saturation of the tissues by the liquor sanguinis: this condition is accompanied by a general high blood pressure. The author devotes considerable space to the description of the asthmatic paroxysm, and prefaces his article with a brief *résumé* of recent theories on the subject. JOHN N. MACKENZIE.

NECK, &c.

DEBOVE.—Exophthalmic Goître and Hysteria. *Soc. Méd. des Hôpitaux, August* 12, 1887.

THE author cites the case of an hysterical man, in whom, some time after the access of nervous symptoms, all the signs of exophthalmic goitre appeared. It was of the undeveloped variety, but was none the less evident. The thyroid was not enlarged certainly, but was painful to pressure, exophthalmus was very manifest, and the cardiac pulsations were rapid, amounting to 120 to 140 a minute. The author has observed in women a large number of cases in which hysteria and goitre were simultaneous. In men, however, the coincidence is rare. JOAL.

CARDONE, F.—Hypertrophy of the Thyroid Gland concurrently with Atrophy of the Spleen. *Arch. Ital. di Laring.*, 1887.

CARDONE relates two observations—(1) A woman with degeneration of the spleen, the result of *malaria*; (2) a woman with a voluminous tumour of the spleen. In both cases occurred, concurrently, an enlargement of the thyroid gland. The author, after having shortly discussed the functions of the thyroid gland (and he relates observations and experiments made latterly), is of opinion that there is a physiological relation between thyroid gland and spleen, and that the enlargement of the former, observed by him in the cases related, was to be considered as a compensative hypertrophy. He, however, does not deny that the experimental proof is wanting. He has the intention of undertaking this, since it will answer, in a certain manner, the important question raised by these observations. MASSEI.

PARTRIDGE (Carlisle).—**Tumour of the Right Parotid Gland.** *Edin. Med. Journal, June*, 1887.

EXHIBITION of patient (a three months' old infant) before the Carlisle Medical Society, 10th March, 1887. HUNTER MACKENZIE.

McGILL, A. F. (Leeds.)—**Remarks on Four Cases of Excision of the Tongue.** *Edin. Med. Journal, August*, 1887.

THESE cases are recorded to "illustrate the advantage that is gained by the performance of a preliminary laryngotomy, and the recovery which follows excision by means of the scissors."

HUNTER MACKENZIE.

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MÜHE (Erbendorf).—**Case of Fistula Colli Congenita.** *München. Med. Wochenschr.*, No. 31, 1887.

In a new-born child the opening of a fistula of 7 mm. length and 2 ctm. long under the hyoid bone, and 1 ctm. before the sternocleidomastoideus. It was an incomplete fistula with milky secretion. Cured by injection of tinctura iodi. MICHAEL.

CATHCART (Edinburgh).—**Epithelioma of the Sublingual Gland.** *Edin. Med. Journal, August*, 1887.

Demonstration of specimen, which had been removed through the floor of the mouth, before the Medico-Chirurgical Society of Edinburgh, April 6, 1887. The submaxillary gland, which was similarly affected, had been removed at the same time.

HUNTER MACKENZIE.

ASSOCIATION AND CONGRESS MEETINGS.

Ninth International Medical Congress,

Held at Washington, September 5, 6, 7, 8, 9, 10, 1887.

SECTION OF LARYNGOLOGY.

President, Dr. W. H. DALY, Pittsburg, Pa.

Secretaries,

Dr. W. H. PORTER, Dr. RANKIN, U.S.A.; Dr. O. CHIARI, Vienna; Dr. HERMANN KRAUSE, Berlin; Dr. E. G. MOURE, Bordeaux.

Meeting, September 5.

The President delivered an inaugural address welcoming the laryngologists present, and contrasting the advance of the science, compared with its status in 1876, and referred to his own observations on the intra-nasal treatment of hay fever, as inaugurating a new method of dealing with this complaint which had been extended later by Hack and others. He declared that laryngologists in future would pay more attention to the surgery of the nasal passages, and the rhinologist would become more of a surgeon than a physician.

The following papers were presented in this section :—

Dr. R. H. THOMAS (Baltimore), *A Contribution to the Causes of so-called Hay Fever, Nasal Asthma, and allied Affections, considered from a Clinical Standpoint.*

Dr. J. P. KLINGENSMITH (Blairsville, Pa.), *Hay Asthma.*

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