

it works exceeds that of all others. In syphilis, where the accident of the site of the lesion is of extreme importance, and where, for example, hideous deformity of the face, or widespread destruction of delicate nerve tissues may rapidly ensue, it is of especial importance that resolution should be rapid. It is conceivable that time will show that this rapidity of action constitutes the sole justification for its use. The permanency of the cure cannot yet be proved. It is possible, or even probable, that the safest course may be to combine injections of salvarsan with a continuous mercurial treatment. It is possible that in mild and latent cases of syphilis mercury may still be found to be the drug which is in all respects most suitable. All that can be asserted at present is that mercury has no power equal to that of salvarsan to bring about the rapid resolution of severe and progressive syphilitic lesions. Although the after-effects of the injection of the drug are sometimes unpleasant, the risk to life would appear small, and untoward effects, such as the blindness which has caused the abandonment of the atoxyl treatment, have been recorded only with extreme rarity.

"The method of administration of the drug is of importance. The general consensus of opinion is that the intravenous method alone is trustworthy and free from serious drawbacks. The subcutaneous injection is extremely painful. The intramuscular is apt to be followed by abscess formation or local necrosis.

"The intravenous injection is no doubt less easy to perform, but its technique certainly presents no difficulties which should prevent its adoption in general practice, and it behoves all who would not deny to their patients the advantages of the remedy to acquire the necessary dexterity. Certainly, in cottage hospitals and similar institutions the intravenous injection should present no difficulty. The technique of the Wassermann serum test, on the other hand, is a matter of considerable difficulty, and can only be attained in a well-equipped laboratory by one well versed in laboratory methods. We deplore the attempts which have been made to simplify the procedure so as to adapt it for use as a clinical test. We do not believe that accurate or trustworthy evidence can be obtained by the medical man who attempts to carry out the test by himself. Even among laboratory workers confusion has arisen by reason of the number of modifications and simplifications of Wassermann's original process which have been introduced. Before we can truly estimate the

accuracy and reliability of the test it is essential that the relative merits of the original method and of all modifications should be decided, if necessary, by the establishment of a committee of inquiry."

## CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. (Cantab.).

### WOUND INFECTION.

Though the subject of wound infection is really somewhat intricate, it is possible to give a short resumé of the phenomena that take place when a wound, whether it be inflicted accidentally or by the surgeon, "goes wrong," and as much trouble, and not infrequently fatal issues, result from the neglect of trivial wounds, I have thought it well to include the disease in this series of "common ailments."

The main thing is to get the general idea into one's head before one starts to fill in the details, and we will clear the ground somewhat by premising that "infection" of a wound takes place when micro-organisms not only gain entrance under the skin, but succeed in overcoming the resistance of the body, either temporarily or entirely.

The main difference between wounds inflicted accidentally and by the surgeon lies in the fact that in the latter case, it is recognised from the first that germs may do harm if they get into a wound, and precautions are therefore taken to keep them out from the beginning; this is, of course, the object of modern aseptic surgery and need not be further considered here. If, however, the sufferer either does not know that he has a wound at all—and the smallest scratch may under unfavourable circumstances cause even death—or does not trouble to attend to it if he does know, the germs get in and have a good start in the fight, so we cannot prevent trouble, but only deal with the results as they arise.

Let us first consider the nature of the attacking forces, or, in other words, the germs themselves. It will serve no good purpose to give a catalogue of all germs that may get into wounds, as we shall not go far wrong in assuming that almost any germ may be present in almost anything that is not sterile (*i.e.*, free from germs), and that has come in contact with either the skin of the patient or the weapon that inflicts the wound. For instance, take the scratching of the finger with the point of a hat pin. The skin, in the first place, in health contains on its

[previous page](#)

[next page](#)