slit or cleft, which during every act of swallowing thereby empties itself, so that no inflammatory products can attach themselves." In some cases it may be necessary to remove a part or the entire tonsil ; in others, only a piece of the membrane. For removal of the tonsil, a long hooked forceps, a tonsil bistoury, a pair of curved scissors for the purpose of cutting down to the base of any pus passage, are necessary. Chronic redness of the gums is said to be a symptom, which always coexists with, and is positive proof of, pus accumulations in the tonsil. Galvano-cautery and scarification are beneficial, but the good result is due more to "blind luck" than anything else. The formation of a scar is also dependent upon chance, for after the cautery is used it is not always that cicatrization readily occurs, owing to the continual contraction ; and even if the scar is well formed, it is often the cause of development of a new recess, which, on account of the scar tissue, is not easily laid bare. Against tonsillotomy is urged the fact that more of the secreting membrane is removed than is the case with the cautery, and that after the removal of the tonsil it is still necessary to look for open cavities, which are necessarily left after tonsillotomy. Partial excision, to lay bare a deep cavity behind the gland, is often demanded, but this is more easily reached with the blunt hook. **J. N. Mackenzie.**

FELICI, F. — Granuloma, or Sarcoma of the Pharynx. *Il Morgagni*, 1888.

A CONTRIBUTION (with historical review) to the differential diagnosis between syphilis and sarcomatous growths of the pharynx, a syphilitic condition having preceded this. A large tumour springing from the posterior wall of the pharynx covered the arytenoid cartilages. The tumour, after some traction, was pulled out spontaneously, and the microscopical examination showed it to be of a sarcomatous nature. The patient died shortly after. In consequence of the coexistence of syphilis, the recognition of the true nature of the disease was certainly not easy. **Massei.**

NOSE AND NASO-PHARYNX.

WALSHAM, W J. (London).—**A New Method of Applying the Nasal Truss for Correcting Deformities of the Nose.** *Lancet, February* 25, 1888.

A DESCRIPTION of apparatus. **Hunter Mackenzie.**

"COUNTRY PRACTITIONER."—The Treatment of Intractable Rosaceous Nose. *British Medical Journal, February* 11, 1888.

A RECOMMENDATION of scarification, which is said to be not at all a painful process. **Hunter Mackenzie.**

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SANDFORD, ARTHUR W. (Newcastle-on-Tyne).—**Case of Persistent Sneezing.** *British Medical Journal, March* 17, 1888.

A PATIENT, aged ten years, sneezed continuously for ten days, with the exception of a few hours' sleep on three nights. No effect was produced by bromide or iodide of potassium, galvanism, chloroform, or counter-irritation.

Hunter Mackenzie.

ZIEM (Dantzig).—**Genesis of Facial Erysipelas.**—*Dtsch. Med. Wochenschr.*, 1888, *No.* 19.

ERYSIPELAS is often caused by purulent processes of the nares and jaws without complication of external infection. Such affections, therefore, must be treated carefully.

Michael.

COZZOLINO, PROF. V.—A Large Calculus in the Left Nasal Cavity. *Archiv. Italiano de Laringologia.*

MASSINI, G.—A Calculus in the Right Nasal Cavity. *Gaz. degli Ospitali.*

NASAL calculi are somewhat rare, and the two cases related by the two Italian specialists are full of interest. The one observed by Cozzolino was very large. The diagnosis in both cases was only possible by means of the metal probe. The stone was composed of triple phosphate, and neutral carbonate of lime. No chemical examination was made of the one extracted by Massini. It originated in a small stone, which the patient, a child aged ten, had introduced into the nose five or six years before. He was emaciated, but soon recovered after the calculus was removed. Cozzolino's patient was a man aged sixty, and besides the purulent discharges from the nose he complained of deafness and noises in the left ear.

Massei.

PLATT, W. B. (Baltimore).—**Fibro-adeno-Sarcoma of the Naso-Pharynx.** *Med. News, June* 2, 1888.

A DETAILED account of the interesting case of a negress, aged forty-four, who had complained of stoppage of the nose, sore throat, constant pain in the temples, and bleeding from nose and throat. The growth, which filled the naso-pharynx, was removed by first dividing the velum, and then slowly separating the growth from its attachment by the snare. Hæmorrhage was steady but moderate, and easily checked. The incision in the palate was closed with six silver sutures, and healing took place by first intention. The sutures were removed in five to nine days. At the end of four weeks articulation was nearly normal, and deglutition performed with ease. For three to four weeks there was some induration at the former site of the tumour, which gradually disappeared.

John N. Mackenzie.

D'ANTONA, PROF. A.—Enormous Fibro-Sarcoma of the Left Nasal Cavity. *Rev. Clin. della Universita di Napoli.*

THE patient, a countryman aged thirty-six, had been ill for only three months, and was operated upon for a growth of the left nasal cavity; soon after he noticed a large growth at the back of the velum. There was

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exophthalmos ; the nose was large, and a growth issued externally from the left nares. A tumour like a small citron was visible in the pharyngeal cavity. A longitudinal incision from the left external aperture of the nares was made with the bistoury, extending to the outer canthus of the eye ; the zygoma was cut with scissors, as well as the corresponding part of the right superior maxillary bone. The whole bone was dislocated, and the nasal bones of the left side taken out. Considerable hæmorrhage occurred. The operator with the hand quickly removed the whole tumour. Recovery speedily followed. **Massei.**

HEYDENREICH.—New Method of Removing Naso-Pharyngeal Polypi. *Semaine Méd., May* 9, 1888.

THE author explains König's method of removing polypi with a sharp spoon, after preliminary division of the nose in the median line. He advises great circumspection in resorting to this method. **Joal.**

LARYNX.

MACKENZIE, G. HUNTER (Edinburgh).—**Case of Chronic Laryngitis, probably Tubercular, treated by Tracheotomy and by Endo-laryngeal Removal of Growth** *British Medical Journal, February* 4, 1888.

RECORD of a case with substantial improvement following the operation of tracheotomy, and in which a small warty-looking growth was removed from the vocal cord. **Hunter Mackenzie.**

LOEWE (Berlin).—**On the Removal of Pathological Secretions of the Larynx by Forced Injections of Water.**—*Monatssch. für Ohrenheilk.*, 1888, *No.* 5.

THE author cleanses the larynx by forced injections, and says that this method has been performed by him in many cases with good results. **Michael.**

STEELL, GRAHAM (Manchester).—**Spontaneous Detachment of a Laryngeal Polypus.** *British Medical Journal, February* 4, 1888.

NARRATION of a case. **Hunter Mackenzie.**

AUDUBERT. — Cyst of the Ventricular Band. *Rev. Mens. de Laryngol., April*, 1888.

THE author relates a case seen at the clinic of Prof. Moure. Cysts of the ventricular bands are very rare. Garel, of Lyons, and Seiffert have each related similar cases, and the observation now published is the third case known. **Joal.**

KIDD, PERCY (London).—**A Case of Angioma of the Larynx.** *British Medical Journal, March* 17, 1888.

A CASE in which an angiomatous growth, attached to the anterior third of

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