

fulness of the deaf is another source of safety. Again, he considers that presence of mind and agility are more important factors than sharp hearing. On examining a number of claims he found that out of 13,000 only seventeen could be attributed to deafness. *Dundas Grant.*

THERAPEUTICS.

Burchard.—*The Therapeutic Use of Pyrenol (a) in Asthma and Pertussis, (b) Gout and Sciatica.* "Deutsche Aerztezeit:" Heft 20, 1903.

Out of a large amount of clinical material, six typical cases are reported in which pyrenol was of much use. In the cases of bronchial asthma relief was obtained after the first dose; the improvement was steady and continuous, and in two to three weeks the asthmatical attack had quite gone. In cases of whooping-cough a like effect was obtained. Only very exceptionally was a narcotic given in addition. In gout a much larger quantity must be given, 4 to 5 grammes (60 to 70 grains).

A. Westerman.

MISCELLANEOUS.

Kaufmann.—*Congenital Serous Cyst of the Neck.* "Revue Hebdom. de Laryngol., etc.," October 17, 1903.

A little girl, aged four, had a large tumour in the right side of the neck, reaching from the mastoid process to the sternal notch, and from the angle of the jaw to the anterior margin of the trapezius. The tumour was first noticed when the child was six months old, and it attained its full size about the age of two years. The skin was freely movable on the tumour, and was not unusually hairy. The tumour was bilobed, being divided by the sterno-mastoid; it was movable, tense, and fluctuant, giving a dull note on percussion. Several hard lumps could be felt on palpation, like inflamed glands. Its volume could not be reduced by pressure. It did not interfere with voice, respiration, or deglutition.

Diagnosis was comparatively simple; in the first place all tumours arising from structures in the middle line could be excluded, such as thyroid cysts, etc. Diffuse lipoma was excluded by the state of the skin, and by the presence of definite fluctuation; air tumour was obviously excluded; lastly, angioma was excluded because the patient's own doctor punctured the tumour without giving rise to any hæmorrhage.

The cyst was dissected out through a long incision in front of the sterno-mastoid. It was not prolonged downwards into the thorax, nor upwards to the buccal cavity, therefore could be completely removed. It was adherent at one part for some distance to the deep vessels. The hard lumps mentioned above proved to be small pockets, more or less shut off from the main cavity and filled with old blood-clot. The main cyst contained about 100 grms. of sanguinolent serum.

Arthur J. Hutchison.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.

The next general meeting will be held at 11, Chandos Street, W., on Friday, March 11, at 4 p.m. The annual dinner will take place the same evening at the Imperial Restaurant, Regent Street, W.