

cocci, in pure culture, in the vegetations of ulcerative endocarditis, complicating gonorrhoea, would seem to prove that the gonococcus had been carried to the site of the lesion, and had caused the ulceration. This would seem to prove that a mixed infection is not necessary in all cases.

New Method of Treating Phthisis.

Dr. William Murrell, in *Med. Brief* for May, 1899, has an exceedingly interesting article on the above subject. His method, as the result of much experimentation with different preparations, is the inhalation of formic aldehyde. This is a definite chemical compound having the formula CH_2O . It is a gas obtained by the oxidation of methyl alcohol. It will form a 40 per cent. solution readily with water. For inhalation, usually a 6 per cent. solution is strong enough. Compressed air is made to bubble through the solution. The above solution may be made stronger or weaker to suit the patient. It sometimes causes some laryngeal irritation. The formaldehyde should be inhaled once or twice a day. In some cases it is good to drop 20 to 25 minims of the solution on a piece of lint and fasten it in front of the chest. This is renewed every three or four hours. Very good results have been obtained so far.

SURGERY.

IN CHARGE OF EDMUND E. KING, HERBERT A. BRUCE AND L. M. SWEETNAM.

A Case of Perforation of Gastric Ulcer; Operation; Second Operation and Recovery.

Dr. Sidney Phillips and Mr. A. Quarry Silcock report the following case which presents several features of interest. In the first place, thirty-three hours elapsed from the time at which the perforation occurred to the time of operation and yet the patient recovered. The successful result cannot be attributed to the absence of the gastric contents, for only an hour previously to the perforation she had partaken of a meal and peptonised milk was given even later. The fortunate issue must be ascribable, in part, to the smallness of the aperture of perforation and the rapid formation of peritoneal adhesions. The rarity of a successful result in perforation of the stomach when more than twenty-four hours have elapsed between the perforation and the operation is well known. This case also illustrates the great value of a gauze drain, for its presence rendered harmless the failure of the first attempt at closure of the perforation. The occurrence of parotitis in abdominal cases is always of interest.