

WHILE applying a small cotton wad moistened in creosote to the throat of a boy, it accidentally fell upon the uvula, producing slight congestion with intense pain, which latter lasted three and a half days notwithstanding the use of cocaine, bromide of potassium, ice and submucous injections of chloroform and morphine.

Ramon de la Sota.

Morejon.—*Two Cases of Stricture of the Œsophagus.* “*Revista de Medicina Cirugia Practicas*,” October 7, 1889.

ONE patient, aged twenty-three, had a stricture of the œsophagus at the level of the diaphragmatic ring, with a second at the level of the first dorsal vertebræ, both resulting from lacerations produced by efforts to draw out a large needle, which the patient had swallowed when he was eight years old. The strictures were cured in 42 days by gradual dilatation.

The second case was that of a man with a stricture in a great extent of the œsophagus. The diameter of the œsophagus was restored in 45 days by catheterism performed every day with the ivory olivary catheter. In both patients, with the restoration of the food passage, nutrition was improved, and the symptoms of pulmonary tuberculosis, which had been present, disappeared completely.

Ramon de la Sota.

Haberkorn.—*The Treatment of Acute Tonsillitis, Pharyngitis, and Diphtheria.*

“*Deutsch. Medicinal Zeitung*,” 1889, No. 96.—(Salicylic acid, internally, and brushing with a solution of pepsine are recommended).

Kühn.—*Operations on the Hypertrophied Pharyngeal Tonsil.* “*Deutsch. Med Woch.*,” 1889, No. 45.—(See report of 62 Naturforscherversammlung).

Kümmel.—*Carcinoma of the Œsophagus.* Aertzlicher Verein in Hamburg, Meeting October 8, 1889.—(Good result was obtained by the use of Leyden's permanent cannulas).

Michael.

NOSE, NASO-PHARYNX, &c.

Gleitsmann, J. W. (New York).—*Nasal Instruments.* “*New York Medical Journal*,” November 9, 1889.

1. *A Nasal Bone Forceps.*—The forceps has the usual angle of nasal instruments. The branches, which are slender, but very strong, cross each other when the instrument is closed, thereby occupying very little space. They can be introduced through the narrowest nasal speculum to any desirable depth, and, on account of their smallness, do not obscure the field of vision. The chief point distinguishing it from other devices is the location of the joint near the distal end, by which arrangement great power can be exerted when the blades seize the part to be removed.

The design had its origin in the desire to extract pieces of septal cartilage, or, still oftener, bones which had been operated upon either with the nasal trephine or the saw. Especially in using the saw, the

severed bone was often found to be difficult of removal on account of being firmly embedded in the stenosed canal or still adherent to the septum by a shred of undivided mucous membrane. The failure to extract the bone with a slender forceps and the difficulty of overlooking the field when using a stronger straight forceps led to the construction of the instrument.

Although intended only for removal of bone which had been operated upon, quite recently a foreign body, a shoebutton, which yielded to no other instrument, was extracted from the nostril by the aid of the forceps, having blades with three prongs, as shown by the second drawing.

2. *A New Nasal Dilator.*—The dilator here described is made from the wood of the *Nyssa aquatica*, or tupelo-tree of the Southern States, which was first introduced into medical practice by Dr. G. E. Sussdorf. It expands very rapidly and equably, and is therefore preferable to laminaria, which swells irregularly, and consequently exerts unequal pressure. Its surface is smooth and does not lacerate the tissue when introduced into a narrow opening. After removal, the tissues do not appear dry, but even more moist and pliable than before. Tupelo has also to a certain degree, antiseptic properties; it does not favour decomposition, and no smell is perceptible after it has been extracted. Its chief advantage for our purpose, is the softness of its texture, which enables us to cut it into any desirable shape with an ordinary knife.

The writer was for some time in search of an agent to produce sufficient dilatation of naturally narrow nostrils, which did not require active interference—viz., which did not present a turbinated hypertrophy or a septal exostosis. Further, cases often presented themselves for treatment in which after such operations sufficient space could not be gained for satisfactory nasal drainage, or in which the danger of subsequent formation of adhesions was imminent. The soft rubber tubes and similar devices did not fulfil the requirements, and a more thorough and efficient method seemed highly desirable. Tupelo, to which the writer's attention for this purpose was first drawn by Messrs. Tiemann & Co., has proved to him so eminently satisfactory that he considers it his duty to lay the results of his experience before the profession. He has employed it now in about a dozen cases, and in no instance has it failed to meet his expectations. A single case may serve as an illustration: A patient with naturally very narrow nostrils and bilateral exostoses on the lower part of the septum suffered from almost complete obstruction of the nares, the lateral walls and the septum being in immediate contact with each other without the presence of true turbinated hypertrophy. On one side the septal exostosis had been removed by a physician, but the operation had not given the desired relief. The introduction of the tupelo dilator four times opened the nostril enough for all practical purposes, and no contact of the parts took place afterward. The other nostril was treated in precisely the same manner, tupelo being introduced after the wound from the nasal trephine had healed sufficiently, and the result was equally satisfactory. The writer feels confident that he has materially shortened the time of treatment of suitable cases since applying the tupelo dilators, and he would feel loath to part with them.

The manner of application is very simple. After the nostril is thoroughly cleansed with a disinfectant solution and anaesthetized with cocaine, a piece of tupelo is cut to correspond to the required size, seized with an ordinary forceps, and introduced to the desired depth. After remaining in the nose for fifteen to twenty minutes, the expansion is accomplished and the piece, generally swollen to quadruple its size, removed. After another cleansing, the patient can be sent home, or, as has been the author's custom lately, a piece of tinfoil, which also can easily be shaped according to the requirements of the case, is inserted, to prevent contact of the parts, if there should be such an indication. The tinfoil may remain with impunity till the patient pays his next visit. It has been found most convenient to have the tupelo made up in pieces of six inches by an inch and a half.

R. Norris Wolfenden.

Robinson, Beverley.—*An Ordinary Case of Nasal Catarrh.* "New York Medical Journal," June 15, 1889.

THIS patient was presented to the New York Clinical Society, having suffered from frequently recurring nasal catarrhs, for which cocaine had been extensively used and no permanent benefit had been produced by douche or sprays. The patient had suffered from tetanic spasms of the side of the head and neck, which were occasionally brought on by mouth breathing; since ceasing to use cocaine the spasms had been less frequent and severe. Dr. DELAVAN had often heard from intelligent patients that nervous troubles were produced by cocaine. Dr. FLINT related particulars of a case of reflex cough produced by hypertrophy of inferior turbinated bodies.

B. J. Baron.

Robinson, Beverley.—*A Brief Summary of Nasal Catarrh and its Treatment.* "New York Medical Journal," June 15, 1889.

THIS paper refers mainly to hypertrophic rhinitis, and after pointing out the causes, general and local, of the condition, the author enters into the question of treatment at greater length. He believes that douches, as usually employed, only cleanse the inferior turbinated bodies and a portion of the middle turbinateds, but not the upper part of the nasal passages; also he has known them cause median otitis, and he has never seen them cure catarrh; therefore he prefers sprays for cleansing purposes, but not for treatment, because of the impossibility of confining the diagnosed to a small area. Powders he likes better than douche or spray, and for the median and anterior portion of the nose he employs oily substances, *e.g.*, ointments or a spray of carbolic oil. Steam inhalations are bad, but dry vapours are often very valuable.

Cubeb is useful where the catarrhal dyscrasia is pronounced and the digestion good; sulphur in spray, or internally, may help, ammoniacum is open to the objection of hardening the secretions.

If all the above measures fail, then cauterizing by means of nitric acid, glacial acetic acid, or chloracetic acid, the last being the best of these three, and never giving rise to adhesions, the slough not separating until the mucous membrane beneath is nearly healed.

Chromic acid ought to be tried if these fail, and if brought into contact

with soft parts everywhere, there is very little danger of toxic effects following its use.

Deviation of the septum, if sufficiently pronounced to cause obstruction, is treated by galvano-cautery, Jarvis's or Weir's cutting forceps, if anteriorly, the trephine is preferred by the author to the saw.

Lastly, Dr. Robinson pleads for a broad-minded view of the whole situation in treating a case of nasal catarrh, viz., the surroundings of the patient, climate, sanitary conditions, general health and temperament and local conditions.

In the discussion that followed the reading of this paper the galvano-cautery was preferred to any acids for cauterizing purposes by Dr. Delavan, also he likes the saw better than the trephine.

Dr. Hunt uses the douche, and likes it.

B. J. Baron.

Knicht.—*The Diagnosis and Treatment of Certain Forms of Rhinitis.* "New York Medical Journal," July 13, 1889.

THIS paper was read before the Section of Laryngology of the New York Academy of Medicine, and after defining carefully the terms hyperæmia, hypertrophy, and hyperplasia, the author goes on to discuss the symptoms and treatment of rhinitis. The special points to be noted are the colour of the surface, the character of the nasal secretion, the extent and shape of the swelling, its density or resistance, its sensitiveness, and its vascularity.

The behaviour of an enlarged turbinated body on touching it with the probe before and after the use of cocaine in mere hyperæmia and also in hyperplasia is discussed.

As to treatment, the author considers that it is impossible to exaggerate the influence of constitution and diathesis, but he says as regards local treatment, "sprays, douches, vapours, medicated bougies, ointments, and powders may be used according to the taste or credulity of the practitioner." Sedative steam inhalations and preparations of medicated vaseline or oil are usually most grateful and least harmful, and fluid albolene is a good medium and may be used in spray form. Astringents are of doubtful value. Cocaine temporarily relieves stenosis, but its frequent and habitual use may do serious damage. Under proper precautions the spray is a valuable, if not an essential adjuvant in the treatment and cure of catarrhal conditions.

The indications for intranasal surgery are interference with the respiratory and olfactory functions, reflex neurosis caused by nasal disease, and, lastly, in order to remove a deformity, a neoplasm or a hypertrophy, and so bring about free nasal drainage.

B. J. Baron.

Cozzolino (Naples).—*Rhinitis Caseosa.* Congrès de Laryngol., Paris, 1889.

THE author remarked that he had studied caseous rhinitis since 1884. He relates a third case which he has observed for some months. He maintains the morbid entity of this disease, and opposes the opinion of Potiquet that it is a complication of other nasal affections. To cases in which caseous masses resulting from pus, secretions, and desquamations are present within the nose, he gives the name of pseudo-caseous rhinitis. In the first period of the complaint the mucous membrane alone is

affected, in the second, there are lesions of the skeleton, caries or fistula, and the disease may be then confused with malignant tumour. *Joal.*

Bories.—*The Nature of Caseous Coryza.* Congrès de Chirurgie, Paris, October, 1889.

WRITERS disagree very much as to the nature of this curious affection, which has been termed caseous coryza. According to Duplay it is an epithelial exfoliation, following on erysipelas, with an accumulation of the secretive products. According to Cozzolino it is a sequel of scrofula. Many other opinions have been advanced. The author, from the perusal of old observations, from studying them, and making careful examination of patients that have come under his care, is led to the belief that this condition is a retrograde or necrobiotic process of old polypoid masses, produced by the influence of the compression which these masses undergo in the nasal fossæ. He refers to the frequent coincidence of these two affections, which was especially marked in one particular observation, which formed the text of his memoir. A woman of fifty-nine had the nasal fossæ obstructed by a tumour which he recognised during the operation to be no other than a caseous coryza. The mass which formed the tumour would certainly have filled a wine-glass. Its odour was rather sickly than fœtid. The author could only come to the end of it by regular sponging of the nasal buccal cavity. *Joal.*

Schneider (Köln).—*Some Cured Cases of Épilepsy of Reflex Nasal Origin.* "Berl. Klin. Woch," 1889, No. 43.

1. A patient, fourteen years old, since five years of age had violent epileptic attacks three to four times a week. Galvano-cautery applications were made to the hypertrophic nasal turbinateds. A complete cure was obtained which has lasted for four years.

2. A lady, twenty-four years of age, had epileptic attacks at the commencement of every menstrual period. Large doses of bromide of potassium were given without effect. Galvano-cautery treatment was applied to the polypoid degenerated turbinateds. A cure has lasted for three years.

3. In a similar case the galvano-cautery applied to the turbinateds effected a cure.

4. A patient, thirty years of age, frequently had asthma and sometimes epilepsy. A growth of the size of a pea was discovered on the right inferior turbinated. On touching it, an epileptic attack was produced. After galvano-caustic treatment the patient was cured.

5. A lady, seventy-two years of age, had chronic coryza, facial twitching, and nystagmus, with true epileptic attacks. Galvano-cautery treatment of the right hypertrophied turbinated effected a cure.

Michael.

Von Stein (Moscow).—*The frequent Connection between Diseases of the Nose and Neuroses of the Heart.* Monatssch. für Ohrenheilk., 1889, Nos. 9 and 10.

THE author has observed in a total of 530 cases of nasal disease, 127 cases of reflex neurosis (24 per cent.). Amongst these, cardiac neuroses

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occurred in fifty cases (93 per cent.). In three cases there was a feeling of oppression in the region of the heart, in eleven cases, palpitation, and in thirteen cases, pains of the cardiac region; in other cases the symptoms were complicated. The intranasal condition in most cases was hypertrophy of the turbinated bodies, and the treatment consisted in cauterisations of these organs.

Michael.

Lichtwitz (Bordeaux); **Gorris** (Brussels). — *Nasal Reflexes.* Congrès de Laryngol., Paris, 1889.

THE former enters into a long history of the question quoting German authors extensively, but ignoring French writers. The latter related two or three examples of facts already well known.

Joal.

Wagnier (Lille). — *Lupus of the Nasal Mucous Membrane.* Congrès Inter. de Laryngol., Paris, September, 1889.

THE author related a case of lupus of the mucous membrane of the turbinated bodies, which appeared under the form of soft whitish nodules without ulceration. In spite of the coincidence of cutaneous lupus, he came to the conclusion that the disease of the turbinateds was primary. The nature of the affection was proved by microscopic examination and experimental inoculation. The patient was completely cured by the employment of the galvano-cautery, and lactic acid.

Joal.

Fowlerton. — *A Perforation of the Septum Nasi occurring in Cement Workers.* "Lancet," August 17, 1889.

A ROUND opening, situated a little above the columna and close to the floor of the nostril, is a very common form of perforation of the cartilaginous septum in workers in cement factories. Its size varies, and beyond a little discharge from the ulcerating edges, there is no inconvenience. It is probably caused by dry cement dust accumulating in the nostril, necessitating the frequent use of the finger. It has no connection with syphilis.

R. Norris Wolfenden.

Garel (Lyons). — *Electrolysis in Nasal Obstructions from Thickening of the Septum.* Congrès Inter. de Laryngol., Paris, April, 1889.

THE author has employed electrolysis in thirty patients operated upon by the process recommended by Miot, which consists in placing one or more platinum needles connected with the positive pole into the deviated and hypertrophied portion of the septum, placing the negative pole at a distance.

Joal.

Lubet-Barbon (Paris). — *Hypertrophy of the Turbinateds as a Cause of Weeping.* Congrès de Laryngologie, Paris, September, 1889.

FROM facts observed by the author he is certain that running from the eyes exists in some cases without any ocular lesion. The mucous membrane of the lachrymal canal and sac is normal, and all ocular treatment remains without result. In cases of this kind there exists an hypertrophy of the inferior turbinated, which is red, and indicates the use of the galvano-cautery for the destruction of the erectile tissue.

Joal.

Milligan (Northampton).—*The Treatment of Severe Cases of Nasal Polypus.*
“*Brit. Med. Journal,*” November 16, 1889.

THE method employed by the author in one case after having failed with a snare and forceps six times, was to put the patient under chloroform, and with strong serrated forceps to wrench away the superior and middle turbinated bones “as completely as possible.” He believes that that is a method of treatment “which is invaluable in severe cases of nasal polypus.”

The “*British Medical Journal*” of December 14, 1889, contains a memorandum from Mr. W. R. H. Stewart, reminding the author of the above communication that the removal of the growth is only a preliminary step in the treatment of the disease, the essence of which consists in the thorough application of the galvano-cautery to the spot from which the polypus springs, and if Mr. Milligan will in future give this a trial, he will not find so many cases resist treatment, and will not have to resort to the extreme measures he refers to.

Mr. Stewart thus concludes with these sensible remarks:—“Secondly, surely Mr. Milligan has made a mistake when he says he wrenches away the ‘superior’ turbinated bone. This bone is small, and invisible by anterior rhinoscopy, and I certainly have never before heard of its removal for nasal polypi, these growths usually being grouped about the middle bone, which, like the superior, is a process of the ethmoid, unless it is rendered absolutely necessary by necrosis or excessive hypertrophy, and in these cases I would suggest to Mr. Milligan that he should give the snare a trial; it answers every purpose, and avoids all the risks run by the forcible use of forceps.”

(Mr. Milligan’s method of procedure cannot be sufficiently condemned; it is both barbarous and dangerous). *R. Norris Wolfenden.*

Schiffers (Liège). — *The Anatomico-Pathological Transformations of Nasal Myxomata.* Congrès Inter. de Laryngol., Paris, September, 1889.

THE transformation of benign into malignant tumours is now demonstrated clinically, and by pathological anatomy. It has, however, for a long time been in doubt, and is even still so in the case of myxomata of the nasal fossæ. The author presented at the Congress a series of microscopic preparations obtained from tumours occurring in two patients, in which the transformation of the myxomata is evident. In the one the tumour has become epitheliomatous, in the other the neoplasm is in a transitional state. Myxomata, therefore, may be transformed into malignant growths. It is necessary to be on one’s guard against this transformation, or against the possibility of the malignant nature of the tumour when a unilateral nasal obstruction is observed, due to a neoplasm in a subject who has passed middle-age, and when the seat of the tumour is abnormal (vault, septum, floor of the nasal fossæ). The indication will be to operate the more quickly and as completely as possible, either with the loop or the galvanic knife, and to follow the operation with strong antiseptic irrigations so as to guard against possible auto-infection.

Joul.

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Goodwillie.—*Deafness as a result of Nasal and Dental Diseases.* “New York Medical Journal,” August 24, 1889.

THE naso-pharyngeal diseases that act as factors in the production of middle ear disease are as follows :—Hypertrophic rhinitis, bone hypertrophy and deflected septum ; growths in the nose or naso-pharynx, which either close up the Eustachian tube by mechanical pressure, or induce catarrh in it. Atrophic rhinitis by extension to the Eustachian tube, tympanum, etc. ; hypertrophy of the tonsils by impeding the action of muscles that have to do with intra-tympanic air renewal ; hypertrophy of the palate ; paralysis of the palate and cleft palate.

After describing the nerve connections between the ears, nose, and teeth, the author says : “The same influence that produces a reflex nervous action from an erupting tooth may set up nasal catarrh, and this may end in ear disease. Middle ear disease must be preceded by catarrhal disease of the intranasal mucous membrane.”

He treats nasal catarrh with a cleansing spray of 15 per cent. solution of peroxide of hydrogen, after the use of which, a piece of cotton wool is used to cleanse the naso-Eustachian orifice, and then Politzerization is employed. He treats otitis media and “Eustachitis” by inflation of the tympanic cavity with medicated vapour, and he has had good results from the employment of medicated vapours, and from the employment of medicated vaseline, melted by heat, and vaporized by a suitable instrument.

The author quotes a number of illustrative cases and figures several instruments such as the electric nasal catheter, tongue depressor and palate retractor, and nasal intubation tubes.

In the discussion that followed the reading of this paper :—

DR. SMITH did not believe that a vapour could be made to traverse the Eustachian tube.

DR. ROBINSON very rightly insisted on the fact that a very large number of cases of deafness depend on nasal and naso-pharyngeal disease. He believed that the atrophic forms of nasal disease are most active in producing ear troubles. He used compound tincture of iodine with much benefit in atrophic and hypertrophic rhinitis, and he liked cosmoline, which is liquid at ordinary temperatures as a vehicle for instances in the treatment of nasal catarrh.

DR. WEBSTER laid stress on the fact of the throat and nose being usually the parts primarily at fault in ear disorders.

DR. POMEROY did not believe that dental troubles cause otitis, though they do cause otalgia. He did not like the aurial douche. He advised inflation of the middle ear as a help to diagnosis ; if it is swollen there would be an excess of air that would not empty itself from the tympanic cavity.

DR. CURTIS had treated a great many cases of deflected septum, and had cured tinnitus aurium and otitis media thereby : he believed that there must be a large supply of air through the inferior meatus of the nose, and it is not enough to have the middle meatus full.

B. J. Baron.

Suarez de Mendoza (D'Angers).—*The Galvanic Current in the Treatment of Affections of the Nasal Fossa.* Congrès Inter. de Laryngol., Paris, September, 1889.

WITH the electrodes of Désarenes and currents of the strength of 15·25 milliampères scarcely perceptible eschars are produced. The good effect is due to trophic action rather than the “chemical galvano-cautery.” For this reason the author proposes the employment of an electrode “a pression,” assuring the intimate contact of the metallic plate with the mucous membrane, and which permits the use of a current of 25 milliampères, producing an eschar of the same size as the plate, and which is eliminated from the 6th to the 12th day. If the electrode is enclosed in absorbent cotton the patient supports well a current of even 40 milliampères, which rapidly reduces congestion of the nasal mucous membranes, and may temporarily cure ozæna. *Joal.*

Potiquet (Paris).—*On the Shape of the Nose in True Ozæna.* Congrès de Laryngologie, Paris, September, 1889.

THE flattened and saddle-shaped nose, so far from being a precedent condition in ozæna, is consecutive to this process. The thinning of the nasal relief results from a pathological process of slow nature, from atrophic rhinitis which does not spare the external membrane of the nasal fossæ at the level of the nasal bones. Rhinoscopic examination shows also that there, as elsewhere, lesions of the mucous membrane and osseous structures exist. Flattening of the nose results from various circumstances, such as heredity, duration and intensity of the atrophic process and youth of the subject. *Joal.*

Delstanche (Brussels).—*Treatment of Certain Nasal and Retro-nasal Affections* Congrès Internat. de Laryngol., Paris, September, 1889.

FOR replacement of the septum it is necessary to add to the metallic internal plates, the employment of which gives rise to necrosis of tissues, external plates of gutta-percha fixed by means of whalebone forceps. In order to avoid the hæmorrhages so frequent in removal of mucous polypi, Delstanche employs a galvanic loop. He removes retro-pharyngeal adenoid tissue by means of an adenotome, “à cuvette,” which differs from that of Gottstein by the addition of a jointed metallic box, concave in the posterior surface of its cutting space. *Joal.*

Chiari.—*Empyema of the Antrum of the Highmore.* Gesellschaft der Aerzte in Wien. October 25 and November 6, 1889.

THE author referred to the anatomy of the cavity, the various causes of empyema and its treatment.

BILLROTH remarked that it is often difficult to determine which is the diseased tooth, which gives rise to the affection. After its extraction he introduces a little cannula through the alveolus, and in severe cases he extirpates the whole mucous membrane of the cavity.

ROTH remarked that empyema is common and that the electro-diaphanoscopy of Voltolini and Heryng is not a very accurate method of diagnosis, as the bones of the cavities are often of very variable thickness.

He has abandoned the method of opening through the nasal wall, and prefers the extraction of a tooth.

WEINLECHNER related two cases cured by the method of Miculicz.

SCHEFF recommended opening the cavity through the anterior wall.
Michael.

Heryng (Warsaw).—*The Diagnosis of Empyema of the Antrum of Highmore by Electric Transparency.* Congrès de Laryngol., Paris, 1889.

HERYNG following Voltolini indicates a new sign of this disorder. In a dark chamber, he illuminates the mouth with a small electric lamp placed above the tongue. There are then seen beneath the inferior eyelids, two "taches" of very bright red, more or less extensive according to the size of the maxillary cavity. In the case of tumour, or empyema of the cavity, this transparence is suppressed. In ten cases which he has observed, he has always found this sign present, and has seen the transparence reappear when the pus has been evacuated, and the cavity cleansed.
Joal.

Bryant.—*The Influence on a Naso-Pharyngeal Growth of Simultaneous Ligation of the External Carotid.* "New York Medical Journal," May 11, 1889.

THE patient on whom the operation was performed had polypoid obstruction of the left nostril in 1884. From 1885 to 1888, portions of the growth were removed by snare and forceps, and it was proved to be a myxo-sarcoma, attached to the basilar process of the occipital bone, to the posterior and left wall of the pharynx, to the palate bone, and the internal pterygoid plate of the sphenoid. Severe hæmorrhage occurred spontaneously on various occasions, and there being considerable pressure on the hard and soft palate, and on the neighbouring nerves, causing great pain, and free bleeding on careful examination. In June, 1888, both external carotids were tied. At the end of a week pain had ceased the tumour was much diminished in size, and there was almost no bleeding on examining the growth. At the end of June, 1888, the left superior maxilla was removed almost bloodlessly.

The growth has been operated on by snare and injections of carbolic acid and is steadily lessening in size. The operator considers that the retrogression of the tumour is to be ascribed mainly to the ligation of the carotid, helped by the use of the carbolic acid injections, which would condense the tissues of the growth.
B. J. Baron.

Lavrand (Lille).—*Adenoid Growths a Cause of Deaf Mutism.* Congrès de Laryngologie, Paris, 1889.

ADENOID growths in the naso-pharynx give rise to two principal groups of symptoms, viz., respiratory and auditory. Besides these affections of pronunciation arise dependent upon vicious conformation of the organs, and incomplete or abolished audition. Deafness is ordinarily temporary, but cases arise in which it exists for an indeterminate period, as in one case for a year, in another for four years. In such cases, if young infants are rendered totally deaf, they may become deaf mutes. Three times out of five, ablation of the adenoids has restored hearing to deaf children,

aged three to five years, and subsequently speech, which they had never before had. Ablation of these growths may therefore accomplish the disappearance of deafness and mutism. *Joal.*

Hingston, W. H.—*Pharyngeal Fibroid.* Transactions of the Montreal Medico-Chirurgical Society, May 3, 1889.

THIS growth—the attachments of which were to the basilar process of the occipital bone and the body of the sphenoid—had attained the size of an orange. The tumour was removed by enucleation with the fingernails. One index finger was introduced into the left nasal chamber by way of the nostril, while the remaining index finger was introduced behind the soft palate. Gradually the fingers met, and the growth was removed. The hæmorrhage was alarming. *George W. Major.*

Dorn.—*Rhinoscopia Posterior: A New Method recommended for Operations in the Naso Pharynx.* "Lancet," November 30, 1889.

THE patient is placed on a couch in a supine position, the head hanging over the edge and strongly bent backwards, so that the plane of the face is almost vertical. The soft palate and uvula must be fixed by a self-retaining hook and the tongue must be depressed. The surgeon with a reflector sits on a low chair opposite the head of the patient. With the mirror the rhinoscopic image can be seen with remarkable clearness, especially the roof of the nasal pharynx, the tonsil of Luschka, and the posterior wall of the nasal pharynx. The method is not suitable for diagnosis, but for operation, the eye being able to control any movement of the instrument. The position of the head also prevents saliva, blood, or portions of tissue from falling into the larynx.

R. Norris Wolfenden.

Bresgen.—*On the Importance of Obstructed Nasal Respiration, especially in School Children, with its especial relation to the loss of Intelligence and Memory.*—(A reprint of a paper read in the 62 Versammlung Deutscher Naturforscher und Aerzte. (See this Journal, November, 1889.) Leopold Voss, Hamburg and Leipsig, 34 pages.

Bungener.—*An Extensive Kera-to-Papilloma of the upper part of the Nose.* Langenbeck's Archiv., Band 39, Heft 2. (See this Journal, November, 1889).

Krakauer.—*Intranasal Synechie and their Treatment.* "Deutsch. Med. Woch.," 1889, No. 44. (See this Journal, November, 1889.)

Schech.—*The Diseases of the Accessory Cavities of the Nose.* Second Edition. Deutiche, Leipsic and Vienna, 1889. (A very complete review of the subject.) *Michael.*

Luc.—*Abscess of the Maxillary Sinus: a Study of the recent works published on the Subject.* Archives de Laryngologie, June, 1889. (An excellent review of the subject, with numerous original observations). *Joal.*