

country youth, in excellent health, contracted syphilis a month after going to Paris. A month later he came under the care of M. de Beurmann with an indurated chancre and double inguinal adenopathy. Examination of his organs revealed nothing abnormal and the urine did not contain albumin. On Sept. 18th an intravenous injection of 60 centigrammes of salvarsan was given with the usual aseptic precautions. There were no immediate symptoms, but after 15 minutes he was seized with vertigo and a feeling of heat. During the day he vomited abundantly, and in the evening his temperature was 100.7°F . On the following day he was quite well. On the 21st the injection was repeated under the same conditions as before. The same solution was used for the injection of another patient, who experienced no ill effects. At first the injection seemed to be well borne, but in the afternoon the patient was seized with vertigo, headache, and vomiting. The evening temperature was 101.5° . During the night he vomited again and complained of pain in the epigastrium. On the 23rd, while asleep, he uttered a cry like the bark of a dog and was seized with epileptiform convulsions, first tonic, then clonic. He bit his tongue and foamed at the mouth. At 4 P.M. he was comatose and made incoördinate movements. The pupils were dilated and immobile, and the face was pale and covered with sweat. The respiration was stertorous, the pulse 110, and the temperature 99.1° . At 4 A.M. on the 24th he died. At the necropsy the heart, great vessels, and lungs were found normal. So were the abdominal organs, except the kidneys, which were much enlarged, hard, congested, and of the colour of wine lees. The capsules were not adherent. Microscopic examination showed acute nephritis with epithelial degeneration and destruction of the tubules. The brain and meninges were normal to the naked eye. Professor Gaucher concluded that the patient died from uræmia, the result of arsenical poisoning. He considered salvarsan a dangerous drug, which should be used with the greatest care and reserved for cases in which mercury is badly borne or is without effect.

At a meeting of the Académie on Nov. 21st Professor Gaucher reported two more cases in which salvarsan had proved fatal. In one, communicated to him by Professor Oltramare, of Geneva, a robust man, aged 48 years, who had contracted syphilis 15 years before, desired an injection of salvarsan, although he had no symptoms. A complete examination revealed no sign of cardiac, renal, or nervous disease. On August 17th he was given an alkaline intravenous injection of 60 centigrammes of salvarsan. When seen again on the 19th he declared that he had well borne the injection and was quite well. On the 20th he complained of slight headache, and on the 21st he was found lying on the floor of his room. A medical man was summoned and found him unconscious, with convulsive movements, elevated temperature, and violaceous face. He remained in this state on the following day, and had several attacks of convulsions. He was covered with sweat and cyanosed. The pulse and respiration were rapid, the pupils were first dilated, then contracted, the temperature rose to 104.9° , and he died at midnight. The necropsy showed lepto-meningitis, scars on the ascending aorta, fatty degeneration of the heart, chronic bronchitis, and broncho-pneumonia of the lower lobes.

In another case, communicated by Dr. Caraven, of the Medical School of Amiens, a strong man, aged 21 years, who had just passed for the military service, came to hospital with a chancre. There were no signs of visceral disease and the urine did not contain albumin. On Oct. 11th an intravenous injection of 60 centigrammes of salvarsan was given and was well borne. On the 18th the injection was repeated and was equally well borne. But on the 20th the patient complained of headache, which was worse on the 21st. On the 22nd there were symptoms of meningitis—delirium, carphology, rigidity of the neck and upper limbs, and Kernig's sign. The respiration was stertorous and the pulse was 112. The pupils were slightly dilated, the eyes half open, and the conjunctivæ much congested. The face and nails were cyanosed and the patient was comatose. Lumbar puncture yielded cloudy, amber-coloured fluid. The urine contained 2.3 grammes of albumin per litre. In the afternoon he sweated profusely and there was Cheyne-Stokes respiration; the temperature rose to 104.2° . In the evening he died. The necropsy showed intense congestion of the brain and lungs.

The kidneys were red and soft. The stomach presented a diffuse hæmorrhage.

It is now I think impossible to explain away all the fatalities by attributing them to errors of technique or use of this drug in unsuitable cases, as has been attempted by Ehrlich and his followers. To me it seems that there is incontrovertible evidence that the remedy is dangerous and may prove fatal to young strong patients. It is too soon, I consider, to estimate the position which will finally be given to salvarsan, but not too soon for emphasising its dangers, especially as they may present themselves to the general practitioner.

I am, Sir, yours faithfully,
M.D.

THE MEDICAL LIBRARY ASSOCIATION OF AMERICA.

To the Editor of THE LANCET.

SIR,—I have just read with interest the annotation on the Medical Library Association in THE LANCET of Jan. 13th. If you will permit me to correct an error, I believe conditions in this country are the same as in England—that is, we have some few large libraries and a number of small ones. In the large libraries it is “all give and no take,” as the smaller libraries have nothing, or next to nothing, to contribute, while the larger libraries have hundreds of duplicates.

We have been endeavouring to develop an altruistic spirit in the medical libraries in this country, and, judging from the work in our Exchange, I think we are succeeding. I want to thank you for your kind words concerning our association and the *Bulletin*.

I am, Sir, yours faithfully,
JOHN RUHRÄH,
Treasurer.

Baltimore, Feb. 5th, 1912.

THE MEDICAL PROFESSION AND THE NATIONAL INSURANCE ACT.

To the Editor of THE LANCET.

SIR,—In the National Insurance Act, published by authority, at p. 135, Fourth Schedule, Part II., Additional Benefits, para. 1 runs as follows:—“Medical treatment and attendance for any persons dependent upon the labour of a member.” This evidently includes wives and children who are not themselves workers. Does it apply only to relatives of members of approved societies? And what is the scale of remuneration for such medical treatment and attendance? Is it left for the Insurance Commissioners to arrange? Can any of your readers explain?

I am, Sir, yours faithfully,
W. J. LE GRAND, M.D. R.U.I.

Blackwell, near Alfreton, Feb. 14th, 1912.

To the Editor of THE LANCET.

SIR,—May I be allowed to refer to a section of the National Insurance Act to which nobody seems to have given much attention, but which is of very great importance to all medical men practising in seaport towns? The section has, I think, never been referred to in the correspondence in your columns; it does not seem to have been brought up before the Council of the British Medical Association, for it is nowhere referred to in their recently issued “Report”; it has apparently escaped the notice of the eminent counsel consulted by the *Practitioner*; it is not noticed in the “Reform Committee's” “proposal for an amended Act,” and in the “tabulated list of clauses” published by you in your number of Feb. 10th the number of the section is divorced from its contents, yet it is the only section of the Act which gives a direct negative to one of the “six cardinal points.”

The section referred to is Section 48, “special provisions for the mercantile marine,” and the especially interesting subsections are:—

(4) The Board of Trade shall cause a society to be formed, to be called the Seamen's National Insurance Society, of which any masters, seamen, and apprentices to the sea service and the sea fishing service who are employed within the meaning of this Act shall be entitled to become members.

(5) The affairs of the S.N.I.S. shall be managed by a committee comprising representatives of the Board of Trade, of shipowners, and of members of the society in equal proportions, and the society shall, notwithstanding anything in this Act, become an approved society.

(12) Members of the S.N.I.S. shall be deemed to reside in England, and the medical benefit of such members shall be administered by the