

because the operation was performed too late. The cause of death was in some of the cases exhaustion ; in others, inspiration of a membrane. Usually chloroform was given. The superior operation should be preferred, because the inferior is very difficult on account of the thyroid or thymus gland. The author reports some cases in which the tracheotomy was followed by disagreeable complications, and mentions some cases in which the canula only could be removed after a long time. Intubation also was tried by him, but without great success. He concludes that tracheotomy is easier for the physician.

Michael.

Frankel, E.—Aerztlicher Verein in Hamburg. Meeting, March 22, 1892.

THE author showed microscopical specimens of true diphtheria and scarlatinous diphtheria. In cases of true diphtheria Loeffler's bacillus is always found, in scarlatinous diphtheria this micro-organism is not.

Michael.

NOSE AND NASO-PHARYNX, &c.

Bresgen (Frankfurt-a-M.)—*The Question of Obstructed Nasal Respiration, especially in Children.* "Jahrb. für Kinderheilk.," Band 34.

POLEMICAL article.

Michael.

Bresgen (Frankfurt-a-M.)—*Relation between Diseases of Speech and Diseases of the Nose and Pharynx.* "Monatsschrift für die gesammte Sprachheilkunde," 1892, No. 4.

IF there is any obstruction of the nose, often the forms of the bones of the nose and palate are changed, and the muscles cannot perform their functions as in normal cases ; therefore the difficulty in learning to speak is much greater in children with these diseases than in normal cases.

Michael.

Grünwald.—*Rhinological Demonstrations and Communications.* Aerztlicher Verein in München. Meeting, Feb. 10, 1892.

REPORTING review on nasal suppuration, with special regard to the experiences of the author on caries of the ethmoid bone. In such cases he extracts the carious parts by forceps and sharp spoons.

Michael.

Ziem (Danzig).—*Intra-ocular Diseases consequent upon Nasal Diseases.* "Munch. Med. Woch.," 1892, No. 16.

IN a patient who had cancer of the nose, and consequently upon it a diminution of the field of vision in his left eye, the author obtained temporary improvement by cleansing the nose.

Michael.

Schweinitz.—*A Note on Asthenopia and Intra-Nasal Disease.* "Med. News," April 2, 1892.

THE author relates cases in which there was violent head pain on exposure to sunlight, or on reading, or using the eyes, with error of refraction.

The voice was in one instance slightly nasal, and there was post-nasal catarrh. On careful examination by a rhinologist, chronic suppuration of the frontal sinus and ethmoidal cells was diagnosed, and treatment led to great improvement in the ocular abnormalities. In another case, with similar eye troubles and much pain in the head, the septum was found to be engorged, as also the inferior turbinates. The right antrum was tender, and its opening in the nose surrounded with myxomatous growth. A cautery point applied to the nostril and other suitable treatment was followed by good results. [No rhinologist doubts but that only too frequently the eye alone is treated, and unsuccessfully, when nose treatment would materially assist the oculist, who does not call in the aid of the rhinologist frequently enough.—*Rep.*] B. J. Baron.

Schalck, E. (New York).—*A Case of Anosmia.* "Med. Rec.," March 12, 1892.

A MAN fell downstairs on his occiput, and bled from the nose. He had symptoms of concussion for forty-eight hours, and then recovered, but found he had lost his sense of smell. His appetite was impaired, as everything seemed to taste alike. The sense of taste ["proper," we assume] was unaffected. His anosmia has remained, so far, unchanged. The olfactory nerves were apparently injured by the *contre-coup*. Two other cases are referred to—the cause in one being polypus; in the other, atrophic rhinitis. Improvement under treatment took place in both. Dundas Grant.

Johnson, Walter B. (New Jersey).—*An Original Device for Correcting Deformities of the Nose resulting from Traumatism; with a Report of Two Cases.* "Med. Rec.," April 2, 1892.

AN elevator—a sort of stout, blunt, two-pronged fork—is used as a lever, the superior maxilla being the fulcrum. With this the bones are forced into normal position, and a cast is at once made of muslin impregnated with plaster-of-Paris and laid aside. Next day a retentive apparatus is applied. It has two bone tips, which go inside the nose, attached to steel springs, connected with a forehead-band in such a manner as to project the fractured bones outwards against the plaster cast, which is adjusted externally. The whole apparatus is worn from two to four hours each morning and evening for about ten days. Dundas Grant.

Kowallek (Breslau).—*Correction of "Saddle-nose."* Inaugural Dissertation, Breslau, 1891.

THE author describes the method of Mikulicz, who corrected malformed noses by subcutaneous and subperiosteal operations, which do not cause cicatrices, followed by an orthopædic after-treatment. Michael.

Weir, R. F.—*How to Raise Sunken Noses.* "Med. Rec.," March 26, 1892. (Society Report.)

By making an incision underneath the lip and skin Dr. Weir was able in two cases to introduce a platinum bridge, which held up the skin, while its feet rested on each side of the nasal aperture. Dundas Grant.

Meijer.—*The Treatment of Ozæna.* "Med. Rec.," April 2, 1892. (From "L'Union Méd. du Canada.")

THE anterior nares are first packed with dry cotton for twenty to thirty minutes to remove crusts and mucus. [We find something more than this necessary for the purpose.] The tube of a spray-apparatus is then introduced well into the cleansed nostril, and ten to twelve drops of a two per cent. solution of nitrate of silver are sprayed in. The strength of the solution is gradually increased up to twenty-five per cent. by the end of eight days. This is continued daily for a week, then every two days till crusts cease to be formed, which will be "a matter of a few weeks only."

Dundas Grant.

Stamm (Berlin).—*Etiology of Rhinitis Pseudo-Membranacea.*

IN three cases of disease the author has found Loeffler's bacillus.

Michael.

Botey, R.—*Electrolysis in the Treatment of Deviations and Thickening of the Nasal Septum.* "Archiv. Internat. de Laringologia, Otologia," etc., Nos. 8 and 9, 1891.

IN this communication the author refers to the pathology and cause of these affections, and he strongly recommends the use of the galvanocautery.

Botey.

Flasan (Berlin).—*Treatment of Rhinitis Atrophica Fetida.* "Wiener Med. Woch.," 1892, No. 8.

REMOVAL of the secretion by probes and pincettes. Insufflation of iodine, tamponing of the nose by iodide wool.

Michael.

Ziem (Danzig).—*On the so-called Tornwaldt's Disease.* "Berliner Klin. Woch.," 1892, No. 6.

CONTROVERSIAL article concerning Chiari's paper.

Michael.

Pessar, L. A.—*A Simple Method of Removing Adenoid Vegetations in Children, with a Description of a New Curette.* "Archives of Pediatrics," May, 1892.

ACCORDING to the author's experience adenoids are best removed in several sittings without an anæsthetic rather than in one operation under anæsthesia. The author operates with three sizes of Lowenberg's forceps, the child being held on the knee of the mother or an assistant; a final scraping of the lateral walls and Rosenmuller's fossæ is made with a curette. The author says that after one or two sittings all except the very youngest children quietly submit to the operation, which is accomplished without pain or hæmorrhage. [American must be much more submissive than European children, who generally require something more than "moral suasion" to undergo this disagreeable operation.]

R. Norris Wolfenden.

Butts.—*The Removal of Adenoid Growths from the Vault of the Pharynx.* "Med. News," April 2, 1892.

THIS operator uses the "cradle forceps," with which he is successful; but different men have different pet methods—it is in fact largely a case of *chaque à son goût.*

B. J. Barou.

Nevins, Arthur E. (Hanley, Staffordshire).—*The Naso-Pharynx in Influenza.*
"Lancet," April 16, 1892.

THE writer holds that even in cases when there is comparatively little mucous discharge from the nose there is a severe inflammation of the whole mucous lining of the naso-pharynx, including the various sinuses, and that to this circumstance much of the characteristic depression owes its rise. He recommends as a means of affording immediate relief the spraying of the throat and nose with a lotion consisting of four grains of chlorate of potash, four minims of tincture of perchloride of iron, and one ounce of peppermint water. This is done up one nostril, and then, after a discharge of viscid mucus comes away, up the other. The process is repeated every two hours for the first twelve hours; then every four hours. He condemns antipyretics and purgatives. *Dundas Grant.*

Braislin (Brooklyn).—*Naso-Pharyngeal Stenosis.* "Med. News," Mar. 26, 1892.

THE author pleads for the thorough examination of the nose and naso-pharynx in all troubles of the respiratory tract where we have reason to believe they may be involved. The usual methods of treating stenosis in this situation are carried out by the author, and, in addition, he uses a porte-acide, which consists of a glass tube, bent and flanged at its extremity, through which, when it is in the naso-pharynx, the caustic acid can be carried on cotton wool or a brush. *B. J. Baron.*

MOUTH, TONGUE, &c.

Gutzmann.—*On Sigmatisms.* Verein für Innere Medicin in Berlin. Meeting, March 7, 1892.

THE author speaks of the position of the mouth which is necessary to produce the consonant S. The tongue must be kept behind the closed teeth. If there are anatomical malformations which prevent this position, the lisping pronunciation of the S cannot be cured. *Michael.*

Forcheimer, F.—*The Etiology of Stomatitis Aphthosa.* "Archives of Pediatrics," May, 1892.

THE author refers to the current ideas as the etiology of this affection, such as "struma," "scrofula," "tuberculosis," "malnutrition," "deranged stomach," "a manifestation of the foot and mouth disease," and "infection through milk." Bacteriological examination of the aphthæ for *contagium vivum* has led him to a negative result, only the presence of pus-producers having been found. We must look for some chemical agent carried into the circulation, and producing an eruption upon a mucous membrane. There are, probably, multiple causes, since aphthæ are associated with other diseases, *e.g.*, pneumonia, intermittent fever, gastro-intestinal disturbances, exanthemata, etc. The local lesion is looked upon by the author as herpetic, not following the course of any one nerve exactly, though in most cases it will be found to follow some branch of the fifth nerve, especially the lingual. Though aphthæ may occur in