The acute rather than the chronic variety of tetanus is the form observed after parturition: its course is rapid, the tetanic spasms succeeding each other at shorter and shorter intervals. Death usually occurs from the third to the sixth day. The longer the course of the disease the better the chance of recovery. Improvement is evidenced by perspiration, cessation of pain, and remissions in the contractures of the muscles. Relapses are fatal. The prognosis is even worse than in the case of surgical tetanus: the traumatism and pains of parturition, the loss of blood, the presence of septicæmia, all contribute to the unfavourable result. Of the one hundred and six cases studied by V. there were ninety-four deaths.

The affection might be confounded with rheumatic torticollis, which, however is essentially benign and in which there is no trismus. Convulsive hysteria simulates tetanus, but rarely occurs after parturition, and is transitory in nature. Tetany makes its appearance only during pregnancy or lactation. The contractures begin in the extremities and may extend to the muscles of the trunk and neck. They are of an intermittent character.

Strict asepsis and antisepsis constitute the best prophylaxis. The curative treatment consists in: 1. Local applications to the wound for the purpose of eliminating or destroying the pathogenic agents. 2. Attempts to modify the condition of the blood, which has been altered by the toxine. 3 Diminishing the excito-motor powers of the cord. —*American Journal of Obstetrics.*

EPITHELIOMA OF THE GLANS PENIS; AMPUTATION OF THE ORGAN ACCORDING TO RUBIO'S METHOD. (*El Siglo Médico*, Madrid.) By Dr. Garcia Hurtado.—A man of forty years of age had a small erosion in the glans penis, which slowly increased in size, and was finally transformed into an *excrescent* epithelioma. Antisyphilitic treatment was employed to test the true nature of the growth, and the diagnosis of cancer having been thus confirmed, amputation of the penis was decided upon, the operation to be carried out according to the method of Professor Federico Rubio, of Madrid. *Manner of procedure* After properly anæsthetizing the patient, a soft rubber tube of the calibre of a goose-quill is passed twice around the base of the organ, an assistant holding tightly the two ends with a pair of Péan's forceps. The operator seizes the glans penis, steadies the organ, and with one clean stroke of a sharp pair of scissors divides all the affected portion. The arteries of the corpora cavernosa and branches from the dorsal artery of the penis having been tied, the rubber tube is loosened, paying but little attention to capillary hæmorrhage, and instead of slitting open the urethra at its termination, a hard catheter is introduced into it, and a hypospadias made at a distance of about one centimeter from the cut end. The mucous membrane and the skin are well sutured, and a Nelaton's catheter left permanently in position to keep the end of the urethra open. All this once done there remains only to cover with the skin the corpora cavernosa. In the clinical case above mentioned it was necessary to remove also several inguinal glands. The patient was up in a few days. *International Medical Magazine.*

THE TREATMENT OF SUPPURATING BUBOES BY INJECTIONS OF IODOFORM OINTMENT. By William K. Otis, M.D.—The following method of treatment for suppurating buboes has been used in the Vanderbilt Clinic with marked success:

The skin about the affected area for some eight or ten inches was rendered thoroughly aseptic by scrubbing with green soap, washed with sulphuric ether, and then douched with a solution of mercuric chloride 1 1000. A narrow bistoury was then inserted into the abscess cavity, and the contents gently but thoroughly squeezed out. The cavity was irrigated with a solution of mercuric chloride 1 1000, and immediately filled to moderate distention with warm iodoform ointment (ten per cent.), care being taken not to use a sufficient degree of heat to liberate free iodine. The syringe used for introducing the ointment was the ordinary cone-pointed glass clap-syringe. The plunger being removed, the barrel, gently warmed in the flame of an alcohol lamp, was filled with ointment by means of a spatula, and the plunger replaced. On finishing the injection, at the instant of withdrawing the syringe from the wound, a compress, wet with cold bichloride solution, was applied, which instantly solidified the ointment at the orifice, preventing the escape of the contents of the abscess cavity. A large compress of dry bichloride gauze was then applied, covered by a