the probang, he found that the average distances from the front incisor teeth were, to the opening in the diaphragm, fourteen and a half inches, and to the cricoid cartilage seven inches. Here, the arrestment of the tube about six and a half inches from the front incisor teeth gave a correct clue to the locality of the disease.

It may be incidentally remarked that while Richardson's experiments gave fourteen and a half inches as the average, ten and a half inches as the minimum, and seventeen inches as the maximum distance from the front incisor teeth to the opening in the diaphragm, a case of cancer of the œsophagus was recently brought before the Pathological Society of London ("British Medical Journal," April 5, 1890), in which it was stated that "rubber quarter-inch tubing, to the length of twenty-two and a half "inches, was passed down the œsophagus, and left in until next day, when "it was removed, as it became blocked." On another occasion, a catheter was passed twenty inches from the teeth. It is curious to note that no comment was made upon this filling of the stomach with rubber tubing and curled catheter, unnecessary proceedings under any circumstances, but more especially so with the disease located, as was the case, opposite the cricoid cartilage.

The treatment in the present case calls for little comment. The patient declined surgical interference, and during the last week or two of his life was mainly dependent upon rectal feeding. There was no indication during life of the trachea or bronchus having been eroded, and consequently these conditions were not diagnosed.

## ANNOTATIONS.

A VERY interesting subject was chosen for the Morrison Lectures of 1890 by Dr. Clouston. These are now appearing in the "Edinburgh Medical Journal," the January, 1891, number of which contains the first instalment. The life history of man includes not only the two periods of growth and development, but the two physiological periods of absolutely non-reproductive and gradually developing reproductive capacity, the period before puberty, and that from puberty during adolescence up to maturity. "The periods of brain growth, and that of non-reproduction, do not "absolutely correspond, but it may be held as a great law that when "active cell growth ceases in the cortex, then only does reproductive "function begin." . . . "Certain mental disturbances in the functions of "the brain are intimately associated, hereditarily and functionally, with "certain motor, sensory and trophic neurosis, incidental to the period of "development." Dr. Clouston believes that if our knowledge of heredity and physiology were sufficiently advanced, we should be able to fit into a comprehensive scheme and show the true relationship "of the "acephalous fœtus, the hare-lipped, the cleft-palated, and the open-spined "child, the congenital imbecile, the deaf and dumb, the cases of infantile

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" delirium and *pavor nocturnus*, the convulsions of teething, those of " chorea and epilepsy occurring before twenty-five, the speech defect of " stammering," etc. The maturing of portions of the body tissues is quite a different thing from the full maturity of development of the whole organism, and a defective maturation of any organ or tissue, or its temporary or permanent retrogression, make it abnormally non-resistive to disease. Granted the truth of this law, we have advanced an important step along the way to explain what we mean by that vague and often loosely-used expression, " diminution or want of resistance."

To the author there seems to be " an important unwritten physiological " chapter on the exact order of development and coming to perfection of " the various tissues and organs of the body." The higher nervous tissues attain this perfection last, and the full growth of the development of " function " of the brain is a slow process, taking place long after the attainment of complete bulk of the organ. The trophic and organic functions of the brain are evolved first, and soonest reach perfection, even before birth; sensation, common and special, comes next, soon after birth; the motor processes perfect more gradually, and not until adolescence is nearly completed. The full development of motor co-ordinations is not complete until much later. It is not merely the onset of puberty which influences these stages of development, but the fact, too little regarded, that the perfection of the reproductive capacity necessitates a considerable number of years —Matthew Duncan put it at twelve at least in the female— for its attainment.

We are as yet profoundly ignorant of the real causes which determine intra-uterine embryonic defects. Not all arise out of heredity — for instance, the atrophic intra-uterine defects, *e.g.*, acephaly, hare-lip, cleft palate, deformed palate, malformations of limbs and organs, and genetous idiocy. Birth is another great crisis, and the period of rapid development of the brain up to seven or eight years of age brings out the defects of a bad heredity, such as convulsions, squint, stammering, backwardness of speech, night terrors, deaf dumbness, infantile paralyses, hydrocephalus, rickets, night delirium, etc., etc. The period of co-ordination of motion and emotion (from seven to thirteen) is answerable for chorea, epilepsy, asthma, megrim, etc., and the period of puberty and adolescence (from thirteen to twenty-five) to epilepsy, chlorosis, hysteria, and various perversions of the moral sense and insanity, etc., etc., in the list of which Dr. Clouston includes naso-pharyngeal polypi.

The lectures, though mainly psychological, are worthy the attentive perusal of every intelligent practitioner. They open up new lines of thought and most interesting problems.

We have always maintained that an intelligent study of the etiology of disease must include or be founded upon rational developmental principles. Psychological studies such as these are the fitting corollary to the developmental studies of the comparative anatomist and physiologist, and there are many dark places in the etiology of disorders of the throat and nose upon which some light may be shed by the help of psychological and physiological studies like these of Dr. Clouston.

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WITH "Kochism" raging everywhere, it was to be feared that caution, like physic, was too much in danger of being "thrown to the dogs." A hasty spell of excessive enthusiasm is suffering the inevitable reaction, and already warning voices are raised in many quarters, and demanding the attention they would not have received a few weeks ago. Those who wisely stood on one side, deciding to watch the logic of events, have reason to congratulate themselves upon having escaped being drawn into the vortex of excited enthusiasm. It is more than probable that if some of the laudations first uttered had to be spoken and printed to-day the evidence of the judicial pruning-knife would be visible. It is far from our intention to put forward any adverse criticism of the method as originally propounded by its inventor—indeed, it is scientifically correct in theory without a doubt—but it is against the indiscriminate advocacy of the treatment to too credulous patients that we raise objections, several instances of which have come under our immediate notice; also we would point out that the resources of science in the fight against tuberculosis are not exhausted by the rise or fall of "Kochism," and it is well to remember that, in laryngology at least, there are well-tried intra-laryngeal methods of treating the local disorder which have been followed by as successful results as the now fashionable craze.

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IF report speaks truly, it would seem that the Royal Colleges of Physicians and Surgeons are bent on a raid upon the specialties of Laryngology and Rhinology. We hear rumours of one well-known Fellow of the former having been haled before the justice seat in Pall Mall. The matter which called for censure is said to have been one of "fees."

It is a singular thing that there does not seem to be any generally accepted standard of fees in the specialty!

The names of some well-known rhinologists are mentioned as likely to be "called to order" by the body in Lincoln's Inn. What the precise manner of their sinning, except for the practice of a specialty, may be, we do not know. In this country the specialties have always met with determined antagonism from a few mediævally constituted minds. It is too late for the Royal Colleges to seek to hamper the specialties of Laryngology and Rhinology. They must be accorded as much latitude as the practice of Gynæcology or Ophthalmology, and it is to be hoped that the action of the Colleges is not to be interpreted as a move in the direction of further antagonism to the specialties. If so, it will certainly be met with opposition both in the profession and out of it.

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AN important announcement appears in the "Medical News" of January 3. It is a preliminary note from Drs. Schweinitz and W. M. Gray, to the effect that by cultivations of Klein's diphtheria bacillus (probably identical with the Klebs-Loeffler bacillus) they have succeeded in obtaining a chemical substance which renders guinea-pigs insusceptible to diphtheria when the strong virus is introduced into the system. Control guinea-pigs died in from twenty-four to forty-eight hours. They firmly believe that

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the experiments being made will demonstrate that they have obtained a substance which will control or prevent diphtheria in man. We shall look anxiously for the publication of confirmatory proof of this statement, the interest and importance of which would not be less than that attaching to inoculations against tuberculosis.

## NEW INSTRUMENTS.—DIPHTHERIA, &c.

**Hartmann** (Münster).—*New Laryngoscope.* "Deutsche Med. Woch.," 1890, No. 46.

THE mirror can be removed from the metal parts, so that both can be easily disinfected. *Michael.*

**Wagener** (Halle-a-S.)—*A Laryngeal Micrometer.* "Berliner Woch.," Nov. 5, 1890.

ON the reflector is fixed a second mirror, and a little apparatus on which is a measuring scale. The image of the larynx in the second mirror is seen with the scale superposed, and thus the different parts of the larynx can be measured. *Michael.*

**Blenkarne, W. L'H.** (Leicester).—*An Improved Insufflator with Adjustable Tongue Depressor.* "Lancet," Jan. 10, 1891.

ANOTHER modification of Dr. Osborne's. Osborne combined the insufflator and tongue depressor. Blenkarne separates them again. He, however, has ingeniously adapted to the upper surface of the tip of an ordinary tongue depressor a ring, through which, with room for play, the point of an air-ball insufflator can be passed, and satisfactorily steadied. (A very practical addition—Reporter.) *Dundas Grant.*

**Bronner, Adolf** (Bradford).—*Cotton-wool Holder for the Application of Lactic Acid to the Larynx.* "Lancet," Jan. 10, 1891.

APPARENTLY identical with Smyly's cotton-wool holder so long and generally used, but with the stem separable from the handle for purposes of disinfection. An improvement—slight. *Dundas Grant.*

**Thost.**—*A Tracheal Dilator.* Meeting of the Aerztl. Verein, Hamburg, July 1, 1890.

THOST showed a dilator for the trachea, which could be introduced through the tracheotomy opening in children. He was in expectation of curing a case in which a canula had been retained. *Michael.*

**Schwendt** (Bâle).—*New Instruments.* "Monats. für Aerztl. Poly.," 1890, No. 11.

(1) *Laryngeal Powder Insufflator.* The principle of Rabierski's insufflator applied to the larynx.

(2) *Tampon Holder of Hard Rubber* to fix tampons introduced into the nose by means of Bellocq's tube. *Michael.*

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