Selections: Medicine.

SUB-CLAVICULAR TYMPANISM.

M. J. Grancher concludes a very interesting communication to the Medical Society of the Hospitals upon Sub-clavicular Tympanism as follows:—

Being given an acute or subacute pleurisy in a healthy man, accompanied with a medium effusion we may find out by the physical signs the part taken by the lnng in the pathological process.

All clinical methods heretofore employed seek to determine the condition of the lung *behind* the effusion, that is to say at the base; none allows us to determine, what is most important as regards the distant prognosis of the pleurisy, the condition of the apex *above the* effusion.

The healthy or pathological condition of the upper lobe, may be deduced, not from such or such a sign considered alone, but from the relation of the three principal physical signs, viz., resonance, vocal vibrations, and respiration.

Three capital circumstances may be met with, and each of them corresponds to a particular condition of the apex:

1st. The sub-clavicular tympanism coincides with an increase of the vocal vibrations and increased respiration.

This association of physical signs indicates that the superior lobe is healthy, that it is resonant, that it vibrates, and that it respires in a supplemental manner.

This is a particular case of a general law called the law of compensation and the schema which corresponds to it may be designated under the name of *schema or typanism of compensation.*

2nd. The sub-clavicular tympanism again is accompanied with an increase of the vocal vibrations, but there exists at the same time an abnormal respiration.

This second variety of tympanism is the most common of all.

All the abnormal respirations described by authors may be observed, but by far the most frequent is *weak* respiration.

This combination of physical signs may be called *schema* or *tympanism* of *congestion.*

This congestive condition is most often, though not constantly of tubercular origin. Its true nature may be deduced from later observation of the patient, from the study of his antecedents and the functional symptoms that he presents.

3rd. The sub-clavicular tympanism may be encountered with a diminution of the respiratory murmur and a diminution of the vibrations.

This third combination, rarer than the preceding, answers probably to divers pathological conditions. I have found it realised up to the present with compression of the bronchi and by œdema of the lungs. That is why I call it provisionally *schema* or *tympanism of bronchial compression and pulmonary œdema.—L'Union Médical.*

Localized Œdema.—M. Guyot, at the Medical Society of the Hospitals, presented a patient with chronic localized œdema of the right upper limb. The patient was a woman, 59 years of age, syphilitic. The swelling was first noticed four years ago, and proceeded regularly until, at the end of a year, it attained its present size. This swelling succeeded the disappearance of a cutaneous exanthem, localized upon the same limb, which she had had for two years. This exanthem had coincided with the disappearance of the catamenia. The eruption was characterized by a series of vesicles which soon ulcerated, seated upon the back of the hand, and accompanied with *crevasses* at the articular folds. The eruption was continuous. She subsequently had an attack of right hemiplegia which had no influence upon the œdema. Movement slowly returned. Under the influence of iodine the œdema became softer, and there was some amelioration. The right upper limb is the seat of a white, soft œdema, occupying the hand and forearm, but extending to the arm. This limb is more sensitive to cold than the other. The mobility is diminished. Disagreeable tinglings are occasionally felt in the tips of the fingers. The palm of the hand is continually damp, and at times bathed with an abundant perspiration. Neither obliterat-