

tympanum, manifesting, perhaps, a perforation previously ill seen; or it may distend the depressed drum-head in a catarrhal case, and give relief to deafness and tinnitus previously present. In an ear apparently normal, it should serve to show normal patulency of the Eustachian tube—a condition better proved than assumed. For the inflation, the pear-shaped bag of Politzer is the appropriate instrument, connected by a few inches of rubber tubing with an olive nozzle. With this so held as to occlude one nostril and the other closed by pressure of the fingers, the bag is pressed as the patient swallows, says "huck," or blows out the cheeks, and the air prevented from escaping from the nares will generally force its way up to the ears. Slight pressure should be used at first, increased only if necessary. Completion of the cleansing as perfectly as possible in the suppurating cases, with the aid of peroxide of hydrogen on the cotton pledgets, and light dusting of the inflamed surfaces with impalpably powdered boric acid, completes the treatment of most of this type of cases: pneumatic massage of the drum-head in the catarrhal cases; inunction with the yellow oxide of mercury ointment in the furuncle or the eczema cases—surely this, with a few self-suggesting modifications, constitutes a routine of treatment that should be within the easy execution of every practitioner. Yet this is just what forms the bulk of the work of every aurist in his office as in his clinic, and the small remainder of cases is such as to tax his skill in diagnosis and treatment to the uttermost. These last can hardly be dealt with by the non-specialist.—*Therapeutic Gazette*.

Treatment by Erysipelas Serum.—Emmerich (*Münch. Med. Woch.*) concludes his researches, along with Most, Scholl and Isuboi. He says that it is possible to treat successfully malignant growths, lupus, tuberculosis, syphilis, by the erysipelas serum. He gives some details of recorded cases, showing the beneficial action of erysipelas on malignant disease. Experiments are related to show the action of this serum on tuberculosis in animals; it hinders the development of the tuberculous process, as seen in the anterior chamber of the eye. His experiments would lead him to think that tuberculosis in man could be thus brought to a stand-still, or by long-continued

treatment even cured. The author, along with Popoff, has found no such results with the products of other micro organisms. Erysipelas has also marked healing effects on diphtheria, and illustrative cases are given. The author obtains his serum from sheep inoculated with the erysipelas streptococcus; it is filtered free from the micro organisms. Caution is needed in the use of the serum, to find out how much may be given without doing harm. Basing his arguments on experiment, and the results obtained by the action of erysipelas itself on certain diseases, the author advocates the treatment with this serum. *British Medical Journal*.

Ichthyol in Fissures of the Anus.—Van der Willigen warmly commends ichthyol in the treatment of fissures of the anus (*Journ. de Méd.; Monatshefte für Praktische Dermatol.*). The pure drug is introduced into the anus by a brush. The contraction of the sphincter forces this into all the folds of the mucous membranes. Little pain is excited. Treatment should be repeated daily. The patient is given liquid diet and occasionally castor oil. The first patient, who had previously been treated by every means short of operation, was cured in eight days, the other three in two or three weeks. One had already been subjected to operation without benefit. There was no recurrence.—*Therapeutic Gazette*.

Gastro-Enterostomy with Senn's Bone Plates for Pyloric Stenosis.—The choice between gastro-enterostomy by lateral anastomosis and the Heinecke-Mikulicz operation of pyloroplasty in cicatricial contraction of the pylorus is one that can only be satisfactorily made when the abdomen is opened. The plan of Loreta of digital division is not likely to be favorably considered when compared with the newer methods mentioned. In the case detailed below, gastro-enterostomy was preferred on account of the indurated condition of the pylorus. This was judged to be non-malignant at the time; but lest subsequently this estimate should prove to have been erroneous, the operation of gastro-enterostomy appeared the safer course to adopt. G. W., aged 43, had been a dyspeptic for twenty years, but he did not begin to