first intention. The success of this means corroborates the theory of Baratoux concerning the seat of the sensitive zone. He urges the students to experiment on this theory in spasmodic sneezing. For the prevention of epistaxis, next, he advises the exhibition of snuff, a method which has produced most beneficial results with Dr. Ceasotti, and the distinguished anatomist, Prof. Vaselli, of Siena. MASSEI.

FAIANO, Prof. A.—On Epistaxis. (Sull' Epistassi.) *Archiv. Ital.*

THE author, after having referred to the forms admitted by Friedrerich, speaks of the etiological factors, according to the same author. Concerning vicarious epistaxis, he quotes the opinions of the various authorities, and declares his own belief that it depends on an inflammation of the nasal mucous membrane. In the same manner he explains rhinorrhagia during the course of a passive hyperæmia. He declares the diagnosis to be easy, and considers the prognosis favourable. He is inclined to consider habitual epistaxis in children as a symptom of latent tuberculosis.

Referring to local treatment, he considers the tampon, properly used, superior to astringents. Among so-called popular remedies, warm water appears to him scarcely fitting. He ends with the compilation of a good bibliography. MASSEI.

ROUTIER, A.—Sarcoma of the Nasal Fossæ. Ablation—Consecutive Ozæna—Cure. (Sarcome des Fosses nasales. Ablation—Ozène consecutif—Guérison.) *Rev. Chirurg., January*, 1887.

THE patient was a young man of twenty-four, with a large tumour of the nasal fossæ, proving microscopically to be sarcoma. An incision being first made through the arch of the palate, after fruitless trials with the cautery, the tumour was removed by a curette and the finger. During the operation the patient had the head hanging down, and thus lost little blood. JOAL (Mont Dore).

TONSILS, PHARYNX, &c.

FOX, HINGSTON.—Tonsillitis and its Relations to Scarlatina and Diphtheria. *Proc. Med. Soc.*, Vol. IX., 1886.

THE author thus sums up his conclusions :—

1. That there is a commonly occurring form of tonsillitis, symmetrical, varying much in severity, distinct from suppurative quinsy,

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due to septic causes, often attacking several members of one household, and frequently prevalent at the same time as scarlatina and diphtheria.

2. That short-lived outbreaks of so-called infectious sore throat occur, associated with unsanitary conditions, the cases often varying much from one another, but intermediate in their general characters between tonsillitis and the two specific fevers.

3. That the throat lesion is the symptom most constantly present in both scarlatina and diphtheria, but its degree and character very greatly vary; that it is in some cases apparently identical in nature in the two fevers; and that it may be absolutely indistinguishable from the common form of tonsillitis first alluded to.

4. That there is some reason for regarding scarlatina and diphtheria as essentially forms of tonsillitis, which have acquired the power of infecting the system generally.

5. That the virus of these two fevers may probably enter the lymphatic system through the tonsil, producing tonsillitis as a primary effect.

6. That the specific character of these diseases is connected with the power of the poison-germ to overcome the resistance of the tissues so far as to reproduce itself in the human body without deterioration; that a certain series of lesions is thus set up before the poison is destroyed, and that in the meantime its multiplication affords a supply of *contagia* for the communication of the disease.

7. That this power of withstanding the resistance of the tissues and reproducing itself within the human body has probably been acquired under a process of evolution.

8. That there is nothing in the occurrence of scarlatina and diphtheria of wounds, and of other mucous surfaces than the fauces, to contravene the hypothesis that the poisons of these diseases in ordinary cases enter at the tonsils.

9. That the tonsils are absorbent glands, and that their function may not improbably be connected with the absorption of certain elements from the saliva.

LEBRUN, A. (Brussels).—**A Contribution to the Treatment of Acute Tonsillitis. (Contribution à la Thérapeutique des Amygdalites Agues.)** *La Clinique, February* 13.

THE author bases his treatment upon the opinion that cold alone is powerless to produce the diseases commonly designated "diseases à frigore," the presence of microbes in the tissues being quite essential. He formerly prescribed antiseptic gargles, particularly boracic acid;

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but now relies on iodoform-collodion applied to the throat once a day with a pencil. A case of phlegmonous tonsillitis was cured in a few days by this plan. CAPART.

ATKINSON, F. P.—Short Notes on the Causes and Treatment of some of the Diseases of the Tonsils. *Practitioner, January*, 1887.

Ordinary Tonsillitis or Quinsy.—Never epidemic, infectious, or contagious; the submaxillary glands are often involved from sympathy. *Causes:* Hereditary tendency; muscular and nervous exhaustion. *Treatment:* Effervescing citrate of potash, guaiacum and black currant lozenges. An iodine gargle (℥xx–xxv. of the tinct. to the ounce of water). Plenty of beef tea and milk, and 4 to 5 ounces of port wine daily. When pus has formed omit the citrate and lozenges, and trust to the gargle, &c.

Follicular Tonsillitis.—Often is epidemic, but apparently not infectious; rarely or never goes on to suppuration; is generally accompanied by neuralgic pains; the urine is non-albuminous; it is not succeeded by paralysis; the lymphatics of the neck are enlarged and tender; the patient is generally well in three or four days; under favourable conditions it readily assumes the diphtheritic type. *Cause:* Insanitary arrangements, especially when associated with a damp and heavy atmosphere. *Treatment:* Quinine and iron, and boracic acid, with glycerine and compound infusion of roses, as a gargle; or the application of boroglyceride to the various spots.

Diphtheria.—Is epidemic, contagious, and infectious; the urine is generally albuminous; it is attended, as a rule, with great exhaustion, and frequently succeeded by paralysis. *Cause:* Sewage-poisoned or germ-contaminated milk or water; defective sanitation. *Treatment:* Perchloride of iron and quinine in large and often-repeated doses; pigment of boroglyceride to the throat, or perchloride of iron and glycerine; port wine or brandy, and plenty of beef-tea and milk.

Ulceration of Tonsil.—1. ASEPTIC FORM, occasionally co-existent with quinsy, as a result of over-distension of the gland-surface. *Treatment:* Same as for ordinary tonsillitis. Quinine and iron do not seem to agree. 2. SEPTIC FORM—α. From *Syphilis:* Solid caustic to the tonsil; all other forms are made worse by caustic. β. *Scarlatina:* General treatment and boroglyceride locally. γ. From *Insanitation:* Give a mixture of dilute nitric acid, chlorate of potash, and tincture of perchloride of iron; a gargle of boracic acid, glycerine and infusion of roses; plenty of good liquid nourishment, and three or four ounces of port wine daily.

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Naso-pharyngeal Catarrh.—*Cause:* Damp and exhaustion in predisposed persons, chiefly in those of strumous habit. *Treatment:* Chloralum, pure or slightly diluted, applied by a brush; a good dry elevated residence corrects the predisposition.

[It will be seen that the writer's methods of treatment are decidedly old-fashioned. His views upon follicular tonsillitis and naso-pharyngeal catarrh are particularly open to criticism. However, if his treatment is not exactly the means of doing most good, it has at least the merit of probably doing little harm.]

DUNEY, Dr. F.—On a rare Case of Pharyngeal Stenosis from Constitutional Syphilis, and an Anatomo-Pathological Study of Syphilis of the Liver and Spleen. (Sa di un raro Caso di Stenosi Faringea per Sifilide Costituzionale e Contribuzione Anatomo-Pathologica salle Sifilide del Fegato e della Milza.) *Rivista Clinica e Terapeutica, Napoli,* 11 *and* 12. MASSEI.

TURNER.—A Case of Retro-œsophageal Abscess, causing Death by Pressure on the Trachea. *Lancet, January* 1, 1887.

THE patient, a child aged three months, was under treatment for syphilis. After one temporary attack of dyspnœa, the child was seized, a few days later, with more severe dyspnœa, which increased to such an extent that tracheotomy became necessary. The child rallied somewhat for a time, but died a few hours later. Post-mortem was found a large abscess in the areolar tissue behind the œsophagus and lower part of the pharynx. It was bounded behind by the bodies and transverse processes of the vertebræ, which, however, were not diseased. The abscess extended from the level of the cricoid cartilage to within a quarter of an inch of the bifurcation of the trachea, the larynx and trachea being found quite healthy. The abscess probably arose from suppuration of the post-pharyngeal glands. It is worthy of remark that dysphagia, which is supposed to be the most prominent symptom of this condition, was entirely absent in this case.

LARYNX.

WAXHAM, W. E. (Chicago).—**Intubation of the Larynx.** *Phil. Med. News, January* 1, 1887.

REFERRING to the statement that if the trachea be plugged with membrane, and relief fail to follow the removal of the tube, immediate tracheotomy would become necessary, with less hope than if it had been done at first, and that with intubation no attempt can be

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