

retention pearls we find epithelial accumulations in the adenoid tissue of the tonsil which apparently has not before been described. They are mostly to be found in the centre of one of the closed lymphatic follicles, and have no connection with the epithelium lining the tonsillar crypts. According to Professor Retterer,* both the ectoderm and mesoderm take part in the formation of the tissue composing the closed follicles of the tonsil. He says the tonsil is formed by epithelial involutions and swelling of the mesoblastic tissue, then by the formation and detachment of terminal epithelial buds. The closed lymphatic follicles are formed by the formation round these buds of lymphoid tissue. As life advances this central epithelial accumulation disappears. Specimens of tonsils from young persons show these epithelial accumulations in the centre of the follicles. They cannot, therefore, be regarded as either retention or inclusion products, but the writer thinks that they are produced by the normal evolution of the organ.

StClair Thomson.

NOSE.

Ball, James B.—*Paroxysmal Sneezing and Allied Affections.* "The Lancet," February 11, 1899.

This is a general consideration of the subject, to a great extent founded on the personal experience of 112 cases. One of these patients once counted the number of sneezes, and found that she sneezed 294 times consecutively. The number of pocket-handkerchiefs used may amount to twelve or thirteen a day. Exactly one half, *i.e.*, fifty-six, of the author's patients suffered from definite asthmatic attacks. Of the 112 patients there were fifty-nine males and fifty-three females, so that the sexes are pretty evenly divided. The majority of patients presented themselves between the ages of twenty and forty, but the disease as a rule develops in the earlier period of life, although it may begin at any age. After considering the local conditions which sometimes accompany the affection, and its general progress, he reviews the treatment by the galvano-cautery, chromic acid, or surgical measures for intra-nasal treatment. Of internal treatment he mentions quinine, belladonna, arsenic, and iodide of potassium. He frequently employs a pill containing 1 grain of sulphate of quinine, $\frac{1}{10}$ of a grain of iodide of arsenic, and $\frac{1}{12}$ of a grain of extract of belladonna, to be taken three times a day, the arsenic and belladonna to be increased according to tolerance. He also employs cocaine, menthol, and menthol-camphor intra-nasally.

StClair Thomson.

Chauveau, C.—*Nervous, Cardiac and Digestive Troubles in Ozæna.* "France Médicale," April 14, 1899.

The author found in eleven of sixty-five cases of ozæna nervous heredity, with degenerative symptoms. He believes the ozæna is probably of trophic origin rather than from various bacteria described.

The cardiac troubles have been noted by some physicians. Chauveau found two cases of pseudo angina pectoris, ten cases of palpitation, frequently some cardiac failure; these troubles were usually of reflex origin. Six times only were they true cardiac lesions.

* Retterer: "Origine et Évolution des Amygdales chez les Mammifères," *Journal de l'Anatomie et de la Physiologie*, 1888.

The author believes the digestive troubles are more frequently of reflex origin than occasioned by ingestion of purulent and fœtid discharge.

A. Cartaz.

Toulouse and Vaschede.—*Asymmetry of the Sense of Smell.* "Soc. de Biologie," Oct. 14, 1899.

It results from the researches of various authors that four-fifths of all subjects perceive odours better by the left than the right nostril. This difference appears to be attributable to the predominance of the action of the left cerebral hemisphere, as the olfactory nerves do not decussate.

A. Cartaz.

LARYNX.

Courtade.—*On Compression of the Trachea by an Aneurism of the Arch of the Aorta simulating Paralysis of the Abductors of the Glottis.* "Journal des Praticiens," Oct. 14, 1899.

The writer describes a case of aneurism of the aorta in a man forty-five years of age, who suffered for about five or six months from dyspnœa. During rest respiration was calm, but dyspnœa came on as soon as he walked about. The dyspnœa and the accompanying "tirage" suggested the presence of paralysis of the dilators. On laryngoscopic examination nothing of the kind was to be seen. The case was one of compression of the aorta by an aneurismal sac.

A. Cartaz.

Pitres.—*Treatment of Exophthalmic Goitre by Injections of Iodoform Ether.* Congrès Français de Médecine, Lille, August, 1899.

Many of the accidents of exophthalmic goitre are dependent upon the troubles of secretion of the thyroid gland. For improving that modified secretion, Pitres has experimented with injections of iodoform ether in the parenchymatous parts of the thyroid. Ten cubic centimetres are injected every week. The reaction is painful, but not for a long time. Little by little the nervous symptoms diminish, sleep is improved, the exophthalmos gradually disappears.

In ten cases the author has had six complete cures, and for two years there has been no recurrence.

A. Cartaz.

E A R.

Lake, R.—*Deaf-mutism: An Attempt to explain the Occasional Cure following Removal of Adenoids.* "Treatment," August 24, 1899.

Deaf-mutism is congenital or acquired. Congenital cases are sufferers from developmental errors—central, peripheral, or of the connecting structures. Acquired cases are due to (a) central lesions caused by meningitis (some are not improbably genuine cortical lesions); (b) panotitis during one of the fevers; (c) dysacusis. By this term the author proposes to designate the condition of the small class of deaf-mutes whose ears do not properly perform their function, partly because of real deafness due to Eustachian obstruction, partly because of aprosexia. These conditions, being due to adenoids, disappear when the adenoids are removed. Such deaf-mutes therefore are curable. The author describes a striking instance of such a cure.

Arthur J. Hutchison.

#3