

family as cocaine, which was tried for the same thing by Her-gott. Cocaine has the drawbacks, first, of being apt to produce toxic effects: secondly, of exerting a tendency to suppression of the milk secretion. Indeed, one of the authors has used it for this purpose. Orthoform is a powerful local anesthetic, whose action is more enduring than that of cocaine, lasting on an average twelve hours. It has no effect, however, when applied to the unbroken skin: and it must be kept continuously applied to the wounded surface. A slight burning sensation is felt for a few seconds when first applied. Orthoform has the further advantage of being antiseptic, so that it does not require sterilizing before use. It produces a marked effect in hastening the cicatrization of the fissures. The authors tried it in forty cases; all, without exception, experienced a more or less marked relief. They employed it in three forms: the powder with a moist dressing, the powder with a dry dressing, and a saturated alcoholic solution. For the first the powder is applied to the fissure and sterilized gauze is placed over it and covered with a piece of protective. For nursing the dressing is removed and the breast wiped with a sterilized compress; when the nursing is finished the whole dressing is put back. The second plan consisted simply in the substitution of dry compresses for the wet. The third plan is to apply a few drops of a saturated solution of orthoform in 80 per cent. alcohol; a dry compress is then placed over it. They found the last plan the best; the analgesia is effected much more quickly, the burning sensation is less and of shorter duration, and to the beneficial action of the orthoform is added that of the alcohol. Cicatrization was generally complete in four to five days, without any interference with suckling: by other methods cicatrization takes ten to twelve days even when nursing is suspended.—*Epitome Brit. Med. Jour.*

PATHOLOGY AND BACTERIOLOGY.

IN CHARGE OF J. CAVEN, H. R. ANDERSON AND J. AMYOT.

Neusser's Perinuclear, Basophilic Granules in the Blood.

Simon (*Amer. Jour. Med. Sciences*, February, 1899) discusses the presence of Neusser's granules in the blood and their relation to the elimination of uric acid and xanthin bodies in the urine. These granules, originally described by Neusser, in 1894, have a marked affinity for basic dyes, and in blood preparations stained with a modification of Ehrlich's tri-acid formula are seen as small, irregularly-sized, greenish-black or black granules located in immediate contact with the nuclei of the leukocytes. Neusser affirmed that the presence of these