a provisional working hypothesis. The Wassermann reaction of the cerebro-spinal fluid and of the blood (twice repeated), however, proved negative. This would apparently exclude syphilis as the ætiological factor, for even if the view be adopted that a few remaining spirochaetes might fail to yield a positive result, the infection of the central nervous system was too severe and widespread to be explained on this basis.

It will be noted that there was a well-marked excess of cells of the cerebro-spinal fluid, and that the cells were almost exclusively lymphocytic in character. Lymphocytosis of the cerebro-spinal fluid is typical of subacute and chronic infections of the cerebro-spinal meninges, especially in parenchymatous cerebro-spinal syphilis. It also occurs in mumps and in herpes zoster. In the early stages of acute poliomyelitis lymphocytes are in the majority, as also in the later stages of acute meningitis when recovery has commenced.¹ There is also occasionally an excess of lymphocytes in the cerebro-spinal fluid in cases of cerebral neoplasm.

Landry's paralysis.—The case has certain features in common with this group—viz., ascending motor paralysis. The typical case of Landry's paralysis, however, does not show marked constitutional symptoms or so profound an involvement of sensation and loss of sphincter control.

Acute toxic polyneuritis.—The sensory involvement in the case above described was not limited to glove and stocking areas, the proximal limb muscles were affected as severely as the peripheral muscles and anorexia was extreme. This diagnosis was therefore excluded.

Acute poliomyelitis.—Passive movement of limbs did not produce pain. There was marked sensory loss and the affected muscles did not show atrophy. In these points the case is atypical of acute poliomyelitis.

Subacute combined degeneration.—This was excluded by the subsequent history, the patient rapidly recovering his normal health.

The general facts point towards a fairly acute and widespread invasion, presumably via the blood stream, of the cerebro-spinal nervous system, involving the pyramidal tracts, posterior columns, and optic nerve. The case would appear to be one of acute ascending myelitis, probably infective but not so proved.

TWO CASES OF

INTERMITTENT HYDROPS ARTICULORUM.

BY R. MACLELLAND, M.D. EDIN.,

RESIDENT PHYSICIAN, SMEDLEY'S HYDRO, MATLOCK.

THE comparative rarity of this affection makes the following two cases worthy of publication.

CASE 1.—A female, aged 23, single, complained in November, 1917, of swelling in the right knee which had appeared the previous day. There was discomfort in the joint rather than pain, no redness or heat, practically no tenderness, no fever; the joint was distended with fluid. It was painted with iodine pigment and appeared to be well in three or four days. A day or two later a synovitis of the same character developed and again rapidly subsided. From that time up to April 29th, 1918, when I last heard of her, periodical attacks recurred every tenth day. An attack took three days to develop to a maximum, slowly subsided for five or six days, and then another attack began. Occasionally the fluid completely disappeared before the next attack. At times an attack began on the ninth or eleventh day. There was no history of injury; the only previous illness had been scarlatina years ago. Except for slight passing neurasthenic symptoms a few months before the synovitis began the general health had been excellent. Absolute rest in bed for six weeks, local treatment, lactate of calcium, adrenalin, arsenic, quinine, and other drugs had no appreciable influence on the condition.

In the light of the other case the diagnosis was easy and the prognosis hopeful.

CASE 2.—The patient was under the care of and diagnosed by Dr. G. C. R. Harbinson, senior physician here, and I have his kind permission to publish the following notes. The patient, a male, aged 60, from June, 1908, till late spring, 1909, had attacks of synovitis in the left knee, recurring every eleventh day on an average. They were at their height on the third day, and then subsided in three or four days. There was slight tenderness on the inner side of the joint; no acute pain, redness, heat, or fever. Between the attacks movements of the joint were good, and the patient walked about with a stick, only slightly lame. During the earlier attacks

the joint became tensely distended, but later the distension was less. On Dec. 1st, 1908, there was a slight attack in the right knee, lasting four days only. After this date both knees were affected periodically, but not synchronously. After nine months the disease came to an end, leaving the knees well, and there has been no recurrence. No treatment seemed to have any effect. Exercise did not affect the periodicity, but increased the intensity. The general health of the patient was good and there was no organic disease. Previous history: (1) A series of similar attacks, 23 in all, with the same periodicity, beginning in August, 1904, and ending in May, 1905, in complete recovery, the joint remaining well until June, 1908; (2) a history of overflexion of the left knee in November, 1873, while stepping out of a railway carriage, followed by synovitis lasting for eight months, with intermissions, and then ending in complete recovery. There is no history of asthma or angelo-neurotic cedema or Raynaud's disease, and except in 1873 no history of any injury.

SCARLET RED POWDER AS A TISSUE STIMULANT.

BY A. J. TURNER, M.B., B.S. DURH.,

CAPTAIN, R.A.M.C.

THAT toluol-azo-toluol-azo- β -naphthol (scarlet red) has a powerful effect in stimulating the growth of granulation tissue and epithelium is well known. It may, however, be suggestive of new applications of the principle if some of the cases in which it has been used in my practice be mentioned.

Ectropion.—After making a V-shaped incision below the lower lid, sufficiently deep to allow of the lid being freely brought up into its normal position, the two lids were stitched together, scarlet red ointment was applied to the raw surface until granulations had filled up the hiatus and the skin had grown over. The lid was then found to maintain its new position and a scarcely perceptible scar remained. The results in a series of these cases were excellent.

Oriental sore.—My custom has been to scrape these ulcers very thoroughly under chloroform till nothing further could be brought away by the spoon, and then to dress daily with scarlet red ointment. The cavity left by scraping was speedily filled up with granulation tissue to the surrounding level, and when the skin had grown over the scar was quite faint.

Burns.—1. A lady, the back of whose hand had been burnt to the fourth degree and who had neglected it for a week, was treated with applications of scarlet red ointment on lint twice a week for three weeks. The discharge quickly ceased, the green sloughs disappeared, and the septic pits granulated up. When the skin had extended over the surface no scarring was visible and there was no limitation of movement.

2. A Pathan who had been badly burnt about the face some years previously could not open his mouth sufficiently to take solid food. I made several incisions radiating from each corner of the mouth. It was impossible to get the mouth very widely open, as the scar tissue had narrowed the aperture as well as reduced its depth. The furrows produced by the incisions and stretching were dressed with scarlet red ointment; granulation tissue filled them up level with the surrounding areas and prevented any relapse. The final result was that the patient could separate the teeth sufficiently to introduce and masticate small quantities of solid food.

Vesico-perineal sinuses.—A Punjabi came to me in Dera Ismael Khan. He had no less than six sinuses by which urine dribbled away. He was very miserable and greatly debilitated. An indiarubber catheter was tied into the urethra. A piece of gauze impregnated with scarlet red ointment was introduced daily into the whole length of each sinus. After a few days this was omitted, as it was very difficult to insert even a very narrow piece of gauze. The sinuses closed up and recovery was perfect.

Corneal ulcers.—I have used the ointment with success for these.

Wound cavities.—In open wounds with considerable loss of tissue I have found an antiseptic paste containing scarlet red powder prevent ugly scarring and crippling contractions, where the latter were not due to nerve lesions.

With regard to the strength of the ointment employed, I began with one of 8 per cent. on alternate days, but subsequently found that 2 gr. to the ounce of vaseline, applied daily, was equally effective, and I have never had occasion to revert to the stronger preparation. Where it is desired merely to hasten the growth of epithelium a very successful method is to apply the ointment for two days and then apply a daily hot fomentation for four days, these alternations to be repeated as long as necessary.

¹ Purves Stewart: *Diagnosis of Nervous Diseases*, 4th ed., pp. 443, 444.