

The next stage is intermediate between stippled and coated. The white accumulation is not now limited to the papillæ, but partly, or wholly, fills up the depression between them, often coating the tongue completely at the back. This tongue is of frequent occurrence, often marking a slight departure from health.

In it we find a large proportion of chronic diseases, but not an increase of constitutional affections. Pneumonia often having the first is now not so often represented as typhoid and acute rheumatism. The change is due in part to the increase of pyrexia and partly greater use of liquid diet.

Of the next, or coated tongue, we have many degrees, but the strawberry and plastered are the most characteristic. With this stage, or the coated tongue, the saliva was noticeably deficient in a larger number of cases than heretofore. In the strawberry tongue the papillæ of the tip and edges are greatly injected, as for instance in scarlatina, when they show the increased vascularity of the organ due to its participation in the cutaneous eruption. The plastered tongue is clinically that of acute disease, as on the fourteenth day of typhoid, when it is often so smooth as to give the idea of plaster-of-paris. Each day of the disease the tongue became less white and drier up to a yellow brown. The saliva at this stage is not only decreased by evaporation, but secretion is also lessened, and this may exist with a tongue almost without coating.

Heat or increased temperature rather than specific blood poison, seems to be the potent influence, in lessening secretion while increasing cell growth. The shaggy or furred tongue usually shows greatly elongated filiform papillæ. Dry furred tongue has been noticed with disease of the brain, cirrhosis and indurated liver, in all of the instances with little or no pyrexia. In short, this tongue is essentially due to two causes connected together—want of saliva and want of wear. "Amongst the causes of want of saliva, the most important is a state of system which cannot be otherwise defined than as a failure of nutritive vital power."

The further discussion is continued in other lectures. We are curious to know the special explanation which the lecturer will attach to those varying conditions of tongue seen in typhoid conditions generally, and in those instances where with almost no coating is not unfrequently found a thin, brownish

film indicating often serious disorders. But we shall not anticipate many other tongue phenomena to be described in a series of lectures by one selected for the high honor of giving the Lumleian course.

#### Italian Treatment of Pulmonary Tuberculosis.

Prof. Enrico de Renzi (*Il Margagni*, abstract in *Centralbl. für d. gesammte Therapie*, February, 1888,) passes under review the influence of creasote by the stomach and by inhalation; of iodoform, turpentine, iron, sulphuretted hydrogen. Creasote in considerable doses greatly lessened the bronchial muco-pus and the purulent matter of cavities, and exercised a favourable influence over the general nutrition. The following formula was used:—

Creasote (pure).....	5 parts.
Alcohol .....	100 "
Balsam of Peru syrup.....	" "
Water .....	" "

Dose, 1 tablespoonful.

The rectal gas injections exercised a favorable influence on cough and expectoration, but had no effect on the existing pulmonary lesions.

He concludes that the most clearly curative effects are obtained by large use of iodine and iodoform. *Amer. Jour. of the Med. Sciences*, April 1888.

#### A Specimen of Hydro-Salpinx.

At the first of March meeting, of the Obstetrical Society, of Philadelphia, Dr. Goodell presented a specimen of hydro-salpinx. It was the largest specimen he had ever seen; although he had met with much larger specimens of pyo-salpinx. The case had been treated by many gynecologists, and the true condition had not been recognized. There had followed the operation a complete relief from pelvic pain, but menstruation had continued up to the present time. The periods were, however, becoming less frequent. Since it was contended by some eminent surgeons, that when menstruation continued after the removal of the uterine appendages, some of the ovarian stroma must have been left behind, he wished to call the attention of the society to the complete extirpation in this case of both ovaries and tubes. Although the former were more or less adherent, it was evident from the specimen that a particle of ovarian stroma was left behind.