for thirty seconds, and then waiting five minutes, when it can be renewed if necessary, is very satisfactory. For laryngeal and pharyngeal sprays, the author prefers a ten per cent. solution of cocaine, as there is less absorption of the drug in the larynx than in the nose. *B. J. Baron.*

Applegate.—*Twenty-eight Cases of Diphtheria with Eleven Deaths, due to an Infected Milk Supply.* "Med. News," Aug. 26, 1893.

THE cases occurred in people buying milk of one distributor. A boy who washed the cans and milked the cows had diphtheria, but was not seriously ill at any time. The people, however, that were infected from this boy were extremely ill, and recovery in all was slow. *B. J. Baron.*

Romberg.—*Anomalies of the Heart Muscle in Typhus Abdominalis, Scarlet Fever, and Diphtheria.* Arbeiten aus der Medicinische Klinik zu Leipzig, 1893.

MICROSCOPICAL examinations prove that the heart affections in these infectious diseases are caused by acute purulent myocarditis. The treatment consists in rest in bed, applications of ice, digitalis, and iron.

Michael.

MOUTH, PHARYNX, &c.

Thomas. — *Some Points in the Operative Treatment of severe Hare-Lip.* "Birmingham Med. Review," Sept., 1893.

THIS paper is worth reading, but an abstract would be valueless. It is well illustrated. *B. J. Baron.*

Forbes (Philadelphia). — *Cleft Palate, both Hard and Soft, and Hare Lip.* "Med. News.," Sept. 2, 1893.

THIS is an admirable description of the developmental deficiencies that lead to this condition, and of the operative measures necessary for restoring the parts. It is well illustrated, but must be read in its entirety. *B. J. Baron.*

French (Brooklyn).—*Lymphoid Growths in the Vault of the Pharynx.* Paper read before the Medical Society of King's County, April 18, 1893. Reprint from "Brooklyn Med. Journ."

THE pathology of this condition is thoroughly discussed, and illustrations of microscopic sections are given. All the various and well known ill effects of mouth-breathing are enumerated, and several copies of photographs of patients, before and after operation, show the great improvement in facial appearance that takes place. Nothing short of complete removal with cutting instruments will give permanent relief and effect a cure. The writer operates under ether, with the forceps, the patient at first reclining, and, when anæsthesia is complete, the chair is slowly brought to the upright position. A self-retaining palate retractor, or a rubber cord passed through the mouth with which to tie up the velum, will some-

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times be of much value, but usually it is sufficient to draw forward the palate as required.

Complete removal is insisted on, and the finger-nail used to break up the stumps of the growth, but, except in the case of very young children, it alone is an ineffectual method of operating.

Secondary hæmorrhage may occur and the patients should be kept under close observation for twenty-four hours after the operation.

In the discussion that followed—

DELAVAN pleaded for early removal, because it is not certain that the hypertrophied tissue will atrophy at puberty and, even if it does, there is apt to be left behind a diseased structure.

General anæsthesia is preferable to that produced by cocaine.

PROUT referred to aural complications in these cases.

WRIGHT does not interfere unless the growth is giving definite trouble. He referred to the fibrous tissues that atrophy leaves behind it, and which lead to bands of adhesion from the vault of the pharynx to the Eustachian tube, but which do not lead to definite ear symptoms. He believes that the high vault of the palate, the distorted septum, and narrow cheek bones is the cause, and adenoids the result. Also he has seen cases with the "adenoid look" without the adenoids, and *vice versâ*. He prefers to operate with cocaine, palate retractor, and the mirror, rather than under an anæsthetic. *B. J. Baron.*

Brown (Toronto).—*Organic Stricture of the Œsophagus.* "New York Med. Journ.," Aug. 26, 1893.

THERE is a good summary of the cases that have been recorded in our literature during the last few years, with records of three cases, but nothing new is brought out. *B. J. Baron.*

NOSE AND NASO-PHARYNX.

Lichtwitz (Bordeaux). — *Empyema of the Frontal Sinus diagnosed per vias naturales.* "Therap. Monats.," 1893, No. 9.

DESCRIPTION of a probe with a particular curve, and a case in which it was applied with good result. *Michael.*

Oaks (Chicago).—*The Differential Diagnosis and Treatment of Suppuration of the Accessory Cavities of the Nose.* "Med. News," Sept. 2, 1893.

THE symptoms common to disease of all the accessory cavities are discussed under three heads.

(A) *Suppuration.*— Whilst theoretically the pus should make its appearance in the middle meatus and nasal fossæ, if there be an obstructive lesion involving the anterior end of the inferior turbinate it would go towards the posterior nares, and would simulate disease of the posterior ethmoidal cells and sphenoidal sinus, the so-called Tornwaldt's disease. The fact of pus flowing when the head is inclined forward and

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