

made researches in this subject. A knot in the cord is very likely to kill the fœtus by offering a simple mechanical obstacle to the circulation; the umbilical vessels become plugged, owing to changes in their coats. In one case, where the fœtal movements and heart sounds ceased twelve days before delivery, there was a tight knot in the middle of the cord. Arteritis and complete obstruction by organized clots were detected on examining the vessels at the affected point. Lefour experimented by injecting water at constant pressure into the umbilical vessels, and found that the knot does not markedly impede circulation, unless there be compression as well. An amount of pressure which would hardly be dangerous in a cord free from knots, is perilous when a knot exists. In the absence of compression a knot, even if tight, probably loosens itself under the increased pressure of the contractions of the fœtal heart.

PATERNAL TRANSMISSIBILITY OF TUBERCULOSIS.

—Dr. John M. Keating, in an excellent paper before the American Pediatric Society in May, 1893, on "Plausibility of the direct transmission of tuberculosis to the fœtus from either parent" concludes as follows:

1. Unrecognized genital tuberculosis in women without pulmonary disease is not uncommon.
2. A tuberculous mother can transmit the disease to her offspring in utero.
3. Tuberculosis is apparently at times confined to the generative organs of women, probably with greater frequency than we now recognize.
4. Bacilli or their spores can be conveyed by means of seminal secretion to women when no apparent tubercular lesion is present in the male generative organs.
5. Women may, and often do, escape tuberculosis when transmitted in this way, and even when evidence exists of tuberculosis of the male generative organs.
6. Is it not possible for the father to transmit his disease directly to the fetus, the mother not proving a fertile soil, and, if so, is it not possible for this inheritance to become latent in the child, only to manifest itself when accident or environment tends to bring it into activity? And can we not go still further and assert that the bacillus or its spores, inherited from either parent, may be carried into another generation and either be-

come manifest in glandular affections, joint troubles or even finally in pulmonary disease?

THE ULTIMATE PROGNOSIS IN NEGLECTED ADENOID HYPERTROPHY was the title of a paper by Dr. D. Bryson Delawan, of New York City, *Med. Rec.* The question was asked, Does adenoid hypertrophy, if left to itself, disappear, leaving the vault in a normal healthy condition? Generally speaking, it does not, but remains under some pathological state, which may continue throughout the life of the patient. 1. The enlargement may not subside, and a degree of hypertrophy sufficient to cause serious injury and annoyance may continue to exist for many years. 2. The so-called "Thornwaldt's Disease" appears to be nothing more than neglected adenoid hypertrophy. 3. Disappearance of the hypertrophy may be attended with an atrophic condition of the vault of the pharynx the result of which is a pathological state detrimental to the patient and difficult to cure. The above conditions may influence not only the locality in which they arise, but may have far reaching and disastrous effects upon other organs. The ultimate prognosis as to the local condition, therefore, in cases of neglected adenoid hypertrophy, is unfavorable.

COCAINE IN SMALLPOX.—Dr. Saymoa, of Guatemala, after using this alkaloid in several cases of smallpox, states his results as follows:—*La Esc. de Med.: Med. Age.* Cocaine given continuously from the beginning can completely abort the disease. If given after the eruption has appeared, it will transform confluent or hæmorrhagic into discrete forms. Sometimes when the cocaine is given from the beginning of the disease, the eruption assumes a *corneal aspect* and the pustules fall very soon. Cocaine prevents suppuration, hence there is no secondary fever, and no marks remain on the skin. To obtain these results it is necessary to give cocaine as soon as the initial symptoms appear, and it must be continued without interruption. The best preparation is the hydrochlorate, and should be continued five or six days or even nine if necessary.

WHEN a child develops acute otitis media (*Detroit Emergency Hos. Rep.*), it is necessary that active treatment be undertaken promptly, else the