microbes. In the above case it was due to the diphtheria bacillus. Later in the disease exudation was observed on the uvula and palate. Noma was thus successfully treated with antitoxin. Freymuth thinks that if a bacteriological examination is made, the number of cases due to the diphtheria bacillus will be found considerable.—*Med. Age*, January 25th, 1899.

Sarcoma of Vagina.

Morris (*Practitioner*, December, 1898) reports a very interesting case of sarcoma of the vagina. The patient, a woman of twenty years of age, had been married eight months, and was six months pregnant. The growth which obstructed the outlet, was removed, and proved on microscopic examination to be a mixed cell sarcoma. There has been no recurrence after two and a half years. The rarity of the growth is shown by the small number (fifty) of which Morris could find record. The facts of its complicating pregnancy and not having recurred add to the interest.

Heart Disease in Fetus and Children.

E. A. Sansom (London *Lancet*, December 10th, 1898) speaks of endocarditis in the fetus as being right-sided. He recalls the case recorded by Constantin Paul in 1880, of a girl of seventeen years of age, who was admitted to the hospital of La Pitié in Paris for accouchement, being in the last month of pregnancy, and examination of whose womb by auscultation revealed highly abnormal fetal heart sound. The first sound of the "tic-tac" was replaced by a harsh murmur. The infant was born in a moribund condition, and *post-mortem* examination showed the right chambers of the heart to be hypertrophied and dilated, whilst the left side was normal. The tricuspid valves showed endocarditis, both sclerous and vegetative. In thirty *post-mortem* examinations of children having organic heart trouble, Sansom found vegetations on the tricuspid in six cases. The heart lesions in rheumatism bear no relation in time or degree to the articular symptoms.

Phosphorus Necrosis and Tuberculosis.

In the *Brit. Med. Jour.* of January 7th, 1899, Stockman gives the result of his investigations in phosphorus necrosis cases amongst match-makers, and concludes that tubercular infection is really at the bottom of the mischief in the jaw. The disease begins, he says, in a carious tooth or the cavity left by tooth extraction. In rapid cases the gum swells, becomes red and tense, and finally an abscess containing fetid pus forms. Necrosis of the soft tissues is followed by bone necrosis, result of chronic periostitis and osteitis. Examination of the pus in