one could be reasonably safe to be shaved in a barber shop.

In this city some of the barbers attempt to run an aseptic shop. They disinfect their strops in the morning and the razor before using it on each patron. But a preceding patron may have contaminated the strop, and the next customer, of course, stands a chance to become infected. Another great disseminator of germs is the clipper. After use it is wiped and laid away without being disinfected.

In the spring of 1901 a young farmer applied to a physician in our city for an eruption on his face. He asked the physician for a diagnosis, who quickly said, "barber's itch." The young man returned to the barber shop in which he had been shaved and demanded his cup and brush, telling the barber he had contracted the disease in his shop. In about a week he came to the city and his physician was not in. He came to the writer. I diagnosed or traced his ringworm to his own calves and showed that he was the means of bringing it to the barber shop and spreading the disease instead of getting it in the shop. After understanding the source of his disease he returned to the barber shop, and on his apologizing all was well, except the reputation of his first physician, against whom the barber threatened to bring action. Thus one can see how a mistaken diagnosis could cause a suit for damages.

Clinical Report.

A NEW CASE OF SYPHILITIC TUMOR OF THE STOMACH.

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The literature on syphilis of the stomach can be found in a paper[1] on the subject I wrote a few years ago. I divided syphilis of the stomach into three distinct groups: 1, gastric ulcer of syphilitic origin; 2, syphilitic tumor of the stomach; 3, syphilitic stenosis of the pylorus. The second group, "Syphilitic tumor of the stomach," appears to be the most interesting one. For, on one hand the resemblance to cancer of the stomach is great, on the other hand the diagnosis, while at first merely probable, can soon be made positive by the result of treatment and the gradual disappearance of the growth.

As cases of syphilitic tumors of the stomach are quite rare I take pleasure in reporting the following new observation:

Max F., 42 years old, has been complaining for the last seven years of digestive disturbances. He frequently suffers from gastric pains. His appetite is poor and the bowels are slightly constipated. He has not lost much in weight, altogether about eight pounds. He had syphilis twelve years ago.

Present condition (March, 1901): Patient looks somewhat thin and pale. His tongue is slightly coated. Chest organs do not reveal anything abnormal. In the epigastric region about two fingers below the ensiform process a distinct resistance (about 5 cm. long and 2 cm. wide) presenting a nodular surface can be mapped out. The stomach lies directly underneath and extends downward to about one finger's width above the umbilicus. The knee reflex is intact. The urine does not contain any sugar or albumin. The examination of the gastric contents one hour after Ewald's test breakfast shows: HCl + Acidity = 40; no stagnation of food.

In this case there was no question about the presence of a tumor in the stomach. Ordinarily the existence of a malignant growth would suggest itself. Several prominent physicians and surgeons had in fact made a positive diagnosis of cancer of the stomach and had urged operative intervention. At first sight I likewise entertained a similar view. On further reflection, however, there were several features in the case which spoke against cancer of the stomach: 1. The long duration of the disease—7 years; second, absence of any considerable loss of flesh; 2, presence of free HCl and no stagnation of food in the stomach. These data in conjunction with the fact that patient had had a syphilitic affection justified the assumption that we may have to deal here with a gummatous growth of the stomach.

I presented patient at one of my lectures at the Post-Graduate Medical School and gave these reasons for the belief that we have to deal here probably with syphilis of the stomach. All the colleagues at the lecture corroborated the existence of a distinct tumor as above described.

Patient was now subjected to a rigid antiluetic treatment—iodid of sodium internally and rubbings with mercurial ointment—and he began to improve quickly. The gradual diminution of the tumor could be observed each time the patient was examined, until after the lapse of six weeks nothing of the resistant mass could be discovered. At the same time the patient gained in strength and in weight, and after a period of three months he was practically free from any digestive disturbances. He has remained well ever since, and so far has had no recurrence of his old stomach trouble.

It may not be out of place to outline the points of differential diagnosis between a gummatous growth and malignant neoplasms of the stomach. In the case here reported there was a history of gastric disturbance for seven continuous years, which did not tally with carcinoma of the stomach. This, however, need not always be the case. In my former paper on syphilis of the stomach I have described two cases of gastric tumor with a short history of the disease, which were nevertheless of syphilitic origin.

The presence of free HCl is also no positive proof against cancer, and may be missing in gastric gumma.

Ischochymia appears to be much rarer in syphilitic tumor of the stomach than in cancer of this organ.

A previous history of lues while suggestive of the existence of a syphilitic affection can not be taken as of great weight in any direction. For, on the one hand syphilitic patients are frequently enough afflicted with cancerous affections; on the other hand, a gummatous growth in the stomach is sometimes discovered in a patient not giving any definite data of a previous syphilitic disease.

While the above symptoms—long history of gastric disturbance, presence of free HCl, absence of ischochymia, distinct history of syphilitic disease—if all present may justify the surmise of a luetic nature of a palpable growth of the stomach, still a positive diagnosis can be made only under the following conditions: 1. An antisyphilitic treatment improves the subjective symptoms. 2. It also effects a gradual disappearance of the growth, so that ultimately it can not be discovered by palpation.

With regard to treatment the administration of the iodids—iodid of sodium, iodid of potassium, iodipin—seems to be of the greatest importance and may alone effect a cure. This, however, is certainly accelerated by the addition of mercury. I usually apply the old but still very rational method of rubbings with hydrargyrum salve. This mixed treatment should be applied uninterruptedly for about 3 months and the iodid of sodium continued for two to three months more.

The diet should be a liberal one, excluding, however, highly spiced and also too coarse foods. Plenty of bread, butter, milk and eggs can be warmly recommended.

1. Max Einhorn: Syphilis of the Stomach. Philadelphia Med. Journal, Feb. 3, 1900.

Electric Light on the Eyes.—A Russian physician has decided that, contrary to the general opinion, electric light plays less havoc with the eyes than other forms of illumination. He bases his deductions on the fact that disease and damage to the eye is proportioned to the frequency of closure of the lids. He has found that the lids close in a minute 6.8 times with candle light, 2.8 times with gas light, 2.2 with sunlight and 1.8 times with electric light. While this fact may be true for the external portion of the eye, it is clinically proved that retinal and muscular asthenopia are greatly increased by electrical illumination and the reflex conjunctivitis and blepharitis are made worse.—*Toledo Med. and Surg. Reporter.*