living inland depend on wells for water-supply. These are shallow, many of them sandy, and invariably contain more or less of surface-water.

Natives of the city are rarely affected with goitre, but in the surrounding parishes the disease is common. It is found most frequently in girls about the age of puberty, and somewhat rarely among males. The condition occurs in all degrees of severity, but the milder forms are commonest. One remarkable feature is that, exclusive of the city of Montreal, a gradual increase of ratio exists from east to west.

Notwithstanding these differences, varying between almost 0 per cent. in the city, 1·5 per cent. in the east, and 7 per cent. in the west, there are no climatic differences. The inhabitants of the various parishes are engaged in similar pursuits, and the mode of life is the same throughout, all being well fed and comfortably housed. Neither is nationality a factor in the production of the disease; for although the bulk of the people are French, the condition proportionately is as common among English, Irish, and Scotch.

The water-supply appears to be the only point upon which there is material difference. Where the wells are shallowest and most sandy the percentage of cases of goitre is largest. Where they are deep, or even shallow with a clay bottom, the percentage is smaller. Where the river-water is used they are smallest of all.

From a long series of tables given the following may be quoted:

PARISHES OUTSIDE THE CITY, BUT UPON THE ISLAND OF MONTREAL.

Name of Parish.	Ratio to 1,000 of Population.	Average Depth of Wells.	General Configuration.	Nature of Soil.
Longue Pointe ...	15	20 to 50 feet	Flat	Clay.
St. Leonard	40	6 to 10 feet	Level	Sandy.
Sault aux Recollets...	Very rare	20 to 50 feet	Flat	Glacial clay.
St. Laurent	Very rare	6 to 10 feet	Flat	Clay.
Lachine	35	8 to 10 feet	Flat	Sandy loam, glacial clay.
Valois	45	8 to 12 feet	Flat	Sandy loam.
St. Anne's	70	6 to 15 feet	Mostly flat	Sand.

From these facts it would appear that sandy soil, together with the lime-water from shallow wells, were the chief factors favouring the development of the disease. *Price-Brown.*

THERAPEUTICS.

Dubreuilh, W.—*Eruptions due to Orthoform.* "La Presse Méd.," May 18, 1901.

In the discussion during the recent meeting of the British Medical Association on the local treatment of laryngeal tuberculosis, it was generally agreed that orthoform was the best analgesic in cases of dysphagia, etc., due to tuberculous ulceration of the larynx. No mention was made of any bad effects produced by the drug. The authors who first wrote on orthoform considered it quite innocuous. Experiments on animals showed that immense doses were tolerated without any poisonous effects being produced, but clinical experience proves that in a certain number of cases serious affections, both general

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and cutaneous, may follow the local use of orthoform. The skin lesions may be divided into (1) erythematous eruptions, with or without vesiculation or pustulation; (2) ulceration or local gangrene. These conditions are accompanied by sensations of heat and burning, or by violent pains, which are increased by exposure of the part to air, and are relieved to a slight extent by hot moist dressings, but most thoroughly in many cases by further applications of orthoform. The relief obtained by the use of the drug, in powder or ointment, is so marked that great difficulty may be experienced in persuading the patient to stop using it. If its use is persisted in the lesion tends to increase, and the duration of relief obtained from each application becomes gradually shorter. Thus, in one case of ulcers on the hand, at first one application of orthoform gave the patient relief from pain for a whole night, but after some weeks two or three dressings were required each night. Skin lesions arise most frequently when orthoform is applied to an ulcer or other raw surface, but cases are reported in which they have followed the use of the powder or ointment to unbroken skin and to mucous membranes. In some cases they have arisen only after prolonged use of orthoform; in others after a single application. Erythematous lesions are most marked about the part where the orthoform is applied and on the face. Ulcers seem to form only where the drug is applied.

The general effects reported include fever (up to 39° C.), headache, listlessness, nausea, vomiting. *Arthur J. Hutchison.*

REVIEWS.

Purulent Nasal Discharges: Their Diagnosis and Treatment. By Herbert Tilley, B.S. London, F.R.C.S. England; Surgeon to the Throat Hospital, Golden Square; Lecturer on Diseases of the Throat, London Post-Graduate College and Polyclinic; pp. 123, Second Edition, 1901. H. K. Lewis, 136, Gower Street, W.C.

Dr. Tilley tells us that his main object has been to present a concise and practical account of chronic suppuration of the nasal cavities. Dr. Tilley divides his work into *Nasal Discharges* and *Diseases of the Accessory Cavities.*

In nasal discharges he has omitted any reference to foot and mouth disease; this is, fortunately, extremely rare, but has been reported.

With this exception, and it is not an important one, the book contains a short description of all the causes of nasal suppuration, their diagnosis, symptoms, and treatment being particularly clearly written.

Dr. Tilley's experience in treatment of frontal sinus disease makes him speak with considerable authority on the subject. The illustrations, whether from photographs or drawings, are very good, with, perhaps, the exception of that of Krause's trochar and cannula, which is entirely unlike the instrument as designed by Professor Krause; it should have an angle, and not be a continuous curve.

To those wishing to possess a handy little volume dealing with this important subject we heartily recommend Dr. Tilley's book, it

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