RAYNAUD'S DISEASE.—At a recent meeting of the Clinical Society of London (*Medical Times*, May 30, 1885), Dr. Colcott Fox exhibited two adults affected with this disorder, and read notes of the cases. A woman, aged forty-one, of extremely nervous temperament, dated the commencement of the disorder from ten years back, but though this was the period when her attention was attracted by pain, it is probable that she suffered from slight attacks for some years previously. In the earlier stages all her fingers continually went "like white wax." This condition of recurrent local syncope gradually gave place to local asphyxia, and the feet became involved. The fingers gradually lapsed into a state of chronic asphyxia, which intensified by frequent attacks of more severity, often leading to "blood-blisters and ulceration." The nutrition of the phalanges has suffered greatly, so that her hands are crippled, the fingers are fusiform in shape, livid, shiny, and withered, the nails variously distorted, and the end phalanges much atrophied and almost immovable. The nose and ears are effected to some extent on exposure. Cold and nerve shocks are ready exciting influences. The second case, that of a man, aged fifty-one was of considerable interest from the fact that, like one of Raynaud's cases, he suffered from diabetes. His hands were not deformed, but he had suffered for several years from "dead fingers." He sought Dr. Fox's advice for symmetrical gangrenous patches on the skin, which recurred, and later for an attack of asphyxia of one great toe and lower third of the inner side of the leg, and then it was found that he had been attacked in a similar manner, though more severely, in the other toe, and on another occasion blood blisters had formed beneath the ends of his toes. Dr. Fox concluded his paper by giving a reference to some cases which have been recorded as scleroderma of the extremities. A woman with the latter disease was shown to illustrate the difference between it and Raynaud's symmetrical gangrene of the extremities.

In the discussion which ensued, Dr. Barlow reminded the Society of three cases which he had brought before it in a previous session. From subsequent observation of these cases he had been led to some conclusions with respect to treatment, and especially by means of the continuous current. In one case, that of a man aged forty-two, in whom repeated attacks of the disease had caused almost complete inability to walk, he had employed the continuous current with very satisfactory results, a gradual improvement in the circulation having taken place during the eight months during which the treatment was applied, and remaining permanent after its discontinuance. He had found that the most satisfactory method of using it had been by the application of both poles of the battery to the affected part and by painting the surface with one of them. In two other cases he had employed the constant current by means of baths during the attacks of extreme pain, and had succeeded in cutting short the seizure at once. He had used nitrite of ampl, on the strength of Raynaud's opinion that the disease was due to spasmodic contraction of vessels, and, although the general physiological effects had been produced, there had been no relief afforded. He should recommend the use of the constant current persevered with for several weeks, and followed by frequent shampooing. He believed that its action was simply that of a local stimulus.

REMOVAL OF TONSILS.—Dr. De Saint-Germain gave some very practical remarks on this common operation that we are so often called upon to perform in the winter season. He said, "You noticed that I just refused, notwithstanding the entreaties of the parents, to perform the operation of extirpation of the tonsils in this child, although I performed it in two others. The fact is that this simple operation is not without danger in certain cases. How shall we know when not to operate? Well, there is a rule that you should never forget: it is never to cut the tonsils until they touch each other in the median line. It has been said that a child that has enlarged tonsils is subject to phthisis or to get diphtheria, but it is not true; large tonsils don't exercise such an influence over the general health. There are cases when you should refuse to operate. When you see the mucous membrane inflamed, and you see white spots, don't operate; wait, and under treatment it will regain its usual rosy color. Ought the tonsils to be cut at all ages? No. If the child is under two, wait, for fear that a loss of blood, however slight, may weaken the patient. From four years of age up to twelve is the period for operating. At twelve, if it is a girl, wait, for very often at this period or later menstruation may come on, and it will modify the condition so that no operation will be needed. From seventeen to nineteen, and in adults, hemorrhage may be feared. Here always remain at least an hour with them after the operation. As a last counsel, don't operate at all when there is an epidemic of diphtheria. Having decided to operate, what are the means used to perform the operation? All of you know the amygdalotome, so I won't describe it. I wish to say that I think it will pare or scrape the tonsil, but it will not extirpate it, so that some other doctor has often to be called in to complete the operation that you have left unfinished. It is, besides, an instrument that is difficult to keep clean, and I have seen the knife-edge break off and fall into the pharynx, so that I do not use this instrument at all. I use concave bistouries. The convex side is put against the adherent portion of the tonsil, and the concave side is towards the base of the tongue. Right and left instruments are