

different in serums of different origin, and that in general an animal obtains the longest immunity if injected with serum from an animal of the same natural order. A further series of experiments went to show that the dose of serum necessary to save an animal which had been infected twenty-four hours previously with the minimum fatal dose is from 1,000 to 2,000 times greater than the dose of serum which will protect an animal when administered twenty-four hours before injection of the poison. It was also found that within definite limits an increase in the dose of the serum had the effect of shortening the duration of the treatment.

**CALCIUM CHLORIDE AS A HEMOSTATIC**—Saundby, *Birmingham Med. Rev.*, employed this remedy in several forms of hæmorrhages with distinct success. The first case was a middle-aged woman, with chronic jaundice of six months' duration, believed to be due to an impacted gall-stone. She suffered from free enterorrhagia, apparently the result of internal piles. After rectal injections of olive oil and the use of saline aperients had failed to check the bleeding, calcium chloride in small doses was administered every four hours with the satisfactory result that after five days the hæmorrhage ceased, and did not return.

The second case was an elderly woman, suffering from purpura hæmorrhagica, with free bleeding from the gums and slight hæmaturia. Ergot and gallic acid were of no use, and on the third day after admission, she was given small doses of calcium chloride every two hours. The bleeding ceased within five days, and the patient made a good recovery.

The third case was one of phthisical hæmoptysis in which calcium chloride was used with other measures, but in spite of all treatment a profuse hæmorrhage followed, which proved fatal. The autopsy revealed aneurism of the pulmonary artery, projecting into a cavity.

In these cases the dose of the drug never exceeded six grains, though in the case of purpura this quantity was given every two hours during the day for some days. Wright found that large doses—fifteen grains three times daily for several days, caused a marked diminution in the coagulability of the blood.

**ELECTRICITY IN UTERINE FIBROIDS.**—Knowlsey Thornton says, *Br. Med. Jour.*: I have never yet been satisfied that any case of uterine fibroid has been cured by electricity. That it does in some cases check hæmorrhage by its local action on the diseased mucous membrane I fully believe, but so do many less troublesome applications, and so will one curettage, if more severe measures be necessary. That it does in some few cause the tumor to shrink for a time, I also admit, but unfortunately they very often only rest and then start off and grow again, and sometimes faster than before. It is within my personal knowledge that, in the hands of the most skilled operators, mischances do occur, and also that, instead of reducing the tumors, it does occasionally induce great rapidity of growth and pain and discomfort which were never there before. I have operated on several cases after it has failed to relieve them or made them distinctly worse, and this not precipitately, but after long and patient waiting for the benefits that were not apparent at first, but were to be so in three months, or in six months, or so on, after the actual treatment had ceased. I am ready to admit a little prejudice, but it is only the offspring of a conscientious endeavor by a study of the published cases to arrive at the truth. Show me the cures and I will believe. They ought by this time to be so many that the most skeptical could not fail to become a believer.

**THE GOULD METHOD OF ABLATION OF PENIS.**—The scrotum is split, and the incision continued down to the centre of the perineum, *Ill. Med. Age*. The penis is then seized and freed down to the attachments of the corpora cavernosa and to the rami of the pubes; these are divided. The corpus spongiosum is next separated from the corpora cavernosa about an inch from the triangular ligament. The penis is removed, and the corpus spongiosum split and attached to the skin wound behind the scrotum. The long incision through the scrotum is sewn up. The groins are next attacked, and all enlarged glands thoroughly cleared out, the femoral vessels being exposed in the dissection.

Mr. Herbert Allingham is confident this is the best operation to perform, as it clears away all the dorsal lymphatics, and in cancerous affections it is most important to cut free and wide of the morbid growth.