

Very few cases are on record in which foreign bodies have entered the tympanum through the Eustachian tube. Objects of any size which enter the tube are almost always expelled in a short time again into the naso-pharynx, often with great pain. The piece of tissue in this case measured in its largest diameter $3\frac{1}{2}$ to 4 mm. It is remarkable that so large a mass should have passed the isthmus, which measures at most 3 mm. \times 1.5 mm. Remarkable also is the fact that the mass remained for five days in the tympanum and yet gave rise to no symptoms and only slight inflammatory reaction.

Thomas Guthrie.

NOSE.

Schmidt (Chur).—*Treatment of Acute Catarrh of the Nose and Pharynx.* "Münch. med. Woch.," December 29, 1908.

Preference is expressed for formalin preparations and oil of eucalyptus, the basis of the former being a preparation well impregnated with "chlormethylmenthyläther," known as forman. The plugging of the nose is unpleasant, and it is therefore recommended that a handkerchief should be sprinkled with fifteen to twenty drops of an emulsion of oil of eucalyptus and formalin, prepared by the "Wolo" Company in Zürich.

Dundas Grant.

Löwy (Carlsbad).—*The Treatment of Acute Coryza.* "Münch med. Woch.," July 21, 1908.

A combination of menthol and camphor, 4 to 2, makes an oily fluid, of which a few drops are warmed in a test-tube containing a little water. The patient inhales the vapour twice or thrice daily for from five to ten minutes at a time. The remedies are believed to become sublimed on the surface of the respiratory tract. Among other aids is recommended diaphoresis by means of aspirin, also negative Politzer or Sonderman's suction.

Dundas Grant.

Sargnon (Lyons).—*Direct Endoscopy of the Maxillary Antrum through Fistulous Openings.* "Arch. Internat. de Laryngologie," etc., 1908, p. 705.

Sargnon has been able to secure valuable information from the direct inspection of the walls of the antrum by means of an endoscope, in shape like a very long ear-speculum, passed through alveolar or supra-alveolar fistulae. He reports: (a) that in dental cases the lining membrane of the cavity is smooth, yellowish, and not at all polypoid; on probing it bleeds but slightly or not at all; (b) in chronic cases the mucous membrane is markedly polypoid, red, thickened, and bleeds readily and freely; the cavity appears notably narrowed, and the mucous membrane is nowhere smooth and yellowish.

In one case he was able to locate a foreign body (drainage-tube) lying among the fungosities.

He suggests that the instrument might be passed through a nasal opening when the antrum has been opened by that route, but he has experienced considerable difficulty when trying to do so.

Finally, through this tube it is possible to remove a portion of the granulations for the pathologist when malignancy is suspected.

Dan McKenzie.