As regards the pathology of the kidney, it is shown that albumen may exist without casts; these are therefore probably an accompaniment of a congested kidney and a product of inflamed epithelial cells. —*British Med. Jour.*

ÆTIOLOGY OF COLDS.—Schenk (*Centralbl. f. Bakt.*, July 18th) has investigated the effects of warmth upon micro-organisms. He finds that the bacteria examined in a hanging-drop preparation move towards the point at which, by means of a special contrivance, the temperature is highest. That this movement is a vital phenomenon and not the result of a mere flowing of molecules towards a point is proved by the fact that it is absent when fine granules of sepia are observed in place of bacteria. Upon this observation Schenk bases a theory of ordinary catarrh. The principal facts noted by him and the speculation based thereon may be summarized as follows: (1) Warmth excites movement in micro-organisms; they tend towards the centre of warmth (thermotaxis). (2) Thermotaxis is a vital phenomenon of bacteria; it is manifested even when the difference of temperature between two given points is only 8 to 10° C. (3) Single organisms illustrate this tendency in greater degree than those united in chains. (4) Ordinary colds may be arranged in two groups: those due to bacterial infection and those independent of this. In the former there is a well-marked interval (incubation period) between exposure to cold and the onset of the malady; in the latter the disease follows quickly upon the exposure. (5) When a person enters a cold room, air bacteria tend towards his body as towards a focus of warmth. (6) Thermotaxis is one condition necessary to the development of an infection cold; the second is penetrability of the skin or mucous membrane to microbes, or some possible circumstances permitting their entry into the body. The penetration of skin and mucous membrane has been shown by various experimenters. In conclusion, it seems possible that some varieties of cold are traceable to air bacteria, acting under certain conditions of temperature.—*British Med. Jour.*

THE ÆTIOLOGY AND TREATMENT OF TYPHOID FEVER—Klietsch (*Wien. Med. Presse*). Investigations during a typhoid fever epidemic in Wörth, showed the origin of the epidemic to be due to the cleansing of a water-closet which had for a long time been out of use. It was drained into the city sewer, and it was at this point where the first cases of typhoid occurred. Iodine proved to be the best therapeutic measure. It is well known that iodide of potash or iodine in solution is converted into sodium salts by the alkaline secretion of the small intestines; which salts, if they pass into glandular tissue, set free the iodine again. In the glands of the small intestines, *i.e.*, the Peyer's patches, solitary and mesenteric glands, the chief morbid changes are found in typhoid fever; therefore the iodine retards greatly these processes, and has great influence upon the course of the disease. After the exhibition of this remedy for 4–6 days, there was a considerable fall of the temperature, and in 8–12 days cure was effected. All the symptoms were improved, no crisis was present, there were less complications than when treated by other methods. The remedy was given in the following manner:

Kalii Iodati	6.0-8.0 gme.	[dr. 1½-2].
Aq. dest.	10.0 "	[fl. dr. 2½].
Aq. menth. pip. ..	10.0 "	[fl. dr. 2½].
Aq. Iodi.....	0.5-0.8 "	[grn. 7½-12].

Eight to ten drops every two hours.

The larger the dose, the better the action. No toxic effects were noticeable. Eighty-one cases were treated with iodine, all of whom recovered.—*Am. Medico-Surgical Bulletin.*