These are very satisfactory statistics. The treatment was systematic, and as follows :—

1st. Constant pulverisation with creosote in the atmosphere.

2nd. Swabbings of the throat with creosote (repeated every 4 or 5 hours) with this solution :—

Glycerine, 20 grs.
Alcohol, 10 grs.
Creosote, 1 gr.

3rd. In the more serious cases administration of creosote hypodermically in the following mixture :—

Antiseptic olive oil, 180 grs.
Creosote, 20 grs.

1, 2, or 3 cubic centimètres of the solution are injected without causing local inflammation, and the temperature is thus lowered in proportion to the dose employed. **Joal.**

MOHAMMED, BEN. (Nekhach).—**Treatment of Diphtheria by Perchloride of Iron and Milk.** *Congrès d'Oran, March* 29, 1888.

THE author has treated twenty-one diphtheritic patients with perchloride and milk, and has obtained twenty cures, among which were two adults.

All these patients were treated from the beginning of the affection—before the period of asphyxia. The perchloride was administered (in a dose of from 25—30 drops in a glass of water, the dose of milk being from 1 litre a day). As adjuvants he recommends emetics, and pharyngeal swabbing, with a solution of perchloride. The author has obtained such brilliant results that he recommends this treatment as the specific for diphtheria. **Joal.**

BEAUPÈRE.—Chloroform Anæsthesia in Tracheotomy for Croup in Children. *Lyon Médical, March*, 1888.

THE author (a pupil of Professor Lerat) founds his remarks on twenty-six observations made at the Hôpital de la Charité. He maintains that the use of chloroform is indicated in tracheotomy for diphtheria in children, that it does not increase the asphyxia ; that it diminishes the laryngeal spasm, and that so far from predisposing to syncope, it is able to prevent it. The only cases in which its use is contra-indicated, are those in which there is extreme asphyxia, or which present pulmonary lesions. **Joal.**

NOSE AND NASO-PHARYNX.

LERMOYEZ.—On the Pathogeny of Hay Asthma. *Ann. des Mal. de l'Oreille, etc., March*, 1888.

A CRITICAL article àpropos of Leflaive's thesis, abstracted in the April number of this journal. Lermoyez says, "The nose is becoming

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everything, is encroaching upon, and threatening to swallow up, all pathology. Before yesterday asthma, yesterday stridulous laryngitis, to-day aprosexia are made tributary to it. In the name of progress everything is snared or cut away." He controverts Hack's theory. Hay asthma is not a neurosis of nasal origin; three kinds of fact are opposed to this doctrine:—

1. In the numerous observations of reflex neuroses of nasal origin we meet with phenomena which are durable or return in a variable manner, but which never present the characteristic periodicity of an affection which only attacks persons during two months of the year.

2. The examination of persons suffering from real hay asthma has led to the conclusion that the nasal fossæ are, in the immense majority of cases, in a perfectly healthy condition.

3. Finally, in those rare cases where we meet with the coincidence of symptoms of hay asthma with appreciable nasal lesions, the destruction of the nasal alteration has never led to the disappearance of the annual attacks. Real hay asthma should therefore be withdrawn from the category of reflex, nasal neuroses. **Joal.**

COUPARD.—Foreign Bodies in the Right Nostril. *Soc. Médecine Pratique, March* 15, 1888.

A LITTLE girl six years old suffered from ozæna from the age of seventeen months; she breathed with difficulty, had bronchitis, palpitation, oppression, and venous dilatation at the root of the nose. In 1886 a physician declared the child to be tuberculous. On examining the right nostril, a dry, blackish, thick crust was seen to be situated at the level of the middle meatus. Nothing was detected on the left side. With duck-billed forceps, Coupard removed a metal button. A month after the child was completely cured. **Joal.**

POTTER, F. H. (Buffalo).—**Tuberculosis of the Nose, Mouth, and Larynx.** *Buffalo Med. and Surg. Journal, February*, 1888.

A GOOD review of the subject.

HINKEL, F. W. (Buffalo).—**Irregularities of the Septum Narium, without Deflection, as an Etiological Factor in Nasal Catarrh.** *New York Med. Journal, October* 1, 1887.

BELIEVES them to be due to hereditary peculiarity of development rather than to trauma. A good paper, containing, however, no original matter. **J. N. Mackenzie.**

SEILER, CARL (Philadelphia).—**Ecchondroses of the Septum Narium and their Removal.** *New York Med. Record, February* 18, 1888.

HE believes that simple cartilaginous excrescences are due, not to traumatism but to local irritation of the mucosa of the cartilaginous septum primarily, and of the perichondrium secondarily; and furthermore argues that this result is brought about through pressure irritation; thinks that excessive growth of ecchondroses often causes union between them and the opposite

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turbinated bone, and that in this way the bridges met with in the nostril are formed, and cites an illustrative case. In operating, Seiler prefers the knife and gouge to the revolving instruments and saw. Having reduced any existing hyperæmia, the nostril is made anæsthetic with cocaine, a double-edged knife, curved on the flat, is carried from below upward to the middle of the excrescence, and then from above downward till the cuts meet. If a hard centre is present, a flat chisel and mallet are used to overcome the obstruction. When there is a shelf-like ecchondrosis, with a downward-sloping upper surface, separated from the floor of the nose by a narrow space, he assumes that ossification has taken place, and operates as follows :—

Dilating the nostril widely, the dull point of a plough-shaped knife is inserted into a grove director placed between the floor of the nostril and the ecchondrosis. When the bony centre is reached the knife is removed and a gouge is inserted, and a few blows from the mallet causes the obstruction to yield. These operations are painless, if cocaine anæsthesia is resorted to. The hæmorrhage is usually slight, and healing occurs in about ten days. For further details the original article should be consulted. **J. N. Mackenzie.**

GRADLE, H.—On Ocular Symptoms due to Nasal Disease. *Arch. of Ophthalmology*, Vol. xvi., No. 4, 1887.

THE principal symptoms considered are lachrymation, feeling of fulness of the lids, itching, pain in the eyes on their opening, congestion of the conjunctiva, sudden congestion and œdema of the lids, pericorneal injection. The author believes in the nasal origin of these symptoms, and holds the local cavernous obstruction theory of Hack. **J. N. Mackenzie.**

SCHMIDT.—Bilateral Amaurosis following Loss of Blood after a Nasal Operation. *Klin. Monatsbl. für Ohrenheilk., October*, 1887.

A LADY, twenty-three years of age, became blind after an operation for nasal polypi, during which she had lost 150—200 grms. of blood.

Michael.

CORIVEAUD.—Choreiform Convulsions of Reflex Origin in a Foster-child suffering from Coryza. *Journal de Bordeaux, December*, 1887.

THIS case relates to a child who for two days had presented choreiform movements. A careful study of all the organs and external circumstances threw no light on the etiology. The author then thought of nasal affection, and found that the mucous membrane of the nostrils was red and swollen. He found on it small mucous concretions. Warm fomentations, oily inunctions, rapidly modified the coryza, and dispersed the convulsive phenomena. **Joal.**

STONHAM, C. (London).—**A Case of Naso-Pharyngeal Polypus. Lawrence's Operation: Recurrence. Second Operation: Recovery.** *Lancet, January* 7, 1888.

THE patient was a boy aged sixteen years. The symptoms presented

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by him were such as are usually associated with naso-pharyngeal tumours. The tumour seemed of the size of a hen's egg ; it was attached by a very broad base to the basilar process and to the left naris, extending backwards to, but not implicating, the vertebral column. Laryngo-tracheotomy was performed as a preliminary step, and Trendelenburg's tampon canula was employed.

Within six months after removal of the polypus by Lawrence's operation, recurrence had taken place. The same operation was peformed as on the first occasion, and the growth was completely removed in one piece. Three years have now elapsed without signs of further recurrence

Hunter Mackenzie.

FONTAN (Toulon).—**Temporary Maxillo-malar Resection for the Cure of Naso-pharyngeal Polypi.** *Congrès de Chirurgie, March* 1888.

IN the case of a boy aged sixteen, with an enormous polypus filling all the facial cavities, obstructing the pharynx, preventing deglutition, respiration, sleep, and causing frequent hæmorrhage, and in which it was necessary to act promptly, the author first divided the external orbitary apophyses through a small cutaneous opening. He then divided the palatine vault and the roof of the palate, separated the pterygo-maxillary articulation, and with the malo-maxillary bone removed the polypus, then brought the parts together by the osseous and cutaneous sections. The polypus weighed 100 grammes ; the maxilla was reunited on the fifteenth day.

Joal.

HERMET.—Cauterization of the Posterior Region of the Turbinated Bodies. *Soc. de l'Elysée, February*, 1888.

THE author presented to the Society a spiral cautery, by which eight to ten cauterizations can be made at once. Hermet operates most frequently through the mouth ; the operator has the advantage of seeing what he is doing, and of measuring the exact extent of the cauterizations.

Joal.

POESCHEL.—The Treatment of Diseases of the Naso-pharynx. *Münch. Med. Wochenschr.*, No. 14, 1888.

A RECOMMENDATION of insufflations of boric acid. **Michael.**

MOUTH, TONSILS, PHARYNX, &c.

BROCA.—Complex Hare-lip of the Upper Lip. *Journal de Ruault, February*, 1888.

THE author sums up the works already published in the bulletins of the Soc. Anatomique, in the annals of gynecology in the Gaz. Hedomadaire, and he relies on fourty-four cases which he has observed, to refute Goethe's theory, and confirm the opinion of Albrecht. **Joal.**

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