

transitory or permanent. In the transitory cases, as in those of temporary weakness due to enfeebling constitutional disease, the various dilators are recommended. In the irreparable cases he advises operative treatment. He describes Josef's method of stitching a wedge-shaped portion, cut from the septum, to the point of the nose. [He makes no reference to Walsham's ingenious plan of detaching a flap from the interior of the vestibule, rolling it up, and stitching it in such a position as to keep the anterior part of the ala away from the septum.—D. G.] The method which he most strongly recommends is that of the subcutaneous injection of paraffin, at a melting-point of 46° C. (114.8° F.), so as to give firmness and solidity to the ala. He had satisfactory results in two cases of bilateral insuction. In one of the alæ there occurred a *contretemps* [which one would naturally be prepared to expect—D. G.], namely, that the paraffin caused a bulging of the soft tissues into the vestibule, and thereby tended to defeat the object desired. This was, however, removed by means of an incision, and the ultimate result was quite satisfactory. *Dundas Grant.*

ŒSOPHAGUS.

Starck.—*The Etiology of Diffuse Dilatation of the Œsophagus (from the clinical point of view).* "Münch. Med. Woch.," May 12, 1903.

The following are the possible causes: (1) Primary inflammation of the mucous and muscular coats of the œsophagus, (2) cardiac spasm, (3) muscular atony, (4) developmental abnormalities. It is only in the early stage that the etiology of this dilatation can be studied, because post-mortem examinations show merely the sequential appearances. Spasm of the cardiac orifice, if found post-mortem, may only have occurred at the time of death. Further, fatty degeneration of the muscles may have resulted simply from the interference with nutrition. It can, however, be decided, if hypertrophy of the muscular coat has taken place, that the dilatation has not resulted from primary atony. No conclusions as regards etiology can be drawn from the clinical features when dilatation has already reached any considerable advance, as spasm of the cardia may be present at one time and absent at another; the only clearly defined form is diffuse spasmogenic dilatation, and the spasm of the cardiac orifice is apparently the result of some nervous mechanism acting through the vagus. *Dundas Grant.*

Wolf (Dresden).—*Contribution to the Etiology of Carcinoma of the Œsophagus.* "Münch. Med. Woch.," May 5, 1903, p. 771.

The author enumerates the various mechanical causes mentioned by various authors as leading to carcinoma of the œsophagus, and in this paper he draws special attention to its association with spondylitis deformans, in illustration of which he narrates two cases seen by himself and a third in the practice of Professor Orth. He looks upon the chronic irritation caused by the presence of spondylitis as being the intermediate etiological factor. *Dundas Grant.*