patients at his clinic being cured in from two weeks to two months. The remedy was applied as a vaginal injection with the aid of speculum or by tampons introduced into the cervical canal.

RADICAL CURE OF EPITHELIAL CANCER OF THE SKIN.—Dr. Gavino has obtained a cure in these cases by the following mixture: Fuming nitric acid, 10 grammes (2½ drachms); bichloride of mercury, 4 grammes (1 drachm); Berzelius paper, q. s. ad consist. sirup. The remedy is applied with a cotton forceps, repeating the cauterization in ten or twelve days. This will be sufficient to cause the largest tumor to fall off, when cicatrization soon takes place. Until the present time, the speaker had had 100 per cent. of cures. A patient of Professor Péan's, having a tumour seventeen centimetres in diameter, upon which the surgeon did not wish to operate, was cured in about eighteen days by this means, the tumor dropping off entire, nothing remaining but the cicatrizing wound.

INDICATIONS AND LIMITS OF TOPICAL TREATMENT IN LARYNGEAL PHTHISIS.—Dr. Lennox Browne, of London, read a paper on this subject. The inflammations, ulcerations, and neoplasms observed in the larynx during the course of pulmonary tuberculosis are, in all probability, of tuberculous origin; it is also known that there exists a primary laryngeal tuberculosis. Virchow has said that the larynx was the most favorable spot in which to observe the alterations of the disease; it is also the most advantageous region for topical applications. The cures, it is true, obtained by this method are exceptional; but it at least arrests the process and is much better than palliative measures. Contrary to general opinion, the improvement of the general health and of the lungs is not the cause but very often the direct effect and the logical result of local efficacious treatment of lesions of the upper respiratory passages. The indications for topical treatment depend upon (1) the state of the larynx, acute or chronic; (2) the degree of the tuberculous affection, infiltration, superficial or deep ulceration, necrosis or caries of the cartilages, and development of neoplasms; (3) the state of the lungs.

The results of treatment in 102 cases of laryngeal phthisis studied by eight different observers, grouped in the author's report, show that in 32 cases in which both lungs were diseased the treatment did not cure, but simply improved the condition; in 31 cases in which the disease was limited to one lung only, but was of a grave nature, cure was obtained in 1 case and improvement in 8 cases. In 24 cases in which the lesions were limited to one side, and were moderate in nature, cure was obtained in 6 cases and improvement in 16 cases; and in 15 cases in which there were no pulmonary symptoms 2 cases were cured and 7 were improved. The author concludes from these statistics, which comprise but a single case of cure (that being one of his own), that the chances of recovery, and even of improvement depend to a large degree upon the the co-existence and extent of pulmonary disease.

As to the methods and limitations of treatment he does not advise the use of morphine, except in hopeless cases; nor cocaine except for intralaryngeal curettage, for applications of lactic acid, or for the temporary relief of dysphagia. All medicaments (except lactic acid) should be applied as a spray, and not in the form of insufflated powders. Menthol or menthol combined with iodol and dissolved in oil is one of the best remedies in the stage preceding ulceration. The curette may be employed to, destroy the hyperplasia, to remove dead matter from the large ulcerations, and to unite the small multiple ulcers into a single large one. The curette may also be of value prior to the application of lactic acid, but its use in this connection is not indicated in more than a fifth of the cases. Lactic acid, to be really efficacious, should be employed with friction. Puncture and incision of the infiltrated tissues, as practiced by Schmidt and Rosenthal, should be avoided, as they produce no favorable result and hasten the development of ulcers. Extirpation of the arytenoid cartilages (Heryng and Gouguenheim) is not to be advised, as these are rarely the seat of morbid alteration; and if such alterations do exist, the disease is at such an advanced state that intervention is contraindicated.

According to the author's observations, tracheotomy should not be performed in tuberculosis of the larynx. While applying the topical treatment the rules of hygiene and internal medication should be considered, as well as the climate best adapted to each patient.—*Le Semaine Médicale*, April 4, 1894.

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VASOMOTOR PHENOMENA IN FEVER.—Prof. F. Kraus reviewed the various prevalent theories upon the vasomotor phenomena of fever, particularly those of Heidenhain, Senator, Bouchard, and Charrin. It is known that during the stage of chill the turgescence of the skin is diminished, the superficial arteries are contracted, and the peripheral temperature is lowered, while the central temperature is increased. The diminution in the turgescence of the skin is due to contraction of the small arteries, and at the height of the fever increases after dilatation of the cutaneous vessels; the venous blood is also redder than in the normal state. Thermo-electric examinations made by the speaker in fever patients showed that the vasomotor reflexes of the skin were preserved, and that the vessels alternately contracted and dilated,