

PRIMARY INTESTINAL TUBERCULOSIS.—Demme, in one of his last reports from the Jenner Children's Hospital in Bern (*Jahrb. f. Kinderheilkunde*) related an instance of, as he believed, direct infection of infants by a nurse suffering from a tuberculous affection. Attention was arrested by the fact that three children, one after the other, committed to the care of a certain nurse, died, before attaining the age of one year, of primary tuberculosis of the intestines. None of these children had a tuberculous family history. A fourth child was found to be ill, its illness dating from the time when it was put upon spoon food. This fourth child died, and the necropsy again showed primary tuberculosis of the intestine. It was ascertained that this nurse was in the habit, when engaged in feeding the children on pap, of testing the temperature of the mess with her lips, and of cooling it by browning on it. She was found to have an old patch of lupus on the nasal septum, and tuberculous disease of the mucous membrane of the antrum of Highmore, with a dental fistula opening into the mouth.—*British Medical Journal*.

HISTOLOGY OF PSORIASIS.—Schutz infers (*Archiv f. Derm. und Syph.*) from his studies of the histology of psoriasis that in this disease there is unusual development of elastic fibres. He found in sections from psoriatic skin that these fibres were larger and more numerous than in any sections of the skin which he had previously seen. He could trace without difficulty minute elastic fibres from the papillæ into the rete mucosum as far as the second or third layer of cells. In normal skin the same relation of elastic fibres to the cells of the rete could be observed but with much more difficulty, and fewer fibres were visible.—*British Medical Journal*.

GONORRHOEA AND HEART DISEASE.—His (*Berlin klin. Woch.*) records two cases of cardiac disease the result of gonorrhœa. In neither case had there been any previous history of rheumatism, or any ground for considering the cardiac affection rheumatic. The first was one in which there was no joint affection at any period of its course. Septic thrombosis of the prostatic veins and pubic plexus resulted from a gonorrhœa, and the next manifestation of the septic process was affection

of the aortic valves. This was at first latent, but after intense emotion and a severe chill, it assumed the characters of an ulcerative endocarditis. Later the condition became pyæmic, with septic emboli in internal organs, multiple hæmorrhages in these and under serous surfaces, and interstitial inflammation of the heart muscle which resulted in cardiac failure and death. The second case differed from the first in having joint affection which the author considered of septic origin, and in not having thrombosis of the prostatic veins. This latter point of difference is, however, supposed to be possibly due to the condition having been overlooked by the doctor who conducted the necropsy at the patient's house.—*British Medical Journal*.

RATIONAL ANTISEPTICISM IN MIDWIFERY.—J. Veit (*Berlin klin. Woch.*) lays down rules for carrying out antiseptic midwifery after a method practicable in private cases. The doctor and the midwife should have clean things on when they attend a labour. Whenever possible the patient should take a bath. In any case the vulva should be washed with soap and water. After every digital exploration, and before every obstetric operation, the operator's hands and the external parts must be rigorously disinfected. The same thing must be done a little time after the birth of the child. In normal circumstances the disinfection of the internal genitals is unnecessary. Even the external organs do not require systematic antiseptic disinfection in ordinary cases. In internal exploratory manœuvres the outer hand must not be allowed to touch the perinæum. The pad of wool applied to the vulva is not properly meant to keep out septic germs, but to retain a little of the discharges, in order to facilitate the diagnosis of ultimate complications. A stock of sterilized gauze should always be kept at hand, although Veit admits that the material is not absolutely needed save in a limited class of cases. *British Medical Journal*.

ICHTHYOL IN DISEASES OF THE SKIN.—Di Lorenzo, of Naples (*Rivista di Medicina*), has tried ichthyol in various affections of the skin, with the following results: He has found it an excellent remedy in certain erythematous processes with