

"Is eczema ever reflex—particularly in regard to the teeth?" Most assuredly, as far as relates to separate attacks or outbursts of the eruption, as may often be witnessed on each accession of a tooth in those subject to the same. But as to causing the disease, it is impossible that the physiological process of extrusion of the teeth can have any real effect in inducing the skin to take on true eczematous action when previously healthy.—*Bulkley "on the Treatment of Eczema in Children." Archives of Pediatrics.*

BLOOD POISONING AFTER TOOTH EXTRACTION.—Dr. Port, of Munich, remarks that "when we consider the large quantity of micro-organisms which flourish in the mouth, it is extraordinary that dental extractions are not more frequently a source of infection." Dr. Miller's book cites only sixty cases, of which about half the number terminated fatally, while the other half recovered sooner or later. Death generally occurred from septicemia pyemia or meningitis. He gives a recent case of a young and vigorous man whose lower molar had been extracted by means of the key. He developed fever and died in four days. The autopsy revealed a large abscess in the neck, the pleural cavities held a large quantity of fetid brown pus, while the pericardium also contained pus. The abscess disclosed streptococci and diplococci and the latter resembled the salivary septicemic microbe described by Miller.—*British Journal of Dental Science.*

CAUSES OF BAD TASTE AND ODOR IN THE MOUTH.—The notion existing among the laity, and also among physicians, that gastric disturbances are almost exclusively responsible for a bad taste in the mouth, is wrong, says Dr. Herzfeld, in the *Therap. Monats.* (XI., 1). Only second to affections of the stomach as an etiological factor, are the tonsillar crypts, in which there accumulate mucus, dead epithelial cells and particles of decomposing food. These cheesy accumulations sometimes come out spontaneously and have a fecal odor. The reason they are so frequently overlooked is because they are concealed by the anterior pillars of the fauces and can be seen by only using a retractor. The treatment consists in removing the tonsils or in slitting the crypts open with a narrow curved knife. Among the other causes of bad taste the author enumerates: Carious teeth, inflammations of the mouth and the throat, adenoids, ozena, suppuration in the nose and accessory cavities, suppurative inflammation of the ear, and lastly, the cause may be of a nervous nature (paræsthesia gustatoria).—*Amer. Med. Surg. Bulletin, July 10th, 1897.*

A TOOTH IN THE EAR REQUIRING REFLECTION OF THE AURICLE, ETC., FOR ITS REMOVAL.—Mr. G. Victor Miller reports the following: A. K., aged 10, complained to his mother, on May