

Do physicians suffer more than others from stenocardia? The question is suggested by the death, recently, of four prominent physicians in different cities—Dr. Evans, in Paris; Dr. Harrison Allen, in Philadelphia; Dr. Carey Thomas, in Baltimore, and Dr. Burns, in Toronto. The percentage given by Dr. Osler in his lecture, 13 doctors among 60 cases, suggests that there may be something in the worry and strain of professional life which tends to early degeneration of the coronary arteries.

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THE SERUM DIAGNOSIS OF TYPHOID FEVER.—This means of diagnosing typhoid fever, or of confirming the diagnosis made by other means, is now established beyond a shadow of doubt. Widal, of Paris, states that the test did not once fail in 430 cases. R. C. Cabot, of Boston, in a collection of 1,826 cases found that it held good in 1,744. In some of the cases where it has apparently failed the diagnosis of typhoid fever had been no doubt wrongly made. Widal states that if a negative result be obtained it is probable the patient has not the disease. If the examination has been made in the first days of the illness, the probability is not so strong. When the examination is made in the more advanced stage of the sickness, a negative result almost certainly excludes typhoid fever. Widal states that with proper care the test fails only once in 177 cases. Other investigators hold that the error percentage is higher than the above, being from 4 to 12 per cent. It would appear that it cannot be relied upon as the sole means of diagnosis.

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STRAPPING THE CHEST IN PNEUMONIA.—Solberg is reported in the *Deutsche Medizinisch-Zeitung* of August 5th, 1897, as using in a case of pneumonia with severe pain in the side in which he could not resort to the injection of morphine, a strip of adhesive plaster, and the result was surprisingly prompt; as in cases of fracture of a rib. He has since employed the plaster in six other cases of severe pain in the side occurring in the course of pneumonia. In four of them, in which the inflammation was in the lower lobe, the improvement was notable. In another case, in which the "stitch" was really in the scapular region, alleviation was affected by applying the strip of plaster directly beneath the axilla. In the sixth case, in which the "stitch" was not severe and the strip was removed at the end of a day because the patient felt a little constrained by it, it was again applied at the patient's request. Even the dyspnea and the cough seemed to be mitigated, according to Solberg's observation and the patient's own statements. The strip used was of American adhesive plaster, not more than an inch and a half wide, applied as in cases of fractured ribs.