NOSE.

HARDAWAY, W. A. (St. Louis).—**Inflammation of the Hair Follicles within the Nares.** *Journal of Cutaneous and Venereal Diseases. December*, 1886.

DEALS with inflammation of the vibrissæ—folliculitis barbæ. The association of the disease with broken-down health is insisted upon. The author commences with sulphide of calcium in $\frac{1}{10}$ gr. doses every three hours for a few days. This is followed by cod-liver oil in the annexed emulsion :—

℞	Ol. morrh.	℥iv.
	Pancreatin. sacch. ...	℈i.
	Pulv. acacia	q.s.
	Glycerit. hypophosphit.,	
	Syr. calcii lactophosphat.,	
	Aquæ	āā ℥iv.
	Ol. gaulther.	gtt. xxx.

Ft. emulsio. ℥ss. t.i.d., after meals.

In the local management of the acute stages, he applies freely, inside and outside of the nose, a mixture of glycerine and Squibb's glycerole of the sub-acetate of lead. After the pain subsides, Van Harlingen's ointment[1] for eczema is used in the same manner. Frequent relapses of this affection may call for destruction of the hair follicles by means of electrolysis. J. N. MACKENZIE.

VOLTOLINI (Breslau).—**Remarks on Parasites in the Ear and the Nose of Man and Higher Mammalia.** *Monatsschr. für Ohrenheilk., &c.*, 1886, Nos. 8 and 9.

A REPRODUCTION of cases published some years ago by Dr. Joseph, with historical remarks. MICHAEL.

ZIEM (Danzig).—**On Neuralgic and Nervous Affections proceeding from Diseases of the Nose and Throat.** *Monatsschr. für Ohrenheilk.*, 1886, Nos. 8 and 9.

AN essay on the literature of the different affections described as arising from diseases of the nose and pharynx, with some theoretical explanations and original observations. MICHAEL.

[1] The composition of the ointment is as follows :—

℞	Glycerol. plumbi subacetat. (Squibb)	℥ss.
	Glycerin.	℥jss.
	Ung. aq. rosin.	℥j.
	Ceræ alba	q.s.

Ft. ung.

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BRESGEN (Frankfort).—**Origin, Importance, and Treatment of Callous Thickening of the Septum Narium.** *Wien. Med. Presse*, Nos. 7 and 8, 1887.

A GOOD review. Chromic acid is extolled by the author for these conditions. MICHAEL.

FRONTIS, DAVID B. (Wadesborough, N.C.)—**Two Cases of Abscess of the Antrum simulating Chronic Nasal Catarrh.** *North Carolina Medical Journal, January*, 1887.

IN both cases, which are related at length, nasal cough was the most prominent and interesting symptom; and, according to the author, unquestionably reflex in nature. Frontis attributes the cough to reflex irritation of the sensitive area located by the reviewer, lays stress on the difference in percussion resonance over the antrum on both sides as a means of diagnosis, and insists upon the necessity of making a free opening in the diseased cavity and securing thorough drainage. J. N. MACKENZIE.

HUBBELL, A. A. (Buffalo).—**Congenital Occlusion of the Posterior Nares.** *Buffalo Med. Journal, December*, 1886.

RELATES an interesting case, and gives an excellent *résumé* of the literature of the deformity. J. N. MACKENZIE.

RICHEY, S. O. (Washington).—**Prophylaxis in Rhinitis Sympathetica.** *Chicago Med. Journal and Examiner, December*, 1886.

RICHEY believes with the reviewer that the phenomena of this disorder are the peripheral expression of a more central disturbance, "the impairment of the balance of circulation in the cervical plexus," and considers the initial cause to be insufficient protection of the body, and especially the spinal region, from decided and quickly repeated alterations of temperature. A sufferer himself from the disease, he has found most marked relief from wearing flannel next to the skin in winter, which in summer is replaced by the open work French netted goods. The suggestion is offered, that with the dissipation of the nasal and throat symptoms, the affection may indicate its presence in another way, as, for example, in *petit mal.*

J. N. MACKENZIE.

McBRIDE, P. (Edinburgh).—**Lecture on Nasal and Naso-Pharyngeal Reflex Neuroses.** *Brit. Med. Journal, January* 29, 1887.

A REVIEW of the various views held as to these conditions. The author concludes with a well-timed reference to the recent paper of

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Bœcker's (see this Journal, Jan., 1887), which he describes "as a very useful antidote to those who are inclined to be too active in attacking by surgical operations the noses of those who suffer from asthma and other neuroses."

COHEN, S. S. (Philadelphia).—**A Case of Hysterical Sneezing apparently Cured by Intra-Nasal Applications of the Continuous Battery Current.** *New York Med. Journal, January* 29, 1887.

In a neuro-mimetic, hysterical girl, subject as she said to paroxysms of violent sneezing, and who came to be treated for "hay fever" by the electric cautery, Cohen found the nasal passages apparently free from disease, but on the left side of the septum high up, pressure with the probe gave rise to exquisite pain, and a sensation as if she were going to have an attack. After trying a palliative course of treatment with cocaine, internal medication of various kinds was instituted without success. The paroxysms were finally kept under control for two months by the application of belladonna and cacao-butter in various strengths to the sensitive spot on the septum. Six weeks after cessation of treatment she had a recurrence, and daily applications of the constant current were decided upon, the positive electrode being placed on the sensitive area, the negative upon an indifferent point on the cheek. After two weeks, the patient professed herself well. Cohen is uncertain as to whether the cure was due to the current, or to the mental impression which the electricity created.

J. N. Mackenzie.

TONSILS, PHARYNX, &c.

MORGAN, E. C.—**The Question of Hæmorrhage following Uvulotomy.** *A Reprint from the New York Med. Journal*, 1886.

The author has produced an elaborate historical essay, of quite a unique character. The opinions of various authors as to uvulotomy are here collected and expressed, from 400 B.C. to 1886 A.D. The author addressed inquiries to all prominent laryngologists throughout the world as to cases of uvular hæmorrhage met with by them in their practice. The replies to questions asked enabled Dr. Morgan to formulate the following conclusions:—

1. A fatal or uncontrollable hæmorrhage has, in one instance, followed a uvulotomy.

2. A persistent, obstinate, or alarming hæmorrhage is only encountered in the rarest instances.

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