it can account for many, and other circumstances, of which direct and careless contact with the sick is the most important, will account for many others. It does not exclude the influence of local conditions upon the prevalence of cholera. The epidemic in Russia has indeed furnished strong evidence that local conditions, such as elevation and dampness of the soil, are important factors in the cholera problem. But to discuss this evidence here would be to enter upon the whole question of the etiology of cholera, and would far exceed the limits of the present paper.

A CASE OF CONGENITAL XANTHOMA MULTIPLEX.

By W. DALE JAMES, M.R.C.S. ENG.,
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I HAVE recently seen a child who first came under my notice when it was eighteen months old. It is worthy of notice, in that it exhibits an undoubtedly congenital xanthoma. The mother says that she "had a good cry so soon as ever the nurse put baby into bed with me; it was so much disfigured."

S. T., aged 3½, female. The plaques are distributed as follows: On the right upper eyelid, right side of nose, over the mesian line of the upper lip, the lower end of breast bone, right subclavian region; at the back, on the right side of the dorsal vertebræ, and on the left lumbar region. Besides these there were five on the hairy scalp. The mother declares that at birth they were plum colour, and that this gradually disappeared, so that at the time I first saw them (August, 1892) there was nothing characteristic in their appearance. They were sharply elevated masses of a pale flesh colour, and having a few vessels running over their surface. One had then been removed by the surgeon in attendance, but I failed to get any account of its histology. I removed that from the side of the spinal column; but it unfortunately came to grief in the laboratory. The mother objects to further incision, so that no microscopical examination has been made. There is, however, now no doubt as to its character, as the plaques are perfectly typical.

There are some further points of interest to be mentioned. The mother says that the places grew during two years, but have not increased since. During the time the child was under my care at the Children's Hospital, Sheffield, the plaques in the scalp certainly varied in fulness from time to time. Sometimes they were nearly level with the scalp, apparently undergoing atrophy; at others standing well above the level of the skin. Now, these seem to have undergone a real involution. They are never raised at all; they look like yellow hairless scars, and to the finger the skin feels thin and atrophic. The plaques upon the eyelid, nose, and lip are certainly less prominent, both as to elevation and colour, than they were a year ago. Those in the right subclavian and left lumbar regions seem to me to be just as when I saw them formerly, save in colour, which is now typical. There was at no time any jaundice, heart disease, or any other organic lesion discoverable; but the child was ill-nourished and difficult to feed. It is now bonnie enough, and is described by its mother as "quite hearty."

ON INTRATYMPANIC INJECTIONS IN THE TREATMENT OF CHRONIC DRY CATARRH OF THE MIDDLE EAR.

By ADOLPH BRONNER, M.D.,
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IN speaking of chronic dry catarrh of the middle ear I mean that typical affection which is accompanied by atrophy of the mucous membrane of the middle ear and ankylosis of the ossicula, more especially of the stapes and fenestra ovalis. I know perfectly well that intratympanic injections through the Eustachian tube have been recommended and used for a very long time, but of late years they have been abandoned and even denounced as useless and dangerous. They cer-

tainly cannot cure the disease and restore the hearing, but they can, and do to some extent, arrest the progress of the disease, and, in some cases, improve the hearing. We know that chronic dry catarrh of the middle ear is a most erratic disease, that it will remain quiescent for months or years, and then suddenly begin to grow worse without any apparent reason. It is therefore, in my opinion, of no practical or scientific value to record the history of cases treated by this method, as these, if not very large in number, would prove nothing whatever. Nor are those cases of any value in which the injections have been used for one ear only, as we know that the progress of the disease may be more marked in the one ear than in the other. It is a most remarkable fact that in most cases (in men more especially) the left ear is affected first, and that eventually the right ear becomes more deaf than the left.

Most of the patients which I have treated by injections who have had the patience to come frequently, affirm most distinctly that the hearing has been much clearer after the injections for periods varying from a few days to as many months. I have tried most of the solutions recommended: Nitrate of silver, sublimate (Wilde, Toynbee), chloral hydrate (Lucae), lactic acid, sulphate of copper (Roosa), iodide of potassium, liquid vaseline (Delstanche), bicarbonate of soda and glycerine (Politzer). I now use only bicarbonate of soda 3 per cent., with equal parts of glycerine and water; or paroline, as prepared by Burroughs and Wellcome. The latter can be used pure or with a little bicarbonate of soda or iodoform. I have used these two remedies, I may say, hundreds of times, and never once seen any violent reaction. Before use, the solutions are sterilised and always applied warm. They are injected with an enlarged Pravaz's syringe (which is made of metal and glass, and can be sterilised¹), either direct through the Eustachian catheter, in which case 3ij or 3iij are injected, or preferably through Weber-Liel's intratympanic catheter, when mxx or mxxx are used. After the injection, air is blown through the catheter. At first four to six injections are made at intervals of a few days, and then every few weeks or months, or whenever the patient thinks that the deafness or feeling of discomfort has increased.

ON A PECULIAR CRACKLING (EMPHYSEMATOUS) SENSATION IN THE VAGINAL CANAL.

By JAMES OLIVER, M.D., F.R.S. EDIN.

DURING the last ten years I have seen three cases in which a peculiar crackling sensation in the upper half of the vaginal canal was the chief physical sign noted on examining the pelvis, when the symptoms complained of pointed to disturbance of the genital organs. In all the cessation of the child bearing epoch had been reached, and two of the patients, although married many years, had never been pregnant, whilst the third had borne two children. Since the cessation of menstruation—over a varying period of from six to twenty-four months—the patients had complained constantly of a more or less profuse watery discharge, which was usually offensive. There was soreness of the external genitals in consequence of the discharge, but no pruritis.

The cervix was soft and the mucous membrane covering it was velvety, whilst the mucous membrane entering into the formation, more especially of the upper half of the vaginal canal, presented a sensation which must have been due to an accumulation of gas in the lacunæ of the connective tissue.

Symptoms attributable to vaso-motor disturbance are frequently complained of at or about the time of the cessation of menstruation, and I am of opinion that in many cases the vaginal discharge which proves troublesome about this time is of a nervous origin and is of the nature of a paralytic secretion. In a few rare cases it is quite possible that the metabolic actions going on in the tissues may be so deranged that a gas, which is probably carbonic acid, may be set free and may so accumulate in the connective tissue as to produce the peculiar crackling sensation which in three different cases I have detected in the vagina.

¹ Down Brothers, of London, make the syringes.