surgeons (Dr. Bull of New York and Dr. Richardson of Harvard) in 1886 and 1887. The remarkable feature of the present case is that subsequently to the operation no pain whatsoever was complained of, either gastric or peritoneal, and the patient was entirely free from vomiting or any dyspeptic symptom whatever, and seven weeks after the operation he was following his occupation and felt in perfect health.

(*Note by Abstractor.*—This appears to be the same case which was already fully reported in the *British Medical Journal*, 1900, ii., November 17, p. 1438.) *StClair Thomson.*

Isaacs, A. E.—*A Whistle in the Œsophagus.* "Medical Record," March 16, 1901.

The patient, a boy, was brought to the writer two days after having swallowed a toy whistle. Nothing could be felt by means of the finger, and œsophageal forceps of various kinds were passed without locating anything. By means of the X-rays the position of the whistle was ascertained, and was eventually successfully removed by means of the "hinged-bucket" œsophageal probang.

W. Milligan.

Lambret. — *Cicatricial Stricture of the Œsophagus; Gastrotomy.* "L'Echo Méd. du Nord," October 14, 1900.

At a meeting of the Société Centrale de Méd. du Départ. du Nord Lambret showed a young man, eighteen years old, who had swallowed some caustic potash in mistake for eau de vie a year ago. When brought to hospital at that period cicatricial contraction was well marked; it was impossible to catheterize the œsophagus. The patient left the hospital, but returned sometime afterwards in a very weak condition, and weighing barely 27 kilogrammes. Gastrotomy was performed two months ago with satisfactory results; increase of weight to 34 kilogrammes. *Arthur J. Hutchison.*

PHARYNX.

Huber, Francis.—*The Diagnosis and Treatment of Adenoids by the General Practitioner.* "Archiv. of Pediatrics," March, 1901.

Among the many symptoms indicative of the presence of naso-pharyngeal adenoids in children, a prominent vein running across the base or root of the nose will often be found emphasizing the existence of an impeded venous circulation in the pharyngeal vault. In older children nose-bleeding is common, and usually ceases when the patency of the naso-pharynx has been restored.

Diagnosis may be made from (1) the symptoms; (2) by means of the post-nasal mirror; (3) by digital exploration of the naso-pharynx. Reliance may be placed upon the existence of two symptoms (in cases where digital exploration of the naso-pharynx may not be desirable at the time), viz., the presence of two small lymph nodes, painless and freely movable, at the angle of the lower jaw, one upon either side, and the presence of numerous small lymphoid hypertrophies upon the mucous membrane of the post-pharyngeal wall. The author prefers Delstanche's curette for the removal of all growths, or in infants Hooper's forceps. For a week or so prior to operation he advocates

irrigation of the nasal passages with a warm saline solution. The after-treatment he uses consists in instilling warm salt-water into the nares every few hours. The child is put upon liquid diet, and is confined to the house for a few days. The nasal irrigation is kept up for weeks.

The writer operates without narcosis, and believes that there is less shock where no anæsthetic is given. *W. Milligan.*

Morestin.—*Foreign Body in Pharynx and Presternal Dermoid Cyst.* "La Presse Méd.," October 20, 1900.

At a meeting of the Société Anatomique Morestin showed (1) a piece of bone (rabbit) removed from the retro-laryngeal mucous membrane of the pharynx; (2) a dermoid cyst about the size of a hen's egg, removed from the supra- and pre-sternal region. From its position, softness, and the fact that it moved more or less with the movements of the larynx, it was at first taken for a goître. It first appeared at the age of ten years. It contained hairs, etc. *Arthur J. Hutchison.*

THYROID, Etc.

Cristiani.—*Development of Thyroid Grafts.* "Revue Méd. de la Suisse Romande," November, 1900.

A graft of thyroid gland at first tends to undergo a certain amount of degeneration, but soon regains its normal structure and forms a true thyroid gland, capable of carrying on proper thyroid functions and having no tendency to atrophy. In many of the author's experiments the graft was considerably larger after six months to two years than at the time of its transplantation, and this increase in size was due to increase in the thyroid epithelium proper. This increase takes place by means of epithelial buds starting from the thyroid alveoli. It is thus analogous to the growth of the thyroid in embryo, or to the growth of the thyroid during the formation of a goître.

Arthur J. Hutchison.

THERAPEUTICS.

E. A. Peters.—*Cases in which Pain was relieved by Suprarenal Extract.* "The Lancet," March 2, 1901.

The author urges that even when recourse must be had to morphia, local application of suprarenal extract will in many cases postpone the necessity for the narcotic drug.

When liquid suprarenal extract is applied to a part of the respiratory, intestinal, or genito-urinary, or other mucous membrane, a pallor spreads over the inflamed surface, and usually obtains for two hours; even the pain of suppurative ophthalmia is eased somewhat. The pain of subacute inflammations, such as those of cancer and tuberculosis, is quickly and safely eased for two or more hours. Application of the extract once or twice in the twenty-four hours has reduced the usual pain to a minimum, and apparently the inflammatory condition subsides somewhat. The ultimate effect of suprarenal extract on these forms of inflammation cannot be stated. Of the various preparations