The author has only seen it three times primary in the pharynx. Diffuse infiltration of the mucous membrane is rarer than tubercles, discrete or confluent, or ulcerations. The tonsils are oftener the original point of development than is generally admitted, as is proved by Strassmann's and Domochowski's observations. The base of the tongue, though apparently unaffected, is often found to be so microscopically. The same applies to the adenoid tissue generally in the nasal pharynx. The process is generally arrested clearly at the œsophagus.

The miliary form is generally more common in the pharynx than diffuse tuberculosis. Tubercular tumours are scarcely ever met with in the pharynx. While the process is cured spontaneously sometimes in the larynx with the formation of adhesions, this never occurs in the pharynx, in spite of the assertion of Volkmann that cicatricial retractions of the pharynx and certain naso-pharyngeal stenoses are more commonly due to tubercubosis than syphilis. The author devotes some space to consideration of the diagnosis, the only real difficulty being occasionally a differentiation from lupus, especially when the latter occurs without skin affection. As to treatment, while the disease is almost universally rapidly fatal, the author cites the case of a young woman who was cured after repeated cauterizations of the superficial ulcerations of the anterior pillars with chromic acid. The author knows no better treatment than curettage and cauterization combined with hygienic treatment and local sedatives. *R. Norris Wolfenden.*

Wade, Sir Willoughby.—*Remarks on Tonsillitis as a Factor in Rheumatic Fever.* "Brit. Med. Journ.," April 4, 1896.

THE arguments embodied in this important article require to be read in full. The main conclusion arrived at is the strong probability that "there is a special rheumatic bacillus, or bacilli"; and, further, that this special bacillus may or may not be associated with those of tonsillitis. A point of practical interest is established by the fact that in many cases of rheumatic fever said to follow a cured tonsillitis after some interval of time, the throat is found to be in a catarrhal condition, and the author urges the necessity of antiseptic treatment of the throat in all cases of rheumatism where there is the slightest local trouble.

Ernest Waggett.

NOSE AND NASO-PHARYNX, &c.

Belfanti and **Della Vedova.**—*Upon the Etiology and Cure of Ozæna.* "Gazz. Med. di Torino," April 2, 1896.

IN a paper read before the Royal Medical Society of Turin the authors claim that ozœna is caused by an attenuated type of diphtheria bacillus, and not by the bacillus mucosus ozœnæ. To render their views practicable they instituted the antidiphtheritic serum treatment, and in half the cases produced the disappearance of the fœtor, turgescence of the mucous membrane, and a fluid consistency of the nasal secretion. However, many injections, in one case repeated thirty times, are necessary. In the discussion which followed, Prof. Bozzolo claimed to have produced benefit in two cases thus treated. Prof. Gradenigo adopted the treatment in fourteen cases, however, without any appreciable benefit.

Jefferson Bettman.

Didsbury.—*A Case of Pharyngeal Actinomycosis.* "Rev. de Laryng.," Oct. 15, 1895.

A GIRL of fifteen presented white patches on the tonsils, springing from the crypts, and they occurred also on the posterior pharyngeal wall. Microscopically they

were found to consist of leptothrix. They reappeared after removal by ozeps and iodine dressing, but were sensibly diminished when the patient smoked one cigarette daily. *R. Norris Wolfenden.*

Freudenthal, W.—*Rhinoscleroma.* "New York Med. Journ.," Feb. 1, 1896.

THE history of this disease is traced from its first recognition by Helsa in 1870 to the present time, and is a complete monograph. A very full account of a case is given, with illustrations. The patient, a Galician Jew, forty-five years of age, was first attacked twelve to thirteen years ago. His present condition is, briefly: The nose is of immense size, the right side presenting a tumour the size of a hen's egg; it is bluish red or dark red, with a smooth surface, with a few vessels coursing over it; it is of ivory-like hardness. There is a separate nodule in the upper lip. The right inferior turbinate bone is involved in its whole extent, completely occluding the nose by forcing the septum across to the right. The pharynx is a mass of scar tissue, the uvula destroyed, the naso-pharynx almost shut off. The glottis is almost, if not entirely, occluded, and respiration is performed by means of a tracheotomy tube. The characteristic bacillus was found and cultivated. *R. Lake.*

Fage.—*Bacteriological Diagnosis of Ozæna.* "Rev. de Laryng.," Oct. 1, 1895.

IN the author's preparations of ozœnous mucus he has found along with Loewenberg's microbe some isolated cocci, bacteria of the bacillary type, staphylococci, and rarely streptococci. The great predominance of diplococci is very marked. The cocco-bacillus of ozœna is not localized; it is also found in the nasal pharynx, conjunctival sac, and even trachea. It is very virulent, inoculated animals dying quickly, and may be experimentally attenuated. The discovery of Loewenberg's cocco-bacillus, according to the author, gives the key to diagnosis of ozæna and infections of the neighbouring tracts. *R. Norris Wolfenden.*

Gradenigo.—*On Serumtherapy in Ozæna.* "Archiv. Ital. di Otol.," 1896, Vol. IV., fasc. 2.

THE author has treated sixteen cases of ozœna with the antidiphtheritic serum. Five of them were diagnosed bacteriologically by Belfanti. He cannot pronounce a positive opinion, as, although all the cases were improved, not one was cured. This he ascribes to the insufficiency of the dosage employed. He confirms the specific elective action of the serum on the diseased nasal mucous membrane.
StClair Thomson.

Graham, G. W.—*A Tooth Growing in the Nose.* "Charlotte Med. Journ.," Feb., 1896.

A GIRL, eight years of age, ran against the projecting hinge of a gate and knocked out one of her front teeth. The mouth healed minus the tooth, which could not be found. For eighteen months after the accident she suffered from one-sided nasal discharge and obstruction. On examining the nose the missing tooth was found embedded in the inferior turbinated bone, "where it had taken root and was growing vigorously," having been driven right through the superior maxilla.
Middlemass Hunt.

Quaife, W. F. (Sydney, Q.).—*Further Notes upon Adenoid Hypertrophies.* "Australasian Med. Gaz.," Feb. 20, 1896.

THE author refers to the failures due to the want of discrimination in operating in these cases; also to the improper manner in which the operation is performed, and the disregard of pathological factors. This state of things is to be overcome only by securing a more thorough understanding of the causes producing the hyper-

trophy in the beginning, and the impediments preventing the full benefit being reaped after the operation.

The pathology of adenoid hypertrophy is carefully considered. Having referred to the development of the tonsillar structures, and traced the course of the lymphatic channels from the middle ear and pituitary membrane, the author shows how adenoid hyperplasia in the pharynx may result simply from the access of systemic irritants. The nature of the irritants is discussed, and the mode in which they set up a hyperplastic process in the various tonsils in children is indicated.

The frequent association of sclerotic otitis media in the parents with adenoid obstruction in the children is mentioned and explained. *A. B. Kelly.*

Renaud. — *Two Cases of Foreign Bodies in the Nose.* "Rev. de Laryng.," Oct. 15, 1895.

In one case, a child of nine, symptoms resembling typhoid fever—epistaxis, constipation, cachexia, fever, and sacro-iliac gurgling—disappeared after discovery and removal of a button from the nose.

In the other case, ozœna, which remained incurable, was discovered to be due to a cherry-stone, which was at first thought to be a sequestrum. The case had been under treatment for seven years. *R. Norris Wolfenden.*

Scheppergrell, W.—*The Comparative Pathology of the Negro in Diseases of the Nose, Throat, and Ear from an Analysis of* 11,853 *Cases.* "Annals of Oph. and Otol.," 1895.

The two races suffer from diseases of these organs in varying proportion—that of naso-pharyngeal catarrh, in fact, being 12 negroes to 100 whites; in chronic suppurative and non-suppurative catarrh of the ear, 16 and 26 to 100 respectively; rhinitis, 25 to 100; deviation of septum, 10 to 100, and so on. It is probable that the broad and patulous nostrils of the negroes are more efficient protectors of the nose than those of the whites—this explaining also the more frequent disease of the ear and throat in the latter. *R. Lake.*

Seifert. — *A Supernumerary Tooth in the Nose.* "Rev. de Laryng.," Nov. 1, 1895.

A man of twenty-five had the right nostril completely impermeable to a catheter. Two centimètres from the entrance, and on the floor of the fossa, was a hard white substance partially embedded in granulation tissue. After removal of these by a snare the foreign body could be pushed towards the choana and extracted. This was recognized as a tooth, incrusted with calcareous salts. The patient's teeth were well formed, and presented no anomaly. In this case, as in that of Daae, there must have been an invagination of the nasal mucosa in the nose with a dentary germ. Teeth have rarely been found in the maxillary sinus, migrating into the nose, or provoking empyema. The author reviews the cases recorded. The first case of supernumerary teeth in the nose recorded was that of Schaeffer ("Deutsche Med. Woch.," 1883). Ingals, Kayser, Daae, and Schoetz have recorded cases. *R. Norris Wolfenden*

Somers, L. S.—*Separation of the Nasal Cartilages.* "New York Med. Journ Feb. 15, 1896.

The patient was struck on the nose in 1886 with a shovel, and the bones broken, and on September 20th, 1895, he received another injury to the nose, in which the anterior cartilages were separated from the nasal bones. Good union was obtained. *R. Lake.*

Spivak, C. D. (Philadelphia).—*Nasal Affections as Factors in Chronic Gastritis.* "Philadelphia Polyclinic," March 7, 1896.

THE author draws attention to the probability of pathogenic changes in the nasal mucous membrane being the exciting cause of gastric disturbance in some cases, and strongly recommends more attention being paid to the condition of the nasal passages in obstinate cases of chronic gastritis. *StGeorge Reid.*

LARYNX AND TRACHEA.

Lack, H. L.—*Tracheotomy and its After-Treatment.* "Clin. Journ.," Feb. 5, 1896.

AN excellent clinical lecture, in which the author discusses the indications for tracheotomy and the details of its performance and after-treatment, both in acute and chronic laryngeal obstruction. An interesting case is recorded where a malingerer simulated laryngeal stridor, "and submitted cheerfully to tracheotomy without an anæsthetic," before the true nature of the case was discovered.
Middlemass Hunt.

Lacoarret.—*Diffuse Subglottic Papilloma; Extirpation by the Endo-Laryngeal Method.* "Rev. de Laryng.," Jan. 4, 1896.

THE author relates in detail a case treated in this manner and makes some remarks upon treatment. He thinks that endo-laryngeal treatment should always be employed where possible, laryngotomy being only a last resource. In children under seven years of age endo-laryngeal methods are extremely difficult: where they fail and symptoms are urgent tracheotomy may be performed, and endo-laryngeal methods practised at leisure. After tracheotomy, the growths may disappear spontaneously or be expelled. In other cases, as the child becomes more intelligent, extirpation may be made by the mouth—if necessary under chloroform. In a few cases where this is not successful, or where the tumours are subglottic, numerous, or inaccessible, laryngotomy may be a last resort. The author recommends the usual cutting forceps, and, in cases of diffuse small growths, scraping and cauterization. *R. Norris Wolfenden.*

Lichtwitz.—*Traumatic Longitudinal Division of the Right Vocal Cord, caused by a Foreign Body with Cutting Edges.* "Ann. des Mal. de l'Oreille," Jan., 1896.

A CHILD, five years of age, playing with a leaden toy, got it into the larynx. Tracheotomy, being urgent, was performed forty-eight hours after. Twenty days after unsuccessful attempts were made to remove the foreign body, which could be felt by the forefinger behind the epiglottis. A week afterwards the body could be neither felt nor seen, but was, however, still there. Thyrotomy was performed and the foreign body easily removed. The canula was removed some time after, but respiration remained difficult. This was found to be due to the presence of a whitish band, thinner in front than behind, which was attached from the anterior internal third of the left vocal cord to the middle of the interarytenoid region. A new thyrotomy was performed by Prof. Demons. The author found the band still there after the operation, and a third crico-thyrotomy was then performed. When the larynx was opened examination under strong light failed to reveal this band. The introduction of a curved probe beneath the left vocal cord allowed the author to raise and surround a fine vertical riband, consisting of a portion of the