of mercury when I had any cases of suspicious venereal sore. My former results have been very fully verified, and I now feel confident that the disease can be, and frequently is, thereby aborted.

Recently I have had three cases, all contracted from the same source; in each case a soft chancre appeared about a week after contact.

In No. 1 this healed up in a few days, but three weeks later a typical hard sore developed. I then put him on mercury; later a typical rash appeared, this was roseolar and slight, and no further symptoms have developed (four months).

In No. 2, as the sore showed no attempt at healing after a week's treatment; I put him on mercury; the sore developed into a typical hard chancre, but this healed up, and no other symptoms have occurred (three months).

In No. 3 (who also had a gonorrhoea) I started mercury about the tenth day. At present (twenty-first day) one side of the sore is showing a little induration; he is still in hospital. I cannot do better than quote a sentence from Sir Jonathan Hutchinson's letter in the British Medical Journal of October 17th, 1908, in which he says: "I have long earnestly advocated the earliest possible commencement of mercury, and tried to show the futility of waiting for symptoms. So long ago as 1875, I even suggested that in some cases it might be wise not to wait for the characteristic induration of the primary sore. That it is possible to arrest all further manifestations of the blood disease by giving mercury as soon as the sores show any characteristic features, and before the eruption appears, I have for long insisted, and it has been for the last thirty years my invariable practice to attempt "the abortive treatment of primary syphilis."

In my opinion this should alter our attack on a syphilitic case, and almost make it criminal on our part to withhold the administration of mercury till "secondary symptoms appear." I would even go further, and advise the administration of a short course of mercury in all cases of single venereal sore.

KNEE SUPPORT FOR USE DURING OPERATIONS FOR THE REMOVAL OF THE CARTILAGES OF THE KNEE-JOINT.

By MAJOR F. E. GUNTER.
Royal Army Medical Corps.

I HAVE long felt the need of an apparatus which will keep the knee well flexed and rotated during the operation for the removal of the cartilages of the knee-joint. It is usual to employ an assistant for this purpose; but to keep the knee flexed and rotated for any length is extremely tiring, and consequently after a little while the assistant's hands become unsteady and the knee of the patient tends to shake.

1 Lancet, September 18, 1875.
To obviate this Messrs. Weiss have made for me the support shown in the accompanying illustration. It consists of a movable leg-rest working on a ratchet, which enables it to be extended or flexed as required. On either side of the leg-rest are handles, to which the leg is bound by a bandage rotating the knee inwards in case of removal of the external cartilage, and outwards in case of internal. At the back of the apparatus is a movable support for the leg-piece. By means of this support the leg-piece is raised or lowered according to the length of the thigh, and is fixed to the required height by means of a fixation screw. The support can be lowered till it is in the same plane as the ratchet frame, but it cannot be raised beyond a right angle. It has been found that greater play than this is not required, and tends to lessen the stability of the apparatus. To use the apparatus the limb is placed on the splint in the extended position, and is then flexed by adjusting the leg-rest and the vertical support. The leg is rotated inwards or outwards, as required. Before the sutures are inserted in the capsule the fixation bandage is removed and the leg-piece extended so as to relax the capsule. In my own practice I have found the apparatus of the greatest use, and I hope it may be so to others. I may say in conclusion that I have received the greatest assistance from Lieutenant and Quarter-master F. Bruce, R.A.M.C., who made my original model and helped me with many practical suggestions.

A NEW TYPE OF INCINERATOR.

By Lieutenant R. G. F. Tate.

Royal Army Medical Corps.

Through the kindness of Lieutenant-Colonel Beevor, R.A.M.C., the designer of the appliance, I am enabled to describe the construction and working of a new pattern of incinerator, which has been in use in Dalhousie since the beginning of April, 1908. The thoroughness and rapidity with which this incinerator does its work seem far ahead of