NOSE AND NASO-PHARYNX.

ANNANDALE, PROF. (Edinburgh).—**Appliances for Support of Nasal Bones or Septum after Operation or Fracture.** *Edin. Med. Journ., April*, 1888.

SHOWN at a meeting of the Medico-Chirurgical Society. It consists of an arch of sheet-lead, which is fixed over the nose and transfixed along with the tissues by a needle, the whole being fixed by a loop of silver wire secured over the arch. The advantage of the lead is that it can be moulded to the nose so as to exercise a proper lateral pressure, and so shape the organ. **Maxwell Ross.**

SCHMIEGELOW, E.—Purulent Discharge the Nose. From its Significance and Treatment. With Report of Twenty-three Cases of Empyema of the Antrum of Highmore, of the Ethmoidal Cells, and of the Frontal Sinus. *Hospitals Tidende, February*, 1888.

THE article, which is written for non-specialists, contains reports of cases of empyema of the above-named cavities.

The author performed operations through the alveolar process in fifteen cases of empyema of the antrum of Highmore, while in one case it was sufficient to extract a tooth, and four of the patients did not submit to any operation. In one case where the symptoms of empyema had lasted twelve years, sarcoma developed.

The author attributes the cause of the empyema in thirteen cases to dental diseases, and in six to the extension of purulent nasal catarrh to the antrum, while only in one case could no cause be detected. Twice the primary purulent nasal catarrh was caused by nasal operations.

One case of empyema of the frontal sinus was cured by external operation, while in another case cure was established only by removing with the snare polypoid swellings of the concha media, and by application of chromic acid to these. One case of empyema of the ethmoidal cells was cured by application of chromic acid to the anterior part of the concha media. **Holger Mygind.**

LACOARRET.—The Treatment of Catarrh of the Nasal Fossæ. *Thèse*, Bordeaux, 1888.

THE author first studies the symptomatology of the different kinds of rhinitis (hypertrophic and atrophic). He passes under review the pathological theories of ozœna, then deals with the treatment of chronic catarrh, and insists upon the good effect of the waters of Salix de Bearn employed in the form of douches and local sprays. **Joal.**

DE CRESANTIGNES.—Epistaxis and Hysterical Mutism in a Man. *Journal de Médecine, August* 15, 1888.

THE case of an individual who became hypochondriacal after a traumatism of the head. He was taken one day with violent epistaxis, then

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with mutism, and it was impossible for him to answer any questions although he understood what was said, but in spite of his efforts his lips remained immovable, and no kind of sound was produced. Some days after fresh epistaxis occurred, and notable amelioration of speech followed. Examination of the larynx and nose was not performed, and the diagnosis of hysterical mutism appears to us to be doubtful. **Joal.**

McBRIDE, P. (Edinburgh).—**Empyema of the Superior Maxilliary Antrum, with only Nasal Symptoms.** *Edin. Med. Journ., April*, 1888.

TWO cases occurring in the author's practice form the basis for an interesting discussion of the views of Fräenkel and Ziem. He draws attention to a marked redness of the gum corresponding to the affected antrum, which he believes has not been observed by previous writers.

Maxwell Ross.

McBRIDE, P. (Edinburgh).—**Methods of Treating Nasal and Naso-Pharyngeal Polypi.** *Edin. Med. Journ, August*, 1888.

A PAPER advocating the use of the cold snare in preference to the galvano-caustic loop. The galvano-cautery or chromic acid may be applied to the base or any polypoid tissue left behind. **Maxwell Ross.**

LE DENTU.—Elephantiasis of the Nose. *Soc. de Chirurgie, October* 24, 1888.

THE author presented to the Society a patient in whom he had operated by a simple abrasion without autoplasty. The result was excellent, and there was no hæmorrhage. **Joal.**

SYMINGTON (Edinburgh). — **Position of Eustachian Orifice,** *Edin. Med. Journ., May*, 1888.

A HORIZONTAL section of the skull showed that the edge of the vomer is not always a safe guide in the passage of the Eustachian catheter, as it was at least a quarter of an inch in front of the orifice. Dr. Symington had seen the same in other specimens. **Maxwell Ross.**

LARYNX.

EXNER (Vienna).—**Remarks on the Innervation of the Crico-Thyroid Muscle.** *Archiv. für Physiologie*, Bd. 43, Heft 1.

ACCORDING to this author this muscle is innervated by the superior laryngeal nerve as well as by the median laryngeal nerve. **Michael.**

JELENFFY (Buda Pesth).—**On the Anatomy, Physiology, and Pathology of the Muscles of the Larynx.** *Berlin klin. Woch.*, Nos. 35 and 36, 1888.

THIS is a paper treating of the question of paralysis or spasm of the

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