

sciatica, with pain in the region of both anterior crural nerves. The pains were exasperated by the erect position, so that walking became impossible. There was tenderness in the lumbar and sacral region of the spinal column, but there was no muscular atrophy, alteration of reflexes, or disturbance of the functions of the bladder or rectum. Professor Charcot insisted that double sciatica is always symptomatic, and the causes are (a) diabetes; (b) certain spinal diseases, for example, locomotor ataxy and meningo-myelitis; and (c) some alteration in the nerves themselves. There was no sugar in the urine, nor any evidence of those spinal affections; and in the absence of any sign of a tumor in the pelvis the readiest explanation was cancerous invasion of the vertebral column, causing pressure on the nerves. Secondary cancer of the spinal column was held by Cazalis to be very common, especially after scirrhus of the breast, but it may be also met with in cancer of the stomach. In practice it is important to note that the presence of double sciatica in cancerous patients indicates metastasis, and contra-indicates operative interference. Conversely, severe neuralgic pains in patients at the age for cancer should suggest a careful examination of the breasts, the stomach and the uterus. Such pseudo-neuralgic pains are the ordinary clinical signs of vertebral cancer, but a fungous mass may project from the spine, in which case the vertebra will be infiltrated, and the consequences will be similar to those of Pott's disease.—*Bost. M. & S. Jour.*

BRONCHOCELE TREATED BY THE SETON.—Mr. Henry Smith (*Lancet*, January 5, 1884), *Can. Med. and Surg. Journal*, reports two cases of bronchocele successfully treated by the seton. The first case was that of a man who had a great enlargement of the right lobe of the thyroid, which caused cough, dyspnoea, and general weakness, so that he could not attend to his duties. He was advised to have the tumor removed, but refused, so Mr. Smith, after puncturing the tumor with a small trocar, passed a needle around by a double hempen thread through the opening, carried it deeply into the substance of the swelling, and brought it out on the other side. The threads were tied together and left to act as a seton. Great local irritation was produced, accompanied with a free purulent discharge. As there was considerable fever, the seton was withdrawn and a drainage tube introduced. The tumor gradually decreased, and the man left the hospital still wearing the tube. After a time it was taken out, and when the man was exhibited to the students, there was no appearance of the tumor beyond a very slight thickening, and the man was in perfect health. The second case was that of a woman, aged sixty-eight, who had suffered from bronchocele for sixteen years. The tumor involved the

whole gland, and produced much distress, with dyspnoea. A seton was introduced and left in for sixteen weeks; free discharge ensued, and the tumor rapidly decreased in size. The difficulty of breathing disappeared, and when shown to the students, there was hardly any trace of the tumor.

OVARIOTOMY IN INFANCY.—Dr. Roemer, assistant-surgeon to the Augusta Hospital, Berlin, has recently published, in the *Deutsche Medicinische Wochenschrift*, a case of ovariectomy performed by him on a child aged one year and eight months. At the birth of the child, the midwife observed that its abdomen was much distended. There was little difficulty in diagnosis, and the pelvis was readily explored through the rectum. The tumor was removed last August, under corrosive sublimate spray; it was "of the size of a child's head" and there was slight adhesion of the omentum. The pedicle was long and thin, and was secured by a double catgut ligature. The right ovary was the seat of disease, the left was perfectly healthy. The tumor was dermoid, containing hair, bone and cartilage. After the operation, the child was tied gently but effectually on to its cot, and opiates were given when required. It was fed on cold milk and wine. The highest temperature was 101.6°; this point was reached on the evening of the second day. On the fifth, the child's bowels were freely opened by five minims of castor-oil administered twice; on the twelfth, the abdominal sutures were removed. The child recovered perfectly. Dr. Roemer gives the following statistics of ovariectomy performed on children. One of the youngest cases next to his own was under the care of Dr. Neville of Dublin: the patient was two years and eleven months old, but only survived the operation for two hours. Busch operated on an infant aged two, Alcott on a child aged three; both cases died. Schwartz operated successfully on a child aged four; Barker on two, and Knowsley Thornton on one aged seven; and Spencer Wells, Cupples, and Chenoweth, each on one child eight years of age.—*Brit. Med. Jour.*

[To these should be added one by Dr. Hingston, of Montreal, on a child eight years of age, with recovery.—*ED. LANCET.*]

TREATMENT OF TONSILLITIS—Dr. S. Solis Cohen, (*Med. News*), gives the following treatment, which he says is pursued at the Philadelphia Polyclinic with eminent success:

1. In simple inflammatory tonsillitis, take two fluid drachms each of the ammon. tinct. of guaiac. and the comp. tinct. of cinchona, mix with six fluid drachms of clarified honey and shake together until the sides of the vessel are well coated; add gradually a solution of eighty grains of chlorate of potassium in four ounces of water, shaking meanwhile. This is to be used as a gargle every one-