

intubation alone. Because feeding is very inconvenient, the method of intubation was given up for treatment of diphtheria. Of three cases of stenosis following diphtheria, twice it was possible to remove the canula by intubation ; in the third case removal was impossible. *Michael.*

Rause.—*Intubation in 1890 and 1891.* "Münchener Med. Woch.," 1891, No. 40.

COLLECTIVE investigations in 326 cases of primary diphtheria, with 139 cures, equal to 42 per cent. Of those cases in which tracheotomy had ultimately to be performed, six got all right out of 83 cases—equal to 7 per cent. In 17 cases of secondary there were five cures, equal to 29 per cent. For primary diphtheria, in 220 cases where tracheotomy was performed 72 cures resulted, equal to 32.5 per cent. In secondary diphtheria, 16 cases, with six cures, equal to 37 per cent. *Michael.*

Ullmann (Berlin).—*Observations on Whooping Cough.* "Archiv für Kinderheilk.," Bd. 14, No. 1.

IN the Friedrichkrankenhaus the author has treated a great many cases with bromiform, but he has not gained the impression that the medicament had any great influence, and does not believe that a specific against the disease will be easily found. *Michael.*

NOSE AND NASO-PHARYNX.

Douglas, O. B. (New York).—*The Upper Air-Passages, and their Diseases.* "Med. Record," December 12, 1891.

DR. DOUGLAS considers traumatism to be the cause of more catarrhal troubles than all other causes put together. He quotes Bosworth's views as to deformities of the nasal septum being probably the most frequent of all exciting causes of catarrh, and adds that certainly the most frequent causes of the deformities are traumatic. It is not necessary that there should be occlusion, and every deflection does not cause catarrh. The necessity of free drainage and an open respiratory tract is unquestioned ; but, in many cases, little "points of contact" are found to be the cause of great trouble. Catarrh causes contact, but contact also causes catarrh. At points of contact secretions are retained, and become acrid. The most common situation for injurious contact is between the middle turbinated body and the septum, and he advised that just sufficient tissue should be removed to prevent it. With regard to applications of remedies to the upper air-passages, detergent or antiseptic, the great point is that they should be sufficiently pleasant and easy to use, for the patient to repeat them at very short intervals.

Dundas Grant.

Grunwald (München).—*Contribution to the Surgery of the Upper Air-Passages.* "Münchener Med. Woch.," 1891, Nos. 39 and 40.

A PATIENT, forty-six years of age, suffered from a purulent discharge from the frontal bone, and a foetid secretion of the nostrils. Evidence

of syphilis could be found in the mucous membrane. Iodide of potash was given internally, and an opening made into the bone, where a sequestrum was found.

A patient, fifty-one years of age, suffered from polypi of the nose with empyema of the frontal sinuses and antrum of Highmore. In both trephining was successful. *Michael.*

Lazarus.—*Reflex Action of the Nasal Mucous Membrane upon the Lumen of the Bronchi.* "Archiv für Anat. und Physiologie" (Physiol. Abtheil.), 1891, Heft 1 and 2.

THE author has tracheotomized rabbits, and has applied an ingenious apparatus for determining the pressure in the bronchi. The animals are curarized and the mucous membrane of the nose then irritated. By irritation he produced increase of the pressure in the bronchi. After cutting the vagi the pressure did not increase. This pressure could only be produced by decreasing the lumen of the bronchi. *Michael.*

Siebenmann (Basel).—*A Model of the Pneumatic Accessory Cavities of the Nose.* Festschrift zu Ehren des Herrn Prof. Kocher in Bern, 1891.

DESCRIPTION of the model made by the author and some practical remarks. *Michael.*

Lublinter (Warsaw).—*Case of Rhinoscleroma—Typhus Exanthematicus (Disappearance of the Rhinosclerum Infiltration).* "Berliner Klin. Woch.," 1891, No. 40.

A PATIENT, thirty-five years old, with rhinoscleroma of the left side of the nose. A piece of the neoplasm was extirpated with the cold wire, and the diagnosis confirmed by microscopical examination. Some days after the operation the patient developed typhus. Six weeks after the cure of the disease the nasal infiltration disappeared. Also in cases of lupus and gummata absorption of the neoplasms was observed during intercurrent acute infectious diseases. *Michael.*

Reinhold (Würzburg).—*Myxo-Sarcomata of the Nose.* "Internat. Klin. Rundschau," 1891, No. 44.

(1) A GIRL, sixteen years old, had a solid red tumour in the left naris. Extirpation of the tumour was effected after incision of the nose and temporary resection of the left nasal bone. Cure resulted. The microscopic examination showed that the tumour was a myxo-sarcoma. No recurrence.

(2) A girl, twenty-three years old, had a pale red tumour on the left side of the septum. Extirpation with the cold wire was followed by cure. No recurrence. The microscopic examination showed it to be myxo-sarcoma. *Michael.*

Demme (Berlin).—*Ozæna.* "Deutsche Med. Woch.," 1891, No. 46. Compare the report in this Journal. *Michael.*

Watson, W. Spencer (London).—*Nasal Polypus.* "Brit. Med. Journ.," Nov. 28, 1891. Med. Soc. of London, Nov. 23, 1891.

THE history was related of the case of a girl, aged seventeen, who for

two years had been the subject of nasal polypus, which hung from the left nostril into the naso-pharynx, and could be seen behind the uvula.

Hunter Mackenzie.

Leeman (Brussels).—*Two Cases of Fibrinous Rhinitis.* “*Annales de la Soc. de Méd. de Gaud.*” Sept., 1891.

THE title indicates the nature of the cases. Nothing new. *Hicguet.*

Schiffers (Liège).—*Case of Rhinolith.* Soc. Méd. Chirurgicale de Liège Meeting, Oct. 1, 1891.

A LARGE calculus in a woman of forty years of age had existed for several months, and had produced a malformation of the nose, and marked swelling in the region of the right maxillary sinus, with discharge of very foetid pus, and cephalalgia of the same side. The calculus was extracted in two portions.

Hicguet.

Wodon.—*Complete Occlusion of the Naso-Pharyngeal Cavity.* “*Presse Méd. Belge.*” 1891, No. 43.

THE occlusion in this case was the result of cicatrices after syphilitic ulceration.

Hicguet.

Binnie, J. F. (Kansas).—*Fibro-Myxoma of the Naso-Pharynx.* “*Med. News.*” Nov. 7, 1891.

A BOY of eleven had a tumour two inches long removed from the naso-pharynx by forceps. It quickly grew again, and continued to increase until it occupied the pharynx, and pushed the palate forward and upward. It was removed by the Jarvis snare. During the operation intubation had to be performed with a gum elastic catheter in consequence of dyspnoea. After removal the growth measured $2\frac{1}{2}$ by $1\frac{1}{2}$ by $1\frac{1}{4}$ inches, and was egg-shaped. It was a fibro-myxoma, and arose “from the point where the nasal mucous membrane merges into the post-nasal.”

A year after the growth had recurred, the right nostril being filled with a greyish mass far back, and the naso-pharynx filled with a dense mass, apparently springing from the lower turbinated. It was removed with a Volkmann’s spoon, and was of size almost identical with the first growth.

R. Norris Wolfenden.

Chiari (Wien).—*The Diseases of the so-called Bursa Pharyngea.* “*Wiener Klin. Woch.*,” 1891, No. 40.

In three thousand patients the author has found only eight cases of disease:—(1) A patient, twenty-nine years old, with chronic atrophic rhinitis, who also had an ulcer three mm. deep; touching with nitrate of silver this disappeared, but the rhinitis is still there. (2) A patient, thirty-five years old, with ozæna, always expectorated dry foetid pieces from the retro-pharynx. The author found in the naso-pharynx a little opening; after having destroyed it by painting, the case was cured. (3) A patient, twenty-five years old, had nasal obstruction and masses of mucus in the naso-pharynx. It was possible to enter here one ctm. with the probe; cure by same process. (4) A patient, forty years old,

with obstruction of the nose, had a furrow four mm. long in the same spot in the naso-pharynx. Here the probe could enter five mm. ; discharge of mucus. (5) A patient, thirty-three years old, complained of the feeling of a foreign body in the naso-pharynx. After removing the mucus from the spot in the naso-pharynx, a little opening was seen. The probe could enter three mm. (6) A patient, twenty-three years old, complained of discharge of mucus from the naso-pharynx. There was a little opening in which the probe could enter five mm. Extirpation of adenoid vegetations and painting cured patient. (7) A patient, twenty-three years old, had a deep sacciform opening in the naso-pharynx and discharge of mucus. Cure by operation. (8) A patient, nineteen years old, had a yellow fluctuating tumour on this spot in the naso-pharynx. Incision ; cure. *Michael.*

Wroblewsky (Warsaw).—“*Internat. Klin.*,” 1891, Nos. 41 and 42.

IN 160 cases of persons deaf and dumb 57·5 per cent. had adenoid vegetations. *Michael.*

Zarniko (Berlin).—*Mycosis Aspergillica in the Antrum of Highmore.* “*Deutsche Med. Woch.*,” 1891, No. 44.

A PATIENT, fifty years old, complained of a bad smell from the nostrils for some months. She had specific cicatrices on the palate and nasal polypi. After removing the polypi the author performed irrigations of the left antrum of Highmore. In the fluid removed were some dark pieces of the size of a pea. The microscopical examination showed that the masses consisted of *aspergillus fumigatus*. Cure after twenty-one injections. A similar has not been described. *Michael.*

Steinthal (Stuttgart).—*Treatment of Empyema of the Frontal Sinus.* “*Württemberg Med. Correspbl.*,” 1891, Nc. 31.

A PATIENT, forty years old, had had headache irradiating from the right orbit during a year, which commenced with a coryza. On the right orbital wall a small fistula was found discharging fœtid pus. On the other side a similar fistula existed. Through both fistulæ rough bone could be felt with a probe. Incision and resection of a piece of bone on both sides with enucleation of the mucous membrane was performed. Discharge of fœtid pus. Iodoform tampon made improvement. A total cure only followed after other more extensive operations were performed on both sides, combined with drainage of the nose. *Michael.*