

stance, in the second section, are included, "A. Hygeia; B. Previous general health; C. Previous sexual condition; D. Family history of patient." The points to observe, arranged under Hygeia, are "Parentage, infantile management, place of birth or former residence, present residence, trade or occupation, food, drink, clothing and firing, cleanliness, exercise, sleep, study, medicines, habitual use of narcotic drugs, peculiar habits, venereal indulgences." Part II. refers to the "Examination of a body after death." It has two sections:—1. Points to be ascertained and noted prior to commencing an examination. 2. Points to be noted during an examination."

To the student desirous of forming correct and systematic habits of observation at the bed-side, this work will be of the greatest assistance. To the physician it will, without doubt, "be a useful remembrancer."

CLINICAL LECTURE.

Clinical Lecture on Laryngeal and Throat Affections. By R. B. Todd, M. D., F. R. S., Physician to King's College Hosp. (Condensed from Medical Times and Gazette.)

Laryngeal disease is greatly influenced by diathesis in its origin and in its duration so that in the strumous and gouty it is shaken off with difficulty, indeed, some times not at all. One of its most formidable forms, less frequent now than formerly is the inflammatory or membranous croup—a disease characterized by the rapid formation of a false membrane or layer of coagulable lymph that moulds itself to the interior of the larynx and will extend down the trachea even into the bronchial tubes: its pathology is not settled, it is peculiar to childhood for some unknown reason, but it is less often associated with peculiarity of diathesis than other Laryngeal diseases. The adult is liable to a disease somewhat like it in being accompanied by a membranous exudation, but it is called Diphtheritis, and affects the pharyngeal rather than the laryngeal membrane, and is a malady in close alliance with Erysipelas.—Can it be that the cause and pathology of croup and diphtherite are alike? This is a subject for careful investigation, the more so, as the treatment of croup is far from satisfactory. The scrofulous or tubercular are liable to a peculiar form of Laryngeal disease (Phthisis Laryngea) which is usually associated with tubercular deposits in the lungs. The syphilitic cachexia often causes laryngeal disease, generally chronic, but sometimes exhibiting very acute and urgent symptoms. These two forms may be confounded with each other. The erysipelatous poison is very prone to attack the mucous membrane of the Fauces from which it may extend forwards to the face and head through the nostrils or downwards into the larynx—erysipelas of the larynx is apt to induce acute œdema of the submucous areolar tissue by which the rima glottidis is encroached upon and the difficulties of a severe and rapid dyspnoea superadded to the depressing influence of the erysipelatous poison speedily destroy life. To these affections may be added a chronic inflammation