ing sulphuric acid. The stricture was so tight that fluid could only be swallowed with great difficulty. The boy became suddenly highly feverish, and died thirty-six hours later. The autopsy revealed an abscess perforating the œsophagus, the thymus, the mediastinum, and communicating with the left pleural cavity, which was in a state of high inflammation and filled with sero-purulent fluid. MICHAEL.

LE DENTU.—Note on Internal Œsophagotomy at Multiple Sittings. *Acad. de Méd., June* 28, 1887.

THE instrument devised by Maissoneuve is dangerous, especially on account of the size of its blades; he has therefore devised a series of blades of graduated sizes, the smallest being five millimètres, and the largest nine millimètres. He has applied these graduated blades in the case of a man of thirty, who had a stricture twelve centimètres long, and which only permitted the passage of a No. 11 urethral bougie. A first section was made with the smallest blade, and dilatation was thus rendered possible. JOAL.

NOSE AND NASO-PHARYNX.

MACKENZIE, JOHN NOLAND (Baltimore).—**A Contribution to the Pathology and Treatment of the Respiratory Vaso-Motor Neuroses.** *New York Med. Journ., February* 26, 1887.

THE upper respiratory tract (naso-bronchial) is the seat of periodical vascular disturbances in which paroxysmal explosions of nervous force, sympathetic or vaso-motor, play a conspicuous part. The whole tract or only a portion may be thus affected.

The two factors are, depraved condition of nerve centres, and abnormal excitability of certain portions of the naso-bronchial tract. It may be hereditary, or acquired,—*e.g.*, from prolonged irritation (nasal congestions, inflammation, polypi, chronic affections of the larynx, pharynx, and bronchi), leading to repeated and continuous vascular disturbances over certain areas (erectile tissues of nose), with subsequent irritation of nerve centres. These centres then come to be hyper-excitable. Any peripheral or central cause will then excite a paroxysm. Neurasthenia is another cause; certain diathetic conditions also lead to abrogation of the functional activity of these centres. Intense hyperæsthesia of the respiratory membrane, like the vascular engorgement, is secondary, occurring only from central irritation or paresis. This is brought about by direct impression upon the terminal nerve filaments, by indirect influence

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conveyed or reflected through the vaso-motor centres from a distant organ, or from excitation starting in the centres themselves. The hyperæsthesia may be general or localized in segments, as in the lower and posterior portions of the nostril, the pharynx, the vault and posterior wall; the laryngeal interarytenoid commissure, and the posterior wall of the trachea, always in the lower and posterior portions of the respiratory tract. These affections are intimately related to some disturbance of the sympathetic nerve, and probably a deranged condition of the vaso-motor centres themselves.

The author then refers to an undescribed neurosis of the aural apparatus, closely allied in etiology and mechanism, &c., to vaso motor coryza. It is a sort of hay fever of the ear. He refers to Gradle's case of periodical affection of the conjunctiva analogous to hay fever. In vaso-motor coryza it is the spheno-palatine ganglion, in the aural neurosis the otic ganglion, in Gradle's recurring conjunctivitis the ophthalmic ganglion which is at fault. He then discusses asthma in relation to nasal disease. It is not generally known that Ferber, of Hamburg, in 1869, referring to the frequent association of sneezing, migraine, bronchial asthma, and hay fever, advanced the theory that they were a neurosis of the trigeminal brought about by circulatory disturbances in the lower pelvis. Ferdinand Wydler was also a pioneer in this question of naso-pharyngeal reflexes. The author then speaks at some length of "hay fever," coryza vaso-motoria periodica and treatment of the same, and condemns the too frequent use of cocaine as leading to increased irritability of the structures and permanent dilatation of the erectile tissues. This affection is to be treated, as any chronic disease of the nervous system, with tonics, and he insists on the treatment being kept up in the intervals of the attacks, especially recommending phosphorus, zinc, quinine, and nux vomica, Fowler's or Donovan's solution (of arsenic), the bromides, or the constant current (one pole over of the nape of the neck, the other over the superior cervical ganglion and nasal passages). Treatment of the nasal cavities only closes one door against irritation of the nervous centres. Those who rely upon removing obstructions solely, do so on incomplete pathological grounds. Behind all these factors stands the neurosis.

INGALS, E. F. (Chicago).—**Epistaxis.** *Med. News, July* 23, 1887. One of the best means of checking nasal hæmorrhage is to syringe out the nose with cold water, and then insufflate a powder containing a small amount of cocaine, which should be followed at once by powdered alum. After the powder has been applied, the nostrils

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should be compressed or plugged. The author has known of one case in which posterior plugging produced inflammation of the mastoid cells. A method of plugging recommended by the author is to take a piece of surgeon's gauze, or cheese cloth, an inch in width and four or five feet in length, saturate it with a thick mixture of tannin, and introduce it, fold upon fold, into the nostril. If iodoform be used in connection with the tannin, the plug may remain for two or three days without danger. The author gives the principal causes of epistaxis, reports five cases of practical interest, and recommends highly the local use of the galvano-cautery and solid silver stick to the bleeding points. J. N. MACKENZIE.

ECHEVARRIA.—Uncontrolled Epistaxis. *El Dictamen, June* 30, 1887.

A MAN, sixty-two years old, had experienced during some thirteen years several severe attacks of epistaxis, which had led him to the verge of death. His physicians had declared him to be hæmophilic. The author being called in to control the last hæmorrhage, plugged the nares anteriorly and posteriorly without success. Applying a blister over the hepatic region, the flux of blood was arrested. The author relates that his patient had neither hepatic lesions nor any sub-diaphragmatic circulatory condition which could have explained the epistaxis, and that there was no history of anything but hæmophilia. From this he infers that the *rationale* of blistering the hepatic region is not so obvious as it would be in existing chronic hepatitis, cirrhosis, or other lesion of this viscus, to which a great influence in the production of epistaxis has been attributed.

RAMON DE LA SOTA.

CHATELLIER.—Perforating Canaliculi of the Basal Membrane of the Hypertrophied Nasal Mucous Membrane. *Annales des Mal. de l'Oreille, Larynx, &c., June,* 1887.

CANALICULI traverse the nasal membrane perpendicularly to its surface. Their external extremities open in funnel shape immediately facing the deep layer of the investing ciliated epithelium. When this epithelium is detached, one sees more clearly the opening of the canaliculi. The intermediary portion crosses the thickness of the basal membrane in rectilinear, sometimes in sinuous, direction. The opposite end of the canaliculi corresponds to the deep layer of the basal membrane. At this point the canaliculi are continuous with a network of canals in the substance of the mucosa immediately in contact with the deep layer of the basement membrane. Hitherto these canaliculi have only been seen in nasal mucous

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membrane affected with hypertrophy. They also exist in the healthy mucosa. JOAL.

HOPMAN (Cöln).—**What shall we call Nasal Polypi? An Answer to Different Criticisms of my Classification of the Benign Nasal Polypi.** *Monatschr. für Ohrenheilk.*, No. 7, 1887.

POLEMICAL article. MICHAEL.

MICHEL, CARL (Cöln). **On Electrolytic Treatment of Fibro-Vascular Nasal Polypi.** *Monatschr. für Ohrenheilk, &c.*, No. 5, 1887.

AFTER communicating four cases treated with good results, the author describes his method of operation. The needles are of yellow copper, one and a half mm. thick. A thin aural catheter covers the upper parts of the needles. These being soaked in oil before the operation, are introduced by rotatory movements. The author uses Stöhr's apparatus. After the operation the negative needle is easily removed, but the positive needle is destroyed by the oxygen, and is often rather difficult to remove. The patient must respire by the mouth during the operation. He can himself keep the needles in position. After a few days the destruction of the tumour can be seen by its discoloration. In six to nine months the largest tumours can be destroyed. The operation is not so dangerous as the galvano-cautery. MICHAEL.

MOURE.—Indurated Chancre of the Right Nasal Fossa. *Rev. Mens. de Laryngol., July*, 1887.

PRIMARY manifestation of syphilis in the nasal fossa is rare, the only published case (*in extenso*) being that of Spencer Watson's, in which a nurse was affected, the chancre being situated at the inner surface of the left nasal ala. In Moure's case the right nasal ala was raised by a fungous mass of reddish aspect at certain points, greyish at others, where it was covered with pultaceous mucus. The tumour, which was situated on the septum, almost projected from the orifice of the nasal fossa, which it filled up internally, and extended to about two centimètres in backward direction. The submaxillary glands of the right side were tumefied. The patient has also presented mucous patches in the throat, and a papular eruption of the skin. JOAL.

STRAUCH (Herrnstadt-in-Schlesien).—**Researches on a Micrococcus, in the Secretions of the Naso-Pharynx.** *Monatschr. für Ohrenheilk.*, Nos. 6, 7, 1887.

A VERY praiseworthy bacteriological research, which, however, must be read in the original, not being capable of condensation into a short report. MICHAEL.

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SPICER, SCANES.—On Distension of the Nasal Arch (Transverse Nasal Vein) in Children; its Pathology and Treatment. *Brit. Med. Journ., August* 27, 1887.

CHILDREN with this condition (seen in the black distended vein at the root of the nose and overfilling of neighbouring superficial veins) suffer from intractable chronic catarrh of the nose and pharynx, often with swollen middle turbinated bodies and rhinorrhœa; and chronic congestion or hypertrophy of the post-nasal mucosa, and frequently post-nasal vegetations. The condition is produced by obstruction to the venous outlet, through the spheno-palatine foramina and pharyngeal collaterals. It is a sign of disease of the post-nasal space, and leads to disease of the nasal turbinated bodies, impairment of nutrition of the bony and cartilaginous framework of the nose (causing the latter to remain sunken and ill-shaped), to headache, drowsiness, and a heavy appearance. The condition is often cured by removing the post-nasal vegetations, or scraping off the hypertrophied post-nasal mucosa, especially in the region of the spheno-palatine foramina, this treatment being followed up by local application of some astringent pigment to the post-nasal space. Hygiene and good diet are important. GREVILLE MACDONALD.

INGALS, E. F. (Chicago).—**Suppurative Inflammation of the Antrum.** *Journ. of the Am. Med. Ass., July* 30, 1887.

GIVES an account of the symptoms and diagnosis of antral suppuration, and reports six cases coming under personal observation. Care should be taken not to confound the disease with suppuration of the ethmoidal cells, the absence of pain in the cheek, and of dental disease being in favour of ethmoidal trouble. Ingals very correctly prefers the operation through the alveolar process, with subsequent thorough drainage of the antrum. In three of his cases the operation was performed with eminent success. The opening is best made with a bone drill, and care should be taken to hold it so that as it enters the cavity it may not plunge suddenly through and wound the opposite wall. The opening should be made sufficiently far to secure perfect drainage. J. N. MACKENZIE.

BARATOUX.—Hypertrophy of the Pharyngeal Tonsil. *Société de Méd. Pratique, June* 2, 1887.

A propos of some children whom the author had just treated, he insisted upon the arched form of the palatine arch, and the overlapping of the teeth, on the depression of the chest, and on the superior costal type of the respiration. The author treats the condition by scraping and tearing away the growths by the index finger. JOAL.

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LARRAND, T. H.—Adenoid Tumours of the Naso-Pharynx. *Journ. des Sciences Méd. de Lille, June*, 1887.

THE author related an interesting case to the Medical Society of Lille, adding judicious observations on the symptomatology and treatment of the affection, remarking that the operation for post-nasal vegetations can be performed by all practitioners, and is not the exclusive property of specialists. He recommends especially the use of Loewenberg's forceps. JOAL.

LARYNX.

DESCROIZELLES.—On a Form of Simple Laryngitis Difficult of Diagnosis. *Journal Lucas-Championnière, July*, 1887.

CATARRHAL phlegmasia of the larynx occurs sometimes in young children with exceptional physiognomy, giving it a resemblance to stridulous and diphtheritic laryngitis. As in the first of these two complaints, one observes raucous cough and attacks of suffocation, separated from one another by intervals of complete apyrexia, but which may be of sufficient intensity to excite serious alarm, although one finds no neoplasm in the pharynx. As in croup, there are fever and modifications of the *timbre* of the voice during the phases of calm which separate the spasms. One cannot too strongly call the attention of physicians to the observation of such cases, which seem, indeed, to be far from rare. JOAL.

MACKENZIE, G. HUNTER.—Treatment of Laryngeal Phthisis. *Brit. Med. Journ., August* 27, 1887.

THIS may be medical, surgical, or climatic. Sedatives are preferable to caustics, especially morphine, iodoform, papayotin ($\frac{1}{2}$—5 per cent. solution), and cucaine, with its substitutes caffeine and menthol. The author refers to the use of lactic acid, as vaunted by Krause, Gleitsmann, Jellinek, &c., and does not report very favourably of its action. The author has not found sprays, inhalations, or insufflations of antiseptics (iodoform, corrosive sublimate, carbolic acid) of much service. The amenability of tuberculous lesions to treatment is in direct proportion to their accessibility. In the case of laryngeal tubercular disease, it is to surgery, intra or extra laryngeal, that we must look for successful treatment. The operation of tracheotomy, or laryngo-tracheotomy, is considered not only as a palliative, but as a directly curative agent. Two advantages are gained by opening the windpipe—rest and freedom from irritation of the larynx, and

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