diphtheria in the Heidelberger clinic was considerably less during the last ten years. The only favourable thing that could be said of Klebs' anti-diphtherin is that the mortality is not increased in any great degree.

Michael.

Morse, J. L.—*A Bacteriological Study of Four Hundred Cases of Inflammation of the Throat, occurring in Diphtheria and Scarlet Fever, with especial Reference to Pathogenesis.* "Boston Med. and Surg. Journ.," Feb. 15, 1894.

THIS paper contains all the known work in this department, and a series of tables of mortality, etc., some of which are given here. K.L. stands for Klebs-Loeffler bacillus.

Mortality in four hundred cases	34	per cent.
,, ,, all cases containing K.L.	41	,,
,, ,, ,, not containing K.L.	23	,,
,, ,, ,, without scarlet fever	36	,,
,, ,, those cases which contained K.L.	41	,,
,, ,, ,, which did not contain K.L.	25	,,
,, ,, all cases complicated by scarlet fever	26	,,
,, ,, those cases containing K.L.	43	,,
,, ,, ,, not containing K.L.	21	,,

The question of the influence of other micro-organisms on the action of K.L. bacillus is dealt with in a very able manner, but can scarcely be considered complete, for the author says the small number of organisms found was probably accounted for by the short incubation permitted, and the media used for cultivation not suiting all varieties.

Streptococci occurred in 48 per cent., staphylococci in 74 per cent., diplococci in 13 per cent., bacilli in 22 per cent.

Mortality, K.L. alone	43	per cent.
,, K.L. with streptococci	28	,,
,, K.L. with staphylococci	46	,,
,, K.L. with strepto- and staphylococci	38	,,

but twenty-five cases examined with great care, all containing Klebs-Loeffler bacillus, were found to contain one or other of the various cocci —twelve containing two or more. The bacillus of diphtheria was found, in one case, thirty-one days after the membrane had disappeared. The pseudo-bacillus is discussed, but no new light is thrown upon it. The paper is one well worthy of perusal. *R. Lake.*

NOSE AND NASO-PHARYNX.

Gerber.—*Nasal Tumours.* Verein für Wissenschaftliche Heilkunde in Königsberg. Meeting, Jan. 8, 1894.

THE author spoke of tumours of the nose, and showed drawings of tumours operated upon by him; a specimen of a fibroma, and drawings of nasal syphilis and tuberculosis. *Michael.*

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Wurtz and **Lermoyez** (Paris). — *The Germicidal Property of Nasal Mucus.* "Lancet," Oct. 7, 1893.

EXPERIMENTS in proof of this important property were described before the Société de Biologie, July 15th, 1893. *Dundas Grant.*

Dunn, J.—*A Case of Cystic Tumour of the Floor of the Nose.* "New York Med. Journ.," Feb. 24, 1894.

A CYSTIC tumour of the floor of the nose containing clear fluid; no connection with a tooth, and was considered a retention cyst. *R. Lake.*

Richardson, S. W.—*A Case of Myxo-Sarcoma.* "Annals of Ophthal. and Otol.," Jan., 1894.

THIS was a growth of rapid development in a boy aged five. It was removed by Billroth's operation for resection of the superior maxilla; but as the growth involved the antrum, it, together with part of the palate and pterygoid plate, was removed. Its origin was apparently the middle turbinated bone. Recovery was speedy, but six weeks later recurrence had been so rapid that the tumour was as large as before operation, with extensive glandular involvement, death occurring four months after the operation. The tumour contained, besides myxo-sarcomatous elements, a quantity of striated muscle fibres. *R. Lake.*

Hopman (Köln).—*Ozæna Genuina.* "Münchener Med. Woch.," 1894, No. 3.

A POLEMICAL article concerning and contrary to Grünwald's views on ozæna. The author believes that the shortness of the septum and the breadth of the nasal cavity are the cause of ozæna, and that such a genuine ozæna exists without any carious process. But he agrees with Grünwald that in some cases the fœtor may be produced by caries of the nose and the accessory cavities. He acknowledges the great merits of examination with the probe, recommended by Grünwald, and has often applied this method with great advantage. *Michael.*

Hajek (Wien).—*Letter to Grünwald in München.* "Wiener Med. Woch.," 1894, No. 4.

POLEMICAL article concerning the views of Grünwald upon the etiology of ozæna. The author does not agree that caries is the usual cause of ozæna. Examination with the probe, as practised by Grünwald, cannot prove anything, because, if the probe touches the cells of the ethmoidal bone, bone is always felt, and it is impossible to say if these bones are carious. If caries is so frequent, it is remarkable that Zuckerkandl, who has made so many anatomical researches, has never found it. *Michael.*

Bishop, S. S.—*A New and Successful Treatment of Hay-Fever.* "Med. News," Feb. 14, 1894.

HAY-FEVER is said by the author to be due to an excess of uric acid in the blood, and he quotes several authors, together with Haig, to show various somewhat parallel instances of uræmic irritations,. For treatment he uses especially mineral acids. Acid sulphuric dilutum ten to thirty minims three times daily, and acid phosphate of soda in doses of one or

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two teaspoonsful, and the importance of a dose taken at the moment of waking is insisted on. As preventible treatment, salicylate or phosphate of sodium is given for about forty days before the usual time of the onset of the malady, but not during the attack. The author then gives a brief review of the views held by a number of physicians respecting the malady, and finally says he uses the galvano-cautery when indicated. *R. Lake.*

De Roaldes, A. W.—*Alarming Epistaxis of Grippal Origin.* "Med. Rec.," Oct. 14, 1893.

THE chief characteristic of these cases was their alarming nature; the seat of hæmorrhage when localized was always in the posterior third of the nasal cavity, which was always stenosed by spurs and hypertrophy of the inferior turbinated antero-posterior plugging, for suppurative otitis media occurred in one case in which posterior plugging was resorted to. *R. Lake.*

Chappell, W. F.—*Short Notes of Unusual Cases.* "Annals of Ophthal. and Otol.," Jan., 1894.

THE first, a case of membranous rhinitis, followed by polypoid degeneration of the mucosa.

The second, a case of myxo-fibroma of the inferior turbinated bone.

The third, a case of left anosmia and parosmia, caused by an enlargement of the anterior extremity of the inferior turbinated bone.

The third, a high temperature (101° at night) with burning pain, periodic in character, in the left tonsil, ear, face, sterno-mastoid, and subsequently also in the left arm and leg, in a neurotic female, after an abscess of the tonsil on that side.

The fourth, a case of laryngeal vertigo, caused by amputation of the uvula, and a still more severe attack after a simple application to the throat, necessitating the use of Pacquelin's cautery to restore consciousness. *R. Lake.*

Harris, T. J.—*A Case of Traumatic Epilepsy relieved by Operation on the Nose.* "Annals of Ophthal. and Otol.," Jan., 1894.

THE epilepsy manifested itself after a blow on the nose in a boy of sixteen years, and no medicinal treatment was of any avail. The cartilaginous septum was dislocated to the right, the vomer and perpendicular plate fractured and thickened, these together occluded the right nostril. These deformities were remedied by a preliminary removal of a spur, a fit following shortly afterwards; the septum was then broken up, and maintained in place by a Behrens splint. The operation was done nearly a year after the accident, and effected a completed cure. *R. Lake.*

Collier, Mayo (London).—*Acute Abscess of the Left Frontal Sinus simulating Orbital Cellulitis.* "Lancet," Jan. 27, 1894.

THE patient complained of severe pain and swelling in the left orbit. The eyeball was displaced downwards and outwards, and there was inflammation of the parts round the eye. The nasal passages were the seat of chronic obstruction. Pus was evacuated from the swelling by

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incision, and a small hole just behind the trochlea was detected by means of a fine probe. This opening, which led into a suppurating and denuded frontal sinus, was enlarged and made to communicate freely with the nose. *Dundas Grant.*

Bates, W. H.—*A New Method of Treatment of Chronic Naso-Pharyngeal Catarrh.* "Med. News," Jan. 20, 1894.

THE author suggests the employment of injections through the naso-lachrymal duct. A special syringe made of glass, with a very fine and gradually tapering point, is used, and the injections are made two or three times a week. Many fluids were used for injection, but the one which seemed to give greatest relief was sweet oil. [The author explains the beneficial result as due to some effect upon the nervous system. This is, however, a somewhat vague and indefinite statement.—ED.]

W. Milligan.

Mansell, Moullin C. (London).—*Osteoplastic Resection of the Superior Maxilla for Naso-Pharyngeal Polypus by a Method hitherto undescribed; Remarks.* "Lancet," Sept. 30, 1893.

IN this operation the hard palate was cut through antero-posteriorly to one side of the middle line, and the superior maxilla was severed below the orbit from the upper part of the opening for the anterior nares to the posterior border above the tuberosity. The appropriate skin incisions had been previously made, and the muco-periosteal covering of the hard palate had been turned back in a flap. The lower portion of the maxilla, with the inferior turbinated bone, was prized away and turned outwards along with the soft structures of the cheek-flap. The site of origin of the tumour from the internal pterygoid plate was thus freely exposed.

Dundas Grant.

TONSILS, PHARYNX, &c.

Anclair. — *Angina of Acute Articular Rheumatism.* "Bulletin Medical," Feb. 18, 1894.

IN the great majority of cases of acute rheumatism pharyngitis can be observed; in general it appears two or three days before articular manifestations—sometimes, but more rarely, in the course of the disease. This angina is characterized by some diffuse redness of the margin of the soft palate, the tonsils, and the posterior part of the pharynx; now and then an œdematous tumefaction of the uvula or other part of the mucous membrane is present. This redness and inflammation extends over the whole of the fauces, or is confined to one side. Dysphagia, pain in the ears, and difficulty of speech exist, as in other forms of angina. These symptoms diminish as soon as the articular manifestation appears, but the pain and the redness decrease slowly during seven or ten days. Generally the intensity of the pharyngitis is proportionate to the gravity

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