small intestine, and having a mass of cancer at the cardiac orifice. The stomach was opened two days after, and a small glass tube left in, through which peptonised fluids are injected. A stone had been lost in weight during three weeks before the operation ; five pounds and a half only in the seven weeks since. *R. Norris Wolfenden.*

Harris, Thomas (Manchester).—*Unusual Case of Malignant Disease of the Œsophagus.* "Brit. Med. Jour.," Dec. 21, 1889. Manchester Med. Soc., Dec. 4, 1889.

EXHIBITION of specimen. Death had been caused by perforation into the lung, and the production of pulmonary gangrene. Dysphagia had been of very sudden onset during a meal about ten months before death. The œsophageal tube could be not passed on some occasion, whilst on others, even a few days before death, it could be easily passed. The disease (ulceration) was situated about the middle third of the gullet ; it extended three and a half inches in a longitudinal direction.

Hunter Mackenzie.

NOSE, NASO-PHARYNX, &c.

Brown, John (Manchester).—*Hypertrophy of the Bones of the Face, and of the Hyoid Bone.* "Brit. Med. Jour.," Dec. 21, 1889. Manchester Med. Soc., Dec. 4, 1889. (See Abstract, this Journal, May, 1890.)

Hunter Mackenzie.

Calman (Bloch).—*Empyema of the Antrum of Highmore, with Special Relation of Twenty-six Cases observed in the Polyclinic of Dr. Michelsen in Königsberg.* Inaugural Dissertation. Königsberg, 1890, p. 43.

THE author gives a review on the literature of this condition, and speaks of the etiology, anatomy, symptomatology, diagnosis, and therapeutics of the disorder. He refers the views of different authors on these points with special reference to Mikulicz's method, and then relates the results of twenty-two cases operated upon. In three of the twenty-six cases the patients would not submit to operation. In one of them an operation could not be finished because of abnormal thickness of the bone. Cooper's operation was performed in fourteen cases ; Mikulicz's in four ; Ruster's in one ; Krause's in one. Of these cases, thirteen were cured, four improved, and four not benefited. The duration of the after-treatment was in eight cases from three to fourteen days ; in four cases one to ten months ; in one case two and a half years. It seems that the point operated upon is of no great significance as to the result. *Michael.*

Zwaardemaker, H. (Utrecht).—*On Measurement of the Sense of Smell in Clinical Examination.* "Lancet," June 29, 1889.

DESCRIPTION of an instrument (the "olfactometer") designed by the

author for the exact estimation of the degree of anosmia which may be present in a given case. *Hunter Mackenzie.*

Kitchen.—*On the Legitimacy of the Extensive Intra-Nasal Surgery of the Present Day.* "Med. Record," Jan. 18, 1890.

THE author does not write very enthusiastically of operations on the nasal septum, of which he appears to have done a good many. He considers that almost all the good results of operation in the nose are in the line of alleviation and not of curative effect. When we perform nasal operations that bring about cicatrization, and the binding down of mucous membrane that is liable to swelling, and when we quiet hyperæsthetic nerve filaments we are doing good work. He concludes thus: "In my "opinion, the persons who will in the future be the most successful in "*curing* intra-nasal affections, will be hygienic teachers, and the promoters "of sanitaria in locations, favoured with superior climatic and other "advantages." *B. J. Baron.*

Hamilton, T. K.—*Ocular Symptoms due to Diseases of the Nasal Cavities.* Trans. Inter-Col. Med. Congress of Australasia, 1889.

1. EMPYEMA of the anterior and unilateral hypertrophic rhinitis of left side, concentric contraction of the visual field for all colours, accommodative asthenopia, retinal hyperæsthesia, peculiar subjective sensations of light, photophobia with blepharospasm and infra-orbital neuralgia. The evacuation of the empyema and its cure was followed by cure of the eye symptoms.

2. Ecchondrosis of the triangular cartilage and chronic rhinitis with asthenopia, pain in the eyeball, injection of the eyes when used for close work, blepharospasm, contraction of the visual fields. All eye symptoms disappeared on removal of the growth.

3. Spine of the bony septum causing chorea magna, asthenopia, subjective colour sensation, sneezing, contraction of the fields of vision. All cured by removal of the spine.

4. Advanced chronic atrophic rhinitis with middle turbinated, hyperphasia causing asthenopia, lachrymation, puffiness of the lower lid, contraction of the visual fields. All relieved by treatment of the nose.

5. Syphilitic ozæna, asthenopia, lachrymation, pericorneal injection on using the eyes, contraction of fields of vision (temporarily removed by amyl nitrite). Eye symptoms improved as nose improved.

6. Polypi, nasal and naso-pharyngeal with eye symptoms similar to those recorded.

7. Post-nasal growths. Of 106 cases eye symptoms co-existed in 51; in 22, catarrhal conjunctivitis; in 7, follicular conjunctivitis; in 16, granular conjunctivitis; in 6, blepharitis. *R. Norris Wolfenden.*

Spicer, Scanes.—*Nasal Obstruction and Mouth Breathing as Factors in the Etiology of Caries of the Teeth, and in the Development of the Vaulted Palate.* Trans. of the Odont. Soc. of Great Britain, Jan., 1890.

THE author has been struck with (1) the great prevalence of caries of the

teeth in patients with nasal obstruction and mouth breathers; (2) the frequency of the vaulted palate and irregularities of the teeth, viz., growth outwards and forwards of the canines, and obliquity and overlapping of the incisors of the upper jaw.

The author remarks upon the greater frequency of nasal obstruction in civilised Europeans than in negroes, Red Indians, etc. The latter are almost universally nose breathers. Animals are also free from nasal obstructions. In civilised races these obstructions are brought about, according to the author, by environment—*i.e.*, heating of houses and exposure to changes of temperature. The nasal mucous membrane then erects, inflames, and hypertrophies, and there is no tendency to spontaneous recovery. The irritating secretions irritate the lymphoid channels and follicles in the naso-pharynx, and adenoid vegetations result. (According to the author's view, adenoid vegetations should be commonest in the adult, the fact, however, being that they are commonest in the young child, and tend to atrophy towards adult life.) Mouth breathing leads to dental caries by increasing the stream of micro-organisms and of oxygen in the inspiratory current; by producing congested and inflammatory states of the buccal mucous membrane, with increased secretion of highly acid mucus; by dessicating the secretions of the mouth, and favouring their adherence together with organic *débris* to the pits and irregularities of the teeth; by the alteration of the positions of the lips, cheeks, and tongue in relation to the teeth, so that the latter cease to be constantly scoured with saliva by the incessant action of the former; by the substitution of a cold-air bath during mouth breathing for the warm bath of saliva, which incessantly floods the mouth when it is shut, and flushes away any *débris* and micro-organisms that may have collected.

The highly arched and vaulted palate, the contracted alveolar arch and irregularities of the teeth of the upper maxilla, associated with nasal obstruction, admit of explanation on the hypothesis of prolonged disuse of the nasal channels for their natural functions during the growth of the organisms, leading to stunted evolution of the nasal framework. The septum and sphenoidal sinuses take part in this, and fail to push down the palatine processes of the maxillæ, while the rest of the face and the freely-used alveoli continue to grow. The median line of the hard palate along the attachment of the vomer tends to retain its infantile position. The weight of the lower jaw, dropped in mouth breathing, acts through the tissues of the cheeks, and presses on the superior maxillary alveoli, flattening each curved lateral half so as to diminish the space available for the eruption of the canines and other teeth which, therefore, assume irregular positions. *R. Norris Wolfenden.*

Rumbold.—*Five Reasons for Failure in Treating Chronic Rhinitis.* "The Med. Record," Nov. 23, 1889.

1. The use of a bad tongue depressor, which caused retching without properly exposing the parts.

2. The use of spray producers that are adapted only for watery solutions, and not oily ones such as warm vaseline, which is said to be

much better than cosmoline, because it stays longer in contact with the mucous membrane.

3. Improper air pumps for working the spray apparatus. Not more than ten pounds of pressure ever ought to be used for cleansing or applying remedies. It must always be remembered that the mischief commences on the inferior and middle turbinated bones, and spreads from them. Probes for the anterior and posterior nares ought not to be used for cleansing purposes.

4. Forgetfulness of the function of the nasal mucous membrane, and the belief that, after an operation has been successfully performed for the relief of nasal stenosis, nothing else remains to be done, causes the air that enters the throat and lungs from a nose in which cicatricial tissue has replaced the proper normal structure to be abnormal in the moisture, etc., that it contains. Insufflation of powder into the nose is said to be very bad.

5. Neglecting to keep in mind the fact that all inflammation is the result of irritation, and thus allowing the irritant, whatever it be, to continue to act.

Indications for correct treatment of chronic rhinitis are as follows :—

1. Remove acrid secretion—morbid growths should be also removed.

2. Prevent the new secretions from becoming acrid.

3. Hygienic and sanitary measures, such as avoidance of smoking, chewing, alcohol drinking, keeping late hours, short hair-cutting, etc.

B. J. Baron.

Mackenzie, John N. (Baltimore).—*A Hitherto Undescribed Neurosis of the Aural Apparatus Closely Allied to Coryza Sympathetica.* "Internat. Jour. of the Med. Sciences," Feb., 1889.

A WOMAN suffered each summer from a swelling of the cutaneous lining of the external auditory meatus, accompanied by a discharge, and at the same time, from congestion of the corresponding side of the nasal passage. These had recurred for twenty-two years. (*Vide* "JOURNAL OF LARYNGOLOGY AND RHINOLOGY," 1889, No. 1, p. 47).

Hunter Mackenzie.

Hall, De Haviland (London).—*Hay-Fever and Hay-Asthma.* "Lancet," June 15, 1889.

A REVIEW of these complaints, and their treatment. *Hunter Mackenzie.*

Ball, James B. (London). — *Intra-Nasal Disease and Asthma.* "The Practitioner," June, 1889.

THE author is of opinion that in almost every case of asthma, a nasal complaint is present. He reviewed the recent literature of the subject.

Hunter Mackenzie.

Anderson, C. M. (Christchurch, N.Z.)—*Nasal Calculus from a Girl Aged Ten Years.* Trans. of Inter-Colonial Medical Congress of Australasia, 1889.

A CHILD in bad health had profuse purulent offensive discharge from the right nostril which had existed a year. Fancying that he could feel some dead bone at the posterior end of the inferior turbinated body, the author proceeded to remove it under chloroform. It proved to be a nasal

calculus, with a cherry stone as a nucleus. The girl persistently denied ever having inserted a cherry stone into the nose, and probably, while eating cherries, a stone was coughed or sneezed up into the posterior nares. *R. Norris Wolfenden.*

Mitchell, S., Jun.—*Perforation of the Septum.* "Med. Record," Jan. 11, 1890.

THIS is a report of a case of perforation of the cartilaginous septum, which occurred owing to the turbinated bone touching the septum setting up irritation, which led to scratching the latter with the finger nail, and this led to the formation of a perforation as large as a ten-cent piece. It was treated by enjoining the patient not to touch his nose, placing a small pledget of cotton, smeared with diluted unguent hydrarg. nitrate, in the hole, and allowing it to remain *in situ* for twenty-four hours; then renewing it, and so on to the end of the case, which resulted in cure. *B. J. Baron.*

Wright.—*An Operation for Correcting Deviation and Thickening of the Cartilaginous Nasal Septum.* "Med. Record," Jan. 11, 1890.

THE operation is as follows:—After the application of cocaine an electric trephine is used to bore a tunnel in an antero-posterior direction through the thickened and bent septum, keeping as near the mucous membrane covering the concave part as possible. A Bosworth saw then works in this tunnel upwards and downwards, and the septum, being now pliable, is plugged over to the concave side by absorbent wool plugs, soaked in a one to five thousand solution of corrosive sublimate. These plugs are to be changed every day, or every other day, and careful antiseptic cleansing thoroughly carried out. *B. J. Baron.*

Zeiss, R. W. (Philadelphia).—*The Pathology and Treatment of Intra-nasal Sclerosis.* "Internat. Jour. Med. Sciences," Feb., 1889.

FOR the treatment of intra-nasal sclerosis (hypertrophic nasal catarrh) the author prefers the use of cutting instruments to the employment of galvano or chromic acid cauterization. *Hunter Mackenzie.*

Bramann (Halle). — *On Dermoids of the Nose.* "Langenbech's Archiv.," Bund 40, Heft 1.

THE author showed two cases of this rare disease in the "Berliner Medicinische Gesellschaft" last year. (Compare the report in this Journal.) In this paper he states that all these tumours have an origin from the embryonic period, and cannot be confounded with atheromatous tumours caused by traumatism or occlusion of the epidermoidal glands. He adds six observations from his own practice. In four of the cases a tumour existed on the dorsal or lateral aspect of the nose; in two cases it had its origin in the nasal cavity. This extensive treatise on the nature of these tumours must be seen in the original. *Michael.*

Hamilton, T. K.—*Post-Nasal Growths.* Trans. Inter-Col. Cong. of Australasia, 1889.

THE author distinguishes between post-nasal growths and enlargements of the pharyngeal tonsil, the difference being, however, merely one of

degree. Though scrofula or some such diathetic tendency may in many cases act as a strong predisposing cause to lymphoid hypertrophy in the pharynx and naso-pharynx, these are exciting causes principally connected with digestive derangement which act more surely than diathesis alone. He has noted the following unusual symptoms, noise and difficulty of swallowing, laryngismus stridulus, useless cough and hawking, asthenopia, epistaxis. He discusses also the methods of examination, placing little reliance upon anterior rhinoscopy and more upon posterior rhinoscopy and digital examination. For operation he prefers the forceps or Gottstein's knife. *R. Norris Wolfenden.*

LARYNX.

Glasgow, W. C. (St. Louis).—*Cavernous Angioma of Larynx—Removal, with Drawings and Description of the Microscopic Sections prepared by Dr Ludwig Bremer.* "Internat. Jour. of the Med. Sciences," April, 1889. (See also "JOURNAL OF LARYNGOLOGY AND RHINOLOGY," 1889, No. 1, p. 55.)

THE title indicates the nature of the case. The angioma, which was about the size of a pea, was removed from the vocal cord with Schrötter's forceps. Considerable hæmorrhage followed the operation.

Hunter Mackenzie.

Mackenzie, G. Hunter (Edinburgh).—*Case of Spontaneous Disappearance of Laryngeal growths after Tracheotomy.* "Lancet," April 6, 1889.

REPORT of the case of a boy, aged five years, who, in 1883, underwent tracheotomy for laryngeal stenosis from warty growths. The growths disappeared after the cannula had been worn for a year; this was then removed and complete recovery ensued, and without the development of sequelæ. *Hunter Mackenzie.*

Brown, J. G. (Bootle).—*Malignant Disease of the Larynx.* "Brit. Med. Jour.," Nov. 30, 1889.

RECORD of a case which presented the initial appearance of a papillated pedunculated growth, springing from behind the epiglottis, and having an attachment from the angle of the thyroid cartilage. The growth and a piece from the left side of the larynx were removed, and tracheotomy was performed. The patient progressed satisfactorily for a short time; in three months the disease had recurred in the larynx, and the glands of the neck also became affected. He died five months after the operations. During the last three or four weeks of life he was troubled with persistent vomiting, which resisted all treatment. *Hunter Mackenzie.*

Chavasse (Birmingham).—*Laryngectomy.* "Brit. Med. Jour.," Nov. 1889. Mid. Med. Soc., Nov. 6, 1889.

EXHIBITION of the right halves of the thyroid and cricoid cartilages,