ment is usually so gradual that it is accompanied by repair, and although the weakening may be enough to allow of progressive deformity, yet the amount of repair is usually sufficient to prevent rectification by forcible abduction. Direct operative intervention is therefore the treatment of selection, unless the displacement is so slight that it does not much interfere with the function of the joint. The operator should direct his endeavour to the exact replacement of the head of the bone, or, in the slighter cases, to the removal of the angle formed by the inner extremity of the neck, which interferes directly with flexion.

Dr. Whitman draws a distinction between the deformity due to displacement of the epiphysis and epiphyseal coxa vara. The latter condition most often commences in adolescence; it is due to gradual yielding of the bone on the outer side of the epiphysis, and as the deformity is curved instead of angular, treatment by operation is not so satisfactory as in the case of separated epiphysis.

EPITHELIOMA OF THE TONGUE IN WOMEN.

MR. CHARLES KEYSER¹ has collected ten unpublished cases of this disease from the records of the Cancer and St. George's Hospitals. He finds that women supply 8.09 per cent. of the total number of cases of carcinoma of the tongue which he has investigated in the records of four London hospitals. The age incidence does not differ appreciably in the two sexes; 55 years is about the average. Cases have been described in young women of 19 to 24 years. When discussing causation, one or two interesting points are noticeable. Leukoplakia is commonly the precancerous stage, but syphilis is by no means a constant precursor and excessive smoking is certainly an uncommon predisposing cause. In Wales, where women smoke clay pipes, cancer of the tongue is rare. In Ireland, also, there seems no reason to suggest that smoking is an etiological factor in these

cases.² All women in Finisterre smoke short pipes, but epithelioma of the tongue is unknown among them. Rough and carious teeth, badly fitting or broken tooth plates are the most usual irritants. The appearance, situation, course, diagnosis, prognosis, and treatment of the disease in women do appear to differ from those in man.

¹ Lancet, Sept. 17, 1904. ² Barker, Practitioner, 1903.

GROSS CLEANLINESS IN SURGERY.

THERE is an idea of gross cleanliness, the application of which, thinks Dr. Robert T. Morris,¹ is full of harmful consequences. An outgrowth of modern methods of wound treatment is the belief that wound discharges in general are unclean and must be removed. Trained nurses and dressers, he complains, are so imbued with this idea that it is difficult to teach them the advantages of skilful neglect. In a healthy granulating wound, for example, new epithelium will be spreading from the skin around the wound. If the pus be removed by swabbing or washed away with an antiseptic solution the delicate new epithelium is damaged or destroyed and repair is delayed, with the result that an undue amount of connective tissue will be formed. A healing wound must therefore be carefully protected against cleaning, and also it should have some such material as silver foil, Cargile membrane, or oiled silk, between the raw surface and the absorbent dressing, so that when the dressing is removed the newly-formed epithelium is not torn away. The same reasoning is capable of practical application in the operative treatment of peritoneal infections; and Dr. Morris deprecates the exhibition of sustained efforts to remove all septic matter from the peritoneum by washing and wiping, and by putting in masses of gauze for drainage. Such expedients deprive the patient of much of his natural power of resistance. It is very easy indeed, concludes Dr. Morris, to produce death in such cases by conscientious attention.

¹ Med. Rec., Oct. 1, 1904.

PROGRESS IN MEDICINE AND SURGERY.

GENITO-URINARY DISEASES.

(Concluded from page 71.)

The Kollmann Five-glass Test in Urethritis.—G. T. Mandorff¹ has written on this subject. He agrees with the custom of genito-urinary specialists of making urethroscopic examinations in nearly every case of urethral disease, but believes that in a certain proportion of cases such examination cannot be made—for example, in suspected tubercular disease, acute urethritis, stricture, and when there is an abnormally small meatus. Kollmann employs the five-glass test as an additional aid to urethroscopy. The writer recommends its use, not as the equal of urethroscopy, but as an aid to the general practitioner. The principle of the procedure is to thoroughly cleanse the anterior urethra, and then allow the patient to urinate into three glasses. The patient is instructed to call at the office early and to retain the night's urine. A catheter of hard rubber, with the eye close to the end, is then passed to the external sphincter, and with this, using a six-ounce syringe, the anterior urethra is thoroughly washed out and the washings collected in the first urine glass. The irrigation is carried out until the

escaping fluid is free from shreds and mucus. For this 10 to 15 irrigations may be required. When it is certain that all shreds have been removed from the anterior urethra he collects the fluid of the last irrigation in the second urine glass, the so-called "control-glass." The patient then micturates successively into three glasses, viz., glasses No. 3, 4, and 5. The contents of glass No. 3 are to be regarded as doubtful, but shreds in glasses No. 4 or 5 signify pathological changes in the posterior urethra, bladder, and possibly kidneys. The test is completed by making microscopical examinations of the shreds. Those from the anterior urethra are composed of long twisted threads or rolls of epithelial cells, pus cells, and mucus. The epithelial cells are usually of the flat variety. Shreds from the posterior urethra are particles of secretion which have been expelled from the ducts of the prostate. They are shorter and thicker than those from the anterior urethra and usually sink rapidly to the bottom of the glass. The epithelial cells in the latter are of the transitional form, and it is difficult to differentiate them from those of the bladder, ureters and kidneys. Blood-cells in one or other glass will indicate whether