six weeks, with such approximity to disappearance of the cyst that the injections were suspended to note whether there would be any refilling. Three months later the cyst had become obliterated, and the cure appears to have been permanent. A very good woodcut illustrates the article, but it requires the use of a mirror to exhibit a proper image of the larynx to the reader.

ACUTE INFECTIOUS FOLLICULAR GLOSSITIS.

Every now and then an acute inflammation of the lymphoid nodules of the base of the tongue is encountered, described by MASSEI, in 1884, as a new form of glossitis. Much more frequently a chronic inflammation is encountered, usually in association with lacunar tonsillitis, the white exudations at the mouths of the ducts in the base of the tongue being very marked.

DR. VINC. GARZIA, of Naples, has recently studied the acute variety of the disease bacteriologically (*Rev. Internat. de Rhinologie*, etc., 1894, No. 17), and has found that the closed follicles reveal only the diplococci of Fraenkel, while follicles which have undergone ulceration reveal the yellow staphylococci also.

EPISTAXIS.

In a paper (*Rev. Internat. de Rhinologie*, etc., 1894, No. 15) based upon 250 cases of epistaxis, DR. EGMONT BAUMGARTEN, of Budapest, presents some points of interest. While 150 cases occurred in males and but 100 in females, the proportion between the ages of thirty and fifty years was far the greater in females, a circumstance attributed to supplementation of the menstrual flux. No cases were observed in patients less than one year of age. The seat of lesion was over the cartilaginous septum in 219 cases, the membranous septum in 2, the osseous septum in 4, the floor of the nose in 5, the inferior turbinate in 8, the middle turbinate in 5, and at various other localities in the remaining 7 cases. Fifteen of these cases occurred during an epidemic of influenza, 8 in association with anæmia, and 1 with purpura.

Baumgarten prefers chromic acid as a cauterant to the electric cautery, because of the impossibility at times of removing even the incandescent instrument without detaching the eschar, and thus renewing the hemorrhage should such detachment take place; the second cauterization is made with the acid. Hemorrhage is restrained with tampons of iodoform-gauze. While most cases yield rapidly, some cases require protracted treatment, especially in the subjects of arterio-sclerosis and leucæmia, one case of the latter being mentioned which occupied some two years in controlling the ever-spreading zones of hemorrhage.

[Some cases of epistaxis are due to hemorrhage from diseased lymphoid glands at the vault of the pharynx escaping through the nose. This fact seems to be ignored or unknown by most writers on epistaxis.—J. S.-C.]

INTRANASAL OPERATIONS IN TUBERCULOUS SUBJECTS.

DR. KARL HESS, of the Sanatorium for Consumptives in Falkenstein, contributes an article on the employment of electrolysis in thickenings and deflections of the septum narium (*Münchener med. Wochenschr.*, 1894, No. 39).

The chief interest of this paper lies in the fact that it is based upon the procedures practised upon the inmates of the institution only—that is, upon consumptives. Another interesting point is in the fact that as these patients were inmates of the institution for months consecutively, the cases could be well watched and cared for. Bloody operations were found to produce slight rises in temperature. Frequent burnings in the nose often produced very uncomfortable results, such as loss of appetite and insomnia. For these reasons Dr. Hess determined to resort to electrolysis. The reactions were much more insignificant than after similar procedures in private practices, a result attributed to the pure air and the absence of deleterious cosmic and bacteric admixtures in the atmosphere.

RHINOPHARYNGEAL SYPHILITIC LESIONS.

In the *Münchener med. Wochenschr.*, 1894, No. 39, DR. M. KAHN, of Würzburg, calls attention to two cases of otalgic symptoms, due to specific ulceration of the rhinopharynx extending to the pharyngeal outlets of the Eustachian tube, and which he describes in detail. These are examples of isolated rhinopharyngeal syphilis, differing from all other recorded cases (several citations from which are given) in the presence of otalgia, which is not noted in the reports of other observers.

OBSTETRICS.

UNDER THE CHARGE OF

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BACTERIOLOGICAL STUDY OF THE GENITAL CANAL DURING PREGNANCY.

The much-discussed question as to the presence or absence of pathogenic micro-organisms in the genital canal during pregnancy has received recent study by WALTARD in the Obstetrical Clinic of Bern (*Archiv für Gynäkologie*, Band xlviii. Heft 2). He found that the mucus ordinarily found in the vagina does not necessarily hinder the growth of pathogenic germs, but that the secretion of the cervical canal is not a favorable medium for their growth and development, and undoubtedly prevents the growth of bacteria within the uterus. In fact, the cervical canal is the border between those portions of the genital tract which are free from bacteria and those which contain