

of the motor nerves found by Erb. Later researches will allow the period of the disease to be stated in which this anomaly of electric reaction supervenes, as well as its relations with the alterations of the cutaneous nerves in ataxy lately described by Westphal and Déjerine.—*Le Prog. Méd.*

CALCIFICATION OF THE PLEURA COSTALIS.—In a man who died of cancer of the stomach M. Gilbert found a thick plate of bonelike material covering the internal surfaces of the ribs on the right side, from the sternum to the vertebral column. Its internal surface was smooth, and separated from the ribs by connective tissue, while the internal was rough and adherent in some places to the lung. Chemically, the plate had nearly the same composition as bone, but microscopical examination showed that it was only fibrous tissue loaded with lime salts.—*Brit. Med. Jnl.*

COD LIVER OIL WITH THE MURIATES OF AMMONIUM AND SODIUM.—J. P. Curley, M.D., in the *Med. News*, recommends an emulsion of pure cod liver oil with gum acacia, each ounce of the preparation containing sixty-six per cent. of cod liver oil and sixteen grains of the muriates of ammonium and sodium. The ordinary dose to be taken in sweetened water or milk. He has found the combination to be well borne by the stomach, and to act well in those cases in which the oil is indicated.

A PLEASANT DISINFECTANT FOR ROOMS.—From an Italian journal we note that a few drops of the following mixture on a plate will pleasantly disinfect a bed room: camphor, twenty parts; hypochlorite of lime, alcohol, water, each fifty parts; oil of eucalyptus and oil of clove, each one part. Dissolve the oils and camphor in the alcohol. Mix the hypochlorite of lime with the water, and add this to the alcoholic solution in a capacious vessel, and keep it cool until the mixture is complete.—*Pharm. Record.*

ARTERIAL PRESSURE.—Dr. C. S. Roy's conclusions are that there exist in the vagus nerve, fibres decreasing the force of cardiac contraction distinct from the fibres that diminish the frequency of the beat, and, similarly, that there exist in the accelerans cordis fibres augmentative of force distinct from fibres increasing the heart's frequency.—*Am. Med. Ass. Jnl.*

THE COAGULATION OF THE BLOOD.—Mr. L. C. Woolridge ("Journal of Physiology," August, 1883) remarks that blood plasma, after it has left the vessels, converts the white cell into fibrin and liberates a certain substance, called fibrin ferment, which is able to bring about the coagulation of the fibrinogen in the plasma. This fibrin ferment owes its power of coagulation to the presence of a substance called lecithin, a body omnipresent in protoplasm. Lecithin is prepared by making an alcoholic extract of the lymph cells.—*N. Y. Med. Jnl.*

Surgery.

CICATRICAL STRICTURES OF THE OESOPHAGUS.

CLINIC BY M. TERRILLON.

(Translated from *Le Prog. Méd.*)

To explore the oesophagus there are two methods: When the stricture is situated very high, in certain persons it may be explored by the finger, but it is better to use an instrument. The searcher consists of a whalebone stem, on which bulbs of various sizes may be screwed. When a narrow stricture is suspected, a small bulb may be used, but cautiously for the larynx may be penetrated, or on account of the spasm produced, the upper part of the oesophagus may not be passed, and a stricture be found which in reality has no existence.

Cough will notify you that you are in the larynx; though sometimes with a trachea of moderate susceptibility the trachea may for many days be catheterised, and food even may be introduced into it without suspicion until terrible evidences reveal the fault committed.

It sometimes happens that the extremity of the sound butts upon the sides of the laryngeal portion of the oesophagus, where there is a fold which allows the sound to become engaged and arrested in a kind of *cul-de-sac*.

A third obstacle is spasm of the oesophagus which effectually arrests the sound, but by lightly persisting the spasm is soon overcome.

It is always necessary to use the left index finger as a guide to lower the base of the tongue, on arriving at the epiglottis the sound has only to follow the finger to penetrate into the oesophagus.