negative organisms were demonstrated at some time during their stay in hospital. In 47 per cent the infection was in the cervix, in 32 per cent, in the urethra, and in 23 per cent in the glands of Bartholin.

Cervical smears were obtained by cleansing the canal and then compressing the cervix between the blades of a bivalve speculum. In the examination of the urethra, the two glass test as well as urethroscope and skenoscope were employed. The filiform bougie was used to locate and explore the urethral as well as Bartholin's glands. Strictures of the urethra, which, the authors state, are relatively common in women, were determined by bulbous bougies.

The following treatment is advocated: Cervical infections are treated by cauterizing with 25 per cent silver nitrate solution twice weekly for one or two weeks, supplemented at times by prolonged hot douches. Acute urethritis is treated by rest, diet, oil of sandalwood and alkaline diuretics; if it becomes chronic, instillations of 1 to 3 per cent silver nitrate, or local applications of stronger solutions through the endoscope, are advocated. Infected urethral glands are destroyed by actual cautery or fulguration. Strictures are dilated or incised. All palpable Bartholinian glands are removed. The injection of glands was found to be of little value.

The authors feel that gonorrhea occurs more frequently in women than is generally appreciated, and should be accorded more attention than heretofore.

R. E. WOBUS.

Froriep: Treatment of Infectious Diseases of the Vagina with Tincture of Iodin. Muenchener medizinische Wochenschrift, 1920, lxxvii, 1202.

Iodin applied to the mucous membranes of the vagina has proved very efficacious in the treatment of the various types of vaginitis, especially when gonorrheal in origin. A single application is made the first time, which results on the second day, in a moderate swelling of the mucous membranes; this disappears about the third day. The dark necrotic membrane sloughs off. In a few cases considerable burning pain is experienced which rarely persists over two hours. If the purulent discharge persists after the first application, it is repeated one or more times. In urethritis it is employed merely to prevent extension of the infection into the bladder and so is useless where cystitis has already developed: its use here demands subsequent catheterization.

S. B. SOLHAUG.

Foss: Treatment of Gonorrhea in Women. British Medical Journal, March 27, 1920. No. 3091, p. 434.

The comparative failure of most reagents in the treatment of gonorrhea in the female is due to the inaccessibility of the gonococcus in the various glands. It seems rational to suppose that a greatly increased secretion from these glands will produce a flushing out of the gonococci. This increased glandular secretion the writer claims to achieve with glycerin, which he mixes in the proportion of 1 to 4 with water, adding 1 gram of methylene blue to 100 c.c. of the solution. After cleansing of the vagina, gauze soaked in this solution, is packed against the cervix. He uses simultaneously gonococcal vaccines giving a total of six injections, weekly, commencing with 5 million bacteria, increasing up to 150 millions.