

MEDICAMENTOUS LIPURIA.

SCHLOSSMANN reports the following case (*Arch. für Kinderheilkunde*, Bd. xvii. p. 251): A child, aged one and one-half years, with acute dyspepsia, was given 15 gms. each of castor oil and olive oil, with 1 drop of oil of peppermint. Urine passed about twelve hours later was scanty and turbid, the turbidity being due to oil. Twenty-four hours later the urine contained a small amount of oil; later, none at all. There was no albumin in the urine.

MIXED INFECTION IN TUBERCULOSIS OF THE LUNGS.

As the result of clinical and bacteriological investigations, SPENGLER (*Zeitschrift für Hygiene*, 1894, Bd. xviii. p. 348) draws the following conclusions: In only a small percentage of cases of pulmonary phthisis is there a pure tubercular disease. In such cases, if there is fever, the anatomical alterations are always more extensive than can be made out by physical examinations. If the sputum is thoroughly washed, pure cultures of tubercle bacilli can be obtained from it. The prognosis is unfavorable in such cases if there is fever, or if tuberculin is not used early. Most cases of pulmonary phthisis represent streptococcus mixed-infection. They may be divided into "active" cases, with fever, and "passive" cases, in which streptococci are present in the sputum, but there is no fever. The distinction is made by the sputum examination. Usually, in such cases, the streptococci infect the lung tissue and cause an inflammation. This produces the characteristic symptoms of phthisis, such as night-sweats, loss of appetite, etc. The severity of the symptoms depends on whether normal tissue or cicatricial tissue is affected, and on the extent of the primary and secondary diseases. Streptococci sometimes produce closed abscesses in the lungs, and from the absorption of toxic substances from these high temperatures occur. The prognosis of active secondary infection is favorable when it complicates a local tuberculosis, remains localized, and is treated early climatically. In addition to streptococci, tuberculosis of the lungs may be complicated by Fraenkel's diplococcus tetragenus, rarely staphylococci, influenza bacilli, etc. In all cases it is difficult to determine whether fever, if present, is due to the tuberculosis or the complication. In climatic treatment the mixed infection disappears frequently, while the tubercular disease remains. The principles of aseptic surgery should be followed in the prophylaxis of phthisis.

THE LOCALIZATION OF THE SECOND AORTIC AND PULMONARY SOUND.

HEITLER maintains (*Wiener klin. Wochenschrift*, 1894, No. 50) that the second aortic sound is widely transmitted, while the second pulmonary is relatively localized, but that in distinguishing the two the qualities of the two sounds are more important than the areas in which they are heard. The second aortic is clear and pure, and, as compared with the pulmonary, high. Often it is a real tone, the pitch of which can be fixed, and sharply circumscribed. The second pulmonary is less pure, deeper, not sharply circumscribed, and lasts longer. If the characteristics of the sound are determined it is not difficult to localize them.

SURGERY.

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A STUDY OF Erysipelas: ITS CURATIVE INFLUENCE UPON GRANULATING SURFACES AND UPON SARCOMATOUS GROWTHS, ETC.

From a clinical study of erysipelas, SELVA draws the following conclusions (*New York Medical Journal*, vol. lx., No. 26):

1. The general infectious nature of erysipelas and its dangers should always be borne in mind. Marked prostration, cerebral symptoms, and septicæmia are not infrequent complications.
2. Accidental erysipelas has a curative influence upon granulating surfaces, but its use in the treatment of ulcers would be unjustifiable.
3. In the treatment of neoplasms by Dr. Coley's method of inoculation with the streptococcus of erysipelas we have a therapeutic agent which should not be employed indiscriminately.
4. There is a marked discrepancy between the clinical and pathological evidences; Dr. Coley's cases of disappearance of neoplasms under his treatment with streptococcus inoculation contrast with the results obtained by Dr. Coucilman at the autopsy.
5. Further investigations, especially with the toxic products of erysipelas, are necessary for the resolution of this important problem.

 ON THE CURATIVE ACTION OF INSUFFLATION OF AIR IN TUBERCULAR PERITONITIS.

FOLET, in an article on this subject (*Revue de Chirurgie*, 1894, No. 12), refers to the "happy error in diagnosis" that led Sir Spencer Wells, in 1862, to open the abdomen in a case of tuberculous peritonitis which he had thought before operation was one of ovarian cyst. The patient was cured by the laparotomy and remained well at the end of twenty-seven years. König, in 1884, was the first to recommend laparotomy as a method of treatment in tubercular peritonitis. Three hundred and fifty-eight cases have been reported in which this method has been employed. The mortality, considering the gravity of the affection, has been small. In thirty-two cases death followed the operation more or less rapidly, and fifty-one died in the course of a few months. One hundred and eighteen remained well at the end of six months, seventy-nine for more than a year, and fifty-three more than two