

with the Mikulicz soap-spirits, now rather widely used in Germany, was much increased, if one preceded it with the ordinary alkaline (potash) soap, under a constant stream. This is the kernel of his communication. His procedure is as follows: Five minutes brushing with alkaline soap (Kaliseife) under a constant stream of water; another five minutes with ordinary soap and water; finally five minutes scrubbing with spirits of soap; following this ether and sublimate. All this is said to give almost perfect asepsis. Fifteen minutes with a stiff brush is required.

Murphy suggests a less strenuous, yet (to judge from the bacteriological reports), a more effective method of disinfection. It consists, briefly, in the application of a 4 to 8 per cent. solution of gutta percha in benzine or acetone—the benzine solution for use on the hands, the acetone for surface application at and around the field of operation. The 4 per cent. benzine solution has proven the best for wear. The method of preparing the solution should be read in the original. Murphy's conclusion, based upon the bacteriological examinations done by his assistant, Dr. Dunn, is that "the solution, while not so perfect a protection to the patient as intact gloves, is infinitely superior to the bare hands, and is equal to or superior to the glove, considering the chances of puncture."

MEDICINE.

UNDER THE CHARGE OF JAMES STEWART, F. G. FINLEY H. A. LAFLEUR AND
W. F. HAMILTON.

MAJOR C. DONOVAN, I.M.S.; "Human Piroplasmosis." *The Lancet*,
Sept 10, 1904.

The investigations carried on independently during the past year by Major Donovan and Major Leishman have added one more to the list of tropical diseases caused by sporozoan parasites. Many points concerning the life history of the parasite and the details of the symptoms and complications of the disease are not yet fully worked out, but at least the existence of a definite disease is established, which is readily recognized both clinically and pathologically.

The disease is apparently wide-spread, and very prevalent in certain districts. It includes many cases formerly classified as malarial cachexia, the disease known as kala-azar in Assam, many cases of irregular pyrexia in India, possibly Delhi boil and other diseases. It is a chronic affection, characterized by irregular pyrexia, enlargement of the spleen, bronchitis, œdema of the feet, subcutaneous hæmorrhages, diarrhœa and cancrum oris. The course of the disease is variable, usually lasting several months and it is almost invariably fatal. Quinine