

chief medical journals in Hungary, by Herr Jonas and Dr. Benczr, it appears that this fact is available as a basis for a novel method of physical examination which may be styled "thermo-palpation." These observers say that it does not require any peculiar sensitiveness of touch or any special education to appreciate the difference of temperature on passing the fingers over the surface of the body from the situation of the lungs to that of the liver, and that patients themselves, and students who had not yet learned percussion, were quite able accurately to detect the height of a pleuritic effusion by the difference of temperature. Diseased and healthy organs can be mapped out in this way by going over the surface, first say, downward and then upward, when the line of demarcation will be distinctly felt. The general principle appears to be that organs containing air, such as the lungs and intestines, permit of greater surface warmth over them than more solid organs, such as the heart, liver, spleen, etc. Of course, instead of using the fingers, a differential thermometer may be employed, and much slighter differences may be recognized than is possible by the touch alone. — *The Lancet*.

THE BACTERIA IN PERITONITIS BY PERFORATION.—In the first fasciculus of *La Cellule* for 1889, La Ruelle gives the results of a series of bacteriological investigations on cases of peritonitis, produced by intestinal perforations. He examined the peritoneal contents of two patients in whom perforation had been produced by strangulated hernia, and six animals (four dogs and two rabbits), in which perforations had been artificially produced in various ways.

In four cases, his microscopic preparations and gelatine cultures indicated the exclusive presence of one form of bacillus. In the other four, this bacillus constituted the immense majority of the organisms present in the peritoneal exudations.

This bacillus he found on cultivation to be identical with Escherich's bacillus coli communis, and, from the examination of the intestinal contents, not only of infants, but also of adults, and of various animals, he finds that it constitutes, in some cases, the only organism, in others, 95% of the organisms present.

In order to determine the role played by the bacillus coli communis in peritonitis, he injected it into the peritoneal cavity of a large number of dogs and rabbits, and obtained varying results, according to the conditions under which the experiments were performed.

If he mixed a quantity of the cultivated bacillus with sterilized physiological salt solution, there were noticed general symptoms of poisoning, presumably due to the ptomaine produced by the bacillus, but in no case, peritonitis.

If he mixed, however, the bacilli with a sterilized emulsion of intestinal contents in bile, he obtained, every time, well marked peritonitis. As control experiments, he injected animals with sterilized bile and intestinal contents, without obtaining peritonitis.

A histological study of the peritoneal lining showed that, although the bacillus alone produced certain changes in the endothelial cells, still they were slight. In cases, however, where the intestinal liquid was injected without the bacillus, the endothelial cells underwent extensive degeneration.

He concludes, therefore, that the bacillus coli communis produces peritonitis in cases of intestinal perforation, but that it is assisted by the intestinal contents, which prepare the way for it by their action on the endothelial cells, and also provide it with a quantity of food material for further development.

The bacillus, he considers, has a two-fold action; first a general toxic effect on the system, by the production of a ptomaine; and second, a direct inflammatory effect upon the peritoneal lining.

J. J. M.

NON-TUBERCULAR AND NON-CARDIAC HÆMOPHYSES IN ELDERLY PERSONS.—Sir Andrew Clark (*British Medical Journal*, October 26 1889) says that, at one time believing that every case of pulmonary hemorrhage was due to pulmonary tuberculosis, or malignant growth, or to aneurism or disease of the heart, a case was finally brought to his notice which not only convinced him of the error of this view, but revealed a distinct cause for pulmonary hemorrhage. This patient was a man, of about fifty or sixty years of age, suffering from moderate progressive osteo-arthritis and subacute bronchitis