

were tapped in the usual manner and the contents washed out. After all hemorrhage had ceased, the saturated chromic acid solution was applied with a carrier through the canula to the walls of the cyst, in the same manner as with the ranulas. Six of the seven cases healed rapidly after from two to three applications, but the seventh and second of the series resisted for a long time all attempts, and it was not until three months had passed and some half-a-dozen applications had been made that the tumor disappeared. But neither in this nor in any of the other cases was there a bad symptom, and I attribute the length of time the last-mentioned case took to heal to the fact that there was a considerable amount of hemorrhagic oozing, which to a certain extent neutralized the action of the acid. It is therefore advisable to see that hemorrhage is, as much as possible, arrested before applying the acid. I cannot too strongly recommend this mode of treatment (first suggested by Dr. Woakes in the *Lancet* about two years ago), and though the evidence I have been able to offer is not very great—ten cases in all—still the persistent favorable results obtained are, I think, strongly in favor of a good trial being given to it, not only in the same class of cases as those I have quoted, but in every case of cyst that is inadvisable or impossible to remove. In cystic goitres it seems entirely to do away with the most dangerous part of the ordinary treatment—viz., the conversion of the cyst into a large abscess.—*W. R. H. Stewart, F.R.C.S. Edin., etc., in Lancet.*

PYÆMIA FOLLOWING SUPPURATION OF THE MIDDLE EAR ARRESTED BY LIGATURE OF THE INTERNAL JUGULAR VEIN AND CLEANING OUT THE LATERAL SINUS.—J. F., æt. 25, was kicked in the left ear when 14, foul discharge having only occasionally issued during eleven years. Pain arose in the affected ear on the 10th of August, 1891, followed four days later by daily rigors and vomiting. On the ninth day he was admitted into the Liverpool Royal Infirmary, where, in spite of antiseptic syringing, he became worse. During two days he had at least four rigors, the temperature varying between 102° and nearly 105°, a foetid discharge issuing from the ear, and swelling and tenderness being perceived over the upper half of the site of the

left jugular vein. The patient was drowsy, irritable, and at times delirious, and it was thought that septic thrombosis of the lateral sinus and jugular vein existed. On the 21st of August, 1891, eleven days after the onset of illness, the internal jugular vein was exposed for more than the upper half of its length, found firmly plugged in this extent, tied below where healthy, and cut between two ligatures; raised out of its bed and removed up to the skull along with a portion of the facial vein, similarly plugged in continuity. The lateral sinus was exposed by chiselling through the skull in the mastoid region, and found occupied with foetid purulent material. This was scraped out and partially cleansed, the stump of vein being opened and also scraped clean. The lower part of the wound healed by first intention, the upper being plugged and dressed daily with cyanide gauze. The symptoms disappeared and continued absent for two days, when the temperature having risen again, the lateral sinus was further cleansed under chloroform, after which steady improvement went on and the patient was up and about after 16 days. He has continued well ever since, and attended a meeting of the Liverpool Medical Institution for inspection by the members on the 22nd of October, 1890. The procedure adopted was that initiated by Mr. Arbuthnot Lane in 1888, and successfully practised by him and by Mr. Ballance on several subsequent occasions.—*Med. Press and Circular.*

RANKE AND STEFFEN: INTUBATION OF LARYNX (*Rev. Mens. des Mal. de l'Enf.*, June, 1891).—Published statistics of all operations of this character which have been done in Germany show the number of cases to be 413, and of this number 364 were for primary diphtheria with laryngeal stenosis. The number of cures was one hundred and thirty-two, or thirty-six and two-tenths per cent. There were also forty-nine operations for secondary diphtheria, with nine cures—that is, eighteen and three-tenths per cent. In the first 843 operations of tracheotomy, which were performed for primary diphtheria, there were 336 cures, or thirty-nine and eight-tenths per cent. In the first twenty-three cases of tracheotomy for secondary diphtheria, there were four cures, or seventeen and three-