two halves being brought out at different sides of the mouth or nose and fastened. Swallowing can be accomplished by this method. A wedge-shaped slit is made in the gastric end of the tube, to act as a valve and prevent regurgitation. Peptonised food is recommended, predigested with pancreatic extract or trypsin, and the methods of preparing the same fully detailed, according to the directions of Sir William Roberts, of Manchester.

R. Norris Wolfenden.

NOSE AND NASO-PHARYNX.

ROLLAND, A. J. B.—Acute Rhinitis. *La Gazette Médicale de Montréal*, 1887.

THIS paper treats of acute rhinitis in detail, and according to modern ideas.

George W. Major.

ZIEM (Dantzig).—**On the Best Method for Opening the Antrum of Highmore.**

THE author recommends the opening of the alveolar process through an extracted tooth, or near a tooth. As instrument he uses a drill. He has performed the operation in 227 cases, and has found in 222 cases this method the best. For injection he uses Mayer's douche. He has only operated on thirteen per cent. of his cases without finding fluid. Mickulicz' method of opening through the nose is much more difficult, and causes more pain and bleeding. If no tooth is carious he opens between two teeth.

Michael.

RINGER AND MURRELL.—Remarks on Paroxysmal Sneezing. *Brit. Med. Journ., June 16 and 23*, 1888.

THE names "hay fever" and "hay asthma" are unfortunately chosen, for the existence is now very generally recognized of a complaint presenting identically the same symptoms, but excited by causes other than the presence of pollen in the atmosphere. The sneezing paroxysms alternate with asthma, or one of them may preponderate. In both varieties we meet with cases in which there is itching of some part of nares, or inner canthus of the eye, or the eyeball, accompanied by repeated and violent attacks of sneezing and profuse watery discharge from the nose and eyes. The irritation may arise in the pharynx.

Various cases are related of idiosyncrasy with regard to pollen of certain plants, dust, drugs, and emanations from animals. The authors remark that the close connection between hay fever and intermittent sneezing, is well shown in those cases where not only pollen but other excitants induce an attack. Sunlight is referred to as an exciting cause of sneezing, and violent exercise also. A case is related, in which food seemed to be the excitant. In some cases it is difficult to assign any cause as is often the case in the allied affections, migraine, asthma, and

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neuralgia. A number of cases are detailed of hereditary connection between this disorder and asthma. A number of ideal or emotional cases are referred to. The amusing case of a student is related whose uncontrollable fits of sneezing came on regularly at one of the writer's lectures on materia medica, "often in the most interesting part of an exposition of the physiological action of some new and valuable drug." . . . "He often had to resort to violent muscular exercise, such as a game of billiards, to subdue them" (!) The authors rely largely on cocaine locally applied in tabloids. Pungent inhalations, *e.g.*, strong ammonia, carbolic acid, camphor and iodine are useful in cutting short the attacks of sneezing. The authors give the palm to iodine, ordering the patient to carry a bottle of the liniment in the pocket, and to take sniffs at the onset of an attack. Pure terebene, pinol and eucalyptine, or a few drops of chloroform, or inhalations of creosote or camphor are also recommended. During the hay asthma season, the sufferer should regularly smoke a good cigar as a preventive the last thing on going to bed, or better still when he is in bed. Indian tobacco, or lobelia inflata are preferred by some patients; strong nitre papers burnt in the room are good. They should be prepared sprinkled with compound tincture of benzoin, essence of camphor, tincture of sumbul, or some preparation of stramonium. Himrod's powder is generally recognized to be useful. Black and strong coffee may cut short a paroxysm. Effervescing citrate of caffeine is often prescribed by the authors. They do not get beneficial results from nasal douches or sprays of quinine. Hazeline snuffed up the nose will abort the attack.

The next class of remedies is that which modifies the condition of the mucous membrane, and foremost is placed iodide of potassium.

Arsenic is of little use in true hay fever, but is good in paroxysmal sneezing. If polypus is present it should be removed, and hypertrophies of mucous membrane should be removed with the electric cautery. Liniment or ointment of aconite applied to a localized spot of itching will often give relief.

The cases related by the writers are interesting, as exhibiting the various and protean forms of these sneezing complaints. The indications for treatment are less interesting. In the long list of local applications, we do not find any mention of the very simple protective measure of smearing the nasal passages or throat with sedative unguents such as vaseline, or protecting the nose, mouth, and eyes with veils, cotton tampons, respirators, etc., measures which are quite as generally useful as those detailed by the authors.

R. Norris Wolfenden.

GENTH, CARL (Langen Schwalbach). — **Therapeutics of Hay Fever.** *Brit. Med. Jour., June* 16, 1888.

THE author believes that hay fever usually begins with symptoms of conjunctivitis. It is probably the case that the agent which causes hay fever first attacks the conjunctiva; under favourable circumstances (heat) it multiplies there, and then diffuses itself over the mucous membrane of the respiratory organs, perhaps through the medium of the laryngeal canal. To be effective, medication must be local, and directed to the eyes at the earliest date. The author believes instillation and bathing

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the conjunctiva with sublimate solution (1 in 3,000), as suggested to him by Dr. Pagenstecher, to be the best remedy. The same solution can be applied to the throat and nose. The bathing should be commenced for a fortnight before the annual attack of hay fever is expected to come on, and should be continued through the hay fever season. The author relates one case in support of his views. **R. Norris Wolfenden.**

JOAL (Mont Dore). — **On Genital Epistaxis.** *Rev. Mens. de Laryngol.*, Nos. 2 and 3, 1888.

EPISTAXES are thus classified by Dr. Joal :—

1. Traumatic and ulcerative (falls on the head, blows on the nose, cauterizations, ulcerations of the pituitary membrane).

2. Dyscrasic (alterations in the vessels, or blood; hæmophilia, scurvy, hepatic conditions, renal diseases, arterio-sclerosis).

3. Mechanical (increase of pressure in arterial or venous system; efforts, cries, attacks of coughing, vomitings, tumours of the neck, enlargement of the right heart).

4. Vaso motor (turgescence from reflex erection of the tissue).

The last group comprises all those hæmorrhages, commonly described as essential, idiopathic, or spontaneous, and their causation is easily explained. Turgesence of the turbinated bodies leads to rupture and hæmorrhage. This tissue is capable of enlargement either from slight excitation of the nasal mucosa, of the skin, of the eye, or from psychical causes. But the most frequent cause of epistaxis occurring at the age of puberty is physiological or pathological irritation of the sexual organs. There is a correlation between the nose and the reproductive apparatus, as is seen in the influence of odours in man and animals on the genital function, and the turgesence of the turbinated bodies by the genital act, or by menstrual congestion, catamenial, &c., epistaxes, and those occurring as the result of onanism. The author brings forward many cases to support his views, and particular stress is laid upon the occurrence of epistaxes in young persons, which may be entirely due to masturbation, and which are arrested when this vice is cured.

R. Norris Wolfenden.

HOOPER, FRANKLIN H. (Boston).—**Adenoid Vegetations in Children: their Diagnosis and Treatment.** *Boston Med. and Surg. Journ.*, 1888, *re-print.*

THIS is a careful essay on the subject. The author remarks upon the slight knowledge there is of this condition amongst general practitioners, of how often children with adenoid vegetations are stupidly diagnosed to have catarrh, "snuffles," winter cough, winter cold, &c. Two years old is the average age when the trouble first begins in the author's experience, commencing with difficulty of breathing, especially at night, repeated attacks of cold in the head, and considerable nasal discharge. There is comparative immunity during the summer. Constant mouth breathing leads to stupid expression; sleep at night is never sound, and the respirations have a noisy suffocative character. During the day the child is languid or irritable; the majority of children are deaf, with stuffy or thick

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voices. Headache, desire to lie down, and occasional vomiting occur very frequently in such children at school. This condition is wrongly called "migraine." Deformities of the chest succeed to this constant mouth-breathing, just as in laryngeal stenosis. Diligent examination should be made of the naso-pharynx. The growth must be removed. In very young children anæsthesia must be obtained. No one method of operating is suitable for all cases. The post-nasal forceps are best for large masses, and the surface may be curetted afterwards.

Meyers' ring-knife is suitable for some cases. The principal object of the operation being to establish free respiration, it is not necessary to remove every trace of growth. Any portions remaining after the operation will atrophy. The growths do not recur after removal. The author operates with the child in the upright position. The author rightly insists on the improvement in physique caused in children by removing adenoid growths.

R. Norris Wolfenden.

LARYNX.

D'HEILLY.—Intubation of the Larynx in Croup. *Gaz. des Hop.*, *May* 3, 1888.

THE author has performed the operation at the Hôpital Trousseau, in thirteen cases of croup, using O'Dwyer's instruments. In all the cases the conditions were such as would have called for tracheotomy, and the author has taken by preference children under three years of age. American statistics show that intubation has five times as much success in children under two as tracheotomy. After four and a half years of age tracheotomy has the advantage. D'Heilly's youngest patient was nineteen months, and oldest four years of age. Of the thirteen cases, two were in such extreme condition that death could not be attributed to the introduction of the tube. Out of the eleven others were two cases (children of two years of age and two and a half years, respectively). The tube was retained between six and seven days. Intubation is accomplished without bleeding or wound, and is easy to accomplish. These are its advantages over tracheotomy. In case of failure by intubation, tracheotomy can still be performed. The canula is well supported. As to the complaint of wounding the larynx by the passage of the tube, it would require considerable brutality or absolute maladroitness to accomplish it. As soon as the tube is in place, an immediate change occurs in the condition of the infant. There is neither traumatic shock nor rise of temperature, and cold air does not penetrate into the lungs, a most important thing in the case of young infants. But there is a reverse shadow to this favourable picture. The tube is often occluded by false membrane, and it must then be taken out and replaced. This can always be done immediately at the hospital; but in other places it is another question.

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