

Selections.

Generalized Blastomycosis.

C. Christensen, La Crosse, Wis., and L. Hektoen, Chicago (*Journal A. M. A.*, July 28), give detailed histories of two cases of disseminated blastomycosis. In both the onset was sudden and without the presence of any chronic external lesion that might be regarded as the primary localization. In the first case, the cutaneous and subcutaneous lesions developed simultaneously after an acute febrile attack, and suggest the lungs as the portal of entry of the infection. In the second case, the localization of the infection seems to have been in the deeper tissues before the subcutaneous invasion. The authors suggest the advisability of experiments to determine whether the organisms are easily conveyed by air currents when dry, whether they retain their vitality and infectiousness after drying and whether or not they are carried in minute droplets of sputum. The peculiar predilection for the skin possibly indicates an important avenue of escape of the germs, it may be to new hosts. The authors also suggest the possibility of infection of skin lesions by way of the blood current and not always, as seems to have been supposed, by direct implantation from without. No effective treatment has yet been devised. In these cases the authors tried a sterile vaccine prepared from the blastomycetic organism, with the idea of stimulating opsonic action according to the method of Dr. A. E. Wright. Unfortunately, the patients passed out from under their observation, leaving the hospital before any definite conclusion of value could be drawn as to the result of this treatment. Work is now being done to develop certain methods by which the effect of the blastomycetic vaccines can be tested *in vitro*, so as to furnish some guidance in the treatment of the disease.

Treatment of Loosened Teeth.

M. L. Rhein, New York City (*Journal A. M. A.*, July 28), distinguishes two classes of loosened teeth: 1. Those cases due to infection which has caused the spreading of pus so as to interfere with the pericemental attachment of the root to the alveolus. In these the more or less speedy removal of the infecting focus will usually restore the solidity of the tooth. Infection from dying pulp, difficult eruption, ligatures around the neck of the tooth, ill-advised separation of the teeth and other injudicious dental procedures are the most common cause in this class, and the