

so long as bleeding is going on. When once it is checked, they immediately demonstrate their value. Bishop claims that the rules he lays down are nothing but the application of common-sense surgical procedures to what is perhaps one of the most trying clinical emergencies falling to the lot of the practitioner.—*Medical Record*.

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#### ACTION OF ARSENIC ON THE SKIN.

H. G. Brooke and Leslie Roberts (*Brit. Journ. of Dermat.*), give an account of the effects of arsenic on the skin, based on the recent epidemic of beer poisoning in the north of England. The following lesions were found: Erythemas of various kinds, mostly diffuse, and situated on the trunk and limbs. Some resembled chilblains, others erythema multiforme. The color was at first red, but afterwards changed to copper. Herpes was common and always unilateral. Pemphigoid eruptions occurred some time after beer drinking had ceased, and affected chiefly the hands and feet. Hyperidrosis was frequent. Pigmentation occurred both with other skin lesions and independently of them. The color varied from dirty-brown almost to black. The chief parts affected were the axilla, groins, and neck; the palms, soles, and face being less colored. The characteristic feature of arsenical pigmentation is the variation in tint of contiguous areas. The mucous membranes showed no coloration except a blue line on the gums. Hyperkeratosis is characteristic of arsenical poisoning, and was generally found on the palms and soles. In many cases these were covered with arsenical warts. The nails were unaffected in most cases, but in some there was increased rate of growth. The hair was unchanged. Desquamation is the rule in arsenical poisoning. Fatty degeneration affects the walls of the small blood vessels, leading to ecchymosis. With regard to the mode of action of arsenic the authors conclude that arsenic and the other members of the nitrogen group differ from all other medicaments by the fact that their action is dynamic and due to the development of active oxygen in the tissues.—*British Medical Journal*.

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#### TUBERCULOUS PERITONITIS.

Baccarani (*Gazz. degli Osped.*) describes a case of tuberculous peritonitis in which laparotomy seemed to cure, but really left behind a stenosis of the intestine. Whether laparotomy cures by relieving pressure on the blood vessels—by evacuation of fluid—and so allowing greater absorption, or by the germi-