liberally. The twelfth day the external wound was healed, and the patient could swallow solid food. There was no fever after the operation. The patient had once before swallowed a plum-stone, which had passed through after having entirely obstructed the gullet for twenty-four hours. HOLGER MYGIND.

NOSE AND NASO-PHARYNX.

MOURE, E. J. (Bordeaux).—**Considerations on Dry or Atrophic Pharyngitis.** *Rev. Mens. de Laryngologie, April*, 1887.

SOME authors have considered "atrophic" pharyngitis as a symptom of chronic pharyngitis, simple or glandular (Chomel, Laseque, de Mussy, de Tralsh, Morell Mackenzie); others, as a manifestation of the scrofulous diathesis (Isambert, Justin, Lemaistre), or of diabetes (Joal), of fatty degeneration of the heart (Löri); others, again, describe it as a special affection (Lewin, Fraenkel, Solis Cohen, Bosworth, etc.). Dryness of the pharynx, in fact, exists in many general conditions, and in many cases of inflammation of the pharyngeal wall. Moure thinks that the pharyngeal affection is oftenest secondary, and the consequence of an atrophic coryza (ozæna); the atrophy of the pharynx is secondary to the atrophy of the nasal mucosa. The author proceeds to study the etiology and symptomatology of the affection. JOAL.

BARATOUX.—Treatment of Ozæna by Animal Grafting. *Prog. Méd., April*, 1887.

IN a research upon "Animal Grafting with the Skin of the Frog, in Losses of Cutaneous and Mucous Substance," undertaken along with Dr. Dubousquet-Laborderie, Baratoux publishes observations upon ozæna, atrophic rhinitis with ulcerations, in which he obtained a complete cure by engrafting the skin of the frog over the ulcerated surfaces. He has thus treated eleven patients having ozæna and ulcerative non-specific rhinitis. In all these subjects he has employed ten to twenty grafts, of which more than half have succeeded, and all the patients have derived much benefit from the treatment. He has always succeeded in obtaining a smooth mucous membrane. He takes the frog's skin from the interdigital membrane, the nictitating membrane, the belly, or the lateral parts, by scissors, and places upon the raw surface with forceps, or a special pipette (by blowing through the free extremity). JOAL.

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LUC.—Hereditary Asthma accompanied with Lesions of the Nasal Mucous Membrane. Considerable Amelioration produced by the Local Treatment. *Journal de Médecine, Paris, April* 10, 1887.

A NEW case to be added to those establishing a relation between asthma and nasal catarrh. The patient was twenty-three years of age; the asthma was hereditary and had lasted since infancy, without any hypertrophic condition in the nose. Nasal hypertrophy subsequently developed and led to dyspnœic attacks. That this was so is demonstrated by the fact that the asthma disappeared after the treatment of the nasal catarrh by the galvano-cautery. JOAL.

CHEATHAM, W. (Louisville).—**Nasal Reflexes as a Cause of Diseases of the Eye.** *Amer. Practitioner, April* 2, 1887.

THE author relates three cases of nasal conditions producing pain in the eyes with weak sight. Two of them were due to nasal polypi, and a third to nasal obstruction from engorgement of the inferior turbinated bone, and deflection of the septum. With the removal of these conditions the ocular troubles were cured. Two cases of œdema of the lids and conjunctiva, with great discomfort in and about the eyes, are referred to by Dr. Cheatham as produced by application of chromic acid to the nasal mucous membrane—all patients complain of pain in the eyes when chromic acid is applied to the nose. He meets daily with cases of conjunctivitis and keratitis (the phlyctenular form especially) which do not yield to treatment until after an existing nasal catarrh or eczema of the nose is cured. Certain cases of glaucoma have been relieved by stretching the nasal branch of the fifth nerve, and these cases might not improbably be the result of chronic nasal disease. Watery and photophobic eyes constantly accompany sneezing. Eye affections may result from diseased and irritable teeth, and Dr. Cheatham has lately had two cases of acute conjunctivitis produced by teething. The author traces all these affections to a connection with Meckel's ganglion, which brings into close connection the nerve supply of the eye-ball and nose.

It is in the anterior part of the nose that the offending lesion must be chiefly looked for. The author thinks that many cases of asthenopia will be cured by attention directed to the nose.

CALMETTES and CHATELLIER.—Fibro-sarcoma of the Nasal Septum. Operation. Cure. Histological Examination. *Ann. des Mal. du Larynx, March,* 1887.

A CLASSICAL case, which agrees with those already published, and

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which shows that nasal tumours arise oftenest from the cartilaginous septum, are most frequent in women, and are always indicated by epistaxis. Along with Morell Mackenzie, the authors make reservation as to the gravity of the prognosis of carcinomatous and sarcomatous tumours of the nose, though such is generally admitted. The authors believe they have recorded a case of "malignant" tumour with a course, except for epistaxis, as innocent as that of mucous polypi.

The patient often suffered from epistaxis. The tumour was of the size of a cherry, and situated at the anterior part of the nasal fossa at the level of the middle meatus. A detailed histological examination is described. JOAL.

MEYERSON.—Complete Membranous Occlusion of the Naso-Pharyngeal Orifices. *Medycyna*, Nos. 8 and 9, 1887.

THE patient was a woman of thirty-seven. She complained of a continual dryness in the throat and inability to respire through the nose. The author found the naso-pharyngeal orifices completely closed by a thin membrane, which was joined in all its extent to the mucous membrane covering the posterior wall of the arch of the palate, and the pharyngeal roof. By posterior rhinoscopy it was impossible to see the posterior choanæ or the orifices of the Eustachian tubes. Everywhere appeared a smooth and equal surface. The patient breathed only by the mouth. There was nothing abnormal in the nose, and catheterism of the Eustachian tubes was perfectly easy by the ordinary method. The author, introducing a galvano-cautery point through the nose, made a round opening in the membrane, which he afterwards dilated during several days by the introduction of elastic bougies. Passing his finger through the mouth into this opening, he was then able to detach the membrane throughout all its extent from the adjacent structures. The patient has remained perfectly well, respires easily by the mouth, and no longer complains of dryness of the throat. It appears to have been a congenital abnormality.

CONST. KARWOWSKI.

PLUYETTE.—Naso-Pharyngeal Fibromata in Women. *Rev. de Chir.*, *March* 10, 1887.

THE immunity from this condition enjoyed by the female sex is exceedingly curious. Are women really as privileged in this respect as is commonly taught? and can this immunity, be it relative or absolute, be explained by the rules of modern physiology?

The author can only find nine observations recorded of these

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tumours in women. Still they are very rare. Starting from the principle that the aptitude to produce fibrous tissue is a property of the individual, Pluyette suggests that menstruation plays the *rôle* of a continuous revulsion, diverting the production of the basilar apophysis to direct it towards the uterine walls, from whence it would result that uterine fibroma in the female is the analogue of naso-pharyngeal fibroma in the male. JOAL.

COZZOLINO.—Two very Rare Tumours of the Pharyngo-Nasal and Nasal Cavities; a Fibroma Molluscum of the Post-Nasal Cavities, and a Papilloma of the Right Nasal Cavity. *Napoli*, 1887.

THAT papillomata of the nose are not very rare is generally acknowledged; and any one seeing many cases of nose disease can recall analogous cases. The case referred to as one of fibroma molluscum was an enormous growth, which the narrator had occasion to see only once, as the patient applied subsequently to Cozzolino. But it would have been preferable, in order to prevent recurrence, to apply a galvanic wire through the anterior nares, as the narrator proposed to the patient, rather than to remove the growth partially with the rigid wire, through the mouth, as was adopted by Cozzolino.

MASSEI.

SANDS, H. B.—Naso-Pharyngeal Polypus. *New York Med. Journal, January*, 1887.

PHARYNGEAL examination showed a round smooth mass pendant from the posterior nares, and projecting into the upper part of the pharynx, slightly visible beneath the free border of the soft palate when the mouth was well opened. It was soft and compressible, and probably arose from the front of the foramen lacerum medium. The growth was not seen from the anterior nares. The growth was removed by the galvano-cautery loop, a copper wire being introduced through the left nostril into the mouth; to the end of this a platinum wire was connected and passed back again, being brought out of the left nostril. It was then adjusted about the polypus and drawn tight, the free ends being passed through the handle of a galvano-cautery, which was pressed as far as possible through the left nostril towards the posterior nares. The polypus, when removed, was half as large as an egg. It proved microscopically to be a polypoid fibroma. Very few cases of naso-pharyngeal polypus are suitable for removal by the galvano-cautery, being mostly attached to the skull by a broad base which a wire would not encircle.

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