disappeared. Two other similar cases are cited. The author is certain that this condition of the tongue is not a mere coincidence, but cannot offer any satisfactory explanation of it. The most natural explanation would be that paralysis of the stylohyoid and posterior belly of the digastric muscles, which raise the hyoid bone and which are supplied by the facial nerve, causes the condition. The author, however, could never make out any obliquity in position of the hyoid, nor is it possible by depressing one side of the hyoid to depress the corresponding side of the base of the tongue. The degree to which the facial nerve is affected is of no importance. The affection was always found in cases where the chorda tympani was involved, and never in central paralysis. Electric stimulation of the nerve had no influence on the position of the tongue. *Arthur J. Hutchison.*

NOSE, &c.

Borgengrün.—*On the Importance of the Irrigation of the Nose.* "Petersburg Med. Woch.," 1897, No. 24.

THE author gives the following conclusions:

1. In very young children irrigation of the nose should only be done by an experienced hand.

2. The liquid must not be injected by force. At least half an hour after the injection the patient is not allowed to blow his nose hard.

3. During the irrigation there must not be any phonation or swallowing; as soon as this happens the injection must be left off. Also, when the patient feels any sensation in the ear, injection must cease.

4. There must always be intervals after every five to ten cubic centimètres injection.

5. The liquid must not be too warm or too cold. Solutions of alum or carbolic acid must not be used.

At the end the author mentions the different instruments for irrigation of the nose. *R. Sachs.*

Concanon, James J.—*On Retronasal Adenoids: their Removal without Anæsthesia, and a New Instrument.* "New York Med. Journ.," June 12, 1897.

THE author advocates the removal of such growths without general anæsthesia in the ordinary run of cases. He has devised an instrument for which he claims advantage over the ordinary cutting forceps and the curette. It consists simply of a modification of a cutting forceps, guarded as to its anterior surface by a thin plate of spring steel which covers the open blades, facilitating the insertion of the instrument by raising the soft palate, and also, by resting against the posterior edge of the septum, serves as a guide and protection during the operation. The author is particular in pointing out that the instrument does not supersede the Gottstein curette in all cases. He says every operator should possess both instruments. *Sandford.*

Fehleisen, F.—*Diagnosis and Treatment of Affections of the Frontal Sinuses.* "Medical Record," Aug. 7, 1897.

IN the great majority of cases of inflammatory affections of the frontal sinuses infection plays an important *rôle*. Usually the path of propagation is through the nose. Primary inflammations (usually acute) may occur with, or more rarely without, simultaneous disease of the nasal cavities.

The more acute cases begin with high fever, sometimes even a chill, followed

by severe constitutional symptoms. Perforation usually takes place in the anterior and inferior wall, very rarely posteriorly, towards the cranial cavity. The more usual cases are, however, the chronic, the purely chronic, as well as those whose course is interrupted by subacute attacks. Occasionally cases of frontal sinus disease are of traumatic origin. The diagnosis of acute cases is as a rule easy; chronic cases, on the other hand, are frequently mistaken for neuralgia, migraine, etc. A unilateral flow of pus in the nose should always excite suspicion of disease of one of the cavities communicating with the nose, and if it be seen to be coming from the anterior end of the thickened middle turbinated body it points to implication of the frontal sinus. In acute cases pain upon pressure is always elicited. In chronic cases pressure with a thick sound or pencil, or percussion with a pleximeter, will also cause pain. The author agrees with Kühnt in laying great stress upon the presence of pain when pressure is made upon the floor of the sinus—that is, the upper wall of the orbit. As regards treatment, radical interference is necessary in chronic cases. The usual methods hitherto practised frequently fail, or at least are extremely tedious, and often a fistula remains behind. The author highly commends Hebinger's method of extirpation of the pituitary membrane after having opened the sinus with a chisel. A large external opening is made, the front wall of the sinus and frequently a portion of the inferior wall being removed. The bony edges are bevelled as much as possible, so that no bony cavity but a shallow depression results, to which the soft parts can be pressed by a bandage. The mucous membrane is thoroughly removed, the upper part of the naso-frontal duct being also robbed of its mucous membrane. When the cavity is obliterated in this way the naso-frontal duct becomes not only superfluous, but its artificial opening may do harm by allowing inflammatory products from the nose to come in contact with the wound. *W. Milligan.*

Fruitnight, J. H.—*A Frequent Significance of Epistaxis in Childhood.* "Arch. Ped.," Aug., 1897.

THE writer's attention was drawn to the frequent connection between the two conditions of heart disease and epistaxis, and he from that time examined the heart in cases of epistaxis, and *vice versâ*, with a result that he obtained in a short period twelve cases, all having valvular disease and cardiac enlargement. All had had rheumatism. These hæmorrhages are due to increase of blood pressure. Fresh lemon juice is advocated as a local remedy. *Lake.*

Harrison, Griffin E.—*Deformities of the Nasal Septum.* "New York Med. Journ.," June 12, 1897.

IN this paper the author dwells upon the importance of the structure in question, both as regards position and condition, upon the various affections of the mucous membrane of the upper respiratory tract. He discusses the causes of deviations of the septum, their classification and treatment, and quotes many authorities upon the subject. His experience—augmented by the study of two hundred and fifty recent cases of disorders of the throat and nose, among which he found one hundred and ninety-two with septal deformity—leads him to advise a line of operative procedure which he describes at length. He uses the saw (or knife, under certain circumstances), with the local application of cocaine, and careful preparatory and subsequent treatment with quinine, Warburg's tincture, and similar remedies. The paper is illustrated by plates. *Sandford.*

Laubi.—*Lecture on Suppurations in the Accessory Cavities of the Nose.* Gesellsch. der Aerzte in Zürich, Feb. 13, 1897.

THE author has treated in the last years eighty-six cases of suppurations of the accessory cavities of the nose, seventy-five cases of suppuration of the antrum of

Highmore, seven of the frontal sinus, one of the sphenoidal sinus, and three of the ethmoidal sinus. Seven cases were combined suppurations. Only in four cases he found a connection between suppurations of the antrum of Highmore and dental caries. In fifty-four chronic suppurations of the antrum he found eighteen times (*i.e.*, thirty-five per cent.) nasal polypi. The author thinks the best way to find out if there is any suppuration of the antrum is the puncture of the antrum from the nose. The diagnosis of the suppuration of the ethmoidal sinus is very difficult, according to the author's opinion. In conclusion, he mentions all known methods of therapy of these suppurations. *R. Sachs.*

Lothrop, Howard (Boston).—*Empyema of the Antrum of Highmore. A New Operation for the Cure of Obstinate Cases.* "Boston Med. and Surg. Journ.," May 13, 1897.

DESCRIPTION of an operation for dealing successfully with obstinate cases of this disease by chiselling away the lower half of the naso-antral wall beneath the inferior turbinate, allowing free drainage, and with treatment of the mucous membrane. *StGeorge Reid.*

Miller, J. H.—*Larvæ in the Nasal Cavity.* "Med. Fortnightly," June 1, 1897.

THE reporter was sent for to see a patient, apparently suffering from retropharyngeal abscess. The palate was incised and a maggot appeared. With the aid of a colleague there were removed, in all, seventy-six larvæ, one of which was hatched, and turned out to be a *Musca Cæsar*, or bluebottle fly. The patient was subject to ozæna, and the eggs had probably been deposited whilst he was asleep out of doors. *Lake.*

Root, Elign H.—*Case of Complete Nasal Obstruction in the New-born.* "New York Med. Journ.," May 8, 1897.

THE child lived a week. Insufficient respiration was marked by cyanosis after birth. *Post-mortem* examination showed complete occlusion of nasal passages by extreme enlargement of the right inferior and middle turbinals pressing over the soft septum against those of the left side. Portions of the pia mater and the vessels of the base of the brain were also engorged. No surgical interference was attempted. *Sandford.*

LARYNX.

Dionisio, Prof. T.—*A Severe Stenosis of the Larynx on account of Complete Paralysis of the Left Recurrent Nerve, with Introflexion of the Arytenoid Region.* ("Stenosi Laringea grave, da Paralisi completa de Ricorrente Sinistro con Introflessione della Regione Aritenoidea.") "Arch. Ital. di Otol., Rinol., e Laringol.," Avril, 1897.

IN a girl fifteen years old, in whom, since two years, was present hoarseness, and since three months stridulous breathing, the author found a paralysis of the left recurrent (compression from struma). The left arytenoid cartilage was pushed anteriorly and internally, so that the point was near to reach the right vocal cord. Dionisio removed (with galvano-caustic snare) the triangular portion of tissue, which resembled a valve, but he did not succeed; and then he cut, with a Landgraf's forceps, several times the prolapsed tissue.

He is of opinion that such an improvement was caused by luxation of the crico-arytenoid joint, in consequence of the paralysis. *Massei.*