accepted that the skin affection is primary; on the contrary, it should rather be supposed that both are the results of the same cause. What circumstances lead to the constant increase of eosinophilous cells in prurigo is not yet clear.

Granuloma Trichophyticum Majocchi.—PINI (*Archiv für Dermatologie und Syphilis*, Bd. xlii., Heft 1) briefly reviews the literature of this unusual form of trichophytosis, and reports three new cases, from the study of which he draws the following conclusions: There exists a clinical complication of herpes tonsurans which differs from kerion and sycosis. It consists of round or flat nodules from a rose-red to a cyanotic hue, scattered about or, more frequently, arranged in chains, developing very slowly, inclined to softening, but never ending in suppuration. The histological structure of these nodules is different from those formed through inflammatory folliculitis, and is like that of the granulomata. The etiological factor is the trichophyton which occurs within the granuloma in the form of hyphae and spores.

Salicin in the Treatment of Lupus Erythematosus.—CROCKER (*British Journal of Dermatology*, January, 1898), at a meeting of the Dermatological Society of London, showed two cases of lupus erythematosus in which salicin had been administered in fifteen-grain doses, three times a day, with excellent result, a cure occurring in one and great improvement in the other. The external treatment consisted in the application of calamine lotion, which was painted on twice a day. In the case in which a cure had resulted, the treatment had been continued about five months; the second case had been under treatment for a shorter time. It was not claimed that salicin would cure every case, but that a good many were cured or improved by this form of treatment.

OBSTETRICS.

UNDER THE CHARGE OF

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The Elimination of Germs through the Milk-glands.—In the *Berliner klinische Wochenschrift*, 1897, No. 45, BACH and WELIMINSKY report experiments undertaken to show the results of the presence of infectious germs upon the milk-glands.

They selected guinea-pigs for their researches, and took every precaution to make the glands and nipples thoroughly aseptic. They then injected cultures of anthrax, which resulted fatally to the animals, but which did not produce infection of the milk.

The opposite, however, was the result when intravenous injections of pus-

forming bacteria were made. In from five to eight hours after injection these organisms were found in the milk.

In the case of two women, suffering from puerperal septic infection, streptococci were found in the blood, but not in the milk.

The writers conclude from their experiments that infective germs which gain access to the milk do so simply by circulating through the glands in the blood stream, and that to enter the milk they must pass through the glandular substance of the breast through some injury to the gland substance.

The question whether the milk of the infected animal is fit to use must be settled for each case by a careful study of the individual patient.

A Combined Intra- and Extra-uterine Pregnancy at Term.—In the *American Journal of Obstetrics*, December, 1897, ROYSTREA reports the case of a colored woman, aged thirty-four years, who had had six children in easy labors. A negro midwife delivered the patient forty-eight hours before of a living child in the natural way, but sent for the doctor because a second child was retained which could not be expelled.

On examination the uterus was empty and unruptured, while a full-term fetus was lying transversely inside the abdominal cavity. A diagnosis of abdominal pregnancy at term was made, and operation advised. This was refused.

Some time afterward, when the child had died and the patient was threatened with sepsis, consent to operation was obtained. On investigating the history it was found that rupture of the sac had occurred. On abdominal section, a dirty yellowish fluid escaped from the abdomen, the fetus was delivered, and the cord tied and cut. The placenta was adherent to the abdominal wall and the left side of the pelvic brim. The gestation sac was entirely outside the peritoneum, and the general cavity of the abdomen had only been opened for two inches. The placenta was loosened by dissection and two silk ligatures placed upon vascular adhesions. There was little bleeding. The sac was washed out with hot salt solution, sponged dry, and the abdominal wound closed with silk-worm-gut sutures, strips of gauze being used for drainage at the lower end of the incision. The cavity drained for several weeks, the patient finally making a good recovery. The ectopic fetus was fully developed, weighing four and one-quarter pounds. The placenta weighed two pounds.

Spurious Abortion, with an Account of Three Cases.—In the *British Medical Journal*, 1897, No. 1925, EDEN contributes a paper upon the above subject. His case was as follows:

The patient was a multipara who had missed her menstruation for eleven weeks. After one day's hemorrhage a fleshy mass was expelled, which was at first thought to be an abortion. While menstruation was absent there had been morning sickness, but not as severe as in previous pregnancies. The patient made a complete recovery.

On examining the mass which had been expelled, it was found to be a triangular cast of the uterus, measuring four inches by three and three-quarters inches, and varying in thickness from 3 to 8 mm. The outer surface was rough and uneven; the inner dull, glistening, and thrown into numerous longitu-