

sloughing, discharging stump to corrode the surrounding tissues and bring on hemorrhage or predispose to hernia. (4) The cord drops off sooner than by any other method. For small cords, three days; for large ones, five—rarely exceeding six—constitute the usual time. (5) A better and firmer cicatrix is left than by any other method known to me. Since I have been using the bismuth dressing I have had no accidents, and 100 per cent. of good results. Much depends upon the manner of dressing, and I have, therefore, somewhat minutely described its application.—George A. Stuart, M.D., of Wahu, China, in *Medical News*.

OXALURIA AND HÆMATURIA.—Of the clinical significance of the excretion of oxalate of lime in the urine, in the condition described as oxaluria, very little is known. Numerous cases of so-called cyclical albuminuria, accompanied by oxaluria, have been described in *The Lancet*, in which by some authors the albumen was ascribed to irritation of the kidneys by the crystals of oxalate of lime. That some of the albumen in those conditions is derived from the urinary tract is highly probable, but the following case seems to support the view that the excretion of crystals of oxalate of lime does irritate the kidneys in some cases.

Mrs. M—, a young woman of very rheumatic history, was taken ill during the night of July 20th with severe pain in the lumbar region. She likewise had headache and felt very feverish. Next morning the pain was easier, though the headache was still present, and she noticed that her urine had become of a bright-red color. There was no pain on micturition. I saw her on the following day; she was then complaining of headache. Pain in the back still present; no œdema. First sound of heart loud and accentuated. Pulse 100, full, and of rather high tension. Urine faintly acid, containing blood in large quantities and albumen. Under the microscope the deposit was seen to be composed of blood-corpuscles, crystals of oxalate of lime, and numerous tube casts containing epithelial and blood cells, oxalate as well as crystals. On inquiry I found that for three days before the attack the patient had been partaking largely of rhubarb, which she said she knew never suited her. She was directed to take nothing but milk,

to rest in bed, to keep the bowels freely open with Friedrichshall water, and nitro-hydrochloric acid was prescribed. On the following day there was marked improvement. The pain in the back was gone, the blood and casts were decidedly diminished, and urine was passed in larger quantity than formerly. The oxalates were still present. By July 26th the blood, albumen, and casts had entirely disappeared, and the patient was feeling quite well.

In the *Monthly Journal* for August, 1849, Begbie describes certain cases of what he terms the oxaluric diathesis, but in none of his cases, though there was pain in the back, does there seem to have been kidney irritation produced. The passage of the oxalates in the case above quoted differs from his, in that the oxalic acid seems to have been absorbed directly from the stomach, and not to have been produced during the process of digestion and assimilation. That there was in this case a true nephritis I think there can be no doubt from the presence of the casts, and the oxalate of lime crystals seem to be the cause, and not a mere concomitant.—Francis D. Boyd, M.B., M.R.C.P., in *The Lancet*.

SYPHILITIC INFECTION THROUGH SHAVING (*Allg. Med. Centralblt.*, 1890, 8).—In the *Berliner Dermatologischen Vereinigung*, Herr Oestreicher describes the case of a patient who contracted syphilis through a scratch he received in shaving. On the patient, a man about thirty years of age, a papulo-squamous rash was found, which, in addition to very pronounced polyadenitis, mucous patches on the soft palate, falling off of the hair, led to the diagnosis of syphilis. The patient did not remember even having had a sore on the genitals. In agreement with this, no scar could be found as the remains of a primary sore. After prolonged search, the author found on the left cheek, at the edge of the beard, a solitary scar-like thickening, which looked like a healed hard chancre; on this side of the head also the submaxillary glands were found much swollen. The patient remembered having been cut by the barber shaving him some weeks before, but could give no account of the further course of the disease.—*Medicisch Chirurgische Rundschau*, May 15, 1891.—G.A.F.