

venereal ulcers. The smell is not at all strong, and can be disguised by the patient carrying about in his pocket a handkerchief scented with a few drops of lilac (*syringa*) perfume. I. A. Ezoff (*ibid.*, No. 1) also found euophen an excellent antiseptic, a prolonged application, however, giving rise to local irritation. Iakimovitch, who made comparative clinical experiments with euophen and iodoform, came to the conclusion that the former is "the best dressing material after iodoform."—*The British Medical Journal*.

THE BACILLUS OF SOFT CHANCER.—About three years ago *La Riforma medica* published a description by Dr. A. Ducrey of a microbe that he had found in soft chancres, and that he regarded as the cause of that disease. He inoculated, with antiseptic precautions, pus from soft chancres in a series of five or six subjects. While the sores resulting from the first inoculations contained numerous microbes, he did not find more than a single one in the last. The bacillus was short and thick, having rounded extremities, often with a lateral groove, and was either isolated or in chains. He was not able to cultivate it in any of the media employed in the laboratories. In the June number of the *Annales de dermatologie et de syphiligraphie*, Dr. Pusey reports the discovery by Dr. Unna of a bacillus that seems to be the pathogenic agent of the soft chancre. It occurs in the form of chains of two or more bacilli, and is most numerous in ulcerated tissue, though it is found between the cells of the environing tissue. It may be isolated in microscopic preparations by colouration with methylene blue, and then decolourized with styrene or ether and diluted glycerin. This is the only bacillus encountered, and Unna has found it in every soft chancre excised and examined by him. It is found in the tissue alone, unassociated with other microbes, being distributed in a peculiar manner, and it is not found in simple ulcers or in initial indurated sores. Apparently no effort has been made by Unna to cultivate this organism, or to demonstrate its pathogenic character by inoculation. Ducrey's inoculation experiments were a repetition of the oft-repeated experiments of inoculating the pus of a soft chancre, and they can not be regarded as demonstrating the pathogenic character of the micro-organism he found. In a recent number of

the *British Medical Journal* there is a note stating that Quinquad has confirmed Unna's discovery, having found a bacillus present in prodigious numbers in the lymphatics and intercellular spaces. The question is well worth further investigation, if only to demonstrate that the micro-organism causing soft chancre is but a more virulent form of some well-known bacillus.—*New York Medical Journal*.

TRANSMISSION OF INTESTINAL WORMS (*Revue Mensuelle des Maladies de l'Enfance*. By A. Epstein).—It is generally admitted, since the works of Richter, Kuchenmeister, and Davaine, that the presence of lumbricoids in the intestine is due to direct infection with eggs accompanying food, principally fruits, vegetables, and water. Leuckart advances the opinion that infection is produced by a parasite of meal containing lumbricoid eggs. Experiments by Grassi, Lutz, Leuckart, and others have not given precise results.

Epstein first determined that lumbricoid eggs develop quickest in the stools of diarrhoea, especially when exposed to air, sunlight, warmth, and dampness; more slowly in damp earth and in water. Three children with surgical affections only were used for experiment, precautions against error being taken before giving them the eggs. The stools of all the children in the clinic were examined. Observations were made in the winter when children did not go into the garden. Vegetables and fruit were excluded from the diet, and the water was examined for eggs. Finally examinations of the stools were made every ten days.

Three months later the children began almost simultaneously to pass eggs and soon after worms in the stools, thus demonstrating direct infection with this form of worm. The first evacuation of eggs occurred between the tenth and twelfth weeks. Towards the twelfth week the female measured from twenty to twenty-three centimetres, and the male from thirteen to fifteen. Later, they increased but little in length but became larger.

It is to be added that the first child had no ill effects, the second already feeble had diarrhoea and dyspepsia, and the third was not under continuous observation. A fourth, who had only sterilized cultures of eggs, had no worms. The above facts explain the greater frequency of these worms in country children. Lumbricoids occurred in forty-