

seen for his present trouble, he had not been well for a day; there had been severe colicky pains and vomiting after each attempt to take food. Enemata were given on this and the following day with little result. Morphine was given, and large enemata through a rectal tube, introduced as far as possible, produced no effect. Almost two quarts of dirty fluid was withdrawn through a stomach tube. Two ounces of sweet oil were ordered to be taken every hour. Tympanites during the afternoon and early evening had rapidly increased. There was much prostration, no nourishment having been retained. During the night, half a pint of oil was taken. In the morning there was less prostration; there had been a small fluid passage.

An enema, now administered through a rectal tube (English gum catheter, No. 16) returned slightly discolored, and containing a trace of oil. There was a recurrence of vomiting, but the oil was continued. About noon the bowels began to move, and several fluid stools were passed during the following night. On the next day the stools became formed and contained pus in small quantities. The case was probably one of fecal impaction—there were no evidences of typhlitis or perityphlitis.

The second case was that of a young man twenty-two years old. The bowels had not moved for forty-eight hours, and he had been suffering from tormina and vomiting. Large doses of cathartics had already been taken. Thorough examination failed to find any evidence as to the point of obstruction; the hernial openings were clear, there was no point of tenderness, no tumor, the abdomen was quite tympanitic. He was treated by sulphate of magnesia, repeated clysters through a rectal tube introduced as far as possible into the bowel, and sufficient morphine to control extreme pain. This treatment was continued for two days with no benefit, the tympanites increasing, vomiting becoming stercoraceous, and the patient much prostrated. The administration of sweet oil was then begun; a pint was taken within three hours, most of which was retained, although he had been vomiting everything. Three hours after beginning the bowels began to move, and a good recovery ensued.

Dr. Langdon mentioned in the same journal eight cases where relief had been obtained from large doses of olive oil.—*Cincinnati Lancet-Clinic*.

SOME RECENT STATEMENTS CONCERNING DIPHTHERIA.

Upon the subject of diphtheria there is no greater living authority than Löffler; even Klebs, with all his discoveries, must take second place. Such being the acknowledged position of the for-

mer investigator, the synopsis of what he knows of diphtheria must prove of great interest. They are given in twelve paragraphs in the *Pacific Record*, translated from *Correspondenz Blatt fuer Schweizer Aerzte*, as follows:

1. The cause of diphtheria is the diphtheria bacillus. It is found in the excretions of the diseased mucous membranes.
2. The bacillus is expelled with the excretions. It may be deposited on anything in the neighborhood of the patient.
3. Diphtheritic patients contain bacilli capable of infection as long as there is the least trace of diseased tegument in existence, and even for several days after their disappearance.
4. Persons affected with diphtheria should be vigorously isolated as long as there are any bacilli present in their excretions. Children who have been affected with diphtheria should be kept removed from school for at least four weeks.
5. The bacilli of diphtheria preserve their vitality for four or five months in particles of membrane in dry condition. For this reason, all objects which may have come into contact with the excretions of diphtheritics, such as linen, bedding, drinking and eating utensils, clothing of the nurses, etc., should be disinfected by boiling water, or treatment with water vapor of 100° C. Rooms which have been occupied by diphtheritics should be disinfected with the same carefulness. The flooring should be washed repeatedly with hot sublimate solution (1:1000), walls and furniture should be rubbed with bread.
6. Investigations on the vitality of diphtheria bacilli in moist condition are not concluded yet. Possibly these bacilli preserve their vitality, when in moist condition, even longer than in dry condition. Humid and dark dwellings seem to be especially favorable to the preservation of diphtheritic virus. Such dwellings, therefore, have to be subjected to sanitary measures, especially in view of their thorough drying and accessibility of light and air. In moving from one house to another, great care should be taken for thorough disinfection of dwellings which have been infected.
7. Diphtheria bacilli will continue to thrive outside the body at temperature of 20° C. They grow very well in milk. For this reason the milk trade should be subjected to careful supervision. The sale of milk from dairies where cases of diphtheria have been located, should be forbidden.
8. The diphtheria-like diseases of the numerous species of animals, of pigeons, chickens, calves, hogs, are not connected with the diphtheria bacillus of man. For this reason the diphtheria-like diseases of animals are not to be dreaded as sources of diphtheria in man.
9. Klein's statements on etiologic identity of the disease observed by him in cats, with diphth-