(cyanosis, dyspnœa, œsophageal spasm, etc.) under the influence of mental agents alone.

Discussing the operation, he says that, in the literature within his reach, he has been able to find only forty-nine cases of external œsophagotomy for foreign bodies, with eight deaths (16 per cent.).

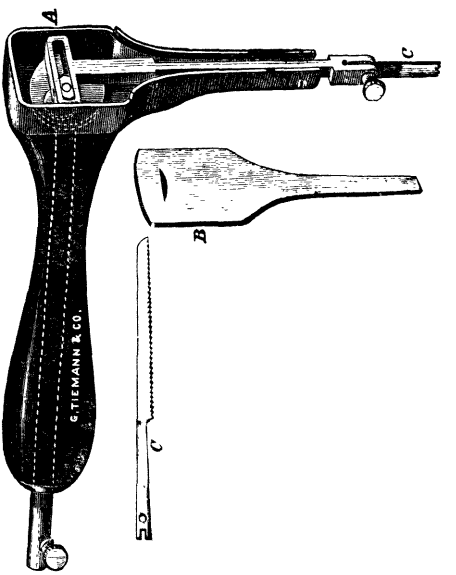
[The author's collection consists of thirty-three cases gathered by Kœnig, ten by Lindenbaum, and the cases published by Lediard (one), Bennett May (one), Alsberg (one), and S. V. Balüëff (three). The actual number of œsophagotomies is, however, by far more considerable. *Vide* Dr. Fischer's paper in the *Journal of Laryngology and Rhinology*, February, 1889, p. 71.—*Reporter.*]

Valerius Idelson.

NOSE AND NASO-PHARYNX.

POTTER, F. H. (Buffalo).—**A Mechanical Nasal Saw.** *Buffalo Medical and Surgical Journal, June*, 1889.

THE cut illustrates an instrument intended to overcome some of the difficulties in the use of the hand-saw in operations for removing hard obstructions from the nasal passages. Where the obstruction is sloping, it is often impossible to engage the ordinary saw just at the point desired, and as a result, but part of it is removed. This necessitates other operations. Again, when it is important to cut from below upward, the operator is at a disadvantage as to strength, and only succeeds with difficulty. The operator may enter this saw, even on a bevelled surface, at the very point desired, and may also hold it in place without danger of slipping during the operation. By reference to the illustration it will be seen, that it consists of a handle, through which runs a shaft, topped with a disk. The disk has a pin attached upon one side. As this disk is made to revolve, it carries backward



A NASAL SAW.

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and forward the saw-shaft by means of the arrangement shown below the letter *A*. The saw, *C*, is held firmly by a set-screw, and can be inserted with the teeth either up or down. The cover, *B*, fits securely upon the box, *A*, and thus protects the running parts from dust and injury. It is also easily removed for purposes of cleaning and oiling the parts. Special attention is called to the fact that, with the cover off, the saw-shaft can be lifted from its box, and this in turn allows the upright shaft to be pulled out of the handle; first, of course, removing the set-screw seen at the lower end of this shaft. By this arrangement all the parts can be cleaned with very little trouble, and the entire apparatus rendered aseptic.

The instrument is light but strong, the handle being of hard rubber, and the other parts of metal. The power for running it may be either the dental engine or some of its modifications, or the electric motor. Whatever the power used, a flexible shaft, connecting it with the handle, will allow free movement to the hand of the operator and to the instrument, thus increasing the range of its usefulness.

Messrs. Tieman & Co., of New York, have constructed the instrument, with attention to every detail, giving a most satisfactory result.

WINDLE (Birmingham).—**Hay Fever.** *British Medical Journal, January* 5, 1889.

THE author "had found great relief from cocaine, but the advantage was "counterbalanced by the serious general derangement of the nervous "system, which its prolonged use engendered. For temporary relief, "while sitting indoors, cubebs cigarettes were most effectual."

Hunter Mackenzie.

BARLING (Birmingham).—**Lupus Erythematosus.** *British Medical Journal, January* 5, 1889.

EXHIBITION of a woman, aged thirty-five, before the Birmingham Branch of the British Medical Association, November 8, 1888, who had suffered from this complaint for over twenty years. There was a symmetrical patch on each cheek, connected by a patch across the dorsum of the nose. Much improvement had resulted from the internal administration of cod liver oil, and its local application by rubbing into the affected parts.

Hunter Mackenzie.

BARK, J. (Liverpool). — **Naso-Pharyngeal Polypi with Frog Face Deformity.** *Liverpool Medico-Chirurg. Journal, July,* 1889.

THE record of a case of ordinary mucous polypi, in which the nose was broadened, but not presenting the typical "frog face" of naso-pharyngeal fibroma. The amount of the polypi present was great, the growths projecting from the anterior and posterior nares.

The author proceeded to their extirpation by a somewhat heroic surgical operation, viz., splitting the nose in the mid-line and opening the narial cavities, scraping and using the forceps, and afterwards applying the galvano-cautery.

In the discussion which followed the narration of this case, at the Liverpool Medical Institution, Dr. Hunt remarked that these cases were

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by no means infrequent, and he had himself removed such polypi with the écraseur. He could not see the necessity of such an extensive operation as the author had performed. Mr. Bark commented unfavourably upon Dr. Hunt's remarks.

[We, however, think that Dr. Hunt's remarks were very much to the point. Such cases are by no means rare in the practice of rhinologists, and severe external operations are extremely rarely called for. There may have been some reason for radical operation in Mr. Bark's case, which, however, has not been stated, but cases apparently as severe as this one are commonly successfully treated with the ordinary snare by rhinologists. It is better to avoid the term "naso-pharyngeal polypus, and the broadening and flattening of the nose in this case did not, judging by the pictures appended, by any means produce the typical "frog face" deformity which is associated with nasal fibromata.]

R. Norris Wolfenden.

PARKER, RUSHTON (Liverpool). **Case of Rhinoplasty.** — *Liverpool Medico-Chirurgical Journal, July*, 1889.

AT the Liverpool Medical Institution, Mr. Rushton Parker related the case of a boy, aged sixteen, who had lost the cartilages of the nose from lupus. "After scraping and healing, a weak triangular scar at the junc- "tion of the contracted upper lip and nose was cut out, the nostrils "opened by puncture, and the skin of the existing nose dissected off, "but retaining its attachment on each side to the cheek, and added to "the defective lip which thus became abundantly widened. A flap for "the nose was now dissected up from the forehead, ample in size, and "shaped so as to form columna and part of each ala in conjunction with "the old nasal skin removed to the lip. The result at the end of "operation was satisfactory, but an ominous purple colour of the tips "boded a suspicion of partial failure. The greater part united well, but "the ala and columna nasi sloughed, leaving a nose and lip vastly im- "proved, it is true, and satisfactory in the matter of utility, but wanting "in finish of form, owing to the peculiar horizontal line of the nose, "which has resulted in place of the curves desired and actually con- "structed."

The patient has resumed his work at a brass foundry, but the nostrils have still to be kept opened with bits of rubber tubing.

R. Norris Wolfenden.

McWEENEY (Dublin).—**Rhinolith.** *British Medical Journal, February* 2, 1889.

THE specimen, which was exhibited before the Academy of Medicine in Ireland, January 11, 1889, weighed one hundred and five grains, and was extracted from a woman, aged forty-five, in whom it had caused little inconvenience.

Hunter Mackenzie.

JÏRMÜNSKY, M. S. (St. Petersburg).—**On the Etiology and Curability of Chronic Atrophic Rhinitis.** *Transactions of the Third General Meeting of Russian Medical Men at St. Petersburg, No.* 10, 1889, *p.* 315.

UNDER the name of "chronic offensive coryza," or "atrophic ozæna,"

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Dr. Jirmúnsky describes a "nasal affection, characterised by enlargement " of the nasal cavities in consequence of atrophy of the turbinated bodies, " and by a thin discharge drying on the mucous surface in the shape of " greenish-yellow masses or crusts, easily passing into offensive putre- " faction." The etiology of the affection remains yet obscure. Some authors attribute ozæna to syphilis and scrofula, but, by no means rarely, there are met such cases in which both of the diseases are absolutely absent. Krause's opinion that the mucous membrane undergoes fatty degeneration with formation of offensive fatty acids was rejected by Fraenkel, who had been unable to find any acids of the kind in ozæna. According to Dr. Jirmúnsky, the primary cause of the affection should be sought in congenital atrophy (or rather arrest of development) of the turbinated bodies and nasal mucous membrane. The latter, when in such morbid state, is apt to discharge an anomalous mucus, easily undergoing inspissation and decomposition under the influence of some (possibly specific) microbes, which find therein a favourable soil for their growth. The supposition is based on the fact that the author happened to observe several children belonging to the same family and subject to atrophic ozæna, which had developed without any preceding hypertrophy. In adult life, ozæna may arise from chronic rhinitis, accompanied at first by hypertrophy, and then by atrophy of the nasal structures. A complete recovery can be expected only in children. The best treatment consists in washing out the nose with a solution of bicarbonate of soda, chloride of sodium, and salicylic acid, alternately, with insufflating powdered boracic acid. In adults, with deep and inveterate degenerations of the nasal tissues, no *restitutio ad integrum* can be obtained, the prognosis being hopeless.

Valerius Idelson.

THORNER, MAX (Cincinnati).—**A Case of Persistent Tinnitus Aurium Relieved by the Removal of a Nasal Obstruction.** *The Lancet Clinic*, *May* 18, 1889.

THE patient had noticed increasing deafness for five years, associated with hissing and buzzing noises, which had increased so much as to be unbearable. There was nasal catarrh, a deflected septum, and complete closure of the right nostril, partly by a web and partly by the deflected septum. There was also some obstruction of the left naris. All ordinary measures having been tried without success, the patient consented to be surgically treated, and the removal of the web and straightening of the septum was accomplished, along with removal of other hypertrophies, so as to clear the nasal passages of obstruction. Gradually the tinnitus disappeared. The author thinks that the naso-pharyngeal catarrh, consequent upon the obstruction, was propagated to the Eustachian tubes, and to the restoration of the nasal breathing and proper drainage of the secretions, and improvement in the condition of the Eustachian tubes, the cure of the tinnitus was due.

R. Norris Wolfenden.

POKRASOFF, I. (Elisavetgrad, South Russia).—**Larvæ of the Sarcophila Wohlfahrti in the Nose.** *Meditzïna*, *No.* 12, 1889, *p.* 1.

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DR. POKRASOFF relates the following instance of mycosis narium. A girl of fifteen, who had been sleeping out-doors many nights during the field work season (July), commenced to experience pain in her nose, which soon became considerably swollen and red, while there shortly supervened intolerable headache, sleeplessness, and extreme malaise. On anterior rhinoscopy, the author found two white minute bodies, which were situated high up, close to the septum, and, on extraction by means of a pincette, proved to be live larvæ of Wohlfahrt's fly. The extraction was followed by a rather profuse hæmorrhage. A probe, introduced into either of the small openings, passed pretty far backwards, but failed to discover the presence of any more maggots. On re-examination two days later, other two larvæ were found protruding from the same points. After their removal, all the symptoms rapidly abated and did not return.

A fairly exhaustive review of the international literature of mycosis narium may be found in a valuable series of papers published by Professor Hugo Summa, of St. Louis, in the *St. Louis Medical and Surgical Journal*, April, May, and June, 1889, p. 201. It may be supplemented by the following references to Russian works on the Wohlfahrtian fly. 1. I. A. Portchinsky: *A Contribution to the Natural History of Flies and their Larvæ causing Diseases in Man and Animals, with a Review of Symptoms of Mycosis*, 1875.—2. I. A. Portchinsky: *On Wohlfahrt's Fly Living in the State of Larvæ in the Human and Animal Body*, in the *Floræ Societatis Entomologicæ Rossicæ*, 1884, Vol. XVII.—3. Professor Grube's paper, "*On the Wohlfahrtian Fly*," in the *Archiv. der Naturgeschichte, von* A. Wiegmann, 1853.—4. Professor E. K. Brandt, of St. Petersburg: *Larvæ of the Sarcophila Wohlfahrtii-Portschinskii, in the Human Gum*, in the *Vratch*, Nos. 5 and 6, 1888, p. 81.—A short account of the papers just mentioned will appear in the September issue of the *St. Louis Med. and Surg. Journal.—Reporter.* **Valerius Idelson.**

LARYNX.

BOWLES, ROBERT L. (Folkestone).—**On Raising the Epiglottis.** *British Medical Journal, January* 12, 1889.

THE author claims that he "had already done (at various times since "1856) all the work which is now in 1888 presented to the public as new "and original." He further asserts that Dr. Howard claims too much when he affirms that his method is the new and only way of raising the epiglottis. (*See* Abstract of Dr. Howard's paper on the subject in this Journal, Vol. III., p. 293.) **Hunter Mackenzie.**

HEWITT, FREDERIC (London).—**On Raising the Epiglottis.** *British Medical Journal, January* 26, 1889.

THE author discusses the views of Dr. Howard on this subject, and the

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