

the bacillus into the veins of young rabbits, caused green colored stools that contained the characteristic green color bacteria. Lesage declares the green diarrhoea of dyspeptic children to be a contagious bacillary disease. Assuming the clinical and bacteriological facts to be correctly stated, one point stands prominently out, and in fact, dominates the rest. It is that, before these microbes can develop in the intestinal tracts of children, and give rise to their green-colored diarrhoea stools, there must have been an alkaline reaction at some portion of the tract, for it has been shown that they cannot grow in any part where the reaction is acid.

The bearing of what has been stated on treatment, both prophylactic and remedial, is self-evident. In the first place food must be given, at least when the disposition to dyspepsia shows itself, in a perfectly sterile form, and in the second, remedial treatment will naturally fall into a disinfectant groove. The author recommends the Soxhlet milk-cooking process as admirably answering all the requirements as regards prophylaxis. This is shortly as follows: Bottles are used that contain just the quantity required for one meal, so that none is left over when once the bottle has been opened. The bottles are provided with a well fitting india-rubber cap, in the centre of which is fitted a solid glass rod. When the feeding time arrives this rod is exchanged for a glass tube to which the teat is attached. The sterilising takes place in a water bath, by continued boiling for forty minutes.

As regards therapeutics, mechanical flushing is placed in the front rank. As the author remarks, the bodily removal of fermenting and decomposing intestinal contents by washing out of the stomach and large intestine is a more efficient therapeutical process than internal administration of any antiseptics, concerning which—with the solitary exception of calomel—it is not certain whether they can be given in doses large enough to be effective. That washing out of the stomach after Kussmaul's method is practicable and useful in children, is shown by the writings of such practitioners as Lorey, Friedlander, Epstein, Biedert, Ranke, Thomas, Escherich, Hirschsprung, and Ehring, all of whom have reported favorably of it. The apparatus recommended for the purpose by Epstein is a sort of douche, with tubing of suitable size, a Nélaton catheter, Nos. 8 or 10 serving as œsophageal tube. Washing out the stomach is indicated, according to our author, in both acute and chronic dyspepsia, in dyspeptic intestinal catarrh, and in Brechdurchfall (vomiting and purging). Regarding the last-named affection, it is to be noted that from a therapeutical point of view it is of the greatest importance to empty the stomach of the remnants of food and the poisonous products of decomposition

that are generally the cause of the disease. The immediate and visible effects of the washing out are the immediate cessation of the vomiting, and an increased tolerance of fluid food, which, as Epstein recommends, should consist exclusively of white-of-egg water until the diarrhoea is stopped. The washing out has to be repeated once or twice a day until the cure is complete—washing out of the large intestine, again using Nélaton's catheter, for the intestinal tube has already gained too firm a footing in Germany to require any further recommendation for German readers.

The stomach and large intestine have now, we will suppose, been washed out and thoroughly disinfected, but the small intestine still remains in an unsanitary condition. What is to be done with it? It cannot well be washed out, and the only way out of the difficulty is, if possible, to give only such food as is not subject to fermentation. Hirschler has ascertained by experiment, as has already been pointed out, that in the small intestine it is principally the saccharolytic kinds of bacteria that are active. Escherich therefore pleads for the absolute exclusion of sugar from the dietary of children whilst under treatment for affections of the small intestine. A diet consisting of albumen and peptones he believes to be an unfailing means of avoiding the noxious fermentation processes. We may be permitted to point out that the dietary now recommended by Escherich, as the latest outcome of physiological investigation, is singularly like that recommended by the father of modern medicine, the British Sydenham, 200 years ago, who enjoined an exclusive dietary of weak chicken broth in summer diarrhoea.—*Med. Press and Circular*.

#### SIMPLE AND RAPID STAINING OF THE TUBERCLE BACILLI, FOR THE GENERAL PRACTITIONER

Although the causal relation of the tubercle bacilli to pulmonary phthisis may be questioned by some, no one, we think, can deny the diagnostic importance of their presence in the sputum.

The ability to recognize them enables the physician to diagnose the character of pulmonary disturbances earlier than he can possibly do it either by physical signs or any other symptoms. If the technique of the staining of the tubercle bacilli can be reduced to a simple form, so simple that no special technical training is necessary, then I believe that this most important aid to diagnosis would be as constantly employed by the practitioner as the chemical and microscopical examination of the urine in suspected cases of Bright's disease.

The methods at present generally adopted in the laboratories—the Koch-Ehrlich method—is a