The swelling of the forearm, which never pitted, had almost completely subsided, and numbness had succeeded to tenderness. A slight petechial eruption was present. Two days later the patient was allowed to get up and he left on July 4th for the convalescent home completely recovered.

It is apparent that this patient did not receive a full dose of the venom, the wounds being more of the nature of scratches than punctures, and the prompt measures adopted further lessened absorption. Enough, however, entered the system to produce characteristic symptoms, expressed in the local swelling, hæmolytic, and temporary disturbance of the nervous system. The really critical period was passed before the patient came under observation at the hospital, as effective bites usually prove fatal in about 12 minutes. The weather was tropical at the time, but the pulse and respiration, 120 and 28 respectively, subsided to 88 and 24 in three days, though the temperature of the ward was rising continuously, reaching 80° F.

Wimpole street, W.

UMBILICAL FISTULA.

BY W. S. THACKER, M.D. T.C.D., F.R.C.S. EDIN.

As the presence of two ducts signifying the persistence of the urachus is remarkable, and as an umbilical calculus is also a surgical curiosity, I think it worth while recording the following case.

The patient, a student aged 24, was admitted to the Mission Hospital of the Union Medical College, Peking, on April 23rd, 1914. Two months before admission he noticed a slight watery discharge from the umbilicus and a month later the umbilicus became inflamed. On admission the skin about the umbilicus was red and swollen and a foetid discharge was present. On April 24th I operated. I excised the inflamed areas of skin and then discovered a soft, evidently phosphatic, calculus. The removal of the inflammatory tissue and the discovery of the cause of the fistula necessitated the opening of the abdomen. I then discovered on the left side of the wound a fistula, through which

I passed a probe into the bladder. This I closed and anchored to the left rectus sheath. On further examination I found a similar fistula on the right side. This I treated similarly. I closed the wound, inserting a rubber drain for 24 hours and leaving a catheter in the bladder for a similar time. The wound healed by first intention, and the patient left hospital on May 9th.

Peking.

NOTE ON AN UNUSUAL EFFECT OF NEO-SALVARSAN ON THE SKIN.

BY J. H. SHELDON, M.B. LOND., &C.,
DISTRICT MEDICAL OFFICER, BURMA RAILWAYS.

A MADRASSI adult male, who had contracted syphilis in November, 1912, came to the hospital of the Burma Railways, Insein, in October, 1913, suffering from intense general headache of from four to five months' duration, and right ptosis of two months' duration. His tongue was filthy, his bowels constipated, and his mental condition stupid. There was no vomiting or any skin lesion. He received neosalvarsan (0.9 grm.) intravenously on Oct. 12th, and a second similar dose on the 26th; no reaction occurred on either occasion. At this latter date his headache was nearly gone, and he was able to open his right eye almost completely. He received seven inunctions of mercury between Oct. 27th and Nov. 10th, on which day he left hospital.

The patient was not seen again until Nov. 30th, when he turned up at the out-patient department, perfectly well as far as his headache and paralysis were concerned, but as regards his skin in the following singular and distressing condition. The skin covering of the whole body, scalp, trunk, limbs, and even penis and scrotum, was swollen, thickened, and hard, and pitted only slightly on pressure. Fissures were present at practically every fold and flexure—ears, neck, axillæ, elbows, wrists, abdominal wall, groins, knees, and ankles. The entire surface was covered with fine scales, which were raised in clouds by the brushing of the hand over the chest or abdomen. The palms and soles were peeling. The itching was intense. The hair was very dry and brittle, but there was no alopecia. There were no lesions of the mouth or pharynx and no fever; the tongue was perfectly clean and the general condition excellent. The conjunctivæ were injected. He was detained in hospital, put on to mercury, and given sweet oil for inunction into the skin. At the time of his discharge, 24 days later, the skin had almost regained its normal condition, though that of the face and scalp, which he had been unwilling to anoint, was still dry, coarse, and scaly.

The thickening and hardening of the skin, the fissures, and the intense itching sufficiently distinguish the disease from pityriasis rubra, and it seems probable that the condition was an arsenical dermatitis and hyperkeratosis due to the two doses of neosalvarsan.

Insein, Burma.

CORNWALL COUNTY ASYLUM.—At the last meeting of the Cornwall county council the resignation was accepted with much regret of Mr. Henry Albert Layton, M.R.C.S. Eng., L.R.C.P., L.M. Edin., the medical superintendent of the Cornwall County Asylum at Bodmin. Mr. Layton was formerly senior assistant medical officer, and has been connected with the institution for the past 31 years.