FORCHEIMER, F. (Cincinnati). — **The Prognosis of Croup.** *American Lancet, February*, 1887.

AGE, power of resistance, temperature, intensity and extensiveness of the affection must be carefully weighed. There are epidemics in which the mortality is frightful, do what we may. The greater the asphyxia, or the presence of much albuminuria, or of hæmaturia, or change of the cough to dry, and cessation of expectoration after operation, the prognosis is grave. A sudden rise of temperature is serious. Increased frequency of respiration is suspicious. The author finds intubation fulfil all the indications of tracheotomy, and the patient stands a much better chance with the former. One or other, or both operations, are to be performed in all cases, irrespective of age, sex, or condition. The author has performed intubation in five cases with effectual relief of stenosis.

TISSIER.—Diphtheritic Laryngitis in the Adult, Absence of Pharyngitis and Pseudo-Membranes in the Pharynx. Cure *Ann. Mal. du Larynx, &c., March*, 1887.

THE author records this observation, not because he thinks it rare, but to draw attention to the fact that in default of laryngoscopic examination, numerous cases of the same nature may pass unnoticed, and thereby entail mistaken diagnosis and even serious consequences. Many cases of contagion, apparently unintelligible, may find their true explanation in such a condition. These cases prove how necessary it is to use the laryngoscope methodically.

JOAL.

TONSILS, PHARYNX, &c.

NACHTIGALL (Stuttgart).—**Double Uvula.** *Deuts. Med. Zeit.*, No. 29, 1887.

BETWEEN the uvula and the left wall of the pharynx there was an appendage similar to a uvula, and joined to the true uvula by a thin band. A second band joined the structure to the palato-glossal arch. It was cut off with scissors, and proved to be composed, microscopically, of muscle. MICHAEL.

WAGNER, CLINTON.—Alarming Hæmorrhage after Tonsillar Excision arrested by Torsion of the Artery. *New York Med. Journ., April* 16, 1887.

THE patient was an adult. An artery of considerable size between

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the pillars, and apparently springing from the root of the tongue, was twisted, and hæmorrhage arrested. The author concludes by stating that for the past eleven years he has used Mackenzie's in preference to Fahnestock's guillotine, which he formerly employed, and this owing to accidents occurring similar to those reported in the *Journal* for April, 1887.

FARLOW, J. W.—Five Cases of Large Visible Pulsating Artery on the Posterior Wall of the Pharynx, with Remarks. *Boston Med. and Surg. Journal, March* 31, 1887.

AFTER relating the cases, and discussing the anatomy of the arteries supplying the posterior pharyngeal wall, the author concludes that the pulsating arteries in his cases were the ascending pharyngeal. He then points out the surgical importance of such cases, as, for instance, in incising a retro-pharyngeal abscess. He advises examination with the finger prior to any operative procedure, and suggests that many cases of hæmorrhage after tonsillotomy may be due to the wounding of abnormally large arteries.

SANDS, H. B.—Cicatricial Stricture of Œsophagus. *New York Med. Rec., January* 22, 1887.

A NUMBER of operations of internal œsophagotomy had been performed in 1883 with entire relief of dysphagia. A No. 40 F could then be easily passed, whereas filiform size only could be introduced previously. Between May, 1885, and October, 1886, no instrument had been used, and at the end of that time a 40 could be passed easily. The calibre of the œsophagus still permitted passage of a No. 40, and no difficulty was experienced in swallowing solids.

EGEBERG, Th. (Christiania).—**Corpus Alienum Œsophagi; Œsophagotomia.** *Tidsskrift for Praktisk Medicin, April* 1, 1887.

THE patient, a boy aged ten, had two years previously contracted a stricture of the gullet from drinking lye. After having swallowed a plum-stone, the swallowing even of water had become impossible, and a bougie could not be passed into the stomach, but was stopped 26 centimètres from the front teeth. After several vain attempts to extract or push down the stone with instruments, œsophagotomy was performed about thirty-six hours after the accident. An elastic bougie was introduced into the gullet, and the stone was easily found and removed. A little milk was given the next day, and three days after the operation the patient was allowed to take liquid food

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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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