

*Transmission of Tubercle Bacillus from Mother to Fetus.*—The London *Lancet* attaches considerable importance to the recent claim of Birch-Hirschfeld and Schmal, that they have clearly demonstrated the passage of the bacillus of tubercle from mother to child. The patient died of tuberculosis during the seventh month of pregnancy, and, immediately after death, the child was removed by Cæsarean section. It was then dead, but, shortly after the death of the mother, had been felt to move. Autopsy showed decided evidence of tubercles in the lungs of the mother, though not in those of the child; but the bacilli were found in the umbilical cord and the blood of the umbilical vein. Small pieces of the liver, spleen and kidneys were introduced into the abdominal cavity of two guinea pigs and a rabbit. One of the animals died in fourteen days, another was killed after six weeks, and the rabbit died in about three months. In all three cases tubercles were found and clear evidence of the bacilli was obtained. The conclusion arrived at is, that though no tubercular lesions were to be found in the organs of the fœtus, the latter were capable of infecting animals, and, in all probability, had the child survived, tuberculosis would have very soon developed.

*Bacillus of Eclampsia.*—Gerdes (*Deutsche Med. Wochensh.*, in *Brit. Med. Jour.*) announces the discovery of a short bacillus in the lungs, kidneys and liver of patients suffering from eclampsia. The bacilli were demonstrated by culture, and, by inoculation, produced in mice and rats strongly marked convulsions, followed by coma and death. These results were not produced in guinea-pigs, except intravenous injections were employed.

*Bacteriology of Measles.*—Several micro-organisms have been stated to be the cause of this disease, but subsequent investigations have disproved the announcements made. A late report from Berlin is to the effect that Canon and Pielicke have found in the blood, sputum and nasal discharges of affected persons, a bacillus which differs from any hitherto described. It was noticed during the entire course of the disease, and, in some cases disappeared before the rash had entirely faded. •

*Bacillus Diphtheriticus.*—Dr. F. J. Tower, who has had a large experience with diphtheria, read

before a recent meeting of the Milwaukee Medical Society (*Phila. Med. and Surg. Rep.*) a paper on the ætiology and bacteriology of the disease, in which he laid great stress on the value of the microscope as an aid to diagnosis. In every case of true diphtheria he had found the characteristic bacillus, but, in no instance, had he found such in tonsillitis. He carried with him a few cover glasses, and, between two, put a little of the tonsillar, faucial, or nasal exudate, or a particle of membrane; pressed the covers together, and then took them apart and allowed them to dry. After two or three minutes he wrapped them in paper, and, on returning home, stained in the usual way, with Grieber's or Læffler's blue. In cases of doubt he made a boiled potato culture, taking no previous precaution as to sterilization. In five or six hours, or over night, at a temperature of about 38° C., the bacillus grows with great rapidity, exhibiting itself as a glassy film, of which a small portion may be stained and examined. The author does not agree with Osler's statement, that the poison is not given off in the breath of the patient. He had met with many cases of undoubted air infection, and had also been able to infect tubes of media with the breath of an affected patient, blown through a glass tube, bent many times, so that fluid particles could not reach the culture. Dr. Tower believes that there is only one diphtheritic organism, and that, as asserted by Roux and Yersin, the other sometimes observed is an attenuated form of the Klebs-Læffler bacillus. This does not, however, explain what is claimed as a fact—that the true bacillus changes the alkaline reaction of the culture medium to acid, while the spurious does not.

*Can there be True Diphtheria without the presence of Læffler's Bacillus?*—This question is answered in the negative by the observations of Baginsky (*Arch. f. Kinderheilk.*, in *N. Y. Med. Jour.*), which showed that in ninety-five cases of apparent diphtheria, the bacillus was only found in sixty-eight, all of which were serious, and twenty-seven fatal. Paralysis was common. In the remaining cases the illness was short, and only one child died. The conclusion is drawn that there were, in reality, two diseases, similar in symptoms, but recognizable by the microscope.

*Bacteria and Carbonated Waters.*—Dr. A. Mor-