ments to ascertain whether the bacillus is to be found at the level of the wound after using the tonsillotome, and to verify Lichtwitz's conclusions.

His results are completely negative as concerns the Loeffler bacillus. In eight cases he thought that he had found it, but the inoculation of animals demonstrated that it was not the true Löffler bacillus, but a pseudo-bacillus, which caused confusion at the outset.

Lichtwitz points out that he found a bacillus, which he is not prepared to say may not have been Harmer's pseudo-bacillus, in 40·7 per cent., and Harmer found it in 25·8 per cent. of cases.

Macleod Yearsley.

MOUTH, Etc.

Carruthers.—*A Contribution to the Mechanism of Articulate Speech.* "Edin. Med. Journ.," September, October, and November, 1900.

After shortly reviewing the history and bibliography of this subject, the author describes the method he adopted in carrying out his present research. This method he derived from a paper by Canon Oakley Coles. The essential point in the method is that either the tongue or the palate is covered with some substance which will be transferred from the one to the other when they come in contact, viz., on phonation. Thus, the tongue was painted with charcoal in water; or the palate was sprayed with finely-powdered charcoal, the tongue meanwhile being protected by a shield; or, again, the tongue was sprayed with charcoal, the palate being protected. On producing any given "phone," the charcoal was transferred from certain parts of the tongue to certain parts of the palate, or *vice versâ*. These contact areas were then carefully mapped out on diagrams. At the same time the position of the lips was similarly recorded.

Having explained his method, the author defines what might be called a physiological letter, or, as he calls it, a "phone." A "phone" is defined as "an element of articulate speech produced in a given position of the speech organs, no alteration of position taking place during its production. In this definition 'alteration of position' is not to be held as including (1) the to and fro vibration of the vocal cords (present in vowels and voiced consonants), or the vibration of the parts in *r* and kindred phones; nor (2) the change from entire closure to partial opening which occurs in all explosives."

The rest of the paper consists of an elaborate investigation of the vowel and consonant phones, with diagrams and charts. For this the reader must, of course, consult the original. *Arthur J. Hutchison.*

Thomson, StClair.—*Removal of the Tonsils by Enucleation.* "Lancet," February 16, 1901.

At a meeting of the Medical Society of London, on February 11, Dr. StClair Thomson exhibited two cases to show the desirability in certain cases of removing the tonsils by enucleation. The first patient was a woman, aged thirty-eight years. In 1894 she was in close attendance on her husband, who was very ill with tonsillitis and a foul discharge from his throat. Soon after she noticed in her tonsils cheesy collections of offensive taste and fœtid odour. The local conditions were very similar to those presented by her son, who was the

second case shown at the same time. For this condition she was under continuous treatment for three years. During two years she attended Dr. Thomson's clinic, and was actively treated with gargles, paints, lozenges, caustics, the galvano-cautery, and incisions laying open the tonsillar crypts. At the same time attention was given to her digestion and general health. She remained unrelieved. Accordingly, two years ago the embedded tonsillar stumps were enucleated under chloroform, and she had since been quite free of the chronic fœtid follicular tonsillitis which had been such a persistent nuisance. There had been some regeneration of lymphoid tissue between the pillars of the fauces, but there were no crypts in which these cheesy septic concretions could form. The patient found that her voice had not in any way been injured, but rather improved, for singing. The second patient was the son of the former one. He was a boy, aged ten and a half years. When four years old his tonsils were noticed to be enlarged, and they were removed at the Throat Hospital. He was not again troubled with them until after scarlet fever, at the age of six years, when they were again enlarged and were removed with the guillotine at the Throat Hospital by Dr. StClair Thomson. A few months later cheesy collections were noticed in the crypts of the tonsils, and these had since continued almost without intermission. He was under treatment from September to December last. The chief complaint was of his foul breath, which was said to be most marked in the morning, but was perceptible when he was asleep with his mouth closed. The tonsil stumps were seen to be deeply embedded between the faucial pillars. They were riddled with crypts, some of which were half an inch deep. From these crypts dirty white, fœtid, cheesy matters were easily extruded. There were no adenoids. It was seen that it was impossible to thread these tonsillar stumps into the ring of the guillotine. In the previous case all attempts to obliterate the crypts failed. The choice of treatment, therefore, seemed to lie between punching out the remains of the tonsil by *morcellement* or enucleation, as in the former case. The mother of the boy was so gratified with the result in her own case that she was anxious for him to have the same treatment. The operation was performed under a general anæsthetic, chiefly by a pair of curved scissors and the fingers.

Jobson Horne.

NOSE, Etc.

Bullara (Palermo).—*Theory of the Causation of Emphysema and Asthma due to Obstructed Nasal Respiration.* "Gazzetta degli Ospedali," 1900, No. 126.

Bullara experimented with dogs. He succeeded in demonstrating post-mortem emphysema in dogs whose nostrils had been previously obstructed. He is of the opinion that nasal reflexes have nothing to do with the cause, but that it is entirely mechanical. The narrowing of the nostrils causes forced inspiration, which produces increased dilatation of the lungs. The resulting increase of inspired air causes increase of the expiratory pressure. Both respiratory phases contribute in diminishing the elasticity of the lung tissue.

The respiratory change, which was caused by the artificial closing of the nose, and which was demonstrated by Marey's pneumograph,