fact that cocaine is better, or less badly, borne than chloroform by cachectic and debilitated patients.

Cocaine and chloroform have each their own indications. I consider that cocaine is not to be used in extensive operations, and those the limits of which are not very well-defined from the outset. Whereas, on the one hand, it seems to me to be indicated in excision of subcutaneous tumours, the opening of abscesses, ingrowing nails, amputations and excision of the phalanges or of the metacarpal bones, in kelotomy, the operation for the radical cure of hernia and hydrocele, in dilatation of the anus, circumcision and castration, in abscesses and hydatid cysts of the liver, and in the formation of an artificial anus ; I believe, on the other hand, that chloroform should be preferred in the surgery of the uterus and abdomen generally.—*The Medical Week, Paris, Jan. 27th.*

Selections.

Laryngeal Syphilis in Childhood.—Dr. Hermann Strauss (*Archiv für Kinderheilkunde*) says syphilis of the larynx occurs in general in probably from three to six per cent. of all cases of syphilis. In childhood laryngeal syphilis seems very rare. Some of the reasons for this may be that laryngeal examinations in early childhood, being very difficult, are often not undertaken ; the laryngeal symptoms may be very slight, and syphilitic ulcerations show such a tendency to spontaneous healing that, if other syphilitic manifestations are present, the laryngeal ulcers may heal without being diagnosticated. The writer reports three cases, in all of which the epiglottis was much swollen, in one ulcerated. In one case there was a large ulceration on the posterior laryngeal wall. He cites fourteen cases reported by others, and divides the cases into those in which the appearances of syphilis were present in the first months of life, and those in which they were absent. Only one case could be proved to be hereditary. In these cases changes were seen in the epiglottis, the ary-epiglottis folds, and the posterior laryngeal wall. Characteristic for this affection is: (1) The seat of the process ; preponderating in the epiglottis, having in general the appearance of a perichondritis with relatively frequent necrosis of the cartilage. The ventricular bands are not rarely affected. (2) The preference which the process shows for appearing in a papillary form, if not in the form of a simple swelling. In only two of the cases were ulcerative or cicatricial processes wanting on the pharynx or palate. In one of these there were extensive changes in the epiglottis. In another case ulceration of the uvula appeared only after extensive changes in the epiglottis. The disease is more rapid and prognosis worse than in adults: Laryngeal examination is important for diagnosis. The cases seem to yield readily to specific treatment.—*International Medical Magazine.*

A Simple Method for the Detection of Tubercle Bacilli in the Sputum.—Dr. P. Kaufmann, of Cairo, (*Centralbl. für Bakteriologie u. Parasitenkunde*), suggests, as a simple substitute for the acids used in the differentiation of the tubercle bacilli in the ordinary methods of staining, boiling water, or water of the temperature of 98° or 99° C. He suggests that the sputum be spread as usual upon a cover-glass, dried, and fixed over the flame or in alcohol, and then stained in warm carbol-fuchsin in the accepted manner. Instead, however, of exposing the preparation next to the action of some acid, the author would gently pass the cover-glass to and fro through hot water until but a faint rosy tinge remains. The tubercle bacilli retain their stain for about five minutes in hot water, and as a rule the exposure of the preparation to the water should not exceed three minutes; generally speaking, one or two minutes suffice. The preparation may be at once placed under the microscope for examination, or may be counter-stained by the usual methods.—*International Medical Magazine.*

Experiences Relative to the Exploratory Puncture and Exploratory Irrigation of the Antrum of Highmore.—Prof. O. Chiari (*Revue de Laryngol. d Otol.*) says that washing out the antrum through the ostium maxillare gave a positive result in only one case. In many others pus was not discovered, although afterwards found by injection through an artificial opening, the tube evidently having entirely obstructed the ostium. In other cases it was impossible to penetrate the opening at all, because it was either too narrow or in an