NOSE AND NASO-PHARYNX.

HERZOG (Graz).—**Eczema of the Nasal Orifice.** *Archiv. für Kinderheilk., Bd. ix.*

IN the greater number of cases the eczema is combined with scrofula. In all cases the author has found chronic rhinitis co-existent. The affection is sometimes complicated by erysipelas or furunculosis. The author relates six cases of this complication. In adults the affection is sometimes not easily differentiated from sycosis. The treatment consists in applications of ointments, of yellow oxide of mercury and vaseline with lead. **Michael.**

VRUNNELA.—Several Cases of Intermittent Dyspnœa of Obscure Pathogeny. *Revista de Medicina y Cirugia Practicas, February 7, 1888.*

DR. VRUNNELA, in the Spanish Medical and Surgical Academy, quoted some cases from which he deduced that there are many morbid conditions of the nasal fossæ, pharynx, and larynx, which may produce intense dyspnœa, and which may even necessitate tracheotomy. **Sota y Lastra.**

RUAULT.—Reflex Neuropathies of Nasal Origin. *Gaz. des Hôp., December 10, 1887.*

REVIEWS the question in an excellent manner. A very complete and erudite study. **Joal.**

BROWN, M. R. (Chicago).—**Paroxysmal Sneezing.** *British Medical Journal, December 10, 1887.*

THE writer recommends examination of the nasal mucous membrane for super-sensitive areas. These should be destroyed with the galvano-cautery. Atropine, $\frac{1}{100}$th grain once or twice daily, or the local application of a 4% solution of cocain may give temporary relief.
Hunter Mackenzie.

COEN (Wien).—**Rare Cases of Nasal Speech.** *Archiv für Kinderheilk, Bd. ix., Heft 3, 1888.*

NASAL speech caused by hypertrophy of one posterior nasal concha.
Michael.

SOURDRILLE.—Contribution to the Study of Reflex Neuroses of Nasal and Naso-Pharyngeal Origin. *Thèse, Paris, December, 1887.*

THIS work, by one of Gougenheim's pupils, is very incomplete. We would advise the author to familiarize himself with the treatment of nasal affections from a bibliographical point of view. He would benefit by reading A. Ruault's recent work. **Joal.**

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GARRIGOU-DÉSARENÈS.—Chronic Catarrh of the Nasal Fossæ, and its Treatment with the Chemical Galvano-Cautery. *Paris*, 1888.

THE author describes in this work the method which he was the first to employ, and the results he has obtained since 1884, when he commenced to practise it. After having studied the physiology and anatomy of the nasal fossæ, described the method of inspection and the instruments used, and given an account of chronic catarrh, hypertrophic, atrophic, and of adenoid vegetations, on which chapter we have no remarks to make, Garrigou Désarènes reviews the different methods employed in chronic catarrh, and condemns the employment of cauterization with chromic acid or nitrate of silver, and the use of the galvano-cautery and bistoury. He points out their defects, and enumerates the inconveniences that may result from their use. (Similar consequences, he says, cannot be attributed to the chemical galvano-caustic, for it acts gently and slowly, and is not painful to the patient, which superiority alone should weigh in its favour, and render its use preferable.) He then describes in detail the method of using it, insists on the application of the poles in a particular way, on the length of treatment, &c. Finally, he contributes the results obtained in his private practice, and in his clinic of the Boulevard St. Germain. In hypertrophic catarrh, after the three first applications the patient generally is sensible of relief from the electric current, and in the majority of cases after ten applications the cure of the catarrh is complete. In ozæna, after some days of the treatment the smell disappears, and notable amelioration is experienced ; one can even see the nasal cavities partly return to their primitive dimensions by a sort of regeneration of the mucosa, which resumes its normal aspect, and is coloured a pinkish grey. The author has seen a certain number of patients cured in a comparatively short space of time without recurrence more than a year afterwards. In adenoid tumours continuous currents may suffice to obtain a cure when the tumours are not much developed. It is well to employ the chemical galvano-cautery after the sanguinary operation, to prevent the development of new vegetations. Finally, Garrigou-Désarènes says that he has frequently treated traumatic epistaxes successfully by the action of continuous currents, and he then recommends the use of the positive pole, which possesses an undeniable hæmostatic power. **Joal.**

LEFLAIVE.—Summer Asthma. *Thèse, Paris, December*, 1887.

THE author calls the affection annual rhino-bronchitis or summer asthma, because these denominations do not in the least prejudge the etiological condition, whilst they are sufficiently clear to indicate the disease without ambiguity. He describes an oculo-nasal form (weeping, itching of the eyes, redness of the conjunctiva, photophobia, nasal flow aqueous at first, then yellow and thick, and spasmodic sneezing), and an oculo-naso-thoracic form, in which asthmatic dyspnœa is superadded to the previous symptoms, without expectoration at first, then accompanied with cough and expectoration. Summer asthma appears for the first time at ages varying from fifteen to thirty ; it returns annually at the same time,

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and is reproduced every year without exception. Age appears to diminish the attacks. The masculine sex is more susceptible to it. The malady is often hereditary, and appears to have an etiological relationship to gout; thus is explained its frequency in the Anglo-Saxon races, and its rarity in the hospitals. Its determining cause is the return of summer, which acts by meteorological influences, probably complex, difficult to determine. At any rate, the author holds that the nasal origin of summer asthma is far from proved. (Our personal opinion is based on a relatively small number of facts, but amongst them is nothing to authorize our thinking that a nasal lesion is the starting point of the malady.) A conscientious work, the conclusions of which we cannot, however, accept. **Joal.**

BOND, J. W. (London).—**Cases of Mucous Polypus in the Child** *British Medical Journal, December*, 10 1887.

THE first case is that of a girl, aged fifteen years, who had suffered from nasal polypus for about four years. It was now removed by the cold snare. The second is that of a girl aged eight, from whom a large mucous polypus of the nose was successfully removed under chloroform, *viâ* the mouth, by means of the *ecraseur*. As an appendix, there is narrated the case of a woman, aged thirty, in which a large mucous polypus sprang from the posterior end of the middle turbinated bone, and completely filled up the post-nasal region. It was successfully removed by the *ecraseur* and by forceps. **Hunter Mackenzie.**

NOQUET.—Foreign Bodies in the Left Nasal Fossa, causing Fœtid Rhinitis. *Soc. Méd. de Lille, November* 29, 1887.

RHINITIS, with a particular odour, with a different fœtidity from that of ozæna, produced by a wooden button which represented a cylinder eight millimètres in diameter and nine millimètres in height. This foreign body was in the left nasal fossa, a centimètre behind the anterior extremity of the inferior turbinated body. It was easily removed by Noquet, who saw that the mucosa was very red at the point of contact, was swollen, and bled very easily; the button was covered with a thin layer of calcareous matter. The extraction of the foreign body caused cessation of all the symptoms. **Joal.**

BOUCHER, G.—A Case of Considerable Deviation of the Nasal Septum, producing Complete Stenosis of One Naris. Recovery with Compressed Air. *Archivi Italiano di Laringologia*, 1888.

A VERY interesting contribution to the treatment of such conditions by a simple method, first recommended by Prof. Massei. The deviation was so intense that the patient, a child ten years old, could not breathe through the right naris, and the point of the nose was deviated to the left side. The case certainly indicated surgical treatment; it was a very typical one, and the abstractor recommends, especially, those American rhinologists who have such large experience of surgical treatment of this kind to try nasal douches of compressed air with Waldenburg's pneumatic apparatus **Massei.**

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VERCHÈRE.—Operative Indications in Certain Recurrent Tumours of the Cavity and Posterior Nasal Fossæ. *Archives de Laryngologie, November*, 1887.

THE author relates two observations, one of naso-pharyngeal tumours cured by slow destruction with the thermo-cautery after palatine incision; the other of globo-cellular sarcoma of the nasal fossæ and naso-pharynx removed through the nose after incision; he concludes that in all cases where a tumour situated in the nasal cavity or naso-pharynx is inaccessible *per vias naturales*, it is necessary to have recourse to a preliminary operation through the palate for naso-pharyngeal polypi, and median incision of the nose for tumours of the nasal fossæ.

Joal.

HOPMAN.—On the Author's Method of Removing Tumours of the Naso-Pharynx by Combined Bilateral Operation. *Monatschr. für Ohrenheilk.*, 1888, No. 1.

RECLAMATION of the priority for this method against Zaufal, to whom this method is attributed by Ziem.

Michael.

CARTAZ.—On the Persistence of Phonetic Troubles after the Ablation of Adenoid Vegetations. *Archives de Laryngologie, Dec.*, 1887.

IT is well known that the obstruction of the pharyngo-nasal cavity greatly diminishes the resonance of the voice, the timbre of which becomes muffled and veiled. Besides this, it prevents the clear enunciation of the nasal sounds; the "Ms" and "Ns" are transformed into "B"; these troubles in speech generally disappear from the moment that the pharyngo-nasal cavity is restored to its normal calibre, and that the vegetations are extracted or destroyed. But this is not always the case, and Cartaz has observed in two little patients, on whom he performed ablation of the vegetations, with Lœwenberg's forceps, a rather pronounced persistence of the nasal twang. These phenomena are caused by a paresis, a defect of accommodation of the arch of the palate, through its prolonged inaction due to the presence of the tumours. These troubles are similar to those one notices in persons suffering from fissure of the arch or vault of the palate, and it becomes necessary, by a supplementary education, to remedy the imperfections of speech. Cartaz, in cases of adenoid vegetation, insists besides on the utility of reading aloud, articulating each syllable distinctly, and emphasizing each word; he also recommends teaching by the solfeggi, holding each note for some time, and, finally, electrisation of the arch may produce good results.

Joal.

MOUTH, TONSILS, PHARYNX, &c.

PORTER, R. (Medical Staff).—**Communicability of Syphilis through the Saliva.** *British Medical Journal, December* 10, 1887.

RECORD of a case of tattooing, in which a syphilitic operator spat on the arm of his subject and then rubbed it, in order to remove the blood which

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