

in nine out of every ten cases. In his experience the cases with a longer period of incubation ran a milder course than the others, either from lesser virulence on the part of the germs or greater resisting power of the tissues.

114. **Improved Syringe for Treatment of Gonorrhoea.**—The same writer describes and illustrates a syringe which consists of a rubber bulb, a connecting tube with valve, and the glass syringe proper. He claims that it acts with such delicacy and precision that there is no fear of its getting out of order, but its principal advantage is that the amount injected always corresponds to the varying capacity of the anterior portion without forcing the sphincter. It thus allows thorough and exclusive treatment of the anterior portion. He reviews the history of syringe treatment from the days of ancient Egypt, and enumerates the conditions for success. The capacity of the syringe must be at least 21.5 c.c., as the capacity of the anterior portion ranges from 4 to 21.5 c.c. For injections into the posterior portion the capacity should be 25 c.c. The pressure of the injection should not be above 1/10 of an atmosphere, as the elastic pressure of the sphincter is only 1/9 to 1/7. The injections should be made slowly, bearing in mind this elastic action of the sphincter. They should be brief and often repeated, as the sphincter becomes fatigued easily. Protracted injections for this reason should be made under low pressure, and the urethra only half filled. In injecting the posterior portion the bladder should be emptied and the patient should urinate during the injection, as this reduces the pressure to its lowest point, 1/20 atm.

116. **One Cause of Iodoform Eruptions.**—Audry states that he has ceased to have any iodoform eruptions in his practice since he has refrained from using iodoform on a patient who is taking mercury in any form. He thinks the eruption is in fact a "hydrargyride" induced by the iodoform.

124. **New Method of Treating Lupus.**—Dreuw has been applying for four months at Unna's clinic a combined method of treating lupus, which has had unexpectedly fine and rapid results in the 9 cases in which it has been used. Some of the patients had been under treatment for twenty to twenty-two years, and all were delighted at the cosmetic results obtained by the new method. Time alone will reveal whether the cure is permanent, but the prospect is encouraging, as even with the diascopes no nodules can be detected. Tuberculous ulcers and granulations healed under this treatment remarkably well and promptly. One of his patients had tuberculous ulcerations on nose, cheeks and at the corners of the mouth. All the lesions have healed over during the five weeks of treatment and the interference with eating vanished after the first sitting. One patient had suffered for twenty years with an exfoliating lupus covering face and lids. The entire surface has healed over with a smooth and shiny surface. He adds that no time nor expense is required for this method of treatment which is within the reach of every practitioner and patient. The procedures are not painful and no symptoms of intoxication have been observed in any instance. The method is a combination of refrigeration with ethyl chlorid and the application of crude hydrochloric acid to the nodules, rubbing it in until it smarts. A region about the size of a dollar is sprayed with the chlorid until covered thick with ice. A cotton-wound stick is then dipped in the acid and it is rubbed into the lupous patch as hard as the patient can bear except in case of exfoliating lupus or tuberculous lesions, in which the pressure need not be so energetic. The acid is rubbed in until the epidermis at the spot forms a grayish soft mass. This is cast off in the course of a few days without leaving any deep lesion. The cauterization is never deep. After this destruction of lupous tissue the epidermis is regenerated from below. In one of his cases a recurring lupous patch on the cheek was cauterized away in a single sitting. Four weeks later the entire granulating surface was covered with apparently healthy epidermis. If the acid becomes diluted with the melting ice it loses its efficacy and a fresh cotton-tipped stick should be taken. The acid is not painful when applied only to the frozen surface, and any tendency to painfulness is combated by renewed application of the ethyl chlorid. It is possible to go over large

surfaces in this way at a single sitting. The cauterizing action of the acid does not extend beyond the spot treated. He found it an advantage in some cases, when the nodules had disappeared to the eye, but could still be seen by the diascopes, to paint them with ink. This showed through the layer of ice and he could thus apply the acid exactly where needed. Bleeding is soon arrested by the cauterization. He believes it might be advisable in case of very extensive lupus to administer chloroform and go over the entire surface at a single sitting.

Gazzetta degli Ospedali, Milan.

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- 126 (No. 74.) Cirrosi portale atrofica asplenomegalica come malattia prevalentemente congenita. A. Ferrannini.
 127 Sulla tubercolosi sperimentale del cane e sulla tossiemia che ne consegue. Casavecchia.
 128 Le infezioni endovenose di sublimato nella cura della sifilide. Gravagna.
 129 (No. 77.) Acute Infectious Liver. A. Nizzoli.—Il fegato infettivo acuto in una forma morbosa non ancora cognita.
 130 Antitossine ed agglutinine nel sangue di animali immunizzati. F. Figari.
 131 Il nucleone nello sperma. E. Cavazzani.
 132 Sulla cura delle infezioni puerperali. G. Monzardo.
 133 La sciatca curata colle infezioni locali di antipirina. P. Adolfo.
 134 Medicatura cacodilica. B. Domenico.
 135 (No. 80.) Dell' azione del nucleoproteide di sangue eterogeneo sul numero e la proporzione dei globuli. G. Guerrini.
 136 Sputa as Culture Medium. G. Guyot.—L'espettorato come mezzo di coltura pel bacillo della tubercolosi.
 137 Study of Portal Circulation. E. Aievoli.—Derivazione chirurgica del sangue dal circolo portale.
 138 (No. 83.) Contributo alla patogenesi della bronchopneumonia consecutiva alla operazione del gozzo (on the throat). F. Carini.
 139 Incontinenza notturna d'orina e vegetazioni adenoidi. U. Melzi.
 140 Tetano ed acido fenico. G. G. Deplano.

Books Received.

Acknowledgment of all books received will be made in this column, and this will be deemed by us a full equivalent to those sending them. A selection from these volumes will be made for review, as dictated by their merits, or in the interests of our readers.

TEXT-BOOK OF HISTOLOGY. Including the Microscopic Technic. By Dr. Philipp Stöhr, Professor of Anatomy at the University of Würzburg. Fifth American from the Tenth German Edition. Translated by Dr. Emma L. Bilstein, Formerly Director of the Laboratories of Histology and Embryology, Woman's Medical College of Pennsylvania. Edited, with Additions, by Dr. Alfred Schaper, Professor of Anatomy, University of Breslau. With 353 Illustrations. Cloth. Pp. 485. Price, \$3.00 net. Philadelphia: P. Blakiston's Son & Co. 1903.

A HANDBOOK OF OBSTETRIC NURSING. For Nurses, Students and Mothers. Comprising the Course of Instruction in Obstetric Nursing Given to the Pupils of the Training School for Nurses Connected with the Woman's Hospital of Philadelphia. By Anna M. Fullerton, M.D., Formerly Obstetrician, Gynecologist and Surgeon to the Woman's Hospital of Philadelphia. Sixth Revised Edition. Illustrated. Cloth. Pp. 270. Price, \$1.00 net. Philadelphia: P. Blakiston's Son & Co. 1903.

SCHEME FOR THE DIFFERENTIAL TESTING OF NERVES AND MUSCLES. For Use in Diagnosis. By J. Montgomery Mosher, A.M., M.D., Clinical Professor of Insanity, Neurology and Electro-therapeutics, Albany Medical College. Illustrated. Cloth. Pp. 58. Price, \$1.00 net. Albany, N. Y.: Brandow Printing Company. 1903.

YEARBOOK OF THE UNITED STATES DEPARTMENT OF AGRICULTURE. 1902. Cloth. Pp. 912. Washington: Government Printing Office. 1903.

The Public Service.

Army Changes.

Movements of Officers of the Medical Department, U. S. Army, under orders from the Adjutant-General's Office, Washington, D. C., for the week ending Saturday, Sept. 12, 1903:

Brown, Orville G., first lieutenant and asst.-surgeon, will proceed to Washington Barracks and report, not later than September 12, for temporary duty thereat during the absence of Major Henry P. Birmingham, surgeon, and, on the return of Major Birmingham, surgeon, will rejoin his proper station.

Foster, Charles L., first lieutenant and asst.-surgeon, will proceed to Fort Washington for temporary duty during the absence of First Lieutenant Charles R. Reynolds, asst.-surgeon, and, on the return to duty of the latter officer, will rejoin his proper station.

Geer, Charles C., first lieutenant and asst.-surgeon, is granted an extension of leave for one month on account of sickness.

Jones, John F., contract surgeon, is granted an extension of leave for one month.

Koyle, Fred T., contract surgeon, is relieved from further duty in the Division of the Philippines, and will, on the expiration of his present leave, proceed to Fort Clark for duty.