

## DIPLO-BACILLARY CONJUNCTIVITIS OF MORAX-AXENFELD.

Drs. Jno. Stirling and S. H. McKee report a case of conjunctivitis due to the special bacillus known as the Morax-Axenfeld diplo-bacillus. The diplo-bacillus was detected by Morax in 1896. He stated that with a pure culture of the bacillus he could set up a conjunctivitis. Axenfeld, of Marburg, reported in the same year 51 cases in which the same bacillus was found. Morax called the disease subacute conjunctivitis and Axenfeld named it chronic diplo-bacillary conjunctivitis. In America cases have been reported by Dr. Schweinitz, Beasy, Alt, and Gifford. Recently it has been observed in Montreal.

The appearance of the eyes in a case were as follows: Both eyes inflamed, edges of lids, especially at inner and outer canthi, showed marked reddening (blepharo-conjunctivitis), conjunctival sacs contained small quantity of greyish-yellow discharge, palpebrae and conjunctivæ were very injected, the superficial vessels prominent, while the slight involvement of bulbar conjunctiva made the contrast marked.

The bacillus is detected by the following method: Gentian violet, 25 seconds; washed with water; Gram's iodine solution, 15 seconds; washed with alcohol; washed with water; safranin 5 per cent. solution, 5 seconds; washed with water. The slide is examined and will be found to contain square-cornered, red-stained diplo-bacilli about 2 microns long and 1 micron wide.

The treatment which gives the best results, not only for the conjunctivitis, but also where the cornea is involved, is instillation of zinc sulphate one quarter to one per cent. The disease, if not properly treated, is very chronic.

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## OBSTRUCTION OF THE OESOPHAGUS.

Dr. John Stewart, of Halifax, contributed the above papers to the Maritime Medical Association. The oesophagus exists for the purpose of propelling and conveying material from the pharynx to the stomach. Any interference with this function may be called obstruction. The length of the oesophagus from the cricoid cartilage to the opening in the diaphragm is nine inches; but the length of the passage from the incisor teeth to the diaphragm is sixteen inches.

The size, curvatures and anatomical relationships of the oesophagus are carefully pointed out as of importance to every one who has to deal with the oesophagus surgically. The muscular wall of the oesophagus consists of an inner circular, and an outer longitudinal layer. Except at the upper third which contains striated muscular tissue, the fibres