the spinal cord of the dog, and gives the following summary of his results, confirming, in the main, the results obtained by Woroschiloff, Ott, and R. Meade Smith, with the same methods of study.

1. The lateral columns contain the sensory and motor fibres.

2. The anterior columns consist mainly of centrifugal fibres which, after destruction of the lateral columns, are capable of assuming their functions to a certain extent.

3. The posterior columns are largely formed of centripetal fibres.

4. The gray substance contains no continuous path of conduction.

5. The sensory fibres from the lower extremities decussate in the cord.

6. After a hemisection of the spinal cord the motor fibres of the lower extremity preserve their functions as high as the anterior roots of the nerves on the level of the section on the opposite side of the cord.

7. Vaso-constrictor fibres run only in the lateral columns.—(*Med. Jahrbuch*, 1882. *Am. Jour. Med. Sc.*)

A New Remedy in Diphtheria.—The *Phila. Med. & Surg. Reporter* quotes from the *Pharm. Centr. Anzeiger* an account, by R. Münch (Kronen Apotheke, in Leipsic-Sohlis), of a new remedy in diphtheria, the efficacy of which he proved on one of his own children. It is the Oleum Terebinthinæ Purificatum, and is given to children in teaspoonful doses, night and morning; adults take a tablespoonful. It may be given in tepid milk, or followed by a draught of that fluid. (It seems to act through its influence on the capillary circulation, and perhaps also by its antiseptic properties.—Ed.)

Bacilli in Phthisis, by Balmer and Fränkel (*Berl. Klin. Woch.*)

1. The prognosis can be stated with certainty on the number and state of development of the bacilli found in the expectoration.

2. The quantity of bacilli is not constant, it increases with the advance of lung destruction and reaches its maximum at the end of life.

3. The distribution of the bacilli is not in all cases uniform. At times they are evenly found throughout, at other times in groups.

4. Their state of development is very varying; in many cases they are small, sparse, and inactive.

5. Such bacilli are found in cases where the disease is progressing slowly, or where there are old cavities with a tendency to heal.

6. In all examples where the disease is rapid and marked with severe symptoms as to fever, night sweats, etc., the bacilli were abundant and larger, and the spare formation more visible.

7. Generally all examples ran as follows: where the bacilli were many the fever was high; as their number lessened so did the fever.

8. A very constant relation existed between the quantity of bacilli in the expectoration from fresh cavities and that from previous ones. If in early cavities they were very numerous, in later ones they were few.

9. The sputum appeared to be a better soil for the bacilli than the lung tissue.

10. The introduction of air to the lung cavities do not warrant one in saying that the bacilli develop there on that account, for they can be found in the broken down tissues and matter in a knee, affected with tubercular inflammation, when such matter is first let out.

11. The existence of tubercle bacilli does not only occur in the sputum and walls of lung cavities, but in the lung tissue, in a lung abscess, in the wall of the intestines, or a knee joint. The discovery of these bacilli indicate a general disease and point to its tubercular nature.

Dr. Schmidt has discovered that his fat crystals are not Koch's bacilli.