

the recent annual congress of naturalists and physicians. This method was practised in the following manner: The patient took half a teaspoonful of the liquid to be used, the head being retroflexed and the mouth wide open; let it flow down the tongue, and then made some lateral movements with the head, in order to bring the liquid into contact with all the parts upon which it was intended to act. The Professor showed, by an auto-laryngoscopic demonstration, that, by operating in this manner, the liquid would touch the base of the tongue, the sinus glosso-epiglotticus, the anterior portion of the epiglottis, the hyo-epiglottic ligament, the pyriform sinuses, the posterior surface of the arytenoid cartilages, and the posterior wall of the glottis cartilaginea. The method was useful in all congestive and inflammatory conditions of the mucous membranes of the pharynx connected with difficulty of swallowing, retching, sickness, etc., also in erosions, ulcers, and other lesions of the same parts, in infiltration, tumours, and paralysis of the muscles on the posterior part of the arytenoid cartilage. Tannin was the remedy chiefly used by the Professor, but he also sometimes employed nitrate of silver, iron, iodine, morphia, nux vomica, Calabar bean, etc.—*Med. Times and Gaz.*, Nov. 28, 1868.

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25. *Portable Mustard Plasters*.—M. LEBAIGNE (*Journal de Pharmacie*) has proposed to make portable mustard plasters in the following manner: He covers one piece of paper with a concentrated solution of myronate of potash, and a second with a concentrated solution of myrosine. When the two papers are moistened and put together the essence of mustard is developed. The solution of myronate of potash is obtained by throwing into boiling water the farina of black mustard. The filtered solution contains the myronate of potash, as the boiling water has destroyed the action of the myrosine. The myrosine is obtained by action upon white mustard by water at 40° C. The filtered solution will contain nothing but the myrosine, as white mustard does not contain myronate of potash.—*Med. Press and Circular*, Nov. 1868.

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## MEDICAL PATHOLOGY, SPECIAL THERAPEUTICS, AND PRACTICE OF MEDICINE.

26. *New Investigations relative to the Pathology of Cerebral Hemorrhage*.—MM. CHARCOT and BOUCHARD have published (*Archives de Physiologie Normale et Pathologique*, Nos. 1, 5, and 6, 1868) a very interesting memoir on this subject.

Of 84 cases of cerebral hemorrhage which they have collected, in every one miliary aneurisms existed.

Other anatomical conditions which have been supposed to exert an influence in the production of cerebral hemorrhage were met with, but less frequently.

Thus, atheroma of the arteries of the brain, to which has been ascribed a preponderating influence, is shown by MM. C. and B.'s statistics not to hold the first place. The state of the arteries at the base of the brain was noticed in 69 cases. Of this number the arteries were not atheromatous 15 times, or in more than a fifth of the cases; they were very slightly or scarcely at all atheromatous in 25 cases, or in more than a third of the cases; they were recorded as simply atheromatous in 12 cases; finally, they were very atheromatous in 17 cases, or in scarcely one-fourth of the cases. We may be permitted, then, to assert that subjects who die of cerebral hemorrhage have the arteries of the brain non-atheromatous in less than a fourth of the cases, or nearly 22 per cent., and that these latter present different degrees of atheroma in scarcely three-fourths of the cases. This frequency of the apparent integrity of the arteries of the brain in subjects who present old or recent spots of sanguineous effusion does not accord with admitted opinions, and this result differs very considerably from the figures obtained in former statistics. M. Durand Fardel,