

on a few minutes after ingestion. It was sometimes, however, delayed for ten minutes or a quarter of an hour. She was ordered a dessertspoonful of milk every half hour, which she vomited. A teaspoonful given at the same interval was likewise ejected. Small quantities of solid food answered no better. After being fed for three weeks by the rectum alone, another attempt was made at giving milk by the stomach, but with unsuccessful result. On the 11th June a tube was passed along the œsophagus into the stomach and three ounces of milk were thus introduced. There was a little impediment met with in the lower part of the gullet, but it was readily overcome, and was evidently not due to any organic disease. The milk thus injected did not provoke any feeling of sickness, and remained in the stomach without causing discomfort.

It was intended to feed her daily by the tube, but she never required it again during her stay in hospital. For the next day or two she took milk in small quantities, returning a little of it only occasionally. Two days after the use of the tube, she began to take a tablespoonful of milk every hour, which she retained. The allowance of food was daily increased until, at the end of two or three weeks, she was taking daily a fair quantity of milk, together with two eggs, fish, pudding, and bread and butter. The nutrient enemata, however, were persisted in for a day or two longer, and were then discontinued, partly because their more nutritive ingredients had been withdrawn for administration by the mouth, partly because the bowels which had hitherto been constipated became loose. To the last the patient appeared to have no desire to take food, and to derive no pleasure or comfort from taking it. Only on one or two occasions did she vomit any of it. The continuance of the diarrhœa retarded recovery, so that she did not appreciably gain flesh, and in fact, when she left the hospital she had only gained two pounds. She was discharged on the 29th of July. A month or two later there was a recurrence of the vomiting, and her mother brought her to the hospital to have the œsophagus tube re-introduced.

"I have little to add by way of comment. There is no doubt of course that in most cases of hysterical vomiting, it is the stomach that rejects the food. But it is obvi-

ous that in an undetermined minority of cases of such vomiting, it is the œsophagus rather than the stomach that is in fault, and if in such cases, the irritability or spasm of the gullet can only be overcome, and the food swallowed be allowed to reach its destination, the vomiting will cease. If one has reason to suspect the latter condition to be the cause of his patient's symptoms, it is fortunately easy to put the question beyond doubt by having recourse to the œsophagus-tube or stomach-pump; and if the answer be in the affirmative, to cure the patient of her malady by the repeated use of the instrument and artificial feeding. There is reason, however, to hope that a single introduction may suffice to effect a more or less permanent cure."

BACILLUS TUBERCULOSIS NOT A PARASITE.
—M. le Professeur Grasset (Montpellier) does not regard the bacillus tuberculosis as parasitic. He says for the bacillus to be parasitic, it must be an independent being, like the tinea or the acarus, without any possible analogy in the healthy or morbid economy. But if the bacteria are anatomical elements like the giant cell, all the recent researches, however full of interest, in no wise demonstrate the parasitic nature of tubercle. The main question, then, is to know if in certain anomalous morbid particular circumstances, bacteria cannot be seen to develop in the organism without the entrance of any germ from without, solely by the transformation of the normal elements of our tissues. On this point MM. Béchamp and Estor, whose works I have carefully followed, seem to me to have clearly demonstrated, (1) that there exists in our tissues molecular granules—the ultimate atom of physiological divisibility; (2) that these molecular granules can be cultivated in suitable media outside the body and live as ferments of their own life; (3) that the same granules are in certain anomalous or pathological conditions susceptible of being transformed into bacteria. Conclusive experiments prove these facts; pieces of liver placed immediately in paraffin, chromic acid, or even a fusible alloy, present in their centre foci of granules and bacteria after a certain time. There is, however, nothing of a parasitic nature. The same occurs in the pathological conditions, where Estor has likewise found bacteria. Hence granules isolated or grouped