

tumours; and I now am in the habit of ordering the application of a properly-prepared apparatus in cases where, either from the situation, or the implication of the neighbouring parts, I consider that the operation of excising the mamma would be unadvisable.—*Medical and Surgical Reporter.*

SYPHILITIC TEETH.—At the inaugural meeting of the Association of Surgeons practising dental surgery, in London, Mr. Jonathan Hutchinson, in a discussion on the "Manifestation of Syphilis in the Teeth," declared that he still adhered to the belief that the teeth, which he described twelve or fifteen years ago as accompanying hereditary syphilis, were really and invariably characteristic of that disease. He thought the confusion of opinion on the subject grew out of the fact that this peculiar deformity had been confounded with other malformations, and especially with that arising from stomatitis, and usually mercurial stomatitis. The test teeth in the case of syphilis are the *central upper incisors of the permanent set*, and he had yet to see the first case in which these presented the single, small, lunar cleft, and were dwarfed in their general dimensions, in any other than a subject of inherited syphilis. The tooth which is damaged by stomatitis is the first molar, because that is the first tooth in the patient's head to be calcified, and, developing much more rapidly than the rest, it is the tooth which suffers most if stomatitis occurs during the first six months of life. It never escapes if the teeth are damaged by mercury. Next come the four incisors and the canines; and the two pre-molars invariably escape. Mr. Coleman and himself had hit upon the fact that patients with lamellar cataract always have these mercurial teeth; and Prof. Arlt, of Vienna, had added the observation that there is also, connected with these two conditions, a history of convulsions in infancy. The relation of these facts to each other is believed to be, that the mercury is given for the convulsions, the convulsions cause the cataract, and the mercury causes the deformity of the teeth. In conclusion, Mr. Hutchinson repeated the friendly challenge, which he had given for the last ten years, that he would take great pleasure in investigating the history of any case of characteristic syphilitic teeth without evidence of syphilis.—*Medical Times and Gazette.*

EMBOLISM OF THE PULMONARY ARTERY AFTER APPLICATION OF ESMARCH'S BANDAGE TO THE INFERIOR EXTREMITIES.

The application of Esmarch's bandage has been recommended as a means of relieving the debility consequent to hæmorrhages; by causing the return of the blood from the extremities into the viscera of the body, the diminished amount of blood is made to serve the purposes of nutrition, and life is maintained. In the *Wien. Med. Wochschrft.* for November 27, 1875, Dr. Massari publishes a case from the clinic of Prof. Spalth, which confirms this method of combating anæmia, but likewise points out one of its dangers. The patient was a woman, thirty-three years old, who was in a state of extreme collapse after hæmorrhage from placenta prævia. The application of the bandages to the two inferior extremities at first proved beneficial, but several hours afterward the pain of compression became so great that their removal was attempted, but the return of syncope, etc., necessitated their immediate re-application. There was no further change during the day, but at 11 p. m. pain recommenced, and the bandage of the left leg was relaxed, when the patient immediately became pale, complained of an intense precordial pain, the pulse became imperceptible, respiration anxious. Compression of the abdominal aorta was made, the bandage re-applied, and stimulants administered, after which the patient rallied somewhat. The pulse again became perceptible, but the cardiac and respiratory disturbances persisted, and the patient died two hours after. The autopsy revealed in both lungs several of the ramifications of the smaller branches of the pulmonary artery obliterated by small emboli, 3-4 millimetres in thickness. On dissecting the inferior extremities, the saphenæ veins were found varicose; they contained small clots similar to those found in the pulmonary vessels. The explanation, therefore, was that a certain amount of blood had remained in the compressed veins and coagulated. When the bandage was loosened, some of these clots had been loosened by the re-established circulation, and, passing into the circulation, had given rise to pulmonary embolism.—*N. Y. Medical Journal.*