question of congenital or cancerous origin, and as there was motor ocular paralysis, the professor concluded the stricture to be of syphilitic origin. JOAL.

SYMONDS, CHARTERS J.—The Treatment of Malignant Stricture of the Œsophagus by Tubage or Permanent Catheterism. *Brit. Med. Jour., April* 23, 1887.

THREE cases of epithelioma and one of simple stricture are related, with the object of confirming Krishaber's conclusions that tubes can be safely worn for long periods with the effect of prolonging life. The author discusses the short tube, its range of usefulness, the difficulties and accidents attending its employment. Among the latter is the possibility of the tube passing beyond the stricture, and inability to withdraw it. When considerable dilatation has been effected by the short tube, it may be removed altogether from time to time. If cough on swallowing supervenes, Krishaber's long tube must be substituted or gastrostomy performed. The paper is exceedingly instructive. GREVILLE MACDONALD.

NOSE AND NASO-PHARYNX.

MAYS, T. J.—The Nasal Reflex. A New Method for Determining the Local Sensory Action of Drugs. A Preliminary Note. *Med. News, November* 20, 1886.

FIVE or six drops of a one or two per cent. solution of the drug to be tested are slowly dropped into one nostril of a good sized frog at intervals of from three to five minutes, and the nasal reflex is tested by introducing the end of a very fine and light wire into the nostril under the influence of the drug, and fill as into the nostril of the opposite side, and the effects compared. The nasal reflex is extremely sensitive and shows the slightest interference with its integrity. Anæsthesia is gradually produced in the drugged nostril, while in the other the sensibility remains intact. This method has been used by the author in determining the difference between theine and caffeine—a sufficient guarantee of its delicacy and accuracy.

J. N. MACKENZIE.

POHL.—Observation on the Occurrence of Nasal Respiration before Thoracic and Abdominal Respiration. *Prager Med. Wochenschr.*, No. 16, 1887.

IN three cases, complicated with great respiratory trouble (Morb.

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Brightii, Emphysema, Hydrothorax), the author observed that the dyspnœic movements of the nose sometimes preceded the respiratory movements of the thorax and abdomen. The phenomenon could be observed by simple inspection, and exhibited graphically by using Marey's instrument. MICHAEL.

VALENTIN.—On Chronic Coryza and Ozæna. *Correspondenzblatt für schweizer Aerzte*, No. 2, 1887.

A SYMPTOM, not yet recognized, but present in many diseased conditions of the nose, is the failure of the superficial epithelium. By scraping the mucous membrane and making a microscopical examination of the scrapings, it is easy to see if this is absent. In dry catarrh the author recommends the application of solution of saponine, in true ozæna irrigation with salt solution. MICHAEL.

NOQUET (Lille).—**Some Considerations on Atrophic Rhinitis.** *Rev. Mens. de Laryngologie, May*, 1887.

THE author observed thirteen patients afflicted with this condition. There was no direct evidence of scrofula in any, but while some appeared to be a little lymphatic, many, on the other hand, appeared to be in vigorous health. Syphilis was absent in all the cases. The saddle-shaped nose, on which Zaufal insists, was only met with in one case, and Noquet attributes but little importance to this sign from an etiological point of view. Fœtor was especially evident in young subjects under twenty years of age; above that age it was less intense. The pathological process proceeds towards the Eustachian tubes and middle ear; all the patients above twenty years of age came to Noquet for affections of hearing, and were undoubtedly affected with median otitis, the more marked the older they were. In young subjects the post-nasal cavity was encumbered with thick lumps of mucus, in others there were dry crusts on the mucous membrane. Most authors think that it is possible only to palliate atrophic rhinitis, but Noquet's experience leads him to the conviction that a well-directed treatment followed punctually for a long period will be followed by complete cure, and he has been enabled to state a very marked regeneration of the atrophied parts in young subjects. He also agrees with Gottstein in the opinion that atrophy of the mucosa is consecutive to a chronic inflammation, and dismisses the theory of congenital atrophy held by Zaufal, as well as that of Calmettes and Martin, that the condition is due to arrest of development. He rather leans to the opinion of Lœwenberg, that atrophic rhinitis is due to the invasion of the nasal cavities by a special diplococcus.

JOAL.

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VERNEUIL.—Treatment of Obstinate Epistaxis. See Report of Academy of Medicine, April 26, 1887. (This Journal, p. 232.)

JOAL.

PATRICK, Z. E.—A Simple Method of Arresting Epistaxis. *New York Med. Jour., March* 19, 1887.

A PIECE of bandage is tied across each thigh close to the body, and, if necessary, around each arm, just tight enough to prevent the venous circulation without interfering with the arterial. The hæmorrhage is said to cease almost instantly. The author has used the method often successfully. J. N. MACKENZIE.

SCHÄFFER and NASSE.—Tubercular Tumours of the Nose. *Deutsch. Med. Wochenschr.*, 1887, No. 15.

THE author has seen eight cases of tubercular tumours of the nose. In all these cases the tumour was seated upon the septum. There were always some tumours of varying size up to the circumference of a nut. The tumours bled easily, and were rather harder in the middle than the outer portions, which were soft. After operation there was always a great inclination to recurrence and to ulceration, and this sometimes caused perforation of the septum. An hereditary predisposition to tuberculosis was present in most cases. The affection always began on the septum. Very energetic local treatment was in all cases combined with a general treatment, but in no case did complete cure follow. The history of six cases as observed by the author is given. Nasse made an anatomical and microscopical examination of the tumours in two cases. In the first the tumour was pyriform and possessed a fibrous stroma in which a great many small and confluent tubercles were seated. Larger portions were cheesy. Tubercle bacilli were not abundant. The second tumour was of a more irregular form, but of the same microscopical characters. MICHAEL.

LANGE, V. (Copenhagen).—**Operation for Choanal Polypi.** *Deutsch. Med. Wochenschr*, 1887.

FOR such polypi as are difficult to operate upon by other methods, the author recommends a blunt hook, with which he obtained good results in many cases. MICHAEL.

DUFFIELD.—An Operation for Post-Nasal Sarcomatous Tumour. *Med. News, April* 23, 1887.

DR. S. P. DUFFIELD writes to the *American Lancet*, of April, 1887, of an operation performed by Dr. Wahl, of Dorpat. Instead of the Mott way of splitting the nose, he made an incision across the nose,

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following the line of articulation of the ossa nasi with the os frontis, and then down the right side in the line of articulation with the maxillaris ; breaking through the articulation of the os frontis with chisel and mallet, he turned the nose over upon the cheek, and had a good, unobstructed opening through which to work, and with a curette removed the tumour piecemeal, replaced the nose, and fastened with sutures. Two days afterwards the patient's nose looked "as natural almost as ever." J. N. MACKENZIE.

BENOIT.—Hay Asthma. *Paris Médical, March* 14, 1887.

AN observation of a patient attacked with dyspnœic phenomena, and having inflammatory affection of the nose. Nothing new.

JOAL.

LARYNX.

ANNANDALE, Prof. (Edinburgh). — **Note on Preliminary Tracheotomy as an Aid to Certain Operations.** *Edin. Med. Jour., March*, 1887.

THE writer lays down two important principles of preliminary tracheotomy in certain operations involving the mouth, throat, or jaws :—(1) The prevention of blood passing into and obstructing the air-passages ; (2) the security of free and proper respiration, together with the safe and convenient administration of an anæsthetic. He further adds that much blood should not pass down into the stomach, as it may cause vomiting, and so interfere with the operation. He does not believe in the efficiency of Trendelenburg's tampon-canula, or in any of its modifications, and accordingly has devised a special apparatus, which he thus describes :—

"My apparatus, figured in the woodcut, consists of a vulcanite tracheotomy tube (A) which has a broad ring attached to, but moving round its neck, and of a piece of ordinary india-rubber tube about eighteen inches long, and having a diameter of half-an-inch. One end of the india-rubber tube (B) is passed over the ring at the neck of the tracheotomy tube, and secured to it by a piece of strong silk, the ends (D and C) of which are left long. The trachea or larynx having been opened, the tracheal tube is introduced as far as its neck, and then each end of the silk is, by means of a needle, brought through the corresponding edge of the wound of the skin, and when these are tied together they not only retain the tube in the trachea, but also close the external wound, and prevent any blood passing into the trachea in this way. The movable ring round the neck fo

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