I next stained sections in iron hematoxylin and eosin and was surprised to find the organism stained a deep black with this stain within the blood vessels. Dr. Pröscher also identified these, but always insisted that they were pale spirochetes.

Two facts, however, are positive:

First.—The glands which Dr. MacCallam sent me were diagnosed as Hodgkin's disease and conformed in every way to the histologic structure described so carefully by Reed and later by Longcope for this affection, the uninuclear and multinuclear giant cells and abundant eosinophile cells with the increased reticulum all being present in the sections.

Second.—There were in the sections of these glands tremendous numbers of spirochetes which stained readily with Levaditi's silver method, with Giemsa's method and with iron hematoxylin. The Levaditi sections gave a beautiful counterstain with toluidin blue.

The spirochetes were in the blood vessels among the cells and at times within the cells. In a later paper I will furnish drawings of these sections and a fuller description of the findings. The presence of the organisms within the blood vessels would indicate that they should be found in the blood stream of these cases during life. It is not possible that they were in any way accidental; their tremendous numbers quite precluded this.

Three possibilities are presented by these conditions: 1, either the spirochetes were the etiologic factor in the enlargement of these Hodgkin's glands; or, 2, the glands were infected secondarily with *Spirochæta pallida;* or, 3, Hodgkin's disease may be a mild form of lues, as tuberculous glands are a mild form of tuberculosis.

My excuse for publishing this incomplete report is that my present work excludes my seeing or having the opportunity of studying other cases of Hodgkin's disease. My time is taken up fully with organization directed against tuberculosis in this city, and I have little time at disposal for the pursuance of this work further at this time. It seems, however, so positive a result that if it be true that spirochetes are a factor in Hodgkin's disease other cases examined in this way should give a similar result, and in the hands of observers with material at their disposal the truth or falsity of the relation can be more easily determined.

I wish to thank Dr. W. A. Gekler, my assistant, for his work in preparing the sections and Dr. Pröscher for his help and advice.

VAGINAL HEMORRHAGE IN THE NEW-BORN.

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Occurrences of vaginal hemorrhage of the new-born are sufficiently rare to warrant my reporting the following case:

History.—Baby D. was born Sunday morning, June 23, 1907, after a normal confinement of three and one-half hours' duration. When three days old her nurse noticed a tinge of red on her diaper. The day following, on inspecting the vulva, I noticed blood at the vaginal orifice and wiped away several drops with a pledget of absorbent cotton. The flow remained constant for two days, then gradually diminished in amount and ceased spontaneously June 30. Between one and two drams would be a fair estimate of the total amount of blood lost.

The infant was normal in every respect, weighing at birth 7½ pounds. She is the fourth child in a family of robust children. She comes of a remarkably healthy ancestral line—neither syphilis, tuberculosis nor any blood dyscrasia appearing as a possible etiologic factor in this disease. There was no history of trauma. The stump did not bleed when the cord separated on the eighth day—the time that the vaginal hemorrhage ceased. The baby is now six weeks old and there has been no recurrence of the hemorrhage. Precocious menstruation is thereby excluded.

In the light of our present knowledge the etiology of spontaneous vaginal hemorrhage of the new-born must be sought, as Holt points out, in the change of the character of the blood itself and in the radical change in the circulation of the blood produced by ligation of the cord.

SIMPLE METHOD OF RETAINING THE ANESTHETIC MASK IN PLACE.

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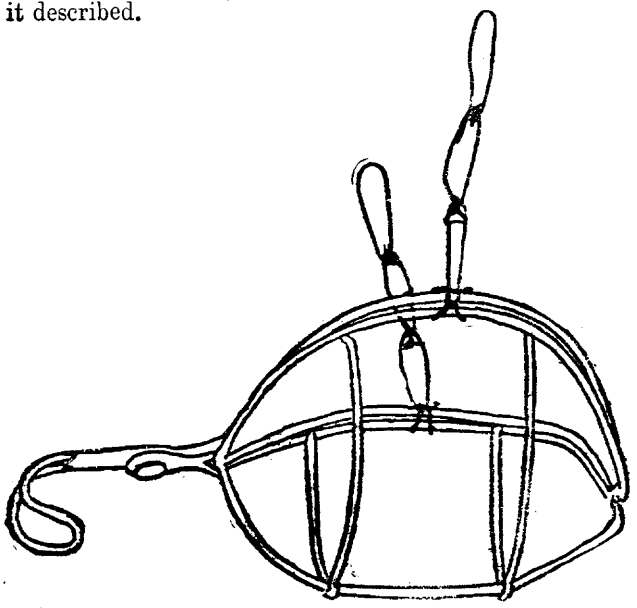
On reading a recent article in THE JOURNAL I was reminded of a simple appliance which can be used to hold any kind of an anesthetic mask in place. I make no claim for originality, but do not remember to have seen it described.



On each side of the center of the oval base wire of say the ordinary Esmarch mask, loop two or three small rubber bands, end to end, and pass the last ones around the patient's ears. The tension should be slight—just enough to keep the mask in place. The curved handle is better turned toward the chin, then the mask can be raised like a trap door to regulate the air supply or to allow access to the mouth. With a struggling patient the advantages are obvious and it can be removed instantly, when desired, by a simple pull.

The Best Bovine Wet Nurse.—In an article with this title in the *Dietetic and Hygienic Gazette,* J. A. Gilbert, Portland, Ore., states that the milk of the Jersey cow is not suitable for infant feeding, as in that breed all else has been sacrificed to a milk rich in fat to be used in butter making. He asserts that Holstein milk most nearly meets the requirements. The fat globules are small and even-sized, ensuring a stable emulsion, slow churning, easy remiscibility, and ease of absorption. A milk like that of the Jersey, with large fat globules, churns easily and frequently globules of butter can be found in Jersey milk when it is delivered to the consumer. Milk poor in fat is better for the young growing animal than a milk rich in fat. A diet of milk with a great deal of fat destroys the appetite and disorganizes the digestion.