

purity of heart; but unless you have the third born in you, may the Lord have mercy on your souls and the souls of your congregation." While common sense is an absolute necessity for any profession or vocation, I know of no one where it is more necessary or important than in the study and practice of medicine. If I were asked to define the term common sense, it might be difficult; but it will be sufficient for our purpose; at the time, to say that it consists in applying rational, simple rules of construction to the various theories of medical science, adopting and practising what can be measured by such rules, and rejecting those that are at plain variance and antagonism with them.—S. C. Gordon, M.D., in *Boston Medical and Surgical Journal*.

THE OLD AND NEW IODINE BOTTLE.—Every gynecologist is well aware of how many bad words he is responsible for when the cork of his iodine bottle becomes extracted in his instrument case, destroying his satchel and rusting his fine instruments, or when it upsets on his patients' carpets, leaving its indelible stain as his unfortunate autograph. After trying all sorts of bottles and stoppers, I have found the following avoids all these annoying accidents: Fill the bottle selected with absorbent cotton; pour in the tincture iodine to complete saturation; then pour out all that will readily drain away. One now has plenty of iodine in a very safe form. Any application thrust into the cotton-filled bottle will be immediately saturated, for painting the vagina, or external work. Yet the bottle may be carried safely in satchel, or upset on the carpet, etc. I hope this method for a "new iodine bottle" may save the instruments of others, and be of as much convenience and saving to them as it has been to me. This plan may also be adapted to other medicines, as pyroligneous acid, carbolic acid, or any other material used for applications and liable to spill.—George E. Abbott, M.D., in *Med. Record*.

HÆMATOSALPINX.—*Centralblat f. Gynecol.*, May, 1891.—With the increase of the operation for diseased tubes, cases have become more common in which, without any closure of the genital canal, the tube has been found distended with blood. This may result from retention of an ovum in the tube—tubal mole or tubal abor-

tion—or from hemorrhage into an already distended tube, or, finally, from bleeding into the tube, leading to its becoming distended. Only the last two kinds ought to be spoken of as hæmatosalpinx. Veit alludes to a case where a hæmatosalpinx was developed out of a hydrosalpinx by torsion of the tube. Other causes are new growths and wounds, but both are very rare. He considers the presence of villi as an important, but not the only, means of distinguishing between a tubal mole and a hæmatosalpinx proper. In a case of tubal mole, the fimbriated end of the tube is patent, whereas in all cases of extensive hæmatosalpinx the fimbriated extremity is closed. Veit considers the condition of the fimbriated end of the tube to be the decisive criterion between tubal mole and hæmatosalpinx.—*Medical Chronicle*

ANILINE CHLORIDE INJECTIONS FOR CARCINOMA, EPITHELIOMA, ETC.—Dr. C. E. Bruce is using (*South Med. Record*, Sept., 1891) injections of aniline chloride in cases of carcinoma and epithelioma in the Almshouse, Blackwell's Island, New York city, with very satisfactory results. One patient, with epithelioma of the tongue, infiltration of the sub-maxillary glands, and a fixed condition of the muscles of the jaw, so as to render mastication impossible, was placed upon injections of ten minims of a ten per cent. solution of aniline chloride; within three weeks the glandular infiltration subsided so that he was able to thoroughly masticate his food. The infiltration surrounding the epithelioma was diminished so that deglutition of solid food was not only possible, but even comfortable.

In a case of carcinoma of uterus, where the infiltration of the uterine tissue was great, and the os so swollen that it was hardly possible to get it within the opening of the bivalve speculum, within a month, under this treatment, the induration had been reduced to the size of a silver dollar; the general condition of the patient was good; she had increased in flesh and strength, and experienced no further pain or discomfort. Previous to going under treatment, she had been in the habit of passing great quantities of blood from the vagina, but this has given place to a thin, watery, colorless discharge. She now feels very comfortable, and is relieved from all her distressing symptoms.—*Virginia Medical Monthly*.