

**TUBERCULOSIS, SCROFULA AND LUPUS.**—Dr. Lingard has made some important experiments for the medical department of the Local Government Board, as to the relationship of tuberculosis, scrofula and lupus. Koch, as is well known, has stated that the bacillus tuberculosis is present in all three, but the incontestable clinical differences seemed to many to detract from the value of his observations. Dr. Lingard has, as it seems to me, pretty conclusively proved that the clinical diversity is due, in part at least, to a difference in the virulence of the bacillus. Arloing had advanced evidence in this direction some years ago, but his results were controverted. Dr. Lingard finds in guinea pigs, that subcutaneous inoculation of tuberculosis material leads to the death of the animal from general tuberculosis in about 80 days; inoculation, with scrofulous material, has the same result in about 200 days, and with lupus material in 330 days. Further, he has found that animals inoculated in series, die at progressively shorter intervals. Taking all his experiments together, he obtained the following averages: Guinea pigs A, inoculated with scrofulous material (caseous glands or cold abscess), died of general tuberculosis in 206.3 days; guinea pigs B, inoculated from A's, died of general tuberculosis in 131 days; guinea pigs C, inoculated from B's, died of general tuberculosis in 79.5 days, and guinea pigs D, inoculated from C's, died of general tuberculosis in 60.1 days. A considerable agitation is on foot at present with regard to the propriety of permitting the sale of the flesh of animals affected with tuberculosis in any form. The question of compensation to breeders and butchers constitutes the main difficulty, and there is considerable difference of opinion among sanitary experts; the more thorough-going maintain that tubercle anywhere ought to lead to the condemnation of the whole carcass, while others hold that a slight amount of tubercle, affecting only the lungs, pleura, or other viscera, ought not to prevent the flesh being passed. Except to the eaters of very underdone beef, the matter is not one of first-rate importance; but it is altogether different with regard to milk, and it is probable that power will be obtained by sanitary boards to forbid the sale of milk from cows suffering from tuberculosis in any form, but especially, and above all, from mammitis.—*Correspondent Occidental Medical Times.*

**GLANDULAR TUMORS OF THE NECK.**—Dr. J. W. White (*Therapeutic Gazette*) says:

1. Lymphatic enlargements, situated in the neck and dependant on constitutional causes, may arise from syphilis, carcinoma, and lymphadenoma.

When from syphilis, they affect by preference the posterior chain of glands, are small, freely movable, painless, bilateral, and yield readily to specific treatment.

If *carcinomatous*, they form a very hard, rapidly-growing mass, infiltrating surrounding parts, becoming fixed to every thing beneath it, involving the skin, causing serious pressure symptoms, and followed by the development of cachexia. Operative treatment is useful, though only palliative.

If *lymphadenomatous*, they are rounded, regular, movable, painless, elastic or fluctuating, do not affect the skin, and are associated with anæmia, leucocythæmia, and with enlargement of other and widely removed lymphatics and of the spleen. The treatment should be tonic and supporting. Operative interference is useless.

2. *Scrofulous adenitis* is essentially a tubercular inflammation of glands, occurring usually in young persons with a scrofulous or phthisical-family history, and with some form of local irritation superadded, which must be sought for in the mouth or pharynx or about the face or head. The glands are all characterized by a tendency to caseation, with or without suppuration, and from indolent masses, less defined, more fixed, and more tender than in lymphadenoma. The treatment in recent cases should be first hygienic and tonic with fixation of the head, and, if possible, with cure of the proximate cause. If this fails, or without attempting it in old cases, excision should be resorted to.

3. *Simple adenitis* results from some source of local irritation, and constitutes an acute, tender, inflamed, poorly defined swelling, running a rapid course to either suppuration or resolution. Treatment should consist in removal of the cause and in the application of resolvent lotions or ointments, or, later, in the free evacuation of pus.—*Am. Lancet.*

**PARACENTESIS IN INTERNAL HYDROCEPHALUS.**—The author exhibited a case of acquired chronic internal hydrocephalus, for the relief of which he undertook paracentesis after trephining. The patient was a boy nearly five years old. He was seized with convulsions when three months old, and these attacks, which became very frequent, continued for nine months and then ceased. Three months after their commencement his head became enlarged. Every form of treatment had been tried, but without the least success.

Condition at the time of operation as follows: He was obviously imbecile; he could not talk, but smiled idiotically; he was totally blind; the other special senses were not apparently affected. He had never walked or stood alone, but could easily move his body and extremities. His bowel and bladder sphincters were not controlled. He was extremely irritable and restless. He was fairly developed physically, but always of an ashy pallor. There was a very frequent rotary movement of the head, with slight retraction and grinding of the teeth.