

pression of the brain, and posterior spinal sclerosis. They are frequently oscillating in epilepsy, typhus, and spinal sclerosis. In diseases of the eyes external signs facilitate diagnosis. Congested in conjunctivitis, trachoma, and ophthalmia. Dilated in mydriasis, glaucoma, and amaurosis. Contracted in myosis, retinitis, and iritis. Photophobic in strumous ophthalmia, amaurosis, iritis, scleritis, choroiditis, and retinitis.

**FISSURE OF THE ANUS IN CHILDREN.**—Dr. Wm. I. Hamlin (*Medical Brief*) says that children under two years often suffer from fissure of the anus, and that all cases of painful defecation should be carefully searched for fissure, which, when found, should be stretched and then touched with a sharp pencil of lunar caustic. One or two applications will generally cure the fissure. The cause of constipation and hard stools should be eliminated by changing the diet of the child.

BOOKER in the Bulletin of the Johns Hopkin's Hospital, gives the following conclusions from his investigations into the relation of pseudo-diphtheritic angina to diphtheria. The pseudo-membranous affections of the throat that sometimes occur secondarily to scarlatina, measles, and perhaps other infectious diseases, often present the clinical features of diphtheria, from which, however, they differ in nature and etiology. The clinical features are not always sufficiently distinctive to differentiate these affections the one from the other. The anatomic changes induced by the activity of the bacillus of diphtheria appear to be characteristic, and unlike those present in the pseudo-diphtheritic processes. Excepting the false membrane, the anatomic changes found in diphtheria are dependent not upon the direct action of the bacilli, but upon a toxic substance to which they give rise. These changes are characterized especially by focal necrosis of tissues, with a peculiar splitting of the nuclei of the cells. The anatomic changes that attend the pseudo-membranous angina of scarlatina are accompanied with an invasion of streptococci, with suppurative processes. The etiologic factor furnishes a certain criterion for the differentiation of diphtheric and pseudo-diphtheric processes, but the diagnosis is,

nevertheless, sometimes difficult. Measles and scarlatina render the tissues especially vulnerable to the bacillus of diphtheria. The constant presence of streptococci in pseudo-diphtheric processes is suggestive of an etiologic connection. The streptococci have not been differentiated, and it is presumed that different forms may occur. The relation of streptococci-infection to scarlatinal pseudo-membranous angina has no bearing upon the specific etiology of scarlatina.

The following from the *Hospital Gazette* is good.—Having an important engagement two or three weeks ago, I was unable to attend the general meeting of one of the medical societies, and asked a friend to send me a few notes of the meeting. The following came to hand :

#### ROYAL PIMPLE-CURING SOCIETY.

DR. MAKEM-PAY, President, in the Chair.

*Dr. Cutemout* related the case of a patient who had for some years past suffered from a very painful and interesting complaint. Not having the notes of the case before him, he was compelled to speak from memory, and, unfortunately, the symptoms had long since been forgotten. The etiology of the disease was very obscure, and he proposed to deal with this more fully on a subsequent occasion. As to treatment, he had found it necessary to employ a great number of remedies, and when last seen the patient reported himself as improving—he was unable to say under which particular treatment. He had since lost sight of the patient and could not, therefore, say whether the improvement had been maintained. *Dr. Swindem* expressed the great interest he took in the case so clearly brought before the Society, and asked for further details, particularly as to whether the bowels were regular. *Dr. MacAdamised* said he had met with a similar case in his private practice, in the person of a wealthy American gentleman who, after having been treated by all the leading specialists of Europe and America, recovered in the course of three days in his private hospital at 24 Pignomy Street, W. *Mr. Herringfry* proposed a vote of thanks to the author of this interesting paper.

(Left under discussion.)