traumata causing stretching or tearing of the nerves, bulbs or tracts. To this group also belong intoxications with tobacco, cocaine, mercury, lead, morphia, atropine, sulphuric acid, also over-stimulation and exhaustion of the sense of smell. Irritating gases, cocaine and tobacco have a peripheral, as well as a central, action. In this group again are to be reckoned the toxic influences of influenza, blood-poisoning and erysipelas, also congenital anosmia due to defects in, or absence of, bulb, tract, or cortical olfactory centres, lastly pigmentary atrophy, which probably affects the ganglion cells.

Respiratory or mechanical anosmia is caused by anything that interferes with nasal respiration, congenital atresia of the nares, acquired narrowing and synechiæ of the nares, a well-marked asymmetry of the nasal skeleton, deflections of the septum, tumours of the nasal fossæ, especially polypi, inflammatory swellings, hypertrophy of the turbinal bodies, foreign bodies.

The common cause of functional anosmia is hysteria, but various reflexes from distant parts may produce it, *e.g.*, after ovariotomy, during menstruation, after cauterization of the inferior turbinals and extirpation of the Gasserian ganglion. In this group must be included intermittent anosmia, without evident cause. The anosmia accompanying psoriasis buccalis, and disappearing when the latter is cured, is also functional.

Hallucinations of smell, various parosmias and kakosmias are frequent precursors of anosmia.

Our knowledge of anosmia is extremely meagre, and can only be extended by exact clinical observation and pathological examination.

NOTES.

It would be difficult to overrate the importance of the discussion at Ipswich on the Bacteriological Diagnosis of Diphtheria, and we are glad to be able to publish a full report which has appeared in the Journal of the British Medical Association.

Messrs. J. and A. Churchill, of Great Marlborough Street, London, will publish in the course of the present month a revised edition of the Descriptive Catalogue of the Museum of the Sixth International Otological Congress, compiled and edited by Jobson Horne and Arthur H. Cheatle. Copies will be presented to all foreign and colonial members of the Congress.

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The Otological Society of the United Kingdom will hold its annual dinner at the Café Monico, Shaftesbury Avenue, London, on December 3, at 7 for 7.30 p.m.

"Under the will of the late Mr. Richard Smith, the Metropolitan Ear, Nose, and Throat Hospital, Grafton Street, Fitzroy Square, W., will benefit to the extent of the residue of his estate after certain specific legacies, life interests, and annuities have been paid. The total which will eventually fall to the hospital will be about £30,000."—*Times*, October 26, 1900.

BRITISH MEDICAL ASSOCIATION.

ANNUAL MEETING, IPSWICH, JULY 31, AUGUST 1, 2, 3, 1900.

SECTION OF PATHOLOGY.

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

A DISCUSSION ON

THE PATHOLOGICAL DISTRIBUTION OF THE DIPHTHERIA BACILLUS AND THE BACTERIOLOGICAL DIAGNOSIS OF DIPHTHERIA.

THE discussion was opened by F. W. ANDREWES, M.A., M.D., F.R.C.P., Pathologist and Lecturer on Pathology at St. Bartholomew's Hospital. Dr. ANDREWES said:

Most pathologists will admit that Bretonneau's definition of diphtheria requires modification in the light of modern bacteriological knowledge. It requires in one direction limitation, for there are grounds for supposing that not every membranous sore throat or laryngitis is due to infection by the Klebs-Loeffler bacillus; while in another direction it requires extension, for it is clear that many mild and non-membranous sore throats do depend upon infection by this organism. It is the presence or absence of the specific bacillus which is now held to decide whether or not a given case is to be regarded as one of diphtheria.

This being so, a consideration of what is and what is not to be regarded as the diphtheria bacillus becomes an essential preliminary to the discussion of the subject. There exists a fairly definite group of bacteria, often spoken of as "diphtheroid organisms," which has with propriety been systematized as a definite genus under the name "Coryne-bacterium." Its members are

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