

of mercury and potassium iodide, as nearly as I could judge from the mother's description of the medicine. I could not find from questioning the father any history of venereal disease.

Examination of the child's throat revealed no abnormality other than an unusual paleness of the mucous membrane. The nostrils and nose were well formed externally, and the respiratory sounds in the chest were normal. When light was thrown into the nostrils, however, they were found to be imperforate, the membrane extending entirely across them at the level of the inferior turbinated bone. It was impossible to pass a probe beyond this point. I told the mother that an operation would be necessary, and after some demur she consented. Under anaesthesia the membrane was divided and the incision forcibly dilated with long dressing-forceps. The result has not been perfectly satisfactory; for while the child has improved in general health, the noise in breathing grown much less, and the respiration less difficult, it is necessary at intervals to dilate the upper part of the nasal canal in order to prevent a return of the trouble. These intervals are growing longer, but I think that had a plastic operation been devised and performed at first the tedious and unpleasant after-treatment might have been avoided. —C. B. STORRS, M.D., in *American Lancet*.

Sarcoma Successfully Treated by Toxins.—W. B. Johnson reports a case of sarcoma of the palate which he has successfully treated with the toxins obtained from cultures of the micrococcus erysipalatosus and the bacillus prodigiosus. The patient was a boy, aged sixteen, who was said to be suffering from a sarcoma of the soft palate, which upon microscopical examination was found to be of the spindle-celled variety. The affection commenced six weeks before admission. The injections of the toxins of erysipelas were commenced on October 31st, 1893, doses of 15 minims being given daily. The dose was increased each day until it had reached 60 minims. The bacillus prodigiosus toxins were used in doses of 5 minims, and were administered along with the other toxins after the dose had reached 35 minims. The injections were given in the arm and leg, and they generally caused redness, swelling, and pain, which persisted

for twelve to thirty-six hours. The treatment was continued until June, 1894, during which time there were many intermissions. The result of the treatment was a constant steady but slow improvement. The sarcomatous tissue gradually disappeared, partly by necrobiosis and partly by absorption. One year after the commencement of the treatment the patient had practically recovered, the only signs of the disease being one or two spots of ulceration upon the palate, the other affected parts having cicatrised. The uvula and a small portion of the epiglottis were destroyed by ulceration. — *Medical Record*.

Pylorotomy for Supposed Cancer: Patient in Good Health Three Years after Operation.*—Seeing that the patient, whose history I am about to narrate is now in the enjoyment of good digestion and excellent general health at the expiration of nearly three years since the removal of her pylorus for new growth, the time has arrived when the facts may be placed on record with the confidence that the charge of hasty publication will not be brought against me. I had once previously performed pylorotomy at the Leeds Infirmary, on a patient whose disease proved to have made more extensive inroads upon stomach and duodenum than had been divined, or than appeared even on handling the parts when exposed for removal, until too late for the operation, to be abandoned, and in whom, therefore, owing chiefly to the prolonged nature of the operation, the shock proved fatal within three days. Since meeting with these two I have not seen another example in which the circumstances seemed favorable for pylorotomy. Mrs. R., aged 49, first came under observation on November 26th, 1890. She was then complaining of abdominal pain and vomiting, and had lost upwards of two stones in weight. It was noted at the time that the stomach stood out in the epigastrium, suggesting retention, and a distinct splashy sound could be elicited. About midway between the ensiform cartilage and the umbilicus, and about 2 inches to the right of the middle line, a hard, irregular nodule could be felt. A diagnosis of pyloric cancer was made. Up to January, 1891, under a rigid dietary and

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