swallow, and chicken soup, milk, and milk and brandy were given in small quantities, which were gradually increased until May 15th, when he took about a quart of milk in twenty-four hours, some toast, and one or two raw eggs. During this time enemata of milk and extract of beef were given, which, with the exception of one or two, were well retained. He continued in this condition until May 30th, when the author found that the food was not being digested, that it simply passed on into the intestines, where it remained for a time and then passed per rectum in about the same condition in which the patient took it. The man was allowed food by the mouth because he craved it and retained it without distress, and, as death would inevitably be the result, the author thought he might as well be indulged. On the 30th of May contraction had taken place to within three or four inches of the stomach; afterward the whole length of the œsophagus was contracted. On the 1st of June he vomited shreds of a brownish substance, looking like portions of the cast, with a very foul odor. This continued for two or three days, and was followed by a yellowish substance even more foul smelling than the other. The patient remained in this condition, gradually getting weaker and vomiting and retching a great deal, until he died on the 24th of June.

Corrosive poisoning, says the author, is not an uncommon occurrence, but it is interesting to note that life may be prolonged, as in the present instance, for an unusual period after the ingestion of a corrosive powerful enough to destroy the mucous lining of the entire œsophagus and a part at least of the stomach; also that it is possible to take such a large amount of material into the stomach without distress afterward is remarkable.

A quack of the name of Thomaso, though fortified with the usual bogus American diploma, was fined £20 last week at a London Police Court, under the apothecaries act, for practising medicine. —Lancet.

THE TREATMENT OF POST-NASAL CATARRH

By Walter Wells, M.D., Washington.

While catarrh of the naso-pharnyx receives scant notice from European authors, and is treated by them as though it were always secondary to diseases of the nose, or of the lower pharnyx, in this country it is given a more prominent position in text books on diseases of the nose and throat, and is treated of as an independent disease in the same rank with rhinitis, pharyngitis, and laryngitis. This is, indeed, quite as it should be; for besides that it is with us, at least, the most frequent of catarrhal affections of the upper air passages and is the most pronounced in the amount of symptoms and in the distress it causes the patient, it has a better claim to consideration as an independent disease by reason of modifications in the mucous membrane in this region. We have situated here a collection of adenoid tissue, under the name of the pharyngeal tonsil or tonsil of Luschka: we have the openings of the Eustachian tubes and their prominences, and we have the so-called fossæ of Rosenmuller. It is not necessary that we discuss whether the naso-pharynx serves, primarily, the digestive or the respiratory functions. We are willing to admit, on the one hand, that the secretion of the mucous glands in this region is useful in lubricating the lower pharynx to promote deglutition, and, on the other hand, it appears to us that the recent experiments of Freudenthal show that this part contributes a great deal more moisture to the inspired air than was formerly thought; in fact, the major part. A simple, convenient division of post-nasal catarrhs is into those acompanied with hypersecretion, and those attended with formation of crusts. The latter is the kind to which attention has generally been attracted, and especially the question of the so-called bursa pharyngea, which most modern writers think has been given too much prominence by Thornwaldt and his followers.