The splint is introduced in this manner. With the swivel loop turned down as in the figure, one ivory piece is introduced into each nostril, and gently pushed into the nose until the central part of each ivory piece is over the center of the operated septum and each ivory piece lies entirely within the nose. The loop is then raised and fits closely around the column of the septum externally. If closer contact is desired, a slight pressure on each side of the loop will make the spring tighter. In the average case this splint will be found easily adaptable with very little change.

In a series of fifteen cases, this splint has clearly demonstrated its value, and why it is to be preferred over packing the nostrils after the submucous resection of the septum. The advantages found have been:

First, The absence of nasal congestion and consequent bad headache.

Second, The absence of bleeding after removal of the splint on the following morning.

Third, It has shortened the time of healing because the mucous membrane is practically in normal condition.

The second instrument is a tonsil knife designed for use when doing tonsillectomies according to the very useful method of Dr. O. A. Lothrop. This knife makes the initial incision through the anterior pillar of the tonsil, and also has an elevator at its opposite extremity and is curved so as to lie closely against the tonsil between it and the anterior pillar, and facilitates lifting the superior part of the tonsil from the tonsillar sinus. It is one instrument which serves at the same time as scalpel, separator and elevator.

Both of these instruments are made by Codman & Shurtleff, of Boston.

Clinical Department.

A REPORT OF TWO CASES REINFECTED WITH SYPHILIS FOLLOWING TREATMENT BY SALVARSAN.

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SINCE the introduction of salvarsan (September, 1909) as a therapeutic measure in the treatment of human syphilis, many thousand patients have received the drug.

In the opinion of those competent to appreciate the character of the various forms of this disease, and who have the facilities for carrying on this new treatment in a scientific manner, it is generally admitted that this new drug has a pronounced immediate effect upon the lesions, that a negative sero-reaction is not always produced by a single dose, that a negative sero-reaction may again become positive, and that lesions do sometimes recur. In many instances, however, a single dose of the drug is followed by a disappearance of the symptoms and lesions and a negative sero-reaction results. The point of interest in this

latter group of cases is whether or not they are entirely freed of the disease. There have appeared in the medical literature a few instances in which patients in this group have again received a primary lesion which has been followed by a typical secondary irruption at the usual period and a strongly positive sero-reaction; in other words, these patients have all the evidence of again contracting the disease. Such instances are as yet few and for this reason the following two cases are recorded.

CASE 1. A young lady twenty years old. Primary lesion on lower lip appeared about Oct. 1, 1911, followed by a profuse macular and papular irruption all over body in the sixth week following the primary lesion. Sero-reaction (Wassermann and Noguchi) Nov. 20, strongly positive. On Nov. 22, 1911, .09 gm. salvarsan administered intravenously. At this time induration was present at the site of the primary lesion on lip. Salalite bubo present under left jaw, irruption profuse and a few mucous patches present in mouth. In ten days all symptoms and lesions of disease were absent. Sero-reaction (Wassermann and Noguchi) Jan. 25, 1912, negative. At this time there was no evidence of the disease. On March 26, 1912, patient appeared with a characteristic general macular irruption similar to the usual secondary irruption of macular type. This irruption had been present a few days. It was then learned that she had had a genital sore for the past several weeks. Examination revealed a small ulcerated, slightly indurated sore on the left labia minora. The sero-reaction (Wassermann and Noguchi) March 28, 1912, both strongly positive. On April 6, 1912, a dose of .09 gm. salvarsan given intravenously. Nine days later the irruption and primary lesion had disappeared.

On May 21, the Wassermann and Noguchi tests were still positive.

CASE 2. A man twenty-eight years old. Typical syphilitic chancre appeared on penis Feb. 16, 1911. A typical general macular irruption appeared in the sixth week following the appearance of the primary lesion. On April 12, 1911, sero-reaction (Wassermann and Noguchi) strongly positive. On April 21, 1911, .06 gm. salvarsan given intravenously. At this time the patient showed a general macular irruption, the right tonsil considerably swollen, left less so, tonsils and pharynx reddened, not ulcerated. A small suppurating bubo present in both groins from secondary infection of chancre. The general condition was only fair. Two weeks following the administration of salvarsan the patient was free from symptoms and lesions. On June 2, 1911, sero-reaction (Wassermann and Noguchi) both negative. On Nov. 9, 1911, the patient again appeared with a typical chancre on the foreskin and a general profuse macular irruption, most pronounced on the posterior and inner surfaces of the legs and arms. There was one mucous patch on the lower lip. Sero-reaction (Wassermann and Noguchi) both positive, Nov. 11, 1911. The general condition was better than at the time of the previous administration of salvarsan. On Nov. 15, 1911, .06 gm. salvarsan given intravenously. Fifteen days later all lesions had disappeared. On Dec. 30, 1911, sero-reactions were still positive.

The above cited cases have received no mercury at any time. It is the writer's belief from the cycle of events that both these patients were cured of the first infection by a single dose of salvarsan.