LUBLINSKI observed that he had seen one such case in a young lady, which was cured by anti-hysterical treatment.

GERHARDT had seen Landgraf's patient and confirmed his diagnosis, remarking that nervous strictures are seen in other tubes of the body as in the intestines.

HEYMANN observed that he had seen a similar case.

GUTTMANN and FURBRINGER remarked that they had never seen tracheal stenosis in cases of carcinoma of the lungs. *Michael.*

THYROID, NECK, &c.

Berry, J.—*Specimens Illustrating Disease of the Thyroid Gland.* "Brit. Med. Jour.," Jan. 25, 1890. Pathological Society of London, Jan. 21.

THE author read a paper on diseases of the thyroid gland, illustrating it by a series of thirty-four specimens, forty photographs, and sixteen casts, which had been collected by him in the course of the last five years. Some of the specimens had been removed by operation during life; most of them, however, were from the *post-mortem* room. Two specimens showed the usual condition of the thyroid gland in myxœdema; the organ in each case was greatly atrophied, and quite devoid of glandular tissue. A specimen of senile atrophy was contrasted with the preceding; although much diminished in size, it still contained much well-formed gland tissue. Several photographs of different varieties of cretinism were shown; some of the patients had goitres, some had not. The majority of the specimens showed the structure of the different varieties of goitre. In the early stage of the disease there was usually general hypertrophy of the whole gland, attended with an increased amount of colloid secretion in the thyroid vesicles; to such goitres the term parenchymatous was usually applied. The specimens showed various stages between this condition and those in which one or more large cysts were present, or in which there was considerable increase in the connective tissue of the gland. Fibrous goitre was stated to be probably much less common than was often supposed; many cases diagnosed as such during life subsequently proved to be of a different nature. A specimen of goitre from a case of Graves' disease was shown, and attention was drawn to the small size of the thyroid arteries; and other facts also showed that the gland in this disease is not nearly so vascular as is often supposed. Several specimens showed distinctly encapsulated tumours, cystic or solid, imbedded in the substance of the thyroid gland. True simple hypertrophy always involved the whole gland, not merely a part of it; it never caused any great enlargement. Nearly all unilateral goitres, and goitres of very large size, were composed either of cysts or of more or less definitely circumscribed solid tumours of the gland. Examples were shown of goitres occupying unusual situations, such as near the angle of the jaw; in one specimen a process of gland extended transversely across the neck at the level of the

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hyoid bone. In one third of the specimens the existence of a "pyramid" or process extending upwards in front of the larynx was demonstrated. The obstruction which an enlarged pyramid would necessarily cause in a tracheotomy or laryngotomy was pointed out. The alterations produced by goitre in the position and shape of the trachea were next discussed. All uniform enlargements of the gland caused lateral flattening of the trachea. A specimen was exhibited in which death had occurred from dyspnœa caused by this flattening, and reference was made to numerous other cases of similar nature. Unilateral goitres and bilateral goitres, in which the two lobes were of different sizes, caused bending, twisting, lateral and oblique flattening, according to the shape of the goitre. Specimens and casts of the interior of tracheas deformed by goitre were shown to illustrate these points. Antero-posterior flattening of the trachea was shown to be very rare ; goitres lying immediately in front of the trachea, and not involving much of the lateral lobes, were shown to be rarely the cause of dyspnœa. The apparent softening and atrophy of the trachea, which has been described, was alluded to. Pressure of the goitre upon the œsophagus, recurrent laryngeal nerves, and sympathetic nerves was shown by some of the specimens and photographs. Three photographs showed various stages of cachexia strumipriva produced by the total extirpation of goitre, and others illustrated conditions after partial extirpation. The latter showed the advantage of leaving a portion of the gland sufficiently large to carry on its functions. Eight of the specimens exhibited had been removed by operation, three by the author, five by other surgeons ; in most cases the operation had been performed on account of dyspnœa.

Mr. HORSLEY referred to a paper by Dr. Anton von Eiselsberg[1] Professor Billroth's assistant, which contain the most recent experimental researches on the thyroid. He next referred to Professor Munk's idea that the changes which occurred after removal of the thyroid body were solely due to the disturbance of some of the cervical nerves during the operation, but stated that Dr. Eiselsberg's experiments showed that this was not the case, as he had in animals transplanted the gland from the neck to the abdominal wall, and in those cases in which the operation was completely successful the animals lived, but when the transplantation had been unsuccessful the animals had all died. Although cachexia strumipriva had only once occurred in the British islands, yet he considered that the results obtained experimentally up to the present showed that the thyroid gland could not be removed with impunity, and that whenever it was necessary to remove the gland from the neck, it should be replaced by another being transplanted from some animal into the abdominal wall or elsewhere, and he thought that this should be tried also in cases of myxœdema and cretinism.

Sir JOSEPH FAYRER mentioned the frequency of goitre in the Terai district in India, an extremely malarious district, and he had noticed that the thyroid was sometimes enlarged when the spleen was not, and *vice versâ*. In 1850-55, two cavalry officers had treated large numbers of

[1] Ueber Tetanie im Auschlusse an Kropf-operationen, aus *Wiener Klin. Wochenschrift.*

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goitres in the Terai with good results, by rubbing in an ointment of biniodide of mercury, and afterwards exposing the patients in the sun, and one or two such applications had generally been successful. He had himself tried the same means in Calcutta, but his success had not been quite so complete. He mentioned that he had, in one case of an enlarged pulsating thyroid, tied two thyroid arteries each as large as a goose quill, but without any effect in stopping the pulsation in the gland.

Dr. HALE WHITE had examined the thyroid gland in forty consecutive *post-mortem* examinations, and had discovered many changes unassociated with obvious clinical conditions. The cysts were especially liable to contain different products, and the microscopic variations were quite as marked as the macroscopic. He asked what symptoms could be attributed to the senile atrophy of the gland.

Mr. HAWARD referred to the question of the vascularity of the organ, and mentioned a case that he had published in the Society's *Transactions* in which there were secondary thyroid-like tumours in various parts of the body, and that some of these tumours were pulsatile.

Dr. DELÉPINE had seen some dogs from which Professor Schiff had removed the thyroid gland. In many of those that recovered glands of thyroid-like structure had developed in the submaxillary regions.

Dr. ANGEL MONEY asked Mr. Berry if he had noticed an enlargement of the thyroid in cases of chlorosis; he had himself noticed such an enlargement, and in such patients he had found that tetany was liable to occur.

Mr. BARLING mentioned a case quite recently under his notice, in which the right half of the thyroid was much enlarged and very hard, but after three evacuations of large quantities of pus the gland had diminished in size with great relief to the patient. He had regarded the case as one of suppuration of the cysts of the gland.

Mr. SOLLY asked Mr. Berry if he had seen any cases of lardaceous disease of the thyroid, and mentioned such a case which had come under his observation.

Dr. HALE WHITE mentioned a similar case.

Drs. HADDEN and PERRY had seen cases of miliary tubercles in the thyroid, and also lardaceous disease of that organ.

Mr. BERRY replied that he thought that transplantation in strumipriva should be tried, but questioned whether any good in cases of cretinism and myxœdema would occur from doing so. He had tried to ascertain whether there was any connection between the spleen and the thyroid body, but had been unable to establish any connection, though it was a fact that after the removal of the spleen from animals, the thyroid had occasionally been observed to become slightly enlarged, but there was no evidence that the reverse happened. There did not seem to be any connection between goitre and malaria, as, although Sir Joseph Fayrer had noticed the connection in Terai district, yet it had not been observed in the Campagna around Rome, nor in malarious districts in this country. He said that the biniodide of mercury treatment had been tried in this country, but without much success. In reply to Dr. Money, he had examined a few exophthalmic goitres, and found that there was an absence

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of colloid material in the cysts of the glands. He believed that there was a close connection between chlorosis and exophthalmic goitre. Dr. Money's observation about tetany was interesting, as tetany had frequently been noticed after removal of the thyroid. He said that he could lay down no laws as to the relations of abnormal thyroids with various diseases, but he had noticed that fat persons who had died of pulmonary diseases had small red thyroids without any colloid material, and that in very emaciated bodies, as in death from cancer, the thyroids were very frequently large, from the cysts being full of yellow colloid material. Enlarged thyroids did not consist, as a rule, of a mass of vessels, though they often contained large ones. Suppuration of the thyroid generally occurred after typhoid fever or after operation, and Mr. Barling's case of spontaneous suppuration seemed to him an interesting one. He thought that probably in goitrous cretins the changes were due to loss of function and not to atrophy of the gland. *R. Norris Wolfenden.*

Terrillon.—*Treatment of Goitre by Injection of Tincture of Iodine.* "Bulletin Thérapeutique," Sep. 30, 1889.

IN a lecture given at the Salpetrière, Terrillon maintained that in making these injections three conditions are to be observed: First, it is necessary to be certain that the body of the tumour is reached before making the injection. Second, the veins in the cellular tissue or in front of the neck must be avoided. Third, it is essential to have a special syringe in order to avoid the introduction of infectious germs into the wound. Terrillon has assured himself by anatomical examination that iodine injections provoke the fibrous transformation of goitres. In place of iodine, other irritant liquids, such as iodoform-ether (10 per cent.) may be employed. *Joal.*

Jacobson (London).—*Enlargement of Thyroid.* "Brit. Med. Jour.," June 8, 1889. Harveian Society of London, May 9, 1889.

EXHIBITION of a mother, aged thirty-seven, and five children, all the subjects of enlarged thyroid. In the case of the mother, Mr. Jacobson had removed the isthmus, all the left, and about a third of the right lobe, with entire relief to the dyspnœa. The ages of the children ran from one to eleven years, and the enlargement was most marked in the only girl, the second child, aged ten years. Dr. Stephen Mackenzie thought the series unique. *Hunter Mackenzie.*

Obalinsky.—*Enucleation of Goitre by Socin's Method.* Kongress Polnischer Chirurgen in Krakau, 1889.

THE author related his experience of this operation, and concluded that in 80 per cent. of goitres enucleation could be performed. In the other 20 per cent. enucleation cannot be done, and for such cases resection of the goitre after Mickulicz's method is to be recommended. *Michael.*

Litten.—*Discussion on Scheinmann's Paper on a Case of Carcinoma of the Thyroid Gland.* "Verein für innere Medizin in Berlin," Dec. 2, 1889.

THE speaker had seen a case of adenoma gelatinosum of the thyroid gland, in which the bones and lungs contained masses of colloid growth.

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He also remarked that it was not in all cases of ankylosis of the arytenoid joints that the voice is lost. He had seen a case of arthritic ankylosis of the arytenoid joints in which the voice was preserved.

SCHEINMANN remarked that in his case there was no occasion to suppose any affection of the bones. *Michael.*

Cheadle.—*Exophthalmic Goitre.* "Brit. Med. Jour.," Jan. 4, 1890. Western Branch of Met. Counties Branch, Brit. Med. Ass., Dec. 21, 1889.

THE author showed a case of exophthalmic goitre in a male subject. He considered that the symptoms were due to disorder of the medulla and upper cervical portion of the cord, the region of the cardio-inhibitory, accelerator, vasomotor, vomiting, and glycogenic centres, all of which were—some constantly, some occasionally—involved in the disease. The special interest of the case lay, first, in the fact that the patient was a man; and, secondly, as an example of perfect recovery maintained for more than twenty years. The patient was first seen in February, 1868, when he was suffering from all the characteristic vascular excitement, marked exophthalmos, and greatly enlarged thyroid, which pressed on the trachea so as to produce extreme dyspnœa, so that the patient could not lie down, and was compelled to sleep in a chair. Tincture of iodine was given freely, and in the course of a week marked improvement had taken place, and he continued steadily to improve. With regard to the question of sex, Dr. Cheadle's experience was only one male to thirty females. With regard to the ultimate issue, the statements of authorities were vague. He had followed out a number of these cases, and found the tendency to be towards slow recovery in from one to five years. In four cases seen at intervals of from eight to twenty-two years after the onset of the complaint, and in four others seen at shorter periods recovery appeared complete, yet for years there remained a quickened pulse, a certain amount of exophthalmos, and enlargement of the thyroid. Respecting the condition of the heart, his experience was that it was generally not affected beyond the presence of a functional *bruit*, produced by the violent contractions of the heart driving the blood into a dilated atonic vessel. Another point on which obscurity existed was as to the immediate cause of death in fatal cases. Some had said that it came from pulmonary congestion and anasarca, as in dilated heart, whilst Trousseau gave instances in which it was due to cerebral hæmorrhage. Dr. Cheadle had met with no instance of either. Cases were on record of death from pressure on the trachea, from acute mania, and from various intercurrent affections. Of the eighteen cases personally observed by Dr. Cheadle, three had proved fatal; one from incontrollable vomiting, with convulsion and slight paralysis of the left arm; the second from incontrollable vomiting and diarrhœa; the *post-mortem* examination disclosed no morbid condition; the third patient died suddenly from spasm of the glottis, due to pressure of the enlarged thyroid on the recurrent laryngeal. One of the gravest dangers, Dr. Cheadle considered, was persistent vomiting with diarrhœa. Absolute rest was essential in the acute stage of the disease, and opium with digitalis or

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belladonna ; galvanism was useful in the more chronic state, but caused undue excitement in the acute form. *R. Norris Wolfenden.*

Edwards, E. H.—*Exophthalmic Goitre.* "Lancet," Jan. 11, 1890. Birmingham and Mid-Counties Branch Brit. Med. Assoc.

THE author showed a girl, aged seventeen, who first noticed an enlargement in her neck two years and a half ago. She had complained of palpitation for two years. She complained of a feeling of great debility, was unable to sleep, and suffered occasionally from severe attacks of headache. Her speech was affected very much at times, when her voice was so husky that she had great difficulty in making herself heard. She had never menstruated. Her appetite was good, and the eyesight was unaffected. The measurement of the neck round the swelling was fourteen inches. The thyroid was equally enlarged on both sides. The eyes were lustrous and very prominent. The case was of interest from the fact that her father suffered from the same disease for twenty-five years, and eventually died from heart complications due to it. *R. Norris Wolfenden.*

Barnes, Henry (Carlisle).—*On Exophthalmic Goitre and Allied Neuroses.* "Brit. Med. Jour.," June 1, 1889.

THE case of a servant girl, aged thirty-four, is recorded to illustrate the connection between exophthalmic goitre and diabetes.

Hunter Mackenzie.

Hollis.—*Graves' Disease.* "Brit. Med Jour.," Jan. 4, 1890. Brighton and Sussex Med.-Chir. Soc.

THE author read notes of a case of Graves' disease with papillitis in a young woman. She attributed her illness to the removal of her tonsils three months before ; she became weak, thin, and pallid ; hæmoglobin falling to 54 per cent. of normal, pulse rising to 156 on slight exertion : exophthalmos and goitre slight ; discs red, blurred, indistinguishable from rest of fundus, vessels buried, hæmic cardiac murmur and well-marked *bruit de diable* audible over right lobe of thyroid, which was more enlarged than left ; urine normal. The patient was in attendance, and the discs were examined by several members. *R. Norris Wolfenden.*

Cheadle.—*Myxœdema and Sporadic Cretinism.* "Brit. Med Jour.," Jan. 4, 1890. Western Branch of Met. Counties Branch of Brit. Med. Hos.

THE author showed cases of myxœdema and sporadic cretinism. He remarked that the occurrence of the remarkable changes which distinguished the cretinoid state under four, or perhaps five, separate conditions rendered the question of its etiology most interesting. The conditions were: (1) endemic cretinism, when it occurred in infancy ; (2) sporadic cretinism occurring in children without any reference to goitrous district, congenital or developed in early infancy ; (3) idiopathic myxœdema supervening on previously healthy persons almost always in middle life ; (4) surgical myxœdema occurring after removal of the thyroid gland, as shown by Kocher and Reverdin, and confirmed by Mr. Victor Horsley ; (5) the condition called acromegaly.

R. Norris Wolfenden.

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Clarke, T. Michell (Bristol).—*Myxœdema.* "Brit. Med. Jour.," May 18, 1888; Bristol Medico-Chirurgical Society, April 10, 1889.

EXHIBITION of a woman, aged fifty-one, who presented the symptoms and appearances of this disease, including complete absence of the thyroid. The patient had been affected from the climacteric period, fourteen years previously. *Hunter Mackenzie.*

Davies, A. (London).—*Myxœdema.* "Brit. Med. Jour.," June 1, 1889. Clinical Society of London, May 24, 1889.

EXHIBITION of a woman, aged forty-six, the subject of well-marked myxœdema, which had existed for four and a half years. The temperature was subnormal, there were no hæmorrhages, and the excretion of urea was below normal. *Hunter Mackenzie.*

Durham (London).—*Case of Sarcoma of Neck, displacing Trachea, and causing Pressure on Recurrent Laryngeal and Sympathetic Nerves.* "Brit. Med. Jour.," June 15, 1889. Metropolitan Counties Branch B.M.A. (North London District), May 23, 1889.

EXHIBITION of patient. *Hunter Mackenzie.*

Thomson, J. Hilton (Manchester).—*Sterno-Mastoid Tumour.* "Brit. Med. Jour.," May 25, 1889. Pathological Society of Manchester, May 8, 1889.

A SPECIMEN was shown from a child who died (of pneumonia) at the age of seven months. Shortly after birth an oval swelling was observed on the left side of the neck. It was hard and elastic, and was intimately connected with the sterno-mastoid. On *post-mortem* it was found to consist of a swelling of the muscle owing to the presence of bands of fibrous tissue between the muscular fasciculi. *Hunter Mackenzie.*

Thornton, B. (Margate).—*On Operative versus Therapeutic Treatment of Strumous Glands.* "Lancet," Feb. 1, 1890. West London Med. Chir. Soc.

THE author alluded to the records of the last fifty years at the Royal Sea-bathing Infirmary, Margate, which testified to the unsatisfactory and tedious methods of treatment prevailing up to within the last few years. Having reviewed the various modes of treating enlarged glands in their different stages, such as erosion, by poultice, iodine paints, mercurial ointments, calcium sulphide, etc., injections of various drugs, and application of strong caustics, he pointed out that whatever action these methods had in the diseased glands, the process was very tedious and uncertain, and the resulting scars most unsightly. An operative experience of about a hundred cases of various degrees of magnitude led him to urge the excision of every enlarged gland or part of a gland after a reasonable period (say, six or eight months) of constitutional treatment and change of air to the seaside. Modified operations, such as scooping, aspiration, small punctures with drainage, were nearly always unsatisfactory, as diseased gland tissue was left behind. Hitherto he had, fortunately, had no death or serious complication to record, and the vast majority of cases had healed rapidly. He claimed for the method of excision that many months of tedious treatment were saved, the resulting scars were less unsightly, and that the operation, if performed with skill and care, and in good hygienic surroundings, was usually satisfactory. The President

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asked if tuberculosis had not been found to follow operations for the removal of glands, and whether there was not danger of the disease spreading in other organs. Mr. Edwards agreed about the importance of drainage, and thought that this should be done not only by horse-hair and catgut, but by drainage tubes. Dr. Alderson said he would sometimes use hot fomentations with poppy water, if there was no doubt that an abscess in a gland would have to be opened. Mr. Keetley thought that when a chronic enlargement of a gland, not syphilitic, persisted in spite of sea air, etc., the sooner it was excised the better, and that the dangerous and difficult cases were those in which the radical treatment had been procrastinated. Mr. Lloyd thought it remarkable that the cases mentioned should have healed so rapidly, considering what their constitutional disease was. Dr. Eccles pointed out the influence the air of Margate must have had on the course of the cases.

R. Norris Wolfenden.

Lentiagne (Dublin) —*Sarcoma of the Larynx.* "Brit. Med. Jour.," June 1, 1889. Royal Acad. of Medicine in Ireland, Section of Pathology, May 1, 1889.—(Exhibition of specimen, containing chiefly spindle-celled and giant-celled nuclei). *Hunter Mackenzie.*

Robinson (London).—*Sarcoma of Right Nasal Cavity.* "Brit. Med. Jour.," June 1, 1889. Metr. Counties Branch, B.M.A., South London District, May 22, 1889.—(Exhibition of case). *Hunter Mackenzie.*

Robinson (London).—*Sarcoma of Tonsil.* "Brit. Med. Jour.," June 1, 1889. Metr. Counties Branch, B.M.A., South London District, May 22, 1889.—(Exhibition of case). *Hunter Mackenzie.*

Mackenzie, H. W. G. (London).—*Exophthalmic Goitre with Tremors.* "Brit. Med. Jour.," June 1, 1889. Metr. Counties Branch, B.M.A., South London District, May 22, 1889.—(Exhibition of case). *Hunter Mackenzie.*

Mackenzie, H. W. G. (London).—*Diphtheritic Paralysis of Anterior Tibial Muscles.* "Brit. Med. Jour.," June 1, 1889. Metr. Counties Branch, B.M.A., South London District, May 22, 1889.—(Exhibition of case). *Hunter Mackenzie.*

Boldero, F.—*Horny Growth in the Neck.* "Brit. Med. Jour.," June 29, 1889. Staffordshire Branch B.M.A., May 30, 1889.—(Exhibition of specimen, removed by operation. *Hunter Mackenzie.*

Taylor, Seymour (London).—*Myxœdema in a Male.* "Brit. Med. Jour.," June 1, 1889. Metr. Counties Branch, B.M.A., South London Branch, May 22, 1889.—(Exhibition of case). *Hunter Mackenzie.*

Nichol (London).—*Membranous Casts of Trachea and Bronchi of unusual size, from a Case of Diphtheria with Tracheotomy.* "Brit. Med. Jour.," May 25, 1889. Path. Soc. of London, May 21, 1889.—(A card specimen). *Hunter Mackenzie.*

Targett (London).—*Sarcoma of Œsophagus.* "Brit. Med. Jour.," May 25, 1889. Path. Soc. of London, May 21, 1889.—(A card specimen). *Hunter Mackenzie.*

Link (Lemberg).—*Treatment of Empyema of the Antrum of Highmore.* "Wiener Med. Woch.," 1889, No. 52. (The author recommends Mikulicz's method of operation). *Michael.*

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Wolff (Frankfort).—*Pharyngitis Chronica.* "Monatssch. für Ohrenheilk., 1889, Nos. 11 and 12. (A report upon the pathology and treatment of this affection.) *Michael.*

Suchannek (Zurich).—*The After Treatment of Operations upon the Naso-pharynx.* "Therapeut. Monats.," Dec., 1889. (A recommendation of energetic antisepsis). *Michael.*

Goris (Brussels).—*Endo-laryngeal Removal of a Subglottic Fibro-myxoma.* "Therap. Monats.," Dec., 1889. (The tumour was removed with Schroetter's guillotine. Only five cases of this kind of neoplasm have been recorded.) *Michael.*

Ziem—Herzog.—*Historical Notice on Enuresis Nocturna and Nasal Diseases.* "Archiv. für Kinderheilk.," Band 11, No. 4. (Polemical articles: the former claiming priority.) *Michael.*

Kafemann (Konigsberg).—*Treatment of Chronic Pharyngeal Catarrh.* "Berliner Klin. Woch.," 1889, No. 40. (A recommendation of nitrate of silver in the treatment of granules.) *Michael.*

Heisinger.—*The Treatment of Scarlatinal Diphtheria by Injections of Carbolic Acid into the Tonsils.* "Deutsch. Med. Woch.," 1889, No. 43. (Good results are claimed by the author for this method of treatment.) *Michael.*

Braun (Trieste). — *Primary Strumitis—Abscess—Incision.—Cure—with Total Atrophy of a Goitre, which had lasted for Thirteen Years.* "Internat. Klin. Rundschau.," 1889, No. 44. *Michael.*

REVIEW.

Schmiegelow (Copenhagen).—*Asthma considered specially in Relation to Nasal Disease.* London, H. K. Lewis, 1890.

THE author states in his preface that this essay is an English edition of a book published in Danish, in the spring of 1889, and it must be considered as an attempt to show how far diseases of the nose may affect asthmatic attacks, and the end has been kept in view of considerably modifying the too exaggerated opinions of Prof. Hack.

The work opens with an historical review of asthma theories and of the reflex neuroses of the nose. The physiological reflexes of the mucous membrane of the nose has a chapter devoted to it. Clinical experiences as to the relationship between asthma and nasal diseases occupy another chapter, the symptoms implying a connection between the asthmatic attacks and diseases of the nasal cavity are discussed, and the treatment of these affections concludes the work. While the historical aspect of the question and the views of other writers are reviewed, we cannot help noticing the entire absence of any reference to the *brochure* of Morell Mackenzie upon hay asthma, a work, which from its writer's position and from its contents, is surely worthy of mention. The omission may be accidental, but looks intentional. The clinical experience of the author, as recorded in a number of cases in the body of the book, are, perhaps, the most instructive portion of the work. The cases seen by the author comprised 294 cases of chronic rhinitis and 75 cases of polypi seen among private patients, with 220 cases of chronic rhinitis and 64 of nasal

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