

subject of the plague. After pointing out that the epidemic had not yet been investigated according to modern scientific methods, and that the results of the investigations which have been handed down to us from former times were most unsatisfactory and contradictory, he proceeded to show that the disease which raged in Astrachan was the oriental plague, and not the Indian plague which has been described by Professor Hirsch. The latter comprises two different classes of the infection; viz., the plague *pali*, which occurs epidemically in the western part of India; and the plague of the Himalaya, which breaks out also epidemically in some isolated spots on the mountains, but does not spread any further. The oriental plague comes originally from Syria, and spreads over Mesopotamia, Persia, and the borders of the Caspian Sea. During the last ten years, Russian doctors have frequently mistaken for the plague outbreaks of exanthematic typhoid fever. Anyhow, the plague is not more to be dreaded than cholera morbus. The best thing to do is to isolate the patients, placing them in a favourable medium. There is no doubt as to the plague being an infectious disease; but we do not know as yet the origin of the contagion. It is possible that, in studying the affection very carefully, the germs of the contagion might be found in the blood, as in cases of splenitis. As long as the causes of infection are unknown, it is puzzling to know what class of objects ought not to be imported, because they may carry the germs of infection. The best method of disinfection is doubtless dry heat, which proceeding has been largely put in practice in hospitals and barracks in Vienna.

TRACHEOTOMY BY GALVANO-CAUTERY.—M. M. Krishaber read a report before the Paris Academy, remarkable from different points of view. A patient drank contrary to his habit large quantities of cold water in a country where goitre was epidemic. A goitre developed rapidly and in two months affected respiration in a high degree. Sept. 22, M. Krishaber was called in all haste, one lobe of the tumor having suppurated and leaving a tracheal fistula by which pus fluctuated into the trachea and rendered suffocation imminent.

The surgeon performed tracheotomy with the thermo-cautery, without losing a drop of blood. In passing an œsophageal sound through the canula placed in the orifice he was able to dilate the part of the trachea on which compression was made and the patient entirely recovered.

M. Krishaber no longer makes linear incisions. He makes a series of punctures with the cautery *porté au rouge sombre*.

Last Wednesday, M. de St. Germain reported to the society of surgery five cases of tracheotomy by means of thermo-cautery in the hands of the same surgeon.

The success of M. Krishaber is an excellent argument for the employment of this instrument and it is probable that with the successive improvements it undergoes the opposition which it has encountered will disappear.—*France Medicale*, Oct. 12, 1878.

SPINA BIFIDA CURED BY IODINE INJECTION.—Dr. Geo. W. Thompson reports (*British Medical Journal*, November 30, 1878, *Medical Times*) the case of an infant having a spina bifida situated over the first and second lumbar vertebrae. It measured about twelve inches in circumference, with a pedicle about two inches by one inch. It was said to have increased greatly since birth, being then only the size of a common marble. The child was ten days old. The skin covering the tumor was as thin as membrane; some strands resembling nerve-cords could be seen by transmitted light. Pain was caused by pressure. The sphincter ani was paralyzed, allowing the feces constantly to trickle away; the feet were movable. On pressing the finger firmly into the root of the tumor on its upper surface, an opening in the spinal column, large enough to nearly admit the point of the finger, could be felt directly over the spot where the usual spinous processes should have been, one of which seemed wanting. Operation was performed by withdrawing two ounces of serum and injecting the following mixture, as recommended by Dr. Morton, of Glasgow: Iodine, gr. x; iodide of potassium, gr. xxx; dissolved in $\frac{1}{2}$ of glycerine. This was repeated twice, at intervals of about a week, and with the result of a complete cure.

DIRECT ABSTRACTION OF BLOOD FROM THE LUNGS IN CROUPOUS PNEUMONIA.—Dr. N. Finn, in a preliminary report on the subject, states that in croupous pneumonia, with commencing œdema of the lung, he has obtained the best results by the direct withdrawal of blood from the lungs by means of Dieulafoy's apparatus. This is proven he claims, to be a harmless procedure, and is, in his opinion, decidedly preferable to the usual modes of bleeding.—*St. Petersburg Medicinische Wochenschrift*. No. 50, 1878.

A NEW STIMULANT.—The *British Medical Journal* gives a long account of a new stimulant, which has lately been described by the papers of Australia. It is called pitcherine by the natives, and is used by them as we use tobacco, both for smoking and chewing. Its effect is that of a pleasant exhilaration; when long-continued, intense and continuous excitement follows. It is used, when on long foot-journeys, to invigorate and keep up the strength or excite them to courage in battle; large doses are said to infuriate all the passions. Some of the natives make a plaster of the plant and place it back of the ears, believing they are influenced by it.—*Am. Bi-Weekly*.

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