have appeared at its orifice simultaneously or shortly after. The second theory, that of Caudmont, that the condition is brought about by the partial fusing together of two kidneys would explain it better than either of the other two. Unfortunately, a sample of this urine was not collected to determine whether or not its characteristics varied from that of the normally excreted urine.

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Clinical Notes, Suggestions, and New Instruments

A SIMPLE AID IN THE DIAGNOSIS OF SYPHILIS FROM THE PRIMARY LESION

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A simple, efficient and easily made instrument which assists greatly in obtaining serum from the primary syphilitic lesion for dark field examination is pictured in the accompanying illustration. It consists of an ordinary all glass syringe of either 2, 5 or 10 cubic centimeter capacity, from which the tip and lowermost portion of the barrel are removed. This removal is accomplished by holding the tip of the syringe at a right angle against the side of a revolving emery wheel, and moistening the surface in contact with the wheel occasionally to diminish heating and insure a finer finish. Different sized instruments are advisable for use on lesions of varying magnitude.

When the instrument is to be used, the suspected lesion is cleansed in the customary manner and the open end of the instrument placed over the ulcerated area, surrounding it like an inverted cup. Slow withdrawal of the piston results in the creation of a vacuum in the barrel, and small beads of serum appear on the base of the ulcer which may be utilized for the examination. This withdrawal of serum takes place from the deeper tissue, and it is possible thus to obtain a positive dark field from a lesion which shows no spirochetes on its surface. In the event that the instrument does not adhere satisfactorily to the skin surface surrounding the ulcer, this difficulty may be overcome by dipping the tip of the instrument into water or saline solution before applying it.

Traumatism from squeezing the lesion as it is usually practiced in obtaining serum for dark field examination is avoided by using this instrument. It is self-evident that such an instrument is not adaptable to all types of lesions, as their situation may be such as to render its employment difficult or impossible. It is believed that the use of this instrument will greatly facilitate the usual examination and lead to a higher percentage of positive diagnoses from the primary lesion.

A feature worthy of note is that such an instrument may be prepared from a syringe that has had its tip broken off in use and which is generally discarded as being of no further value.

Puberal Mammary Hypertrophy.—Hypertrophy other than puberal may occur in either sex with general obesity, and there is a probability of some of these cases being associated with hypopituitarism. Large, voluminous breasts may be an individual peculiarity or may be hereditary.—Greig, *Edinburgh M. J.*, April, 1922.

LEAD POISONING, FROM DRINKING "MOONSHINE" WHISKY

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CASE 1.—J. B. M., a man, aged 37, was admitted to St. Elizabeth's Hospital, Nov. 8, 1920, complaining of pain in the upper portion of the abdomen, with nausea and vomiting. The illness had begun about October 1, with severe epigastric pain, nausea and vomiting, which were relieved only by the administration of morphin. After the third day the symptoms had been partially relieved, and during the three weeks following, the patient had remained very nearly symptom-free. October 30, however, following two or three days of severe constipation, the abdominal symptoms had returned. Once again they were partially controlled by morphin, but six days later the condition had apparently become critical. The bowels did not move in spite of brisk catharsis. The patient had vomited no blood, nor had he noticed any in the stools. Pain was localized just above the umbilicus, and did not spread to the back, to the shoulder blades, or to the lower abdomen.

The patient had had a similar attack in August of 1917 or 1918. The illness at that time had lasted for about two weeks. His appetite had been good until the onset of the present illness, and the bowels had been regular, without cathartics. He had formerly been subject to spells of diarrhea with bloody stools every spring, but had been free from such attacks for three or four years. There was no history of jaundice. The patient had at times suffered from hemorrhoids.

There was little further of interest in the patient's general history. He customarily drank one cup of coffee daily, whisky occasionally, smoked a package of cigarettes each day, and occasionally chewed tobacco. He took no drugs. He was a road-worker, and had been at this occupation for the last eight years, working from ten to fifteen hours a day. Previous to that time he was a farmer.

The general physical examination was negative except for some tenderness in the epigastrium, and distinct tenderness over McBurney's point. There was no rigidity. There was no lead line present in the gums over the incisor or canine teeth, but considerable pigmentary deposit was present in the tissues of the gums around the molar and premolar teeth.

The teeth themselves were dirty, worn and carious, and there was considerable pyorrhea. The urine showed 2-plus albumin on a scale of 4-plus, but was otherwise negative. The renal function was good, as indicated by a phenolsulphonephthalein excretion of 58 per cent in two hours. The blood urea nitrogen was 23 mg. for each hundred cubic centimeters. Routine blood examination revealed a moderate leukocytosis (14,400), with a normal differential count. The red cell count was 4,304,000; hemoglobin, 64 per cent. The erythrocytes showed considerable stippling, and an occasional normoblast was found. The blood Wassermann reaction was negative.

Gastric analysis disclosed a delayed rise in acidity to normal figures at the end of two hours. Feces examination, including microscopic examination, was negative. After a few days in the hospital, the albumin disappeared from the urine. A two-hour renal test for fixation of volume and specific gravity revealed 360 c.c. night output, with a specific gravity of 1.019, and normal variation in volume and specific gravity throughout the day. Barium studies were essentially negative. The patient was so tender over the region of the appendix that examination was incomplete as regards that organ.

The diagnosis in this case was (1) lead poisoning and (2) chronic appendicitis. The latter was subsequently corroborated at operation, at which time a Lane band was also found.

All glass syringe from which the tip and lowermost portion of the barrel have been removed. The two parts are fitted together and the instrument is then ready for use.