Early gastrostomy, so often performed in England, is rarely done in France. Of 145 cases of gastrostomy collected by Lagrange the mean duration of life has only been nineteen days. The operation is useless and unnecessary if performed early, and too late if held over till the condition is advanced.

3. *The Employment of Permanent Catheters* (short and long).—These have remained in the œsophagus five months (Boyer), 305 days (Krishaber), three months, fifty-five days (Kirmisson). Long sounds may produce ulceration at the level of the cricoid cartilage, and they prevent the patient from swallowing directly. Morell Mackenzie tried to overcome this by employing a short sound. Symonds introduced sounds of variable diameters (Nos. 10, 13, and 16), of seventeen centimetres in length. Renvers modified them by making them of soft material, and latterly by employing canulas of horn or caoutchouc in the form of a cone, five centimetres high, twelve to fourteen millimetres at the open, and six to nine millimetres at the narrow part. The canulas are flattened from before backwards, to pass more easily over the region of the cricoid cartilage. The sound is introduced into place by a conducting bougie, and kept in place by threads passed out through the mouth. Liquid alimentation must be employed. Renvers' canula acts as a dilator, and in a few days many patients find they can swallow naturally, though only temporarily. A great point in favour of Renvers' tubes is that patients can satisfy their thirst. Patients can wear their canulas also better than long sounds. Certain cases—when there are broncho-œsophageal perforations—require the use of the long sound. The objection to these short canulas is that the thread to hold them in place has to pass out through the mouth, and is thus insecure. The tubes have slipped into the stomach, but so far have not been shown to do any harm. If the tubes get blocked with food, a fine sound must be passed through them. **R. Norris Wolfenden.**

NOSE AND NASO-PHARYNX.

BOSWORTH, F. H.—The Physiology of the Nose. *Med. News*, August 4, 1888.

THE author maintains the thesis that the functions of the nose are mainly respiratory, the olfactory and phonatory functions being quite secondary, this respiratory function consisting in yielding up to inspired air about 5,000 grains of water, none of which can come from the bronchi or air cells. This water comes by transudation from the blood-vessels underlying the mucous membrane of the turbinated bodies, "the so-called erectile tissue." The physiological proof of Bosworth's ideas (which are founded on clinical observations) is found in Aschenbrandt's and Kayser's experiments, which are quoted by the author at great length. The "erectile tissue" of the nose is designed to subserve serous

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transudation and no other function. These bodies are not truly erectile, and have very little to do with the filtering of foreign particles. The author's paper is one of great interest and literary research, and should be read in the original. **R. Norris Wolfenden.**

HAJEK (Vienna).—**The Bacteria of Acute and Chronic Coryza and Ozæna, and their Relation to these Diseases.** *Berlin. Klin. Woch.*, 1888, No. 33.

A BACILLUS is often found in acute coryza, like Friedlander's bacillus of pneumonia ; in chronic coryza the streptococcus pyogenes and staphylococcus pyogenes aureus are often found. In ozæna Friedlander's coccus is sometimes seen, but the bacillus fœtidus is constant and a specific organism. Cultures of this bacillus in gelatine yield the special odour of ozæna. Hajek considers the fœtor of this disease to be caused by the desiccation of the secretion, which, therefore, cannot be removed, and becomes putrescent. **Michael.**

KŒHLER (Posen).—**Two Cases of Rhinoscleroma.** *Monats. für Ohrenheilk.*, 1888, No. 7.

1. A PATIENT, fifty-eight years of age, has the nose occupied by a large tumour with irregular surface. The tumour has slowly grown for twenty-seven years. There is no pain, and all operation is declined.

2. A patient, thirty years old, who has had the tumour for three years. Antisyphilitic treatment was of no avail, but the case was cured by galvano-caustic destruction of the tumour, and for two years there had been no recurrence. **Michael.**

GAUCHER.—Repeated Epistaxes in a Man suffering from Nephritis. *Soc. Méd. des Hôp.*, June 22.

OBSERVATION on a man, aged thirty-eight, admitted into the "Hôpital Cochin" for repeated epistaxes, which could only be got under by tamponning the nasal fossæ. A small quantity of albumen was in the urine : there was a slight degree of nephritis. The patient was put upon milk diet, and the epistaxes disappeared. The author concludes that in seeking the cause of an epistaxis an examination of the urine should not be neglected. **Joal.**

OLIVIER.—A Study of Tertiary Syphilis of the Nose and Nasal Fossæ. *Thèse Bordeaux*, 1888.

SYPHILIS, at the tertiary period, may produce multiple lesions in the olfactory organs, from simple eruptions, which are situated on the nose, to frightful deformities, which result from disappearance of the osseous and cartilaginous skeleton. These accidents are not common ; but the prognosis is always serious, not only from an æsthetic point of view, but even as regards life. Diagnosis is not always easy. When there is any doubt, specific treatment should be resorted to. **Joal.**

BRONNER, A. (Bradford).—**Ozæna : its Nature and Treatment.** *Med. Press and Circ.*, April, 1888.

AFTER some general remarks upon the nature and treatment of this dis-

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order, the author relates a case of ozæna arising from empyema o the maxillary sinus, preceded by chronic hypertrophic and atrophic catarrh, accompanied by loss of taste and smell for fifteen years, which was cured by opening the maxillary sinus with Krause's bent trocar on the right side, and on the left side by reaching the sinus by opening from the lower meatus, as recommended by Mickulicz. After the pus was extruded, the sinus was washed out with solution of boric acid and sublimate. Complete cure resulted. A second case of ozæna, related by the author, was caused by suppuration of the sphenoidal cells. The sphenoidal cavity was scraped with a sharp spoon and syringed with boric acid by means of an Eustachian catheter. The ozæna was cured, and smell and taste reappeared. **R. Norris Wolfenden.**

MENOCAL.—Naso-Pharyngeal Fibrous Polypus. *Rev. de Ciencias Medicas*, Habana, March 9, 1888.

A PEASANT had a hard growth, which extruded through the left nasal orifice ; it bled to the least touch, had deformed the nose, impaired respiration, and determined headache and a slight exophthalmos of the left side. Several times the growth was extirpated by torsion and evulsion, and it was reproduced until Dr. Saez performed a radical operation by cutting through the soft tissues, sawing the nasal bones, exposing the growth, and separating it from its basilar insertion with a Volkmann's curette, cauterizing the stump with thermo-cautery, restraining the hæmorrhage with a solution of chloride of zinc (one in ten), and replacing the nose by sutures. The wound healed by first intention, and the patient was discharged, seemingly cured. Two months after, he returned, complaining of the same symptoms. Extirpation of the left superior maxillary bone was performed, all the naso-pharyngeal polypus was extirpated with the curette, and the place of implantation cauterized with thermo-cautery. The wound also healed by first intention, and the cure is believed to be perfect. **Ramon de la Sota.**

SCHROETTER (Vienna).—**On a Peculiar Form of Inflammation of the Nasal Choanæ.** *Monatss. für Ohrenheilk.*, 1888, No. 8.

A PATIENT, twenty-three years of age, acquired an acute coryza. Eight days later he appeared at the clinic. The left side of the nose was normal ; but on the right side there was a tumour filling the nasal cavity, a piece of which was removed. The tumour ulcerated, but the patient was perfectly cured some weeks later. Examination of the tumour proved it to be merely of an inflammatory nature. **Michael.**

LINK (Lemberg).—**Two Cases of Empyema of the Antrum of Highmore, treated by Mickulizc's Operation.** *Wiener Med. Woch.*, 1888, No. 31.

A COMMUNICATION of two cases treated by this method with good results. **Michae**

DOUBRE.—Elephantiasis of the Nose: Radical Cure by Decortication. *Archiv. de Méd. Militaire*, March, 1888.

THE case of a patient treated and cured by decortication of the nose. **Joal.**

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LARRAUD.—Recurrent Facial Erysipelas in a Case of Tornwaldt's Angina. *Journ. de Sci. Méd. de Lille*, April 27, 1888.

NOTES of the case of a woman, aged twenty-six, who, from the age of thirteen, had had thirty attacks of facial erysipelas. The malady commenced on each occasion with glandular swelling under the jaw, and by redness round the lachrymal duct. The erysipelas spread from the nose in this case. The patient had Tornwaldt's disease. **Joal.**

WEIL (Stuttgart).—**On Adenoid Vegetations.** *Wurtemberg Med. Correspond.*, 1888, No. 27.

AN article reviewing the subject, and recommending Schutze's forceps. **Michael.**

LARYNX.

CHEATHAM, W.—Report on Laryngology. *American Practitioner*, August 18, 1888.

THE subjects reported upon are the local treatment of laryngeal tuberculosis, intubation of the larynx, and partial and total extirpation of the larynx for cancer, and the paper consists nearly entirely of long abstracts quoted from the *Journal of Laryngology* without acknowledgment. This is particularly the case in the report upon extirpation of the larynx, the seven columns of which it is composed being abstracted almost bodily from the *Journal of Laryngology*, without acknowledgment either to that journal or to the author of the articles on extirpation of the larynx.

R. Norris Wolfenden.

AREITZA.—Traumatic Aphasia and Aphonia relieved by Hypnotism. *Correo Medico Castellano*, Salamanca, July 10, 1888.

A MAN received several blows from a stone on the head, and lost consciousness. He recovered it after a few hours, but without being able to speak or to emit a sound. The patient breathed and swallowed well, he understood all that was said to him, and he wrote in his usual manner. After five days without any relief, he was hypnotized by the method of Bernheim. From the second sitting aphonia disappeared; aphasia persisted, however, a longer time. Notwithstanding that from the third sitting he pronounced perfectly all the words suggested, he found some difficulty in pronouncing the others, changing some syllables or omitting others, but in the end he succeeded in speaking correctly.

Ramon de la Sota.

BROWNE, LENNOX (London).—**A Case of Traumatic Perichondritis of the Larynx.** *British Medical Journal*, April 28, 1888.

THE author records this case as an example of a somewhat rare acci-

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