

strongly into the opening, and was incised in two directions, but no pus escaped. Consciousness returned immediately after the operation, and the patient complained of pain in the head and neck; pulse slow and regular. Later in the day she became unconscious, and remained so all night, crying out at times, and passing urine and fæces involuntarily. Next morning she was again conscious. Temperature normal. Hyperæsthesia of the legs, strabismus still present. After this recovery was practically uninterrupted.

In addition to the circumscribed pachymeningitis of the posterior fossa, the unconsciousness, squinting, and hyperæsthesia pointed to a more or less diffuse purulent leptomeningitis, which, as Gradenigo has shown, is not beyond the reach of operative treatment. The fundus oculi was normal.

WILLIAM LAMB.

---

## Abstracts.

---

### DIPHTHERIA.

**Ausset.**—*A Case of Recurrence of Diphtheria.* "L'Echo Méd. du Nord," September 30, 1900.

This is a report of a case in which a second attack of diphtheria occurred five months after the first. The child was under observation with its first attack from January 14 to January 25, when it left the hospital "clinically well." This attack was severe. The child was brought back to hospital again on July 16 with a slight second attack. External sources of infection could almost certainly be excluded in the second attack; the source of infection was therefore probably in the child's own mouth or naso-pharynx. *Arthur J. Hutchison.*

**Lichtwitz.**—*Diphtheritic or Pseudo-Diphtheritic Bacilli in the Operation Wound after Ablation of the Tonsils.* "Archives Internationales de Laryngologie," e.c., November—December, 1900.

The author described in 1896, to the Society of Biology, the results of researches into the pseudo-membrane which covers the operation wound after ablation of the tonsils with the galvano-cautery. In twenty-seven cases taken haphazard from among his operations (twenty children and seven adults), a culture of these exudations revealed in eleven instances the presence of the Löffler bacillus. The condition of these patients in no way differed from that of those in whom the bacteriological examination gave a negative result, and the presence of the Löffler bacillus is not sufficient to establish an unfavourable prognosis.

The author believes that the same results would be arrived at in all cases in the same proportion, but he has not pursued his researches further.

Recently Harmer, Chiari's assistant, has made a series of experi-

ments to ascertain whether the bacillus is to be found at the level of the wound after using the tonsillotome, and to verify Lichtwitz's conclusions.

His results are completely negative as concerns the Loeffler bacillus. In eight cases he thought that he had found it, but the inoculation of animals demonstrated that it was not the true Löffler bacillus, but a pseudo-bacillus, which caused confusion at the outset.

Lichtwitz points out that he found a bacillus, which he is not prepared to say may not have been Harmer's pseudo-bacillus, in 40.7 per cent., and Harmer found it in 25.8 per cent. of cases.

*Macleod Yearsley.*

### MOUTH, Etc.

**Carruthers.**—*A Contribution to the Mechanism of Articulate Speech.* "Edin. Med. Journ.," September, October, and November, 1900.

After shortly reviewing the history and bibliography of this subject, the author describes the method he adopted in carrying out his present research. This method he derived from a paper by Canon Oakley Coles. The essential point in the method is that either the tongue or the palate is covered with some substance which will be transferred from the one to the other when they come in contact, viz., on phonation. Thus, the tongue was painted with charcoal in water; or the palate was sprayed with finely-powdered charcoal, the tongue meanwhile being protected by a shield; or, again, the tongue was sprayed with charcoal, the palate being protected. On producing any given "phone," the charcoal was transferred from certain parts of the tongue to certain parts of the palate, or *vice versa*. These contact areas were then carefully mapped out on diagrams. At the same time the position of the lips was similarly recorded.

Having explained his method, the author defines what might be called a physiological letter, or, as he calls it, a "phone." A "phone" is defined as "an element of articulate speech produced in a given position of the speech organs, no alteration of position taking place during its production. In this definition 'alteration of position' is not to be held as including (1) the to and fro vibration of the vocal cords (present in vowels and voiced consonants), or the vibration of the parts in *r* and kindred phones; nor (2) the change from entire closure to partial opening which occurs in all explosives."

The rest of the paper consists of an elaborate investigation of the vowel and consonant phones, with diagrams and charts. For this the reader must, of course, consult the original. *Arthur J. Hutchison.*

**Thomson, StC'air.**—*Removal of the Tonsils by Enucleation.* "Lancet," February 16, 1901.

At a meeting of the Medical Society of London, on February 11, Dr. StClair Thomson exhibited two cases to show the desirability in certain cases of removing the tonsils by enucleation. The first patient was a woman, aged thirty-eight years. In 1894 she was in close attendance on her husband, who was very ill with tonsillitis and a foul discharge from his throat. Soon after she noticed in her tonsils cheesy collections of offensive taste and fetid odour. The local conditions were very similar to those presented by her son, who was the