it had been found that for every soldier commencing treatment in the primary stage five began in the secondary stage. The importance of this reduction was illustrated in the results of the treatment of 62 consecutive cases of primary syphilis during the last eighteen months, which have been under observation for periods varying from six to nine months from the completion of treatment. None of these cases have developed secondary symptoms, only one case relapsed and that was probably a re-infection.

Col. Gibbard gave an account of the methods of treatment employed at Rochester Row and of the results obtained. The use of a combined treatment of mercury and salvarsan had effected a reduction in the average number of days in hospital on first admission from 42 to 23.2, while the percentage of relapses had fallen from 33 with mercury alone to 3.9 per cent. with the combined treatment.

Questioned respecting some remarks which had been recently published regarding the dangers attending the use of salvarsan, Col. Gibbard said that all his experience had gone to show that, provided the medical man using it had acquired and knew thoroughly the technique and contraindications, salvarsan could be safely used, and in conjunction with mercury was the most effective cure known. At Rochester Row they had had no deaths or ill-effects following its use, and they had given more than 3,000 intravenous salvarsan injections.

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THE EDINBURGH ANTI-TUBERCULOSIS SCHEME.

One of the most complete schemes for combating tuberculosis is that inaugurated in Edinburgh in 1887 with the foundation of the Victoria Dispensary for Consumption. To deal with this dread disease it must be challenged at all points, and the Edinburgh scheme is organised with this object. Its promoters realise that for the eradication of tuberculosis the treatment of the consumptive poor who present themselves, with more or less advanced disease, at the outpatient departments of hospitals will not suffice, they must be sought out at home, and the cases detected at the earliest stage. This is the especial function of the Consumption Dispensary.

The scheme as developed includes not only the Victoria Dispensary for Consumption, but the Royal Victoria Hospital, which is a sanatorium for early cases maintained by charitable subscriptions, and a hospital for advanced cases maintained by the municipality. Lastly, there is a "working colony" for selected patients. Intimate relations are maintained between the dispensary and the Public Health Department, and also with the Charity Organization Society. Our illustration shows a ward in the Hospital, which everyone will agree is charming. The scheme has been adopted by the L.G.B. for Scotland, as the model for a National Scheme.