

been shown to carry germs of both tuberculosis and typhoid fever. The lesson then is to prevent the breeding of flies, and to dispose of the infected matter from tuberculosis and typhoid fever patients in such a manner that flies cannot get at it.

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#### SALVARSAN IN PERNICIOUS ANAEMIA.

At a recent meeting of the Toronto Academy of Medicina, Dr. W. B. Thistle reported two cases of pernicious anaemia which he had treated by injections of salvarsan.

One of the cases had had a number of severe relapses. The blood condition had become very low. Four injections of salvarsan were given in the muscles. In the second case there were given also four injections. This case also improved very decidedly.

Dr. Thistle was very careful not to draw too sweeping conclusions from these two cases, but thought the improvement was of such a character as to show some connection. He referred to the cases that had been reported by Dr. Bramwell.

By Dr. Thistle and those who took part in the discussion the opinion was expressed that the treatment was well worthy of further trial. It may turn out that the arsenic in salvarsan has some specific action in the disease, especially if it should ultimately be proved that the disease is due to a living organism.

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#### TACHYCARDIA IN CHILDREN.

In discussing the causes of tachycardia in children, E. Cautley (*Med. Press*, April 26, 1911) says that rheumatic fever is so rare before the fourth year of life that its possible occurrence in babies can be practically ignored. At this period of life we must seek for some toxic cause of tachycardia, if fever be no longer present, not forgetting the possibility of pulmonary tuberculosis. In older children the most important causative factor, one apt to be overlooked in children because its occurrence is unsuspected, is a myocarditis or true degenerative change of the myocardium, resulting from fever or toxemia. Primarily, myocardial disease is due to toxins; secondarily, it ensues on cloudy swelling or inflammation. Cloudy swelling is not strictly inflammatory. It occurs in high fever and in the toxemia of infective diseases, notably rheumatic affections, diphtheria and typhoid fever, although there may be comparatively little pyrexia. It may end in a variable degree of fatty degeneration.—*Am. Jour. of Obs. and Dis. of Women and Children*, Oct., 1911.