

preference rests on (1) the relative working economy of the two systems; (2) the hygienic advantage of avoiding over-heated air; (3) the greater safety of the water system. The foregoing are, we think, the chief considerations; but we cannot too strongly impress on Mr. Hutton and others that the special conditions should be examined in every case before a choice is made of apparatus, or its fitting is decided on.

NOTES, LETTERS, ETC.

PAROXYSMAL SNEEZING.

F.R.C.S. writes : If Mr. Crickmay will examine his patient's nostrils with a speculum, it is very probable he will see spots of congestion that require treatment. Some patients have periodical attacks of sneezing in the evening, but generally there is some cause which must be removed. To give relief and stave off the attacks a very good plan is to smear the nostrils with a little vaseline. This will in some people act like a charm ; in others, concentrated spirits of camphor, "a saturated solution" stronger than the preparation of the B. P., painted with a camel's hair brush up the nostrils and over the alæ of the nose. If neither of these remedies succeed, sometimes t. opii rubbed with the finger over the bridge of the nose, alæ, and cheeks ; but these remedies can only be considered palliatives, whilst general treatment of the Schneiderian mucous membrane is persevered with in the daytime.

A SECOND DANIEL LAMBERT.

Dr. B. E. V. BURTON (Stonehouse, Gloucestershire), writes that, on turning over some old prints of freaks of Nature a few days since, he came across a portrait of Mr. Edward Bright, of Essex, who weighed 43½ stone, being therefore 3½ stone heavier than Thomas Longley, of Dover, whose case was last reported by Mr. R. Pollock, L.K.Q.C.P.I., in the JOURNAL of September 3rd last. Dr. Burton therefore considers that Bright is entitled to second place to Lambert in preference to Longley.

HYDROCELE IN THE FEMALE.

DR. PERRY BOUTLON writes: My only object in remarking on Dr. Hirst's case was to ascertain whether the labial tumour was a hydrocele or not, as these cases are very rare, and are of some interest to gynaecologists, while labial cysts are exceedingly common. Dr. Hirst has added nothing that makes the diagnosis clearer. He has searched back to the beginning of this century, and quotes authors who say "they (hydroceles) are generally found in the canal of Nuck." Just so. I would ask one question to try and settle the diagnosis. Did the labial tumour in Dr. Hirst's case extend upwards into the inguinal canal as in Mr. Anderson's instance?

DIPHTHERIA CIRCUMSCRIPTA, OR SANDRINGHAM SORE THROAT.

G. R. FRASER, L.R.C.P. Ed. (Wark-on-Tyne) writes: I can assure **Mr. A. E. Barrett** that I made no mistake with reference to the above. In his original communication I at once, and for the first time, recognised a concise and remarkably faithful description of a disease with which I have long been familiar. The fact of its being overlooked in manuals of practice of physiology proves, I think, that as a rule the disease is mistaken either for tonsillitis (quinsy) or in some instances for diphtheria, and, in these circumstances, replies as to its prevalence would not be of much value. At an advanced stage, when the slough has partly separated, pus is thrown out by the granulating surface, and, on examination, this might readily be mistaken for the giving way of an abscess from simple tonsillitis. We often hear of ulcerated sore throat, may not this be the same thing in a milder form?

The disease is, no doubt, specific, manifesting itself locally in inflammation of the tonsils, without much enlargement of these organs, the slough appearing, as a rule, first on one side, and, as it is about to separate, the opposite tonsil becoming generally attacked in the same manner. Or, there may be sloughing of one tonsil and only ulceration of its fellow, processes differing only in degree, and both due to inflammation, albeit of a low erysipelatous type: the inflammation, however, quickly subsides on the formation of the slough. Sloughing of the uvula is no doubt rare; but when the congestion affects it—as it usually does, more or less—and when it reaches a certain stage, there is no reason why this organ should not undergo the same process as the tonsil. I have witnessed two instances, in one of which it was left permanently wasted and misshapen. The disease, to my knowledge, is widely prevalent in some Northumbrian villages in the dry, hot months of summer and autumn. Wherever sanitary laws are neglected in the manner indicated in my former communication, there the disease may be looked for.

THE MEDICAL DEFENCE UNION.

THE public application for a petition of forced liquidation advertised recently against the above Society was, we are informed by Mr. Lawson Tait, the President, due to the involvement in financial difficulties of its Secretary. Liquidation has, we are informed, been averted by the action of Mr. Lawson Tait. We are assured that the Society is perfectly solvent, as will appear from a statement to be made at a general meeting to be held in January next.

COMMUNICATIONS, LETTERS, etc., have been received from:

COMMUNICATIONS, ETC., ETC., have been received from :
D. Harvey, M.B., London; Messrs. Burroughs, Wellcome and Co., London; Dr. J. M. Duncan, London; Mr. C. Dowson, Rawdon; Mr. E. Child, New Malden; B. J. Baron, M.B., Clifton; Mr. M. E. Thomson, Northampton; Mr. R. F. Tobin, Dublin; Dr. G. F. Dufsey, Dublin; Mr. J. B. James, London; Mr. A. C. Day, London; Dr. G. W. Hambleton, London; Dr. R. H. Matthews, Sheffield; Mr. W. J. Hickson, Dublin; A. Stewart, M.B., Stoke-on-Trent; Mr. E. Bellamy, London; Dr. C. E. Beevor, London; Mr. J. I. Marsh, Ormskirk; Messrs. J. B. Spence and Co., London; Dr. Tatham, Salford; Mr. W. H. Jallard, York; Mr. J. F. Horne, Barnsley; Veritas; Dr. W. J. Simpson, Calcutta; Dr. B. F. Burton, Stonehouse; Mr. J. Bowman, London; Mr. S. Murphy, London; J. B. Talbot, M.B., Stockport; Dr. T. A. Palm, Thorncombe, Chard; The Honorary Secretaries of the Nottingham Medico Chirurgical Society, Nottingham; Messrs. Pocock, Keevil and Co., London; Mr. J. Lewis, Birmingham; Mr. H. B. Franklyn, Tunbridge Wells; Mr. G. H. Jolliffe, Croydon; Mr. T. V.

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BOOKS, &c., RECEIVED.

Autobiography of Samuel D. Gross, M.D., with Sketches of his Contemporaries.
Edited by his Sons. In two Volumes. Philadelphia: G. Barrie. London: Crosby, Lockwood and Son. 1887.

The Saliva as a Test for Functional Disorders of the Liver. By S. Fenwick, M.D.
London : J. and A. Churchill. 1887.

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