17. ℞ Tinct. krameriæ ʒ 2½.
Tinct. benzoin ♏ 75.
Tinct. aloes ♏ 45.

The tonsils and pharynx may be touched three times daily with this mixture, and the following powders then be insufflated—

℞ Tannin gr. 23.
Sulphur sublim.
Pot. chlorat. āā gr. 30.

Norris Wolfenden.

HOGEBOOM, C. L. (Jamaica).—**The Treatment of Membranous Croup with Bicarbonate of Soda.** *New York Medical Record, March* 3, 1888.

THE author treated a patient (a child of three) with eighty grain doses of bicarbonate of soda, dissolved in half a teaspoonful of water, to which a tablespoonful of milk was added. This was followed by thirty grain doses every hour until the laryngeal symptoms abated. Weak milk and water was also given, and warm fomentations applied to the throat.

Norris Wolfenden.

NOSE AND NASO-PHARYNX.

GOODWILLIE, D. H. — Nasal Intubation. *New York Med. Journal, February* 4, 1888.

THE author is in the habit of using oval-shaped tubes of the same size with the exception of the anterior end, which is shaped to fit the rest of the nostril: the tubes are made in soft rubber, platina, or aluminium, of different sizes, ¼ inch to ½ inch in diameter and 2½ to 3½ inches long. They are more comfortable if the anterior end be made of soft rubber. The tube is passed into the inferior meatus, the anterior end resting in the vestibule; it can be worn comfortably, is not seen externally, and can be readily removed by the patient for cleansing and returned into the nostril. The small rubber tubes are used at the commencement of the treatment, and changed to larger ones until there is normal space, or the deformity has been corrected. They are useful in the following cases:—Intra-nasal hæmorrhage; internal and external fractures of the nose; deviations of the septum (after removal of exostosis) after removal of hypertrophic tissues or polypi; hypertrophies of the soft tissues without operation. Worn for a sufficient time they produce absorption. Two cases are related by the author, in which the method was used with advantage.

Norris Wolfenden.

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MAJOR, GEORGE W. (Montreal).-- **Chronic Nasal Catarrh: its Nature and Treatment.** *Canada Medical and Surgical Journal*, 1887.

A CLINICAL lecture at the Summer Session of McGill University.

MAJOR, GEORGE W. (Montreal).—**Removal of a Foreign Body from the Nose.** *Canada Medical and Surgical Journal*, 1887.

THE foreign body was a metallic boot button, and had been *in situ* for seven years, and had become thickly incrusted with phosphate of lime. This rhinolith was embedded in the soft tissues, and was firmly impacted between the lower turbinated bone and the floor of the nasal chamber.

When an offensive or any discharge is confined to one nostril, the presence of a foreign body should always be suspected. **G. W. Major.**

JOHNSTON, WYATT G. (Montreal).—**Mucous Polypi.** *Proceedings Montreal Medico-Chirurgical Society, March*, 1888.

THE author pointed out that in eight or nine cases under notice (specimens of which had been sent him for microscopic examination) the condition was seen in its early stage, and was found to be strictly an adenoma of the nasal mucous glands. In later stages in the epithelia there is a more or less complete disappearance of cell outlines, leaving only areolar tissue infiltrated with mucous fluid.

The secondary change probably accounts for the reason why these growths are commonly but incorrectly called myxomata of the nose, and confused with true myxomata which are tumours of quite a different nature, originating in connective tissue. **G. W. Major.**

KAYSER (Breslau).—**On the Significance of the Nares and the Upper Respiratory Tracts for Respiration.** *Archiv für die ges. Physiologie, Bd.* 41.

THE air inspired by the nose has half per cent. higher temperature than that which is inspired by the mouth. In one day the air inspired by the nose is mixed with 540 grm. of water. Of the organic and inorganic constituents of the air, the greater portion is retained by the mouth and pharynx; only a small portion enters the lungs. **Michael.**

KONIG (Göttingen).—**New Proceeding in Operating upon Retro-Nasal Polypi.** *Centralblatt für Chir.*, 1888, *No.* 10.

THE dorsum nasi is cut on one side with scissors. It does not matter greatly whether this operation is done on the right or on the left side. An operation upon the osseous parts is unnecessary in most cases. To remove the neoplasms the author applies large sharp spoons. This instrument is introduced by the nose, and the polypus removed by cutting. Having finished the operation the wound of the nose must be sewn up. The author also uses the spoon for the removal of ordinary nasal polypi. **Michael.**

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WALLE (Bonn).—**Clinical Remarks on Diseases of the Nose and Pharynx.** *Bonn*, 1888. 87 *pages.*

I. *Twenty-five Cases of Operative Opening of the Antrum of Highmore.*—In all cases the empyema was not caused by continuation of the purulent process from the nose, but by caries of the teeth. By opening the alveolus of the extracted carious tooth the pus was removed, and the cavity was cleansed with salt solution.

II. *On Bursitis Pharyngea.*—Communication of forty cases of this disease; some of them were cured by galvano-cautery, the greater number by nitrate of silver.

III. *On Ozæna.*—The author believes that ozæna is caused by a micro-organism. The atrophy is not the cause of the fœtor.

Michael.

FREUDENTHAL (New York).—**On the Relation between Chronic Obstructions of the Nose and Naso-Pharynx and Abdominal Hernias.** *Monatschr. für Ohrenheilk., &c.*, 1887, *Nos.* 11, 12; 1888, *Nos.* 1, 2.

A CASE of the greatest interest. The patient, sixty-four years old, became ill with cough, dyspnœa, and blood-spitting. The laryngoscope showed nothing unusual, but there was no respiratory sound in the right lung. The right side of the thorax did not move at all; fremitus and bronchophony were not remarked on the right side; the percussion of this side was dull. Some weeks later the patient died. The post-mortem examination, performed by Prof. Weigert, gave the following result: The trachea was embedded in masses of tumour. A part of the tumour had perforated the trachea and filled the lumen of the right bronchus. The lung contained no air. The microscope showed that the tumour was a carcinoma. From the absence of the respiratory murmur, the result of the percussion and the diminution of the volume of the right lung, the diagnosis of complete atelectasis of the lung could have been made "intra vitam."

Michael.

McDONAGH, G. R. (Toronto).—**Rhinoscleroma.** *Canadian Practitioner*, 1887.

A GOOD review of the subject, containing no original matter.

G. W. Major.

PRINGLE, I. H. (Edinburgh).—**Note of a Curious Accident.** *Edinburgh Medical Journal, December*, 1887.

IN this case two splinters of wood struck the patient, who was employed at a saw-mill, just below the nasal bones. "From the articulation between the nasal bones and cartilages there was a lacerated wound running down to the right angle of the lower jaw. From just below the nasal bones the two splinters of wood projected, the shorter passed straight back through the nasal cavity, the longer down under the cheek, and projected through the skin at the left angle of the lower jaw." In order to detach the short splinter the hard palate had to be split up, and the superior maxillæ kept apart. On account of swelling about the fauces

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tracheotomy was necessary. Temporary relief was given, but the patient died in a few hours.

Inspection showed that "the turbinated bones, vomer, and right superior maxilla communicated. The hard palate was transversely fractured, but the mucous membrane was not involved. Epiglottis and back of tongue seemed normal; soft palate slightly ulcerated; brain and skull uninjured." The splinter which had entered the nose was $5\frac{1}{2}$ inches in length, and of this $4\frac{3}{4}$ inches had been buried in the nasal cavity.

Hunter Mackenzie.

MOUTH, TONSILS, PHARYNX, &c.

BARKER, ARTHUR E. (London).—**Removal of Part of the Jaw, Tongue, Side of the Pharynx, and Soft Palate for Epithelioma.** *Lancet, December* 3, 1887.

THIS case is stated "to illustrate some of the advantages of division of the cheek for the purpose of reaching disease far back in the tongue and pharynx." About a year after the operation the disease returned in the throat, with ulceration and hæmorrhage, and death ensued three months subsequently after a severe attack of bleeding.

The author remarks upon the fact that, up to the end of the case, no extension of the disease to the glands could be discovered. The result in regard to complete relief from suffering and prolongation of life in this and in other cases inclines the author to the opinion that more might be done in the way of excision of pharyngeal cancer than is commonly supposed.

Hunter Mackenzie.

PADLEY, GEORGE (Swansea).—**The Treatment of Cancer.** *Lancet, December* 24, 1887.

IN the course of a discussion which followed upon the publication of Mr. Clay's paper on this subject (*Vide Journal of Laryngology*, &c., vol. II, p. 109), the case is related by Mr. Padley of a patient, aged sixty, who suffered from a painful indurated tumour on the side of the tongue, extending from near the root to within two inches of the tip, and occupying nearly one-half the transverse diameter, with hard, raised, and everted edges. Chian turpentine was used, and after about two months' trial the diseased mass, which had been progressively increasing, appeared to be less active, and after a further period the surface presented a less malignant aspect, the ulcer appearing less deep, and its edges less

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