

he speaks of the great importance of trans-illumination, and calls attention to the numerous cases of persistent neuralgia and reflex neuroses, which are undoubtedly due to sinus affections.

St. George Reid.

Wishart Gibb.—*Polypp removed from Naso-Pharynx.* "Canadian Practitioner and Review," February, 1901.

This was the report of a case of myxo-fibroma of the naso-pharynx occurring in a man aged twenty-six. It was attached by a short pedicle to the post-septum, and, as is usual in cases of this nature, was single. The growth was lobulated, movable, hard and yellow. The removal was complete, and the probability was that there would be no recurrence.

Price-Brown.

Ziem, Professor (Danzig).—*The Etiology of Malignant Tumours.* "Monatschrift für Ohrenheilkunde," March, 1900.

Chronic catarrh seems to predispose, and sometimes an acute attack, as of influenza. The effect of injury is probably over estimated; details are wanting as to the condition of parts before the injury. Another element is probably always necessary: an infectious irritant such as chronic suppuration, syphilis, erysipelas, influenza, enteric, or malaria. Fœtid nasal (and aural) suppuration seems frequently to have preceded malignant disease. Infections play an essential part in the origin of malignant tumours. Their extraordinary increased frequency in marshy districts suggests the inhalation of some sort of miasma as one element in the causation.

William Lamb.

LARYNX.

Frankenberger.—*On Resection of the Trachea.* "Annales des Maladies de l'Oreille," etc., May, 1901.

The author remarks that during the past year he carried out several experiments in resection of the trachea in dogs. He now brings forward the case of a trachea stenosed from tuberculosis. The patient was a working girl, aged sixteen years, with a family history of tubercle. Tracheotomy had been necessitated in 1898 owing to urgent dyspnoea. On laryngoscopic examination, the larynx was found normal, by tracheoscopy (by Killian's method) there was seen to be a stenosis opposite the fourth or fifth ring forming a sagittal chink 3 millimetres wide. The tracheal mucosa was reddened throughout.

Treatment was at first palliative, by inhalations. Later, catheters (12 to 15 English) were introduced into the trachea, which enabled the patient to breathe with greater facility and more comfort. She left the hospital after fifty days' treatment with the passage enlarged 1 millimetre.

The author gives details of certain experiments on dogs, and suggests that the operation should be performed on the human subject for similar stenoses to the one brought forward.

Macleod Yearsley.

Payne, E. M.—*Whooping-cough Cured by Irrigation of the Nares.* "Brit. Med. Journ.," May 4, 1901.

An account of a case of severe whooping-cough in a boy aged nine. The usual remedies having failed, recourse was had to systematic

irrigation of the nasal cavities with a 1-40 carbolic lotion. The result was so successful that the author commends the procedure as worthy of a more extended trial.

W. Milligan.

ŒSOPHAGUS.

Killian, G.—*A Difficult Case for the Use of the Œsophagoscope.* "Deut. Med. Woch.," December 20, 1900.

The patient, a woman aged fifty-two, swallowed a tooth-plate with two lateral projections. After the use of cocaine an œsophagoscope 9 millimetres in diameter was passed, and soon came in contact with a foreign body. The dental plate could then easily be seen. Attempts were made to extract it, but unsuccessfully, the plate being firmly held by the œsophageal mucosa. Finally, the plate was cut through by a specially-constructed cautery blade and removed in three pieces.

W. Milligan.

E A R.

Aitken, David William.—*Note on the Treatment of Otorrhœa.* "The Lancet," April 20, 1901.

Although the method is quite prompt in its effects upon acute otorrhœa, its benefits are greatest in old-standing cases where the mastoid has become infected. The appliances required are a probe, some antiseptic lotion, and some absorbent cotton. The best probe for the purpose has at the end two spiral teeth which, while they hold the wadding firmly, permit of its easy removal by rotating the stem counter clock-wise. The first step is to pour into the ear some of the lotion. Then take as large a plug of wadding as is deemed sufficient when screwed upon the probe to easily fit the meatus. It is now possible to make the probe and ear canal a suction syringe. The plug of wadding which forms the piston is gently pushed in and then withdrawn. If it is found to be either too large or too small another can be at once substituted which acts both easily and also fits close enough to force some of the fluid before it. This fluid reaches both the attic and also the mastoid recesses. At any rate, on the first withdrawal sufficient vacuum is produced to allow the lotion to enter the accessory cavities. It will surprise anyone who has not carried out this procedure to note how much discharge and débris are brought to the surface, even after syringing and swabbing have been efficiently performed. After several repetitions of the manœuvre, the head each time being turned to the opposite side to permit of emptying the meatus, the lotion will well up clean. Now, one can get any medicament to the clean surfaces. Begin with chinisol, iodoform, or amyloform in alcohol, which, in my experience, is best in the absolute state. It is practically painless in almost all cases, and in the exceptions the smarting is but momentary. Its advantages are: (1) it acts promptly upon the polypoid growths; (2) it is a most satisfactory antiseptic; and (3) as it evaporates it leaves a dry surface. This is most important. When the solution has been poured into the ear the process with the "piston-rod" is repeated several times. Thus the fluid is forced into all the recesses. That this is so is seen by the prompt improvement both in the local condition and also in the constitutional state. Of course, discretion is used