

returned to a medium free from oxygen. (3) The methods which have seemed to show that the bacillus multiplies anaerobically in the earth, and is therefore toxic, are not trustworthy, and the conclusions drawn from them are incorrect. (4) A negative result of the inoculation with earth does not allow one either to affirm or deny the presence of tetanus bacilli. (5) An association with other special microbes is always, according to the author's finding, necessary in order that the bacillus may acquire the power of growing aerobically. A mixed infection is not a frequent accident, but a constant necessity. Probably the most frequent auxiliary bacillus is the *B. coli communis*. (6) The case with which tetanus supervenes on inoculation with infected faeces probably depends on the constant presence in them of the above-mentioned microbe. For the facts on which these conclusions are based the reader must refer to the complete paper.—*British Medical Journal*.

Acute and Chronic Urticaria.—Dr. R. Abrahams advocates the use of hydrochlorate of pilocarpine. For a child one year old, the dose is from one-twentieth to an eighth of a grain in distilled water every evening at bedtime. For a child from two to three years old, the dose is from one-fifteenth to one-sixth of a grain. By administering the alkaloid gradually, feeling one's way as it were, no untoward action should be anticipated.—*Medical Record, N. Y.*

The Persistence of Diphtheria Bacilli in the Fauces.—The instance of the persistence of pathologically active diphtheria bacilli in the fauces of a boy, who suffered from tonsillitis in May last, related by Professor Schäfer in another column, is of interest from whatever point of view it may be looked at. It has already been recorded that such bacilli may persist in the fauces for six or seven weeks after the false membrane has disappeared, but this is the first instance reported of the persistence over a period of at least seven and a half months. If these bacilli have been present continuously one of two alternatives must be accepted: either the protection afforded by the attack of diphtheria in this case lasted longer than is usually believed, or the bacilli, though still pathogenic for guinea-pigs, were less virulent than

at the commencement of this period. This second supposition, however, is negatived by the fact—if fact it was—that this boy is looked upon as being the focus from which two other boys became infected. It should be noted, however, that this boy and the one secondarily infected slept in the same dormitory, and it is of course quite within the range of possibility that the presence of active bacilli in the mouth of the boy who had previously been the subject of the disease may really have been due to the presence of the diphtheria bacilli in the second case, which occurred in a boy in the same dormitory. This, however, is purely a matter of speculation; the interesting fact remains that these diphtheria bacilli were in the fauces of an apparently healthy boy seven and a half months after an attack of diphtheria.—*British Medical Journal*.

SURGERY.

Treatment of Herpes and Folliculitis Vulvæ.—In the *Journal des Maladies Cutanées et Syphilitiques*, Lutaud prescribes the following:

In beginning herpes of the vulva one of the following formulæ:

1. R Resorcin 2.
Cocain. muriat. 1?
Spirit vin. 100.
2. R Acid. carbol. 25.
Cocain. muriat. 1.
Spirit. vin. 100.

Compresses moistened in these solutions are laid upon the vulva and covered with impervious paper; they are changed three or four times a day.

Mostly, however, one sees the herpes fully developed, when this salve will be more appropriate

- R Borac. porphyr. 1.
Glycerole d'Amidon 10.
Tinct. myrrh., gtt. 10.

After which a powder of:

- Bismuth subnitratis. 4.
Calomel 1.

should be dusted over them.

When the crusts have been removed,—

- Pulv. lycopod. 10.
Tannin
Bismuth subnitratis, of each. . . 20.

will be efficient.