origin. The author's operation for both kinds of malformation consists in cutting through and removal of the deviation with a bistoury.

VOLKMANN used to hold the opinion that deviations were always accompanied with fracture, but anatomists have convinced him that septal defects may often be congenital anomalies.

TRENDELENBURG had often observed that not only the septum, but also the upper jaw, is concerned in the deviation, and considers this a proof that the cause is not traumatic but congenital.

LANGE stated that he employed Jarvis's method of treatment for these conditions.

HEYMANN, in referring to a case of traumatic origin, stated that he always operated by cutting. MICHAEL.

SOCIETIES.

Midland Medical Society.

Wednesday, March 30th, 1887.

Syphilitic Stenosis of Trachea.—Dr. SUCKLING showed a woman, aged fifty, who had contracted syphilis twenty years previously; five years later the hard palate became perforated. For the last nine years she had suffered from difficulty in breathing, which was noisy and stridulous. On several occasions the dyspnœa had been extreme, and almost necessitated tracheotomy. There was no laryngeal stenosis or other disorder, the cords moving freely. On inspiration the glottis was rhomboidal in shape, being extremely dilated; nothing abnormal could be seen in the trachea. There were no signs of mediastinal tumour, no dysphagia, or other pressure symptoms.

West London Medico-Chirurgical Society.

Friday, April 1st, 1887.—*Clinical Evening.*

Malignant Polypus of the Nose.—Dr. SCANES SPICER related the case of a woman under his care suffering from malignant polypus of the nose.

Mr. BRUCE CLARKE said that he had lately been watching a similar case to that described by Dr. Spicer. The polypus was removed with forceps; ultimately the patient died, and at the *post-mortem* examination an abscess at the base of the brain was found.

Rhinolith.—Mr. WEISS exhibited a rhinolith, which he had lately removed from a young girl.

Mr. BLAND SUTTON said such concretions usually formed around a foreign body.

Epidemiological Society of London.

Wednesday, April 13th, 1887.

Mould-Fungi as Causes of Diphtheria.—Dr. MICHAEL W. TAYLOR read a paper embodying all the evidence which he had collected from many years' experience of outbreaks of diphtheria, in support of views which he had formerly expressed in the *British Medical Journal* of July, 1881. His view was that some common mould-fungi, growing under certain conditions, might originate or transmit diphtheria. The first set of cases comprised three children in one house, who took

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diphtheria within a few days of each other; they had not been exposed to infection, nor could the disease be traced to any external conditions, except the state of the bedroom they slept in. The walls, in consequence of leakage, had become sodden with wet on July 12; on July 22 a fungus appeared on the wet plaster; on August 1 the first case of diphtheria appeared, rapidly followed by two others, in the children who occupied the room. At that time the surface of the wall was covered with aspergillus mould, besides which there was a surprising development of a pileate fungus growing on the wet plaster. In a second case, in which a child died in three days from diphtheria, there was a great development of penicillium moulds in the apartment. In another case, a young man had diphtheria severely, four days after having been engaged in cleaning out a loft in which a number of pigeons were kept, which was full of mould growing on the exuviæ and *débris* and rotten woodwork. In a fourth case, four children in the same family were attacked, the only insanitary condition present having been a quantity of fleeces of sheep's-wool, which had been stored for two years within the house, in an adjoining room. Again, there had been three outbreaks of diphtheria in a farm-house, one case in 1879, four cases in 1880, two cases in 1881. Here also wool had been stored within the house, and it was kept in a room which had been successively used by these children as a sleeping apartment. Dr. Taylor regarded the evidence as pointing strongly to the storage of wool, and to the mould spores and dust proceeding from it, as being the exciting causes of these successive outbreaks of diphtheria. He then discussed the probability of common moulds being connected in some way as agents in originating the diphtheritic growths. It was shown by the researches of Oertel, Nasiloff, Eberth, and others, that diphtheria was a true mycosis, and that we were warranted in believing that it depended on the implantation of fungoid material endued with virulent power. Evidence was sought from the analogy of other fungoid parasitic affections which infected man and animals; it was shown that many of these fungal productions were but conversions of elementary states of penicillium and oidium. As maintained by Zopf, there might be a polymorphism amid pathogenic micro-organisms, and there might be stages of intermediate forms resulting from the nature of the nutrient media. Common moulds were capable of artificial growth in the bodies of animals; the spores of aspergillus glaucus had been made to germinate in the eyes of rabbits, and there was a ready-made experiment in the madura foot-disease, which arose from inoculation with the spores of a mucor, growing in the hot season in India. The innocent bacteria and aspergillus might, by special cultivation, become pathogenic, according to Gräwitz and Fepinger. The experiments in this direction by Nägeli and Büchner were referred to, and also Lichteim's experimental inquiry on Pathogenous Mould-Fungi. Dr. Taylor regarded the primary elements of zymotic disease as dependent not on individual forms of germs, but as an affair of soil, and inferred that common moulds, both by spores and byssoid mycelium, might originate diphtheria by growing on noxious media.

Society of Medical Officers of Health.

Friday, April 15th, 1887.

Sore Throat from Coal-Gas.—Dr. CORFIELD read a paper on "Outbreaks of Sore Throat, caused by Slight Escapes of Coal-Gas." He pointed out that attention had been almost entirely directed to cases of poisoning by asphyxia produced by escapes of coal-gas into dwelling rooms; this had been shown to be due to the carbonic oxide contained in the coal-gas. He referred to the recent investigations of Professors W. T. Sedgwick and W. Ripley Nichols, of the Massa-

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chusetts Institute of Technology, as to the relative poisonous effects of coal and water gas; these investigators concluded that carbonic oxide was probably the only component of illuminating gas the poisonous qualities of which were of practical importance to the public health. Michel Lévy, in his *Treatise of Hygiene*, suggested that some of the effects produced on persons working in atmospheres charged with the products of combustion of coal-gas might be due to unconsumed substances, such as bi-sulphide of carbon, but Dr. Corfield had been unable to find any account of definite illness produced by continuous slight escapes of coal-gas from defective burners or joints in pipes. During the past few years his attention had been gradually arrested by cases of illness, and more especially of relaxed and even ulcerated sore throats, occurring in persons sleeping in rooms in which there were defective gas burners or pipes, but living in houses as perfect as modern sanitary science could make them. The persons attacked became quite well on the defects in the gas burners or pipes being remedied, and no other cases occurred. Dr. Corfield himself had personally suffered from a slight escape of gas from a defective pipe in his own bedroom. He also pointed out that coal-gas might get into houses through the basement floor, and even up through the walls, especially behind panelling, from defective mains in the streets. He believed that the effective agents in producing the irritation in the throat were the bi-sulphide of carbon, and other sulphur compounds contained in the gas. To hospital throats and sewer-air throats must now be added coal-gas throats.

Sheffield Medico-Chirurgical Society.

Thursday, April 14th, 1887.

Malignant Tumour of Œsophagus.—Dr. J. D. WYNNE showed an œsophagus which was involved in a scirrhous mass for about six inches downwards from just above the root of the lung. The patient, aged seventy-nine, had suffered for about a year from occasional dysphagia, which became worse during the last three weeks of life, so that eventually all food was rejected.

South Wales and Monmouthshire Branch British Medical Association.

Thursday, April 28th, 1887.

Sub-glottic Abscess.—W. T. F. DAVIES showed the larynx of a woman, aged sixty-three, who had died suddenly after an attack of dyspnœa lasting twenty minutes. A small laryngeal abscess below the vocal cord, and running all round the larynx, with consequent œdema, was found. The aortic valves were calcified, and in the interventricular septum was found a small aneurysm.

Hamburg Society of Physicians.

Meeting, April 5th, 1887.

A CASE of congenital absence of the thyroid gland was shown by E. FRAENKEL.

MICHAEL.

Wiener Doctorencollegium.

Meeting, April 18th, 1887.

On Asthma.—SCHNITZLER gave a review of the present state of this question. Four years ago the nose was too little considered in relation to asthma. Now, on the contrary, all cases are looked upon as produced by affections of the nose. During the attack, narcotics give the best results.

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PUIS recommends tinct. strophanti, which he had also administered, with good results, in cases of cardiac asthma.

MICHAEL.

Surgical Society.

Paris, April 20th, 1887.

Tracheotomy and Chloroform.—M. LE DENTU returns to this question (see last number of this Journal, p. 192), and insists on the fact that he has never maintained that chloroformisation in tracheotomy was anything new. It is, however, rare in France. Notwithstanding the widely-expressed dislike of the method, it is necessary to impress the medical fraternity of France that in certain conditions chloroform narcosis is rational in tracheotomy.

PEYROT thought that there was another condition in which it might be of great service, especially in children, *i.e.* in tonsillotomy. The inconveniences of the method are minimal, so long as anæsthetism is not pushed too far, deglutition being maintained, blood would flow into the stomach, and not into the respiratory passages. It can also be used for removal of adenoid vegetations, and permits as much to be done in one sitting as at seven or eight sittings without chloroform.

RECLUS had experience of one case of tonsillotomy under chloroform, in which the blood entered the respiratory tract and caused death. This fact was not published, but shows nevertheless that extreme care is necessary in such conditions.

JOAL.

Medical Society of the Hospitals.

Paris April 22nd, 1887.

Treatment of Tubercular Laryngitis.—GOUGENHEIM communicated the results obtained by the surgical treatment of tubercular laryngitis introduced by Hering, of Warsaw, *i.e.*, the employment of scraping the ulcerations; or when practicable, the injection of lactic acid or iodoform into the submucous tissue of the larynx after cocaine anæsthesia. Out of 200 patients so treated during the last year, Hering reported 28 cures. Gougenheim showed sections of the larynx demonstrating the cure of tubercular ulcers; the products of scraping infiltrations of the same nature, and chromo-lithographic drawings of ulcerations cured with cicatrisation. In these cases the characteristic bacillus had been detected, and the truly tuberculous nature of the lesions had been affirmed by Virchow. At the present time some of the 28 reported cured have died from other causes.

LABBÉ considered that such observations as the preceding should not be permitted to pass without great reserve. He did not for a moment doubt the good faith of the operator, or of the speaker, but it was possible for them to be deceived, and there would be some danger in publishing without commentary or thorough examination facts so extraordinary as those just related, and thus inspiring practitioners with unjustifiable confidence.

GOUGENHEIM answered that the sections had been shown to Virchow, at Berlin, and Hering was a serious physician.

JOAL.

Academy of Medicine.

Paris, April 26, 1887.

Treatment of Certain Rebellious Epistaxes.—Before entering into the question, VERNEUIL recalls the probability that when an epistaxis is not caused by a neoplasm of the nasal fossa or pharynx it should be considered to be a symptom of toxæmia,

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or at least of a dyscrasia. Hence the necessity of giving the foremost place in treatment to anti-hæmorrhagic medicaments taken internally, and only a secondary rôle to physical, chemical, and mechanical methods of treatment, designed to meet the symptom but not the cause. If he were to recapitulate all his treatment of epistaxes occurring in cardiac, renal, or hepatic disorders during fevers, or from malaria, he would relate many more successes obtained from digitalis, ergot, and sulphate of quinine than from direct cauterization or tamponning. VERNEUIL relates three cases of rebellious epistaxis in which medication was powerless, and tamponning was equally unsuccessful. Seeking the origin of the condition, he found it in one of the great viscera of the economy, namely, the liver, and applying a large blister to the hypochondrium, obtained an immediate cure. In these cases ergotine, perchloride of iron, digitaline, and quinine had all been tried without effect. VERNEUIL, in closing his remarks, concluded that :—1. Latent affections of the liver can provoke or keep up obstinate epistaxis. 2. The revulsion obtained from placing a large blister on the right hypochondrium is the best means of curing hæmorrhages of this kind.

COLIN asked VERNEUIL what physiological relation he saw between ae epistaxis and an affection of the liver, and how he could explain the action of a revulsive applied to the hypochondrium? VERNEUIL was unable to trace the connection; but inasmuch as all cases showed the same chain of events, it was more than mere coincidence. COLIN thought that it was possible to obtain a physiological explanation. Physiologists knew that in cardiac affections, in which there are circulatory disorders, there are venous pulsations in the jugulars and the cerebral veins. It is the same in certain affections of the lungs with embarrassment of respiration, in hypertrophy of the liver and spleen. In all these cases there is an increase of vascular tension, which with ease will produce epistaxis. As to revulsion, COLIN believed it to be an error to apply it near to the seat of disorder; it would often augment the fluxionary state which it is desired to overcome, and revulsions should be applied to a spot as far away as possible from the congested region. DUJARDIN-BEAUMETZ believed it possible to give a scientific explanation of Verneuil's facts. Hæmorrhages consecutive to hepatic diseases arise: (1) from alterations of the blood, a powerful factor predisposing to hæmorrhage; (2) from the manner in which liver diseases react upon the heart; (3) that they lead to alterations in the capillary blood-vessels, and these being in the pituitary membrane, the most delicate in the body, there is nothing surprising in the fact that they should oftenest yield. JOAL.

Section of Laryngology.

Ninth International Medical Congress, to meet in Washington, D.C., U.S.A., September, 1887.

The following gentlemen have signified their intention of presenting papers:—Dr. B. Baginsky, Berlin, Germany; Dr. S. N. Benham, Pittsburgh, U.S.A.; Dr. A. Cartaz, Paris, France; Dr. W. E. Casselberry, Chicago, Ill., U.S.A.; Dr. W. Cheatham, Philadelphia, U.S.A.; Dr. A. J. Coey, Chicago, U.S.A.; Dr. W. W. Cole, Allegheny, U.S.A.; Dr. W. F. Coomes, Louisville, U.S.A.; Dr. Ephraim Cutter, N.Y., U.S.A.; Dr. H. H. Curtis, New York, U.S.A.; Dr. W. H. Daly, Pittsburgh, U.S.A.; Dr. T. D. Davis, Pittsburgh, U.S.A.; Dr. C. M. Desvernine, Havana, Cuba; Dr. Richard Ellis, Newcastle-on-Tyne, England; Dr. Richardson Gray, Orange, N.J., U.S.A.; Prof. Jos. Gruber, Vienna, Austria; Prof. Hack, Freiberg in Baden, Germany; Dr. J. H. Hartman,

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Baltimore, U.S.A.; Dr. Herman E. Hayd, Buffalo, U.S.A.; Dr. D. A. Hengst, Pittsburgh, U.S.A.; Dr. Theodore Hering, Warsaw, Poland; Dr. Camalt Jones, London, England; Dr. H. Jones, London, England; J. P. Klingensmith, Blairsville, U.S.A.; Dr. Paul Koch, Luxembourg, France; Dr. H. Krause, Berlin, Germany; Dr. Geo. Mackern, Buenos Ayres, Argentine Republic; Dr. Geo. W. Major, Montreal, Canada; Dr. F. A. Mandeville, Rochester, U.S.A.; Dr. F. Moura, Paris, France; Dr. D. F. Massei, Naples, Italy; Dr. A. W. Orwin, London, England; Dr. M. C. O'Toole, San Francisco, U.S.A.; Dr. Wm. Porter, St. Louis, U.S.A.; Dr. D. N. Rankin, Allegheny, U.S.A.; Dr. J. M. Ridge, Camden, N.J., U.S.A.; Dr. J. O. Roe, Rochester, U.S.A.; Dr. John A. Robinson, Chicago, U.S.A.; Dr. O. Rosenbach, Breslau, Germany; Dr. A. Schnee, Nice, France; Prof. John Schnitzler, Vienna, Austria; Dr. Schaumacher, Achen, Germany; Dr. Carl Seiler, Philadelphia, U.S.A.; Dr. J. G. Sinclair, Nashville, U.S.A.; Dr. F. Semeleder, City of Mexico; Dr. Max Stern, Philadelphia, U.S.A.; Dr. J. A. Stucky, Lexington, U.S.A.; Dr. Richard Thomas, Baltimore, U.S.A.; Dr. W. McNeil Whistler, London, England; Dr. Edward Woakes, London, England; Dr. Zeim, Danzig, Germany.

REVIEW.

Stemmens Pleje og Uddannelse Paa Dansk ved Dr. Med. Holger Mygind, Copenhagen.[1]

DR. MORELL MACKENZIE'S interesting and well-known work, "Hygiene of the Vocal Organs," has been translated into Danish by Dr. Holger Mygind, of Copenhagen, where it has been well received both by the medical profession and the general public. While compelled by the exigencies of the language to eliminate some of the absolutely untranslatable idioms, as well as various allusions and remarks which, being only of interest to an English public, nevertheless contribute to render the original so eminently readable, and make an otherwise "dry" subject interesting, the translator has very carefully and accurately reproduced the author's ideas, and in all important points and details given a verbatim translation. We think that Dr. Morell Mackenzie has every reason to be satisfied with the result of Dr. Mygind's endeavours to make the work as deservedly popular in Denmark and Norway as it is in this country.

C. B.

[1] "The Hygiene of the Vocal Organs," by Morell Mackenzie, M.D., translated into Danish by Dr. Med. Holger Mygind, Copenhagen. Macmillan & Co., London.

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