

tor, permits the freest diffusion of cutaneous emanations. Materials therefore, both for the bed and for the bed-clothing, ought to be porous to a free mechanical extent of porosity. The rule holds good for the clothing of the body in health: in sickness it is imperative.—*Asclepiad*.

CRITICAL ŒDEMA OF THE LUNGS IN CROUPOUS PNEUMONIA.—Kornfeld (F.) (*Centralblatt f. klin. Medicin*) says few cases have been reported of œdema of the lungs occurring at the critical period in lobar pneumonia terminating in recovery. The following case is interesting: The patient, a man thirty-seven years of age, strong, alcoholic, presented symptoms of general disturbance and high fever. There was a pneumonia area in the right infrascapular region. An extensive herpes appeared on the lips, and hard and soft palate, and right cheek. In pronounced contrast with the marked prostration of the patient, his cyanosis, and occasional delirium, was the good tension of the pulse. The area of consolidation spread over almost the entire right lung, and a large part of the lower lobe of the left lung. On the seventh day the symptoms of crisis appeared; temperature 39.8° C., delirium (stertorous respiration), cyanosis, profuse perspiration. Besides, there was very evident œdema of the lungs, as shown by abundant moist rales all over the lungs. Notwithstanding these symptoms of collapse, the tension of the pulse continued good, the heart action strong, and one hundred to the minute. Three hours later these symptoms had improved. Improvement continued, and on the twenty-first day the patient had thoroughly recovered. Kahane has reported two cases of per-acute transitory œdema of the lungs at the pneumonic crisis. In the midst of symptoms of profound collapse, in consequence of increasing heart weakness, moist rales developed under the ear of the observer, and after a few seconds, as rapidly disappeared. In both cases the heart failure was temporary, and recovery followed. Müller has described one case of so-called acute paroxysmal, angio-neurotic œdema of the lungs. The patient, who had an old heart lesion, suffered during many years from attacks of œdema of the lungs recurring at intervals of months or years in the midst of good health. The attacks were not accompanied by weakness of the heart, and

they are regarded by Müller as angio-neurotic phenomena.—*Epitome of Medicine*.

THE USE OF "WOOD-WOOL" IN CUSPIDORES.—PRAUSNITZ (*Centralbl. f. klin. Med.*) says the use of sand or sawdust for filling cuspidores has been generally condemned as permitting the sputum to dry and escape in the form of dust. The use of water or of a disinfecting fluid is an improvement; a portion of the sputum, however, does not reach the fluid, and for the destruction of tubercle bacilli not only is a strong disinfectant necessary, but a long time is necessary for its action. The use of "wood-wool" (long, slender wood shavings, used for packing fragile articles) for filling cuspidores is recommended, as it rapidly absorbs the sputum, preventing escape of the bacilli, as a firmly clinging crust is formed. Disinfection is accomplished by simply casting the ball into the fire. The material, furthermore, is cheap.—*Epitome of Medicine*.

MOLLUSCUM CONTAGIOSUM (Drs. J. E. Graham and A. B. Macallum, *Journal of Cutaneous and Genito-Urinary Diseases*).—"Dr. Graham writes the clinical part of the communication, using as his text an outbreak which came under his notice in the Infants' Home in Toronto. He is strongly on the side of the contagion theory, on which side the epidemic is strong testimony. A child was brought to the Home suffering from the disease. Several other children in the same room developed the affection, but no others in the Home. Two months elapsed before the disease was noticed, a period which agrees fairly well with Pick's inoculation experiments. Inoculations were made on animals, but all without result. He obtained the same micrococcus from all the cases; but no results were got from the inoculation with the cultures, nor could the organism be found in the tissues, and he very candidly and wisely admits that grave doubts must be entertained as to whether this organism is the cause of the disease. All the cases were treated by excision, a method not only the most satisfactory for treatment, but also for the histological examination of the disease." "Dr. Macallum's share of the work was the examination of the specimens. He found that all the growths commenced in the stratum mucosum.