

Various antiseptic agents have been proposed in order to destroy the germ—corrosive sublimate, phenic acid, etc. The most successful seems to have been the first mentioned. Great difficulty has always been found in reaching the parasite, as it is protected by the false membrane. Dr. Veillon recommends removal of the pseudo-membrane by curved forceps having cotton-wool wrapped around the points. If, however, this should produce much bleeding he would advise sprays and irrigations only. The applications should be made to the throat very frequently—at least every hour. With regard to the second point—namely, to combat, as far as possible, the toxic effects—Dr. Veillon is of opinion that swabbing the throat and frequent irrigations are of great value; the poison is soluble in water, and much of it may be thus swept away. Observers have pointed out that the toxins are less active in an acid medium; therefore dilute acids, such as lactic and tartaric, may also be used as sprays. Dr. Veillon suggests a saturated solution of boric acid to which one per cent. of lactic acid is added. Our present knowledge helps us but little with regard to neutralising the toxin already absorbed. The numerous laboratory experiments which are now being made by Behring, Kitasato and Martin may bring about the desired end. A method of attenuating the diphtheritic virus seem to have been successfully accomplished by the first two observers named above, but the investigators have not arrived at that stage when it may be applied to man. Preventive inoculation would seem destined to hold a vastly more important place in the therapeutics of the future than it does at present, but some time must yet elapse before the much-wished-for methods can be definitely formulated.—*Lancet*.

"By the addition of barley or oat-meal to the milk which has been previously prepared in a proper manner, I expect more than a mechanical dilution, because when Moleschott declares that thirty-six ounces of barley-meal are sufficient for the daily fare of a full-grown labourer, the addition of from ten to twenty-five grammes (two to six drachms) of the same material means no insignificant increase in the diet of a child."—A. JACOB, M.D., *Intestinal Diseases of Infancy and Childhood* (Davis).

**Treatment of Chronic Gastric Ulcer.**—Stepp (*Therap. Monatsh.*, November, 1893) describes a method which he has successfully followed during the last four years, the object of which has been to prevent fermentative changes in the organ with their damaging influence on the gastric walls, and, further, to exert a beneficial and tonic action on the damaged surface. This he has effected by the frequent use of a 33 per cent. aqueous solution of chloroform, with the addition of subnitrate of bismuth, the latter, however, being of secondary importance. The water is given in quantities of one to two bottles daily. The author says chloroform has no anodyne or narcotic properties when administered internally, its effects being more those of an astringent, a tonic, and an antiseptic. A few cases are recorded showing how early the patients became convalescent under this treatment. When vomiting or hæmatemesis complicated the affection, the author found the chloroform acted effectually in quenching thirst, and arrested nausea and hæmorrhage. A burning sensation, probably at the seat of the ulcer, is always produced at first, but disappears completely in eight to ten days. No unpleasant consequences occurred, but indirectly a clean tongue and improved appetite seemed to be produced. At the end of the second week beef-tea could be administered, during the third eggs, and afterwards selected meats could generally be added to the preceding foods.

**Movable Liver.**—Leube (*Münch. med. Woch.*, January 23rd, 1894) remarks on the rarity of this condition. The ligaments attaching the liver to the diaphragm must become loosened. Pendulous belly due to repeated pregnancies, chronic ascites, etc., predispose. He records a case in a lad, aged 17, with heart disease and general dropsy. The abdomen had to be tapped, a fine trocar being used, and 10, 16, and 10 litres were drawn off at different times. On admission the umbilicus bulged, a fluctuation thrill could be easily felt, and the abdomen was dull all over, except in the region of the stomach. The liver reached 10 cm. below the ribs in the mammary line; the surface was smooth, the consistency hard, and the organ pulsating. Behind, pulmonary resonance extended on both sides down