NOSE.

Browicz.—*The Internal Massage of the Mucous Membrane of the Nose and Naso-pharynx.* "Przegl. Lek.," No. 20, 1898.

The author is an adherent of Braun's method, which gave him good results, especially in hypertrophic processes of the nose—less in rhino-pharyngitis sicca and atrophica. This method of massage differs only a little from those of Braun and Laker. *John Sendziak.*

Drabczyk.—*Electrolysis and its Application in Nasal Diseases.* "Kron. Lek.," No. 8, 1898.

After describing this method, as well as different theories of its action, he reports several observations showing the efficacy of this method in different diseases of the nose (spurs, deviations of the nasal septum, also bleeding tumours of the nose). *John Sendziak.*

Herr Schmithuisen.—*Large Tuberculoma in Naso-pharynx, with Necrosis of Part of the Sphenoid and Occipital Bones.* "Vereinigung Westdeutscher Hals und Ohrenärzte," December, 1899; "Münchener Medicinische Wochenschrift," No. 15, 1900.

Tubercular tumours in the naso-pharynx are of very rare occurrence. The symptoms in this case began with trouble in swallowing and increasing difficulty in nasal breathing; severe headache prevented sleep; fœtid discharge from nose and pharynx. Examination showed a tumour of dark-red colour, with intact mucous membrane on the posterior pharyngeal wall above the palate. The cervical glands were not enlarged, only the left submaxillary. The patient was forty-five years of age. Diagnosis lay between sarcoma, carcinoma, and syphilis. A part removed for microscopical examination showed giant cells and tubercle bacilli.

The tumour was removed without much hæmorrhage.

On probing, a long hole was entered and bare bone felt. A sharp spoon was then used through the nose, and bits of bone removed from the sphenoid and occipital bone. He considered that it might be a mixed infection of tubercle and syphilis. Inunction had no effect. The patient died three months later from general tuberculosis.

Guild.

Lermoyez.—*Hysterical Nasal Insufficiency.* "Presse Méd.," January 25, 1899.

The patient was a young girl, who had had nasal obstruction since childhood. This was due to enlargement of inferior turbinates, which were removed. Although the passage is now perfectly free, the patient cannot breathe through the nose. Cyanosis and asphyxia occur as soon as the mouth is completely or even partially closed. During sleep the patient breathes with the mouth shut. As the patient shows otherwise signs of hysteria, he attributes the nasal condition to the same cause. *Guild.*

Sendziak.—*Contribution to the Question of Complications after the Removal of Post-Nasal Growths.* "Nowiny Lek.," No. 5, 1898.

In two children (five and seven years of age) operated upon under chloroform at the same time, on account of the so-called adenoid vegetations, some hours after operation fever appeared without any signs in the nose, throat, or ears which could explain this complication.

In the further course of the cases the reappearance of fever at the same time every day, with hot and cold stages and enlarged spleen, together with the fact that the children came from the country, where malaria was endemic, gave the clue that in these cases one had to deal with malaria. After large doses of quinine, all the symptoms disappeared. Besides these two children, three other persons came from the same country, who were ill with symptoms of malaria. In these latter cases there were also affections of the throat (inflammation and pain on swallowing) and nose (epistaxis, swelling of the turbinated bodies), which all disappeared after large doses of quinine. *John Sendziak.*

Thomas.—*Adenoid Reflexes: Hiccup, Photophobia.* "Rev. Heb. de Laryng., d'Otol. et de Rhinol.," January 27, 1900.

A boy, six years old, after a slight exposure, had a violent attack of hiccup and vomiting, the hiccup lasting forty-eight hours, night and day. For the next two and a half years he suffered from attacks, more or less severe, of hiccup, vomiting, and regurgitation of food. Sometimes these attacks were very severe, and were accompanied by pyrosis, strabismus, etc. Various doctors saw him and suggested hernia, worms, cerebral trouble, etc., as causes. No medical treatment had any effect. About a year and a half from the first attack of hiccup some obstruction to nasal respiration was observed. Later again his naso-pharynx was examined, and found full of adenoid vegetations. These were removed, and all the symptoms ceased almost immediately. There has been no return for a year.

B——, aged fifteen years, began to suffer from photophobia a few days after entering l'École des Arts et Métiers. The eyes were almost normal. There was incomplete nasal stenosis, due to simple hypertrophy of the mucous membrane, a spur on the right side of the septum, and a large amount of adenoids.

The spur was destroyed by electrolysis and the adenoids removed. Photophobia at once decreased, and disappeared completely after ten days. It has not returned.

Mme. D——, thirty years old, began to be troubled with slight laryngeal irritation two years ago. This was followed by a slight cough, then by violent coughing fits, accompanied by vomiting. These attacks were brought on by change of temperature, by atmospheric changes, by spiced foods, by any alcohol, by cerebral fatigue, and lastly by touching the external auditory meatus. Life had become a misery. On examination, an enormous hypertrophy of the left half of the lingual tonsil was found. This was destroyed by galvano-cautery. Improvement as regards vomiting and cough at once began, and in three and a half months from the date of treatment cure was complete.

Arthur J. Hutchison.

Vaschide and van Melle.—*A New Hypothesis as to the Nature of the Physics of Odours.* "La Presse Méd.," January 20, 1900.

At a meeting of the Académie des Sciences, the authors stated their new hypothesis. The sense of smell is not produced by contact between particles detached from odoriferous substances and the terminations of the olfactory nerves, but indirectly by means of rays of short wave-length, analogous to but not the same as those which we believe give rise to light, heat and the Röntgen phenomena. The following are the principal arguments in favour of this thesis:

1. The history of science forces on us the conclusion that sensations

are produced not directly by substances, but rather by the surrounding medium.

2. The olfactory nerves have the same cerebral origin as the optic nerves, and probably resemble them as to function.

3. Chemical odoriferous substances, which belong to the same group, resemble one another in their spectra.

4. Odours have the quality of absorbing radiant heat, which proves that there is an intimate relationship between odours and heat rays.

5. Many bodies from which particles are given off have no smell, while it is impossible to prove that many others with strong smells give off any particles.

6. Some bodies, each having a strong smell, when placed together antagonize each other so as to produce no smell. This is analogous to the effect of placing a hot and a cold body together.

7. The power of stuffs to absorb smells varies with their colours.

8. The sense of smell may be fatigued on one smell, remaining intact for all other odours, just as the eye may be fatigued for one colour yet remain active for all other colours.

9. Air is not the only vehicle for odours, for the author's experiments prove that one can smell quite well with the nares full of an odoriferous fluid. *Arthur J. Hutchison.*

LARYNX.

Ausset, E. — *Dyspnœa of Two Years' Duration, in a Girl Three and a Half Years Old.* "L'Écho Méd. du Nord," January 21, 1900.

When about eighteen months old the child began to suffer from difficulty of breathing and a certain amount of hoarseness. Inspiration is accompanied by a loud noise, evidently produced in the larynx, and by very marked suprasternal and epigastric retraction. Respirations are 12 to 15 per minute, both inspiration and expiration being much prolonged. During expiration the heart-beats are progressively slowed; at the beginning of inspiration they suddenly become rapid, then normal. Pulse 96 to 108 per minute. Scarcely any cough; no attacks of suffocation; no cyanosis of the face; no abnormal fulness of the veins of the neck or thorax; no collateral venous circulation in these regions; no epistaxis. The whole cervical and maxillary regions are perfectly free, no tumour, perhaps a little "micro-polyadenopathy." Examination of the chest reveals practically nothing abnormal.

Dr. Gaudier found the naso-pharynx full of adenoid vegetations, which he thoroughly removed. The larynx appeared quite healthy, the cords normal, no tumour present.

Removal of the adenoids had no effect at all on the respiration.

The author discusses fully the pathology of the affection, and concludes that the condition is one of abductor paralysis, probably due to pressure on the recurrent laryngeal by an enlarged gland. This view is supported by the fact that in introducing a laryngeal tube a considerable amount of resistance has to be overcome, and that while the tube is retained in position the stridor and traction completely disappears. As the tube is ejected in a very short time, intubation can not be used as a means of treatment. The therapeutic indication, therefore, is to combat the adenopathy by tonics, iodide of arsenic, residence near the sea, etc. *Arthur J. Hutchison.*