

deals with pathological anatomy, under which head the false membranes and the pathological changes in the blood and urine are discussed. The fourth and fifth chapters are devoted to symptomatology; the sixth deals with diagnosis and prognosis; and the seventh with therapeutics. The author recommends that energetic local treatment should be avoided, and disinfection, oxalic acid, and sufficiently nutritious diet be the means relied on. RAMON DE LA SOTA.

**HADDON.—Notes from Private Practice: I. On Sore Throat.<sup>1</sup>**

THE author is evidently a very observant general practitioner. If all who are engaged in this department of practice would record their experiences in the same manner, much help would be given to those engaged in special study. The relations of the "sore throat" to infectious diseases generally, and what—to borrow a natural history expression—we may term "the life history" of such conditions, are of great importance, and no one can study these conditions so well as the general practitioner. The section relating to "Infectious Sore Throat" is much the most interesting. Under this head the author includes several varieties, and thinks they depend upon different causes, or the same cause under different conditions. Insanitation, certain meteorological states favour their origin and spread, and infected milk is a potent propagator. He relates cases of hospital sore throat, diphtheria, and scarlatinal sore throat, and expresses the opinion that cases of so-called croup met with in boys up to about six years of age are conditions resulting from a chill, and accompanied with bronchial mischief and some change in the larynx. Such cases during an epidemic of diphtheria may, however, be slight cases of laryngeal diphtheria, and should be carefully watched. The author regards tracheotomy in laryngeal diphtheria as distinctly discouraging, usually forbidden in general practice and often undertaken as a last resort, and suggests intubation. Several interesting cases are related by the author. The pamphlet will repay perusal.

R. N. W.

<sup>1</sup> Reprinted from the *Provincial Medical Journal*, May and June, 1887.

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## NOTES.

**Honours for Laryngology.** Laryngologists will be pleased to learn that Her Majesty the Queen has signified her intention of conferring the dignity of knighthood upon Dr. Morell Mackenzie in recognition of his services in the treatment of H.I.H. the Crown Prince of Germany.

**The British Medical Association Meeting.** This year, for the first time, laryngology was awarded a prominent place at the Dublin meeting. The section does not appear to have been very successful, either as regards the number of laryngologists present or the results of the meeting. It is to be hoped that at the

next meeting greater results will be forthcoming. The suggestion of the Chairman that a Laryngological Association should be formed in this country is worthy of consideration. The idea has, however, occupied the minds of others besides Dr. Whistler. Difficulties have stood in the way of its accomplishment, which time may perhaps remove. Before laryngology can obtain the position in this country which it is entitled to, the science must present a more solid front than it can at present show.

**Double Uvula.** From an old number of the *London Medical Gazette* (Vol. I. 1840-41), long since extinct, we extract the following remarks by GEORGE BOLSTER, *Surgeon*:—"On November 2, I was called to see Mary O'Donnell, a peasant girl, aged eight years. She had an infection of the glands of the neck. . . . Having had occasion to inspect her throat, I perceived two *uvulas* projecting from the palate, perfectly distinct and of equal size, of which circumstance the parents of the child were seemingly ignorant. She had never complained of inconvenience attending it. Her voice is clear and strong, and, strange to say, she can with great ease, extend it to *three octaves*. . . . I have never seen a case similar to this, but have seen two cases with total absence of the uvula; one in the person of a Hindoo girl at Calcutta in 1836; and since then in a patient of Mr. Wallace, surgeon, of Bow. In both cases the voice was perfectly natural."

To ensure the early insertion of abstracts, Authors are requested to *send a copy of any journal* which may contain a contribution on disease of the throat or nose, or on cognate affections, to the EDITORS, *Journal of Laryngology*, 11, New Burlington Street, London.

Afin de s'assurer une prompte insertion de leurs extraits, les auteurs sont priés d'envoyer un numéro de tout journal contenant un article quelconque sur les maladies de la gorge ou du nez et sur les affections qui y ont rapport, aux REDACTEURS du *Journal of Laryngology*, 11, New Burlington Street, London.

Um die rechtzeitige Veröffentlichung von Auszügen zu sichern, werden die Verfasser gebeten, eine Kopie von allen Zeitschriften, die einen Beitrag über Krankheiten des Kehlkopfes, der Nase u. s. w. enthalten, an die HERAUSGEBER des *Journal of Laryngology*, 11, New Burlington Street, London, zu senden.

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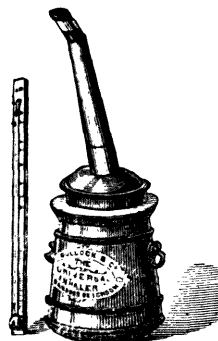
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