I publish these cases, because they show clearly that the Harrogate waters and baths can be had recourse to with quite as much success in the depth of winter as in the more genial periods of the year; and I think it as well to remark that, unlike the Continental spas, where the kursaals, hotels, etc., are closed out of the season, Harrogate affords the same opportunities for treatment and accommodation all the year round.

A NEW METHOD OF ADMINISTERING PEPSIN.

By PROSSER JAMES, M.D.,

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IN adding another to the numerous preparations of pepsin, it is unnecessary to enter upon its physiological or therapeutical action. Pepsin has conquered for itself an important position in modern practice, and the new preparation is simply designed to render its administration more easy, as well as more satisfactory. The importance of administering it within a short time of taking the food on which it is expected to act, has been generally appreciated, so far as giving directions for the dose to be taken a little before or a little after a meal; but too often these directions are not implicitly followed, partly, perhaps, from the prejudice many patients have to take physic with their food; moreover, this plan is ineffectual. In natural digestion, the pepsin is not all poured on the food at once. By the movements of the stomach, its contents are successively exposed to the action of the gastric juice as they come in contact with the walls. To imitate this, we might take pepsin in successive portions; but patients, who mostly think it hard to swallow a single dose of medicine with a meal, will not be easily persuaded to sip it, and they usually object to the taste of the liquids. There are other reasons why some of the preparations in common use are ineffectual. Thus, when taken with strong wines, the pepsin is precipitated, and the vinum is perhaps the worst preparation we can employ.

To secure pepsin being taken at the time it is required, that is, with the food on which it is to act, I have endeavoured to convert it into a condiment. At first I tried a sauce, but with less success than I had hoped. Considering that pepsin is so associated in digestion with hydrochloric acid that some have held that a definite compound—pepto-hydrochloric acid—is formed, it occurred to me that, as chloride of sodium is the universal condiment, a combination with that salt offered the most likely solution of the problem I had set myself.

A simple mixture of pepsin with salt may be successfully employed as a digestive condiment, provided it be freshly prepared each time; for such a mixture, if kept, is apt to decompose, and the patient who has once observed this will take no more of the putrefying powder. How to overcome this difficulty was the next problem; and this has been also solved. The pepsin and the chloride must be brought together in such a way that possibly a compound, or pepto-chloride, may be formed. Whether such union occur or not, a powder thus prepared is quite stable. I have before me now a sample made many months ago, which has been used at intervals at the table, in place of common salt. It has a faint colour, which is not objectionable, and used as table-salt is nearly indistinguishable from that condiment. Here, then, is a digestive condiment, a peptic salt, which many may be glad to try, and which has already given me satisfaction.

Messrs. Savory and Moore, who manufacture digestive preparations on so large a scale, are now prepared to supply my preparation. I propose to call it "peptic salt," or "digestive salt," or it may be ordered in prescriptions, if preferred, as sal-pepticus, or as pepto-chloride of sodium. Ten grains of my peptic salt will dissolve nearly 200 grains of hard-boiled albumen, or 2 ounces of lean cooked meat. It may take the place of table-salt in the dyspeptic's dietary. The special modes of using it in different cases and with different foods, would unduly lengthen this communication.

BEQUESTS AND DONATIONS.—Miss Shand, of Cardiff, has bequeathed the "residue" of her estate, which, it is expected, will amount to nearly £5,000, to the Glamorganshire and Monmouthshire Infirmary and Dispensary, for the maintenance of a ward for children in the new infirmary buildings, to be called "The Shand Memorial Ward," in memory of her late brother.—Mr. George Sturge has given £1,000 to the Samaritan fund of University College Hospital, the income from which is to be applied in assisting necessitous in-patients to procure proper nourishment, clothing, or change of air, for the first three months after their discharge.—The annual report of the Queen's Hospital, Birmingham, acknowledges the receipt of £600, from the "William Dudley" Trust.

PATHOLOGICAL MEMORANDA.

NOTE ON THE SO-CALLED CHOLERA-BACILLI.

IN an article on the so-called cholera-bacilli, published in the *BRITISH MEDICAL JOURNAL* for May 2nd, 1885, Mr. Watson Cheyne says, on page 878: "One of the most peculiar forms which I have seen was found in the contents of the large intestine of the guinea-pigs, which died after injection of cholera-bacilli" (killed by the injection of cholera-bacilli into the duodenum). "I tested the fluid by cultivation at the time very carefully, and found that it contained almost a pure cultivation of cholera-bacilli; there was certainly not more than one other kind of bacterium for every 100 cholera-bacilli. The appearance of this material, on microscopic examination, after staining, is shown in the accompanying figure (see Fig. 6). Large fat, coiled, almost worm-like organisms, will be seen, which, as I know by cultivation, are cholera-bacilli....."

Upon these statements of Mr. Watson Cheyne, I wish to make the following comment. Anyone desirous to see and examine these comma-bacilli ("cholera-bacilli") need not wait for "guinea-pigs, which died after injection of cholera-bacilli." If he have a perfectly normal half-grown or adult guinea-pig killed, that has not been the subject of any experiment whatever; and if he will take the trouble of examining the contents of its cæcum, he will there find crowds of the very identical "cholera-bacilli," accurately represented by Mr. Cheyne in his Fig. 6, as well as the typical comma-bacilli of Koch.

In some places, in the stained cover-glass specimens, the material thus obtained appears to be "almost a pure cultivation" of them.

E. KLEIN, M.D., F.R.S.

TOXICOLOGICAL MEMORANDA.

POISONING BY SNOWBERRIES.

SOME time ago I was called to attend four children of one family, who were all suffering from vomiting, purging, and delirium, after which they became semi-comatose. They all recovered, but one of them had a narrow escape from death, and I was anything but easy about the other three. Their vomit left no doubt of their having eaten largely of snowberries, the fruit of *Lymphoricarpus racemosus*, and they did not appear to have taken anything else of an injurious nature. I can find no similar accidents recorded, and shall be thankful for any information on the subject.

There is another berry, of very bright and attractive aspect, now becoming plentiful in many gardens, but unknown till the last few years, on account of the absence of the male plant—I mean the fruit of *Aucuba Japonica*. I suspect it to be innocent, and Burnett (who evidently had not seen it) says that it "is said to have a sweetish, eatable pulp, and a bitter kernel." As children are sure to eat these berries, it would be well to know more about them.

THOMAS EDWARD AMYOT, Diss, Norfolk.

OBSTETRIC MEMORANDA.

BREECH-PRESENTATION: DELIVERY OBSTRUCTED BY HYDROCEPHALIC HEAD.

A FEW days ago, I was sent for to a case of labour (second child) by the midwife in attendance. On my arrival, I learnt that the breech had presented. The legs and body of the child were born, but the midwife had been unable to effect the delivery of the head. There was no pulsation in the umbilical cord, and the child, to all appearances, was dead. I easily liberated one arm, which had not descended, but could make no progress with the head, although the chin and mouth had passed the brim of the pelvis, in spite of using considerable force. I now noticed a spina bifida in the lumbosacral region of the child. There was no tumour, but a raw surface, two inches and a half in diameter, exposing the spinal sheath, and evidently communicating at its upper part with the spinal canal. Whilst endeavouring to bring away the head, I saw some brain-like looking substance slowly exude from the raw surface; and directly afterwards, upon making forcible traction on the body of the child, a stream of watery fluid spouted out from the same place, and, so long as I kept up pressure on the head by pulling upon the trunk, the flow continued. The head now rapidly descended into the pelvis, and was born without difficulty. It presented the appearance of a hydrocephalic head without the fluid. In short, it looked very like a bag of loose bones. The