tion. The sudden death was attributed to acute swelling of the thymus, but the manner in which this arose was not clear. Friedleben was unable to cause such death by killing pups by strangulation, and Clessin has failed in attempts to produce it by tying the thymus veins.

Hemorrhage from the Internal Carotid Artery in Sequence to Tonsillitis. I. Hemorrhage through the Ear.—Walter H. Brown reports (Lancet, No. 3901, abstracted in the Philadelphia Medical Journal, 1898, No. 26) an instance of profuse hemorrhage from the right ear in a child five years of age recovering from an attack of follicular tonsillitis, the source of hemorrhage eluding examination. The meatus was packed with iodoform gauze, and four days later another hemorrhage, more copious than the first one, took place four hours after the removal of the packing. Under the belief that the hemorrhage was due to an erosion of the walls of the internal carotid artery, in probable sequence to some inflammatory change surrounding the vessel, it was deemed advisable to ligate the common carotid artery at once. This was done, and the child made a slow but satisfactory recovery.

Croupous Tonsillitis of Staphylococcus Origin, with Fatal Perforation of Internal Carotid Artery. II. Hemorrhage through the Nose and Mouth.—Under the title of "Septic Perforation of the Right Internal Carotid Artery, Drs. A. Jacoby and James Ewing, of New York, report (Philadelphia Medical Journal, 1898, No. 23) a case of croupous tonsillitis of staphylococcus origin with fatal perforation of internal carotid artery in a child whose age and sex are not mentioned, and whose clinical history was not learned until five months after death.

The child took ill two weeks before death with ordinary symptoms of croupous tonsillitis, with membranes on both tonsils. There were no Klebs-Loeffler bacilli. In a week the throat was pronounced clear, and the child much better. Then came on a severe chill, with rise of temperature, pain in the throat, dysphagia, and swelling of the lymph-nodes on both sides of the neck. Two days later there was considerable hemorrhage from the nares and pharynx, and two days after a second very profuse hemorrhage, "filling a bowl" with apparently arterial blood. Two days later a third hemorrhage. The nares were then plugged. Two days later the plugging was removed from the nares while the child was struggling, and a fourth severe and fatal hemorrhage occurred from the nares and the mouth. The autopsy revealed the fatal hemorrhage from an ulcerous perforation of the right internal carotid artery and the pharyngeal wall, while the condition of the internal jugular vein indicated that it or its branches were possibly the origin of the first hemorrhage.

The account of this case is followed by references to some similar cases of pharyngeal hemorrhage.

Pneumococci in the Throats of Healthy Persons.—At a meeting of the Société des Hôpitaux of Paris (Philadelphia Medical Journal, 1898, No. 21) Bezançon and Griffon reported the result in their studies relative to the presence of pneumococci in the throats of healthy persons, having employed the serum of a young rabbit as a culture medium. They examined, bacteri-