

from the pyloric and four and a half inches from the cardiac orifice. The pelvic orifice was also constricted to the diameter of the little finger. The walls of that portion of the stomach between the stricture and the pyloric orifice were much thickened, while the cavity between the stricture and cardiac orifice was considerably dilated, the walls thinned and catarrhal-looking on their inner surface.

There was an entire absence of ulceration and the hemorrhages were probably due to a hypercongestion of the cardiac portion of the viscus.

I think it worthy of note that this patient was able, for about 33 years, to digest the ordinary quantity and quality of food, without any marked discomfort, and was thus enabled to maintain a fair degree of health. Judging from the literature of the subject, stricture in this location is a rare lesion.

Correspondence

OUR LONDON LETTER.

(From Our Own Correspondent.)

CLINICAL NOTES.

In cases of acute laryngitis in the adult, Dr. Wolfenden, of the Throat Hospital, prescribes a calomel purge, followed by the same drug in small and frequent doses combined with Dover's powder, at the same time administering the following if the pulse be full: R.—Tinct. aconiti, ℥xv; aq., ℥ij. Sig.—A teaspoonful to be given every fifteen minutes for four or six doses, then every half hour for several doses, and finally every hour or two hours; the time between doses being lengthened as soon as the skin appears moist and the heart's action reduced. When the disease has advanced and secretion is being poured out, the following mild expectorant is prescribed: R.—Ammon. carb., grs. v; tinct. scillæ, ℥x; tinct. camph. co. ℥xv; syr. zingib., ℥j; infus. serpentar. ad., ℥j. Every four hours. If the cough is very troublesome, ℥ij or ℥iij of liq. morph. hydrochlorat. are added to the above. Locally, he recommends cold compresses of ice or the Lieter coil.

In cases of sub-acute laryngitis he prescribes the following: R.—Tinct. benzoin co., ℥iv. Sig.—A teaspoonful in a pint of hot water for each

inhalation, night and morning. The patient is cautioned not to go out of doors for at least half an hour after using the inhalation. Trochisci krameriaë are also ordered, each lozenge containing grs. ij or iij of the ext. of rhatany.

In some cases the following vapor is preferred: R.—Olei eucalypti, ℥ij; magnes. carb. levis, grs. lx; aq. ad., ℥iij. To be used in the same manner as the above.

In chronic laryngitis, in addition to any constitutional treatment required, he usually prescribes the following vapor: R.—Olei. pini. sylvestris, ℥ij; magnes. carb., levis, grs. lx; aq. ad., ℥iij. Sig.—A teaspoonful in a pint of hot water for each inhalation, night and morning, also troch. krameriaë. In tuberculous laryngitis he prescribes a vapor of benzoin and chloroform, as follows: R.—Tinct. benzoin co., ℥j; chloroform, ℥iv, in a pint of hot water for each inhalation, and as a local application uses solutions of lactic acid, varying in strength from 20% to 60%, and applied by means of a brush, twice a week. In granular pharyngitis he finds the galvano-cautery the most satisfactory treatment.

In the treatment of those troublesome cases of nasal polypi, which are so apt to recur, Dr. Greville Macdonald, of the same hospital, is markedly successful in obtaining curative results. His method is removal of the polypus by means of Mackenzie's écraseur, which he uses as follows: The meatus being well opened by means of a Thudichum nasal speculum, and the light thrown into the nares, the écraseur is passed in so that the wire-loop is kept close to the septum, until opposite the polypus, when it is turned so as to rest on the floor of the nose. The loop now being under the polypus, it is surrounded by the wire by drawing the instrument upwards and somewhat outwards until the loop is felt to be well up to the base of the peduncle of the polypus. The wire being now tightened the polypus is cut through, and is easily removed by forceps; the point of attachment being subsequently cauterized by means of the galvanuo-cautery.

In all cases of hypertrophy of the middle turbinated bones, he relies upon the galvano-cautery or the application of chromic acid, either of which, with persevering treatment, prove successful. In chronic atrophic catarrh of the oro- and nasopharynx, he prescribes an alkaline lotion of the