

how they explain the undoubted healing effect of this preparation in cases of malignant syphilis, in the lesions of which, according to Buschke,<sup>2</sup> spirochætes are absent. The explanation given by Buschke is that the action of arsenobenzol is not parasitotropic, as Ehrlich supposed, but organotropic, and that it acts in a similar way to mercury and iodides. This view also applies to the lesions of tertiary syphilis, in which spirochætes are absent or few in number. I may add here that Dr. McIntosh and Dr. Fildes's assumption that, in my statement that treatment by "606" is symptomatic only and "not treatment of the disease itself," I "refer apparently to the spirochæte," is incorrect; the spirochæte is by no means the only factor concerned in syphilis, as Sir Jonathan Hutchinson has well pointed out in the new edition of his book. Dr. Levy-Bing,<sup>3</sup> who has just published the results of six months' experience with intramuscular injections of "606" at the St. Lazare Hospital, Paris, also comes to the conclusion that this preparation only cures the symptoms of syphilis, not the disease itself.

2. Dr. McIntosh and Dr. Fildes consider that "'606,' applied at properly ascertained times, will prevent the onset of symptoms with far less inconvenience and effect upon the general health than mercury." But, so far, there is no evidence that "606" has any action in preventing the onset of symptoms; in fact, according to Levy-Bing, recurrent symptoms are more frequent, and often of greater severity, after treatment by "606" than after mercurial treatment. With regard to the effect of mercury on the general health, so far as my experience goes (and this agrees with that of Sir Jonathan Hutchinson) the general health is generally improved by a course of mercury.

3. Dr. McIntosh and Dr. Fildes are undoubtedly correct in stating that "'606' will probably be used by the unskilled," but that this will be "without danger" is hardly to be believed. Apart from the deaths and other severe accidents following the injection of this preparation, which may in part, I admit, be attributed to faulty technique, there is an increasing amount of evidence to show that "606" has a deleterious effect on the nerves. This neurotropic action has been pointed out by Buschke and Fischer,<sup>4</sup> Finger,<sup>5</sup> Stern,<sup>6</sup> and others, who have reported cases of paralysis of the ocular muscles and affections of the internal ear. Buschke even goes so far as to consider that, in addition to the directly injurious effects of arsenic, "606" may cause deposits of arsenic in the internal organs, which predispose to further manifestations of syphilis. Finger, on account of this neurotropic action of "606," does not consider it indicated for the ordinary treatment of syphilis. "Aus den Gesagten glaube ich zum Schlusse kommen zu sollen, dass das Arsenobenzol sich vorläufig zur Anwendung in der Praxis nicht eignet."

I am, Sir, yours faithfully,

London, N.W., March 18th, 1911.

C. F. MARSHALL.

## "TERRIBLE NEWS OF THE PLAGUE."

*To the Editor of THE LANCET.*

SIR,—I have read in this week's issue of THE LANCET a report from St. Petersburg forwarded by your Constantinople correspondent and entitled "Terrible News of the Plague." The news may be terrible, but is not in any way founded on fact. I have but a few days ago returned from Peking, travelling through Manchuria, and when at Mukden met two of the workers from Harbin—namely, Dr. Wu and Dr. J. M. Stenhouse—so that I had ample opportunity of learning about the exact position of affairs.

As has been already reported by your China correspondent, active and effectual antiplague work has been carried on in the Chinese town of Harbin (Fuchiatien) for the last two months or more by Dr. Wu and other Chinese doctors, assisted by Dr. J. G. Gibb, Dr. W. H. G. Aspland, and Dr. Stenhouse, who are colleagues of my own at the Union Medical College, Peking. At the beginning of February the death-rate in Fuchiatien was as high as 150 a day, but since then conditions have steadily improved, so that at the time of my leaving (Feb. 28th) it had fallen as low as only two a day.

<sup>2</sup> Berliner Klinische Wochenschrift, No. 1, 1911.

<sup>3</sup> Annales des Maladies Vénériennes, March, 1911.

<sup>4</sup> Loc cit.

<sup>5</sup> Wiener Klinische Wochenschrift, Nov. 24th, 1910.

<sup>6</sup> Deutsche Medizinische Wochenschrift, Jan. 5th, 1911.

When these doctors first went up to Harbin the work was much obstructed by some of the local officials. Subsequently, by orders from Peking, these men were degraded, and thereafter the governor of the province and other officials did everything in their power to help the medical men in charge. The bodies of the dead were burnt to the number of about 4000, and have not been left lying about the streets as your correspondent describes. A large and efficient staff of sanitary police has been employed, while house-to-house inspection, rehousing, and isolation work have been steadily carried on, with the very satisfactory results described above. Naturally, the distress and suffering have been very great, but more from the intense cold and entire dislocation of trade than even from the plague itself. It is these conditions which have made the work so extremely difficult. Part of the Chinese Town had to be burnt down and large numbers of people had to be temporarily housed, whilst many more, as could only be expected and unfortunately could not be prevented, scattered to other parts of the country. In consequence, the town is in some measure deserted at the present time.

It is a pity, however, that these reports sent from St. Petersburg should be so inaccurate and misleading, as they bring discredit on the excellent work which has been done and which has been fully acknowledged by the Russian medical authorities. Similar reports have previously been circulated through St. Petersburg, an example occurring only the other day, when it was stated that 18 out of 19 Chinese doctors had died of plague at Kuanchengtze. The facts subsequently telegraphed by Dr. Young, also of the Union Medical College, Peking, were as follows: "Hospital under native doctors closed because four nurses, two doctors died. No precautions observed." This probably refers to a hospital manned by untrained Chinese doctors, many of whom have served bravely and faithfully in spite of their insufficiency of medical knowledge.

Before leaving Peking at the end of February I had abundant opportunity of seeing and hearing about the work done to prevent the spread of the plague. In consequence of ignorance of the danger and of the grievous insufficiency of trained medical men, the work was begun late and carried out under many difficulties; but, speaking generally, the necessary measures were widely and gladly adopted and the officials heartily coöperated in the work. It is to be hoped, however, that the present circumstances will help to awaken the Chinese Government and people to the intense need of national public health work, and of efficiently trained men to carry this out.

I am, Sir, yours faithfully,

H. V. WENHAM.

St. Bartholomew's Hospital, London, E.C., March 18th, 1911.

## OPEN WINDOWS IN THE TREATMENT OF CERTAIN DISEASES.

*To the Editor of THE LANCET.*

SIR,—About three years ago I called attention to certain facts which seemed to indicate that the prevalence of adenoids among children resulted from making them sleep during cold and damp weather with the windows open. Among other things I then noted, of 49 children who had been brought up strictly on the open-window system 22 had been operated on for adenoids, while in 69 children who had been brought up on the shut-window system only two cases of adenoids were observed. Further investigation seems to me to have confirmed the supposition that cold and damp air predisposes to, or is in some way generally associated with, the causation of adenoids, and I understand that some laryngologists now admit my contention. Indeed, one told me that he was now "absolutely convinced," and another that he had been "completely converted."

Further considerations have led me to suspect the wisdom of treating certain diseases on the open-window system. That cold and damp weather has a very marked effect on the prevalence and severity of certain diseases is conclusively shown by the frequency of these diseases in winter and the mortality returns at particular periods of the year associated with cold and damp weather. On the other hand, as far as I have been able to learn, there are no satisfactory statistics which indicate that the open-window treatment of influenza, common colds, measles, and bronchitis is attended with more beneficent results than the shut-window system. The