

like affections in the liver and lung, although by no means necessarily accompanied by them. Preparations from a case of pyelo-nephritis were also exhibited, showing a complete infiltration of the organ, with putrefactive organisms of the micrococcus variety. The affection presented exactly the same features as a diphtheritic mucous membrane, and undoubtedly was dependent on the same cause, namely, the introduction of some septic material into an organ previously weakened by disease. The beginning of these cases was usually a catarrh of the whole genito-urinary tract, following the passage of the catheter. There could be little doubt that this latter was the means by which the septic virus was introduced. The subsequent course of the disease consisted in the formation of a diphtheritic surface in the bladder, ureters, and kidneys themselves. The introduction of the catheter into a healthy bladder had evidently no effect; it was specially where there had been an old standing cystitis that it was so extremely dangerous.

TREATMENT OF GLANDULAR SORE-THROAT.—Glandular sore-throat, by which I mean catarrhal congestion or inflammation in and around the glandulæ of the mucous membrane of the pharynx and larynx, is a very tedious and troublesome affection. It has been known as dysphonia clericorum; it is, in fact, the chronic sore-throat to which persons are liable who use their voice extensively, especially in large rooms or in the open air. I desire to draw attention to the usefulness of the topical application of borax in its treatment. I order a saturated aqueous solution, which the patient applies to his throat by the aid of Corbyn's throat-spray. The spray should be employed for several minutes thrice or more frequently daily, and midway between meals. If the larynx be much implicated, the patient should inspire deeply while the spray is playing upon his throat. I have lately found this very simple method of treatment of striking service. The cure may be expedited by the application of astringent solutions to the pharynx and larynx by means of suitable brushes. When there is much secretion, extract of eucalyptus is a good local astringent, which may be used in the form of lozenge. Half a dozen of Corbyn's or of Cooper's lozenges may be sucked slowly during the day.—JAMES SAWYER, M.D., LOND., M.R.C.P.

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LOCAL TEMPERATURE IN PLEURISY.

At the meeting of the *Académie de Médecine* on 30th of April, M. Peter communicated an account of his researches upon local morbid temperatures. Following is a *resumé* of what M. Peter has observed:

1st. On the side of the pleurisy, the parietal temperature is always more elevated than the mean parietal temperature, which is about 35.8 (96.6). The morbid super-elevation or local hyperthermy is from about $\frac{1}{2}$ of a degree to 1, $1\frac{1}{2}$ or 2 degrees, and may even exceed this figure and reach 40 degrees (104.0).

2nd. The elevation of temperature increases as the effusion, and this hyperthermy may reach $2\frac{1}{2}$ to 3 degrees ($5^{\circ}\frac{1}{2}$ — $6^{\circ}\frac{3}{4}$).

3rd. The elevation of parietal temperature decreases during the stationary period of the effusion, *i.e.*, when secretion is no longer going on; but, in general, the parietal temperature of the pleuritic side still exceeds by $\frac{1}{8}$ ths to $\frac{1}{4}$ ths ($1\frac{1}{8}$ — $3\frac{3}{8}$) of a degree, that of the opposite wall, or of the sound side.

4th. Pleurisy does not elevate the parietal temperature of the side alone on which it occurs, it also elevates that of the opposite side, but the parietal temperature of the affected side is always more elevated (by some tenths of a degree or even one degree and more) than the parietal temperature of the sound side.

5th. The parietal temperature decreases little by little when the effusion is spontaneously reabsorbed, remaining, however, superior (generally by several tenths of a degree) to the parietal temperature of the sound side, and preserves for rather a long time this temperature higher than that of the sound side and than the normal state. This temporary persistence of the local hyperthermy explains the possibility of relapse of the disease.

6th. In cases of pleurisy without effusion, the local hyperthermy is less elevated than in pleurisy with effusion, and the return to the normal temperature occurs more rapidly.

7th. The absolute elevation of the local temperature of the diseased side is greater than the absolute elevation of the axillary temperature; this local hyperthermy precedes the axillary by