the joint (*e*), and thus the tissues are constricted to any requisite degree in an elliptical manner.

In applying the clamp, the arm (*d*) is to be opened by unscrewing the nut (*f*), and then passed around the pedicle and closed again, and made fast as before, the slide (*c*), having previously been screwed back towards the handle.

If the clamp is to be used instead of the ligature, after sufficient compression of the pedicle, the handle (*a*) and the wheel (*b*) are to be removed by unscrewing them, which renders the clamps much lighter and perfectly flat, so that no inconvenience is caused by its resting on the abdomen.

The dotted outlines (*g*) in the cut show the arm of the clamp opened ready for application and needs no particular explanation.

Besides the purpose for which this clamp was originally designed, it may advantageously be used in the removal of hemorrhoids, portions of the tongue, penis, scrotum, and extraneous growths.

The entire instrument is so light, compact and small that its case may be carried in the vest-pocket without inconvenience. It is manufactured by G. Tiemann & Co., 67 Chatham Street, New York.

A CASE OF ULCUS SERPIGINOSUM SYPHILITICUM.

By J. C. RAY, JR., M.D., Surgeon to the New York Dispensary, Department of Venereal and Skin Diseases.

D. C. R. presented himself to me August 5th, 1871, with the following history:—Native of the United States, tinsmith, 31 years of age, married, has two children aged 10 and 6 years. His wife has had one miscarriage between the two children. R. contracted two sores upon his penis in November, 1868. These did not heal until the following March, and during January they caused œdema and phymosis. Had a papular eruption upon the body and extremities in May, which disappeared in August. In June, 1869, had two sore spots along side of the arms, which healed in a month upon the application of a caustic. Underwent mercurial treatment for three weeks during the existence of the primary sores. Noticed at that time three kernels in the right groin.

In the winter of 1869–70, he had another eruption upon the body and extremities similar in nature to the previous one. At the same time he had some scabs upon his scalp. The eruption disappeared early in the spring

of 1870, when ulcerations began upon the right shoulder and right forearm. In the fall of the same year, the right shoulder healed, and in February, 1871, the right forearm healed. In March, 1871, ulceration began upon the left forearm, and healed completely by the middle of June, to break out again early in July, producing ulcerations, which are now present. Ulceration of the left shoulder began in March, 1871, accompanied by a discharge more profuse than that of the other ulcers. This shoulder healed and broke out again, and is at present completely healed. R. has not had iritis, nor alopecia, nor rheumatism, nor sore throat. Has noticed during the past year a hard prominence upon the anterior surface of the right tibia, which has never caused pain save when pressed upon. Had typhoid fever in 1862. Never had any sores previous to 1868. Has had gonorrhœa once.

Present Condition.—The seat of the initial lesion does not show any cicatrix or induration. Varicocele of the left side. A node upon the anterior surface of the right tibia, sensitive to pressure. Inguinal and brachial glands enlarged and indurated. Two cicatricial surfaces upon the posterior aspect of both shoulders, each having an irregularly circular outline and a diameter of four inches. A cicatrix upon the right arm and forearm, involving the posterior and external surface of the elbow-joint, and the whole upper half of the external surface of the forearm. A cicatricial and ulcerating surface upon the left arm, involving almost completely the entire surface of the lower third of the arm and upper half of the forearm. The ulcers upon this surface are three in number. Each is in the shape of a perfect crescent. The three of similar size. The distance between the two horns of each crescent measures two inches. These creeping ulcers present a healthy, florid, clean appearance, their surfaces very slightly depressed below the surrounding surface, and their discharge is of a thin serous character. Edge of the convex border not undermined or differing in aspect from the edge of the concave border. Two of these ulcers were advancing in cicatricial tissue, the other in normal integument. They cause the patient no pain. The cicatrix involving the flexor surface of the left elbow has contracted somewhat, rendering it impossible to completely extend the forearm upon the arm. This causes the patient some inconvenience in his trade. He says that the ulcers which produced the cicatrices upon the shoulders and right arm

were similar in shape and appearance to those now present upon the right arm. He does not express any anxiety about the latter, as he is sure they will heal, but wishes to get some medicine to purify his blood and prevent their return. His general health is very good.

Ordered the following treatment:

R Hydrarg. chlor. cor. gr. ij.
Potass. iodidi. ʒ iv.
Aqua ʒ iv.

M. One teaspoonful in a wineglass of water, after each meal.

R Ungt. hydrarg. ox. rub.
Ungt. simplicis, partes æquales.

M. et ft. ungt. To be applied to the ulcers.

August 20th.—The ulcers have nearly cicatrized, and the patient is apprehensive that they have been healed too rapidly.

Dr. Emanuel Kohn, in an exhaustive treatise upon *ulcus serpiginosum*, published in a recent number of the *Archiv für Dermatologie und Syphilis*, describes an ulcer serpiginous in character, but differing in every other respect from that described in the above case, and he concludes that serpiginous ulcers, as described by him, are of a non-syphilitic origin. The ulcers in the case I have related, from their shape and mode of progress, are clearly entitled to the epithet serpiginous, and from the history of the case and the results of treatment, are of undoubted syphilitic origin, leading to but one conclusion, that two serpiginous ulcers may be met with. The one, so well and minutely described by Dr. Kohn, non-syphilitic, obstinate, and intractable in its character; the other due to syphilis, and readily amenable to anti-syphilitic remedies.—*The American Journal of Syphilography and Dermatology*.

Reports of Medical Societies.

THE BOSTON SOCIETY OF MEDICAL SCIENCES.
J. ORNE GREEN, M.D., SECRETARY.

Oct. 3d, 1871.—The Society met at the house of Dr. White. Dr. Wadsworth in the chair.

Dr. White read a paper on the protection acquired by the human skin (and other tissues) against the action of certain animal poisons after repeated inoculation, claiming that the frequent inoculation of some poisons gave a gradual immunity from any poisonous effects. He instanced the ef-

fects of mosquito bites, which he thought were more severe in children than in adults, much more severe in foreigners who had recently arrived in this country than in natives, and in support of this spoke of a whole family, recently arrived from England, which he had just seen, upon the members of which the bites of mosquitoes had produced a violent eruption of the skin resembling pemphigus. He thought that the immunity derived from frequent inoculations was analogous to that from vaccine matter against variola.

In reply to questions, Dr. White said that he considered it as established that poisonous snakes were not killed by their own poisons; insects, however, he said, did not enjoy this immunity, as wasps and bees were known to kill each other by their poison.

Dr. Amory said, in support of Dr. White's theory, that in regions where black flies abound, persons after a few years are not affected by the poison. This immunity is not obtained in one season, but only after a prolonged residence; such persons are bitten as at first, but escape all the disagreeable effects from which a non-resident suffers.

Dr. Wigglesworth asked how it was, then, that in persons affected for many years with lice we see no cessation in the toxical action of the bites upon the skin; as is shown by the non-cessation from scratching and the progressive severity of the affection, so that in old cases we see a marked increase in the deposition of pigment in the skin.

Dr. White thought that the subjective symptoms were different after a time from those felt at first; that the lice cease to irritate and are not felt; the increased pigment he thought was due to the blood drawn to the skin by the increased number of bites.

Dr. Fitz thought that the continuous eczema kept up the scratching.

Dr. Nichols considered it a fact that children suffer most from mosquito-bites, and he had known such bites to be mistaken by the family for chickenpox and even smallpox.

Dr. Dwight showed a specimen which he said was rare in this country; it was the complete osseous auditory apparatus of the common finner [*Balænoptera musculus*] and was the property of the Boston Society of Natural History. It consisted of the ossicula, the tympanum and labyrinth, the two latter opened so as to show their interiors, and had been prepared by him recently. He said:—