

researches on the micro-organisms of lobular pneumonia have been made by M. Pipping at the suggestion of Friedlander. In seven cases of fourteen examined, a micrococcus has been detected in variable numbers, having a great resemblance to the pneumococcus. The majority of the organisms were grouped in pairs or in chains. In three cases the oval cocci were surrounded by a very distinct capsule. Many of these capsules contained two or more cocci. These cases were uncomplicated by any acute disease. One was associated with carcinoma of the pylorus; the second with multiple cold abscesses of the hips; and the third with arterio-sclerosis and senile atrophy. The author gives a detailed description of the histology and of the experimental cultivations and inoculations with the pneumonic products of the said three cases. The preliminary inoculations in mice, rabbits, and guinea-pigs have yielded results that are in harmony with those obtained by Friedlander in the case of the coccus of lobar pneumonia. In four other cases of pneumonia of recent date M. Pipping discovered cocci having some resemblance to the pneumococcus, but differing in the absence of a capsule. Attempts at cultivation proved futile in two cases, and in the other two led to the development of several species of bacteria, but of none with a capsule. Seven cases yielded negative results. The author concludes that the encapsuled coccus regarded as special to lobar pneumonia is equally the pathogenic agent of some varieties of broucho-pneumonia.—*Lancet*.

**SALICYLIC ACID TREATMENT OF DIABETES.**—Dr. J. S. Holden reports in the *British Medical Journal*, May 1, six cases of successful treatment of glycosuria with salicylic acid, as confirming the views of Prof. Latham as to the pathological connection between diabetes mellitus and rheumatism.

The latter holds that there are two distinct kinds of diabetes: First, that which arises from a neurotic disturbance of the function of the liver; second, that which arises from a neurotic disturbance of the function of the muscle. The latter he has found to be so intimately associated with rheumatism that the degree of oxidation determines whether an excess of lactic acid or of glucose shall be formed in the muscles. He has also found that salicylic acid has the power of arresting the formation of both these products.

Dr. Holden has found the salicylic acid treatment to be of no avail in the treatment of non-rheumatic diabetics.

The first and most marked effect of the salicylic treatment in glycosuria of rheumatic persons, is the almost complete removal of the distressing polyuria.

The careful restriction of diet is less essential in this than in the other form of diabetes, though it is an aid in these cases too.

Dr. Holden has found the following formula a serviceable one for the administration of salicylic acid:

R	Acidi salicylici, . . . . .	ʒij.
	Sodæ bicarbonatis, . . . . .	ʒj.
	Ammoniæ carb., . . . . .	ʒj.

Mix in one ounce of water, and when effervescence has ceased add water to twelve ounces.

An eighth or twelfth part to be taken three times a day. This, he says, is not unpalatable when given in a wineglassful of water with a little tincture of orange added. The ammonia prevents any depressing effects.

As a means of distinguishing between the two forms of glycosuria, aside from the presence or absence of rheumatic arthritis, etc., which is generally sufficient, Dr. Latham has observed that in the diabetes of rheumatics there is present in the urine some substance which dissolves cuprous oxide, so that a larger quantity of Fehling's test has to be added before getting the brown precipitate in this urine than in the diabetic urine of hepatic origin.

#### BICHLORIDE OF MERCURY FOR CONSUMPTION.

We have for some time been using corrosive sublimate with such marked advantage in the treatment of tuberculosis of the lungs in a manner so much like that spoken of in the subjoined extract from July number, 1886, of *Progress*, that we had intended before this to make note of the fact. *Progress* does not tell us to whom to credit the following striking illustration of its value in tuberculosis: "S. T. M., aged 38 years, came October 23, 1885, in a very feeble and emaciated condition, suffering from severe dyspnoea, hoarseness, frequent chills followed by high fever, and colliquative sweats. Examination showed extensive infiltration of the epiglottis and the walls of the larynx. The vocal cords were concealed behind the swollen tissues above. The cough and expectoration seldom ceased more than five minutes at a time during the entire day. The sputum was so rich in tubercle bacilli, that mounted preparations of it were used as samples for illustration in teaching. This man got a spray of the bichloride of mercury, prepared as follows:

R.	Hydr. bi-chloridi . . . . .	gr. ij
	Aquæ destillatæ . . . . .	O. j
	Sodii chloridi . . . . .	ʒj
M.	Ft. solution.	

He was ordered pills of the bichloride gr.  $\frac{1}{16}$  each, one before each meal and at night, and a pill composed of assafœtida gr. ij, and ext. nux vomica gr.  $\frac{1}{2}$ , to be taken at the same time. In six weeks he was walking the fields five or six miles daily, hunting game. He was married last January, and is now out West."—*Virginia Med. Monthly*.