

kidneys, hæmorrhage of the spleen, focal necrosis of lymph follicles, loss of cells, and in one case cirrhosis of the liver.

Perhaps of greatest pathological importance is the part on the pathology of toxalbumen intoxication, to which one hundred and fifty pages are devoted. This part, the work of Dr. Simon Flexner, is likewise beautifully illustrated, and his experiments and his account of the experiments of others throw much light on the histological changes, diffuse or focal, produced in man by the action of bacterial and other soluble toxic agents.

**Brandt.**—*Klinik der Krankheiten der Mundhöhle, Kiefer, und Nase.* Heft I. By Dr. L. BRANDT. (Berlin: August Hirschwald.)

THE first part of this work, which occupies fifty-two pages, treats of deformities, which are divided into congenital, acquired and those due to phosphorous necrosis.

In the first chapter devoted to congenital deformities, the author merely mentions those due to developmental abnormalities of the branchial clefts and imperfect formation of the lips and cheeks, which cannot be rectified by prosthesis. He then proceeds to give a historical description of the operations and obturators used in the treatment of cleft palate, and indicates the conditions necessary for satisfactory operative interference. To improve the result, he lays stress on careful after-treatment by massage, and instruction by a competent teacher to accustom the tongue to the new conditions. Obturators used by himself are described and illustrated.

In the second chapter he describes deformities of the jaws caused by injuries or operations, and gives an illustrated description of appliances to obviate deformity.

The third chapter is taken up with a description of deformities of the nose due to constitutional disease, *e.g.*, syphilis and lupus. He points out the difficulties which interfere with plastic operations, and describes the materials and methods for making artificial noses.

In the fourth chapter he discusses the etiology and pathology of phosphorous necrosis, and the precautions laid down for phosphorus workers and treatment. *Guild.*

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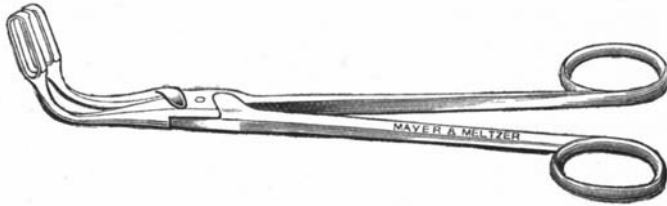
## NEW INSTRUMENTS.

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### FORCEPS FOR NASO-PHARYNGEAL ADENOIDS.

Dr. STCLAIR THOMSON (London) writes: "Of the various modifications which have been effected in the shape of the post-nasal forceps originally made by Löwenberg, I think the one designed by Jurasz has not met with the attention it deserves. In this form the extent of the cutting surface and the size of the fenestræ allow of large portions of the growth being grasped, so that very few introductions of the instrument are required. I venture to think that, in common with most forceps used in the removal of these growths, those of Jurasz are unnecessarily large, long, and heavy. In the pair which Messrs. Mayer and Meltzer have made

for me the instrument only weighs one ounce, instead of three and a half ounces, and in a straight line it measures six inches, instead of ten and a half inches. The hinge is of a different construction, allowing the instrument to be easily taken to



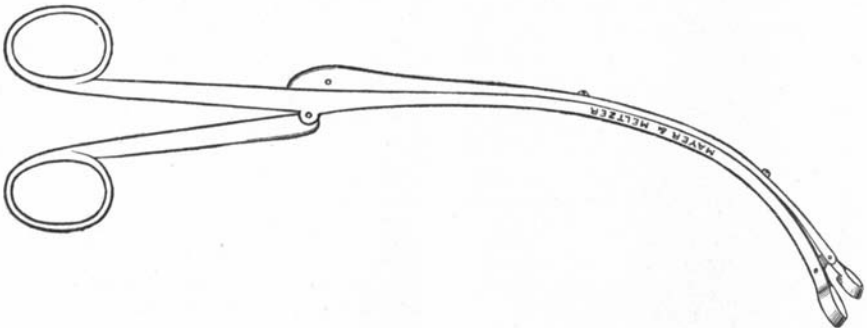
pieces to be purified, and at the same time it is so arranged as to diminish any risk of the uvula being caught in the joint. The slighter build leaves more room for the index finger to be manipulated along with the forceps in the post-nasal



space, while the shorter handles gives more power. I have found this six-inch pair sufficiently large for patients up to sixteen years of age. The forceps have also been made with straight handles, as in Ruault's modification, for those who prefer this form."

#### NEW CUTTING LARYNGEAL FORCEPS FOR LARYNGEAL TUBERCULOSIS.

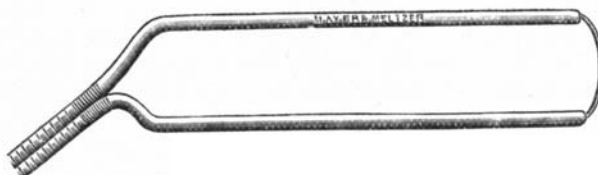
The forceps are designed as far as possible to enable the operator to remove portions of diseased tissue from the epiglottis and rima glottidis. They are very



strong, and will cut easily through cartilage. I have found them very serviceable, and trust they may prove of use to others, most of the tube-cutting forceps being too weak. They are made by Messrs. Mayer & Co., 71, Great Portland Street, London.  
*R. Lake.*

TURBINOTOMY CAUTERY POINT.

MR. ERNEST WAGGETT recently showed at the Laryngological Society of London a cautery point intended for the removal of moriform enlargement, and fringes of redundant mucous membrane from the turbinates. The instrument is similar in shape to Jones' turbinotome, and consists essentially of two parallel copper wires, united at their distal extremities by a thin platinum wire, which, when heated by the current, replaces the cutting edge of the former instrument. The object in view is the removal of tissue without hæmorrhage, and in the hands of the deviser the instrument has fulfilled that object satisfactorily. With regard to the removal of moriform hypertrophies, the cautery point has this distinct advantage over the cold snare, that it can be adjusted with certainty, although the tissue has fully shrunken



under the influence of cocaine. Over the hot snare it has the advantage of being a rigid instrument, easily adjusted, and free from the drawbacks attending the shortening of a loop in circuit. In operating, the transverse platinum wire, which has a slight curve, is passed while cold beyond the excrescence to be removed; the circuit is then closed and the heated wire drawn slowly towards the operator. A local anæsthetic is, of course, indispensable. As the current required to heat a platinum wire sufficiently thick to be serviceable is necessarily considerable, the copper wires should be fairly thick to prevent over heating,

The instrument has been made in various sizes by Messrs. Mayer & Meltzer.

BRITISH MEDICAL ASSOCIATION.

SIXTY-SIXTH ANNUAL MEETING, EDINBURGH.

*July 26th, 27th, 28th, and 29th, 1898.*

SECTION J.—LARYNGOLOGY AND OTOLOGY.

*President*—PETER MCBRIDE, M.D.

*Vice-Presidents*—J. J. KIRK DUNCANSON, M.D.

J. DUNDAS GRANT, M.D.

ROBERT MACKENZIE JOHNSON, M.D.

STCLAIR THOMSON, M.D.

THE meeting of the British Medical Association will be held this year in Edinburgh, from the 26th to the 29th July inclusive, at which the combined sections of Laryngology and Otology will be under the presidency of Dr. McBride, M.D., F.R.C.P.Ed.

The subject selected for discussion is "The Mutual Relationship and Relative Value of Experimental Research and Clinical Experience in

Laryngology, Rhinology, and Otology." The discussion will be introduced under these three heads by Sir Felix Semon (London), Dr. Greville MacDonal (London), and Dr. William Milligan (Manchester).

Titles of papers and communications should be sent to the honorary secretaries, A. LOGAN TURNER, 20, Coates Crescent, Edinburgh, and A. BROWN KELLY, 26, Blythswood Square, Glasgow, as soon as possible.

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**NOTE.**

WE learn that the "ARCHIVES INTERNATIONALES DE LARYNGOLOGIE, OTOLOGIE, ET RHINOLOGIE" have lost their Director, M. HELME, and that the cloak has fallen upon M. ST. HILAIRE. We wish him a success equal to his predecessor, and believe that the circulation of all special journals tends to increase. To those who know the "Archives" no commendation is necessary; to those, however, who are unacquainted with them, we can only say that they will find them well stocked, and that they amply repay perusal with interest.

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