

a true tuberculous structure, and there the tubercle bacilli were found. In the case which was labelled miner's phthisis, but the details of which I did not obtain, there was fibrous formation, the fibrous tissue being very vascular, and there was no appearance, histologically, of tuberculous structure, nor were any bacilli present.

"As to the intestinal ulcerations which often occur in phthisis, and which are supposed to be due to swallowing sputum, I have only examined two cases, and there I found tubercle bacilli in the wall of the ulcer bearing the same relation to epithelioid cells and caseous matter as elsewhere.

"As to heredity of tubercle, I would call attention to the case of the guinea-pig, which was highly tuberculous and which had an almost fully developed foetus in its uterus (Experiment XVIII., p. 289). The foetus and placenta were healthy and free from tubercles.

"It has often been urged that the milk of tuberculous cows is infective. This may be the case when the mammary glands become tuberculous; and the mode in which the bacilli might get into the milk is well illustrated by the appearances which I found in the kidney of rabbit No. 1. (Experiment XIV., p. 286.) There not only were bacilli present in the tubercular mass, they were also found in large numbers in the epithelium of the kidney-tubules, and in the interior of the tubules, both in the immediate vicinity of the mass and at some distance from it. I have not yet had an opportunity of examining an early tubercle of the kidney, but, from what I have seen I think it quite likely that the epithelium of the tubules may in some cases be the primary seat of the bacilli in the kidney, just as the alveolar epithelium is in the lung. In that case bacilli would be present in the urine not merely when there were marked tubercular masses in the kidney, but also where the disease was but slightly advanced, here again resembling the case of the lung. From analogy I suppose that the same is the case with the mammary glands, and that bacilli might be present in the milk even though the disease of the gland is not sufficiently far advanced to be noticeable."

IODINE BLISTERS IN TABES MESENTERICA.

In tabes mesenterica, Dr. Bouchut, of the Children's Hospital, recommends the application of blisters, or the tincture of iodine, upon the abdomen, and if ascites were present tapping should be employed without hesitation. The regime to be followed should be very severe—beef-tea, eggs, raw milk, and claret. If diarrhoea be present, enemata of borax, one drachm each time, should be given, and three or four teaspoonfuls of glycerine in the day, by the mouth. Bismuth, or phosphate of lime, would be very useful. Your correspondent tried this treatment in an apparently hopeless case, and a rapid recov-

ery ensued. The disease was far advanced, and the child was abandoned by its ordinary medical attendant.—*Medical Press.*

TO ABORT A STYE.

Dr. Louis Fitzpatrick, who has recently returned from Egypt, where all kinds of eye affections are extremely common, writes to the *Lancet* that he has never seen a single instance in which the stye continued to develop after the following treatment had been resorted to: The lids should be held apart by the thumb and index finger of the left hand (or a lid retractor, if such be at hand), while tincture of iodine is painted over the inflamed papilla with a fine camel's hair pencil. The lids should not be allowed to come in contact until the part touched is dry. A few such applications in the twenty-four hours are sufficient.

SUBCUTANEOUS INJECTION OF QUININE.

The following solution when injected hypodermically has frequently proven of service in obstinate cases of neuralgia; it should be injected close to the painful point:

℞. Quiniæ bromhydrat,	1 gram.
Æther. sulphuric,	8 grams.
Sp. vini rect.	2 grams.

M.

ANEURISM OF ANTERIOR COMMUNICATING ARTERY.

In presenting a case to the Medico-Chirurgical Society of Montreal (*Medical News*, March 3, 1883), Dr. Osler called attention to the fact of the frequency of aneurism of the cerebral vessels, and to the fact that many cases of apoplexy in young persons were caused by them. This was the eighth instance which had come under his observation in the past few years.

SPECIMENS OF RENAL CARCINOMA.

Before the Midland Medical Society (*British Medical Journal*, March 24, 1883).

Dr. Windle showed a large deposit of carcinoma in a left kidney, secondary to scirrhus mammae of two and a half years' duration, the patient being a female, aged 62. This was the only secondary deposit existing. After removal of the breast, very little urine was passed, and none at all the day preceding death. The fatal termination occurred six days after the operation.