Veronese (Trieste).—*Post-Diphtheritic Paralysis of the Heart.* "Wiener Klin. Woch.," 1893, Nos. 17 to 24.

A GIRL, thirteen years old, died suddenly ten days after an attack of diphtheria. The microscopical examination of the heart showed partially fatty degeneration of the musculature. In the nerves laryngeus superior, nervi cardiaci, phrenici, splanchnici, pathological degenerations were also found. The author has observed sudden death in ten cases of convalescence from grave diphtheria. In all cases careful examination revealed the existence of dilatation of the heart some days before the event. In all cases vomiting and disagreeable sensations in the cardiac region were also observed during the last days. Auscultation does not give sure results. The examination of the pulse is of great importance. A simple arythmia is of no great danger, because it is observed in many convalescents from infectious diseases, but sometimes it constitutes a true delirium cordis of bad prognosis. Also a bad sign is high frequency without feverish symptoms, and especially the pulsus varus of forty or less beats. The liver is always enlarged in cases of post-diphtheritic collapse, and the phosphates in the urine are increased. Some attacks of syncope usually precede the fatal collapse. Treatment consists in rest in bed, good diet, camphor strychnine, cataplasms, etc. *Michael.*

NOSE AND NASO-PHARYNX.

Baumgarten.—*Empyema of the Antrum of Highmore.* Gesellschaft der Aerzte in Budapest, Meeting, April 29, 1893.

A CASE was shown which had been treated by broad opening and tamponing with iodoform gauze. *Michael.*

Grossmann (Budapest).—*Disturbances of Vision caused by Diseases of the Nose and its Accessory Cavities.* "Allgem. Wiener Med. Zeitung," 1893, Nos. 14, 15, 16, 17, 18, and 20.

THIS detailed and instructive paper cannot be abstracted minutely, as it deserves. Here we can only give a short review. Eye diseases from nasal affections may be produced by the propagation of pathological processes, such as conjunctivitis and keratitis, from coryza chronica, eczema and nasal polypi; by inflammation of the accessory cavities, and especially dacryo-cystitis; in empyema of the frontal sinus disturbances of vision are often observed; from caries of the ethmoidal sinus, from ectasis of its cells, exophthalmos, abscess of the orbital cavity and emphysema of the orbital cavity may be produced. Retro-bulbar neuritis and perineuritis optica may arise from empyema of the sphenoidal sinus. The author relates illustrative cases from literature and from his own practice, and concludes with a case of neuro-retinitis optica and anæsthesia corneæ caused by a malignant tumour of the sphenoidal sinus. *Michael.*

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Scheier (Berlin). — *Gunshot Wounds of the Nose and its Accessory Cavities.* "Berliner Klin. Woch.," 1893, No. 17.

1. Gunshot wound of the frontal sinus. Complete amaurosis of the right eye. Anæsthesia of the right side of the face. On opening the wound the projectile could not be found. Only a fracture of the ethmoid bone could be seen. During the next few days meningeal symptoms appeared. Cure followed, but anæsthesia and amaurosis remained.

2. Gunshot wound of the antrum of Highmore. The projectile entered through the upper lip. There was suppuration of the cavity. With a porcelain probe, which indicated a black mark as it was introduced into the antrum, it was proved that the projectile, or part of it, was there. After some weeks the patient was without any symptoms.

3. Gunshot wound of the hard palate. The projectile was coughed out. There was severe bleeding from the nose. Tamponing by iodoform gauze. Rhinoscopic examination showed that the nasal septum and the turbinateds were fractured. Some time later the aperture of entrance was nearly closed. *Michael.*

Suchannek (Zurich). — *Contribution to Microscopical Anatomy of the Human Nasal Cavities, especially of the Olfactory Region.* "Zeitschrift für Ohrenheilk.," Band 24, Heft 12.

SOME detailed anatomical remarks upon the author's paper in the "Archiv für Mikroskop. Anatomie" (see the report in this Journal) with regard to new antagonistic publications on the same subject. *Michael.*

Suchannek (Zurich).—*Studies upon Acute Rhinitis.* "Monats. für Ohrenheilk.," April, 1893.

HISTOLOGICAL details of two specimens of coryza examined. *Michael.*

Von Zderas.—*Contribution to the Form of the External Nose.* Wiener Medicinische Gesellschaft, Meeting, Mar. 17, 1893.

DETAILS of the form of the external nose and its different regions. More of anatomical than of rhinological interest. *Michael.*

Herzog.—*Cough of Nasal Origin, with Report of a Case.* "Medical News," June 24, 1893.

THIS is a case of a very common condition, in which there was a band connecting the inferior turbinated with the septum, along with some hypertrophy and atrophy of the mucous membrane of the nostril. There was also the usual pharyngeal abnormality. Severing the band and appropriate nasal treatment relieved the cough. *B. J. Baron.*

Stepanow (Moscow). — *Etiology of Scleroma.* "Monats. für Ohrenheilk.," Jan., 1893.

DETAILS of the researches of the author upon this subject published in the "Monats. für Ohrenheilk.," January, 1891. See the report in this Journal. *Michael.*

Schubert. — *On Syphilis of the Nose.* Aerztlicher Localverein, Nürnberg, Meeting, Dec. 1, 1892.

GOOD review. *Michael.*

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Meyer, Ed. (Berlin).—*Electrolytic Treatment of Deviations of the Nasal Septum.* "Deutsche Med. Woch.," 1892, No. 22.

THE author recommends the method, and believes it better than the galvano-cautery, because after-treatment is not necessary and no reaction follows. It can be performed without pain by previous application of cocaine. Bipolar application is less disagreeable than monopolar, and of better effect. The duration of the treatment is longer than that of the galvano-cautery, because a second application can only be made when the eschar of the first has disappeared. *Michael.*

Moskowicz.—*Diseases of the Naso-Pharynx.* Gesellschaft der Aerzte in Budapest, Meeting, Jan. 21, 1893.

NOTHING new. *Michael.*

McBride, P.—*A Clinical Lecture on Adenoid Vegetations of the Naso-Pharynx and their Significance.* "The Clinical Journal," July 19, 1893.

THE author defines these growths as being overgrowths or hypertrophies of Luschka's tonsil, a layer of lymphoid tissue situated between the orifices of the Eustachian tubes, and thus lining the vault of the pharynx. The disease is most frequently met with between the ages of three and thirteen, although numbers of more or less marked cases occur in adults. In children the disease usually first manifests itself by a tendency to catch cold, and at times these colds are associated with croupy cough and nocturnal dyspnœa. Of all the symptoms (the various symptoms are carefully detailed) accompanying the presence of naso-pharyngeal adenoids, the most important is deafness. On examination the tympanic membranes may be found simply indrawn, or they may be thickened as well. The presence of serous fluid in the cavity of the middle ear may be obvious, or suppurative middle-ear disease, with or without complications, may be present.

To demonstrate the presence of adenoids the author prefers digital exploration of the naso-pharynx, although in many cases satisfactory evidence may be obtained from the use of the post-rhinal mirror. In the removal of the growths the author prefers to use Gottstein's curette. The forceps and the finger nail also afford help at times. With regard to the vexed question of the position of the patient, the author finds that the most satisfactory method of operating is to have the patient's head dependent. *W. Milligan.*

Park. — *Report of an attempted bloodless Operation for Malignant Polypus springing from the Base of the Skull.* "Boston Med. and Surg. Journ.," June 22, 1893.

SENN'S method of isolating the trachea and passing a tourniquet around the rest of the neck was resorted to. The venous bleeding was excessive, but there was no arterial hæmorrhage. The jaw was then resected, and the malignant mass that completely filled the pharynx was removed. There was no bleeding, but death from shock occurred the day after the operation. *B. J. Baron.*

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