

ation, and his efforts were an *absolute* failure, as we saw from the start it must be. Without adding more, we confess that we do not see a pleasant future for society advancement in New York City proper. The break must, and does, have a disintegrating effect. As things stand, all society advantage must be retarded, and what was beginning to be a nucleus of august proportions and attraction to a society that had had quite an unusual and popular record, and might have become an object of professional pride, must be shorn of its strength. We are sure no one can say that, united, both factions could have secured a future for usefulness. One thing we do not hesitate to predict, that time will prove an *irredeemable misfortune* if the disunion is selfishly persisted in, and bring a stumbling block in the pathway of true elevation of professional character in New York.

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TUBERCULOSIS OF THE SALIVARY GLANDS.—Though it is easy to induce tuberculosis of the salivary glands experimentally, we meet the disease clinically but very seldom. O'Zoux describes two cases in the submaxillary gland (*Arch. clin. de Bordeaux*, No. 1, 1897). The swelling is considerably larger than in simple adenitis and is exceedingly painful; the pus is thin and moderate in amount. The author explains the rarity of the disease in this location by the fact that the blood remains in contact with the oral mucous membrane for too short a time to give rise to infection.—*Amer. Med.-Surg. Bulletin*.

MECHANICAL IMPEDIMENT TO RESPIRATION DURING ANÆSTHESIA.—Dr. C. Hamilton Whiteford (Plymouth) writes: Like Dr. Potter, I have frequently observed the mechanical obstruction offered by the lips in anæsthesia. In people with deep flabby lips, especially in those who have lost their front teeth, the lips—the upper as well as the lower—frequently act as valves, allowing expiration but preventing inspiration by their edges being drawn in and completely closing the oral orifice. This valve action is quite independent of any obstructions caused by the base of the tongue falling over the larynx, occurring equally with the chin elevated or depressed. Pulling forward the tongue with forceps, the chin being already elevated, relieves the dyspnoea and cyanosis by separating the lips and allowing the free entry of air.—*Brit. Med. Journal*.

AN ANÆSTHETIST'S MOUTH OPENER AND GAG.—Messrs. Weiss & Son, of 287 Oxford Street, have a little appliance designed by Dr. Frederick Hewitt with the object of affording a