vertebral column, with a slowly developing curvature. When seen for the first time by the author there was pronounced anemia and hyphosis of the entire vertebral column; marked restriction of the movement of the arms in the shoulder joints and of the hips, and complete immobility of the dorsal and lumbar portions of the vertebral column. Pressure here and upon the dorsal muscles was very painful. Warm baths, massage, and gymnastics were used for six weeks without the slightest improvement, though the patient could walk a little better, with a suitable corset, which supported her back. Finally the corset could no longer be tolerated, and her arms became absolutely useless. As a last resort 20 injections, each of 2.3 Cc. fibrolysin, were made into the gluteal muscles during the course of four weeks. The results were astonishing, in that both active and passive motion improved steadily. The gait of the patient was again elastic, and the arms could again be brought up to the horizontal plane. Respiration became more free, and the curvature of the spinal column appeared less pronounced. The hip joints showed free mobility, and all tenderness had disappeared. The general condition and the anemia of the patient improved rapidly.

Müller concludes that fibrolysin is a specific for this condition.—*Med. Klinik*, 1909, No. 3.

The Sign of "Tapotage" in Pulmonary Phthisis.

In 1904 Erni described a symptom which frequently exists in pulmonary tuberculosis. In certain cases percussion—above all in the subclavicular region—will excite immediate cough and expectoration. Molle (*Lyon Méd.*, February 7th, 1909) has observed this sign of tapotage in several cases, and disagrees with Erni's opinion that the sign is distinctive of a subjacent pulmonary cavity. He found it in one case of early tuberculous infiltration in which cavitation was extremely improbable, and was not shown by any other sign. On the other hand, "tapotage" is frequently absent where a cavity undoubtedly exists. Nevertheless, the sign is by no means without diagnostic value. Molle has found that it is associated with the neuromuscular hemiparesis, such as Weil and Jacquet have described in pulmonary tuberculosis; it presents the same characteristic variability and inconstancy, and is due to a hyperæsthesia of the subjacent pulmonary parenchyma, the area of which is the same as the area of hyperæsthesia of the relatively superficial structures such as the muscles and nerves. The cough is, then, reflex rather than of mechanical causation.—*British Medical Journal*.