

should use in its place the syrup of the iodide of iron internally. Most of these children are anemic, and iron is needed. Iodide of iron also exerts a peculiar influence over inflammation of the upper air passages. The syrup should be given in doses of five drops or more three times a day.

On looking at this child's tongue you will notice that it is black. This is due to the iron, which also blackens the fæces. The discoloration is due to the presence of sulphide of iron. It is well to warn the mother that this will occur, to prevent needless alarm.

To be more definite, what shall we do for this case? We shall give her five drops of the syrup of the iodide of iron three times a day, and apply externally over the enlarged tonsils ichthyol ointment, night and morning, two drachms to the ounce of lard. If no irritation of the skin is produced, we shall apply it at noon as well. It is impossible to make applications to the tonsils internally every day, and it is dangerous to give iodine solution to parents of young children, with which to paint the child's throat. If I should give anything, it would be a solution of one drachm of tannic acid to two ounces of glycerine, to be applied with a camel's-hair brush.

I forgot to mention one other course of treatment which may be resorted to after igni-puncture, and that is the use of the solid stick of silver nitrate. This is especially useful when there is a complication of chronic interstitial tonsillitis with follicular tonsillitis. By using the stick in these cases you mildly cauterize the tonsils, and achieve good results.

The slight deafness which is frequently complained of by patients with enlarged tonsils is due to an extension of the inflammation from the tonsils to the Eustachian tubes, which either become patulous or plugged with mucus.—H. A. Hare, M. D., in *Med. and Surg. Rep.*

MR. JONATHAN HUTCHINSON ON THE RELATIONSHIP OF LUPUS TO TUBERCULOSIS.

A few days ago Mr. Jonathan Hutchinson delivered an important lecture on "The Nature of Lupus, with Especial Reference to its Relation to Tuberculosis," at the examination hall of the College of Physicians and Surgeons. It is, I believe, the first time that such a use has been made of the building, and the occasion was the commencement of the second London post-graduate course, in which, from its beginning, Mr. Hutchinson has taken great interest. The audience, which numbered about one hundred persons, included Sir Joseph Lister and Sir Andrew Clarke.

At the commencement of the lecture Mr. Hutchinson demonstrated the prominent features of the disease, as exemplified in a young woman whom he brought before his hearers, and pointed out how the disease tended to attack the areas especially concerned in flushing or blushing, and those much exposed, for example, the cheeks and tip of the nose. Premising that he approached his subject solely from a clinical point of view, he said that the first thing to consider was whether the typical form of lupus vulgaris is always of bacillary origin. There are two possibilities to be borne in mind; first, the lupus-process may be always due to the implantation of the parasite bacillus in the tissues, or, second, the process may originate as a variety of inflammation, induced by any one of many local causes of irritation and nutritional change. He at once expressed his own leaning to the view that it is highly improbable that true lupus is always the result of contagion, and that it usually begins in inflammatory action made peculiar by the special proclivities of the individual. In his opinion, lupus is not always a well-defined and easily-recognizable disease, and no symptom or set of symptoms will enable one to recognize with certainty all cases of lupus, and to determine what should and what should not be included under that name. His definition of the lupus-process was given in the following words:

"Whenever a chronic inflammation of skin or of mucous membrane, not due to syphilis, shows a persistent tendency to spread at its edges, to produce satellites near it, and to leave a condition of scar behind it, such a process is for me one of lupus. In a few cases the production of satellites may be omitted and the patch may remain absolutely single, but its infective edges and the resultant scar are essential. No form of lupus is without them, although it must be admitted, perhaps, that in a few the demonstration of the scar may be difficult. There is another condition which when present is to trained minds definitely diagnostic of lupus. I refer to the presence beneath a thinned layer of epidermis of a deposit or growth of semi-translucent granulation-material, often in considerable thickness. This 'apple-jelly-like' deposit, as it has been named, is, when present, perfectly characteristic of common lupus." Amongst minor features of the lupus-process he mentioned that if the surface does not ulcerate it is usually covered with white papery flakes of epidermis which, however, do not fall off; if the patch is ulcerated a dried crust forms, which, when removed, leaves a bleeding surface."

Lupus vulgaris is most common on the tip of the nose, the next most frequent seat being the cheek. It is not uncommon on the limbs but very rare on the trunk. The patches are never symmetrical. Though occasionally seen in children, it does not often develop until after the period of