And (4) ℞ Acid boric., ʒj.
Sodii borat., ʒij.
Sodii chlorid., ʒiij.
Aq., Oj.
M.

Smith has witnessed the employment of pilocarpine internally for its supposed local action in producing abundant mucous secretion and detachment of the membrane, with most disastrous consequences. The action of the heart became feeble, œdema of the lungs, with extreme dyspnœa, suddenly occurred, and the patient, who an hour before was in a comfortable state, perished from the pulmonary complication. The paper is well worth reading.

J. N. MACKENZIE.

OWEN, EDMUND.—Early Tracheotomy in Diphtheria. *Brit. Med. Jour., May* 21, 1887.

AT the Hospital for Sick Children, Great Ormond-street, in five years sixty-six tracheotomies have been performed, with twenty-five recoveries (*i.e.*, 38 per cent.). At St. Mary's Hospital during four years sixty-six cases have been operated on with twenty recoveries (30 per cent.). In the total cases, thus, were forty-five successful results = 34 per cent. In laryngeal diphtheria tracheotomy should not be regarded as a last resource, but as a most valuable therapeutic measure, if it only be performed early enough.

TONSILS, PHARYNX, &c.

BAKER, W. T.—The Treatment of Tonsillitis. *Brit. Med. Jour., April* 9, 1887.

A RECOMMENDATION of the local application of bicarbonate of soda. The tip of the finger is to be moistened, dipped into the powder, and rubbed gently over the tonsil, and repeated every five minutes for an hour, and then every hour for the rest of the day. Many patients entirely unable to swallow even liquids without acute suffering were in the course of an hour or two almost entirely free from pain. It is said by the author invariably to give relief even when suppuration seemed inevitable.

GREEN, W. E.—Remarks on the Treatment of Quinsy, especially in Infants. *Brit. Med. Jour., May* 28, 1887.

THE author is of opinion that "one ought to be able to abort about

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nine out of every ten cases" by the use of aconite. He relates the case of an infant aged eight months, in which 1½ minims of Tr. aconiti with 2 minims of Tr. guaiaci produced beneficial results.

GREVILLE MACDONALD.

GORDON, N. R. (Springfield, Ill.).—**Mouth-breathing and its Treatment.** *Jour. of Am. Med. Association, April* 23, 1887.

THE writer has found, in cases in which the nasal obstruction "is not indurated, fixed, or complete," a celluloid instrument devised by Fiher, of his native town, and so constructed as to fit nicely between the teeth and lips without the aid of bandages, a valuable agent in preventing oral respiration, especially during sleep. A cut of the instrument is given. J. N. MACKENZIE.

WELLS, E. F.—Erysipelas Developing in the Pharynx. *New England Med. Monthly, March*, 1887.

NOTHING new. J. N. MACKENZIE.

LITTLEJOHN (Edinburgh).—**Exhibition of the Gullet and Windpipe of a Man who had Swallowed a Quantity of Bow's Liniment.** *Before the Medico-Chirurgical Society of Edinburgh, January* 19, 1887.

MARKED evidence of intense irritation was present.

HUNTER MACKENZIE.

WOLFENDEN, R. NORRIS.—A Case of Angioma of the Pharynx. *Brit. Med. Jour., June* 11, 1887.

THE patient was a young girl, aged twenty-five, of good general health, occupied as a nursery governess. What had attracted the attention of a suburban practitioner was a swelling in the front of the neck on the right side, about the level of the hyoid bone, and of the size of a hen's egg. This, however, gave rise to no inconvenience. It was soft, and was thought to be of lymphatic nature. Coursing through it could be felt some hard, cordy vessels. On the back of the neck, chiefly on the right side and at the level of the pharyngeal tumour, there was a collection of hard, superficial varicose veins. On illuminating the throat, a large angioma was seen to occupy the whole of the right side of the posterior wall of the pharynx, in the pharyngo-oral region. It appeared to spring from the posterior and lateral wall of the pharynx, behind the posterior faucial pillar, was considerably raised above the surface, and extended as far as the middle line of the pharynx. It was knotty, dense, and of purple colour. A small portion extended over to the left of the median line. Above, it reached to a little higher than the level of the

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soft palate when raised on phonation; below, the mass extended to the level of the base of the tongue, and, as far as could be seen, some varicose veins extended down towards the œsophagus. The tumour was thus of considerable size, and of remarkable appearance. The tonsils being very small, it was visible on simply opening the mouth. Some tortuous varicose vessels coursed along the right anterior faucial pillar and along the right side of the uvula. The most remarkable feature of this curious condition was that the patient had never suffered the slightest inconvenience from it. Just occasionally she had felt a "lump in the throat" when she had taken cold. Though the tumour encroached upon the lumen of the pharynx, there was no interference with swallowing. The patient was apparently unaware of the fact that she possessed this angioma, and the only history to be obtained was that the soft (? lymphatic) tumour in the front of the neck was first noticed when she was seven years old. Small angiomata, particularly about the base of the tongue and the larynx, are not infrequently met with. No such case as this, however, has been recorded, and the condition is probably quite unique. As the vascular tumour gave rise to no inconvenience, it was judged expedient, from its size and extent, to leave it untouched. A drawing of the pharynx accompanies the paper.

The author refers to Farlow's recent description of five cases of voluminous arteries (pulsatile and visible to the naked eye) of the posterior pharyngeal wall. Pulsating tumours of the pharynx have been observed by Porter and Syme, due to aneurysm of the internal carotid; and Barnes has described a pharyngeal pulsating tumour which was arrested by applying pressure to the external carotid artery. Cresswell Baber has recently reported a case of pulsating artery on the posterior wall of the pharynx. It is probable that this condition is by no means rare, since it has been observed at the Throat Hospital in London at least twice during the last year.

MASCHKA.—Forensic Casuistic. *Prager Med. Wochensch.*, 1887, No. 19.

A WOMAN of twenty-nine years died suddenly in the street. She had only had for a day previously a slight redness of the tonsils. The post-mortem examination showed trachea and bronchi filled with a thick tubular membrane. Sudden death had occurred from stoppage of the bronchi. MICHAEL.

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