

that, in order to a proper comprehension of the case, a visit was necessary. I accordingly saw the patient that evening, and heard from him a recapitulation of the history given by his wife. The "lump" I found to be situated over the second part of the right subclavian, in the angle or fossa at the side and lower part of the neck. It was nearly oval—the base pointed downwards, forwards, and outwards. Its greatest measure, from base to apex, over its convexity, I found to be two and a half inches, its oblique measure two and a quarter inches, and its shortest one and three-quarter inches. Its pulsations and murmurs were synchronous with the cardiac systole, and the reflex pulse-wave was toward the mesial line and upwards. Not having a hypodermic syringe with me at this visit, I was unable to determine the nature of the contents of the lump, which had been so very well described to me, consequently I decided to make a second visit at an early date. I accordingly saw the patient again two days later, and after going over the case once more, I made the hypodermic test, and found that the lump contained arterial blood. I then decided to make an effort towards reduction by compression. The mode adopted has been by adhesive straps drawn tightly over a firm, closely-fitting compress. Finding these did not accomplish all that was desired, graduated pressure has been affected recently, by an elastic band applied over the straps. What degree of success has been secured you will be better able to determine upon personal examination of the patient.

When first examined the pulsations of the sac were somewhat diffused, and difficult to trace, but after a time, as it became smaller, they were more easily detected, and the *bruit* much more distinctly heard. The diagnosis was aneurism of the thyroid axis, at or about the origin of the transversalis colli and, supra-scapular arteries, involving, as nearly as could be determined, both these branches. The aneurism was caused doubtless by prolonged severe muscular exertion in the use of a heavy hammer. The adhesive straps were removed at intervals of from two to three weeks, and fresh ones applied. Improvement was specially noticeable after the application of the elastic band, and at present (August 6th) I am glad to be able to report almost complete obliteration of the sac.

Selections: Medicine.

THE USE OF LOCAL REMEDIES IN THE TREATMENT OF DIPHTHERIA.

WE recently asked a certain number of physicians, whose experience on the subject seemed especially to entitle them to speak, to favour us with their opinion on the advisability of using local remedies in diphtheria, and to state what drug they preferred to use. The subject is one which is to be discussed at the approaching meeting of the International Medical Congress; and we trust that the paragraphs which here follow may stimulate the interest of our readers in what will, no doubt, be a most interesting debate. There are many difficulties surrounding the subject, and one of these has been forcibly put by Dr. OCTAVIUS STURGES, who writes thus:

"I have never been able to convince myself of the value of local remedies in diphtheria. In cases that have been occurring lately, there has been so large a proportion of recoveries, especially after tracheotomy, that the question of treatment, local or otherwise, or any comparison between the results now and two years ago, or, still more, eighteen years ago, is hedged about with difficulty. My personal belief is, that the great safety in diphtheria is early tracheotomy; and the important question, awaiting authoritative statement, in reference to the disease, the precise clinical signs which give the proper signal for the operation."

Sir William Jenner, who published (now many years ago) a small monograph on the disease, advised the use of local remedies, preferring nitrate of silver for this purpose. There are still many who adhere to this plan, and for these Dr. EDWARD WOAKES may be allowed to speak. He says:

"During an experience of diphtheria in one locality, where the disease was rife, dating from 1860 to 1876, and which included some four or five distinct outbreaks of the disease, I invariably used topical remedies. I do not recall a single fatal case in which the following plan was adopted, providing the larynx and air-passages proper escaped—though nearly every instance in which those organs were implicated