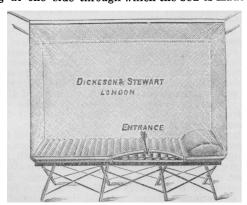
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IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

MEDICAL AND SURGICAL APPLIANCES.

Aseptic Dressings.—Messrs. Robinson and Sons, Limited, Chesterfield, have submitted specimens of their aseptic dressings put up in sets for nine typical operations, from major amputation and laparotomy to skin grafting. Each packet contains, besides the direct dressing, a sufficient quantity of absorbent sponges and bandages. The dressings, cut and folded to the size required in the various operations, having been enclosed in an inner wrapper of parchment paper, and an outer one of waterproof wool, are, it is stated, sterilised by steam under high pressure, and finally sealed up under aseptic precautions in a tight cardboard case. By those surgeons who trust strictly to the aseptic method and to dry dressings, these sets, if used with regard to other necessary precautions during and after the operation, will probably be found of distinct service, and are, we have reason to believe, quite reliable.

A Traveller's Mosquito Net.—Dr. Felkin (London) writes that since 1878 he has found that the mosquito net shown in the accompanying illustration is most useful in travelling in malarious regions. General Gordon, in Khartoum in 1878, gave him the model of this net. Gordon, Emin, and Dr. Felkin invariably used it. The net is practically an oblong box; the top and bottom are of calico, the sides and ends of mosquito netting. As shown in the woodcut, there is a small opening at one side through which the bed is made up and



the traveller finds his way in. Along the edge of this opening there is a weighted band of tape, which clings to the body and prevents the entrance of mosquitos, and this is tucked under when the occupant is inside the net. In travelling it is useless to trust to servants carefully tucking an ordinary mosquito net under the mattrass, and frequently the traveller is too weary after a long march to see after such details himself. This net compels attention, and if it is invariably used danger from malaria-bearing mosquitos is obviated. The makers of this net are Messrs. Dickeson and Stewart, Queen Victoria Street. E.C. Victoria Street, E.C.

An "Automatic" Bed Rest.—This appliance, though apparently very complicated, can be readily arranged, and when tried will be found a useful agent for affording comfort and mechanical aid to weak and convalescing subjects. It was felt to be wanted by the inventor—Mr. John Ellerton, of Learnington-who when himself an invalid carefully considered and devised the many conditions to be fulfilled by such an appliance in accordance with the objects which he felt by personal experience should be attained. It certainly answers many of the requisite conditions of an efficient rest. It affords a firm and at the same time comfortable and soft support, and has the decided advantage of accommodating itself automatically to the changes of position, and of relieving a restless patient from the irritation caused by slipping pillows and hard and angular frames. It is recommended as especially useful in cases of restlessness, and of cardiac affections, in which the patient is unable to lie down. A sensible though not indispensable addition to this appliance is a light support for the head. To those in need of a comfortable and efficient body sling, full information concerning this appliance would be afforded by the Automatic Bed Rest Company, No. 1, Somers Place, Leamington Spa, and the appliance itself can be inspected at the consulting rooms of White's Moc Main Patent Lever Truss Company, Limited, 228, Piccadilly, W.

BRITISH MEDICAL ASSOCIATION LIBRARY.

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REPORT OF THE MEDICAL OFFICER OF THE LOCAL GOVERNMENT BOARD, 1899-1900.

This report, the issue of which was noticed in the British MEDICAL JOURNAL, May 18th, 1901, contains under the heading of "auxiliary scientific investigations" a number of valuable reports on a variety of subjects.

THE PATHOLOGY AND ETIOLOGY OF PSEUDO-TUBERCULOSIS. Dr. Klein presents an extensive series of observations on this subject. The characteristic bacillus was first isolated by A. Pfeiffer, and the term "pseudo-tuberculosis" should be restricted to the disease which this organism produces. Dr. Klein first found the bacillus in the sediment deposited by water from the river Lee, one of the sources of supply of the East London Water Company; he subsequently found it in a specimen of Thames water, in raw sewage, and in sewage effluent. In five samples of milk sold in retail shops it was present twice, and in ninety-seven samples of milk brought to London from the country it was present six times. The method of isolation in all these cases was by injection into guinea-pigs, and the disease showed itself in the course of four or more weeks; if, however, material from the lesions in experimented animals was used for injection of further animals, the disease showed itself within three to seven days.

In guinea-pigs subcutaneous inoculation results in a local nodule with enlargement of the neighbouring lymph glands, and nodules in the liver, spleen, and lungs. In the rabbit the disease is similar; in the mouse it takes the form of an acute septicæmia. A point of importance is that the disease is as readily produced by feeding guinea-pigs on food with which cultures have been mixed as by incculation. Microscopically the nodules consist of round cell infiltrations, which, with more or less of the surrounding tissue, undergo coagulation necrosis. They are distinguished from tuberculous nodules by the absence of giant cells and of the true tubercle bacillus, and by the copious presence of the bacillus pseudo-tuberculosis. In the glands and nodules the bacilli are for the most part in the leucocytes; as a rule they occur in masses, large in the necrotic, small in the outlying areas. In the blood of the general circulation the bacilli are rarely met with. They are best stained in film specimens by Loeffler's methyl blue, and are also well shown by Gram's method. The cultures resemble most closely bacillus coli, but are readily distinguished by certain tests, the most important of which is that the bacillus pseudo-tuberculosis does not produce acid in broth, whereas the bacillus coli does. and therefore reddens litmus broth. The usual length of the bacillus is 1.2 to 2μ on gelatine, and somewhat shorter on

Experiments on protection from the disease showed that guinea-pigs which had received and recovered from a subfatal injection were entirely protected against an ordinarily fatal dose; thrice-repeated injections of sterilised agarcultures conferred a certain degree of immunity, but sterilised broth cultures had no such effects. Further experiments were carried out for the purpose of studying tuberculosis and pseudo-tuberculosis comparatively. Previous inoculation with tubercle does not affect the course of a subsequently induced pseudo-tuberculosis; the latter process is much more rapid than true tubercle; if, therefore, an animal be injected with milk containing both organisms, it will die probably within sixteen days of pseudo-tuberculosis without there having been time for true tubercle to develop. A previous pseudo-tuberculosis does not retard the subsequent development of tubercle, but an antecedent injection of attenuated pseudo-tubercle appears to do so. Dr. Klein points out the importance of these comparative studies in