

fidence of the community in which you live.—*Practice.*

HYSTERIA IN A NEW LIGHT.—According to *The Lancet*, September 4, 1886, the views of Mr. de Berdt Hovell on the subject of hysteria are to be carefully received as those of a shrewd practitioner of long practice and large experience. He strongly protests against the whole hypothesis of hysteria. He thinks the theory that localizes the disease in the uterus is the mere survival of medical demonology, which located ill humor in the spleen, blue-devils in the liver, and the soul in the pineal gland. He claims for hysterical patients more fairness of treatment and more discrimination. He attributes many of the cases to shocks, physical or moral, leading to deficient or depressed nerve-power, with all that this implies in the way of pain, irritability, inability for locomotion, etc. Mr. Hovell admits that the cases are difficult to cure; but he maintains that if we are to deal with them effectually we must "set aside all consideration of the organs of reproduction, which most probably are not concerned, and transfer our attention to the moral nature." Mr. Hovell gives several cases in which there was a distinct history of shock or exhaustive work, to explain the breakdown in the nervous system. We live in days when the nervous system is getting its full share of attention from pathologists and physicians, and when even gynecologists are finding out that the uterus, and even its appendages, which are now blamed by some for everything, are not such culprits as has been supposed. Mr. Hovell will admit that the cases of so-called hysteria do occur chiefly, though by no means exclusively, in women. In their organization there is *something* specially favoring the occurrence of this state or disease. It may not be in the special organs of the female so much as in the special organization of the nervous system. Mr. Hovell deserves credit for insisting on this point, and he may well be satisfied to know that the drift of opinion among physicians is towards the acceptance of his views. Women are more finely strung than men. They are more liable to pain or pains of all sorts from mere functional causes. Such a constitution is perplexing to the physician, but it has to be considered, and not treated as a sort of crime, as has too often been the case.—*Medical Record.*

THE TRANSMISSION OF MEASLES FROM PLACE TO PLACE BY HEALTHY PERSONS.—The possibilities of carrying the contagious principle of measles from place to place by the medium of the bodies of healthy persons was recently discussed by the Medical Society of Berlin, and one gentleman, Mr. Joel, of Lausanne, presented certain facts which lead to the belief that such a possibility does exist, and that the medium is often furnished by physi-

cians themselves. One case which was cited was that of a boy who was brought from Geneva to Lausanne while he was passing through the incubation state of measles. The butcher and the postman who served the institution to which the boy was brought conveyed the disease to their children, who were attacked with it in a short space of time, and, what is quite remarkable, the children in almost every house to which the postman delivered letters were attacked. A little girl was brought to a hospital, and in a few days had undoubted symptoms of measles. Her father had paid her several visits before the measles appeared, and it was ascertained that two of his children were suffering at home with the disease. Eight other children in the hospital were quickly seized with it. It is thought the physicians cannot always avoid carrying the contagium with them, even when extraordinary care is taken. Prophylactic means on the part of the physician should be as thorough as possible, however, by disinfection, change of garments, and all other available procedures.—*The Archives of Pediatrics.*

INTUBATION OF THE LARYNX.—Dr. Northrup, Pathologist to the New York Foundling Asylum, thus concludes a paper in the *Medical Record* on Laryngeal Diphtheria and Intubation: Briefly, the advantages and disadvantages are estimated as follows, in order of importance: Intubation relieves dyspnoea due to laryngeal stenosis. There is no objection on the part of the parents and friends. The operation is comparatively simple, and free from danger and free from shock. No anæsthetic is needed, and no trained assistants. No fresh wound is added. The subsequent care of the case requires no trained attendant. The inspired air enters the lungs moist and warm. It does not preclude tracheotomy, and may be found useful as a guide upon which to cut.

Intubation has one conspicuous fault, attested by all. It embarrasses, and sometimes interferes with, the swallowing of fluids. The nourishment of the child is never more important. As a rule, however, the child learns to swallow fairly well, and many times has but slight embarrassment. There is likewise *one danger*, illustrated by one published case. It is the danger of pushing tenacious tracheal pseudo-membrane before the entering tube and blocking the trachea. I know of no death from this cause, but I believe it threatens every reinsertion of the tube after the pseudo-membrane has begun to soften, and is easily detached. The medical profession are called upon to relieve the urgent symptom of laryngeal diphtheria—dyspnoea. For such relief tracheotomy has been offered. The question now before us is, what part of the field intubation is capable of covering, and what advantages, if any, it has over the cutting operation. First, let us question close-