

the palm. Here is an example of a man who had both hands affected. He is a painter, and was unable to do his work satisfactorily. I have made many attempts to cure Dupuytren's contraction, and at last I think I have found a method which is generally successful. The method formerly in use was multiple subcutaneous puncture and division of the bands. Experience showed that the condition often came back in a year or two, and the patients were then as badly off as before. So in all cases, except those who are broken down in health, I make an incision in the palm of the hand and dissect out all the affected fascia. You can easily tell which is affected and which is not, for the contracted part is always dead white in color, whereas the non-affected is of a pearly lustre. Having dissected out the diseased tissue, fibrolysin is rubbed in very freely, and a few drops are injected with a syringe around the margins of the wound. Then the wound is sutured, and healing follows in about eight days. This man was incapable of extending his fingers. The palm is now fairly supple, and his movements are free. So far I have not seen a relapse in any of the cases so treated, and I have been carrying out this method for a couple of years. In patients who are younger than this man, and not exposed to lead, the results are very satisfactory. A little thickening returned in this case after the operation, and so, four days ago, I injected 5 m. of fibrolysin into the palm of the hand just to the side of the scar, and the thickening is already beginning to disappear. So that a combination of the open operation and the judicious use of fibrolysin will enable us to render these hands useful, and effect a permanent cure.—A. H. TRUBBY, in *Medical Press and Circular*.

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### Non-Specific Urethritis

Joseph Hume, New Orleans (*Journal A. M. A.*, May 21), says that there are two types at least of non-specific urethritis: 1, acute in character, following sexual congress after a regular incubation period, running a well-marked clinical course, and favorably influenced and easily cured by proper treatment; the other chronic from the beginning, sometimes following exposure like the other, but with an irregular incubation period, with urethral lesions which from their pathological picture must have taken months or years to develop, and showing no tendency toward self-limitation, being resistant to treatment and sometimes incurable. The former class he calls cohabitative, sexual or in-