

## ADENO-GYPSOSIS.

ROBIN (*Bull. de l'Acad. de Méd.*, January 12th, 1892) says that calcification of the bronchial and mesenteric glands has often been described, but it has always been tuberculous in origin. In a patient, aged 79, dead of pericarditis, fibrous and calcified plaques were found in the left pleura. The mediastinal glands, both in front and behind the trachea (but almost exclusively on the right side), as also the right subclavian and axillary glands, were calcified. The mesenteric and some other glands in the abdomen were similarly affected. There was no lesion in the mucous membrane of the respiratory tract or alimentary canal, and no tubercle anywhere. During life no tubercle bacilli had been found in the sputum. The patient had been a *stuccateur* for forty years, and thus he had breathed in and swallowed sulphate of calcium in a fine state of division. This had been absorbed and deposited in the glands. M. Robin shows that there was nearly 20 per cent. of calcium sulphate in the glands from his case, whereas the analysis of ordinary calcified tuberculous glands shows no such constituent. The calcification was not the outcome of the calcareous diathesis, for then it would have consisted of the minerals ordinarily found, and not of sulphate of calcium. The author would look upon this case as an example of an occupation disease. He admits its rarity, and would explain its occurrence here by the fine subdivision of the stucco known to have existed in this instance. In conclusion, M. Robin says that very fine particles may pass through the epithelium without altering it, that the disease must be placed along with the pneumoconiosis, and that the clinical manifestations are due to pressure and functional disorders. In this case the bronchi were somewhat pressed upon, and the patient suffered from emaciation, dyspeptic troubles, and a liability to bronchitis. Hygienic precautions would no doubt be prophylactic.—*British Medical Journal*.

## ANGIO-NEUROTIC OEDEMA.

BAUKE (*Berl. klin. Woch.*, February 8th, 1892) describes in detail two cases of circumscribed oedema of sudden onset and rapid disappearance occurring in individuals of neuropathic tendencies and without other signs of disease. The evidence in favor of the

nervous origin of this affection is (1) that most often the patients are neurotic; (2) that in this disease, as in other nervous diseases, heredity is often present; (3) that it frequently appears as a result of psychical disturbances and after such noxious agents as alcohol, which affect by preference the nervous system; (4) that it occurs with other nervous affections, such as neuralgia, etc.; (5) that some patients present signs of other vasomotor neuroses, such as Basedow's disease and urticaria; (6) that this oedema may appear on one side only, and also at such times (menstrual period, climacteric) favorable to neuropathic manifestations; and (7) that improvement is brought about by measures directed to the nervous system. The author says that the form accompanied by (local) rise of temperature and redness is due to local paralysis of the constrictors or reflex stimulation of the dilators, producing increased transudation, and that, in the other form without these accompaniments, an alteration in the lymph secretion takes place. If, in consequence of repeated and long-standing oedema, changes in the tissues supervene, then a tropho-neurosis may be correctly spoken of. Inflammatory or congestive oedema has nothing in common with this angio-neurotic form, either etiologically or clinically.—*British Medical Journal*.

## INTUBATION.

BOKAI (*Jahr. f. Kinderhikunde.*, Bd. xxxiii, H. 3) gives the results of the operation of intubation in his hands in the Stefanie Children's Hospital in Buda-Pesth. He began to use the method in August, 1890, and between that date and August, 1891, he had to treat 310 cases of diphtheria and croup. There were 128 cases of pharyngeal diphtheria without laryngeal symptoms, 139 with laryngeal symptoms, and 43 cases of laryngeal croup. The 128 cases of diphtheria without laryngeal complication showed a recovery rate of 64 per cent. In the previous year there had been 170 such cases, with a recovery rate of 77.5 per cent., so that the epidemic of the year under consideration was not of a milder character, but rather the reverse. In the 139 cases of laryngeal diphtheria intubation was performed in 78, tracheotomy without intubation in 39, 16 recovered without any operation, and 6 died without operative interference. In the 43 cases of simple croup, intubation was done 31 times, and tracheotomy 6 times, and 6 recovered without operation. After January 1st, 1891, intubation was performed in every case of laryngeal diphtheria. Of the 78 cases of laryngeal diphtheria intubated, 24 recovered (30 per cent.). In the two preceding years during