through the stricture, the lower ligature being cut off. The stomach was immediately closed, returned to the abdomen, and the external wound sutured. The plug was withdrawn in six hours. The patient made an uninterrupted recovery, and was able to go out on the twenty-first day. Two months later the stricture readily admitted a medium-sized bougie. Dilatation, supplemented by electrolysis, was carried out at intervals. Eighteen months after the operation the patient was in perfect health, and had increased in weight from five and a half to eight and a half stones. Twenty-one cases were collected and referred to by the author, in which eight had been done by the immediate method, as in the case recorded. In the remainder a gastric fistula had been first established, and from one to four months subsequently retrogade dilatation of the œsophagus, either by Hagenback's or some other method, had been carried out. The author favours the immediate method in all cases of impermeable fibrous stricture, except after extensive injuries involving a great length of the tube, when immediate dilatation would be impracticable. The operation was devised and first performed by Loreta in 1883. *Wm. Robertson.*

NOSE, &c.

Gaube. — *Actinomycosis of the Face cured by Iodide of Potassium.* Union Med. du Nord-Est, March, 1894.

AN interesting report of the case of a girl eighteen years of age. Three months ago there occurred tumefaction of the left maxillary and genial regions. At first it appeared to be like a dental periostitis. Dentition was in a bad state. There were carious teeth and fungous gingivitis. When the patient came into the hospital the tumour was considerable, and the skin blue-violet in colour, and there was engorgement of the submaxillary glands. An exploratory puncture gave exit to a small quantity of liquid containing yellow grains. The actinomycotic nature of the bodies was afterwards confirmed by histological examination and bacteriological cultures. The author proposed a radical operation, which was declined by the patient. She then took iodide of potassium, three grammes a day. A fortnight later, suppuration occurred in the tumour, and a small abscess opened with discharge of pus and yellow patches of actinomyces. After two months complete cure resulted. *A. Cartaz.*

Jones, Lewis (London).—*Paralysis of th Sterno-Mastoid, and Trapezius, of Right Side of Face and Deafness.* "Brit. Med. Journ.," April 21, 1894.

THIS occurred in a girl aged nineteen. The soft palate was not affected. The history of the onset was vague. The author pointed out that the association of paralysis of the seventh cranial with the spinal accessory nerve was unusual. Dr. Beevor supposed that the symptoms were due to pressure on the facial and auditory nerves, and pressure lower down on the spinal accessory. The accessory to the vagus was not involved, as

witness no affection of palate, nor was the hypoglossus. Dr. Guthrie supposed a lesion situated at the posterior part of the petrous bone extending down to the foramen magnum. The pressure might be due to some inflammatory affection of neighbouring bone. *Wm. Robertson.*

Martin, George.—*Empyema of the Frontal Sinus cured by Antiseptic Injections.* Soc. de Med. de Bordeaux, April 20, 1894.

THE empyema has been treated by direct catheterism through the nasal ostium, and antiseptic injections of iodoform, glycerine, solutions of nitrate of silver, etc. Cure resulted in four months, after eighty injections. *A. Cartaz.*

Kellcog, F. B.—*Empyema of the Nasal Accessory Sinuses.* "Journ. Ophthal., Otol., and Laryngol.," Jan., 1894.

THE author makes the unilateral discharge of pus—offensive to the patient as well as others—the preliminary point in diagnosing empyema of the antrum, also adding caries of the bicuspid or molar as additional evidence, and the presence of pus between the middle turbinated and the wall of the nose; other subjective symptoms and transillumination he does not place reliance on. Three cases are described in detail. *R. Lake.*

Moxham, Stickney.—*Acute Inflammation of the Antrum of Highmore after Influenza.* "Brit. Med. Journ.," Feb. 24, 1894.

A SIMILAR experience on the part of Dr. Moxham personally to that recorded by Dr. Semon (vide *infra*). *Wm. Robertson.*

Griffin, Harrison.—*Abscess of the Antrum of Highmore, with Cases and their Treatment.* "Med. Record," March 31, 1894.

OF the various ways in which access to the maxillary antrum may be gained, the author prefers making an opening in the alveolus. After thorough cleansing, the cavity may be packed with iodoform gauze, and good results are claimed by some of those who follow this particular method. Local injections into the cavity are useful, and the author prefers solutions of peroxide of hydrogen for this purpose. He uses it from one-fifth to one-half strength, and, in some cases, even full strength solutions. After the injection with the peroxide solution, a lotion of iodoform, suspended in alboline oil (gr. x. to ʒi.) is syringed into the part. This forms a covering of iodoform all over the lining membrane of the antrum, and, according to the author's experience, rapid improvement follows.

The parts should always be kept well open until all signs of purulency have disappeared. *W. Milligan.*

Semon, Felix (London).—*Acute Inflammation of the Left Antrum of Highmore after Influenza.* "Brit. Med. Journ.," Feb. 3, 1894.

THIS article forms an interesting account by the author of a personal experience of an attack of acute inflammation of the antrum complicating influenza. There was considerable coryza, with watery discharge from both nostrils, followed by sensation of fulness in the left cheek, increasing to a sense of intolerable distension of the zygomatic region. The skin

over the part became distinctly swollen and reddened, and tender to the touch. Temperature, 100·5°. There was no frontal neuralgia. After these symptoms had lasted twenty-four hours a violent blowing of the nose brought away an ounce of turbid greenish sero-purulent fluid, followed by more of the same on lowering the head inclined to the right. A few hours after this more of the same fluid escaped. Later on a third escape took place. The acute complication now subsided, although two days later another discharge of greenish fluid of a mucoid character took place, which signalized the end of the affection. The author refers to the rarity of an acute affection as compared with the acknowledged frequency of the more chronic condition. Usually the acute type is met with after influenza, and is invariably recovered from. The points worthy of attention are—(1) the sudden and violent increase in pain during sneezing or coughing ; (2) the limitation of the pain to the affected region, and, finally, the tendency of influenza to single out the locality of its sequelæ in the most capricious manner in different individuals. In Semon's case the sequelæ observed occurred in the domain of the fifth nerve. *Wm. Robertson.*

Browne, Lennox (London).—*Acute Inflammation of the Antrum of Highmore after Influenza.* "Brit. Med. Journ.," March 31, 1894.

THIS occurred in a young woman, aged twenty, six weeks after an attack of influenza. After the acute stage (of influenza) had subsided she suffered severely from toothache, which involved the first and second bicuspid teeth in the upper jaw. Subsequently she experienced severe pain, with swelling of the right cheek, which somewhat subsided on the occurrence of a yellow and rather thin discharge from the right nostril. After removal of the first bicuspid, the antrum was opened through the socket, the cavity was curetted and syringed out with a weak antiseptic solution, and the hole kept open by a hickory wood plug. The cure was complete in a few days, thus distinguishing it from cases of a chronic nature, the characteristic of which is their strong resistance to treatment. Mr. Browne is inclined to think that the malady is not so rare as it is considered.

Wm. Robertson.

Fellows, C. G.—*Syphilis of the Nose.* "Journ. Ophthal., Otol., and Laryngol.," Jan., 1894.

NASAL obstruction recurring after operative measures is said commonly to be of this origin ; and the author says in addition, that in syphilitic ozæna the galvano-cautery acts best in his hands. *R. Lake.*

Bayenerye.—*Studies on acquired Nasal Syphilis.* Thèse de Paris, 1894.

A REVIEW of the syphilitic lesions of the nose — primary chancre and secondary lesions—which the author classifies under two forms, erythematous and ulcerating, or *plaques muqueuses*. The tertiary accidents are syphilitic ozæna and gummatous tumours. Nothing new. *A. Cartaz.*

Thibierge. — *Syphilitic Sore of the Mucous Membrane of the Nose.* "Gaz. hebdomad. de Med.," April 28, 1894.

THE report of a case of primary chancre of the left nostril in a man fifty-two years of age. The cause of the infection remains unknown.

The diagnosis was particularly difficult owing to considerable inflammation of the surrounding parts of the nose, which inflammation was the result of his occupation (woollen dust), and the employment of wrong medicamentous dressings. *A. Cartaz.*

Courtade.—*Nasal Reflex Neuroses.* Soc. de Med. Pratique, April 19, 1894.

REPORT of three cases of asthma cured by ablation of mucous polypi. *A. Cartaz.*

Rohrer.—*Relations between Affections of the Eye and Diseases of the Nose and Ear.* "Annales d'Oculistique," March, 1894.

A REVIEW of the principal writings and observations upon that subject, and a report of some personal cases. *A. Cartaz.*

Hardman, Wm. (Blackpool).—*Is Ozæna Contagious?* "Brit. Med. Journ.," April 21, 1894.

THE question arose over the occurrence of ozæna in a young lady while in a state of impaired health, and who was brought intimately in contact with an elder sister, who suffered from ozæna. *Wm. Robertson.*

Kyle, D. B.—*The Etiology, Pathology and Treatment of Ozæna.* "Med. News," May 5, 1894.

IN the author's opinion the condition is secondary to hypertrophic rhinitis. The transition from hypertrophy to atrophy does not, however, of necessity imply the presence of ozæna. In some cases in which the nasal capacity had greatly increased the author could detect no odour whatever. In most of the cases in which odour was detected the bacillus fœtidus was found upon microscopic examination of the secretions. In such cases there is usually the history of repeated head colds followed by anterior and posterior nasal discharge. The secretion, at first thin and slightly coloured, becomes gradually more and more albuminous, and shows a tendency to dry and form crusts. Coexisting with the local symptoms a certain degree of general anæmia is usually present. The plan of treatment which the author has found most efficacious consists in—

1. Thorough spraying of the membrane with some solvent of albuminous material.

2. Washing away this material by means of an alkaline antiseptic solution.

3. Thorough drying of the membrane.

4. The application of a remedial agent which will adhere to the membrane.

The special point in the treatment consists in applying, after the membrane has been thoroughly dried, a stimulating irritating substance which will establish an acute inflammation of the parts. When a copious watery discharge has lasted for at least ten days a stimulating antiseptic solution should be used. As a solvent for the albuminous material, a fifteen volume solution of peroxide of hydrogen is perhaps the best. Oil of mustard (gtt. vi.-viii.—℥i.) in benzoinol or liquid albolin, applied by means of an atomizer, acts as an admirable irritant. The patient's general health should be carefully attended to at the same time. *W. Milligan.*

Fréche.—*Complete Occlusion of the Choanæ.* Soc. d'Anat. de Bordeaux, April 23, 1894.

EXHIBITION of a patient treated for an occlusion of both posterior nares. The orifice was re-established by multiple incisions, drainage, and frequent passage of Benique's tubes. The author thinks the case dependent upon hereditary syphilis. *A. Cartaz.*

Sheild, Marmaduke (London).—*Chloroform in Nasal Growths.* "Lancet," Feb. 3, 1894.

MR. SHEILD contends that large and tough adenoid masses will certainly for most operators require "a longer period of anæsthesia than it is well to attempt to procure by nitrous oxide gas." He holds that it is necessary to extirpate the adenoid tissue completely to prevent fresh budding. He favours the use of ether preceded by gas, considers the sitting posture the most dangerous, and makes the very valuable statement that if the patient be allowed to take half a dozen respirations before the operation is commenced it will lessen the amount of blood lost. *Dundas Grant.*

Collier, Mayo (London).—*Chloroform in Nasal Growths.* "Lancet," Feb. 3, 1894.

MR. COLLIER facetiously formulates the view that "the most desirable "anæsthetic in a large majority of the minor operations on the throat, "post-nasal space and nose is no anæsthetic at all," and further remarks that a four per cent. solution of cocaine will produce all the anæsthesia required in ordinary cases with an ordinarily skilled operator. He protests against the administration of an anæsthetic for little surgical procedures that involve not pain, but slight discomfort. [These views will be only of doubtful acceptability to patients.] *Dundas Grant.*

Holloway, W. (London).—*Chloroform in Nasal Growths.* "Lancet," Feb. 3, 1894.

DR. HOLLOWAY replies to several writers who have commented on his statements, pointing out the possibility of waiting for the cessation of hæmorrhage from the tonsils and then practising a second administration of gas for the removal of the adenoids. *Dundas Grant.*

LARYNX.

Grayson, C. P.—*Carcinoma of the Larynx with consecutive Epithelioma of the Lip.* "Med. News," April 7, 1894.

THE author points out that metastasis associated with laryngeal cancer is of very rare occurrence. Glandular involvement is a late feature of malignant disease of the larynx, usually not making its appearance until ulceration has existed for some time.

The patient, a married man, aged thirty-four, had until the present illness enjoyed uninterrupted good health.