mucus, showing the most complete analogy with the indications constantly found in the nasal fossæ of patients with ozæna. In the sputum of the patient were discovered, after colouring with aniline, besides isolated cocci and bacterii of different sizes, diplococci, corresponding to the description given by Lœwenberg of micro-organisms. which are, he believes, the active agents of the fermentation peculiar to ozæna. Luc has made bibliographical researches, and has found an analogous case of B. Fraenkel. **Joal.**

NECK, &c.

MUNK.—Researches on the Thyroid Gland. *Sitzungsberichte der Königlisch Preussichen, Akademie der Wissensch. zu Berlin*, 1887.

EXPERIMENTS on animals (dogs and monkeys) prove that neither the extirpation of the gland, nor the destruction of its tissues by ligature of all nerves and vessels, causes disturbance of any function, and it must therefore be admitted that the existence of the gland is not at all necessary for life or health, and that cachexia strumipriva is only to be looked upon as an unfortunate occurrence, and is not to be considered as a necessary consequence of extirpation. **Michael.**

HAHN (Berlin).—**A Method of Removing large portions of Goître without Tamponning, and without loss of Blood.** *Langenbeck's Archiv*, Bd. 36, Heft. 3.

ALL the arteries of the thyroid gland must be ligated. After incision of the capsule it is then possible to remove portions of the adenoid tissue as large as desired. It is not necessary to apply the spoon. Cutting-instruments can be used, and in this manner it is possible to avoid destruction of the remaining tissue. One case illustrates the method. **Michael.**

ZESAS (Berlin).—**Fifty Excisions of the Thyroid Gland. A Contribution to the Surgical Treatment of Goitres.** *Langenbeck's Archiv*, Bd. 36, Heft. 3.

REPORT of fifty cases, with remarks on cachexia strumipriva, and the methods of operation. The author recommends the method of Socin. **Michael.**

ZIEM.—Abscess of the Orbit and Fistula of the Lachrymal Sac from Suppuration of the Antrum of Highmore. *Allg. Med. Cent.*, 1887. *No.* 37.

THE combination of these three affections arose by continuity from the suppuration of the antrum. **Michael.**

OSBORN, S.—Staining of Skin from Nitrate of Silver.

REFERRING to recently published cases of this affection from painting the throat with nitrate of silver, the writer asks, How long is the period

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necessary to produce thorough pigmentation of the whole body, and where does this pigmentation first manifest itself? From one-and-a-half to two years seems to be the period, and the parts exposed to the light, *e.g.*, hands and face, are those first affected. (See author's reference, *Medical and Chirurgical Transactions*, vol. ix., p. 231 *et seq.*, for the fullest information on this subject.) **Hunter Mackenzie.**

WALLER, AUGUSTUS D. (London).—**Pulmonary Paresis.** *British Medical Journal, December* 24, 1887.

A NOTE denying the existence of pulmonary vaso-motor nerves, and consequently showing the slender basis upon which Dr. B. W. Richardson's theory of pulmonary paresis rests. **Hunter Mackenzie.**

HUTCHINSON, JONATHAN (London).—**Harveian Lectures on Lupus.** *British Medical Journal, January* 7, 1888.

LUPUS is an insidious, slow disease, which begins in early life, and, although it preferably affects mucous membranes, has almost always its first development in the skin, more especially that of exposed parts. The characteristic by which it is recognized is the formation in the corium of a brownish-yellow, apple-jelly looking cell growth, usually preceded by a stage of congestion and inflammation. As a rule, at one period or other the affected tissue breaks down, and ulcers are formed. The lecturer discards the old terms applied to the disease, and prefers to speak of inflamed and non-inflamed lupus.

The general definition of lupus is, a "serpiginous, infective, scar-leaving inflammation of the skin and mucous membrane." It contains two great groups, Lupus vulgaris and Lupus erythematosus, which, though distinct, are yet closely allied by numerous connecting links.

From an analysis of fifty-six cases, the disease is shown in forty-one of these to have affected the face, and in the remaining fifteen the extremities. In the forty-one facial cases, the precise seat of the disease was as follows:—

Nose and cheeks	8
Cheek alone	9
Nose alone	15
Nose and lips	1
Chin	2
Face and limbs	4
Cheek and neck	1
Nose and foot	1

It is not common for the lupus patient to suffer from any other disease. Out of seventy cases collated by the lecturer, no fewer than fifty per cent. appeared, so far as could be ascertained, to be in good health, and to be connected with healthy families. Despite such statistics, however, the lecturer is inclined to the opinion that, in most instances, lupus is a scrofulous disease. If the mucous membranes suffer much, there is almost invariably a tuberculous family history. A proclivity to chilblains predisposes to certain forms of lupus. The lecturer has repeatedly witnessed that in persons of middle age who have suffered from lupus

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there is a definite tendency for the scars to become attacked by cancer, and he has seen lupus and cancer existing in different regions, and independently, in the same person. A very important observation has been made by several, that in the skin the Malpighian layer is apt to grow downwards in processes much resembling those of epithelial carcinoma.

Reference is made to the tubercle-bacillus in its relation to lupus, and to the fact that many observers have found in the cell growth of common lupus a bacillus, which all agree in considering as identical with that of lupus. The opinion is meanwhile withheld as to the relation between this organism and the lupus process. The mucous membranes are perhaps seldom attacked, except in those who are tuberculous.

In regard to diagnosis, lupus ought not to be confounded with cancer; the latter does not produce cicatrization in the parts it has disorganized. A few rare forms of superficial rodent ulcer are the only conditions in which malignant action resembles lupus. In reference to syphilis, however, there is probably not a single variety of lupus which may not be closely simulated by syphilis. Syphilis may produce lupus inflammation. There may exist a "syphilitic lupus."

Regarding lupus of the mucous membranes, it is almost always in association with Lupus vulgaris that it is present. Usually, but not invariably, the skin is first attacked. The lecturer has several times seen it begin on the gums or the palate or in the cheek, without any like disease of the skin. It would frequently be impossible to identify it, were it not for the concomitant skin affection. The mucous membrane becomes thickened, papillary, and ulcerated, without the apple-jelly growth. The gums and soft palate may be destroyed, and the disease may extend to the larynx; it is here distinguished from syphilis by the bones being never involved, nor the palate perforated. It is a creeping, superficial process. How far the disease may extend down the throat is not known, nor whether it ever invades the stomach. Several of the lecturer's patients have, however, died of hæmatemesis.

Lupus of the nasal septum is merely a form of lupus of mucous membranes rendered peculiar by the part affected, and is frequently mistaken for syphilis. It usually commences just within the nostril, and a small ulcer forms, which soon perforates the (cartilaginous) septum. The edge of the ulcer may heal, leaving only a comparatively small hole, or it may extend to the vomer, but, as already stated, it never produces disease of the bone. These perforating lupus ulcers of the septum may occur without any skin lupus, but the proof that they are of the lupus nature is found in the frequency with which they occur with it. Perforating ulcers of the septum occurring as the sole lesion are by no means necessarily syphilitic, being often examples of lupus.

Hunter Mackenzie.

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