

and planning on behalf of the Ministry of Health, which was largely his own creation, and to which he devoted himself heart and soul. These long hours and the strain they involved undoubtedly wore him out. He has died, as he would have wished, a martyr to one of the strongest senses of duty which our public service has known."

MEDICAL MATTERS.

DENTAL CHANCRE.

The danger of infection which may occur from unsterilised dental instruments is illustrated by a case of syphilitic infection reported by Dr. Herman Goodman, of New York, in the *New York Medical Journal*.

The patient was an American officer, 32 years of age, who was married, and had two healthy children. Ten to fourteen days after extraction of a tooth by a civilian dentist an ulcer appeared at the site of the extraction. A Wassermann reaction taken at the time proved negative, and the ulcer healed under local treatment, but recurred. Six weeks later there was generalisation of the syphilitic infection, shown by inflammation of the jaws, and ulceration about the right molars, bilateral swelling of the submaxillary glands, pharyngitis, and a positive Wassermann reaction. The symptoms disappeared, and the Wassermann reaction became negative, after three doses of arsenobenzol.

MANICURE INFECTION.

The practice of manicure is increasing, and the serious warning given by Dr. Körbl, a Viennese surgeon, in *Wien Klin Woch* and reported by the *British Medical Journal*, therefore deserves attention. Dr. Körbl reports no fewer than 32 cases of infection, some of them very alarming, resulting from this practice. In most of them the infection led to severe inflammation, requiring prolonged treatment, and produced more or less serious functional disturbance. Most of his patients did not consult him till conservative treatment had failed, and even free incision had proved incapable of limiting the disease. Dr. Körbl is of opinion that in practically every case the disease began as a subcutaneous whitlow. In three it began in the finger tips; in all the others in the tissues near the nail. He considers that every step in the practice of manicure is liable to produce infection. First the protecting epidermis is opened, and the thin film connecting the base of the nail with the skin is incised and trimmed.

Then, in the act of polishing the nail with pastes and powders, micro-organisms which have gained access to the subcutaneous tissues are securely sealed in. Finally, the manicurist massages and polishes the nail, driving the infectious material deeper into the lymphatic system. Examination of the pus showed that the staphylococci usually associated with whitlow were seldom present, and in most cases the infection was mixed. The most prevalent micro-organisms were streptococci and anaërobic bacilli. Colon bacilli, as well as influenza bacilli, were also comparatively common. In four cases, three of which developed erysipelas, streptococci were found in pure culture. Infection may occur during the manicuring or afterwards, but the primary infection is thought to be by far the most important. In a family of four persons all used the same manicure instruments, but in only 9 of the 32 cases had the patients manicured themselves. All the others, including the patients with erysipelas, had been treated by professional manicurists. No cultures could be obtained from the instruments, which had probably been cleaned with alcohol, but the paste employed yielded pure cultures of streptococci. The writer concludes his case against manicure with a reference to the possibilities of the conveyance of tuberculosis and syphilis to those who practise it.

SYPHILIS IN CHILDHOOD.

Dr. Leonard Findlay, Physician to the Royal Hospital for Sick Children, Glasgow, has, in a book of the above title, given us a most useful and practical account of this disease.

It is interesting to note that Dr. Findlay holds the opinion that no anti-venereal campaign will be successful without notification of the disease, and he believes that sooner or later this course will be adopted. He is of opinion that marriage may be permitted when a negative Wassermann reaction has been obtained after early and thorough treatment with salvarsan and the reaction has remained negative for a year. He regards inunction as the most efficacious method of administering mercury, and has frequently seen children treated with mercury and chalk, without any benefit, respond immediately to inunction with mercury ointment, and has continued this treatment for a year without seeing evidence of toxæmia.

Dr. Findlay is of opinion that salvarsan—which he considers indispensable in the treatment of children with syphilis, in combination with mercury—should never be given to infants intramuscularly or subcutaneously if these methods can be avoided.

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