

Wells.—*The Pathogenesis of the Nasal Reflex Neuroses.* "Philadelphia Medical Journal," August 20, 1898.

In all cases a pronounced morbid condition of the nervous system is present. Dealing with asthma, attention is drawn to the occurrence of eosinophilia in this disease. Müller and Gollasch first noted the presence of abundant eosinophilic leucocytes in the sputum of asthmatics during a paroxysm; and Gabritschewski found that there was an increase of eosinophiles in the blood at the same time. Eosinophiles are increased in migraine, epilepsy, angina, neuralgia, convulsive disturbances and gastric crises, chorea and exophthalmic goitre. From this it is argued that there is a relationship between the presence of these cells and nasal reflex disturbances.

They are also influenced by sexual disturbances—*e.g.*, they are increased at menstrual epochs, before coition, during lactation, in sexual neurasthenia, puerperal mania, and at the climacteric; also in inflammation and disease of the genitalia—*e.g.*, cysts of the ovary. Arguing from the fact that there is some relationship between nasal reflexes and sexual disturbance, it is contended that this accompaniment of eosinophilia and alterations of the sexual system is because of the nasal reflex neurosis thereby induced.

Eosinophiles are frequently increased in certain skin-diseases, and after the use of pilocarpin, which produces hyperæmia of the skin. Attention is drawn to the occurrence of coryza and urticaria, and of nettle-rash and milk-rash, in association with some of the nasal neuroses.

Eosinophilia is also found in the uric acid diathesis, and this acid is found quite constantly in migraine and epilepsy.

According to Neusser, these cells, which are distinguished by the presence of coarse acid staining granules which take the eosin stain, are directly under the influence of the sympathetic nervous system, and are increased when there is irritation of the sympathetic, as in nasal reflex neurosis.

For the production of this reflex we must not only have local nasal trouble, but a morbid state of the sympathetic centres, which consists of a hyperkinesia of the vaso-motor ganglia, and eosinophilia is thus set up.

B. T. Baron.

LARYNX.

Ausset, E.—*Diphtheritic Angina with Laryngitis; Intubation for Seven Days; Death.*—"Echo Médical du Nord," November, 27, 1898.

CHILD, two years old, admitted in the hospital for measles; at moment of convalescence diphtheritic angina and laryngitis. Intubation and injection of antitoxic serum; immediate cyanosis and asphyxia when the tube was removed. The pseudo-membrane came away and the diphtheria was cured, but the laryngeal spasm would not permit the removal of the tube. The author decided to make a tracheotomy; the operation was prepared, when suddenly the child was seized by a violent glottic spasm and death followed in a few seconds.

At the necropsic examination ulcers of sub-glottic mucous membrane were found on the site of the inferior part of the tube. A. Cartaz.

Chauveau.—*Ozæna Nasal and Tracheal in a Child Fifty-one Months old; Death.* “*Journal de Clinique et Thérapeut. Infantile,*” October 6, 1898.

CHILD, four years and three months old, had for some months difficulty of breathing, stridor, and laryngeal wheezing. When the child expectorated some crusts, the laryngeal troubles disappeared for some days. C. found nasal ozæna and laryngo-tracheal complications; crust adherent to the tracheal mucous membrane. The mother and an aunt had atrophic rhinitis. Sudden death during sleep, probably by glottic spasm.
A. Cartaz.

Gaudier, H.—*Endolaryngeal Treatment of Polypus of the Larynx.* “*Echo Médical du Nord,*” October 23, 1898.

G. RELATES fourteen cases of laryngeal polypus (fibromatous, papillomatous tumours, one case of myxoma) and gives the technique of that operation. He uses the forceps of Dundas Grant, and, when the tumour is originated in the anterior part, the Turk's or Fauvel's instruments.
A. Cartaz.

Price-Brown.—*Pharyngeal Mycosis.* “*Canadian Pract.,*” April, 1898.

THE fungus, according to Price-Brown, may be found in milk, urine, and watery solutions after exposure to air for lengthy periods. Lugol's solution demonstrates the presence of starch. The fungus may either be superficial or inserted wedge-like into the epithelium; in the latter case the microscope fails to demonstrate the rod-like cells. Four cases were narrated, and in one it was queried as to whether the patient's occupation (polishing cow-horns, often a malodorous task) was directly responsible for the affection. The symptoms were detailed as far as there were any, and the author finally agrees with other authorities that the galvano-cautery is the best agent in their destruction.

REVIEWS.

Bacon, Gorham, A.B., M.D., Prof. of Otclogy in Cornell University Medical College (New York), Aural Surgeon New York Eye and Ear Infirmary.—*A Manual of Otclogy.* With an Introductory Chapter by CLARENCE JOHN BLAKE, M.D., Professor of Otclogy in Harvard University, with 10 illustrations and a coloured plate. Published by Henry Kimpton, London. Pp. 398.

DR. GORHAM BACON'S casual contributions to aural surgery are well known to our readers through our abstracts of them. A work on otclogy, coming from his pen, is therefore welcomed with considerable expectations. The volume at present before us is no disappointment, and may be recommended as a good average handbook which, in view of its small size, contains most of what the student or general practitioner reasonably requires. The difficulty of distinguishing what is of practical clinical value from what is rather of speculative or theoretical interest has been very well met. A book should not be made short by the omission of the little details and explanations which take