

deposit or the result of it—an undermined ulcer. These deposits, and consequently their resulting ulcers, he says, are generally arranged in groups, reniform or crescentic, and seem always about to form a ringed or circular patch, though the rule is that they fall short of doing so. Frequently several of these crescentic patches are seen close together, and their arrangement presents the outline of an incomplete circle or eclipse.

Viewed attentively the syphilitic lesion is seen to be a series of tubercles placed side by side, or separated by short spaces, and it is to the existence of these separate deposits that the scalloped edge of the syphilitic plaque owes its existence.

### IODOFORM IN CEREBRO-SPINAL MENINGITIS.

In the Tchernigov weekly *Zemsky Vrach*, No. 10, 1889, p. 151, Dr. G. Levitsky, of Vostrovskaja, calls attention to excellent effects in cerebro spinal meningitis obtained from the internal administration of iodoform, given in the form of two-grain pills, three times a day. He reports a striking case, that of a woman suffering with an exceedingly severe form of the disease, in which, after all other means had utterly failed, the administration of the drug was almost immediately followed by a steady improvement. On the third day of the treatment contractures of the right, and on the fifth of the left, upper limb disappeared; by the end of the fourth week the patient was practically well. The drug was therefore discontinued. A relapse, however, rapidly followed, but yielded at once to another course of iodoform; a complete and permanent recovery taking place ultimately. In all, *one ounce* of iodoform was taken in the course of two months. No untoward accessory effects were ever observed.

### MELON-SEED BODIES IN JOINTS AND TENDON-SHEATHS.

Considerable light has recently been thrown by Schachardt (Medical News) on the mode of production of these bodies. They either consist really of altered portions of the lining membrane of the walls of the cavity itself in which they are contained, or they are developed in connection with the tendon sheaths, while a careful examination of them shows that coagulated fibrin does not really enter into their composition. In more than one instance the living membrane of the joint was found to be covered with a viscid substance more or less laminated in character, and here and there already causing adhesions to take place between the opposing surfaces of the joints. These glutinous masses appear to be composed of partially "necrosed" portions of the joint wall, which, instead of passing away, re-

main connected with the wall, and likewise become attached to one another. The movements of the surfaces of the joints upon each other then cause these bodies to drop into the joints, where they lie loose, as melon-seed bodies, and if the joint is in a fairly healthy condition they may be evacuated and leave behind a good and useful joint. —*Med. Standard.*

### MORBID CHANGES IN DIABETES.

Dr. P. Ferraro, who has made several researches on the subject of the changes produced in the different organs of the body by diabetes, has recently published the results of similar investigations in a fresh case, the eighth of the series. The arteries were affected with chronic endarteritis; in the lungs there were morbid changes not due to bacilli; in the stomach and intestines the mucous membrane was atrophied; the pancreas was transformed into a firm, compact mass of fibrous or cicatricial character; in the parenchyma of the liver and the spleen pulp there were also signs of atrophy. Here, therefore, as in the other cases examined, the digestive organs were most of them affected to a greater or less extent, while the nervous system was not apparently the subject of any morbid changes. Dr. Ferraro considers the exhaustive study of the morbid histological changes in diabetes very important, and believes that we shall not arrive at any definite conclusion as to the etiology of this disease until our knowledge of the conditions under which sugar is formed and distributed in the body in a state of health is very much further advanced than it is at present. —*Lancet*, April 20, 1889.

### PAPOID IN DIPHTHERIA.

Dr. M. F. Cuthbert, M.D., of Washington, D.C., reports, in the *American Journal of Obstetrics*, three cases of diphtheria, in which he applied papoid to the infected area of the throat, and gave of course other treatment. He expresses doubt whether papoid played any part in the removal of the membrane. He adds: "We may have marked local lesions without any prominent local symptoms being complained of; so long as there is the slightest quantity of membrane remaining upon the throat we have reason to fear that fresh deposits may occur. The clinical thermometer is not of any great practical value in diphtheria. It is of far more importance to have a close supervision of the pulse. Of the great value of alcoholic stimulants in these cases there can be no doubt, and the earlier we begin their use the better will our results be. If we were limited to the use of any one agent in the treatment of this disease, alcohol would, I believe, be the most useful one we could select. A moderate dose of that much-abused drug—but none the less valuable for all