RENAULT.—Diphtheria consecutive to Measles. (De la Diptherie consecutive à la Rougeole.) *Thèse, Paris, November* 29, 1886.

THE author has had many years' experience as "interne" in children's hospitals. He states that diphtheria is in certain circumstances (and principally in children's hospitals) a pretty frequent complication of measles. Though little different in symptoms from primary diphtheria, it is remarkable for its tendency to extension, and its frightful mortality. Patients succumb from diphtheritic intoxication, or broncho-pneumonia. Tracheotomy should be resorted to, as a last resource, in spite of the unfavourable prognosis. Therapeusis being so insufficient in this secondary form of diphtheritis, prophylaxis ought to be studied, and efficient measures of isolation adopted. JOAL (Mont Dore).

NOSE.

SCHAEFFER. — Rhinological Communications. (Rhinologische Mittheilungen.) *Monatsschr. fur Ohrenheilk*, 1886, No. 11.

1. Epistaxis. Three cases in which the bleeding spot was found to be on the septum, and the galvano-cautery effected a cure.

2. Polypi of the right antrum of Highmore. Ten polyps of the antrum were removed through the alveolus, after extraction of the tooth, with complete cure of the neuralgia.

3. A cyst of the nasal mucous membrane, as large as a nut, was incised and cauterized with chromic acid, a cure being effected in eight days.

4. Two cases in which adenoid vegetations of the recessus pharyngeus and fossa Rosenmulleri were removed.

5. Two cases in which obstinate aphonia was cured by treatment of the nose.

6. Two cases in which obstinate pharyngeal cough was cured by the galvano-cautery. MICHAEL.

HEYMANN (Berlin).—**The Origin of Nasal Pathological Conditions. (Ueber die pathologische Zustande die vorder Nase ihre Entstehung finden konnen.)** *Deutsche Med. Zeit.*, 1886.

THERE is this in common between polypi and swelling of the mucous membrane—viz., that from time to time sensitive portions of the

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mucous membrane come in contact with each other. The author never saw a case of reflex neurosis in which there was not at the same time friction and irritation between the surfaces. In this manner small polypi will cause reflex symptoms, which will disappear with the growth of the polyp. Chronic and constant swellings of the choanæ seldom cause neuroses, but acute and changing swellings often have this property. The author gives the case of a young lady in whom there was such difficulty of swallowing as to suggest œsophageal stenosis, but in whom there was no difficulty in passing a bougie. After the application of the galvano-cautery to the choanæ, the paræsthesia disappeared. MICHAEL.

RICHARDSON, B. W., M.D.—Epileptiform Seizures from Post-Nasal Polypus. *Asclepiad, January*, 1887.

THE patient described her attacks as always being preceded by a feeling of something dropping into her larynx and "going the wrong way." The statement led to a post-rhinal examination, and the discovery of a large polypus. On the removal of this the seizures terminated, and have not recurred for eight years.

GREVILLE MACDONALD.

MUNK (Duna-Sherdahely).—**On a Case of Spasmodic Sneezing. (Ueber einen fall von 'Niesskrampf.)** *Wien. Med. Presse*, 1886, No. 51.

A GIRL of ten had suffered for some years with spasmodic sneezing so violent that no sleep was possible. There were intervals of comparative freedom. The author cured the case with applications of atropine and cocaine. MICHAEL (Hamburg).

LICHTWITZ, L.—Hystero-Genetic Zones on the Mucosa of the Superior Air Passages and the Sense Organs. (Des Zones Hysterogenes observées sur la muqueuse des voies Aeriennes Superieures, et des Organes des Sens.) *Rev. Mens. de Laryngologie. December*, 1886.

EXPERIMENTS made in the practice of Prof. Pitres, of Bordeaux. The author has been able to locate, on the respiratory mucous membrane, zones, which he calls hypogenetic, lethargenetic, and spasmogenetic. Of seven patients, of which he relates the cases, he found among six of them hysterogenetic zones. In all these cases the nasal fossæ were the seat of the spasmogenetic zones. Spasmogenetic and lethargenetic zones existed in four of these cases; the posterior wall of the naso-pharynx was once the seat of a lethar-

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genetic zone; once, the posterior aspect of the palate, and the opening of the Eustachian tube. It is necessary to be forewarned of these hysterogenetic zones, in order to avoid accidents in those cases where operations have to be performed, even as simple as possible, on the mucous membranes of hysterical subjects. JOAL.

LABUS, CARLO.—Means of Facilitating the Removal of Nasal Mucous Polypi. (Per Agevolare l'Asportazione dei Polipi Mucosi Nasali.) *Gazzetta degli Ospitali*, Anno VIII., No. 3.

THE author draws his conclusions as follows:—The removal of nasal mucous polypi, performed rhinoscopically with the snare, is an operation better borne than that with the forceps. Delicate, instead of clumsy, it is hence much less painful; respecting healthy parts, it does not cause undesirable lesions; and from the possibility of effecting ablations not feasible with the forceps, as well as, lastly, the hope of performing a complete operation and of producing a radical cure, make the operation in every respect preferable. The article is written with clinical precision, as well as with valuable clinical details, which occasionally are quite original. MASSEI.

LANGE, VICTOR (Copenhagen).—**Remarks on the Operation for Polypi Choanarum, with a Description of a New Method of Operating on them. (Nogle Bemaerkninger om Operation af Choanalpolyper med Angivelse af en ny Operationsmethode.)** *Ugeskrift for Laeger, Januar* 1, 1887.

THE author understands by "polypi choanarum" polypi occupying the posterior nares, projecting more or less into the naso-pharynx. This form of polypi often being difficult to remove by the usual methods, the author has succeeded in four cases in removing them by the introduction into the nose, through the anterior nares, of an instrument, resembling somewhat a button-hook with a long handle. The hook is applied round the pedicle of the tumour by the help of the left forefinger introduced into the naso-pharynx. With a traction of the instrument the polypus is easily removed, and either pushed down into the naso-pharynx, or, if possible, through the nose by means of the finger. HOLGER MYGIND.

VERDÓS, PEDRO.—Clinical Data of the History of Syphilis of the Nose. (Datos Clinicos para la Historia de la Sifilis de la Nariz.) *An. de Otol. y Laringol.* 1886, Nos. X., XI.

THE author thinks that syphilis of the nose is rare. He has only found one case in a year, though from his position as a member of a

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special hygienic commission he has seen daily from twenty-five to thirty "filles de joie." His fellow-professors have not seen even one case in the same time. This patient had active ulceration and a perforation of the soft palate, and recovered completely under iodide of potash, and iodoform and morphia insufflations to the nose, and painting the nose with iodine and iodide of potash.

RAMON DE LA SOTA Y LASTRA.

GRAZZI, V.—Parosmiæ, their Causes and Treatment. (Parosmiæ, sue Cause e Cura.) *Bollettino delle Malattie dell' Orecchio, &c.* Anno V., No. 1.

THE author alludes to perversions of the sense of smell, and especially to the perception of disgusting odours, which are always apparently subjective, although dependent upon abnormal nasal secretion. The state of this, however, is not commensurate with the account of it given by the patient. The author says it may be caused by disease of the nerve centres of the terminations of the olfactory nerves. He gives a description of the principal and secondary forms, and then speaks of the prognosis and treatment, the latter consisting chiefly of local and general sedatives. MASSEI.

HENDLEY, T. H. (of Jeypore).—**Nasal Calculus.** *British Medical Journal, December* 11, 1886.

THE patient was admitted with a very painful swollen nose, and a large sinus on the left side of the organ, from which large quantities of pus were escaping. A probe detected a hard substance at the bottom of the sinus. In order to remove it, it was necessary to separate the nose from its attachments on the left side. The rhinolith weighed 720 grains, and was accurately moulded to the top of the nasal cavities on both sides. It measured two inches by seven-eighths, and had on section the appearance and almost the consistence of ivory. The patient had fallen on a stone twelve months previously. GREVILLE MACDONALD.

BARGELLINI.—On the Prophylaxis of Sneezing and of Epistaxis. (Sulla Profilassi dello Starnuto e dell' Epistassi.) *Archiv. Ital.*

THE author, in a letter to Dr. Bobone, wishes to make known the two following methods of prophylaxis. To prevent sneezing he advises strong digital compression of the angle formed between the lip and nose. This he practised on a baby seven days old, who, in falling, cut the right ala of his nose, and was seized with such continuous sneezing as would have prevented healing of the wound by

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first intention. The success of this means corroborates the theory of Baratoux concerning the seat of the sensitive zone. He urges the students to experiment on this theory in spasmodic sneezing. For the prevention of epistaxis, next, he advises the exhibition of snuff, a method which has produced most beneficial results with Dr. Ceasotti, and the distinguished anatomist, Prof. Vaselli, of Siena. MASSEI.

FAIANO, Prof. A.—On Epistaxis. (Sull' Epistassi.) *Archiv. Ital.*

THE author, after having referred to the forms admitted by Friedrerich, speaks of the etiological factors, according to the same author. Concerning vicarious epistaxis, he quotes the opinions of the various authorities, and declares his own belief that it depends on an inflammation of the nasal mucous membrane. In the same manner he explains rhinorrhagia during the course of a passive hyperæmia. He declares the diagnosis to be easy, and considers the prognosis favourable. He is inclined to consider habitual epistaxis in children as a symptom of latent tuberculosis.

Referring to local treatment, he considers the tampon, properly used, superior to astringents. Among so-called popular remedies, warm water appears to him scarcely fitting. He ends with the compilation of a good bibliography. MASSEI.

ROUTIER, A.—Sarcoma of the Nasal Fossæ. Ablation—Consecutive Ozæna—Cure. (Sarcome des Fosses nasales. Ablation—Ozène consecutif—Guérison.) *Rev. Chirurg., January*, 1887.

THE patient was a young man of twenty-four, with a large tumour of the nasal fossæ, proving microscopically to be sarcoma. An incision being first made through the arch of the palate, after fruitless trials with the cautery, the tumour was removed by a curette and the finger. During the operation the patient had the head hanging down, and thus lost little blood. JOAL (Mont Dore).

TONSILS, PHARYNX, &c.

FOX, HINGSTON.—Tonsillitis and its Relations to Scarlatina and Diphtheria. *Proc. Med. Soc.*, Vol. IX., 1886.

THE author thus sums up his conclusions :—

1. That there is a commonly occurring form of tonsillitis, symmetrical, varying much in severity, distinct from suppurative quinsy,

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