

somewhat sodden with moisture, and the virtue of the acetone alcohol method lies in its efficient action upon the upper layers of the skin. There seemed to be no practical difference in the action of a 20, 30, or 50 per cent. mixture of acetone and alcohol. As acetone is more costly than alcohol, this might become for extensive use a matter of importance. It is probable, however, that the higher percentage of acetone increases the action of the alcohol. In experimenting, the hands were artificially infected with staphylococci and allowed to dry completely in atmosphere. The use of 30 per cent. acetone alcohol produces efficient disinfection. As regards the permanency of its action, the hands previously disinfected with acetone alcohol were examined after operations lasting thirty minutes, when perspiration forming in the hands had moistened the skin. It was found that the method was efficient, and that even when germs were present they were in the vegetating form and not actively virulent. It is believed that if possible the hands should be brushed for three minutes with hot water and soap, followed by the application of acetone alcohol as soon as possible. Where but a short time can be taken in this washing, the acetone alcohol should be used a longer time, if possible. To test the efficiency of the method, the hands were disinfected with acetone alcohol, and then inserted into very large sterile rubber gloves, containing warm sterile water, and the hands thoroughly soaked and rubbed in these gloves. The gloves were gauntlets extending to the elbow, and the temperature of the water was kept as high as it could be borne. After thirty minutes the gloves were carefully removed and the water examined for bacteria. A portion of them were found sterile; others had a few bacteria, non-pathogenic; and others had a small number of bacteria. His experience shows that this method efficiently disinfects the superficial layers of the skin of the hand for at least thirty minutes. Operators can readily repeat the disinfection at these intervals during a prolonged operation. In this connection recent experiments in von Herff's clinic at Basle, made by Hüssy (*Zeits. f. Geburts. u. Gynäk.*, Band lxix, Heft 2, 1911) are of interest. He has experimented with an alcoholic preparation of soap, which he described as a 10 per cent. tetra-ethylen soap. It is non-irritating and efficient in disinfecting the skin. It may be used by rubbing the parts with sterile cotton pledgets and the suds washed away with sterile water, or 96 per cent. alcohol, with pieces of sterile flannel. After mechanical cleansing of the nails a similar process may be employed upon the hands.

**The Wassermann Reaction. with or without Treatment by Salvarsan.**—HERMANN and STERN (*Zeit. f. Geburts. u. Gynäk.*, 1911, Band lxix, Heft 2,) have investigated the importance of the Wassermann reaction in the diagnosis of syphilis complicating pregnancy. In 80 cases of pregnant women the reaction was negative in 61, and positive in 19. Among these 19 a positive diagnosis of syphilis could be made from skin lesions in 8; in 4 the history was very significant of syphilis from the birth of a macerated child, and from other circumstances. In 2 syphilis was evidently present, from the repeated birth of macerated children; in 3 the Wassermann reaction was positive, although the mother showed no signs; but in 2 cases the children were syphilitic,

and in 1 case the child and husband also: in 2 cases in which a positive reaction was obtained, one could find no other evidence of syphilis. In 4 cases of eclampsia—3 severe and 1 mild—the reaction was negative. When the 61 patients who gave a negative reaction were examined, 56 were found to be absolutely free from any sign or symptom of syphilis; 5 cases were suspicious; 3 of them had given birth to macerated children, and 2 had received treatment for syphilis. In 22 cases of abortion the reaction was positive in 3 patients. As regards the nursing of the children by the mother, where the reaction is positive in both mother and child, there can be no objection to the child nursing. Where the reaction differs in the two, the child must be artificially fed. Four cases were examined who had received treatment with salvarsan. The first had a characteristic eruption during pregnancy, and the Wassermann reaction was positive. After treatment by salvarsan the patient went to term and was delivered spontaneously of a full term living child. Shortly after delivery the Wassermann reaction was positive in both mother and child, and four weeks later positive in one and negative in the other. The second case had acquired syphilis three years previously and had received treatment. She gave birth to a living child, and the reaction was negative in both mother and child. The third patient had received the salvarsan a few weeks before the termination of pregnancy. During the puerperal period the mother gave a positive, the child a negative reaction. In the fourth case the mother just before labor received salvarsan, and after labor both mother and child gave a positive reaction.

**Repeated Pregnancy after Plastic Operations upon the Tube.**—WESENBURG (*Zentralbl. f. Gynäk.*, 1911, No. 51.) reports the case of a patient from whom he had removed the left pregnant tube, and had performed a plastic operation upon the right tube, which was adherent, to render it patulous. A year afterward pregnancy occurred in this tube. The patient had been married ten years without pregnancy, and was delayed considerably over one period. Pain in the abdomen developed, with characteristic symptoms of tubal gestation, and upon operation removal of the left tube and ovary was performed. The right tube was thickened, and its fimbriated extremity completely closed. An opening was made into this extremity, and the mucous membranes carefully stitched with fine catgut to the serous covering of the tube. She returned a year afterward with symptoms of abdominal disturbance, and upon operation the right tube was found pregnant, and the tube and ovary removed. Microscopic examination proved the existence of the tubal pregnancy.

GLITSCH (*Arch. f. Gynäk.*, Band IX, 1911) in a paper on the etiology of tubal pregnancy reports a similar case. He had removed a blighted ovum from the left tube and performed a plastic operation upon both tubes to render them patent. A year and a half afterward the patient had a molar pregnancy, and two and a half years later a uterine abortion complicated by tubal pregnancy on the left side, which came to spontaneous recovery after abdominal operation.