not afford us an absolute but only a relative value." For this reason the attempt to invent a perfect sonofactor for testing the hearing power should be encouraged. In the mean time the sources of sound already mentioned must continue to be used in recording our observations.

A short formula for expressing the results thus obtained has long seemed to me to be necessary—something approaching the brevity of that used for recording the vision. This is based on the fact that the visual power is expressed by a fraction the numerator of which is the utmost distance at which the types are recognized (d), and the denominator the distance at which they appear at an angle of 5 minutes (D), thus giving the formula $V = \frac{d}{D}$. I hold it to be a mistake ever to reduce this fraction to lower terms. If not so reduced, $V = \frac{1}{1}$, or $V = \frac{1}{8}$, or $V = \frac{2}{3}$, means that type No. 1, No. 10, or No. 20, was read at one, ten or twenty feet, and expresses by its own terms, without any *conventional understanding*, just what test was used. In ordinary usage, the formula $V = 1$ is intended to express the fact that type No. 20 was read at twenty feet, but it is more simple and straightforward to say in such a case $V = \frac{2}{3}$, and it is *very little more trouble*.

To return to the hearing: for nearly three years I have recorded the hearing power as a fraction, the numerator of which is the distance at which the particular sound is heard, the denominator the distance at which it should be heard by an ear of good average hearing power. This denominator must vary according to the sonofactor used, and should generally be expressed in inches.

For still further simplification, and that the method may be adapted to international use, I suggest the following abbreviations: A. D., auris dextra, instead of right ear or R. E.; A. S., auris sinistra; P. A., P. aud., potentia auditus, hearing power; V., vox, the spoken voice; V. S., vox susurrata, whispered voice—or simply S., susurrus, a whisper; H., horologium, the watch.

If this system should become general, then the formula $P A, A D, H, = \frac{1}{36}$, would to all otologists represent the fact that a watch that should be heard at 36 inches was heard by the right ear of the patient at a distance of 12 inches; the formula $P A, A S, V S, = \frac{1}{36}$, would mean that the whispered voice was heard by the left ear at 6 inches that should have been heard at 36 inches. It is not necessary to multiply examples.

By referring to the records of the Brook-

lyn Eye and Ear Hospital, I find that I commenced to record the hearing power for my watch as a fraction on the 15th of May, 1869. Its use by my colleagues and myself has been continued since then. On the 21st of September of the same year, I read a paper on the importance of early treatment of the diseases of the ear before the Medical Society of King's County, in which the use of this fractional method was explained and advocated.

THE POSSIBILITY OF THE DIAGNOSIS OF SYPHILIS BY MEANS OF THE MICROSCOPIC EXAMINATION OF THE BLOOD.

By DR. LOSTORFER, of Vienna. Translated from the Wiener Med. Presse by JAMES R. CHADWICK, M.D.

The general interest which has greeted the matter induces me to give here an abridgement of an article destined for publication elsewhere.

In the examination of the blood from syphilitic patients, I employed the following method. A drop of blood of a syphilitic, upon a slide covered with covering-glass, was placed in a moist chamber for preservation, and was daily searched with a Hartnack ocular 3, objective 10 à immersion.

The result of these examinations, which I have prosecuted without interruption upon numerous specimens of blood from individuals presenting the most diversified forms of syphilitic symptoms, and which proved to be constant in almost every case, was as follows:—

On the third, fourth or fifth day, and exceptionally after twenty-four hours, small, shining corpuscles were observed between the blood corpuscles, a part in a condition of rest, and a part in oscillatory motion. In the following days, these bodies increased in size, so that between the fourth and sixth days they had attained the dimensions of the red blood corpuscles. Most of them were ball-shaped, others irregular, many had onesprout, others several; of these sprouts a part were connected with the corpuscle by a pedicle, and a part not. On certain sprouts one or more secondary sprouts were noticed. After the sixth or eighth day, a "vacuole" formed in the corpuscles which increased in size until it was enclosed in a thin layer, as shown by its double contour. On the addition of distilled water after the vacuoles had formed, consequently after the sixth day, an increase of the vacuoles in the corpuscles, a

formation of the same in the sprouts, as, also, in several cases, of long excrescences, similar to the tubular buds (Keimschläuchen) of fungi took place. No further development have I observed, even after six weeks' examination.

The number of these corpuscles varied from 1—50 in the field of vision. At the same time, as well as for months previous to the examination of the blood of syphilitics, I searched specimens of blood from healthy persons in the same way, and in no case found the described corpuscles. Equally without result was the examination of blood from individuals suffering from typhoid fever, lupus, gonorrhœa, diphtheritic ulcers, one with eczema capitis, and one with leprosy. The appearance of these corpuscles, therefore, seems to be peculiar to syphilitic blood, wherefore I have given them the name of syphilis corpuscles. That this peculiarity of syphilitic blood provides us with the possibility of a diagnosis of syphilis I have proved, thanks to the voluntary assistance of Professors Stricker and Hebra. These two gentlemen laid before me—the former five times and the latter twice—a number of specimens of blood, which had been taken partly from healthy, and partly from syphilitic individuals, and numbered; between the third and sixth days, I brought to their knowledge the result of my examinations, with the exception of one experimental series, where the result was negative, and of a specimen here and there, which was designated as useless and set aside. In perfect correspondence with the record, I indicated the blood of syphilitic patients as syphilitic, and that of healthy persons as healthy blood.

Considering that, at these examinations, more than fifty specimens of blood came under observation, and that from these I selected about twenty as diseased, full credence can hardly be refused to this result, which I make known in accord with Professors Stricker and Hebra.

From the clinical histories of the cases examined with positive results, it is evident that the presence of the syphilis corpuscles is not connected with any particular form of syphilis, but is found in the most varied forms. As extreme points I can mention the induration when three or four weeks old, before the appearance of an exanthema, on the one hand, the node in company with cutaneous ulcers, where disease had lasted six years on the other.

As to the source whence the syphilis corpuscles proceed, and the role which is allotted them, the present examinations

have given no clew. The solution of these and many dependent problems must be deferred to future examinations.

Bibliographical Notices.

Sudden Death soon after Parturition. By THOMAS MORE MADDEN, M.D., M.R.I.A., Dublin, Senior Assistant Physician of the Rotunda Lying-in Hospital. Re-printed from the *American Journal of Obstetrics*.

AFTER premising that this is a very shocking accident, and that he has seen several instances of it, the history of which he proposes to narrate, the author proceeds, before reciting them, to devote three pages (his whole article covers less than ten) to a disquisition on embolism, in which the distinction drawn by Dr. Playfair between embolism and thrombosis, and the opinions of Dr. Meigs on heart-clot, occupy generous space. Following this introduction, we might expect cases illustrating sudden death from this particular cause, but we are disappointed. Dr. Madden remarks that he shall merely narrate the particulars of some instances of sudden death soon after labor, adding that the cause, in two of the cases, is not, so far as he is aware, mentioned by any other writer on the general subject, viz., one from sloughing of the cervix uteri, the other from rupture of a varicocele of the left ovarian vein. His cases are five in number; but his promise of giving the particulars of them is so meagrely fulfilled that we are able to determine the diagnosis by conjecture only. Indeed, we approach certainty only by assuming that the conclusions are not justified by the evidence presented, and are, in fact, improbable.

The first case is not one of sudden death at all; the patient succumbed four days after delivery, from sloughing of the cervix and vagina, and from peritonitis. It would seem that the diagnosis might have been easily reached independently of the autopsy which followed.

The second case is that of a woman with contracted pelvis, whose labor had been induced by the uterine douche at about the end of the eighth month, and who was then delivered by forceps. The placenta was expelled naturally, and there was no hæmorrhage, and she was apparently doing well on the morning of her delivery. At 5, P.M., however, her pulse was hardly perceptible, and she was cold and despond-