

human being who ruminated. The patient was a man, aged 30, in good health. In 1882, he had a very mild attack of typhoid fever. Some time afterwards, he noticed that shortly after a meal his food came up in mouthfuls from his stomach without nausea, and he instinctively masticated the fragments and swallowed them again. He could not say for certain when he first took to ruminating; this is the rule with *myrcoles*, who often, after due thought, remember that their habit existed during their childhood. Dr. Gallois's patient grew tired and disgusted of his ruminations, and cured himself by discouraging the regurgitation of food and eating but sparingly at each meal, confining his dietary to substances easy of digestion. Large meals had always been followed by free regurgitation, and the least digestible substances were the most freely brought up into the mouth. Without any further treatment, the patient cured himself of his ruminating habit, and has not indulged in it for a year. Dr. Gallois studies this case in a paper published in the *Revue de Medecine* last spring. The "cud" brought up first after a meal included samples of everything swallowed. This did not confirm Kuss's theory that liquids pass straight into the duodenum along a supposed channel made by muscular contractions of a tract of the walls of the stomach. The first "cud" was red like wine and smelt of wine; thus liquids must remain in the stomach for some time with the solid ingesta. Later, the cud became true chyme; then solid pieces of undigested salad-leaves, gristle, etc., came up with the chyme; lastly, solid fragments of this kind were alone regurgitated. If the patient swallowed them, they were thrown up again, and he often spat them out to save trouble; yet, if unable to do so, as when in society, he managed to chew them up so fine that at length the stomach sent them on into the duodenum. The patient had no dyspeptic symptoms. The phenomenon of rumination in his case did not show that the stomach (as Blanchard supposed) had the power of selecting indigestible matter and throwing it up. Were that theory true, such matter would have come up first, and with pain or

nausea; in this case it remained till it came up without any more digestible material. This case, again, seems to prove that the cardiac orifice of the stomach is insufficient in a *myrcole*, and probably has no selective power in any subject. On the other hand, the case indicates that the pylorus has that power, though in a purely mechanical sense. The sphincter is resistant and contracted at the beginning of digestion; then it lets liquids, next grumous material, and lastly solids through into the duodenum. In cases of dilatation of the stomach, the fluid contents are expelled with difficulty into the small intestine; no dilatation existed in Dr. Gallois's case. In normal digestion, the evacuation of the stomach continues, no doubt, throughout digestion, and does not take place suddenly and completely at one stroke, but gradually, the most solid ingesta passing last.

AUCTION ROOMS AND INFECTIOUS DISEASES.

At the recent International Health Congress in Paris, Dr. Mosse, of the Faculty of Medicine of Montpellier, drew attention to the spread of infectious maladies through the distribution of the clothes, bedding, etc., of patients. To safeguard the public as far as possible, it was suggested that no auctioneer should be permitted to sell carpets, garments, decorative hangings, etc., without first having obtained a certificate guaranteeing that the goods had been properly disinfected, and this no matter from whence the goods were obtained. It was pointed out that the microscopic disease germs were to be found both on clothes and upholstery that might have come into contact with invalids. Dr. Pourchet suggested that carpet-beaters should be compelled to disinfect carpets before beating them, as the act of beating contaminated carpets was well calculated to spread disease germs far and wide. Both proposals were well received by the congress, and received general support. It is probable that in several countries powers for enforcing these measures will be sought by the medical authorities.