ELDER.-NOTE ON COCAINE. Lancet, No. 18. Vol. 2. October 30, 1886.

Three or four minutes after injecting a 10% solution under the skin (m xij), syncope, twitchings of face, falling of jaw, coldness of body, clammy perspiration, lividity-all the appearances of impending death. Several minutes afterwards consciousness recovered, with subsequent great prostration.

Ed.

HALL, L. EMMETT.-COCAINE IN WHOOPING-COUGH: IS ITS USE SAFE IN YOUNG CHILDREN? New York Medical Journal October 23, 1886.

The author answers this question in the following conclusions:-(1) It must be used with great caution in young children, under all circumstances; (2) The spray is never to be recommended, since an uncertain quantity is given; (3) Solutions stronger than 4 per

cent. should not be used in children under two years; (4) In cases where it was tried, he failed to see any notable benefit; (5) Chloral seemed to be of very decided value in controlling symptoms due to cocaine.

GARNETT, A. P. (Washington).-INHALATIONS OF MURIATE OF COCAINE IN WHOOPING-COUGH. Journ. Amer. Med. Assoc. October 9, 1886. Of a 6 per cent. solution of cocaine in chloroform, ten minims were inhaled from a wine-glass made warm by tepid water, the nostrils being kept closed. It was repeated every four hours. It relieved paroxysms, but did not cut short the disease.

The author has adopted this treatment extensively. In very young children the ten or twelve drops may be poured on to a handkerchief.

MICHAEL (Hamburg).-THE THERAPEUTICS OF WHOOPING-COUGH: Subsection for Pediatrics of the 59th Meeting of German Naturalists and Physicians.

Last year the author originated a method of treatment by nasal insufflations of powders of pulv. resinæ benzoae, chinin. sulph. and arg. nit. 1-10. Benzoin has an agreeable taste, no toxic effect, and is most serviceable. The author relates 250 cases in which this theatment was adopted. Of 100 carefully observed cases, eight had no further attack after the first insufflation. In three of these there was a return, and five cured permanently. In 74 per cent. there was substantial benefit, no effect in 12 per cent. and increase of the cough in 14 per cent. 7 per cent. were cured in three days, 25 per cent. in less than twenty days; the rest occupied three to five weeks. In twenty cases there was improvement, with cessation of vomiting, epistaxis, and asphyxia. The best effects were observed in very new and very old cases. The duration of the treatment was fourteen days in fifty cases. The author's results are confirmed by the publications

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of Bachem, Guerder, Lublinski, Stoerk, and Ziem.

The Author.

SHURLY, E. D.-OBSERVATIONS ON THE USE OF SOME OF THE NEWER REMEDIES IN DISEASES OF THE UPPER AIR PASSAGES. New York Medical Journal, September 11 1886.

Aconitine was used as a spray or pigment in twenty-five cases, embracing laryngeal phthisis, chronic pharyngitis, pharyngo-laryngitis, follicular amygdalitis, and pharyngeal neuralgia. As a local agent it is of little benefit in most cases, and is prohibitory on account of its unpleasant effects.

Agaricin apparently has no therapeutic effect when used locally.

Arbor Vitae, used as a spray of the fluid extract, caused disappearance of intra-laryngeal papillomata, used twice daily for three months. It was useless for a cystic tumour of the vocal cord. Its good effects may be due to its astringency.
Ammonium Glycyrrhizae is of doubtful value as a spray, but is a good expectorant.
Cannabine Tannate is an astringent and local stimulant in nasal and naso-pharyngeal disease. It is very irritant when used pure, but with starch or vaseline (2-5 gr. to the drachm), it is an excellent substitute for tannic acid, without its irritating effects.
Cadmium Sulphate is not superior to zinc sulphate or chloride.
Cotoin is a powerful irritant to the nasal and pharyngeal mucosa, and, when diluted with starch or sugar 1 part to 3 or 4), is better than anything, except galvanism, for atrophic catarrhs.
Coniine Hydrochlorate ii of no value locally.
Cocaine. Sufficient is already known of this body.
Daturine $\frac{1}{100}$ - $\frac{1}{50}$ grain, used as a spray, frequently is of service in influenza.
Ethyl Bromide, as an inhalation for cough is not quite so efficacious as chloroform, but causes less general anaesthesia.
Hyoscyine, used as hydrobromate, is inefficacious.
Hydrastine is useless.
Iodol does not arrest ulceration like iodoform, but causes slow improvement and healing.
Papain is of no service as a solvent in diphtheria.
Muscarine Sulphate, $\frac{1}{50}$-$\frac{1}{10}$ grain, as a spray, relieved dry catarrhs.
Physostigimine Sulphate relieved spasmodic stricture of the lower pharynx and oesphagus in doses of $\frac{1}{120}$ grain.
Pilocarpine Hydrochloride is unserviceable.
Piscidin. A pigment of $\frac{1}{10}$ grain to the drachm relieved a persistent tickling of the pharynx in a case of phthisis.
Resorcin. This was used with good effect in secondary and tertiary specific ulceration, ozaena, lupus lupus eczematosa, ulcerating lupus, and herpetic pharyngitis. It is used as a spray or pigment, one part to four or six.
Sanguinaria Nitrate. It is useless locally, but is a good stimulating expectorant in doses of $\frac{1}{10}$-$\frac{1}{4}$ grain in syrup.

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DIPHTHERIA-

MERCES.-DIPHTTERIA: ITS TREATMENT. Lancet, No. 18. Vol. 2. October 30, 1886.

1. With marked depression, moderate elevation of temperature, and glandular enlargement; give first an aperient, then

R Iron perchloride ℥vj.
Dilute nitric acid ℥ij.
Glycerine ℥j.
Water to ℥vj.

℥j. every two hours.

2. Patches may now be noticed, temperature and glandular swelling increased. Now administer an emetic.

Apomorphia m iij.-m v.

The slough will be found in the ejecta. The dyspnoea will be much relieved. Continue the iron.

3. If the patient can use a gargle, order the following-

Chlorate ℥j.potash ℥j.
Pure hydrochloric acid ℥ss.

Mix in a six-ounce bottle, and while the nascent chlorine is being generated, fill up with water and direct an ounce to be used every third hour.

Maintain strength by milk, beef tea, &c. Alcohol is urgently demanded and must be given with a free hand. The temperature must be uniform, say 70° f. with a current of fresh air.

Ed.

GOMER DE LA MATA (Madrid).-TRATIMIENTO DE LA ANGINA DIPFTERICA Y CRUP. (TREATMENT OF DIPHTHERIA AND CROUP.) Gaceta de Oftalmologia, Otologia y Laringologia, No. 7. July, 1886.

The author uses filocarpin to promote detachment of the false membrane, applying it pure or mixed with glycerine carbolic acid: he insufflates with saccharate of lime; uses spray inhalations of lemon juice [illegible]; uses ipecacuanha, or sulphate of copper; and rubs the chest, neck, and spine with camphorated ointment; and advises a nutritious diet. The patient should be placed in a well-ventilated room at a temperature of 16° c., saturated with carbolic vapour.

Ramon de la Sota y Lastra.

SHIPES, GEORGE.-INSUFFLATION OF IODOFORM INTC THE TRACHEA AFTER TRACHEOTOMY FOR DIPHTHERIA. Lancet, No. 4. Vol. 2. July, 24, 1886.

He treated two cases by blowing 10 grains of iodoform (in the one), and 15 grains (in the other), into the trachea, by introducing an

insufflator down the tracheotomy tube. The insufflation was repeated every four hours. Perfect recovery.

Ed.

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WATSON, CAMPBELL (Edinburgh).-DIPHTHERIA. Edin. Med. Joural, No. ccclxxvii. November, 1886.
Diphtheria is primarily a local disease; there is not a so-called period of incubation; supposing it due to infection, however arising, like scarlatina, typhoid, or smallpox, it differs from these in one very important particular, that while any of these diseases seems to eliminate a mysterious specific pabulum, and so secures immunity from recurrence, diphtheria leaves the patient more susceptible to the disease for a considerable time; diphtheria is futher parasitic and fungoid in character. He advises gargles of pot. permang. (half a grain to an ounce of water), applied over the whole pharynx, using two or four ounces at a time, and repeating every two hours during night and day. As a spray to the respritory passages he advises the same in a strength of one grain to the ounce. The disease is quickly mastered by this treatment, and meat-teas and milk are quite sufficient to sustain the patient. In constitutional disturbance he relies on soda sulpho-carbolate in 20-grain doses every four hours, for an adult; one grain for each year in children. Ed.

REIRSON, A. C. (Copenhagen).-ON THE TREATMENT OF NASAL DIPHTHERIA (BEHANDLINGEN AF NAESED-IPHTHeritis). Ugeskrift for Laeger, 4de Rackke, 14. Bd., No. 33, 1886.
The author gives an account of the treatment lately employed with good results in the Copenhagen Fever Hospital in cases of nasal diphtheria. The serious character of this form of diphtheria having been experienced (the author thinks that the pituitary membrane absorbs the micrococci of diphtheria much more quickly than any other mucous membrane, thus giving rise to serious general symptoms) and the usual treatment by which either the false membranes were removed with forceps or antiseptic liquids injected in the nose having proved unsatisfactory in results, or impossible in practice, the treatment by medicated bougies has been adopted. They are made according to the following formula:-

Cocain muriat ... ... milligram, 10 a 15.
Boric acid ... ... gram, 1.
Amyli ... ...
Gummi arab. pulv. ... ... aa. centigram 10.
Glycerini ... ... quantum satis.

The length of the bougie for grown-up persons and big children is 10 centimetres, the diameter 5 millimetres; the same diameter will do for quite small children, the length being only a few centimetres shorter, but these bougies contain only 5 milligrams cocain (or even less for quite small children) and 65 centigrams boric acid each. They ought to be stiff and pointed at one end. They are introduced easily and hardly any pain or bleeding; one is applied to each inferior meatus, and ought to reach as far as the naso-pharynx. When they are melted, the passage through the nose is often reestablished at once, and the mucus and the false

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membrane are now easily removed by syringing through the nose; but, if necessary, the introduction of the bougies is repeated, one hour being the usual time for them to melt thoroughly. The cocain acts partly by reducing the swelling, and partly by decreasing the irritation caused by the boric acid, which acts like permanent antiseptic irrigation. Holger Mygind.

NOSE.

BOVILL (India).-A CASE OF RHINOLITH. British Medical Journal, October 16, 1886.
The patient was a Hindu aged forty. The rhinolith blocked the left nostril, causing a sanious and offensive discharge, and there was facial paralysis, ptosis, and epiphora of the left side. The rhinolith was crushed and removed, and the fragments weighed four drachms, and when dried, 165 grains. The palatine process of the upper jaw-bone was atrophied on the right sid from pressure by the stone. Theozaena and swelling subsided, and facial paralysis was ameliorated. Ed.

WRIGHT.-ON SOME FORMS OF NASAL OBSTRUCTION. Manchester Medical Chronicle, July, 1886.

1. Ecchondrosis or hyperchondrosis, resulting from injury, spontaneously or congenital, distinguished drom deviation of the septum by examination of the other side, and from mere mucous thickening by its hardness and sharp outline. Only removal is effective.
2. Deviation of the cartilaginous septum. This arises in several different ways, may be congenital (though this is usually of the bony septum), from fracture, or dislocation, of either the ethmoid and vomer, or of the nasal spine of the upper jaw below. It may also be from

perichondritis, resulting in softening and subsequent deviation of a local patch of the septum. Adam's plan of treatment is all that can be desired.
3. Adenoid postnasal vegtations are a frequent cause of nasal obstruction. The author also calls attention to a special form of enlargement of the tonsils which takes place not towards the mid-line, but outwards between the pillars of the fauces and layers of the soft palate.
The author cities an unusual case of a boy of seven, in whome the nasal cavities, right up to the anterior nares were t
xstuffed full
of adenoid vegetations, mainly attached to the septum. They were removed by scraping. Ed.

PREDBORSKI.-DISEASE OF THE NOSE CAUSING APHONIA AND DYSPNOEA. Gazeta Lekarska.
A young Jewess, after a severe fright and nervous shock, lost the power of speech and suffered from spasmodic dyspnoe.a; the catamenia also ceased. The attack was so alarming that tracheotomy was decided on, but the inhalation of chloroform gave relief, and the girl began to scream.

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In a few weeks' time the girl seemed better, but subsequently the symptoms recurred. The nose showed redness and tumefaction of the lower and middle left tubbinated bones. Touching them produced pain, sneezing and mucous discharge. Chromic acid quickly and completely restored the patient's health.

FRENCH, T.R.-THE EFFECTS OF DISEASES OF THE NASAL PASSAGES ON OTHER PORTIONS OF THE RESPIRATORY TRACT. New York Medical Journal, November 13, 1886.
The author discusses three ways in which these effects arise -(1) by catarrhal discharges finding their way into the larynx; (2) indirectly by causing the habit of mouth6breathing, and dry, cold, unfiltered air causing catarrhal inflammation by direct irritation; (3) by reflex irritation, and the production of such symptoms as laryngeal spasm, cough and dronchial spasm. He holds with the theory of sensitive areas, but believes that the superior posterior regions of the nares quite as frequently give rise to reflexes as the inferior posterior regions where, according to Dr. Mackenzie of Baltimore, they are most marked. The author quotes a case of asthma due to polypi confined to the upper portions of the nares. In long-standing cases of nasal obstruction he finds local treatment unsatisfactory so far as the asthma is concerned.

KRAUSE (Berlin).-DIE NASALEN REFLEXNEUROSEN INSBESONDERE DAS NASALE ASTHMA UND DIE EXPERIMENTELLE TRIGEMINUS FORSSCHUNG (NASAL REFLEX NEUROSES, ESPECIALLY NASAL ASTHMA, AND THE EXPERIMENTAL STUDY OF THE TRIGEMINUS). Deutsch. Med. Wochens., 1886, No. 32.
The author refers to some physiological observations of Holmgren, Wegele, Kratschaur, and Knoll, which prove a certain relation between the trigeminus and the respiratory function, and says that asthma must be considered due to a morbid increase of irritability of the sensory trigeminus fibres ending in the nasal mucous membrane, and which are consequently able thus to produce reflex attacks of expiratory impediment. Michael (HamburgU.

[illegible].
PEPPERI, G.- REFLEX PHENOMENA OF NASAL ORIGIN, AND THE INJECTION UNDER THE MUCOSA OF COCAINE. Sperimentale, September, 1886.
This is an accurate synthetic review, in which, however, one misses some Italian work, e.g., Massei's Lectures on Vertigo and De Gennaro's Reflex Neuroses. The review ends with a description of an instrument adopted by Prof. de Rossi for the subcutaneous injection of cocaine in the nasal cavity and the larynx. It is a Scarenzio syringe, with three rings on which is fixed a long steel tube slightly curved at the extremity to which is screwed an ordinary goold needle for injection.

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In spite of the good work in the hands of the author we do not see why we should, according to Ferreri, prefer it to the pencilling of cocaine, even for the rapidity of the effect. Indeed, in three or four minutes, pencilling produces anaesthesia. Moreover, although the application may be easier for the naso-pharynx, we do not know if the same can be said for the larynx. In every respect the idea is admirable, and if it assists in localizing or prolonging the laryngeal anaesthesia, the method will soon gain confidence.

Massei.

BORONE, T.-A CASE OF SPASMODIC SNEEZING: HISTORY AND REMARKS. Bollet. Prazzi, July, 1886.

The author alluded to one of the more serious reflex neuroses of the nose, resulting in a succession of sneezing fits at very short intervals. After having referred to the importance and extension of reflex phenomena taking origin in an affection of the nasal mucous membrane, he related a case under observation uncommon, seeing that on two occasions the attacks of sneezing followed each other so rapidly that the patient became cyanosed and collapsed, and his life in jeopardy; but with the supervention of vertigo the attack was cut short. Inspection of the nasal cavities revealed an

intense hyperaemia of the whole mucosa, as well as great swelling of the inferior turbinated tissue on both sides, so that it came in contact with the septum. He then made some remarks relative to the mechanism under which reflex actions are generated, and cited some of the different opinions on the subject such as those of Hack, Frankel, Mackenzie, and Baratoux. He said it was not yet settled what points of the nasal mucosa, when irritated, gave rise to reflexes, nor the nerves through the connections of which the reflex actions take place, nor what kind of alteration in the nasal mucosa was accompanied by the lower rather than the higher neuroses; but for the rest, he shared the opinion of those who admit a sensitive zone, and that the irritation takes place through the trigeminus. From the case in question he was enabled to draw the following corollary; in many cases tumefaction of the turbinated bodies, in contact with that of the septum, is not sufficient to give the sensitive zone the property of exciting reflex action, but a concomitant and active state of hyperaemia of the mucosa is also necessary. Lastly, the author referred to treatment with the object of destroying the reflex manifestations. The galvano-cautery, according to him, was not superior to other measures, such as buginaria of iodoform and cocaine, from the anaesthetic and anoemizing properties of which he had obtained every benefit in the case under discussion.

Massei.

MAYS, T. J. (Philadelphia).-THE NASAL REFLEX-A NEW METHOD FOR DETERMINING THE LOCAL SENSORY ACTION OF DRUGS-A PRELIMINARY NOTE. The Medical News, November 20, 1886.

Five or six drops of the drug to be tested (a 1 or 2 per cent. solution) are dropped slowly into the nostril of a frog, at intervals of from three to five minutes,

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and the nasal reflex is tested by introducing the end of a very light wire into the medicated nostril and comparing it with its fellow of the opposite side. Irritation in the healthy side will make the frog wince, blink, and make efforts to brush away the offending substance with the foot,

foot, whileif the drug be one affecting sensibility the animal will permit even boring into the nose without pain. The method has been used to determine the local differences between theine and caffeine, and is very delicate and accurate.

DE GENNARO, L.- CONTRIBUTION TO THE STUDY OF REFLEX NEUROSES OF NASAL ORIGIN, AND OF THE EFFECTS OF CHRONIC PHARYNGITIS. Archiv. Ital. de Laring., An.6, Fasc. 3 and 4.
The scope of this publication is comprised in its title. De Gennaro

first refers to the autrors occupied specially with the nasal reflex neuroses.
He then refers to two cases of his own. The firts first patient had spasm of the glottis, dyspnoea, cough, guttural voice, vertigo, &c., with a nasal polypus. This, once destroyed, all the reflex phenomena gradually ceased. The second had spasm of the glottis, deafness, and dyspnoea, through chronic rhino-pharyngitis. With local treatment the symptoms were ameliorated, although not eradicated.
Finally, the author returns to the pathogenesis, and distinguishes two classes of theories In the first come those which limit the point producing the reflexes, and which he calls an empirical theory; while in the second are those which refer the reflex power to the whole nasal mucous membrane, and which he calls a pathological theory. His oun views conform with the second class, because it agrees with the anatomy and physiology of the nose. But if the absence of a special constitution in the turbinated bones and septum condemns the theory of Hack, Baratoux, &c., that of Brebrion, &c., is not as much to be depended upon, since it should apply to all cases of nose disease.
The author believes that if the reflex phenomena pertain to the whole nasal mucous membrain, they must, on the other hand, be sustained by some other element extraneous to the nasal lesion, such as an hysterical or hyperaesthetic condition. This pathological agent, granted it already exists in the individual under the influence of the nose affection, would manifest itself in the form of a reflex neurosis, Thus the author is not far removed in his opinions from Rossbach, Heymann, Boecker, and others. Massel.

BOCKER (Berlin).-DIE BEZIEHUNGEN DER ERKRANKTEN SCHLEIMHAUT DER NASE ZUM ASTHMA, UND DEREN BEHANDLUNG. (THE RELATION OF THE DISEASED NASAL MUCOUS MEMBRANE TO ASTHMA, AND ITS TREATMENT. Deutsche Med. Wochensch., 1886, Nos. 26 and 27.

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The author summarizes his observations in the following theses:

1. Reflexes can be originated by every part of the nose.
2. The reflex irritation of the mucous membrane is independent of the corpora cavernosa (Hack).
3. The destruction of the corpora cavernosa does not arrest the reflexes.
4. The swelling of the lower turbinated body is physiological.
5. The reflex-arresting-power of large polyps does not exist.
6. Asthma is seldom associated with nasal polyps.

7. Asthma can be originated under certain circumstances by all mucous membranes.
8. Asthma is usually produced by the bronchial mucous membrane.
9. Odours and psychical impressions can produce asthma.
10. Normally, asthma cannot be produced by the nose.
11. "rigeminus-asthma is caused by morbid states of the nervous system.
12. The impossibility of respiring nasally may produce asthma.
13. Asthma occurring from "catching cold" is originated by swelling of the bronchial mucous membrane.
14. Hay fever is produced by direct irritation of the bronchi.
15. Cavernous tumours, papillary growths, and adenoid vegetations often produce nightmare.
16. Asthma often is independent of nasal conditions.
17. The treatment of nasal affections can sometimes cure asthma.
18. Extended galvano-caustic operations on the nose are to be avoided.
19. Radical cure of asthma is seldom effected by mere removal of nasal polyps.
20. In the treatment of asthma constisutional treatment is of the greatest importance.

Michael (Hamburg)

HUBERT.-UEBER DIE VERKRUMMUNGEN DER NASENSCHEIDEWAND, UND DEREN BEHANDLUNG. (ON CURVATIONS OF THE NASAL SEPTUM AND THEIR TREATMENT.) Inaugural Dissert., Munchen, 1886.

A very careful review of the methods used to correct abnormal positions of the septum and especially of two new methods of Prof. Jurasz; one, applications of the galvano-cautery in two cases; the other a method of compression with gossypium, useful for traumatic cases. This method has also been tried effectually in two cases.

Michael (Hamburg).

WOLTERING (Munster, 1. W.)-OPERATION EINER KNOCHERNEN NASENVERENGERUNG MITTELST SCHNEIDENDER KNOCHENZANGE (OPERATION FOR AN OSSEOUS STENOSIS OF THE NOSE WITH CUTTING BONE FORCEPS.) Monatsschr. fur Ohrenheilk., October, 1886.

The title is self-explanatory. The instrument, the illustration of which is given in the original article, seems to be complicated by a double articulation in an unnecessary manner.

Michael (Hamburg).

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SCHMIEGELOW, E. (Copenhagen).-SOME RARE CASES OF DEFECTS OF THE SEPTUM OF THE NOSE. (NOGLE SJAELDNERE TILFAELDE AF DEFEKTER; NAESEUS SKILLEVAEG). Hospitalstidende, 5 Rackke, 4. Bd., No. 42, 1886.

1. Case of Congenital Defect of the Septum.- In a man, aged sixty- four, the author found a deficiency of almost all the cartilaginous part of the septum, of which only a small portion anteriorly was left. THe aperture was almost round, except behind, where there was an angle corresponding to the junction between the vomer and the perpendicular plate of the ethmoid; it measured about 3 centimetres in anterior-posterior and about 2 centimetres in perpendicular direction. The patient had noticed this defect since childhood; any tubercular, syphilitic or traumatic origin, as well as lupus, could be excluded; there had never been any sign of disease of the nose, and the edges of the aperture were not cicatrical. There was no disfigurement whatever of the nose.

2. Case of Defect of the Septum, caused by Traumatic Perichondritis.-The patient was a lady, aged thirty-three years. A small opening was found in the cartilaginous portion of the septum, with partly ulcerated edges, caused by constantly picking the nose (which was the seat of chronic catarrh.) Since early childhood the present opening had always been covered with crusts. The lady was otherwise in perfect health. Neither in this case was there any disfigurement of the nose.

3. Case of Spontaneous Periostitis of the Osseous Part of the Septum, in a healthy lady, aged forty-seven, where no syphilitic origin could be traced, and where iodide of potassium was used without any effect. The patient was under observation twice; the first time the probe showed denudation of the bone on the right side of the osseous part of the septum. After the process had quite stopped under local treatment, and the mucous membrane was regenerated, the patient came back a year later complaining of the old symptoms. This time a small perforation had been formed.

The author points out the fact that even larger defects in the nose cartilaginous septum do not cause any disfigurement of the nose.

Ho lger Mygind.

UNDERHILL (Edinburgh).-CASE OF AGNATHOUS AND HYDROCEPHALIC FOETUS. Edin. Med. Journal, July, 1886. Demonstration of Preparation before the Obstetrical Society of Edinburgh, 10th March, 1886.

This was an inttance of the rare abnormality due to defect of the

lower jaw. The nose ended in a small tubular proboscis without any septum. The lower jaw was entirely wanting, and the mouth was represented by a small orifice just large enough to admit a probe, and hidden behind a rudimentary upper lip. This form of monster is rare in the human species.

Hunter Mackenzie.

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HINGSTON-FOX.-THE FUNCTIONS OF THE TONSILS. Journal of Anatomy and Physiology, Vol. 20.

The author concludes that the tonsils belong to the digestive tract, not the respiratory, and that their function is to reabsorb certain elements of the saliva, in the intervals of meals, which would otherwise be wasted.

DOWNIE, WALKER (Glasgow).-HAEMORRHAGE FOLLOWING TONSILLOTOMY. Edin. Med. Journal, August, 1886.

Patient, aged thirty-four, suffering from chronic enlargement of the tonsils. A slice of the right tonsil was removed by the guillotine, and from the left tonsil a projecting piece of tonsillar tissue was removed by the tonsil sickle. Only a little more blood than usual was lost at the time of operation, but six hours afterwards severe haemorrhage set in. Notwithstanding the application of liquor ferri perchloridi (fort) and ice, and the administration of ergot and hazeline, it recurred to an alarming extent again and again, and was finally arrested by the direct application of the actual cautery to the cut surface of the right tonsil. The haemorrhage appeared to proceed from the tonsillar artery.

Hunter Mackenzie.

MACKENZIE, H. W. G.-ON A CASE OF ACUTE TONSILLITIS IN A SUBJECT OF TERTIARY SYPHILIS OF THE PHARYNX. Lancet, No. 14. Vol. 2. October 2, 1886.

THe patient had syphilitic pharyngeal stenosis. The soft palate adhered to the posterior wall of the pharynx everywhere, except where a small passage was left to the right of the mid-line, and which led to the naso-pharynx. The swelling of the left tonsil in such an abnormal position gave it the appearance of originating in the posterior wall of the pharynx, as well as being continous with the anterior (left) pillar of the fauces. A small oedematous swelling, suspended by a short thread-like pedicle, proved to be the remains of the uvula. THe swelling occupied a portion of the right side. It proved to be located in the left tonsil. There was difficulty of diagnosis, and the

appearances suggested a malignant growth, or infiltrating gummatous deposit, involving the tonsil, soft patate, and posterior wall of pharynx. Under iodide of potash and guaiacum the attack quickly subsided.

Ed.

McBRIDE (Edinburgh).-ADENOID GROWTHS OF THE NASO-PHARYNX. Edinburgh Medical Journal, August, 1886. Demonstration of Preparations before the Medico-Chirurgical Society of Edinburgh, 7th April, 1886.

Hunter Mackenzie.

DALBY.-ADENOID GROWTHS IN THE PHARYNX. Lancet, No. 14. Vol. 2. October 2, 1886.

He recommends a special steel nail; the mouth being opened by a Moson's gag. THE head bent forwards permits the blood to escape by the nostrils. The instrument is so used as to allow the tip of the finger to be exposed and thus to estimate by touch what is being done. For young children

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he gives ether, and completes the operation in one sitting.

For older patients, with tougher and more abundant growths, more than one sitting is generally required. The author also uses a ring knife, but prefers the steel nail.

Ed.

CANT (Lincoln).-PART OF TOOTHPLATE IMPACTED IN THE OESOPHAGUS, AND AFTERWARDS PASSED NATURALLY. Lancet, No. 3. Vol. 2. July 17, 1886.

IT was swallowed and arrested six inches doun. Coin-catchers and forceps failed to dislodge it. IN little over three days it was voided naturally. It was the third part of an ordinary toothplate.

Ed.

MARONE, Dr. ANTONIO.-ADENOMA ATTACHED TO THE HARD PALATE AND VELUM. Riforma Med., No. 243.

Short summary of the case: tumour somewhat movable and fluctuating, about the size of an egg, occupying the whole isthmus of the fauces. The operation was performed with an incandescent bistoury, and with a loop of copper wire which came awanxy after two days. Part of the tumour fell, and the rest was removed with the scissors and Volkmann's spoon. There was no histological examination. The true nature of the neoplasm is only presumptive; the operation looks antiquated, and for many reasons is exposed to criticism.

Massel.

SCHECH (Munich).-OESOPHAGITIS ACUTA. Munch. Med. Woch., 1886. No. 42.

In three cases out of four seen by the author, the affection was

caused by abuse of spirits. It commences twelve or twenty-four hours after the excess. The first and most important sympptom is painful deglutitiond; the second is pain in the oesphagus during pressure, or during flexion and extension of the vertebral column; the third is the secretion and expectoration of large masses of frothy or viscid mucus. The affection lasts from some days to four weeks. The prognosis is favourable, but abscess and phlegmon cause fatality in some cases. The diagnosis is not difficult. The application of bougies is not permissible. The treatment has to be dietetic. The food should be fluid and cold; cataplasmata should be placed on the strenum; morphia, cocaine, or tannin administered medicinally. The writer refers frequently to Morell Mackenzie's writings on this subject.

Michael (Hamburg).

GALLOZZI.-ACUTE RETRO-PHARYNGEAL ABSCESS. Riforma Med., An. 2., No. 120.

Massel.

COZZOLINO, N.-NASO-PHARYNGEAL CATARRH (ARTHITIC) WITH SPECIAL SWELLINGS OF THE MUCOSA. Bollettino Grassi, July, 1886.

In this clinical memorandum, the author wishes

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IN this clinical memorandum, the author wishes to call the attention of his colleagues to the existence of a diathetic inflammation of the respiratory passages, and especially the form of naso-pharyngeal catarrh styled by him arthitic, an affection which the French were the first to establish, but which, according to him, the Germans are unwilling to recognize.

IN the two patients to which he alluded, leathery, calcareous crusts formed in the naso-pharyngeal cavity exclusively, in the form of domed capsules, dry, and so abundant in one as to afford the author an element of proof of the specificity of the catarrh. In both the patients there was also found on the skin a chronic eczema, which the author thought ought to be attributed rather to a dyscrasic relation than to simple coincidence.

Thus, according to him, there should be another morbid entity, which most authors do not see the necessity of admitting, because it would not have sufficiently distinctive characteristics, and would end in multiplying morbid forms indefinitely.

Massei.

WHIPHAM (London).-ON CLERGYMAN's SORE THROAT. Lancet, No. 10. Vol. 2. September 4, 1886.

The author thinks that the affection is largely due to the habit of reading and preaching with the head bent forwards and downwards, necessitating the raising of the voice, and causing increased friction of air against the pharynx and fauces, towards which the soft palate and

faucial pillars are pressed. Hyperaemia is thus established, and if encouraged speedily becomes chronic congestion. Barristers, who, standing in the well of a court, have to raise their heads in addressing the Bench, are not subject to the same conditions, and are not, as a rule, such sufferers as clergymen.

Ed.

HOLDERNESS (Windsor).-ON CLERGYMAN'S SORE THROAT. A Letter to The Lancet, No. 12. Vol. 2. p. 569.

The author calls attention to the habit prevalent amongst clergymen of wearing a stiff band-like collar, which, when the head is bent, presses unduly across the thyroid cartilage. THe sharp, red line on the skin shows how severe the pressure is. By discarding this collar, and wearing an open one, remedies will succeed when previously they have failed.

Ed.

CASSELBERRY, W. E.-ON PHARYNGEAL AND NASAL SURGERY BY THE GALVANO-CAUTERY; WITH REPORT OF ~~CASES~~ AND EXHIBITION OF APPARATUS. Chicago Med. Society's Proceed., September 20, 1886.

The cases comprised follicular pharyngitis and naso-pharyngitis, malformation of the anterior faucial pillars, and membranous occlusionof the posterior nares.

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LUE, LE Dr.-CONTRIBUTION TO THE STUDY OF TORNWALDT'S DISEASE. France Medicale, October, 1886.

The author essays to make known the excellent results obtained in the treatment of certain cases of obstinate pharyngitis by Tornwaldt, of Dantzig; and his article appears to be less for the publication of personal work than for the promulgation of the remarkable works of Tornwaldt. After an excellent symptomatological study of inflammation of Luschka's bursa, Lue publishes observations on five patients who presented hypersecretion from the pharyngeal bursa.

The conclusions of the author are as follows:- (1) Whenever one finds a chronic pharyngitis, characterized by dryness of the pharyngeal walls, and the presence of crusts and mucus, one must look for catarrh of the gland of Luschka. (2) Energetic cauterization of the pharyngeal bursa with the galvano-cautery puts an end to catarrh of that cavity, and consequently expedites the cure of the secondary pharyngitis. (3) The coexistence of signs of true ozaena is not a contraindication to direct intervention with the gland of Luschka. (4) Practical rtinoscopy with Voltolini's book and the large laryngeal mirror is preferable to the usual method.

Joal(Mont Dore).

CHATELLIER, HENRI.-HISTOLOGICAL NOTE ON TWO MURIFORM TUMOURS OF THE PHARYNGEAL EXTREMITY OF THE INFERIOR TURBINATED BODIES. Ann. Mal. Larynx, August, 1886.

The authxor gives a histological description of the tissue of these tumours-the epithelial covering, the sub-epithelial layer, the adenoid tissue, the closed follicles, the mucous tissue, and the vessels; his conclusions being that the tumours are formed of adenoid and mucous tissue, the one or the other predominating according to the portion examined. The pathological process leading to the production of these tumours is a myxomatous degeneration of the mucose of the turbinated bodies.

Joal.

TISSIER, P.-STUDY OF THE PHARYNGEAL BURSA, OR BURSA OF LUSCHKA, IN ITS ANATOMICAL AND PATHOLOGICAL ASPECTS. Ann. Mal. Larynx, October, 1886.

Four hypotheses are emitted as to the pharyngeal bursa: 1. It is an abnormal and pathological condition; 2. It is a normal condition, being the remnant of a canal which during embryonic life unites tte anterior part of the hypophysis with the anterior aditus, or with the buccal cavity; 3. IT may frequently result from folding of the mucosa of the anterior aditus at the time of incurvation of the cephalic extremity of the embryo; 4. It is a normal result of the adherence of the mucosa at this point to the subjacent fibrous tissue. The author discusses these four propositions, and adopts the last hypothesis, which has been especially upheld by Ganghofner. Tissier then describes the symptoms of chronic catarrh of the pharyngeal bursa, and also of bursal cysts,

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and as a method of treatment recommends the employment of the galvano-cautery.

Joal.

LARYNX.

DE RENZI, PROF. E.-LARYNGO-PHARYNGEAL TUBERCULOSIS AND SYPHILIS (LECTURE ON). Rivista Clinica e Terapeutica.

An interesting case with evidence of syphilis and without pulmonary lesions. A micro-chemical examination revealed in the exudation, taken directly from the larynx, the presence of the bacillus; De Renzi speaks of the possibility of cure. (Might not the bacillus be an adventitious product?)

Massei.

ARIZA, RAFAEL (Madrid).-MICOSIS Y TUBERCULOSIS LARINGEAS. (LARYNGEAL MYCOSIS AND TUBERCULOSIS.) Revista de Laringologia, Otologia y Rinologia. Barcelona, October, 1886.

The author relates the case of a patient cured of granular throat six years ago, who subsequently returned for hoarseness and dysphagia, which had lasted four months. The free edge of the epiglottis was ulcerated, and covered with a white layer; the right arytenoid cartilage tumid, polished, round, and pale; the right ventricular band enlarged ttroughout, and very red. Ariza diagnosed laryngeal tubercle, notwithstanding that the chest exhibited no symptom of pulmonary tuberculosis. Being of opinion that laryngeal phthisis is curable, he administered arsenical preparations, phosphate of lime, iodoform, and locally lactic acid mixed with boracic and iodic glycerine. The laryngeal hypertrophy disappeared in two months, and the voice became normal and the disease cured, the patient recovering strength completely. But the epiglottic ulceration recurred. The author analysed the white substance covering the ulcers and found, amongst the epithelial and purulent cells some mycelial branches. This muguet is not a special disease but develops upon appropriate soil, and becomes dangerous when it is extensive, especially when the patient is enfeebled. Ariza does not think the ulcers on the epiglottis in this case were tuberculous.

Ramon De La Sota Y Lastra.

MAJOR, G. W. (Montreal).-THE SUBMUCOUS INJECTION OF LACTIC ACID FOR THE CURE OF THE EARLY STAGE OF LARYNGEAL PHTHISIS. Montreal Medico-Chirurgical Society, October 22, 1886. (Medical News, November 13).

THE author regarded it as the most speedy and most efficacious plan of treatment yet introduced as a local application to the ulcerative stage of phthisis of the larynx. In the early swellings and oedemata, Krause, of Berlin, had had remarkable results, and he could confirm all that was said of it by Hering, who introduced it.

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Fift en to twenty minims of a 20 to 30 per cent. solution should be inserted at one sitting. Very trifling pain followed, and ulceration was avoided. Fering's syringe, modified by Krause, was employed.

TUPPER, A. M.-CASES OF TRACHEOTOMY IN DIPTHERITIC CROUP. Boston Med. and Surg. Journ., vol. 95. A Record of five cases of which two recovered.

WHITTAKER, J. T. (Cincinnati, O.).-SPASM OF THE GLOTTIS IN RICKETS. Association of American Physicians, June 17, 1886.

The author emphasises the fact that spasm of the glottis belongs

almost exclusively to rickets, which is a curable disease, while treatment of the laryngeal affection is without effect. The spasm is often the first sign of rickets, indicating the stage rather than the degree, since it occurs mostly in cases of rapid advance of the disease. The author concludes by mentioning the inefficiency of intubation, tracheotomy, &c,. and recommends douches flagellations, electricity, &c., as the best means of combating the attack.

LOVETT, R. W-THE DELAYED REMOVAL OF TRACHEOTOMY TUBES; WITH CASES: Boston Med. and SUrg. Journ., vol. 115., No. 3.

At the Boston City Hospital, in about three hundred tracheotomies there were only four cases in which any difficulty was experienced in dispensing with the tubes. Ordinarily the latter are removed on the fifth, sixth, or seventh day. In the first of the cases reported the difficulty appeared to be collapse of the trachea; in the second, the subject of measles and whooping-cough, the operation had to be performed a second time-no view of the larynxcould be obtained; in the third case no cause for the difficulty could be ascertained; while in the fourth, where the disease was membranous croup, masses of granulations appeared to obstruct larvngeal respiration. The author remarks that sometimes spasm of the glottis appeares to be excited by the passage of cold air through the disused larynx; and after discussing other possible causes of difficulty he concludes with a few hints as to treatment.

CASADESUS, JOSE ROQUER (Barcelona).-DIAGNOSTICO ENTRE LAS VEGETACIONES SIFILITICAS Y LAS TUBERCULOSAS. (DIAGNOSIS BETWEEN SYPHILITIC AND TUBERCULOSA VEGETATIONS). Revista de Laringologia, Otologia y Rinologia. Barcelona, October, 1886.

Tuberculous growths are generally small, white, and located on the inter-arytenoid fold. Syphilitic growths are voluminous, red in colour, and grow in any part of the larynx, but especially the epiglottis.

Ramon De La Sota Y Lastra.

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ARIZA, RAFAEL (Madrid).-POLIPOS TUBERCULOSOS DE LA LARINGE. (TUBERCULOUS GROWTHS IN THE LARYNX). Revista de Medicina y Cirugia Practicas. September 22, 1886.

Dr. Ariza, the first laryngologist to publish a work (in 1877) relating to the polypoid and growing form of laryngeal tuberculosis, describes two cases of this nature. One was a man fifty years old, with a tumour attached by a bhoad base to the inter-arytenoid wall; and the other case, a young lady with several growths on the same region, and a long thin polypus which, during speaking, was concealed

beneath the vocal cords. but, during coughing, protruded between them. Both patients had indubitable pulmonary tuberculosis. The author thinks that these two cases must be classed with laryngeal tuberculous tumours or polypi. If we did not add the adjective "tuberculous" we should remain ignorant of the true significance of the laryngeal condition. There is another species of laryngeal tuberculosis, which does not agree with the polypoid or growing form, notwithstanding its prevailing character is proliferation. This is what Ariza has merely called "hypertrophic", since there is not the singular and characteristic limitation of the tumour or polypus. Enlargements are diffuse in these cases, cover a considerable space, and are lost gradually in the neighbouring parts. This type of hypertrophy differs from tuberculous infiltration of the arytenoids and epiglottes; it is located in the mucous and submucous tissue, and its usual seats are the ventricular bands and the inter-arytenoid space; in colour it is deep red, with some whitish spots. Tubercular polypi are characterized, according to Ariza, by-1st, greyish and whitish spots, indicative of the epithelial; 2ndly, by the facility with which they ulcerate, on the slightest traumatic or caustic action; 3rdly, by their softness and yielding nature; 4thly, they are generally single.

Ramon De La Sota Y Lastra.

ABDUCTOR PARALYSIS.-Lancet, June 5, 1886, p. 1077.

In a leading article the we notice the following remarks: "Dr. Felix Semon's anatomical and clinical proof, established by a large series of observations, that the abductors are prone to paralysis than the adductors, is really of the same order as Dr. Ferrier's generalization (that the abductors and extensors are generally weaker than the adductors and flexors). . . . the great truth to be recognized is that muscles of antagonistic action are not endowed with equal strength. This difference in strength shows itself in a greater proclivity to paralysis, as well as in a less ready power of recuperation. . . . Whilst admitting that there is a great difference in the strength of the antagonistic apparatus, Dr. Gowers has brought forward a strong argument tending to show that a mechanical explanation would go far towards interpreting the reason why adduction is more powerful than abduction: 'A force acts on a lever at greatest advantage when applied at right angles to the lever'. The mechanical advantage at which the chief adductor acts, as compared with the chief abductor, gives greater power to the former, since it passes at

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nearly right angles, whilst the abductor passes at a very acute angle to their identical insertion into the muscular process

at the outer angle of the base of the arytenoid cartilage. This mechanical consideration may afford at least, some explanation of the effect of a general under-action of the recurrent nerve in impairing 'the effect of the abductors, more than that of the adductors, just as the general over-action on electrical stimulation increases the effect of the adductors out of proportion to that of the abductors'. In some cases of slowly progressive paralysis it has been observed that, notwithstanding a final total palsy, the vocal cords have been nearer togeterthan in the cadaveric positiin. This has been explained by assuming that secondary contracture, having lasted a long time, had given rise to fibrotic processes, which had set the adductors in a fixed position, much as happens in the permanent rigidity of cases of hemiplegia and infantile palsy".

Ed.

KRAUSE (Berlin).-APHONIA ET DYSPNOEA (LARYNGO-) SPASTICA SPASTICA. Berlin. Klin. Woch., 1886, No. 34.

Under the above title we described, last year, a case in which the juxtaposition of the ligamenta vocalia, causing spastic aphonia and dynpnoea, was overcome by chloroform-narcosis. After recovery from the narcosis, the status quo ante retuurned, and tracheotomy was performed. The case proves that there was no abductor paralysis, but spasm of the adductor muscles. The affection remained uncured. Krause has seen a similar case. A patient with symptoms of spinal sclerosis had aphonia spastica and dyspnoea. The laryngoscope revealed juxtaposition of the ligmenta vocalia. The patient was cured by local applications of cocaine for fourteen days.

The author draws the conclusion that, in all cases of juxtaposition of the vocal ligaments, spasm is the first event, and paralysis may follow from fatty degeneration of the abductor muscles. We do not agree with this, since in many of these cases tracheotomy is performed during narcosis; but never during narcosis had the symptoms disappeared. This must have occurred if there had been a spasm. That it was not so proves that in the other cases there was paralysis.

Michael (Hamburg).

DESVERNINE.-DE LA CONTRACCION PARADOXAL DE WESTPHAL EN LARYNGO-DINAMICA. (ON THE PARADOXICAL CONTRACTION OF WESTPHAL IN LARYNGO-DYNAMICS.) Habana: Imprenta de Alvarez, 1886.

The author refers to a former work, in which he explained the mechanism of the antero-posterior tension of the vocal cords. The supraboid muscles drawing up the thyroid cartilage, fix it, and allow the crico-thyroids (on which depends the elongation of the

vocal cords) to contract, serving as a fixed point for their thyroid insertiins. Desvernine calls this functional act, "active immobility of the thyroid

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cartilage, "and "assive immobility," the ascent and fixation which are mechanically imparted to it when the tongue is protruded from the mouth. This explanation of the causation of tension of the vocal cords, according to which the thyroid does nit descend upon the cricoid, but the latter ascends upon the thyroid, allows the author to explain the instantaneous reappearance of the voice in some aphonic patients having paresis of the crico-thyroid muscles, and who frequently emit a note when under laryngoscopic examination.

Desvernine tthinks with some laryngologists, that the reappearance of the voice is often due to a subjective psychical impression generated by the laryngoscopic examination. This does not explainn allcases. There are some in whom drawing out the tongue, without the use of the mirror, suffices to restore the voice; and others in which the efforts must reach a certain point to re-establish mobility and with it phonation. Desvernine thinks Westphal's paradoxical contraction explains this. The protrusion of the tongue causes elongation of the infrahyoid muscles antagonistic to the suprahyoid, which latter are defective in this form of paralysis. This is how restoration of the voice occurs frequently during laryngoscopic examination. Desvernine having observed the same phenomenon in adductor paralysis, applies to these cases the term "paradoxical contraction." He adopts the method originated by Kolliker in the treatment of adductor paralysis, viz., bilateral compression of the thyroid wings during an effort at vocalization.

Desvernine explains by schema the function the valvules perform (made by the bands in expiration) inn the respect to the cords. By forced adduction, in compressing the lateral plates of the thyroid cartilage, the posterior crico-arytenoid muscles are relaxed, a reflex action appears in their antagonists-the crico-arytenoidei laterales- and these which are the paralysed ones, contract temporarily or permanently, with sudden disappearance of the aphonia.

Ramon De La Sota Y Lastra.

MEINHARD SCHMIDT (Cuxhaven).-CONGENITALE TRACHEAL STENOSE DURCH ABNORME DER TRACHEAL KNORPEL. (CONGENITAL TRACHEAL STENOSIS, CAUSED BY AN UNUSUAL CURVATION OF THE TRACHEAL CARTILAGES.) Deutsche Med. Wochenschr., 1886, No. 40.

A child of one and a half had stridor and dyspnoea of congenital origin. Tracheotomy was performed without success. The dyspnoea

remained, and the child died on the day of the operation. The trachea was compressed, the rings, no longer round, but flattened as far as the bifurcation of the right bronchus, like a sabre-scabbard, just as it is sometimes found in cases of struma. No cause was discovered for this compression.

Michael. (Hamburg).

HOPE, G. B.-A MODIFIED OPERATION IN LARYNGEAL STENOSIS FROM PARALYSIS. New York Medical Journal, November 20, 1886.

The author suggests, instead of tracheotomy, that thyrectomy bxe performed, and removal of so much of

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the paralysed cord as obstructs respiration; but he has as yet had no opportunity of applying the operation practically.

BUTT (Calcutta).-DISLOCATION OF CRICOID CARTILAGE.

Lancet, No. 3. Vol. 2. July 17, 1886.

A lady suffering sea-sickness, lying in the berth, on turning her head, experienced suffocating pain in her throat and gasped for breath. In the middle line in front, the lower margin of thyroid was unduly prominent, and under its left margin, the left margin of cricoid could be felt tilted up. Manipulation of the cricoid with rotation of the head to the opposite side, replaced the cartilage.

Ed.

NEWMAN, DAVID.-EXCISION OF THE LARYNX FOR MALIGNANT DISEASE. Lancet, No. 4. Vol. 2. July 24, 1886.

The disease was carcinoma: six months afterwards there was no recurrence. The disease was strictly limited to the larynx. For details see the original.

Ed.

NECK, &c.

DWIGHT, THOMAS.-THE RELATIONS OF THE INFERIOR THYROID ARTERY AND THE RECURRENT LARYNGEAL NERVE. Boston Med. and Surg. Journ., Vol. 115., No. 8.

After pointing out the interest of the subject in oesophagotogy, but more especially in removal of the thyroid, the author refers to discrepancies in the statements of various authorities, Wofler having asserted that the nerve passed always before a branch of the artery, while KOcher describes the artery as passing behind the nerve, coming forward on its inner side, and hooking over it. Of fifty-two bodies examined by the author, the arrangement was symmetrical in twenty-nine. Of these, the artery was before the nerve in twenty-one,

and behind it in eight. Taking all the bodies together, on the right, the artery was before the nerve thirty-three times, and behind it thirty-one; on the left, the artery was before the nerve forty-nine times, and behind it fifteen. The author concludes by observing that the practical deduction appears, to be , that when it is necessary to tie the artery near the gland it should be carefully isolated, and that if the base of an enlarged thyroid be transfixed and ligatured en masse, it is evident that if the nerve should happen to pass before the artery it would be in danger of being included.

GORDAN, JAMES.-MYXOEDEMA FOLLOWING UPON REMOVAL OF THE THYROID GLAND. Lancet, No. 2. Vol. 2. July 10, 1886.

Eleven years ago a goitre was extirpated by Professor Lister. It had then existed six years.

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The woman returned home at the e d of three months, with her face and voice altered. The face was pasty and waxy, the lips thick and swollen, speech embarrassed, slow, and nasal. There were weakness, feebleness in walking, scanty urine without albumen. The heart sounds were feeble. The mother did not know her daughter, her face and voece being so altered. At no time was there any rena,l or cardiac trouble. At the end of six months she was markedly myxoedemic. After a long lapse of time marked amelioration occurred. There was less anaemia, less oedema, the hair grew again, and speech improved. The patient remains, however, a wreck. The case is considered to be one of "cachexia strumipriva", as described by Kocher of Berne, or what in this country is called "myxoedema". The age of the patient was forty-two, and the diseasme is not restricted, therefore, to the growing age. The author discusses the pathology of the affection in his paper.

Ed.

SLOAN; A. T. (Edinburgh).-IS GOITRE HEREDITARY? British Medical Journal, November 6, 1886.

Of twelve cases collected by the author at Wishaw, Lanarkshire, eight show distinct heredity; in six both mother and grandmother had had goitre; in one the moter died from exophthalmic goitre: in the other, a cousin had goitre. Of eighteen cases collected at Penrith, Cumberland, ten are distinctly hereditary; in eight the mother, and in two the father, suffering from goitre.

Five cases instance the occurrence of goitre in the sisters belonging to the same family, though some of these had lived for long in different parts of the country.

The disease is not only hereditary, but may be congenital. In one of the auttors cases it was so, and recently he has had notes sent to

him of two cases of congenital bronchocele, when the mother also was affected. Keiller records such a case, Janes Reid saw three, and Faderi records three such congenital cases. Godelle, of Soissons, also records a case. Bramley says that in India both children and animals are born with it; and cases of congenital goitre have been recorded in Derbyshire. The author thinks that these facts go to prove that goitre is really a hereditary disease.

Ed.

SLOAN, A. T. (Edinburgh).-THE RELATION OF GOITRE TO MENSTRUATION AND PREGNANCY, AND THE INFLUENCE OF THE SYMPATHETIC NERVOUS SYSTEM IN ITS PRODUCTION. Edin. Med. Journal, September, 1886.

This paper was read before theMedico-Chirurgical Society of Edinburgh, 5th May, 1886. The author states that the mere fact that goitre occurs much more commonly in women than in men would lead us to suspect that an intimate relation exists between the thyroid gland and the female generative organs. In his experience he has found that enlargement of the thyroid seems associated with an early rather than with a delayed onset of menstruation. He believes that it is occasionally associated with diseased uterine functions, and not unfhequently disappears on the organ regaining its healthy action. Pregnancy appears to determine its commencement, or

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cause its increase. In regard to the sympathetic system he thinks that the influence exerted by the generative organs is, most probably, through the medium of the branches of the middle and inferior cervical ganglia which supply the gland.

In the discussion which followed, Dr. Ireland thought the weak point in the author's theory consisted in the assertion that goitre commenced about the age of puberty, whereas it was known that not only were children affected with it, but also might be born with it. In his reply Dr. Sloan allowed that in India and Switzerland men were commonly affected with goitre, but in oter places women were most affected.

Hunter Mackenzie.

W. HALE WHITE.-ON THE PROGNOSIS OF SECONDARY SYMPTOMS AND CONDITIONS OF EXOPHTHALMIC GOITRE. Brit. Med. Jour., July 24, 1886.

Of twelve cases traced by the author seven died; two suddenly, no obvious cause being found post mortem; one from mitral regurgitation; one from axillary abscess; one from gastric ulcer; one from consumption; in the seventh the cause of death was unascertainable. The average duration of life after first appearance of symptoms was

three and two-third years. The best treatment appeared to be galvanism and iced water. Three of the four cases who died in hospital, showed some affection of tte lymphatic system. In one the thymus was persistent, and Peyer's patches particularly well marked; in the second, the thymus was swollen as well as Peyer's patches; in the third, Peyer's patches were of a dark livid colour. Among the five living cases, not one shows any sign of myxoedema or thyroid atrophy.

G. MacDonald.

MIDDLETON (Glasgow).-SALIVARY CALCULUS. British Medical Journal, October, 1886. Exhibition of Specimens, spontaneously discharged, before the Glasgow Pathological and Clinical Society.

Hunter Mackenzie.

KEITH, SKENE (Edinburgh).-A CASE OF SUPPURATION OF THE PAROTID, FOLLOWING OVARIOTOMY. Edinburgh Medical Journal, October, 1886.

The title indicates the nature of tte case.

Hunter Mackenzie.

JALLAND (York).-PAROTITIS FOLLOWING OVARIOTOMY. Lancet, No. 20. Vol. 2. November 13, 1886.

The disease was not contracted from any external source. Three days after operation for ovariotomy, swelling of the right parotid occurred, and six days after, the same condition of the left side. The patient recovered speedily.

Ed.

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MICKULICZ (Krakau).-ZUR OPERATIVEN BEHANDLUNG DES EMPYEMS DER HIGHMORSHOHLE. (OPERATIVE TREATMENT OF EMPYEMA OF THE ANTRUM OF HIGHMORE.) Zeits. f. Heilk., Bd. 7. p. 261.

The author has invented a short stylet-formed knife on a curved handle. He can, with this instrument, perforate the lateral wall of the antrum. if violent bleeding ensue, the nose must be closed by a tampon of iodoform for one day. The antrum is tnen cleansed by injections, which must be continued till suppuuration ceases. Success has attended this method in four cases.

Michael (Hamburg).

STOERK.-UEBER DIE LOKALE BEHANDLUNG DES EMPYEMS DER HIGHMORSHOHLE. Separatabdruck aus Dr. Wittelshofer's "Wiener Med. ochenschrift", No. 43, 1886.

Mikulicz, of Cracow, having communicated a new mode of operating for empyema of Highmore's cavity to the Congress of German Surgeons, Stoerk recalls tne methods adopted by himself for a long time. There are constantly found apertures, in the form of long oblique slits in the antrum, at the upper and fore-end

of the middle turbinated bone, and, according to Henle, about the centre of the mid-nasal channel there is an entrance to the antrum. The inspection of these apertures is difficult. Since the publication of his book, Stoerk has several times had the opportunity of observing empyema of the antrum of Highmore. It is mostly associated with intense pain in the fossa canina, and neuralgia of the upper jaw. As a great aid in diagnosis is the "parallel verlaufende dilatationsspiegel", and further, compression of the mucous membrane by tampons. Great dilatation can be obtained by tampons of strongly compressed wadding; and by pressing out the contents of the succulent mucous membrane, a good view of the mid-nasal channel can be obtained. Often, also, one can see tte entrance into the antrum as a purulent spot, due to discharge of the pus outwards. Spontaneous cessation of pain occurs from the discharge of the secretion in this manner. Stoerk has often treated this condition successfully by using a syringe, ending in a short fine tube, and which he can introduce into the antrum. This method though certainly not easy is preferable to oter operative interference. The method of removing a tooth to permit of discharge has many disadvantages. The discharge into the mouth causes nausea. Stoerk thinks the disease is seldom spontaneous, but is propagated from the inflamed nasal mucosa. When the swelling of the nasal mucosa is so great that it is difficult to insert the bent end of a syringe, Stoerk has used a still simpler method. This consists in affixing to a large r syringe a fine tube of caoutchouc, with the fore-end closed, and a small aperture on the side. This he introduces into the nasal cavity as far as tte hole. The patient can tell with great accuracy when he feels the prassure of water in Highmore's antrum, and this is sufficient to enable the operator in future always to find the spot accurately. It is only necessary to measure from the

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opening in the side of the tube how far it had to be introduced, and to make a mark. Outside the tube a mark must be made, to indicate on which sid. the aperture is.

All medicaments must be applixed as warm as possible. Very concentrated solutions cause severe reaction, and weak solutions are to be preferred-1 to 2% argent. nit., salicylate of soda, salt, tannin, and exceptionally, zinc. Wad tampons are of the greatest service. These, rolled round a knitting needle, can be moulded into bougies. Zinc paste may be spread on them, and introduced into the nose.

Ed.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

At a meeting held on October 8, 1886.

Mr. Pearce Gould exhibited "A Case of Undeveloped Sexual Organs associated with Congenital Defect of the Tonsils", and read notes respecting it to the meeting. The patient was twenty-seven years of age, over six feet high, slender, with fair, soft, smooth face, a boy's voice, and no hair on his face. The penis was small, the testicles were both quite small, but the right epididymis was thickened, which Mr. Gould attributed to a blow on the part when the boy was eleven years of age. The prostate could scarcely be felt through the rectum, and the seminal vesicles could not be felt. The man had no sexual desire; the only sign of any sexual activity was occasional slight priapism. There was an oblique inguinal hernia on the right side. The pillars of the fauces were close together, and only very small tonsils could be seen or felt between them. Mr. Gould said the case raised the question whether there was any intimate connection between the tonsils and the testicles. It was a popular notion that excision of the tonsils before puberty endangered virility, and Dr. Shourthouse, quoted by Dr. Ogle, was named as a writer who spoke of such an effect as a matter of common observation. The shrinking of enlarged tonsils, and the cessation of repeated attacks of tonsillitis at puberty, were adduced in support of the influence of sexual maturity upon these organs. On the other hand, in Zanzibar, where all boys have their tonsils excised, the testicles were well developed, and the operation now was so common that, were it liable to be followed by such a grave result as non-development of the sexual organs, abundant evidence of this fact would be forthcoming. The removal of an enlarged organ was different from its imperfect development, and might be attended with different results. Mr. Gould had seen two women with absent or undeveloped ovaries, and in whom the tonsils were full size; and Dr. Langdon Doun, who had seen many cases of imperfect sexual development, had not observed any associated change in the tonsils.

The President (Mr. Bryant) and otter speakers, expressed the opinion that there was nothing to support the view that there is any real connection between atrophy of the sexual organs and atrophy of the tonsils.

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