process would seem from more recent investigations to be fairly well proved, and the probability seems to be great that if all these cases were bacteriologically examined the distinction of a fibrinous rhinitis of non-specific character could not be upheld. In different cases the virulence of the Klebs-Loeffler bacilli appears to vary considerably. Thus Abbott ("Med. News," May 13, 1893) found that cultivations from the nasal membrane of one little patient showing the symptoms of "fibrinous rhinitis" revealed this bacillus in large numbers, and of normal virulence, as evidenced by the fact that inoculations upon guinea-pigs caused death within forty-eight hours, with pathological lesions characteristic of these inoculations. But from a sister of the same patient affected with the same disorder (namely, membranous formation in the nares without general symptoms or sore throat) cultivations proved on inoculation to be devoid of pathogenic properties. The same thing occurred in Park's six cases, the bacilli cultivations possessing only a low degree of virulence. In what consists this modification of the pathogenic properties of the bacilli is an obscure, if interesting, question. But the probability is great that the bacillus varies from time to time in its intensity, sometimes, as Abbott remarks, presenting a complete absence of pathogenic power. The opinion has been held that the "pseudo-diphtheritic" bacillus, which is known to resemble the typical Klebs-Loeffler bacillus without possessing its virulence, is only the specific organism in an attenuated condition. The question of a bacillus during a portion of its life-history lying in a quiescent stage or a condition of attenuation is one which has engaged the attention of competent bacteriologists, with the result that the true diphtheria bacillus and the pseudo-diphtheritic bacillus have been considered by some to be one and the same organism, and, as Abbott pertinently remarks, the term "pseudo" is a misnomer. Evidence seems to be accumulating to show that these cases of so-called "fibrinous rhinitis" are merely mild local manifestations of the specific diphtheritic bacillus, and it cannot be too often insisted upon that the true nature of all membranous deposits upon the mucous membranes of the air-passages can only be definitely revealed by bacteriological research. Clinical signs, important as they are, cannot too surely be relied upon.

THE ROYAL INFIRMARY, LIVERPOOL.

It is interesting to note the changes which are taking place in our general hospitals, with a view to increasing interest in special departments. Dr. John M. Hunt has been appointed Laryngologist to the Royal Infirmary, Liverpool, and we are pleased to see this first step taken by the authorities of that institution to recognize our specialty. The Royal Infirmary is connected with the University College, and so the appointment is a teaching one. It will, doubtless, add considerably to the efficiency of the clinical teaching, and the department will be well conducted by the gentleman who has been appointed.

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